



Project for Improvement of Services at
Village Health Centers (VHCs) in Rural
Host Communities of Syrian Refugees



مشروع تحسين الخدمات في المراكز الصحية الفرعية في
المناطق الريفية المستضيفة للاجئين السوريين



Mobile Clinic Impact Survey among Married Women (15-49) in Rural Areas in Mafrq

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المتزوجات في سن الإنجاب (15-49) في محافظة المفرق، الأردن

SV 5

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1. Purpose of Mobile Clinic Impact Survey

- To evaluate the effectiveness of mobile clinic (MC) by comparison of before and after the beginning of MC operation
- To understand the current situation and health status of people who living in North Badia District, Mafraq health directorate

2. Methodology

- Two round repeated cross-sectional household surveys, before and after intervention at both intervention and comparison sites
- Interview with structured questionnaire by trained researchers
- The research participants are married women of reproductive age (15-49 years old)
- The researcher visits the household in the selected villages and interviews eligible women individually

3. Key Outcomes

- Increased accessibility of RH services
- Changing behavior toward RH practices

4. Sampling

The survey team estimated that at least 300 samples from the intervention areas and 100 from the comparison areas will be needed. It should be noted that the intervention and comparison villages are preselected and are not random. As a result, the overall features in this survey do not reflect the entire North Badia district.

	Baseline Survey (October, 2017)	Endline Survey (February, 2018)
Intervention sites	Comparison sites	Intervention sites
3 Villages	2 Villages	2 Villages
300 households	100 households	300 households
		100 households

The following table shows expected and actual sample numbers by village.

Sub-district	Locality	Total Population	Female Population	RH age female	Syrian population*	Sample size
<Intervention>						
Um Al-Jamal	Saliidiyyah/	2,645	1,269	664	429	168
Saliyya	Bostaneh/	1,752	661	346	64	88
Sabha	Menshiyyat Qoblan	656	335	175	44	44
					Total	300
<Comparison>						
Um Elqotain	Husseiniyyeh	185	83	43	47	13
Dayr Al-kahf	Qasem	1,144	543	284	57	87
					Total	100

5. Survey Questionnaire

The survey questionnaire consists of seven (7) sections as follows.

- Basic characteristics of the households
- Health facility accessibility
- Respondents' characteristics
- Antenatal and postnatal care
- Family planning

- Breast cancer and sexually transmitted diseases
- Health conditions of family members

Most of the survey questions were extracted from "Jordan Population and Family Health Survey 2012" (hereinafter DHS 2012) with minor modifications. Several questions were taken from the survey named "Knowledge, Attitudes, Practices toward Family Planning and Reproductive Health among married Women of Reproductive Age in Selected Districts in Jordan" conducted by Jordan Communication, Advocacy and Policy Project (J-CAP) in 2015 and the survey "Health Service Access Survey among Non-camp Syrian Refugees in Irbid Governorate, Jordan" conducted by Medecins Sans Frontieres (MSF) in 2016.

6. Research Team

The research team consisted of one field coordinator, 3 field supervisors and 12 researchers divided into 3 teams, under the overall supervision of Professor Walid Alkahtib, Head of Public Opinion Polls and Survey's Department, Center for Strategic Studies (CSS), University of Jordan.

7. Timeline

	Baseline	Endline
Programming (2-3 days):	Oct. 3-4, 2017	Feb. 4-16, 2018
Training for researcher (1.5 days):	Oct. 9 and 10, 2017	Feb. 17, 2018
Field research for the baseline (5 days):	Oct. 10-14, 2017	Feb. 19-24, 2018
Data cleaning:	Oct. 15- Nov. 21, 2017	Feb. 25- Mar.6, 2018

8. Technical Supports

- Ministry of Health
- The Center for Strategic Studies (CSS), University of Jordan
- Juntendo University, Tokyo
- Nagasaki University, Nagasaki

9. Results

As Table 1 shows the total number of the respondents by village of both Baseline and Endline surveys. The total number of valid respondents are 409 for the Baseline and 438 for the Endline.

Table 1: Collected Responses

	Sa'iediyah	Bostaneh	Menshiyyat Qoblan	Intervention	Husseiniyyeh	Qasem	Comparison	Total
Baseline	170	87	45	302	21	86	107	409
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endline	188	92	50	330	36	72	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

9-1 Basic Characteristics of the Households

- Nationality
 - The total number of Syria nationals responding in Endline 71 (16.2%), increased from 45 (11.0%) in Baseline (Table2) (Q101). Yet, it is a little lower than the percentage of Syrian refugees (18.2%) in Mafraq according to the General Population and Household Census 2015 (hereinafter Census 2015).
 - The percentage of Syrian nationality in intervention areas is 14.2% (Baseline) and 19.7% (Endline) while in comparison areas it is 1.9% (Baseline) and 5.6% (Endline). This indicates the comparison areas have a much lower number of Syrian refugees than the intervention areas in both surveys.

Table 2: Nationality (N=409) (N=438) Q101

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Jordanian	259	105	364	263	102	365
	85.8%	98.1%	89.0%	79.7%	94.4%	83.3%
Syrian	43	2	45	65	6	71
	14.2%	1.9%	11.0%	19.7%	5.6%	16.2%
Other	0	0	0	2	0	2
	0.0%	0.0%	0.0%	0.6%	0.0%	0.5%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

2) Refugee Registration

- Among the Syrian refugee population, 17.8% in Baseline and 19.7% in Endline have not registered with the Ministry of Interior (besides UNHCR registration) (Table 3) (Q102), which means they cannot make use of Jordanian public services. The percentage increased around 2% from Baseline to Endline.

Table 3: Registration under the Ministry of Interior (N=45) (N=71) Q102

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	35	2	37	52	5	57
	81.4%	100.0%	82.2%	80.0%	83.3%	80.3%
No	8	0	8	13	1	14
	18.6%	0.0%	17.8%	20.0%	16.7%	19.7%
Total	43	2	45	65	6	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

3) Number of Household Members

- The mean number of household members shown in Table 4 is 5.66 in Baseline and 5.68 in Endline. (Q104). Regarding gender balance, the average number of males is 2.94 in Baseline and 2.95 in Endline and that of females is 2.72 in Baseline and 2.73 in Endline, which shows only a slight difference.

Table 4: Number of household members (N=409) (N=438) Q104

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
2	21 7.0%	10 9.3%	31 7.6%	22 6.7%	10 9.3%	32 7.3%
3	31 10.3%	13 12.1%	44 10.8%	32 9.7%	11 10.2%	43 9.8%
4	45 14.9%	13 12.1%	58 14.2%	41 12.4%	19 17.6%	60 13.7%
5	47 15.6%	16 15.0%	63 15.4%	56 17.0%	20 18.5%	76 17.4%
6	53 17.5%	22 20.6%	75 18.3%	57 17.3%	17 15.7%	74 16.9%
7	49 16.2%	10 9.3%	59 14.4%	54 16.4%	15 13.9%	69 15.8%
8	30 9.9%	10 9.3%	40 9.8%	33 10.0%	6 5.6%	39 8.9%
9	13 4.3%	4 3.7%	17 4.2%	21 6.4%	7 6.5%	28 6.4%
>=10	13 4.3%	9 8.4%	22 5.4%	14 4.2%	3 2.8%	17 3.9%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Average (male)	2.91	3.02	2.94	2.98	2.88	2.95
Sample standard deviation	1.52	1.76	1.59	1.47	1.38	1.45
Average (female)	2.74	2.67	2.72	2.82	2.48	2.73
Sample standard deviation	1.37	1.52	1.41	1.46	1.23	1.41
Average (total)	5.65	5.69	5.66	5.79	5.36	5.68
Sample standard deviation	2.15	2.51	2.25	2.21	2.12	2.20

4) Working Status

- As Table 5 shows, the percentage of women who have worked in the last 12 months is 17.4% in Baseline and 15.3% in Endline (Q105). There was a slight decrease from Baseline to Endline.

Table 5: Working status (N=409) (N=438) Q105

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	51 16.9%	20 18.7%	71 17.4%	52 15.8%	15 13.9%	67 15.3%
No	251 83.1%	87 81.3%	338 82.6%	278 84.2%	93 86.1%	371 84.7%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

5) Husband's Occupation

- Regarding the husband's occupation shown in Table 6, in Baseline, "Military" (25.4%) was the most common sector, followed by "Driver" (22.7%), and "Public administration" (18.8%)(Q106).
- In Endline, the most frequent answers were also "Military" (33.6%), followed by "Driver" (25.3%), and "Public administration" (12.1%)(Q106), showing that respondents' husbands are mostly working in the same sectors in both surveys.

Table 6: Husband's occupation (N=409) (N=438) Q106

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Public administration	48 15.9%	29 27.1%	77 18.8%	33 10.0%	20 18.5%	53 12.1%
Service workers, shop and market, sales workers	21 7.0%	0 0.0%	21 5.1%	9 2.7%	4 3.7%	13 3.0%

Education	9 3.0%	12 11.2%	21 5.1%	9 2.7%	8 7.4%	17 3.9%
Professional scientific and technical activities	16 5.3%	1 0.9%	17 4.2%	6 1.8%	3 2.8%	9 2.1%
Manufacturing	2 0.7%	1 0.9%	3 0.7%	9 2.7%	1 0.9%	10 2.3%
Agricultural	20 6.6%	2 1.9%	22 5.4%	31 9.4%	2 1.9%	33 7.5%
Animal raising	13 4.3%	5 4.7%	18 4.4%	13 3.9%	2 1.9%	15 3.4%
Accommodation and food services	2 0.7%	0 0.0%	2 0.5%	0 0.0%	0 0.0%	0 0.0%
Military	82 27.2%	22 20.6%	104 25.4%	112 33.9%	35 32.4%	147 33.6%
Driver	63 20.9%	30 28.0%	93 22.7%	79 23.9%	32 29.6%	111 25.3%
Other	18 6.0%	2 1.9%	20 4.9%	10 3.0%	0 0.0%	10 2.3%
Doesn't work	8 2.6%	3 2.8%	11 2.7%	19 5.8%	1 0.9%	20 4.6%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

6) Household Income

- Table 7 shows that the mean household monthly income for Endline is 294.05JD while Baseline was 331.89JD (Q107). The income substantially decreased in Endline.
- In comparison with the results for this question in our project endline survey conducted in Irbid, the average monthly income in Maftaq is 23% lower (383.11JD).

Table 7: Household income (Jordan dinars) (N=409) (N=438) Q107

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<100	13 4.3%	3 2.8%	16 3.9%	18 5.5%	3 2.8%	21 4.8%
<200	31 10.3%	16 15.0%	47 11.5%	53 16.1%	14 13.0%	67 15.3%
<300	72 23.8%	29 27.1%	101 24.7%	76 23.0%	32 29.6%	108 24.7%
<400	70 23.2%	29 27.1%	99 24.2%	87 26.4%	32 29.6%	119 27.2%
<500	53 17.5%	12 11.2%	65 15.9%	55 16.7%	23 21.3%	78 17.8%
>=500	55 18.2%	18 16.8%	73 17.8%	27 8.2%	3 2.8%	30 6.8%
Don't know	6 2.0%	0 0.0%	6 1.5%	12 3.6%	1 0.9%	13 3.0%
Don't want to answer	2 0.7%	0 0.0%	2 0.5%	2 0.6%	0 0.0%	2 0.5%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Average	335.81	321.11	331.89	288.70	294.05	290.05
Sample standard deviation	176.15	171.17	174.74	145.17	111.87	137.40

9-2 Health Facility Accessibility

The survey team asked respondents if they knew of any nearby health facilities and if they knew what types of health facilities they were, including private clinics and hospitals as well as mobile clinic.

- Knowledge of Nearest Health Facility by Kind of Facility

Table 8 shows the percentage of respondents who knew the health facility nearest to them (Q201-206). Among all respondents, hospitals are well known (96.6%), followed by the Comprehensive health center (CHC) by 95.7%, and Private clinic by 40.6% while Village health centers (VHC) are known by only 5.3%. Compare to the Baseline, total percentage of respondents who knew VHC has decreased from 10.5% to 5.3%. However, intervention increased from 3.6% in Baseline to 6.1% in Endline.

Table 8: Knowledge of health facilities by type of facility (N=409) (N=438) Q201-206

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	11 3.6%	32 10.5%	20 6.1%	3 5.3%
No	291 96.4%	75 89.5%	310 93.9%	415 94.7%
Total	302 100.0%	107 100.0%	330 100.0%	108 100.0%

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	53 17.5%	13 12.1%	36 10.9%	27 25.0%
No	249 82.5%	94 87.9%	294 89.1%	81 75.0%
Total	302 100.0%	107 100.0%	330 100.0%	108 100.0%

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	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	215 71.2%	102 95.3%	313 94.8%	106 98.1%
No	87 28.8%	5 4.7%	92 22.5%	2 1.9%
Total	302 100.0%	107 100.0%	330 100.0%	108 100.0%

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	45 14.9%	20 18.7%	122 37.0%	56 51.9%
No	257 85.1%	87 81.3%	208 63.0%	52 48.1%
Total	302 100.0%	107 100.0%	330 100.0%	108 100.0%

	Baseline		Endline	
	Intervention	Total	Intervention	Total
No	2 0.7%	8 7.5%	11 3.3%	4 3.7%
Total	302 100.0%	107 100.0%	330 100.0%	108 100.0%

2) Use of Health Facility by Type of Facility

Table 9 shows the percentage of respondents who have ever used the health facilities (Q201-206). Among all respondents, CHC have been used by 71.0%, followed by the Hospitals by 69.6%, and private clinics by 24.0%. The VHCs have been used by only 2.3%, which is again decrease from the Baseline (4.6%). For the VHCs, intervention group increased from 1% in Baseline to 2.7% in Endline.

Table 9: Use of facilities (N=409) (N=438) Q201-206

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	3 1.0%	16 4.6%	9 2.7%	1 2.3%
No	299 99.0%	91 85.0%	390 97.3%	107 99.1%
Total	302 100.0%	107 100.0%	409 100.0%	108 100.0%

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	35 11.6%	11 10.3%	46 11.2%	17 15.7%
No	267 88.4%	96 89.7%	363 88.8%	91 84.3%
Total	302 100.0%	107 100.0%	409 100.0%	108 100.0%

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	165 54.6%	73 68.2%	228 69.1%	83 76.9%
No	137 45.4%	34 31.8%	171 41.8%	25 23.1%
Total	302 100.0%	107 100.0%	409 100.0%	108 100.0%

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	33 10.9%	13 12.1%	46 20.3%	38 35.2%
No	269 89.1%	94 87.9%	363 79.7%	70 64.8%
Total	302 100.0%	107 100.0%	409 100.0%	108 100.0%

	Baseline		Endline	
	Intervention	Total	Intervention	Total
Yes	252 83.4%	56 52.3%	308 75.3%	66 61.1%
No	50 16.6%	51 47.7%	101 24.7%	42 38.9%
Total	302 100.0%	107 100.0%	409 100.0%	108 100.0%

3) Problems in Accessing Health Care

- Many different factors can prevent women from getting medical advice or treatment for themselves. In this study, the women were asked about various problems they face in accessing health care. Table 10 shows the percentage of respondents who reported having problems accessing health care (Q301-308). The obstacles most often reported are "Getting money for treatment" (56.6%) followed by "Getting money for transportation" (53.9%), "Finding means of transportation" (52.5%), "Not wanting to go alone" (52.1%), and "Distance to health facility" (49.5%) meanwhile, the Baseline result was "Not wanting to go alone" (58.4%), followed by "Finding means of transportation" (52.3%), "Getting money for transportation" (49.4%), "Getting money for treatment" (49.6%), and "Distance to health facility" (47.9%). The result shows that in the Endline, people are economically stranded rather than other problems.

Table 10: Problems in accessing health care (N=409) (N=438) Q301-308

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	84 27.8%	32 29.9%	116 28.4%	50 15.2%	22 20.4%	72 16.4%
No	218 72.2%	75 70.1%	293 71.6%	280 84.8%	86 79.6%	366 83.6%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Q302 Getting permission to go for treatment

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	55 18.2%	22 20.6%	77 18.8%	49 14.8%	13 12.0%	62 14.2%
No	247 81.8%	85 79.4%	332 81.2%	281 85.2%	95 88.0%	376 85.8%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Q303 Getting money for treatment

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	154 51.0%	49 45.8%	203 49.6%	197 59.7%	51 47.2%	248 56.6%
No	148 49.0%	58 54.2%	206 50.4%	133 40.3%	57 52.8%	190 43.4%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Q304 Distance to health facility

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	129 42.7%	67 62.6%	196 47.9%	155 47.0%	62 57.4%	217 49.5%
No	173 57.3%	40 37.4%	213 52.1%	175 53.0%	46 42.6%	221 50.5%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Q305 Finding means of transportation

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	151 50.0%	63 58.9%	214 52.3%	173 52.4%	57 52.8%	230 52.5%
No	151 50.0%	44 41.1%	195 47.7%	157 47.6%	51 47.2%	208 47.5%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Q306 Getting money for transportation

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	146 48.3%	58 54.2%	204 49.9%	183 55.5%	53 49.1%	236 53.9%
No	156 51.7%	49 45.8%	205 50.1%	147 44.5%	55 50.9%	202 46.1%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Q307 Not wanting to go alone

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	175 57.9%	64 59.8%	239 58.4%	171 51.8%	57 52.8%	228 52.1%
No	127 42.1%	43 40.2%	170 41.6%	159 48.2%	51 47.2%	210 47.9%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Q308 Not female provider

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	112 37.1%	24 22.4%	136 33.3%	98 29.7%	27 25.0%	125 28.5%
No	190 62.9%	83 77.6%	273 66.7%	232 70.3%	81 75.0%	313 71.5%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

At least one problem accessing health care

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	266 88.1%	96 89.7%	362 88.5%	281 85.2%	91 84.3%	372 84.9%
No	36 11.9%	11 10.3%	47 11.5%	49 14.8%	17 15.7%	66 15.1%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

9-3 Respondents' Characteristics

1) Age

- Table 11 shows age distribution of the respondents. In Baseline survey, the mean age of respondents is 32.24years (SD: 8.36), with 31.78 years (SD: 8.22) for the intervention and 33.51 years (SD:8.65) for the comparison. The age categories are distributed as shown Table 11 (Q402).

- In Endline survey, the mean age of respondents is 32.72 years (SD: 8.34), with 32.44 years (SD: 8.27) for the intervention and 33.59 years (SD: 8.53) for the comparison (Q402). The mean age remains almost same in both surveys.

Table 11: Age distribution (N=409) (N=438) Q402

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
16-19	13 4.3%	3 2.8%	16 3.9%	13 3.9%	3 2.8%	16 3.7%
20-29	120 39.7%	38 35.5%	158 38.6%	120 36.4%	35 32.4%	155 35.4%
30-39	109 36.1%	35 32.7%	144 35.2%	123 37.3%	38 35.2%	161 36.8%
40-49	60 19.9%	31 29.0%	91 22.2%	74 22.4%	32 29.6%	106 24.2%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Average	31.78	33.51	32.24	32.44	33.59	32.72
Sample standard deviation	8.22	8.65	8.36	8.27	8.53	8.34

2) Education

- Table 12 (Q403) shows the level of education completed by respondents in percentages. The education system of Jordan was changed in 1973, of all respondents 6.2% (27 women) were educated in the old system. In both systems, 44.3% (194 women) completed less than secondary level and 11% (48 women) never attended any school.

Table 12: Education attainment (N=409) (N=438) Q403

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Old system	37 12.3%	10 9.3%	47 11.5%	4 1.2%	5 4.6%	9 2.1%
Elementary	67 22.2%	24 22.4%	91 22.2%	7 2.1%	4 3.7%	11 2.5%
Preparatory	58 19.2%	11 10.3%	69 16.9%	4 1.2%	3 2.8%	7 1.6%
Secondary	29 9.6%	3 2.8%	32 7.8%	141 42.7%	33 30.6%	174 39.7%
Basic	41 13.6%	8 7.5%	49 12.0%	79 23.9%	32 29.6%	111 25.3%
Secondary	9 3.0%	4 3.7%	13 3.2%	12 3.6%	5 4.6%	17 3.9%
Intermediate diploma	36 11.9%	32 29.9%	68 16.6%	39 11.8%	21 19.4%	60 13.7%
Bachelor	3 1.0%	2 1.9%	5 1.2%	0 0.0%	1 0.9%	1 0.2%
Higher	22 7.3%	13 12.1%	35 8.6%	44 13.3%	4 3.7%	48 11.0%
Never attended	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

- Table 13 shows that the mean number of years of education completed for both groups combined is 9.1 years (8.62 years for intervention and 10.56 years for comparison) in Endline, while 9.71 years as total and 9.5 years in intervention in Baseline (Q404). In comparison with the results of DHS 2012, the national average number of years completed was 8.0 years for average in the whole Mafraq governorate and in Badia the mean was 7.3 years, our respondents were higher than those results.

Table 13: Education years completed (years) (N=409) (N=438) Q404

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	22 7.3%	13 12.1%	35 8.6%	44 13.3%	4 3.7%	48 11.0%
1-10	135 44.7%	38 35.5%	173 42.3%	154 46.7%	42 38.9%	196 44.7%
11-12	96 31.8%	17 15.9%	113 27.6%	81 24.5%	34 31.5%	115 26.3%
13-14	10 3.3%	7 6.5%	17 4.2%	13 3.9%	5 4.6%	18 4.1%
15-16	35 11.6%	30 28.0%	65 15.9%	37 11.2%	23 21.3%	60 13.7%
17-18	4 1.3%	2 1.9%	6 1.5%	1 0.3%	0 0.0%	1 0.2%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Average	9.50	10.30	9.71	8.62	10.56	9.10
Sample standard deviation	4.40	5.32	4.66	4.75	4.12	4.68

3) Marital Status

- Almost all respondents (99.3%) live with their husbands (99.1% for intervention and 100% for comparison) (Q405). A few (8%, 35 women) respondents answered their husbands have other wives (Q406).
- The mean age at first marriage is 20.21 years old (19.87 years for intervention and 21.24 years for comparison) in Endline, while 20.3 years old (20.0 years for intervention and 21.1 years for comparison) in Baseline as shown in the Table 14 (Q407). The majority of respondents (51.6%) got married before age 20.

Table 14: Age at first marriage (N=409) (N=438) Q407

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<14	0 0.0%	0 0.0%	0 0.0%	2 0.6%	0 0.0%	2 0.5%
14-19	170 56.3%	44 41.1%	214 52.3%	181 54.8%	43 39.8%	224 51.1%
20-24	93 30.8%	43 40.2%	136 33.3%	107 32.4%	47 43.5%	154 35.2%
>=25	39 12.9%	20 18.7%	59 14.4%	40 12.1%	18 16.7%	58 13.2%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Average	20.03	21.07	20.30	19.87	21.24	20.21
Sample standard deviation	4.05	3.68	3.98	4.03	4.15	4.10

4) Fertility Trends

- Ninety percent of respondents (90.6%) had ever given birth (Q408).
- The mean age of first delivery is 21.2 years old (21.0 years for intervention and 22.9 years for comparison) in Endline, while 21.8 years old in Baseline as shown in the Table 15 (Q409). One third of them had their first delivery between the ages of 15-19 and nearly half of them had their first delivery between the ages of 20-24.

Table 15: Age at first delivery (n=363) (n=397) Q409

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
15-19	87 32.3%	23 24.5%	110 30.3%	104 34.9%	21 21.2%	125 31.5%

20-24	128	46	174	146	48	194
	47.6%	48.9%	47.9%	49.0%	48.5%	48.9%
25-29	38	22	60	42	22	64
	14.1%	23.4%	16.5%	14.1%	22.2%	16.1%
30-34	13	1	14	5	5	10
	4.8%	1.1%	3.9%	1.7%	5.1%	2.5%
>=35	3	2	5	1	3	4
	1.1%	2.1%	1.4%	0.3%	3.0%	1.0%
Total	269	94	363	298	99	397
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	21.64	22.27	21.80	21.02	22.85	21.48
Sample standard deviation	4.17	3.78	4.08	3.55	4.48	3.88

- The mean number of live children among all women is 3.47 (3.50 for intervention and 3.39 for comparison) in Endline, while 3.40 in Baseline in the Table 16 (Q410). Compared with the results for this same question in our baseline survey in Irbid with 3.39, the numbers for Mafraq are slightly higher than those of Irbid.

Table 16: Average number of children (N=409) (N=438) Q410

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	33	13	46	32	9	41
	10.9%	12.1%	11.2%	9.7%	8.3%	9.4%
1	37	15	52	38	15	53
	12.3%	14.0%	12.7%	11.5%	13.9%	12.1%
2	43	16	59	42	17	59
	14.2%	15.0%	14.4%	12.7%	15.7%	13.5%
3	48	12	60	48	19	67
	15.9%	11.2%	14.7%	14.5%	17.6%	15.3%
4	47	19	66	62	19	81
	15.6%	17.8%	16.1%	18.8%	17.6%	18.5%
5	42	11	53	51	11	62
	13.9%	10.3%	13.0%	15.5%	10.2%	14.2%
6	28	10	38	32	6	38
	9.3%	9.3%	9.3%	9.7%	5.6%	8.7%
>=7	24	11	35	25	12	37
	7.9%	10.3%	8.6%	7.6%	11.1%	8.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average (male)	1.81	1.91	1.83	1.83	1.91	1.85
Sample standard deviation	1.51	1.80	1.59	1.43	1.40	1.42
Average (female)	1.57	1.53	1.56	1.66	1.48	1.62
Sample standard deviation	1.39	1.39	1.39	1.38	1.30	1.36
Average (total)	3.38	3.44	3.40	3.50	3.39	3.47
Sample standard deviation	2.22	2.55	2.31	2.15	2.26	2.18

- About 14.1% (56 women, out of 397) of respondents have suffered the death of their children after giving birth to live babies, (Q411). To compare with our Irbid survey (9.3%), the results for Mafraq are worse than those for Irbid.

9-4 Antenatal and Postnatal Care

1) Antenatal care

- The survey team asked women who had experienced live births (n=363 for Baseline)(n=398 for Endline) about the antenatal and postnatal care of their latest pregnancies, excluding women who never been pregnant and are currently pregnant (Q501).
- Regarding antenatal care (ANC), 96.5% (384) of respondents received ANC during their last pregnancy in Endline, while 97.8% (355) in Baseline as is shown in Table 17 (Q502).

Table 17: Antenatal care (n=363) (n=398) Q502

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	265	90	355	287	97	384
	98.5%	95.7%	97.8%	96.0%	98.0%	96.5%
No	4	4	8	12	2	14
	1.5%	4.3%	2.2%	4.0%	2.0%	3.5%
Total	269	94	363	299	99	398
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

- Regarding places of receiving ANC (Table 18), 60.7% of the respondents received at private clinic, followed by the public hospital (13.5%), and public health center (8.3%) in Endline, while it was 56.1% of the respondents received at private clinic, followed by the public hospital (16.1%) and private hospital (15.5%) in Baseline as shown in Table 19 (Q503). The uses of public health center have increased from 6.2% in Baseline to 8.3% in Endline. The average timing of receiving the first ANC is at the 1.98 months of pregnancy (Q504).

Table 18: Place of receiving antenatal care (N=355) (n=384) Q503

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Go. hospital	49	8	57	41	11	52
	18.5%	8.9%	16.1%	14.3%	11.3%	13.5%
University hospital	0	0	0	0	1	2
	0.0%	0.0%	0.0%	0.3%	1.0%	0.5%
Comprehensive health center (CHC)/primary health center (PHC)	20	2	22	24	8	32
	7.5%	2.2%	6.2%	8.4%	8.2%	8.3%
Village health center	0	0	0	0	0	1
	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%
Military hospital	8	3	11	12	6	18
	3.0%	3.3%	3.1%	4.2%	6.2%	4.7%
Mobile health clinic	0	0	0	0	1	1
	0.0%	0.0%	0.0%	0.0%	1.0%	0.3%
Other public	1	0	1	0	0	0
	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%
Private Hospital	32	23	55	14	6	20
	12.1%	25.6%	15.5%	4.9%	6.2%	5.2%
Private Clinic	147	54	201	171	62	233
	55.5%	60.0%	56.6%	59.6%	63.9%	60.7%
NGO hospital	5	0	5	10	1	11
	1.9%	0.0%	1.4%	3.5%	1.0%	2.9%
NGO clinic	1	0	1	9	1	10
	0.4%	0.0%	0.3%	3.1%	1.0%	2.6%
JAFPP	1	0	1	3	0	3
	0.4%	0.0%	0.3%	1.0%	0.0%	0.8%
NGO Mobile health clinic	0	0	0	0	0	1
	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%
Other private	1	0	1	1	0	0
	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%
Total	265	90	355	287	97	384
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

- Regarding the number of ANC visits (Table 19), the most frequent answer is 9 times (26.3%), followed by 5 times (13.3%) and 3 times (11.7%) in Endline, while in Baseline it was 9 times (26.8%), followed by 2 times and 5 times, both of which have the same percentage (10.5%), which is shown in Table 19 (Q505). Considering international standard, having more than 4 times of ANC, 20.5% of our respondents are still less than this standard (Baseline was 24.8%). The mean numbers of ANC frequencies is 6.82 times, which made an increase from 6.69 times in Baseline.

Table 19: Frequency of antenatal care (n=355) (n=384) Q505

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1	14 5.3%	1 1.1%	15 4.2%	7 2.4%	0 0.0%	7 1.8%
2	34 12.8%	4 4.4%	38 10.7%	23 8.0%	4 4.1%	27 7.0%
3	24 9.1%	11 12.2%	35 9.9%	32 11.1%	13 13.4%	45 11.7%
4	28 10.6%	9 10.0%	37 10.4%	28 9.8%	8 8.2%	36 9.4%
5	22 8.3%	16 17.8%	38 10.7%	34 11.8%	17 17.5%	51 13.3%
6	20 7.5%	10 11.1%	30 8.5%	23 8.0%	7 7.2%	30 7.8%
7	12 4.5%	1 1.1%	13 3.7%	14 4.9%	6 6.2%	20 5.2%
8	17 6.4%	2 2.2%	19 5.4%	16 5.6%	5 5.2%	21 5.5%
9	70 26.4%	25 27.8%	95 26.8%	74 25.8%	27 27.8%	101 26.3%
>=10	23 8.7%	11 12.2%	34 9.6%	36 12.5%	10 10.3%	46 12.0%
DK	1 0.4%	0 0.0%	1 0.3%	0 0.0%	0 0.0%	0 0.0%
Total	265 100.0%	90 100.0%	355 100.0%	287 100.0%	97 100.0%	384 100.0%
Average	6.55	7.10	6.69	6.71	7.14	6.82
Sample standard deviation	4.63	4.17	4.52	3.63	4.18	3.77

2) Delivery

- Regarding places of delivery, the results from Baseline and Endline were relatively same (Table 20). 51.0% (Baseline) and 52.8% (Endline) of women had their last delivery at public hospitals, followed by the military hospital (21.2% for Baseline and 21.6% for Endline), and private hospitals (19.0% for Baseline and 16.3% for Endline) (Q506). Only a small number of women (1.1% for Baseline and 1.8% for Endline) gave birth at home.

Table 20: Place of delivery in the last delivery (n=363) (n=398) Q506

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Your home / Other home	1 0.4%	3 3.2%	4 1.1%	7 2.3%	0 0.0%	7 1.8%
Gov. hospital	135 50.2%	50 53.2%	185 51.0%	152 50.8%	58 58.6%	210 52.8%
University hospital	4 1.5%	2 2.1%	6 1.7%	3 1.0%	0 0.0%	3 0.8%
Military hospital	61 22.7%	16 17.0%	77 21.2%	66 22.1%	20 20.2%	86 21.6%
Others public	0 0.0%	1 1.1%	1 0.3%	1 0.3%	0 0.0%	1 0.3%
Private hospital	48 17.8%	21 22.3%	69 19.0%	46 15.4%	19 19.2%	65 16.3%
Private clinic	7 2.6%	1 1.1%	8 2.2%	9 3.0%	1 1.0%	10 2.5%
NGO hospital	8 3.0%	0 0.0%	8 2.2%	12 4.0%	0 0.0%	12 3.0%
NGO clinic	4 1.5%	0 0.0%	4 1.1%	3 1.0%	1 1.0%	4 1.0%
Others private	1 0.4%	0 0.0%	1 0.3%	0 0.0%	0 0.0%	0 0.0%

Total	269 100.0%	94 100.0%	363 100.0%	299 100.0%	99 100.0%	398 100.0%
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3) Postnatal Care

- Regarding postnatal care (PNC) for the most recent pregnancy, 57.5% in Endline received the PNC which was an increase compare to 50.7% in Baseline (Table 21) (Q507). Among those who received PNC, 57.7% of women had received PNC within 24 hours. During Day 3 (48-72 hours) only 7.5% received PNC, during Day 4-6, only 3.3% received PNC and between Days 7-14, only 5.8% received PNC, on the 6th week post-delivery, only 1.8%.

Table 21: Postnatal care (n=363) (n=398) (Multiple answer) Q507

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
At the hospital (within 24 hours)	109 40.5%	44 46.8%	153 42.1%	173 57.9%	56 56.6%	229 57.5%
Day 3 (48 - 72 hours)	20 7.4%	15 16.0%	35 9.6%	22 7.4%	8 8.1%	30 7.5%
Day 4-6	12 4.5%	3 3.2%	15 4.1%	8 2.7%	5 5.1%	13 3.3%
Between days 7-14	27 10.0%	10 10.6%	37 10.2%	17 5.7%	6 6.1%	23 5.8%
On 6 weeks after delivery	11 4.1%	4 4.3%	15 4.1%	5 1.7%	2 2.0%	7 1.8%
Received sub-total	137 50.9%	47 50.0%	184 50.7%	185 61.9%	58 58.6%	243 61.1%
Not received	132 49.1%	47 50.0%	179 49.3%	114 38.1%	41 41.4%	155 38.9%
Total	269 100.0%	94 100.0%	363 100.0%	299 100.0%	99 100.0%	398 100.0%

- The newborn check-ups for the latest child showed increase between Baseline and Endline. In Endline, 81.7% of mothers have had newborn check-ups while 16.8% of mothers have not, while in Baseline, it was 73.6% of mothers had had newborn check-ups while 24.8% of mothers had not (Table 22) (Q508). Of those who did, 70.6% of mothers had newborn checkups within 24 hours of delivery which was also an increase, especially for intervention (from 50.2% to 71.6%).

Table 22: Timing of newborn check-up (n=363) (n=398) (Multiple answer) Q508

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
At the hospital (within 24 hours)	135 50.2%	59 62.8%	194 53.4%	214 71.6%	67 67.7%	281 70.6%
Day 3 (48 - 72 hours)	22 8.2%	11 11.7%	33 9.1%	31 10.4%	12 12.1%	43 10.8%
Day 4-6	17 6.3%	5 5.3%	22 6.1%	21 7.0%	13 13.1%	34 8.5%
Between Day 7-14	48 17.8%	26 27.7%	74 20.4%	59 19.7%	21 21.2%	80 20.1%
On 6 weeks after birth	29 10.8%	27 28.7%	56 15.4%	66 22.1%	28 28.3%	94 23.6%
Received sub-total	192 71.4%	75 79.8%	267 73.6%	243 81.3%	82 82.8%	325 81.7%
Not received	73 27.1%	17 18.1%	90 24.8%	52 17.4%	15 15.2%	67 16.8%
Don't know	4 1.5%	2 2.1%	6 1.7%	4 1.3%	2 2.0%	6 1.5%
Total	269 100.0%	94 100.0%	363 100.0%	299 100.0%	99 100.0%	398 100.0%

9-5 Family Planning

- Current use of contraceptives
- As seen in Table 23 (N=409) (N=438) (Q601), 50.9% of all respondents are currently using contraceptive methods, which was decrease from the Baseline. However, regarding the intervention group, it increased slightly from 50.0% to 51.2%, while the comparison group dropped down from 63.6% to 50.0%. Among women who are not pregnant now and not in the postpartum period (n=320), the contraceptive prevalence rate is 69.7%

Table 23: Contraceptive prevalence rate (N=409) (N=438) (Q601)

	Baseline			Endline		
	Interventi on	Compani on	Total	Interventi on	Compani on	Total
Yes	151 50.0%	68 63.6%	219 53.5%	169 51.2%	54 50.0%	223 50.9%
No	151 50.0%	39 36.4%	190 46.5%	161 48.8%	54 50.0%	215 49.1%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

- Among respondents who currently are not using any contraceptives (n=190) (n=215), major reasons given for this are "wants more children" (34.0%), followed by "currently pregnant" (31.2%) and "Sub fecund/infecund" (19.5%), while in Baseline it was "postpartum period" (35.3%), followed by "wants more children" (32.1%) and, "currently pregnant" (31.6%) (Table 24)(Q602).

Table 24: Reasons for not using contraceptives (n=190) (n=215) Q602

	Baseline			Endline		
	Interventi on	Compani on	Total	Interventi on	Compani on	Total
In pregnancy	48 31.8%	12 30.8%	60 31.6%	48 29.8%	19 35.2%	67 31.2%
In postpartum period	56 37.1%	11 28.2%	67 35.3%	13 8.1%	5 9.3%	18 8.4%
Wants more children	50 33.1%	11 28.2%	61 32.1%	53 32.9%	20 37.0%	73 34.0%
Fear of infertility	16 10.6%	2 5.1%	18 9.5%	2 1.2%	0 0.0%	2 0.9%
Not having sex/ Infrequent sex	8 5.3%	2 5.1%	10 5.3%	1 0.6%	0 0.0%	1 0.5%
Menopausal/ Hysterectomy	2 1.3%	2 5.1%	4 2.1%	8 5.0%	1 1.9%	9 4.2%
Sub fecund/ infecund	7 4.6%	4 10.3%	11 5.8%	33 20.5%	9 16.7%	42 19.5%
Husband opposed	7 4.6%	0 0.0%	7 3.7%	1 0.6%	0 0.0%	1 0.5%

- The contraceptive prevalence rate by modern methods (only modern method + both modern and traditional methods) is 33.6%, which is a slight increase from the Baseline result (32.8%). Comparing the difference between the groups, the Intervention group increased from 31.8% to 34.5% while the Comparison group decreased from 35.5% to 30.6%. Those who do not use contraceptives occupy 49.1% in Table 25.

Table 25: Contraceptive prevalence rate (Multiple answers) (N=409) (N=438)

	Baseline			Endline		
	Interventi on	Compani on	Total	Interventi on	Compani on	Total
Modern method	93 30.8%	37 34.6%	130 31.8%	108 32.7%	33 30.6%	141 32.2%
Modern method + Traditional method	3 1.0%	1 0.9%	4 1.0%	6 1.8%	0 0.0%	6 1.4%

Modern method subtotal	96 31.8%	38 35.5%	134 32.8%	114 34.5%	33 30.6%	147 33.6%
Traditional method	55 18.2%	30 28.0%	85 20.8%	55 16.7%	21 19.4%	76 17.4%
Contraception subtotal	151 50.0%	68 63.6%	219 53.5%	169 51.2%	54 50.0%	223 50.9%
No contraception	151 50.0%	39 36.4%	190 46.5%	161 48.8%	54 50.0%	215 49.1%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

- Among women who currently practice family planning (n=219) (n=223) shown in Table 26, the kinds of methods used are withdrawal (28.3%), Pills (23.8%), IUD (17.0%) and, male condom (12.6%) in this order (Table 25) (Q603). Compared with the national average from the DHS 2012, withdrawal is much higher than the national average (14.3%, 18.8% in the whole Mafrag), and use of IUD is less than the national average (21.3% in the whole 15.8%), use of the Pill is higher than the national average (8.1%, 10.2% in the whole Mafrag) and male condom is little less than national average but less than the whole Mafrag directorate (7.9%, 4.5% in the whole Mafrag).

Table 26: Contraceptive methods (Multiple answers) (n=219) (n=223) Q603

	Baseline			Endline		
	Interventi on	Compani on	Total	Interventi on	Compani on	Total
<Modern Methods>	20 13.2%	14 20.6%	34 15.5%	27 16.0%	11 20.4%	38 17.0%
IUD	13 8.6%	5 7.4%	18 8.2%	18 10.7%	1 1.9%	19 8.5%
Injectables	1 0.7%	0 0.0%	1 0.5%	0 0.0%	0 0.0%	0 0.0%
Implants	37 24.5%	15 22.1%	52 23.7%	39 23.1%	14 25.9%	53 23.8%
Pills	12 7.9%	1 1.5%	13 5.9%	24 14.2%	4 7.4%	28 12.6%
Male Condom	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Female Condom	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Diaphragm	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Foam/Jelly	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Rhythm Method (Calendar/period method)	6 4.0%	1 1.5%	7 3.2%	4 2.4%	1 1.9%	5 2.2%
Locational Amenorrhea Method (LAM)	7 4.6%	2 2.9%	9 4.1%	2 1.2%	2 3.7%	4 1.8%
Female Sterilization	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Male Sterilization	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Other modern method	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
<Traditional Methods>	4 2.6%	2 2.9%	6 2.7%	11 6.5%	2 3.7%	13 5.8%
Rhythm Method (Calendar/period method)	39 25.8%	25 36.8%	64 29.2%	44 26.0%	19 35.2%	63 28.3%
Withdrawal	19 12.6%	4 5.9%	23 10.5%	8 4.7%	0 0.0%	8 3.6%
Breastfeeding (Traditional)	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Other traditional Method	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%

2) Husband Agreement, Recognition and Knowledge of Family Planning

- Most husbands (95.1% for Baseline and 82.0% for Endline) agree with the use of contraceptives while some (4.9% for Baseline and 14.6% for Endline) of husbands do not agree (Table 27)

(Q605).

Table 27: Husband's agreement with using contraception (N=409) (N=438) Q605

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	287 95.0%	102 95.3%	389 95.1%	276 83.6%	83 76.9%	359 82.0%
No	15 5.0%	5 4.7%	20 4.9%	47 14.2%	17 15.7%	64 14.6%
DK	0 0.0%	0 0.0%	0 0.0%	7 2.1%	8 7.4%	15 3.4%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

• The survey team asked the recognition of modern method effectiveness. Majority of the respondents (61.2%) think modern methods are more effective than traditional methods (Table 28) (Q606). On the contrary 14.6% of respondents believe modern methods are less effective than traditional methods and 9.6% of them think these are equally effective. More than 10% of women answered don't know. These results indicate that it is still necessary to hold intensive education on the effectiveness of modern contraceptive methods.

Table 28: Recognition of effectiveness of FP methods (N=409) (N=438) Q606

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Modern methods are less effective	39 12.9%	20 18.7%	59 14.4%	42 12.7%	22 20.4%	64 14.6%
Modern methods are equally effective	33 10.9%	4 3.7%	37 9.0%	36 10.9%	6 5.6%	42 9.6%
Modern methods are more effective	194 64.2%	65 60.7%	259 63.3%	206 62.4%	62 57.4%	268 61.2%
Don't know	36 11.9%	18 16.8%	54 13.2%	46 13.9%	18 16.7%	64 14.6%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

• Regarding question on who usually makes the decision on the use of RH care and services, 66.4% of the respondents said "respondent and husband jointly," followed by 24.2% of them said "respondent" (Table 29) (Q607). Mother and father or mother in law and father in law had less or no influence over the RH service use decision.

Table 29: Decision to use RH services (N=409) (N=438) (Q607)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Respondent	43 14.2%	21 19.6%	64 15.6%	84 25.5%	22 20.4%	106 24.2%
Husband	19 6.3%	5 4.7%	24 5.9%	27 8.2%	13 12.0%	40 9.1%
Respondent and husband jointly	239 79.1%	80 74.8%	319 78.0%	218 66.1%	73 67.6%	291 66.4%
Senior male family member	0 0.0%	0 0.0%	0 0.0%	1 0.3%	0 0.0%	1 0.2%
Senior female family member	1 0.3%	1 0.9%	2 0.5%	0 0.0%	0 0.0%	0 0.0%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

3) Sources of Reproductive Health Information

• Among the respondents in Endline, most common sources of RH information were

"Relative/family" (53.2%), followed by "Counseling by private doctor" (40.9%), "Friends/Neighbors" (36.8%), while Baseline's results were "Relative/family" (41.6%), followed by "Friends/neighbors" (30.3%), "Counseling by staff at Comprehensive/Primary health center (CHCs/PHCs)" (26.4%), in Table 30. It seems informal communication is the greatest source of RH information.

Table 30: Sources of RH Information (Multiple answers) (N=409) (N=438) (Q608)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Mobile health clinic	5 1.7%	0 0.0%	5 1.2%	2 0.6%	0 0.0%	2 0.5%
Counseling by staff at VHC	16 5.3%	3 2.8%	19 4.6%	9 2.7%	2 1.9%	11 2.5%
Counseling by staff at Comprehensive/Primary health center	90 29.8%	18 16.8%	108 26.4%	69 20.9%	24 22.2%	93 21.2%
Counseling by private doctor	59 19.5%	20 18.7%	79 19.3%	123 37.3%	56 51.9%	179 40.9%
Counseling by NGO health staff	4 1.3%	0 0.0%	4 1.0%	9 2.7%	2 1.9%	11 2.5%
Group lecture in the community	8 2.6%	4 3.7%	12 2.9%	12 3.6%	3 2.8%	15 3.4%
Community awareness event	11 3.6%	3 2.8%	14 3.4%	11 3.3%	3 2.8%	14 3.2%
Sermon " Religious event"	1 0.3%	0 0.0%	1 0.2%	0 0.0%	0 0.0%	0 0.0%
Written material (brochure, magazine, flyer, newspaper)	30 9.8%	10 9.3%	40 9.8%	44 13.3%	14 13.0%	58 13.2%
Internet	40 13.2%	27 25.2%	67 16.4%	83 25.2%	33 30.6%	116 26.5%
Radio	0 0.0%	1 0.9%	1 0.2%	2 0.6%	0 0.0%	2 0.5%
TV	64 21.2%	19 17.8%	83 20.3%	103 31.2%	25 23.1%	128 29.2%
SMS/text	3 1.0%	0 0.0%	3 0.7%	6 1.8%	1 0.9%	7 1.6%
Family/ Relatives	127 42.1%	43 40.2%	170 41.6%	174 52.7%	59 54.6%	233 53.2%
Friends/ Neighbors	99 32.8%	25 23.4%	124 30.8%	126 38.2%	35 32.4%	161 36.8%
Never	21 7.0%	9 8.4%	30 7.3%	17 5.2%	5 4.6%	22 5.0%
DK	0 0.0%	0 0.0%	0 0.0%	7 2.1%	0 0.0%	7 1.6%
Others (specify)	4 1.3%	2 1.9%	6 1.5%	6 1.8%	0 0.0%	6 1.4%

9-6 Mobile Health Clinic

1) Recognition and use of the mobile health clinic

• 75.8% of the respondents have heard of the mobile health clinic in intervention areas, while 24.2% never have. (Table 31) (QX1). Some people (31.5%) in comparison areas know about the services, yet its majority (68.5%) has never heard of it.

Table 31: Recognition of the mobile health clinic (N=438) (QX1)

	Endline		
	Intervention	Comparison	Total
Yes	250 75.8%	34 31.5%	284 64.8%
No	80 24.2%	74 68.5%	154 35.2%
Total	330 100.0%	108 100.0%	438 100.0%

- Regarding the areas of the mobile health clinic's operation shown in Table 32, the most recognized sight was "Near the main road and Al-Bostaneh secondary school for girls (25.5% for intervention and 2.8% for comparison)," followed by Child care charity association (16.4% for intervention and 1.9% for comparison), and Menshiyyat Qoblan association (7.0%). 16.7% in intervention and 13.0% in comparison areas were not aware of the operation sights of the mobile health clinic (QX2).

Table 32: Areas of the mobile health clinic's operation (N=438) (QX2)

	Endline		Total
	Intervention	Comparison	
Child care charity association	54 16.4%	2 1.9%	56 12.8%
Saliidiyyah ITS	14 4.2%	0 0.0%	14 3.2%
Near the main road and Al-Bostaneh secondary school for girls	84 25.5%	3 2.8%	87 19.9%
Menshiyyat Qoblan association	23 7.0%	0 0.0%	23 5.3%
Menshiyyat Qoblan ITS	14 4.2%	0 0.0%	14 3.2%
Other, specify	11 3.3%	17 15.7%	28 6.4%
Don't know	55 16.7%	14 13.0%	69 15.8%

- In intervention areas, 11.8% of respondents have used the services of the mobile health clinic, whereas 2.8% have in comparison areas (Table 33) (QX3). Almost 70% of the respondents have used the services at least once (69.2% for intervention and 66.7% for comparison).

Table 33: Use of the mobile health clinic (N=438) (QX3)

	Endline		Total
	Intervention	Comparison	
Yes	39 11.8%	3 2.8%	42 9.6%
No	291 86.2%	105 97.2%	396 90.4%
Total	330 100.0%	108 100.0%	438 100.0%

Frequency of the use of the mobile health clinic (n=42)

	Endline		Total
	Intervention	Comparison	
1	27 69.2%	2 66.7%	29 69.0%
2	9 23.1%	0 0.0%	9 21.4%
3	2 5.1%	1 33.3%	3 7.1%
6	1 2.6%	0 0.0%	1 2.4%
Total	39 100.0%	3 100.0%	42 100.0%

- In intervention areas, the most used services include FP counseling (33.3%), followed by Health Education sessions and General examination/ counseling (25.6%), and Vaccination for children and Receiving supplements (20.5%). In comparison areas, one person has received the services of FP counseling, FP method, ANC, Child Care, and General examination/ counseling (33.3%) (Table 34) (QX4).

Table 34: Kind of the services used? (n=42) (QX4)

	Endline		Total
	Intervention	Comparison	
FP counseling	13 33.3%	1 33.3%	14 33.3%
FP method	4 10.3%	1 33.3%	5 11.9%
ANC	5 12.8%	1 33.3%	6 14.3%
PNC	1 2.6%	0 0.0%	1 2.4%
Child Care	6 15.4%	1 33.3%	7 16.7%
Vaccination for children	8 20.5%	0 0.0%	8 19.0%
General examination/ counseling	10 25.6%	1 33.3%	11 26.2%
Receiving supplements	8 20.5%	0 0.0%	8 19.0%
Health Education sessions	10 25.6%	0 0.0%	10 23.8%
Others	0 0.0%	0 0.0%	0 0.0%

2) Impacts of and demands for the mobile health clinic

- Table 35 shows that among those who have used the services of the mobile health clinic, 41.0% (16 respondents) from intervention areas and 100% (3 respondents) had some changes in their attitude toward reproductive health (QX7). The mobile clinic services that have contributed to the attitude changes were "Easy access to vaccination for child (3.46)" for intervention groups, and "Provision of health information (4.00)" for comparison groups (Table 36) (QX8).

Table 35: Changes in attitude toward reproductive health (n=42) (QX7)

	Endline		Total
	Intervention	Comparison	
Yes	16 41.0%	3 100.0%	19 45.2%
No	23 59.0%	0 0.0%	23 54.8%
Total	39 100.0%	3 100.0%	42 100.0%

Table 36: Services of the mobile health clinic that contributed to the changes in health status (n=42) (QX8)

	Endline		Total
	Intervention	Comparison	
Easy access to FP services	3.28	3.67	3.31
Easy access to ANC/PNC services	3.08	3.67	3.12
Easy access to child care services	3.26	3.67	3.29
Easy access to vaccination for child	3.46	3.00	3.43
Improving accessibility to primary health services	3.26	3.67	3.29
Providing health information	3.13	4.00	3.19
Getting some basic supplement/medicine	3.03	3.33	3.05

- According to Table 37, the most requested aspects to improve the services of the mobile health clinic are "More frequent visit to your community (64.8% for intervention and 63% for comparison)," "More medicine (63.3% for intervention and 67.6% for comparison)," "Provision of dental care (58.8% for intervention and 68.5% for comparison)," and "Availability of doctor (57.6% for intervention and 63% for comparison)" (QX9).

Table 37: Aspects to improve the mobile clinic services in community (N=438) (QX9)

	Endline		
	Intervention	Comparison	Total
Provision of primary health care	156 47.3%	68 63.0%	224 51.1%
Provision of chronic disease care	136 41.2%	49 45.4%	185 42.2%
Provision of dental care	194 58.8%	74 68.5%	268 61.2%
Provision of other care	9 2.7%	4 3.7%	13 3.0%
Improvement of equipment and furniture	92 27.9%	45 41.7%	137 31.3%
Availability of Doctor	190 57.6%	68 63.0%	258 58.9%
Improvement of health staffs knowledge and skills	82 24.8%	42 38.9%	124 28.3%
Better attitude toward service provision by health staff	77 23.3%	36 33.3%	113 25.8%
More frequent visit to your community	214 64.8%	68 63.0%	282 64.4%
Near your house/site	156 47.3%	70 64.8%	226 51.6%
More medicine	209 63.3%	73 67.6%	282 64.4%
Lab services	168 50.9%	65 60.2%	233 53.2%
Other (Specify)	9 2.7%	4 3.7%	13 3.0%
Don't know	21 6.4%	6 5.6%	27 6.2%

9-7 Breast cancer and Sexually Transmitted Diseases

- Breast cancer check-up
 - The percentage of respondents who have performed self-examination to detect breast cancer was 6.1% in Baseline and 7.5% in Endline, both of which were much lower than the survey team expected (Table 38) (Q701).

Table 38: Performance of self-examination of breast cancer (N=409) (N=438) (Q701)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	23 7.6%	2 1.9%	25 6.1%	24 7.3%	9 8.3%	33 7.5%
No	279 92.4%	105 98.1%	384 93.9%	306 92.7%	99 91.7%	405 92.5%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

2) Sexually Transmitted Diseases

- The percentage of the respondents who knew the Sexually transmitted diseases was 61.4% in Baseline and 67.4% in Endline (Table 39) (Q801), which was also below the expectation of

survey team.

Table 39: Recognition of sexually transmitted diseases (N=409) (N=438) (Q801)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	187 61.9%	64 59.8%	251 61.4%	231 70.0%	64 59.3%	295 67.4%
No	107 35.4%	43 40.2%	150 36.7%	98 29.7%	44 40.7%	142 32.4%
Don't know	8 2.6%	0 0.0%	8 2.0%	1 0.3%	0 0.0%	1 0.2%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

9-8 Health Condition of Family Members

- The percentage of the respondents whose household members currently have or did have non-communicable diseases (NCDs) in the previous year was 73.6% in Baseline and 72.6% in Endline as shown in Table 40 (Q901). When compared with the health care needs of Syrian refugee adults in Irbid based on the Survey conducted by the Medicines Sans Frontiers (MSF) in Irbid in 2016 which indicated 68.1% in the past six months, our results turned out to be higher percentage.

Table 40: Family members who have/ had NCDs in the last year (N=409) (N=438) (Q901)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
None	224 74.2%	77 72.0%	301 73.6%	242 73.3%	76 70.4%	318 72.6%
Hypertension	36 11.9%	14 13.1%	50 12.2%	40 12.1%	10 9.3%	50 11.4%
Cardiovascular disease	7 2.3%	4 3.7%	11 2.7%	11 3.3%	4 3.7%	15 3.4%
Diabetes	35 11.6%	13 12.1%	48 11.7%	28 8.5%	9 8.3%	37 8.4%
Chronic respiratory	13 4.3%	9 8.4%	22 5.4%	13 3.9%	6 5.6%	19 4.3%
Thyroid disease	6 2.0%	2 1.9%	8 2.0%	7 2.1%	8 7.4%	15 3.4%
Cancer	1 0.3%	1 0.9%	2 0.5%	1 0.3%	1 0.9%	2 0.5%
Joint pain	34 11.3%	3 2.8%	37 9.0%	41 12.4%	10 9.3%	51 11.6%

10. Statistical Test

To understand the statistical differentiation between the intervention and comparison groups for both Baseline and Endline surveys, a T-test was employed in basic characteristics of the respondents.

Table 41: T-test for basic characteristics of the respondents

		n	Mean	S.D.	T-test
Baseline	calculated age 2	Intervention	31.78	8.219	0.066
		Comparison	33.51	8.652	
	Q407.age at first marriages?	Intervention	20.03	4.049	0.020*
		Comparison	21.07	3.681	
	Q409.age at the birth of your first child?	Intervention	21.64	4.173	0.200
		Comparison	22.27	3.776	
	Q410_TOT	Intervention	3.38	2.224	0.822
		Comparison	3.44	2.552	
	Q404.the highest grade you completed?	Intervention	9.497	4.3970	0.164
		Comparison	10.299	5.3239	
Endline	calculated age 2	Intervention	32.44	8.271	0.211
		Comparison	33.59	8.528	
	Q407.age at first marriage?	Intervention	19.87	4.026	0.002*
		Comparison	21.24	4.149	
	Q409.age at the birth of your first child?	Intervention	18.98	7.086	0.015*
		Comparison	20.94	7.656	
	Q410_TOT	Intervention	3.50	2.154	0.655
		Comparison	3.39	2.258	
	Q404.the highest grade you completed?	Intervention	8.615	4.7548	0.000*
		Comparison	10.565	4.1203	

Note: * indicates statistically significant differences.

ANNEXES

- ANNEX 1 Baseline Questionnaire (English and Arabic)
- ANNEX 2 Endline Questionnaire (English and Arabic)
- ANNEX 3 All Data



ANNEX 1



Project for Improvement of Services at Village Health Centers (VHCs) in Rural
Host Communities of Syrian Refugees

Final

**Survey for Impacts of Mobile Health
Clinic among Married Women of
Reproductive Age (15-49) in Mafraq,
Jordan**

2017

Date of filled in:	serial number
Name of researcher:	

District and villages

Um Al-Jemal	Salhiya	Sabha	Um Elqotain	Dayr Al-Kahf
1: Saiediyah	2: Bostaneh	3: Menshiyyat Qoblan	4: Husseiniyyah	5: Qasem

	رقم الأسرة في منطقة العد	Serial number of House Hold
	رقم هاتف (رقم هاتف الزوج في حال عدم الاستجابة)	Contact Mobile Number

استبيان مسح السكان والمساكن

	عدد النساء المتزوجات الموجودات في المنزل أثناء الزيارة (15 - 49 سنة)	Available number of married women in household (15-49 years old)
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تاريخ الزيارة	First visit	Second visit
Date of visit		
اسم الباحثة		
Research name		
وقيع القائد الميداني		
Field Supervisor's sign		

1. Completed	تمت الإجابة	Result
2. No eligible Women (married aged 15-49) exist	المرأة المتستيفة غير موجودة	Codes
3. No eligible Women (married aged 15-49) at home	المرأة ليست بالمنزل	
4. Nobody Home	لا يوجد أحد في المنزل	
5. Housing Unit Vacant	المسكن خال	
6. Refused by husband	الزوج رفض	
7. Refused by wife	الزوجة رفضت	
8. Other (Specify)	أخرى (حدد)	

Section 1: For All

NO.	Questions and filtered	Coding categories	SKIP
101	What is your nationality	Jordanian Syrian Other Specify: ()	103 102 102
102	Was your family registered by Ministry of Interior?	Yes No	103
103	In which month and year did you start to live continuously at this current place of residence?	() month () Year Others Don't know	104
104	How many persons living with you in your house? (Including yourself)	Total: () persons Male: () persons Female: () persons	105
105	Have you done any work in the last 12 months, even for one hour? By "work", I mean any paid work, any work in a business completely or partially owned by yourself, any work in a business owned by the household without payment, or work in other business?	Yes No	106
106	What is your husband current occupation? (Circle one)	Public administration Service workers, shop and market, sales workers Education Professional ,scientific and technical activities Manufacturing Agricultural Animal raising Accommodation and food services Military Doesn't work Driver Other (Specify)	107
107	What would you estimate is your total monthly household income from all sources?	Don't know 98 JD	108
108	Please count all income from all household members? Does your house own the followings usable devices? <-Please Read out->	Don't want to answer 99 1. Radio 2. TV 3. Satellite 4. Land telephone 5. Refrigerator 6. Washing machine 7. Dish washer 8. Solar heater 9. Air conditioner 10. Fan 11. Water cooler 12. Microwave 13. Digital camera 14. Mobile phone	201 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No

15. Computer	1. Yes 2. No
16. Internet access at house	1. Yes 2. No
17. Car (for personal use)	1. Yes 2. No

Section 2: Health center and hospital Accessibility

No.	Name	Distance from your house (km)	Means of transportation (foot, car... etc.)	Time to reach	Cost	Ever used	Skip
201	The closest VHC					1. Yes 2. No	202
202	The closest (or often use) PHC					1. Yes 2. No	203
203	The closest (or often use) LHC					1. Yes 2. No	204
204	The closest (or often use) private clinic					1. Yes 2. No	205
205	The closest hospital					1. Yes 2. No	206
206	Mobile clinic	Place:				1. Yes 2. No 3. Don't know	301

Section 3: Medical care accessibility <When you are sick and want to get medical advice or treatment, is each of the following a big issue to access services>

NO.	Questions and filtered	Coding categories	SKIP
301	Do you have any problem to know where to go to receive medical care?	Yes No	1 2 302
302	Do you have any problem to get permission to go for medical care?	Yes No	1 2 303
303	Do you have any problem to get money needed for treatment?	Yes No	1 2 304
304	Do you have any problem in distance for the health facility?	Yes No	1 2 305
305	Do you have any problem to find means of transportation?	Yes No	1 2 306
306	Do you have any problem to access to health facility in terms of finance?	Yes No	1 2 307
307	Do you need someone with you to go to health facilities?	Yes No	1 2 308
308	Do you have any concern that there may not be a female health provider regarding RH services?	Yes No	1 2 401

Section 4: Woman's Characteristics

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<Age> In what month and year were you born? If the woman doesn't know the month, if the woman doesn't know the year, please use the family book as much as possible.	() month () year	402
402	How old were you at your last birthday?	Age in completed years () year Don't know 98	403
403	<Education of woman> What is the highest level of school you attended: old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher?	Old system Elementary 1 Preparatory 2 Secondary 3 New system Basic 4 Secondary 5 Intermediate diploma 6 Bachelor 7 Higher 8 Never attended 9 Grade () years	404
404	What is the highest grade you completed?	Grade () years	405
405	<Husband situations> Is your husband living with you now or is he staying elsewhere? For researcher: - If the husband live outside Jordan, means staying elsewhere - Live in Jordan even living in another governorate means living with her Does your husband have another wife (other wives) besides you?	Living with her 1 Staying elsewhere 2 Yes 1 No 2 Don't know 98	406
406	<Women's marital and fertility> How old were you when you first marriage? Have you ever given birth during your life? How old were you at the birth of your first child? How many children, whom you have given birth and who are alive?	Age () years old Yes 1 No 2 () years old Don't know 98 Son () persons Daughter () persons	407 408 409 501 410 411
411	Have you ever given birth children who was born alive but later died?	Yes 1 No 2	501

Women's Health

Section 5: Antenatal Care and Postnatal Care

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	When was the last live births? (Circle one)	1 Never 2 Now I am in the first pregnant 3 Now I am pregnant, not the first Your last birth at which year () 4 Yes: Which year: () 502 503 506 504	601 502
502	During the last pregnancy in the last time, did you see anyone for antenatal care? (Circle one)	1 Yes 2 No	502 503 506
503	If yes: Where did you go to receive antenatal care? (Circle the main frequent anyone else? (Circle the main frequent one)	<Public> 1 Go. hospital 2 University hospital 3 Comprehensive health center (CHC) /primary health center (PHC) 4 Village health center 5 Military hospital 6 Mobile health clinic 7 Other public (Specify: _____) <Private> 8 Private Hospital 9 Private Clinic 10 NGO hospital 11 NGO clinic 12 JAFPP 13 NGO Mobile health clinic 96 Other private (Specify: _____)	504
504	How many months pregnant were you when you first received antenatal care for the last pregnancy?	Number of months () Don't know	505
505	How many times did you receive antenatal care during the last pregnancy?	Number of times () Don't know	506
506	About delivery in the last delivery time, where did you give birth? (Circle one)	1 Your home / Other home <Public> 2 Gov. hospital 3 University hospital 4 Military hospital 5 Others public (Specify: _____) <Private> 6 Private hospital 7 NGO hospital 8 NGO clinic 9 Others private (Specify: _____)	507

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	Have you had a checkup after delivery by healthcare provider? <Read out> (Circle all)	At the hospital (within 24 hours) Day 3 (48 – 72 hours) Day 4-6 Between days 7-14 On 6 weeks after delivery Not received Don't know	1 2 3 4 5 6 98
508	Have your baby had a checkup after birth by healthcare provider? <Read out> (Circle all)	At the hospital (within 24 hours) Day 3 (48 – 72 hours) Day 4-6 Between Day 7-14 On 6 weeks after birth Not received Don't know	1 2 3 4 5 6 98

Section 6: Family Planning

Researchers, please give a brief explanation about Modern and traditional methods

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<For All _ Contraception> Are you currently doing something or using any methods to delay or avoid getting pregnant? (Circle one) <Note: Breast feeding, LAM, and Female sterilization are as considered FP methods >	Yes No	1 603 2 602
602	What is the main reason for not using methods to delay or avoid getting pregnancy? (Circle all mentioned) <Read-out>	1 In pregnancy 2 In postpartum period 3 Wants more children 4 Fear of infertility 5 Not having sex/ Infrequent sex <Fertility –related reason> 6 Menopausal/ Hysterectomy 7 Sub fecund/ infecund <Opposition to use> 8 Respondent opposed 9 Husband opposed 10 Others opposed 11 Religious prohibition <Side effects> 12 Interferes with body processes 13 Mood changes 14 Bloat & weight gain 15 Headaches, dizzy 16 Bleeding irregularity 17 Risk of cancer 18 Dangerous to health 19 Can't use because of pre-existing health issues 20 Fear of side effects	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		<Use related reasons> 21 Forget to take 22 Method failure risk 23 Difficult to use 24 Interferes with sexual experience <Lack of Knowledge> 25 Knows no method 26 Knows no source <Access reasons> 27 Lack of access/ too far / inconvenient to get 28 Too much time to obtain 29 Cost too much to use <Provider/facility reasons> 30 Lack of female providers 31 Lack of privacy 32 Provider offers limited methods 33 Provider did not give method requested 34 Requested methods not available 35 Inadequate counseling 36 Negative experience with FP provider Other (Specify) 96 Don't know 98	
603	Which method are you using now? <Read out> (Circle all mentioned)	<Modern Methods> 1 IUD 2 Injectables 3 Implants 4 Pills 5 Male Condom 6 Female Condom 7 Diaphragm 8 Foam/Jelly 9 Local Anesthetics 10 LAM 11 Female Sterilization 12 Male Sterilization Other modern method (Specify) <Traditional Methods> 13 Rhythm Method (Calendar/period method) 14 Withdrawal 15 Breastfeeding (Traditional) 16 Other traditional Method (Specify)	604

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
604	Who advise you to use this method? (Circle all mentioned)	1 No one (By myself) 2 Mobile health clinic staff 3 Doctor 4 Nurse 5 Midwife 6 Husband 7 Mother/ Mother in law 8 Other relatives 9 Friends 10 Neighbors 11 Community outreach workers 12 Social workers Other (specify)	605
	Ask the following questions for all		
605	Does your husband agree with using contraception? (circle one)	1 Yes 2 No 98 Don't know	606
606	Do you think that modern methods are less effective, equally effective or more effective than traditional methods for preventing pregnancy? (Circle one)	1 Modern methods are less effective 2 Modern methods are equally effective 3 Modern methods are more effective 98 Don't know	607
607	Who usually make the decisions about your visit related to RH care and FP services? <Don't read the answers> (Circle one)	1 Respondent 2 Husband 3 Respondent and husband jointly 4 Senior male family member 5 Senior female family member 96 Other (specify: _____)	608
608	Please indicate any sources of RH information you obtained? (Circle all mentioned) <Read Out>	1 Mobile health clinic 2 Counseling by staff at VHC 3 Counseling by staff at Comprehensive/Primary health center 4 Counseling by private doctor 5 Counseling by NGO health staff 6 Group lecture in the community 7 Community awareness event 8 Sermon " Religious event" 9 Written material (brochure, magazine, flyer, newspaper) 10 Internet 11 Radio 12 TV	701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		SMS/text	13
		Family/ Relatives	14
		Friends/ Neighbors	15
		Never	16
		Others (specify)	96
		Don't know	98

Section 7: Breast cancer check-up

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you performed a breast cancer self-exam to detect breast cancer by yourself within the last 12 months?	Yes No Don't know	1 2 98
702	Have you had a breast cancer clinical examination to detect breast cancer in the last 12 months?	Yes No Don't know	1 2 98

Section 8: Sexually transmitted diseases

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of STD?	Yes No Don't know	1 2 98
802	What STD have you heard about? Record all mentioned (Don't read)	Genital herpes Genital warts/ HPV Hepatitis Chlamydia Syphilis HIV/AIDS infection Trichomoniasis Chancroid Yeast infection Other, specify () Don't know	1 2 3 4 5 6 7 8 9 96 98
803	Do you know a place where people can go to get tested for STD?	Yes No Don't know	1 2 98

Section 9: Health condition of Family member

NO.	QUESTIONS AND FILTERS		SKIP
901	Do any of the household members have any of the following disease? (Multiple answer) Read out	None Hypertension Cardiovascular disease Diabetes Chronic respiratory Thyroid disease Cancer Joint pain Don't know Don't want to answer Don't know	1 2 3 4 5 6 7 8 98 99 98
902	Regarding disease mentioned above, did any of members used any medical services in the last six months? If yes, please specify which facility did you used? (Multiple answer) Read out	None <Public> Gov. hospital University hospital Comprehensive health center (CHC) /primary health center (PHC) Village health center Military hospital Mobile Health clinic Other public (Specify:) <Private> Private Hospital Private Clinic NGO hospital NGO clinic NGO mobile health clinic Other private (Specify:) Could not afford provider costs Long waiting list/ time Do not trust in quality of service Service/ staff not available Staff attitude rude/ rejecting/ discriminating Incomplete legal registration Other (Specify) Don't know Don't want to answer	1 2 3 4 5 6 7 8 9 10 11 12 13 96 1 2 3 4 5 6 96 98 99
903	Why did you not receive medical care? (Circle all) Read out	Why did you not receive medical care? (Circle all) Read out	1 2 3 4 5 6 96 98 99

مشروع تحسين الخدمات في المراكز الصحية الفرعية في
المناطق الريفية المستضيفة للاجئين السوريين

Project for Improvement of Services at Village Health
Centers (VHCs) in Rural Host Communities of Syrian
Refugees

المسح الدرسي لتأثير العيادة الصحية المتنقلة
والذي يستهدف النساء المتزوجات في
سن الإنجاب (15-49) في محافظة المفرق، الأردن.

Survey for Impacts of Mobile Health Clinic among Married Women of
Reproductive Age (15-49) in Mafraq, Jordan

2017

الرقم المتسلسل:	تاريخ تعبئة الاستبيان:
	اسم الباحث:

القضاء والقرى المستهدفة:	أم الجمال
1: السعدية	2: البستانة
3: منشية القبان	صباحا
4: الحسينية	أم القطين
5: قاسم	دير الكهف

رقم الأسرة في منطقة العد	رقم هاتف	Serial number of House Hold
(رقم هاتف الزوج في حال عدم الاستجابة)		Contact Mobile Number

استبيان مسح السكان و المساكن	عدد النساء المتزوجات الموجودات في المنزل أثناء الزيارة (15 – 49 سنة)
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تاريخ الزيارة	First visit	Second visit
Date of visit		
اسم الباحثة		
Research name		
وقيع القيد الميداني		
Field Supervisor's sign		

1. Completed	1. تمت الاجابة	Result Codes
2. No eligible Women (married aged 15-49) exist	2. المرأة المستهدفة غير موجودة	
3. No eligible Women (married aged 15-49) at home	3. المرأة ليست بالمنزل	
4. Nobody Home	4. لا يوجد أحد في المنزل	
5. Housing Unit Vacant	5. المسكن خال	
6. Refused by husband	6. الزوج رفض	
7. Refused by wife	7. الزوجة رفضت	
8. Other (Specify)	8. أخرى (حدد)	

الرقم	الاسئلة	البدائل والترميز	الانقلاط
8.	سبحان شمسي	1. نعم 2. لا	
9.	مكيف	1. نعم 2. لا	
10.	مروحة	1. نعم 2. لا	
11.	مبرد مياه (كولر)	1. نعم 2. لا	
12.	ميكرويف	1. نعم 2. لا	
13.	كاميرا رقمية	1. نعم 2. لا	
14.	هاتف نقال	1. نعم 2. لا	
15.	كمبيوتر ثابت، كمبيوتر محمول	1. نعم 2. لا	
16.	اشترالك الانترنت	1. نعم 2. لا	
17.	سيارة خاصة للاستخدام الشخصي	1. نعم 2. لا	

الرقم	الاسئلة	البدائل والترميز	الانقلاط
201	هل لديك اي مشكلة معروفة بين تدهمي لتلقي الرعاية الصحية؟	1. نعم 2. لا	202
202	هل لديك اي مشكلة في الحصول على اذن للذهاب للعلاج؟	1. نعم 2. لا	203
203	هل لديك اي مشكلة في الحصول على المال اللازم للعلاج؟	1. نعم 2. لا	204
204	هل لديك اي مشكلة تتعلق في الوصول إلى المرافق الصحية من حيث المسافة؟	1. نعم 2. لا	205
205	هل لديك اي مشكلة في ايجاد وسيلة نقل؟	1. نعم 2. لا	206
206	هل لديك اي مشكلة معروفة بين تدهمي لتلقي الرعاية الصحية؟	1. نعم 2. لا	301
301	هل لديك اي مشكلة في الحصول على اذن للذهاب للعلاج؟	1. نعم 2. لا	302
302	هل لديك اي مشكلة في الحصول على المال اللازم للعلاج؟	1. نعم 2. لا	303
303	هل لديك اي مشكلة تتعلق في الوصول إلى المرافق الصحية من حيث المسافة؟	1. نعم 2. لا	304
304	هل لديك اي مشكلة في ايجاد وسيلة نقل؟	1. نعم 2. لا	305
305	هل لديك اي مشكلة معروفة بين تدهمي لتلقي الرعاية الصحية؟	1. نعم 2. لا	306

القسم الثالث: الوصول للرعاية الطبية (عندما تذكرني مريضة أو ترديدن الحصول على علاج أو مشورة طبية، أي مما يلي يعتبر مشكلة كبيرة للوصول إلى الرعاية الطبية؟)

الرقم	الاسئلة	البدائل والترميز	الانقلاط
301	هل لديك اي مشكلة معروفة بين تدهمي لتلقي الرعاية الصحية؟	1. نعم 2. لا	302
302	هل لديك اي مشكلة في الحصول على اذن للذهاب للعلاج؟	1. نعم 2. لا	303
303	هل لديك اي مشكلة في الحصول على المال اللازم للعلاج؟	1. نعم 2. لا	304
304	هل لديك اي مشكلة تتعلق في الوصول إلى المرافق الصحية من حيث المسافة؟	1. نعم 2. لا	305
305	هل لديك اي مشكلة في ايجاد وسيلة نقل؟	1. نعم 2. لا	306

القسم الأول: أسئلة لجميع الأهميات

الرقم	الاسئلة	البدائل والترميز	الانقلاط
101	ما هي جنسيتك؟	1. اردنية 2. سورية 96. أخرى (حدد)	102
102	هل تم تسجيل عائلتك في وزارة الداخلية؟	1. نعم 2. لا	103
103	في اي شهر وسنة بدأت العيش في مسكنك الحالي ؟	() الشهر () السنة 96. أخرى (حدد) 98. لا أعرف	104
104	كم شخص يعيش معك في المنزل؟ (ما فيهم أنت)	() الأشخاص () تكور () إنث	105
105	هل كان لديك عمل خلال ال 12 شهر الماضية حتى ولو ساعة واحدة؟ - في أي عمل مقابل أجر - أو في مهنة خاصة تمكنها أو تمكن جزءا منها - أو في مهنة للأسرة دون أجر (مثال: كالمعلم في منزله، بقالة)	1. نعم 2. لا	106
106	أو في أي عمل آخر ما هي وظيفة زوج الحالب؟ (اختر اجابة واحدة)	1. الوظائف الحكومية و القطاع العام 2. العمل في قطاع البيوعات، المتاجر والخدمات 3. قطاع التعليم 4. الأنشطة المهنية والطبية والتقنية 5. قطاع الصناعة والتصنيع 6. قطاع الزراعة 7. تربية المواشي 8. قطاع الخدمات الفندقية والاقامة و الخدمات الغذائية 9. قطاع الجيش 10. لا يعمل 11. سابق 96. أعمال أخرى، حدد () 98. لا أعرف 98. لا تريد الاجابة	107
107	كم تقدرين مجموع دخل الأسرة الشهري من جميع المصادر ؟ (يرجى احتساب دخل جميع الأفراد في الأسرة) هل تقدر الاجابة المنزلية التالية في منزلك؟ البلحة : (قرءه جميع الاجهزة)	1. راديو 2. تلفزيون 3. طبق لاقط (ستالايت) 4. تلفزيون رقمي 5. تلاجة 6. غسالة 7. جلاية صحون	108

307	1 2	نعم لا	هل لديك أي مشكلة تتعلق في الحصول على المال اللازم للتفكير؟	306	هل لديك أي مشكلة تتعلق في الحصول على المال اللازم للتفكير؟
308	1 2	نعم لا	هل أنت بحاجة لوجود مرافق معك الذهاب للمرافق الصحية؟	307	هل أنت بحاجة لوجود مرافق معك الذهاب للمرافق الصحية؟
401	1 2	نعم لا	هل لديك أي مشكلة من أن يكون مقدم الخدمة الطبية ذكر فيما يتعلق بخدمات الصحة الإنجابية؟	308	هل لديك أي مشكلة من أن يكون مقدم الخدمة الطبية ذكر فيما يتعلق بخدمات الصحة الإنجابية؟
القسم الرابع: خلفية عامة عن السيدات					
الرقم		البديل والترميز		الاستئلة	
402	1 2	نعم لا	العمر () الشهور () السنة () إذا لم تعرف المرأة الشهور إذا لم تعرف المرأة السنة الرجاء الامتناع بذكر العائنة قدر الإمكان	401	العمر () تاريخ ميلادك (الشهر والسنة) ؟
403	1 2	نعم لا	الرجاء الامتناع بذكر العائنة قدر الإمكان	402	ما هو عمرك في آخر عيد ميلاد لك ؟
404	1 2 3 4 5 6 7 8 9	نعم لا	الدرجة التعليمية للمرأة ابتدائي اعدادي ثانوي العلم المتوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	403	ما أعلى صف أكملته بنجاح في هذه المرحلة؟
405	1 2	نعم لا	وضع الزوج يعيش معها	404	هل تعيش زوجك عادة معك في هذا السكن أم في مكان آخر؟
406	1 2 3 4 5 6 7 8 9	نعم لا	البلد البلد المقوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	405	أول رعاية صحية حصلت عليها خلال حملك الأخير كانت في الشهر؟ ما هي عدد مرات تلقي خدمة رعاية الحامل أثناء الحمل؟
407	1 2 3 4 5 6 7 8 9	نعم لا	البلد البلد المقوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	406	هل لدى زوجك زوجة / زوجات بالإضافة لك؟
408	1 2 3 4 5 6 7 8 9	نعم لا	البلد البلد المقوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	407	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)
409	1 2 3 4 5 6 7 8 9	نعم لا	البلد البلد المقوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	408	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)
410	1 2 3 4 5 6 7 8 9	نعم لا	البلد البلد المقوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	409	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)
411	1 2	نعم لا	البلد البلد المقوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	410	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)
501	1 2	نعم لا	البلد البلد المقوسط بكالوريوس دراسات عليا لم التحق بالمدسة الصف () / السنوات ()	501	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)

صحة المرأة					
القسم الخامس: العناية أثناء الحمل وبعد الولادة					
الرقم		البديل والترميز		الاستئلة	
501	1 2 3 4	نعم لا	لم الحجب أنا حامل الآن، بطنى الأول أنا حامل الآن، بطنى لبي الأول لي متى كانت آخر ولادة لك، سنة () نعم : في أي سنة () ()	501	متى كانت آخر ولادة لك؟ إذا كانت الإجابة نعم في السؤال السابق 502 هل هناك أشخاص آخرون ؟ (اختراجية واحدة، المكان الأساسي والأكثر زيارة)
502	1 2	نعم لا	نعم لا	502	خلال حملك الأخير، هل واجعت أي أحد تلقى الرعاية الصحية؟ (أجوبة واحدة)
503	1 2 3 4 5 6 7 8 9 10 11 12 13 96	نعم لا	مستشفى حكومي / وزارة الصحة (قطاع عام) مستشفى الجامعة مركز صحي شامل / مركز صحي أولي مركز صحي فرعي مستشفى عسكري عيادة صحية متنقلة تابعة لجهة حكومية أخرى (حدد) مستشفى خاص أطباء / عيادة خاصة مستشفى تابع لمنظمات غير حكومية عيادة تابعة لمنظمات غير حكومية الجمعية الأردنية للتخطيط وخدمات المرأة عيادة صحية متنقلة تابعة لمنظمات غير حكومية مراكز خاصة أخرى (حدد)	503	أول رعاية صحية حصلت عليها خلال حملك الأخير كانت في الشهر؟ ما هي عدد مرات تلقي خدمة رعاية الحامل أثناء الحمل؟
504	1 2 3 4 5	نعم لا	مستشفى حكومي مستشفى الجامعة مركز صحي شامل / مركز صحي أولي مركز صحي فرعي مستشفى عسكري عيادة صحية متنقلة تابعة لجهة حكومية أخرى (حدد)	504	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)
505	1 2 3 4 5	نعم لا	مستشفى حكومي مستشفى الجامعة مركز صحي شامل / مركز صحي أولي مركز صحي فرعي مستشفى عسكري عيادة صحية متنقلة تابعة لجهة حكومية أخرى (حدد)	505	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)
506	1 2 3 4 5 6 7 8 9 98	نعم لا	مستشفى حكومي مستشفى الجامعة مركز صحي شامل / مركز صحي أولي مركز صحي فرعي مستشفى عسكري عيادة صحية متنقلة تابعة لجهة حكومية أخرى (حدد)	506	هل أجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ اختيار من متعدد - اختيار جميع الخيارات (ت) للباقي (أقرب جميع الخيارات)

الرقم	الاسئلة	البدايل والترميز
508	هل اجري لطفاك فحصا بعد الولادة من قبل مقدم الرعاية الصحية؟ - اختيار من متعدد للإجابة (إزاني جميع الخيارات)	لا اعرف 1 في المستشفى (خلال 24 ساعة بعد الولادة) 2 اليوم الثالث بعد الولادة (48 - 72 ساعة) 3 ما بين اليوم الرابع والسادس 4 ما بين 14-7 يوم بعد الولادة 5 في الأسبوع السادس بعد الولادة 6 لم أتلقى أي خدمة لا اعرف 2 لا اعرف 98

القسم السادس: تنظيم الأسرة
للإجابة: يرجى إعطاء موجز مختصر عن وسائل منع الحمل التقليدية والحديثة.

الرقم	الاسئلة	البدايل والترميز
603	لبناء كافة (وسائل منع الحمل)	لا اعرف
601	في الوقت الحالي هل تعالين تبنيا أو تستخدمين اي وسيلة تأخير أو تجنب الحمل ؟	نعم لا
602	ما هي أهم ثلاثة أسباب /مخاوف التي تمنعك من استعمال أية وسائل حديثة لتنظيم الأسرة ؟ الأولى والثانية والثالثة	حامل في فترة الغيام الريد العزيب من الأطفال الخوف من فقد القدرة على الحمل انقطاع المعاشرة /معتبرة /منظمة أسباب مرتبطة بعدم الخصوبة
604	(قراءة جميع الخيارات)	توقف الطمث / استعمال الرحم الغقم معارضة الاستعمال معارضة السيدة معارضة الزوج معارضة الآخرين أسباب دينية الأعراض الجانبية تؤثر على وظائف الجسم تغيرات على المزاج زيادة الوزن والانفتاح أوجاع الرأس والدوخة نزيف أو عدم انتظام الحيض خطر الإصابة بالسرطان خطر على الصحة لا تستطيع الاستعمال بسبب مخاطر صحية سيئة الخوف من الأضرار الجانبية أسباب مرتبطة بالاستعمال تسبب تغيراتها مخاطر فشل استعمال وسيلة/عدم الفعالية صعوبة الاستعمال عدم الملائمة (تعارض مع المعاشرة) ضعف المعروفة عدم المعرفة بأي وسيلة عدم معرفة أي مصدر للخدمة

الرقم	الاسئلة	البدايل والترميز
603	ما الوسيلة التي تستخدمونها حاليا؟ (أقرأ الإجابات كافة لتميز السيدة الوسائل الحديثة من التقليدية)	أسباب ترتبط بالوصول ضعف الخدمة الوقت اللازم طويل للحصول على الوسيلة الكلفة عالية أسباب ترتبط بمزودة الخدمة /المرفق عدم وجود نساء مزودات للخدمة عدم وجود خصوصية الوسائل المتوفرة لدى مزود الخدمة محدودة مزود الخدمة لا يقدم الوسيلة المطلوبة الوسيلة المطلوبة غير متوفرة عدم كفاية خدمات المشورة الخبرة والتجربة سلبية مع مزود وسائل تنظيم الأسرة أخرى (حدد) لا اعرف
604	ما الوسيلة التي تستخدمونها حاليا؟ (أقرأ الإجابات كافة لتميز السيدة الوسائل الحديثة من التقليدية)	الدب حقن منع الحمل الغرسة الحبوب الوفاي الذكري الوفاي الأنثوي عطاء عنق الرحم البرعرة / الحليم/التحاميل الرضاعة الطبيعية المطلقة التعليم الإلكتروني وسائل حديثة أخرى أخرى (حدد) الوسائل التقليدية الإمتناع الدوري الغذيق الخارجي/العزل الرضاعة الطبيعية (تقليدية) وسائل تقليدية أخرى أخرى قرارك لوحدك كادر العودة الصحية المنتقلة الطبيب الممرضة القبيلة القبلية الزوج الأم / أم الزوج قارب آخرون اصفاه جيران العاملين في مجال التوعية المجتمعية /المرشدة الصحة إحصائي اجتماعي أخر (حدد)
605	من هي الجهة التي اقتنعتك باستخدام وسيلة تنظيم الأسرة التي تستخدمونها حاليا ؟ (اختر من متعدد، صمعي صح بجانب جميع ما ذكرته السيدة)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

الرقم	الاسئلة	البيانات والترميز	الانقلا ت
605	هل زوجك موافق على استخدام وسائل منع الحمل؟ (اجابة واحدة)	1 نعم 2 لا 98 لا اعرف	606
606	هل تعتقد ان وسائل تنظيم الامرة الحديثة أقل فعالية من الوسائل القديمة، أكثر فعالية من الوسائل القديمة، نفس الفعالية؟ (دائرة واحدة)	1 الوسائل الحديثة أقل فعالية 2 الوسائل الحديثة نفس الفعالية 3 الوسائل الحديثة أكثر فعالية 98 لا اعرف	607
607	عادة من الذي يتخذ القرار بشأن زيارته التي موافق؟ اختر اجابة واحدة (البياحث لا يقرأ الاجابات)	1 قرارك لوحدك 2 الزوج 3 قرار مشترك بينك وبين زوجك 4 قرار العائلة الذكور (الكار) 5 قرار العائلة الإناث (الكار) 96 اخرى	608
608	ما هي مصادر معلومات الصحة الاجابية التي حصلت عليها؟ البياحث: وضع دائرة حول كل ما تم ذكره وقراءة جميع الخيارات	1 كادر العيادة الصحية المتقلة () 2 موظفي المركز الصحي الفرعي 3 موظفي المركز الصحي شامل، موظفي المركز الصحي الأولي 4 مشورة من قبل طبيب خاص 5 موظفو المنظمات غير الحكومية / المتطوعين 6 دورة تثقيفية صحية في مجتمعي 7 جلسات توعوية مجتمعية 8 خطبة / موعظة 9 منشورات، صحف، مجلات 10 الانترنت 11 راديو 12 تلفزيون 13 رسالة نصية/قسيمة /امسج 14 العائلة أو الأقران 15 الأصدقاء/ الجيران 16 واحد 96 اخرى (جدي) 98 لا اعرف	701

الرقم	الاسئلة	البيانات والترميز	الانقلا ت
701	هل اجريت فحص سرطان الثدي الذاتي للكشف عن سرطان الثدي بنفسك خلال ال 12 شهرا الماضية؟	1 نعم 2 لا 98 لا اعرف	702
702	هل اجريت فحص سريري لسرطان الثدي للكشف عن سرطان الثدي في ال 12 شهرا الماضية؟	1 نعم 2 لا 98 لا اعرف	801

الرقم	الاسئلة	البيانات والترميز	الانقلا ت
801	هل سمعتي من قبل عن الامراض المنقولة جنسيا؟	1 نعم 2 لا 98 لا اعرف	802
802	ما هي الامراض المنقولة جنسيا التي سمعتي عنها؟ يُور الأعضاء التناسلية	1 فيروس الهربس التناسلي 2 قمل 3 قمل 4 قمل 5 قمل 6 قمل 7 قمل 8 قمل 9 قمل 10 قمل 11 قمل 12 قمل 13 قمل 14 قمل 15 قمل 16 قمل 96 اخرى (جدي) 98 لا اعرف	803

الرقم	الاسئلة	البيانات والترميز	الانقلا ت
901	هل يعاني أي من أفراد الأسرة أي من الأمراض التالية؟ (اجابات متعددة) اختر جميع الاجابات>	1 لا شيء 2 ارتفاع ضغط الدم 3 امراض القلب والأوعية الدموية 4 السكري 5 الأمراض التنفسية المزمنة 6 امراض العدة الذرقية 7 السرطان 8 ألم المفاصل 98 لا اعرف 99 لا اريد الاجابة 98 لا اعرف	902
902	فيما يتعلق بالأمراض المنكورة أعلاه، هل تراجع أي من أفراد الأسرة مرافق صحية خلال الأشهر الست الماضية؟ إذا كانت اجابة نعم، يرجى تحديد المرفق الذي تم استخدامه؟ (اختر جميع الخيارات) (اختر جميع الخيارات)	1 مستشفى خاص 2 مستشفى تابع لمتنظمت غير حكومية 3 عيادة تابعة لمنظمت غير حكومية 4 عيادة صحية منتقلة تابعة لمنظمت غير حكومية 5 مراكز خاصة أخرى 6 مستشفى حكومي / وزارة الصحة 7 مستشفى الجامعة 8 مركز صحي شامل / مركز صحي أولي 9 مركز صحي فرعي 10 مستشفى عسكري 11 عيادة صحية منتقلة تابعة لجهة حكومية 12 أخرى (حدد) 98 لا اعرف 99 لا اريد الاجابة 98 لا اعرف	903

الرقم	الاسئلة	البيانات والترميز	الانقلا ت
903	لماذا لم تتلقى الرعاية الصحية؟ (اختر جميع الخيارات) (اختر جميع الخيارات)	1 لا يمكن تأمين تكلفة مقدم الخدمة 2 وقت الانتظار لتلقي الخدمة طويل 3 لا اتي بجودة الخدمات المقدمة 4 الخدمة التي احتاجها أو الكادر الطبي غير متوفر 5 معاملة مقدمي الخدمة غير جيدة، غير لائقة، هناك تمييز 6 عدم اكمال التسجيل القانوني 96 اخرى (حدد) 98 لا اعرف 99 لا اريد الاجابة	903

ANNEX 2



**Project for Improvement of Services at Village Health Centers (VHCs) in Rural
Host Communities of Syrian Refugees**

Final

**Survey for Impacts of Mobile Health
Clinic among Married Women of
Reproductive Age (15-49) in Mafraq,
Jordan**

2018

Date of filled in:	serial number
Name of researcher:	

District and villages

Um Al-Jemal	Salhiya	Sabha	Um Elqotain	Dayr Al-Kahf
1: Saiiediyvah	2: Bostaneh	3: Menshiyyat	4: Husseiniyyeh	5: Qasem

	رقم الأسرة في منطقة العد	Serial number of House Hold
	رقم هاتف	
	(رقم هاتف الزوج في حال عدم الاستجابة)	Contact Mobile Number

استبيان مسح السكان والمسكن

	عدد النساء المتزوجات الموجودات في المنزل أثناء الزيارة (15 – 49 سنة)	Available number of married women in household (15-49 years old)
--	--	--

تاريخ الزيارة	First visit	Second visit
Date of visit		
اسم الباحثة		
Research name		
توقيع المشرف		
Field Supervisor's sign		

1. Completed	1. تمت الإجابة	Result Codes
2. No eligible Women (married aged 15-49) exist	2. المرأة المستهدفة غير موجودة	
3. No eligible Women (married aged 15-49) at home	3. المرأة ليست بالمنزل	
4. Nobody Home	4. لا يوجد أحد في المنزل	
5. Housing Unit Vacant	5. المسكن خال	
6. Refused by husband	6. الزوج رفض	
7. Refused by wife	7. الزوجة رفضت	
8. Other (Specify)	8. أخرى (حدد)	

NO.	Questions and filtered	Coding categories	SKIP
		8. Solar heater 1. Yes 2. No	
		9. Air conditioner 1. Yes 2. No	
		10. Fan 1. Yes 2. No	
		11. Water cooler 1. Yes 2. No	
		12. Microwave 1. Yes 2. No	
		13. Digital camera 1. Yes 2. No	
		14. Mobile phone 1. Yes 2. No	
		15. Computer 1. Yes 2. No	
		16. Internet access at house 1. Yes 2. No	
		17. Car (for personal use) 1. Yes 2. No	

Section 3: Medical care accessibility <When you are sick and want to get medical advice or treatment, is each of the following a big issue to access services?>

NO.	Questions and filtered	Coding categories	SKIP
301	Do you have any problem to know where to go to receive medical care?	Yes No	1 2 302
302	Do you have any problem to get permission to go for medical care?	Yes No	1 2 303
303	Do you have any problem to get money needed for treatment?	Yes No	1 2 304
304	Do you have any problem in distance for the health facility?	Yes No	1 2 305
305	Do you have any problem to find means of transportation?	Yes No	1 2 306
306	Do you have any problem to access to health facility in terms of finance?	Yes No	1 2 307
307	Do you need someone with you to go to health facilities?	Yes No	1 2 308
308	Do you have any concern that there may not be a female health provider regarding RH services?	Yes No	1 2 401

For Women

Section 4: Woman's Characteristics

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<Age> In what month and year were you born?	() month () year If the woman doesn't know the month. If the woman doesn't know the year. Please use the family book as much as possible.	402
402	How old were you at your last birthday?	Age in completed years Don't know	403
403	<Education of woman> What is the highest level of school you attended: old elementary, old preparatory, old secondary, new basic, new secondary.	Old system Elementary (1-6) Preparatory (7-9)	404

Section 1: For All

NO.	Questions and filtered	Coding categories	SKIP
101	What is your nationality	Jordanian Syrian Other Specify: } ()	1 2 96 102 102 103
102	Was your family registered by Ministry of Interior?	Yes No	1 2 103
103	<For all > In which month and year did you start to live continuously at this current place of residence?	() month () Year Others Don't know	96 98 104
104	How many persons living with you in your house? (Including yourself)	Total: () persons Male: () Female: ()	105
105	Have you done any work in the last 12 months, even for one hour?	Yes No	1 2 106
106	By "work", I mean any paid work, any work in a business completely or partially owned by yourself, any work in a business owned by the household without payment, or work in other business? What is your husband current occupation? (Circle one)	Public administration Service workers, shop and market, sales workers Education Professional, scientific and technical activities Manufacturing Agricultural Animal raising Accommodation and food services Military Doesn't work Driver Other (Specify)	1 2 3 4 5 6 7 8 9 10 11 96 107
107	What would you estimate is your total monthly household income from all sources?	_____JD	108
108	Please count all income from all household members? Does your house own the following functional devices? <Please Read out>	Don't want to answer 1. Radio 2. TV 3. Satellite 4. Land telephone 5. Refrigerator 6. Washing machine 7. Dish washer	98 99 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	intermediate diploma, bachelor, or higher?	Secondary (10-12) New system Basic (1-10) Secondary (11-12) Intermediate diploma Bachelor Higher Never attended Grade () years Living with her	3 4 5 6 7 8 9 405 405 406
404	What is the highest grade you completed?		
405	<Husband situations> Is your husband living with you now or is he staying elsewhere? For researcher: - If the husband live outside Jordan, means staying elsewhere - Live in Jordan even living in another governorate means living with her	Staying elsewhere	1 2
406	Does your husband have another wife (other wives) besides you?	Yes No Don't know	1 2 98
	<Women's marital and fertility>		
407	How old were you when you first marriage?	Age () years old	408
408	Have you ever given birth during your life?	Yes No	1 2 501
409	How old were you at the birth of your first child?	() years old Don't know	410 98
410	How many children, whom you have given birth and who are alive?	Son () persons Daughter () persons	411
411	Have you ever given birth children who was born alive but later died?	Yes No	1 2 501

Women's Health

Section 5: ANC & PNC

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	When was the last live births? (Circle one)	Never Now I am in the first pregnant Now I am pregnant, not the first Your last birth at which year () Yes: Which year: () Yes No	1 2 3 4 502 503 506
502	During the last pregnancy in the last time, did you see anyone for antenatal care? (Circle one)		1 2
503	If yes: Where did you go to receive antenatal care? Anyone else? (Circle the main frequent one)	<Public> Go. hospital University hospital Comprehensive health center (CHC) /primary health center (PHC)	1 2 3 504

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Village health center Military hospital Mobile health clinic Other public (Specify: _____) <Private> Private Hospital Private Clinic NGO hospital NGO clinic JAFPP NGO Mobile health clinic Other private (Specify: _____)	4 5 6 7 8 9 10 11 12 13 96
504	How many months pregnant were you when you first received antenatal care for the last pregnancy?	Number of months () months Don't know	98 505
505	How many times did you receive antenatal care during the last pregnancy?	Number of times () times Don't know	98 506
506	About delivery in the last delivery time, where did you give birth? (Circle one)	Your home / Other home <Public> Gov. hospital University hospital Military hospital Others public (Specify: _____) <Private> Private hospital NGO hospital NGO clinic Others private (Specify: _____)	1 2 3 4 5 6 7 8 9
507	Have you had a checkup after delivery by healthcare provider? <Read out> (Circle all)	At the hospital (within 24 hours) Day 3 (48 – 72 hours) Day 4-6 Between days 7-14 On 6 weeks after delivery Not received Don't know	1 2 3 4 5 6 98
508	Have your baby had a checkup after birth by healthcare provider? <Read out> (Circle all)	At the hospital (within 24 hours) Day 3 (48 – 72 hours) Day 4-6 Between Day 7-14 On 6 weeks after birth Not received Don't know	1 2 3 4 5 6 98

Section 6: Family Planning

Researchers, please give a brief explanation about Modern and traditional methods

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p><For All _ Contraception></p> <p>Are you currently doing something or using any methods to delay or avoid getting pregnant? (Circle one)</p> <p><Note: Breast feeding, LAM, and Female sterilization are as considered FP methods ></p> <p>What is the main reason for not using methods to delay or avoid getting pregnancy? (Circle all mentioned)</p> <p><Read- out></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p>	603 602 605
602	<p>In pregnancy</p> <p>In postpartum period</p> <p>Wants more children</p> <p>Fear of infertility</p> <p>Not having sex/ Infrequent sex</p> <p><Fertility –related reason></p> <p>Menopausal/ Hysterectomy</p> <p>Sub fecund/ infecund</p> <p><Opposition to use></p> <p>Respondent opposed</p> <p>Husband opposed</p> <p>Others opposed</p> <p>Religious prohibition</p> <p><Side effects></p> <p>Interferes with body processes</p> <p>Mood changes</p> <p>Bloat & weight gain</p> <p>Headaches, dizzy</p> <p>Bleeding irregularity</p> <p>Risk of cancer</p> <p>Dangerous to health</p> <p>Can't use because of pre-existing health issues</p> <p>Fear of side effects</p> <p><Use related reasons></p> <p>Forget to take</p> <p>Method failure risk</p> <p>Difficult to use</p> <p>Interferes with sexual experience</p> <p><Lack of Knowledge></p> <p>Knows no method</p> <p>Knows no source</p> <p><Access reasons></p> <p>Lack of access/ too far / inconvenient to get</p> <p>Too much time to obtain</p> <p>Cost too much to use</p> <p><Provider/facility reasons></p> <p>Lack of female providers</p> <p>Lack of privacy</p> <p>Provider offers limited methods</p> <p>Provider did not give method</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p>	605

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
603	<p>Which method are you using now?</p> <p><Read out></p> <p>(Circle all mentioned)</p>	<p><Modern Methods></p> <p>IUD</p> <p>Injectables</p> <p>Implants</p> <p>Pills</p> <p>Male Condom</p> <p>Female Condom</p> <p>Diaphragm</p> <p>Foam/Jelly</p> <p>Locational Amenorrhea Method (LAM)</p> <p>Female Sterilization</p> <p>Male Sterilization</p> <p>Other modern method. Specify</p> <p><Traditional Methods></p> <p>Rhythm Method (Calendar/ period method)</p> <p>Withdrawal</p> <p>Breastfeeding (Traditional)</p> <p>Other traditional Method</p> <p>(Specify)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p>	604
604	<p>Who advise you to use this method? (Circle all mentioned)</p>	<p>No one (By myself)</p> <p>Mobile health clinic staff</p> <p>Doctor</p> <p>Nurse</p> <p>Midwife</p> <p>Husband</p> <p>Mother/ Mother in law</p> <p>Other relatives</p> <p>Friends</p> <p>Neighbors</p> <p>Community outreach workers</p> <p>Social workers</p> <p>Other (specify)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>96</p>	605
605	<p>Does your husband agree with using contraception? (circle one)</p>	<p>Yes</p> <p>No</p>	<p>1</p> <p>2</p> <p>98</p>	606
606	<p>Do you think that modern methods are less effective, equally effective or more effective than traditional methods for preventing pregnancy? (Circle one)</p>	<p>Modern methods are less effective</p> <p>Modern methods are equally effective</p> <p>Modern methods are more effective</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>3</p> <p>98</p>	607

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	Who usually make the decisions about your visit related to RH care and FP services? <Don't read the answers> (Circle one)	1 Respondent 2 Husband 3 Respondent and husband jointly 4 Senior male family member 5 Senior female family member 6 Other (specify: _____) 96	608
608	Please indicate any sources of RH information you obtained? (Circle all mentioned) <Read Out>	1 Mobile health clinic 2 Counseling by staff at VHC 3 Counseling by staff at Comprehensive/Primary health center 4 Counseling by private doctor 5 Hospital 6 Counseling by NGO health staff 7 Group lecture in the community 8 Community awareness event 9 Sermon "Religious event" 10 Written material (brochure, magazine, flyer, newspaper) 11 Internet 12 Radio 13 TV 14 SMS/text 15 Family/ Relatives 16 Friends/ Neighbors 96 Others (specify) 98 Don't know	701

Section 2: Health center and hospital Accessibility <<for the programmer, please refer to

List of Health centers in Badia Shamaleh- Mafrag>>

No.	Do you kenos the facility ?	Name	Distance from your house (km)	Means of transportation (foot, car., etc.)	Time to reach (Min)	Cost one way (piasters)	Ever used (in the last 12 months)	Skip
201	1. Yes 2. No		()	1. On foot		()	1. Yes 2. No	202
202	1. Yes 2. No		-98 DK	2. Private car		-98 DK	1. Yes 2. No	203
203	1. Yes 2. No		()	3. Taxi		()	1. Yes 2. No	204
204	1. Yes 2. No		-98 DK	4. Bus/minibus (service)		-98 DK	1. Yes 2. No	205
205	1. Yes 2. No		()	96Others		()	1. Yes 2. No	X1

Section X: Mobile Health clinic

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
X1	Have you heard the mobile health clinic which is serving North Badia and providing the RH services since October 2017?	Yes No	1 2 X9
X2	Where have it operated? (Circle all mentioned)	Child care charity association Saliyyah ITS Near the main road and Al-Bostaneh secondary school for girls Menshiyyat Qoblan association Menshiyyat Qoblan ITS Other, specify Don't know	1 2 3 4 5 96 98 X3
X3	Have you used their services at one of them you mentioned above since October 2017?	Yes No	1 2 X4
X4	Which services have you used? (Circle all mentioned) <Read out>	FP counseling FP method ANC PNC Child Care Vaccination for children General examination/ counseling Receiving supplements Health Education sessions Others ()	1 2 3 4 5 6 7 8 9 96 X5
X5	How long time to reach the MC?	() minutes Don't know	98 X6
X6	What the means of transportation you used to reach MC site?	On foot Private car Taxi/ Rental care Bus/minibus (service) Others, specify	1 2 3 4 96 X7
X7	Do you think you changed some attitudes toward healthy lifestyle after receiving it's services at MC?	Yes No	1 2 X8
X8	Do you think their services contributed your health status in terms of following aspect? 1: Strongly disagree 2: Disagree 3: Fair 4: Agree 5: Strongly agree	Opinion toward MC	
SN	Tasks	Not-agree	1 2 3 4 5
X8A	Easy to access to FP services		
X8B	Easy to access to ANC/PNC services		
X8C	Easy to access to child care services		
X8D	Easy to access to vaccination for child		
X8E	Improving accessibility to primary health services		
X8F	Providing health information		
X8G	Getting some basic supplement/medicine		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<For all Women>			
X9	Which aspect do you think the mobile health clinic can improve to serve health services at MC in your community?	Provision of primary health care Provision of chronic disease care Provision of dental care Provision of other care Specify () Improvement of equipment and furniture Availability of Doctor Improvement of health staff's knowledge and skills Better attitude toward service provision by health staff More frequent visit to your community Near your house/site More medicine Lab services Other (Specify) Don't know	1 2 3 4 5 6 7 8 9 10 11 12 96 98

Section 7: Breast cancer check-up

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you performed a breast cancer self-exam to detect breast cancer by yourself within the last 12 months?	Yes No Don't know	1 2 98
702	Have you had a breast cancer clinical examination to detect breast cancer in the last 12 months?	Yes No Don't know	1 2 98

Section 8: Sexually transmitted diseases

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of STD?	Yes No Don't know	1 2 98
802	What STD have you heard about? Record all mentioned (Don't read)	Genital herpes Genital warts/ HPV Hepatitis Chlamydia Syphilis HIV/AIDS infection Trichomoniasis Chancroid Yeast infection Other, specify () Don't know	1 2 3 4 5 6 7 8 9 96 98
803	Do you know a place where people can go to get tested for STD?	Yes No	1 2 901

Section 9: Health condition of Family member

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Do any of the household members have any of the following disease? (Multiple answer) Read out	None Hypertension Cardiovascular disease Diabetes Chronic respiratory Thyroid disease Cancer Joint pain Don't know Don't want to answer Don't know None Gov. hospital University hospital Comprehensive health center (CHC) /primary health center (PHC) Village health center Military hospital Mobile Health clinic Other public (Specify: _____) <Public> Private Hospital Private Clinic NGO hospital NGO clinic NGO mobile health clinic Other private (Specify: _____)	1 2 3 4 5 6 7 8 98 99 END END END END END 1 2 3 4 5 6 96 98 99
902	Regarding disease mentioned above, did any of members used any medical services in the last six months? If yes, please specify which facility did you used? (Multiple answer) Read out	Private Hospital Private Clinic NGO hospital NGO clinic NGO mobile health clinic Other private (Specify: _____)	9 10 11 12 13 96
903	Why did you not receive medical care? (Circle all) Read out	Could not afford provider costs Long waiting list/ time Do not trust in quality of service Service/ staff not available Staff attitude rude/ rejecting/ discriminating Incomplete legal registration Other (Specify) Don't know Don't want to answer	1 2 3 4 5 6 96 98 99

مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين

Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian

Refugees

المسح الدرسي النهائي لتأثير العيادة الصحية المتنقلة والذي يستهدف النساء المتزوجات في سن الإنجاب (15-49) في محافظة المفرق، الأردن.

Survey for Impacts of Mobile Health Clinic among Married Women of Reproductive Age (15-49) in Mafraq, Jordan

2018

الرقم المتسلسل:	تاريخ تعبئة الاستبيان:
	اسم الباحث:

القضاء والقرى المستهدفة:	الصالحة
أم الجبال	صحا
1: السعيدية	2: البستانة
3: منشية القلاق	4: الحسينية
5: قاسم	دبر الكهف

رقم الأسرة في منطقة العد	رقم هاتف	Serial number of House Hold
(رقم هاتف الزوج في حال عدم الاستجابة)	رقم هاتف	Contact Mobile Number

استبيان مسح السكان والمساكن

عدد النساء المتزوجات الموجودات في المنزل أثناء الزيارة (15 - 49 سنة)
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تاريخ الزيارة	First visit	Second visit
Date of visit		
اسم الباحثة		
Research name		
توقيع المشرف		
Field Supervisor's sign		

Result Codes	15-49	15-49
1. Completed	تمت الاجابة	1. تمت الاجابة
2. No eligible Women (married aged 15-49) exist	المرأة المستهدفة غير موجودة (لا يوجد سيدة تنطبق عليها الشروط)	2. المرأة المستهدفة غير موجودة (لا يوجد سيدة تنطبق عليها الشروط)
3. No eligible Women (married aged 15-49) at home	المرأة التي تنطبق عليها الشروط ليست بالمنزل	3. المرأة التي تنطبق عليها الشروط ليست بالمنزل
4. Nobody Home	لا يوجد احد في المنزل	4. لا يوجد احد في المنزل
5. Housing Unit Vacant	المسكن خال	5. المسكن خال
6. Refused by husband	الزوج رفض	6. الزوج رفض
7. Refused by wife	الزوجة رفضت	7. الزوجة رفضت
8. Other (Specify)	أخرى (حدد)	8. أخرى (حدد)

الرقم	البيان والتميز	البيان والتميز	البيان والتميز
301	هل لديك أي مشكلة لسفرة ابن تذهب لتلقي الرعاية الصحية؟	نعم	لا
302	هل لديك أي مشكلة في الحصول على إذن الذهاب لتلقي الرعاية الصحية؟	نعم	لا
303	هل لديك أي مشكلة في الحصول على المال اللازم للعلاج؟	نعم	لا
304	هل لديك أي مشكلة في الحصول على المرافق الصحية من حيث المسافة؟	نعم	لا
305	هل لديك أي مشكلة في إيجاد وسيلة نقل؟	نعم	لا
306	هل لديك أي مشكلة تتعلق في الحصول على المال اللازم للتعليم؟	نعم	لا
307	هل أنت بحاجة لوجود مرافق منك الذهاب للمرافق الصحية؟	نعم	لا
308	هل لديك أي مشكلة من أن يكون مقدم الخدمة الطبية ذكر فيها يتعلق بخدمات الصحة الإنجابية؟	نعم	لا

القسم الرابع: خلفية عامة عن السيدات

الرقم	البيان والتميز	البيان والتميز	البيان والتميز
401	العمر	() الشهر	() السنة
402	تاريخ ميلادك (الشهر والسنة) ؟	إذا لم تعرف المرأة الشهر إذا لم تعرف المرأة السنة الرجاء الامتناع بذكر العنقاة قدر الإمكان	العمر بعد السنوات المكتملة لا أعرف 98
403	الدرجة التعليمية للمرأة	ابتدائي (6-1)	1
	ما هي أعلى مرحلة دراسية التحقت بها؟	إعدادي (7-9)	2
	هل هي ابتدائي، إعدادي، ثانوي قديم، أساسي، ثانوي جديد، دبلوم مؤسسا، بكالوريوس، دراسات عليا؟	ثانوي (10-12)	3
404	ما هو عمرك في آخر عيد ميلاد لك ؟	التعليم الجيد (الحالي)	4
		أساسي (10-1)	5
		ثانوي (11-12)	6
		الدبلوم المتوسط	7
		بكالوريوس	8
		دراسات عليا	9
405	ما هو عدد السنوات التي اكتنتها بنجاح؟	لم تتحق بالمرسة	() السنوات
406	وضع الزواج	يعيش معها	1
407	هل يعيش زوجك عدة معك في هذا المسكن أم في مكان آخر؟		2
408	البلد: إذا كان الزوج يعيش خارج الأردن، تعتبر الإجابة يعيش في مكان آخر	يعيش في مكان آخر	1
409	إذا كان يعيش داخل الأردن حتى لو كان يعمل في محافظة أخرى، تعتبر الإجابة يعيش معها	نعم	1
410	هل لدى زوجك زوجة / زوجات بالإضافة لك؟	لا	2
411		لا أعرف	98
412		() سنوات	1
413		نعم	2

القسم الأول: أسئلة لجميع الأمهات

الرقم	البيان والتميز	البيان والتميز	البيان والتميز
101	ما هي جنسيتك؟	أردنية	1
102	هل تم تسجيل عائلتك في وزارة الداخلية؟	سورية	2
103	جميع السيدات < في أي شهر وسنة بدأت العيش في مسكنك الحالي ؟	أخرى (حدد)	96
104	كم شخص يعيش معك في المنزل؟ (بما فيهم أنت)	لا أعرف	98
105	هل كان لديك عمل خلال الـ 12 شهر الماضية حتى ولو ساعة واحدة؟	نعم	1
106	في أي عمل مقابل أجر - أو في مصلحة خاصة تملكها أو تملكون جزءا منها - أو في مصلحة للأسرة دون أجر (مثال: كالمعلم في مزرعة، بقالة)	لا	2
107	ما هي وظيفة زوجك الحالية؟	الوظائف الحكومية والقطاع العام	1
		العمل في قطاع المبيعات، المتاجر والخدمات	2
		قطاع التعليم	3
		الإدانة المهنية والطبية والتقنية	4
		قطاع الصناعة والتصنيع	5
		قطاع الزراعة	6
		تربية المواشي	7
		الخدمات الفندقية والأقامة	8
		الخدمات الغذائية	9
		قطاع الجيش	10
		لا يعمل	11
		سائق	11
108	كم تقديرون مجموع دخل الأسرة الشهري من جميع المصادر ؟	أعمال أخرى، حدد ()	96
		المبلغ	98
		لا تعرف	99
301	هل تتوفر الأجهزة المنزلية التالية في منزلك وهي صالحة للاستخدام؟	لا تزيد الإجابة	99
		1. ثلاجة	1
		2. تلفزيون	1
		3. طباخ لافط (ميتاليت)	1
		4. تلفون أرضي	1
		5. ثلاجة	1
		6. غسالة	1
		7. جلاية صحون	1
		8. سخان شمسي	1
		9. مكيف	1
		10. مروحة	1
		11. مبرد مياه (كولر)	1
		12. ماكينة خبز	1
		13. كمبرا ريفية	1
		14. هاتف نقال/ موبيل	1
		15. كمبيوتر ثابت، كمبيوتر محمول	1
		16. اشتراك الانترنت	1
		17. سيارة خاصة للاستخدام الشخصي	1

الرقم	الاسئلة	البيانات والترميز	الانتقالات
508	هل اجري تطعيم طفلك حصصا بعد الولادة من قبل مقدم الرعاية الصحية؟	لم اتلقى اي خدمة	6
	- اختار من متعدد	لا اعرف	98
	للباحثة (اقراني جميع الخيارات)	في المستشفى (خلال 24 ساعة بعد الولادة)	1
		اليوم الثالث بعد الولادة (48 - 72 ساعة)	2
		ما بين اليوم الرابع والسامن	3
		ما بين 7-14 يوم بعد الولادة	4
601	في الاسبوع السادس بعد الولادة	5	
	لم اتلقى اي خدمة	6	
	لا اعرف	98	

القسم السادس: تنظيم الأسرة الباحثة: يرجى اعطاء موجز مختصر عن وسائل منع الحمل التقليدية والحديثة.

الرقم	الاسئلة	البيانات والترميز	الانتقالات
601	اسئلة جميع السيدات (وسائل منع الحمل)		
	في الوقت الحالي هل تستخدمين شيئا أو تستخدمين اي وسيلة لتأخير أو تجنب الحمل ؟	نعم	603
	ما هي اهم ثلاثة اسباب /حجوز التي تمنعك من استعمال اية وسائل حديثة لتنظيم الأسرة ؟	لا	602
	الارلى و الثانية و الثالثة	حامل	605
		في فترة النفاس	2
		أريد المزيد من الأطفال	3
		الخوف من فقد القدرة على الحمل	4
602	الارلى و الثانية و الثالثة	انقطاع المenses /معاناة متقطعة	5
		اسباب مرتبطة بعدم الخصوبة	6
		توقف الطمث / استئصال الرحم	7
		عقم اولي/ عقم ثانوي	
		معارضه الاستعمال	605
		معارضه السيده	8
		معارضه الزوج	9
	معارضه الآخرين	10	
	اسباب دينية	11	
	الأعراض الجانبية	12	
	تؤثر على وظائف الجسم	13	
	تغييرات على المزاج	14	
	زيادة الوزن والانتفاخ	15	
	أوجاع الراس والصداع	16	
	خطر الإصابة بالسرطان	17	
	خطر على الصحة	18	
	لا تستطيع الاستعمال بسبب مخاطر صحية سابقة	19	
	الخوف من الاعراض الجانبية	20	
	اسباب مرتبطة بالاستعمال	21	
	نسيان تناولها	22	
	مخاطر فشل استعمال الوسيلة/عدم الفعالية	23	
	صعوبة الاستعمال	24	
	عدم المتابعة (تعارض مع المعاشرة)	25	
	عدم المعرفة بأي وسيلة	26	
	عدم معرفة اي مصدر للخدمة	27	
	اسباب ترتبط بالوصول	28	
	ضعف الوصول/ بعد المسافة للحصول على الخدمة	29	
	الوقت اللازم طويلا للحصول على الوسيلة	30	
	التكلفة عالية	31	
	اسباب ترتبط بمزودة الخدمة/المرافق	32	
	عدم وجود نساء مزودات للخدمة		
	عدم وجود خصوصية		
	الوسائل المتوفرة لدى مزود الخدمة محدودة		

الرقم	الاسئلة	البيانات والترميز	الانتقالات
409	ما هو عمرك عند انجاب الطفل الأول ؟	(سنوات)	410
		لا اعرف	98
410	ما هو عدد اولادك وبناتك ؟	() الولد () البنت	411
411	هل احدثك طفلك متوهين ؟	نعم	1
	المتجهيم ثم توفوا؟	لا	2
صحة المرأة			
القسم الخامس: العناية أثناء الحمل وبعد الولادة			
501	متى كانت اخر ولادة لك؟	لم انجب	1
		انا حامل الان يعطى الأول	2
		انا حامل الآن، بطلت نيس الأول لي	3
		متى كانت اخر ولادة لك، سنة ()	4
502	خلال حملك الاخير، هل رجعت اي احد لتلقي الرعاية الصحية؟ (اجابة واحدة)	نعم	1
		في اي سنة ()	2
503	انا كانت الاجابة نعم في السؤال السابق 502	مستشفى حكومي/وزارة الصحة	1
		مستشفى الجامعة	2
		مركز صحي شامل / مركز صحي اولى	3
		مركز صحي فرعي	4
		مستشفى عسكري	5
		عيادة صحية متنقلة تابعة لجهة حكومية	6
		اخرى (حدد)	7
		(قطاع خاص)	8
		مستشفى خاص	9
		عيادة خاصة	10
		مستشفى تابع لمنظمات غير حكومية	11
		عيادة تابعة لمنظمات غير حكومية	12
		الجمعية الازنية لتنظيم وحملة الامرة	13
	عيادة صحية متنقلة تابعة لمنظمات غير حكومية	96	
504	شهر الحمل ()	مستشفى حكومي	2
	لا اعرف	مستشفى الجامعة	3
505	عدد المرات	مستشفى عسكري	4
	لا اعرف	اخرى علم	5
506	مزل / مزل اخر	(حدد)	6
		(قطاع علم)	7
507	هل اجري لك حصصا بعد الولادة من قبل مقدم الرعاية الصحية؟	مستشفى خاص	8
	- اختار من متعدد	مستشفى تابع لمنظمات غير حكومية	9
508	للباحثة (اقراني جميع الخيارات)	عيادة تابعة لمنظمات غير حكومية	10
		اخرى (حدد)	11
		في المستشفى (خلال 24 ساعة بعد الولادة)	12
		اليوم الثالث بعد الولادة (48 - 72 ساعة)	13
		ما بين اليوم الرابع والسامن	14
	ما بين 7-14 يوم بعد الولادة	15	
	في الاسبوع السادس بعد الولادة	16	

الرقم	الإسئلة	البيانات والترميز
33	مزود الخدمة لا يقدم الوسيلة المطلوبة	
34	الوسيلة المطلوبة غير متوفرة	
35	عدم كفاية خدمات المسورة	
36	الخبرة والتجربة سلبية مع مزود وسائل تنظيم الأسرة	
96	أخرى (حدد)	
98	لا أعرف	
604	الوسائل الحديثة	
1	اللولب	
2	حقن منع الحمل	
3	الحقنة	
4	الحبوب	
5	الأقراص الذكرية	
6	الواقع الاثري	
7	عشاء عنق الرحم	
8	الرغوة / الجيلي/التحاميل	
9	الرضاعة الطبيعية المطلقة	
10	التعقيم الاثري	
11	التعقيم للذكور	
12	وسائل حديثة أخرى (حدد)	
	الوسائل التقليدية	
13	الإمتناع الدوري	
14	القذف الخارجى/العزل	
15	الرضاعة الطبيعية (تقليدية)	
16	وسائل تقليدية أخرى	
605	قرارك لوحدك	
1	كادر العيادة الصحية المتنقلة	
2	الطبيب	
3	الممرضة	
4	القابلة القابلية	
5	الزوج	
6	الأم / ام الزوج	
7	اقارب اخرون	
8	اصدقاء	
9	جيران	
10	المعلمين في مجال التوعية المجتمعية/المرشدة الصحية	
11	أخصائي اجتماعي	
12	أخر (حدد)	
96	لا أعرف	
606	هل زوجهك موافق على استخدام وسائل منع الحمل ؟	
1	نعم	
2	لا	
98	لا أعرف	
607	هل تعتقد ان وسائل تنظيم الأسرة الحديثة أقل فعالية من الوسائل التقليدية ؟	
1	الوسائل الحديثة أفضل فعالية	
2	الوسائل الحديثة نفس الفعالية	
3	الوسائل الحديثة أكثر فعالية	
98	لا أعرف	
608	قرارك لوحدك	
1	الزوج	
2	قرار مشترك بينك وبين زوجهك	
3	قرار مشترك بينك وبين زوجهك	
4	أفراد العائلة الذكور (الكبار)	
5	أفراد العائلة الإناث (الكبار)	
96	أخرى (حدد)	

الرقم	الإسئلة	البيانات والترميز
608	ما هي مصادر معلومات الصحة الأجنبية التي حصلت عليها؟ البحث: وضع دائرة حول كل ما تم ذكره وقراءة جميع الخيارات	
201	كادر العيادة الصحية المتنقلة	
2	موظفي المركز الصحي الوقعي	
3	موظفي المركز صحي شامل، موظفي المركز الصحي الأولي	
4	مشورة من قبل طبيب خاص	
4A	مستشفى	
5	موظفو المنظمات غير الحكومية / المنطوعين	
6	ليرة تقنية صحية في مجتمعي	
7	جلسات توعية مجتمعية	
8	خطبة/موعظة	
9	مشورات، صحف، مجلات	
10	التويت	
11	الديو	
12	تلفزيون	
13	رسالة نصية/هاتفية/إيمسج	
14	العائلة أو الأقارب	
15	الأصدقاء/ الجيران	
16	لا احد	
96	أخرى (حدد)	
98	لا أعرف	

القسم الثاني: إمكانية الوصول إلى المراكز الصحية والمستشفيات

الرقم	هل تعرف ما هو	الاسم	البعد عن المنزل (م)	وسيلة النقل (مشيا على الأقدام، سيارة... الخ) للوصول	الوقت المستغرق بالمشي في اتجاه واحد فقط	التكلفة	هل تبيت وتغيب في هذا المركز خلال 12 شهر الماضية؟	الانتقالات
201	أقرب مركز صحي ربعي	نعم 1. لا 2	كم (-) لا أعرف	1. مشيا على الأقدام 2. سيارة خاصة 3. سيارة مستأجرة / تاكسي 4. مواصلات عامة (باص أو سترافين) 96. أخرى ، حدد	قرن - لا 98. أعرف	لا	نعم 1. لا 2	X2 X9
202	أقرب (أو المستخدم عادة) مركز صحي ربعي	نعم 1. لا 2	كم (-) لا أعرف	1. مشيا على الأقدام 2. سيارة خاصة 3. سيارة مستأجرة / تاكسي 4. مواصلات عامة (باص أو سترافين) 96. أخرى ، حدد	قرن - لا 98. أعرف	لا	نعم 1. لا 2	X2 X9
203	أقرب (أو المستخدم عادة) مركز صحي شامل	نعم 1. لا 2	كم (-) لا أعرف	1. مشيا على الأقدام 2. سيارة خاصة 3. سيارة مستأجرة / تاكسي 4. مواصلات عامة (باص أو سترافين) 96. أخرى ، حدد	قرن - لا 98. أعرف	لا	نعم 1. لا 2	X2 X9
204	أقرب (أو المستخدم عادة) عيادة صحية خاصة	نعم 1. لا 2	كم (-) لا أعرف	1. مشيا على الأقدام 2. سيارة خاصة 3. سيارة مستأجرة / تاكسي 4. مواصلات عامة (باص أو سترافين) 96. أخرى ، حدد	قرن - لا 98. أعرف	لا	نعم 1. لا 2	X2 X9
205	أقرب مستشفى	نعم 1. لا 2	كم (-) لا أعرف	1. مشيا على الأقدام 2. سيارة خاصة 3. سيارة مستأجرة / تاكسي 4. مواصلات عامة (باص أو سترافين) 96. أخرى ، حدد	قرن - لا 98. أعرف	لا	نعم 1. لا 2	X2 X9

*ملاحظة: إذا كانت وسيلة المواصلات "مشيا على الأقدام" فإن إجابة سؤال التكلفة تكون "0"
إذا كانت وسيلة المواصلات بالسيارة الخاصة للشخص، فإن إجابة سؤال التكلفة تكون "لا أعرف 98"

القسم X: العيادة الصحية المتنقلة

الرقم	الإسئلة	البيانات والترميز
X1	هل سمعتي عن العيادة الصحية المتنقلة التي كانت تقدم مطقة البادية الشمالية منذ شهر 10، 2017، وتقدم خدمات الصحة الإنجابية؟	نعم لا
X2	أين كان اصطاف العيادة المتنقلة؟ (اختيار من متعدد)	جميعية رعاية الطفل في منطقة السويدية بالقرب من السويد مار كاك على الطريق العام، بجانب مدرسة المستلة الثانوية للبنات جميعية منسية القبائل جميعية منسية القبائل للاجئين السوريين أخرى ، حدد 96 98 لا أعرف
X3	هل تلقيت أي خدمات من العيادة الصحية المتنقلة منذ شهر 10، 2017؟	نعم كم مرة () لا
X3A	> للتساءل عن الاموال < هل تلقيت خدمة رعاية الحامل من العيادة الصحية المتنقلة التي تعمل منذ شهر 10، 2017؟	نعم، إذا كانت الإجابة نعم أين كان مكان اصطاف العيادة عندما تلقيت الخدمة؟ لا
		1 2

الرقم	الإسئلة	البدايل والترميز
X4	ما هي الخدمات التي تلقيناها؟ <الباحثة> أقرني جميع الخيارات < اختيار من متعدد	<p>1 مشورة تنظيم أسرة</p> <p>2 وسيلة تنظيم أسرة / وسائل منع الحمل</p> <p>3 خدمات رعاية الحمل</p> <p>4 خدمات رعاية النفس</p> <p>5 خدمات رعاية الأطفال</p> <p>6 تعليم الأطفال</p> <p>7 فحص طبي عام / استشارة</p> <p>8 تلقي المقويات الغذائية (الفيتامينات والمعادن)</p> <p>9 تتبغ صحي</p> <p>96 أخرى حدد</p>
X5	كم استغرقت من الوقت للوصول إلى العيادة الصحية المنتقلة؟	<p>() بالدقائق</p> <p>لا اعرف</p>
X6	ما هي وسيلة التنقل التي استخدمتها للوصول إلى العيادة المنتقلة؟	<p>1 مشيا على الأقدام.</p> <p>2 سيارة خاصة.</p> <p>3 سيارة مستأجرة / تاكسي</p> <p>4 مرافقات عامة (ياص أو سيزفيس)</p> <p>96 أخرى ، حدد</p>
X7	هل تعتقد أنك غيرت بعض أرائك، مواقفك، معتقداتك تجاه أسلوب الحياة الصحية بعد تلقي الخدمات من العيادة الصحية المنتقلة؟	<p>1 نعم</p> <p>2 لا</p>
X8	الرائع بالعودة الصحية المنتقلة هل تعتقد أن الخدمات التي تقدمها العيادة المنتقلة لا أوافق بشدة 2، لا أوافق 3، محايد 4، أوافق 5، أوافق بشدة	<p>لا أوافق</p>

الرقم	الإسئلة	البدايل والترميز
X9	ما هو الجانب الذي تعتقد أنه يمكن تحسينه خدمة مجتمعك من ناحية الخدمات الصحية المقدمة في العيادة الصحية المنتقلة؟	<p>1 تقديم الخدمات الصحية الأولية</p> <p>2 تقديم خدمات الرعاية الطبية للأمراض المزمنة</p> <p>3 تقديم خدمات العناية بالأسنان</p> <p>4 تقديم خدمات العناية الصحية</p> <p>5 تحسين الخدمات الطبية وأثاث</p> <p>6 توفير الطبيب</p> <p>7 المزيد من المعرفة والمهارات من كادر العيادة</p> <p>8 موقف أفضل تجاه تقديم الخدمات من قبل كادر العيادة</p> <p>9 زيارات أكثر لمجتمعك</p> <p>10 أن تكون أقرب لمكان سكنك / أو موقفك</p> <p>11 توفير المزيد من الأدوية</p> <p>12 توفير خدمات المختبر والفحوصات المخبرية</p> <p>96 أخرى، حدد</p> <p>98 لا اعرف</p>

الرقم	الإسئلة	البدايل والترميز
701	ما هي الخدمات التي تلقيناها؟	<p>1 مشورة تنظيم أسرة</p> <p>2 وسيلة تنظيم أسرة / وسائل منع الحمل</p> <p>3 خدمات رعاية الحمل</p> <p>4 خدمات رعاية النفس</p> <p>5 خدمات رعاية الأطفال</p> <p>6 تعليم الأطفال</p> <p>7 فحص طبي عام / استشارة</p> <p>8 تلقي المقويات الغذائية (الفيتامينات والمعادن)</p> <p>9 تتبغ صحي</p> <p>96 أخرى حدد</p>

الرقم	الإسئلة	البدايل والترميز
701	هل أجريت فحص سرطان الثدي للكشف عن سرطان الثدي بتمسك خلال ال 12 شهرا الماضية؟	<p>1 نعم</p> <p>2 لا</p> <p>98 لا اعرف</p>
702	هل أجريت فحص سريري لسرطان الثدي للكشف عن سرطان الثدي في ال 12 شهرا الماضية؟	<p>1 نعم</p> <p>2 لا</p> <p>98 لا اعرف</p>

الرقم	الإسئلة	البدايل والترميز
801	هل سمعتي من قبل من الأمراض المنقولة جنسيا؟	<p>1 نعم</p> <p>2 لا</p> <p>98 لا اعرف</p>
802	ما هي الأمراض المنقولة جنسيا التي سمعت عنها؟ اختر كل ما ذكرته السيدة الباحثة (لا تقراً الخيارات)	<p>1 فيروس الهربس التناسلي</p> <p>2 الفيلقيل التناسلي/ فيروس الورم الحليمي البشري أو فيروس الأعداء التناسلية</p> <p>3 التهاب الكبد</p> <p>4 المندثرة (الكلاميديا)</p> <p>5 مرض الزهري</p> <p>6 الإنزير/ فيروس نقص المناعة المكتسبة</p> <p>7 داء المشعرات</p> <p>8 القوجية</p> <p>9 الإلتهاب المبيلي الخميري</p> <p>96 أخرى، حدد ()</p> <p>98 لا اعرف</p>
803	هل تعرف إلى أين يمكن للناس الذهاب لإجراء فحص للأمراض التي تنتقل عن طريق الاتصال الجنسي؟	<p>1 نعم</p> <p>2 لا</p>

الرقم	الإسئلة	البدايل والترميز
901	هل يعاني أي من أفراد الأسرة أي من الأمراض التالية؟ (الجابات متعددة) <أقرأ جميع الإجابات>	<p>1 لا</p> <p>2 ارتفاع ضغط الدم</p> <p>3 امراض القلب والأوعية الدموية</p> <p>4 السكري</p> <p>5 الامراض التنفسية المزمنة</p> <p>6 امراض الكلى المزمنة</p> <p>7 السرطان</p> <p>8 ام الفصام</p> <p>98 لا اعرف</p> <p>99 لا اعرف</p> <p>98 لا اعرف</p>
902	فيما يتعلق بالأمراض المنقولة أو علاه، هل راجع أي من أفراد الأسرة مرافق صحية خلال الأشهر الست الماضية؟ إذا كنت الإجابة نعم، يرجى تحديد المرفق الذي تم استخدامه؟ (خيارات متعددة) (أقرأ جميع الخيارات)	<p>1 لا</p> <p>2 مستشفى حكومي / وزارة الصحة</p> <p>3 مستشفى الجامعة</p> <p>4 مركز صحي شامل / مركز صحي أولي</p> <p>5 مركز صحي فرعي</p> <p>6 مستشفى عسكري</p> <p>7 عيادة صحية متنقلة تابعة لجهة حكومية</p> <p>8 أخرى (حدد)</p> <p>9 مستشفى خاص</p> <p>10 أطباء / عيادة خاصة</p> <p>11 مستشفى تابع لمنظمات غير حكومية</p> <p>12 عيادة تابعة لمنظمات غير حكومية</p> <p>13 عيادة صحية متنقلة تابعة لمنظمات غير حكومية</p> <p>96 مراكز خاصة أخرى حدد ()</p>

الابتعاثات	البيانات والتميز	الاسئلة	الرقم
1	لا يمكنني تأمين تكلفة مقدم الخدمة	لماذا لم تتلقى الرعاية الصحية؟	903
2	وقت الانتظار لتلقي الخدمة طويل	خيارات متعددة	
3	لا ألق جودة الخدمات المقدمة	(اقرأ جميع الخيارات)	
4	الخدمة التي يحتاجها أو التكاليف الطبي غير متوفر		
5	معاملة مقدمي الخدمة غير جيدة، غير لائقة، هناك تمييز		
6	عدم اكتمال التسجيل القانوني		
96	أخرى (حدد)		
98	لا أعرف		
99	لا أريد الإجابة		

مرحباً أنا باحثة من خلال مركز الدراسات الاستراتيجيه في الجامعة الأردنية ووزارة الصحة الأردنية. تقوم بعمل دراسة عن صحة المرأة ومكانية الوصول للمرافق الصحية في لواء البادية الشمالية في محافظة المفرق. ويتم إجراء هذه الدراسة بدعم من الوكالة البادية للتعاون الدولي (جاكا) بمشورة تقنية من جامعة جونتنبو في اليابان. وستساعد المعلومات التي نجمعها على تحسين الخدمات الصحية من قبل وزارة الصحة.

قد تم اختيار أسرتك بشكل عشوائي للمشاركة في هذه الدراسة، وأود أن أطرح عليك بعض الأسئلة فيما يتعلق بعائلتك، وإمكانية الوصول إلى المرافق الصحية، وأفكارك وسلوكياتك المتعلقة بالصحة الإيجابية. تستغرق المقابلة عادة حوالي 10 إلى 15 دقيقة. جميع الإجابات سيتم الاحتفاظ بها بشكل سري. وعلاوة على ذلك، سيتم تجميع إجاباتك مع إجابات من المشاركين الآخرين، ولن تتم مشاركتها مع أي شخص آخر دون أعضاء فريق المسح.

إن مشاركتك في هذه الدراسة هي مشاركة طوعية، وأنت لست ملزمة بالمشاركة بها، ولكننا نأمل أن توافق على إجابة الأسئلة، لأن رأيك مهم جداً بالنسبة لنا. ونحن نقدر تقديراً عالياً مشاركتكم وتعاونكم في الإجابة على الأسئلة في هذا الاستطلاع. إذا كنت هناك أي سؤال لا تريد الإجابة، فقط أخبريني وسوف أنتقل إلى السؤال التالي، كما ويمكنك إنهاء المقابلة في أي وقت. في حال كنت بحاجة إلى مزيد من المعلومات حول المسح، يمكنك الاتصال بالأشخاص المذكورين في البطاقة.

هل لديك أي أسئلة؟

هل يمكنني بدء المقابلة الآن؟

للباحثة:

=> يرجى أخذ توقيع السيدة في المربع أدناه

" توقيع السيدة "

رقم الاستبيان: _____



ابدأ المقابلة



Consent Form



Hello, my name is I am a researcher of The Center for Strategic studies at Jordan University and Ministry of Health. We are conducting a survey on women's health and accessibility of health facilities in Northern Badia sub-district, Mafraq. The survey is carried out through supporting by the Japan International Cooperation Agency (JICA) project with technical advice of Juntendo University in Japan. The information we collect will help the Ministry to improve the health services by the MOH.

Your family has been randomly selected to participate in this study. I would like to ask you some questions about your family, accessibility to health facilities, your thoughts and behaviors concerning reproductive health. Interviews normally take about 10 to 15 minutes. All answers you will provide us will be kept anonymous and confidential. Furthermore, your answers will be compiled with answers from other respondents and will not be shared with anyone other than members of our survey team.

You are not obligated to participate in this study, but we hope you agree to answer the questions, as your opinion is very important. We would highly appreciate your participation and your cooperation in answering questions in this survey. If I ask you any question you don't want to answer, just let me know. I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you can contact the person listed on the leaflet.

Do you have any questions?

May I begin the interview now?

TO: Researchers:

=> Please get the lady's signature in BOX below if she agrees

“Signature of the Interviewee”

Start the interview now



Questionnaire No.: _____



ANNEX 3

Section 1: For All
101 What is your nationality

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Jordanian	259 85.8%	105 98.1%	364 89.0%	263 79.7%	102 94.4%	365 83.3%
Syrian	43 14.2%	2 1.9%	45 11.0%	65 19.7%	6 5.6%	71 16.2%
Other	0 0.0%	0 0.0%	0 0.0%	2 0.6%	0 0.0%	2 0.5%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

102 Was your family registered by Ministry of Interior?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	35 81.4%	2 100.0%	37 82.2%	52 80.0%	5 83.3%	57 80.3%
No	8 18.6%	0 0.0%	8 17.8%	13 20.0%	1 16.7%	14 19.7%
Total	43 100.0%	2 100.0%	45 100.0%	65 100.0%	6 100.0%	71 100.0%

103 In which month and year did you start to live continuously at this current place of residence?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<1	36 11.9%	8 7.5%	44 10.8%	67 20.3%	10 9.3%	77 17.6%
<2	33 10.9%	10 9.3%	43 10.5%	51 15.5%	6 5.6%	57 13.0%
<5	59 19.5%	23 21.5%	82 20.0%	68 20.6%	28 24.1%	94 21.5%
<10	80 26.5%	19 17.8%	99 24.2%	65 19.7%	27 25.0%	92 21.0%
>=10	94 31.1%	47 43.9%	141 34.5%	74 22.4%	39 36.1%	113 25.8%
Don't know	0 0.0%	0 0.0%	0 0.0%	5 1.5%	0 0.0%	5 1.1%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Average	8.29	10.57	8.89	6.68	9.32	7.35
Sample standard deviation	7.61	9.42	8.18	7.28	7.83	7.50

104 How many persons living with you in your house? (Including yourself)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
2	21 7.0%	10 9.3%	31 7.6%	22 6.7%	10 9.3%	32 7.3%
3	31 10.3%	13 12.1%	44 10.8%	32 9.7%	11 10.2%	43 9.8%
4	45 14.9%	13 12.1%	58 14.2%	41 12.4%	19 17.6%	60 13.7%
5	47 15.6%	16 15.0%	63 15.4%	56 17.0%	20 18.5%	76 17.4%
6	53 17.5%	22 20.6%	75 18.3%	57 17.3%	17 15.7%	74 16.9%
7	49 16.2%	9 9.3%	58 14.4%	54 16.4%	15 13.9%	69 15.8%
8	30 9.9%	10 9.3%	40 9.8%	33 10.0%	6 5.6%	39 8.9%
9	13 4.3%	4 3.7%	17 4.2%	21 6.4%	7 6.5%	28 6.4%
>=10	13 4.3%	9 8.4%	22 5.4%	14 4.2%	3 2.8%	17 3.9%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%
Average	2.91	3.02	2.94	2.88	2.88	2.95
Sample standard deviation	1.52	1.76	1.59	1.47	1.38	1.45
Female	2.74	2.67	2.72	2.82	2.48	2.73
Average	1.37	1.52	1.41	1.46	1.23	1.41
Total	5.65	5.68	5.66	5.79	5.36	5.68
Sample standard deviation	2.15	2.51	2.25	2.21	2.12	2.20

105 Have you done any work in the last 12 months, even for one hour?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	51	20	71	52	15	67
	16.9%	18.7%	17.4%	15.8%	13.9%	15.3%
No	251	87	338	278	93	371
	83.1%	81.3%	82.6%	84.2%	86.1%	84.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

106 What is your husband current occupation?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Public administration	48	29	77	33	20	53
	15.9%	27.1%	18.8%	10.0%	18.5%	12.1%
Service workers, shop and market, sales workers	21	0	21	9	4	13
	7.0%	0.0%	5.1%	2.7%	3.7%	3.0%
Education	9	12	21	9	8	17
	3.0%	11.2%	5.1%	2.7%	7.4%	3.9%
Professional, scientific and technical activities	16	1	17	6	3	9
	5.3%	0.9%	4.2%	1.8%	2.8%	2.1%
Manufacturing	2	1	3	9	1	10
	0.7%	0.9%	0.7%	2.7%	0.9%	2.3%
Agricultural	20	2	22	31	2	33
	6.6%	1.9%	5.4%	9.4%	1.9%	7.5%
Animal raising	13	5	18	13	2	15
	4.3%	4.7%	4.4%	3.9%	1.9%	3.4%
Accommodation and food services	2	0	2	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
Military	82	22	104	112	35	147
	27.2%	20.6%	25.4%	33.9%	32.4%	33.6%
Driver	63	30	93	79	32	111
	20.9%	28.0%	22.7%	23.9%	29.6%	25.3%
Other	18	2	20	10	0	10
	6.0%	1.9%	4.9%	3.0%	0.0%	2.3%
Doesnt work	8	3	11	19	1	20
	2.6%	2.8%	2.7%	5.8%	0.9%	4.6%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Other

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Construction field	3	1	4	4	0	4
	16.7%	50.0%	20.0%	40.0%	0.0%	40.0%
Daily worker	5	0	5	0	0	0
	27.8%	0.0%	25.0%	0.0%	0.0%	0.0%
Daily worker	0	0	0	1	0	1
	0.0%	0.0%	0.0%	10.0%	0.0%	10.0%
Free work	3	0	3	3	0	3
	16.7%	0.0%	15.0%	30.0%	0.0%	30.0%
Guard	2	0	2	1	0	1
	11.1%	0.0%	10.0%	10.0%	0.0%	10.0%
Nothing specified	5	0	5	0	0	0
	27.8%	0.0%	25.0%	0.0%	0.0%	0.0%
Security man at Za'atiri camp	0	1	1	0	0	0
	0.0%	50.0%	5.0%	0.0%	0.0%	0.0%
Supervisor at Azraq camp	0	0	0	1	0	1
	0.0%	0.0%	0.0%	10.0%	0.0%	10.0%
Total	18	2	20	10	0	10
	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%

107 What would you estimate is your total monthly household income from all sources?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<100	13	3	16	18	3	21
	4.3%	2.8%	3.9%	5.5%	2.8%	4.8%
<200	31	16	47	53	14	67
	10.3%	15.0%	11.5%	16.1%	13.0%	15.3%
<300	72	29	101	76	32	108
	23.8%	27.1%	24.7%	23.0%	29.6%	24.7%
<400	70	29	99	87	32	119
	23.2%	27.1%	24.2%	26.4%	29.6%	27.2%
<500	53	12	65	65	23	78
	17.5%	11.2%	15.9%	16.7%	21.3%	17.8%
>=500	55	18	73	27	3	30
	18.2%	16.8%	17.8%	8.2%	2.8%	6.8%
Don't know	6	0	6	12	1	13
	2.0%	0.0%	1.5%	3.6%	0.9%	3.0%
Don't want to answer	2	0	2	2	0	2
	0.7%	0.0%	0.5%	0.6%	0.0%	0.5%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	335.81	321.11	331.89	288.70	294.05	290.05
Sample standard deviation	176.15	171.17	174.74	145.17	111.87	137.40

108 Does your house own the followings usable devices?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	7	8	15	18	7	25
	2.3%	7.5%	3.7%	5.5%	6.5%	5.7%
No	295	99	394	312	101	413
	97.7%	92.5%	96.3%	94.5%	93.5%	94.3%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

5. Refrigerator

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	289	104	393	296	104	400
	95.7%	97.2%	96.1%	89.7%	96.3%	91.3%
No	13	3	16	34	4	38
	4.3%	2.8%	3.9%	10.3%	3.7%	8.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

6. Washing machine

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	284	107	391	294	106	400
	94.0%	100.0%	95.6%	89.1%	98.1%	91.3%
No	18	0	18	36	2	38
	6.0%	0.0%	4.4%	10.9%	1.9%	8.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

7. Dish washer

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	8	1	9	2	0	2
	2.6%	0.9%	2.2%	0.6%	0.0%	0.5%
No	294	106	400	328	108	436
	97.4%	99.1%	97.8%	99.4%	100.0%	99.5%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

8. Solar heater

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	10	7	17	8	8	16
	3.3%	6.5%	4.2%	2.4%	7.4%	3.7%
No	292	100	392	322	100	422
	96.7%	93.5%	95.8%	97.6%	92.6%	96.3%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

9. Air conditioner

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	41	17	58	44	11	55
	13.6%	15.9%	14.2%	13.3%	10.2%	12.6%
No	261	90	351	286	97	383
	86.4%	84.1%	85.8%	86.7%	89.8%	87.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

10. Fan

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	275	93	368	244	101	345
	91.1%	86.9%	90.0%	73.9%	93.5%	78.8%
No	27	14	41	86	7	93
	8.9%	13.1%	10.0%	26.1%	6.5%	21.2%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

11. Water cooler

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	60	13	73	52	10	62
	19.9%	12.1%	17.8%	15.8%	9.3%	14.2%
No	242	94	336	278	98	376
	80.1%	87.9%	82.2%	84.2%	90.7%	85.8%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

12. Microwave

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	42	20	62	39	23	62
	13.9%	18.7%	15.2%	11.8%	21.3%	14.2%
No	260	87	347	291	85	376
	86.1%	81.3%	84.8%	88.2%	78.7%	85.8%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

13. Digital camera

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	1	1	2	3	0	3
	0.3%	0.9%	0.5%	0.9%	0.0%	0.7%
No	301	106	407	327	108	435
	99.7%	99.1%	99.5%	99.1%	100.0%	99.3%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

14. Mobile phone

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	296	105	401	321	105	426
	98.0%	98.1%	98.0%	97.3%	97.2%	97.3%
No	6	2	8	9	3	12
	2.0%	1.9%	2.0%	2.7%	2.8%	2.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

15. Computer

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	25	11	36	28	10	38
	8.3%	10.3%	8.8%	8.5%	9.3%	8.7%
No	277	96	373	302	98	400
	91.7%	89.7%	91.2%	91.5%	90.7%	91.3%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

16. Internet access at house

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	12	4	16	5	4	9
	4.0%	3.7%	3.9%	1.5%	3.7%	2.1%
No	290	103	393	325	104	429
	96.0%	96.3%	96.1%	98.5%	96.3%	97.9%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

17. Car (for personal use)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	173	65	238	161	55	216
	57.3%	60.7%	58.2%	48.8%	50.9%	49.3%
No	129	42	171	169	53	222
	42.7%	39.3%	41.8%	51.2%	49.1%	50.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Section 2: Health center and hospital Accessibility
VHC

Do you Know the VHC?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Aqeb VHC	4	0	4	12	0	12
	1.3%	0.0%	1.0%	3.6%	0.0%	2.7%
Manarah VHC	0	0	0	1	0	1
	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%
zamiel Al-Amir Ghazi VHC	5	0	5	7	1	8
	1.7%	0.0%	1.2%	2.1%	0.9%	1.8%
Roudhet Al-Amir Ali VHC	2	32	34	0	2	2
	0.7%	29.9%	8.3%	0.0%	1.9%	0.5%
Yes sub-total	11	32	43	20	3	23
	3.6%	29.9%	10.5%	6.1%	2.6%	5.3%
No	291	75	366	310	105	415
	96.4%	70.1%	89.5%	93.9%	97.2%	94.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Distance (km)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<1 km	1	17	18	2	1	3
	9.1%	53.1%	41.9%	10.0%	33.3%	13.0%
1+<2 km	1	6	7	2	0	2
	9.1%	18.8%	16.3%	10.0%	0.0%	8.7%
2+<3 km	1	4	5	6	0	6
	9.1%	12.5%	11.6%	30.0%	0.0%	26.1%
3+<4 km	3	1	4	4	0	4
	27.3%	3.1%	9.3%	20.0%	0.0%	17.4%
4+<5 km	0	0	0	2	0	2
	0.0%	0.0%	0.0%	10.0%	0.0%	8.7%
>=5 km	3	0	3	4	2	6
	27.3%	0.0%	7.0%	20.0%	66.7%	26.1%
Don't know	2	4	6	0	0	0
	18.2%	12.5%	14.0%	0.0%	0.0%	0.0%
Total	11	32	43	20	3	23
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	4.20	0.77	1.61	2.85	6.83	3.37
Sample standard deviation	4.32	0.77	2.61	1.72	5.48	2.68

Mean

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
On foot	0	22	22	2	1	3
	0.0%	68.8%	51.2%	10.0%	33.3%	13.0%
Private car	7	9	16	8	1	9
	63.6%	28.1%	37.2%	40.0%	33.3%	39.1%
Taxi	0	0	0	3	1	4
	0.0%	0.0%	0.0%	15.0%	33.3%	17.4%
Bus/minibus	4	1	5	7	0	7
	36.4%	3.1%	11.6%	35.0%	0.0%	30.4%
Total	11	32	43	20	3	23
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Time (minutes)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<10	3	14	17	4	1	5
	27.3%	43.8%	39.5%	20.0%	33.3%	21.7%
10+<15	8	5	13	9	0	9
	72.7%	15.6%	30.2%	45.0%	0.0%	39.1%
15+<20	0	6	6	3	1	4
	0.0%	18.8%	14.0%	15.0%	33.3%	17.4%
>=20	0	7	7	4	1	5
	0.0%	21.9%	16.3%	20.0%	33.3%	21.7%
Total	11	32	43	20	3	23
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	8.64	12.72	11.67	12.60	35.67	15.61
Sample standard deviation	2.34	10.21	9.03	7.54	47.50	17.81

Cost (Girsh=10Flis)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	0	22	22	2	1	3
	0.0%	68.8%	51.2%	10.0%	33.3%	13.0%
<50	3	0	3	2	0	2
	27.3%	0.0%	7.0%	10.0%	0.0%	8.7%
>=50	1	1	2	8	2	9
	9.1%	3.1%	4.7%	40.0%	33.3%	39.1%
DK	7	9	16	8	1	9
	63.6%	28.1%	37.2%	40.0%	33.3%	39.1%
Total	11	32	43	20	3	23
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	42.50	4.35	10.00	104.17	150.00	110.71
Sample standard deviation	38.41	20.85	27.00	113.23	212.13	120.78

Ever used

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	3	16	19	9	1	10
	1.0%	15.0%	4.6%	2.7%	0.9%	2.3%
No	299	91	390	321	107	428
	99.0%	85.0%	95.4%	97.3%	99.1%	97.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

PHC

Do you Know the PHC?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Roudhet Princess Basmah PHC	6	0	6	3	0	3
	2.0%	0.0%	1.5%	0.9%	0.0%	0.7%
Koam Al-Ahmar PHC	0	0	0	0	1	1
	0.0%	0.0%	0.0%	0.0%	0.9%	0.2%
Amra & Amireh PHC	7	0	7	3	0	3
	2.3%	0.0%	1.7%	0.9%	0.0%	0.7%
Dafyaneh PHC	40	0	40	28	0	28
	13.2%	0.0%	9.8%	8.5%	0.0%	6.4%
Khaasha' Slateneh PHC	0	13	13	1	26	27
	0.0%	12.1%	3.2%	0.3%	24.1%	6.2%
Mkaiteh PHC	0	0	0	1	0	1
	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%
Yes sub-total	53	13	66	36	27	63
	17.5%	12.1%	16.1%	10.9%	25.0%	14.4%
No	249	94	343	294	81	375
	82.5%	87.9%	83.9%	89.1%	75.0%	85.6%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Distance (km)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<1 km	12	7	19	1	6	7
	22.6%	53.8%	28.8%	2.8%	22.2%	11.1%
1+<2 km	2	4	6	3	2	5
	3.8%	30.8%	9.1%	8.3%	7.4%	7.9%
2+<3 km	8	2	10	2	10	12
	15.1%	15.4%	15.2%	5.6%	37.0%	19.0%
3+<4 km	16	0	16	10	2	12
	30.2%	0.0%	24.2%	27.8%	7.4%	19.0%
4+<5 km	2	0	2	1	0	1
	3.8%	0.0%	3.0%	2.8%	0.0%	1.6%
>=5 km	13	0	13	9	2	11
	24.5%	0.0%	19.7%	25.0%	7.4%	17.5%
DK	0	0	0	10	5	15
	0.0%	0.0%	0.0%	27.8%	18.5%	23.8%
Total	53	13	66	36	27	63
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	3.70	0.68	3.10	4.59	2.27	3.53
Sample standard deviation	3.64	0.72	3.49	4.17	3.07	3.85

Do you know the CHC?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Um Al-Jemal CHC	1	0	1	9	0	9
	0.3%	0.0%	0.2%	2.7%	0.0%	2.1%
Dair Al-Kaht CHC	0	1	1	0	0	0
	0.0%	0.9%	0.2%	0.0%	0.0%	0.0%
Ri'ayyat CHC	0	69	69	0	60	60
	0.0%	64.5%	16.9%	0.0%	55.6%	13.7%
Asratfayeh CHC	0	1	1	1	0	1
	0.0%	0.9%	0.2%	0.3%	0.0%	0.2%
Sabha CHC	26	1	27	17	0	17
	8.6%	0.9%	6.6%	5.2%	0.0%	3.9%
Um -Elqotain CHC	11	19	30	3	34	37
	3.6%	17.8%	7.3%	0.9%	31.5%	8.4%
Al-badia Shamatleh CHC	177	11	188	283	12	295
	58.6%	10.3%	46.0%	85.6%	11.1%	67.4%
Yes sub-total	215	102	317	313	106	419
	71.2%	95.3%	77.5%	94.8%	96.1%	95.7%
No	87	5	92	17	2	19
	28.8%	4.7%	22.5%	5.2%	1.9%	4.3%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Distance (km)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<1 km	7	3	10	11	5	16
	3.3%	2.9%	3.2%	3.5%	4.7%	3.8%
1+<2 km	34	8	42	62	10	72
	15.8%	7.8%	13.2%	19.8%	9.4%	17.2%
2+<3 km	39	5	44	34	13	47
	18.1%	4.9%	13.9%	10.9%	12.3%	11.2%
3+<4 km	16	16	32	26	12	38
	7.4%	15.7%	10.1%	8.3%	11.3%	9.1%
4+<5 km	27	9	36	15	5	20
	12.6%	8.8%	11.4%	4.8%	4.7%	4.8%
>=5 km	56	24	80	80	31	111
	26.0%	23.5%	25.2%	25.6%	29.2%	26.5%
DK	36	37	73	85	30	115
	16.7%	36.3%	23.0%	27.2%	28.3%	27.4%
Total	215	102	317	313	106	419
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	4.95	7.66	5.67	4.85	5.38	4.98
Sample standard deviation	6.15	10.39	7.58	5.80	6.03	5.86

Means

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
On foot	5	1	6	26	12	38
	2.3%	1.0%	1.9%	8.3%	11.3%	9.1%
Private car	132	64	196	139	56	195
	61.4%	62.7%	61.8%	44.4%	52.8%	46.5%
Taxi	3	6	9	47	29	76
	1.4%	5.9%	2.8%	15.0%	27.4%	18.1%
Bus/minibus	75	31	106	101	9	110
	34.9%	30.4%	33.4%	32.3%	8.5%	26.3%
Total	215	102	317	313	106	419
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Means

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
On foot	2	11	13	1	21	22
	3.8%	84.6%	19.7%	2.8%	77.8%	34.9%
Private car	29	1	30	17	3	20
	54.7%	7.7%	45.5%	47.2%	11.1%	31.7%
Taxi	0	0	0	7	2	9
	0.0%	0.0%	0.0%	19.4%	7.4%	14.3%
Bus/minibus	21	1	22	11	1	12
	39.6%	7.7%	33.3%	30.6%	3.7%	19.0%
No answer	1	0	1	0	0	0
	1.9%	0.0%	1.5%	0.0%	0.0%	0.0%
Total	53	13	66	36	27	63
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Time (minutes)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<10	10	4	14	5	6	11
	18.9%	30.8%	21.2%	13.9%	22.2%	17.5%
10+<15	20	2	22	14	6	20
	37.7%	15.4%	33.3%	38.9%	22.2%	31.7%
15+<20	15	2	17	11	8	19
	28.3%	15.4%	25.8%	30.6%	29.6%	30.2%
>=20	8	5	13	6	7	13
	15.1%	38.5%	19.7%	16.7%	25.9%	20.6%
Total	53	13	66	36	27	63
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	13.19	15.85	13.71	14.00	15.74	14.75
Sample standard deviation	7.14	11.04	8.03	9.65	11.11	10.25

Cost (Gishh=10Fils)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	3	12	15	1	21	22
	5.7%	92.3%	22.7%	2.8%	77.8%	34.9%
<50	13	0	13	6	0	6
	24.5%	0.0%	19.7%	16.7%	0.0%	9.5%
>=50	8	0	8	12	3	15
	15.1%	0.0%	12.1%	33.3%	11.1%	23.8%
DK	29	1	30	17	3	20
	54.7%	7.7%	45.5%	47.2%	11.1%	31.7%
Total	53	13	66	36	27	63
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	42.71	0.00	28.47	75.79	60.42	67.21
Sample standard deviation	46.39	0.00	42.79	76.16	216.18	167.75

Ever used

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	35	11	46	15	17	32
	11.6%	10.3%	11.2%	4.5%	15.7%	7.3%
No	267	96	363	315	91	406
	88.4%	89.7%	88.8%	95.5%	84.3%	92.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Time (minutes)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<10	39	16	55	76	25	101
	18.1%	15.7%	17.4%	24.3%	23.6%	24.1%
10+<14	47	20	67	75	30	105
	21.9%	19.6%	21.1%	24.0%	28.3%	25.1%
15+<20	72	25	97	76	27	103
	33.5%	24.5%	30.6%	24.3%	25.5%	24.6%
>=20	57	40	97	84	23	107
	26.5%	39.2%	30.6%	26.8%	21.7%	25.5%
DK	0	1	1	2	1	3
	0.0%	1.0%	0.3%	0.6%	0.9%	0.7%
Total	215	102	317	313	106	419
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	16.01	19.23	17.04	16.29	15.52	16.10
Sample standard deviation	10.19	17.43	13.01	16.39	12.95	15.58

Cost (Grish=10Filis)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	6	1	7	28	14	42
	2.8%	1.0%	2.2%	8.9%	13.2%	10.0%
<50	37	13	50	65	4	69
	17.2%	12.7%	15.8%	20.8%	3.8%	16.5%
>=50	40	19	59	75	26	101
	18.6%	18.6%	18.6%	24.0%	24.5%	24.1%
DK	132	69	201	145	62	207
	61.4%	67.6%	63.4%	46.3%	58.5%	49.4%
Total	215	102	317	313	106	419
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	82.65	97.88	86.98	209.17	360.68	240.61
Sample standard deviation	107.37	104.17	106.24	582.80	872.98	654.16

Ever used

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	165	73	238	228	83	311
	54.6%	68.2%	58.2%	69.1%	76.9%	71.0%
No	137	34	171	102	25	127
	45.4%	31.8%	41.8%	30.9%	23.1%	29.0%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Private clinic

Do you know the private clinic?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	45	20	65	122	56	178
	14.9%	18.7%	15.9%	37.0%	51.9%	40.6%
No	257	87	344	208	52	260
	85.1%	81.3%	84.1%	63.0%	48.1%	59.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Distance (km)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<1 km	5	1	6	1	0	1
	11.1%	5.0%	9.2%	0.8%	0.0%	0.6%
1+<2 km	8	0	8	14	1	15
	17.8%	0.0%	12.3%	11.5%	1.8%	8.4%
2+<3 km	7	0	7	13	0	13
	15.6%	0.0%	10.8%	10.7%	0.0%	7.3%
3+<4 km	3	1	4	8	2	10
	6.7%	5.0%	6.2%	6.6%	3.6%	5.6%
4+<5 km	3	0	3	9	1	10
	6.7%	0.0%	4.6%	7.4%	1.8%	5.6%
>=5 km	12	5	17	44	34	78
	26.7%	25.0%	26.2%	36.1%	60.7%	43.8%
DK	7	13	20	33	18	51
	15.6%	65.0%	30.8%	27.0%	32.1%	28.7%
Total	45	20	65	122	56	178
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	4.38	8.59	5.03	12.62	41.62	21.30
Sample standard deviation	5.28	5.20	5.43	17.85	30.76	26.04

Means

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
On foot	2	0	2	2	0	2
	4.4%	0.0%	3.1%	1.6%	0.0%	1.1%
Private car	29	12	41	59	25	84
	64.4%	60.0%	63.1%	48.4%	44.6%	47.2%
Taxi	0	0	0	21	12	33
	0.0%	0.0%	0.0%	17.2%	21.4%	18.5%
Bus/minibus	14	8	22	40	19	59
	31.1%	40.0%	33.8%	32.8%	33.9%	33.1%
Total	45	20	65	122	56	178
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Time (minutes)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<10	7	0	7	18	0	18
	15.6%	0.0%	10.8%	14.8%	0.0%	10.1%
10+<15	14	0	14	17	0	17
	31.1%	0.0%	21.5%	13.9%	0.0%	9.6%
15+<20	12	2	14	26	4	30
	26.7%	10.0%	21.5%	21.3%	7.1%	16.9%
>=20	12	18	30	61	52	113
	26.7%	90.0%	46.2%	50.0%	92.9%	63.5%
Total	45	20	65	122	56	178
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	16.20	72.00	33.37	24.23	52.14	33.01
Sample standard deviation	10.63	45.03	36.79	20.30	23.66	24.99

Cost (Grish=10Filis)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	4	0	4	2	0	2
	8.9%	0.0%	6.2%	1.6%	0.0%	1.1%
<50	3	0	3	19	0	19
	6.7%	0.0%	4.6%	15.6%	0.0%	10.7%
>=50	9	8	17	42	30	72
	20.0%	40.0%	26.2%	34.4%	53.6%	40.4%
DK	29	12	41	59	26	85
	64.4%	60.0%	63.1%	48.4%	46.4%	47.8%
Total	45	20	65	122	56	178
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	130.00	161.88	140.63	341.56	3578.67	1385.76
Sample standard deviation	155.30	148.18	150.49	904.59	12836.23	7404.08

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Ever used						
Yes	33	13	46	67	38	105
	10.9%	12.1%	11.2%	20.3%	35.2%	24.0%
No	269	94	363	263	70	333
	89.1%	87.9%	88.8%	79.7%	64.8%	76.0%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Hospital						
Do you know the hospital?						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Al-badia Shamaiah hospital	297	99	396	315	100	415
	98.3%	92.5%	96.8%	95.5%	92.6%	94.7%
King Talal Military Hospital	2	0	2	2	4	6
	0.7%	0.0%	0.5%	0.6%	3.7%	1.4%
Emerati Hospital	1	0	1	2	0	2
	0.3%	0.0%	0.2%	0.6%	0.0%	0.5%
Yes sub-total	300	99	399	319	104	423
	99.3%	92.5%	97.6%	96.7%	96.3%	96.6%
No	2	8	10	11	4	15
	0.7%	7.5%	2.4%	3.3%	3.7%	3.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Distance (km)						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<1 km	25	1	26	8	0	8
	8.3%	1.0%	6.5%	2.5%	0.0%	1.9%
1+<2 km	62	1	63	62	1	63
	20.7%	1.0%	15.8%	19.4%	1.0%	14.9%
2+<3 km	57	0	57	33	7	40
	19.0%	0.0%	14.3%	10.3%	6.7%	9.5%
3+<4 km	23	3	26	27	0	27
	7.7%	3.0%	6.5%	8.5%	0.0%	6.4%
4+<5 km	27	3	30	15	0	15
	9.0%	3.0%	7.5%	4.7%	0.0%	3.5%
>=5 km	71	45	116	82	56	138
	23.7%	45.5%	29.1%	25.7%	53.8%	32.6%
DK	35	46	81	92	40	132
	11.7%	46.5%	20.3%	28.8%	38.5%	31.2%
Total	300	99	399	319	104	423
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	4.64	25.26	8.08	5.69	27.00	10.37
Sample standard deviation	6.18	16.18	11.58	7.31	19.85	14.33

Means						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
On foot	15	0	15	24	0	24
	5.0%	0.0%	3.8%	7.5%	0.0%	5.7%
Private car	189	57	246	139	52	191
	63.0%	57.6%	61.7%	43.6%	50.0%	45.2%
Taxi	1	0	1	45	25	70
	0.3%	0.0%	0.3%	14.1%	24.0%	16.5%
Bus/minibus	94	42	136	111	27	138
	31.3%	42.4%	34.1%	34.8%	26.0%	32.6%
DK	1	0	1	0	0	0
	0.3%	0.0%	0.3%	0.0%	0.0%	0.0%
Total	300	99	399	319	104	423
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Time (minutes)						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<10	57	0	57	69	0	69
	19.0%	0.0%	14.3%	21.6%	0.0%	16.3%
10+<15	65	1	66	77	0	77
	21.7%	1.0%	16.5%	24.1%	0.0%	18.2%
15+<20	98	2	100	74	1	75
	32.7%	2.0%	25.1%	23.2%	1.0%	17.7%
>=20	80	96	176	95	101	196
	26.7%	97.0%	44.1%	29.8%	97.1%	46.3%
DK	0	0	0	4	2	6
	0.0%	0.0%	0.0%	1.3%	1.9%	1.4%
Total	300	99	399	319	104	423
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	17.35	42.83	23.67	16.45	37.50	21.60
Sample standard deviation	16.38	26.71	22.33	12.20	12.08	15.16

Cost (Ghish=10Filis)						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	110	43	153	24	0	24
	36.7%	43.4%	38.3%	7.5%	0.0%	5.7%
<50	78	8	86	64	0	64
	26.0%	8.1%	21.6%	20.1%	0.0%	15.1%
>=50	89	42	131	89	49	138
	29.7%	42.4%	32.8%	27.9%	47.1%	32.6%
DK	23	6	29	142	55	197
	7.7%	6.1%	7.3%	44.5%	52.9%	46.6%
Total	300	99	399	319	104	423
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	75.92	313.98	135.76	142.41	466.33	212.64
Sample standard deviation	268.99	916.19	523.54	238.84	356.36	299.35

Ever used						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	252	56	308	239	66	305
	83.4%	52.3%	75.3%	72.4%	61.1%	69.6%
No	50	51	101	91	42	133
	16.6%	47.7%	24.7%	27.6%	38.9%	30.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Section 3: Medical care accessibility

<When you are sick and want to get medical advice or treatment, is each of the following a big issue to access services>

301 Do you have any problem to know where to go to receive medical care?

301 Do you have any problem to know where to go to receive medical care?						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	84	32	116	50	22	72
	27.8%	29.9%	28.4%	15.2%	20.4%	16.4%
No	218	75	293	280	86	366
	72.2%	70.1%	71.6%	84.8%	79.6%	83.6%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

302 Do you have any problem to get permission to go for medical care?

302 Do you have any problem to get permission to go for medical care?						
	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	55	22	77	49	13	62
	18.2%	20.6%	18.8%	14.8%	12.0%	14.2%
No	247	85	332	281	95	376
	81.8%	79.4%	81.2%	85.2%	88.0%	85.8%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

303 Do you have any problem to get money needed for treatment?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	154	49	203	197	51	248
	51.0%	45.8%	49.6%	59.7%	47.2%	56.6%
No	143	58	206	133	57	190
	49.0%	54.2%	50.4%	40.3%	52.8%	43.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

304 Do you have any problem in distance for the health facility?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	129	67	196	155	62	217
	42.7%	62.6%	47.9%	47.0%	57.4%	49.5%
No	173	40	213	175	46	221
	57.3%	37.4%	52.1%	53.0%	42.6%	50.5%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

305 Do you have any problem to find means of transportation?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	151	63	214	173	57	230
	50.0%	58.9%	52.3%	52.4%	52.8%	52.5%
No	151	44	195	157	51	208
	50.0%	41.1%	47.7%	47.6%	47.2%	47.5%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

306 Do you have any problem to access to health facility in terms of finance?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	146	68	204	183	53	236
	48.3%	54.2%	49.9%	55.5%	49.1%	53.9%
No	156	49	205	147	55	202
	51.7%	45.8%	50.1%	44.5%	50.9%	46.1%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

307 Do you need someone with you to go to health facilities?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	175	64	239	171	57	228
	57.9%	59.8%	58.4%	51.8%	52.8%	52.1%
No	127	43	170	159	51	210
	42.1%	40.2%	41.6%	48.2%	47.2%	47.9%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

308 Do you have any concern that there may not be a female health provider regarding RH services?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	112	24	136	98	27	125
	37.1%	22.4%	33.3%	29.7%	25.0%	28.5%
No	190	83	273	232	81	313
	62.9%	77.6%	66.7%	70.3%	75.0%	71.5%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

For Women
Section 4: Woman's Characteristics
<Age>

402 How old were you at your last birthday?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
16-19	13	3	16	13	3	16
	4.3%	2.8%	3.9%	3.9%	2.8%	3.7%
20-29	120	38	158	120	35	155
	39.7%	35.5%	38.6%	36.4%	32.4%	35.4%
30-39	109	35	144	123	38	161
	36.1%	32.7%	35.2%	37.3%	35.2%	36.8%
40-49	60	31	91	74	32	106
	19.9%	29.0%	22.2%	22.4%	29.6%	24.2%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	31.78	33.51	32.24	32.44	33.59	32.72
Sample standard deviation	8.22	8.65	8.36	8.27	8.53	8.34

<Education of woman>

403 What is the highest level of school you attended:

old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Elementary	37	10	47	4	5	9
	12.3%	9.3%	11.5%	1.2%	4.6%	2.1%
Preparatory	67	24	91	7	4	11
	22.2%	22.4%	22.2%	2.1%	3.7%	2.5%
Secondary	58	11	69	4	3	7
	19.2%	10.3%	16.9%	1.2%	2.8%	1.6%
Basic	29	3	32	141	33	174
	9.6%	2.8%	7.8%	42.7%	30.6%	39.7%
Secondary	41	8	49	79	32	111
	13.6%	7.5%	12.0%	23.9%	29.6%	25.3%
Intermediate diploma	9	4	13	12	5	17
	3.0%	3.7%	3.2%	3.6%	4.6%	3.9%
Bachelor	36	32	68	39	21	60
	11.9%	29.9%	16.6%	11.8%	19.4%	13.7%
Higher	3	2	5	0	1	1
	1.0%	1.9%	1.2%	0.0%	0.9%	0.2%
Never attended	22	13	35	44	4	48
	7.3%	12.1%	8.6%	13.3%	3.7%	11.0%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

404 What is the highest grade you completed?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	22	13	35	44	4	48
	7.3%	12.1%	8.6%	13.3%	3.7%	11.0%
1	1	0	1	0	0	0
	0.3%	0.0%	0.2%	0.0%	0.0%	0.0%
2	1	1	2	2	0	2
	0.3%	0.9%	0.5%	0.6%	0.0%	0.5%
3	10	12	22	8	3	11
	3.3%	1.9%	2.9%	2.4%	2.8%	2.5%
4	6	0	6	7	1	8
	2.0%	0.0%	1.5%	2.1%	0.9%	1.8%
5	8	3	11	8	4	12
	2.6%	2.8%	2.7%	2.4%	3.7%	3.0%
6	25	5	30	41	6	47
	8.3%	4.7%	7.3%	12.4%	5.6%	10.7%
7	23	4	27	20	8	28
	7.6%	3.7%	6.6%	6.1%	7.4%	6.4%
8	12	5	17	10	3	13
	4.0%	4.7%	4.2%	3.0%	2.8%	3.0%
9	28	9	37	26	6	32
	9.3%	8.4%	9.0%	7.9%	5.6%	7.3%
10	21	9	30	32	11	43
	7.0%	8.4%	7.3%	9.7%	10.2%	9.8%
11	18	4	22	34	17	51
	6.0%	3.7%	5.4%	10.3%	15.7%	11.6%
12	78	13	91	47	17	64
	25.8%	12.1%	22.2%	14.2%	15.7%	14.6%
13	1	1	2	2	0	2
	0.3%	0.9%	0.5%	0.6%	0.0%	0.5%
14	9	6	15	11	5	16
	3.0%	5.6%	3.7%	3.3%	4.6%	3.7%
15	2	2	4	0	1	1
	0.7%	1.9%	1.0%	0.0%	0.9%	0.2%
16	33	28	61	37	22	59
	10.9%	26.2%	14.9%	11.2%	20.4%	13.5%
17	1	1	2	1	0	1
	0.3%	0.9%	0.5%	0.3%	0.0%	0.2%
18	3	1	4	0	0	0
	1.0%	0.9%	1.0%	0.0%	0.0%	0.0%
Total	302	107	409	330	108	438
Average	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sample standard deviation	9.50	10.30	9.71	8.62	10.56	9.10
	4.40	5.32	4.66	4.75	4.12	4.68

<Husband situations>

405 Is your husband living with you now or is he staying elsewhere?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Living with her	295	105	400	327	108	435
	97.7%	98.1%	97.8%	99.1%	100.0%	99.3%
Staying elsewhere	7	2	9	3	0	3
	2.3%	1.9%	2.2%	0.9%	0.0%	0.7%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

406 Does your husband have another wife (other wives) besides you?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	21	8	29	24	11	35
	7.0%	7.5%	7.1%	7.3%	10.2%	8.0%
No	281	99	380	306	97	403
	93.0%	92.5%	92.9%	92.7%	89.8%	92.0%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

<Women's marital and fertility>
407 How old were you when you first marriage?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<14	0	0	0	2	0	2
	0.0%	0.0%	0.0%	0.6%	0.0%	0.5%
14-19	170	44	214	181	43	224
	56.5%	41.1%	52.3%	54.8%	39.8%	51.1%
20-24	93	43	136	107	47	154
	30.8%	40.2%	33.3%	32.4%	43.5%	35.2%
>=25	39	20	59	40	18	58
	12.9%	18.7%	14.4%	12.1%	16.7%	13.2%
Total	302	107	409	330	108	438
Average	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sample standard deviation	20.03	21.07	20.30	19.87	21.24	20.21
	4.05	3.68	3.98	4.03	4.15	4.10

408 Have you ever given birth during your life?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	269	94	363	298	99	397
	89.1%	87.9%	88.8%	90.3%	91.7%	90.6%
No	33	13	46	32	9	41
	10.9%	12.1%	11.2%	9.7%	8.3%	9.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

409 How old were you at the birth of your first child?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
15-19	87	23	110	104	21	125
	32.3%	24.5%	30.3%	34.9%	21.2%	31.5%
20-24	128	46	174	146	48	194
	47.6%	48.9%	47.9%	49.0%	48.5%	48.9%
25-29	38	22	60	42	22	64
	14.1%	23.4%	16.5%	14.1%	22.2%	16.1%
30-34	13	1	14	5	5	10
	4.8%	1.1%	3.9%	1.7%	5.1%	2.5%
>=35	3	2	5	1	3	4
	1.1%	2.1%	1.4%	0.3%	3.0%	1.0%
Total	269	94	363	298	99	397
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	21.64	22.27	21.80	21.02	22.85	21.48
Sample standard deviation	4.17	3.78	4.08	3.55	4.48	3.88

410 How many children, whom you have given birth and who are alive?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
0	33	13	46	32	9	41
	10.9%	12.1%	11.2%	9.7%	8.3%	9.4%
1	37	15	52	38	15	53
	12.3%	14.0%	12.7%	11.5%	13.9%	12.1%
2	43	16	59	42	17	59
	14.2%	15.0%	14.4%	12.7%	15.7%	13.5%
3	48	12	60	48	19	67
	15.9%	11.2%	14.7%	14.5%	17.6%	15.3%
4	47	19	66	62	19	81
	15.6%	17.8%	16.1%	18.8%	17.6%	18.5%
5	42	11	53	51	11	62
	13.9%	10.3%	13.0%	15.5%	10.2%	14.2%
6	28	10	38	32	6	38
	9.3%	9.3%	9.3%	9.7%	5.6%	8.7%
>=7	24	11	35	25	12	37
	7.9%	10.3%	8.6%	7.6%	11.1%	8.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	1.81	1.91	1.83	1.83	1.91	1.85
Sample standard deviation	1.51	1.80	1.59	1.43	1.40	1.42
Female	1.57	1.53	1.56	1.66	1.48	1.62
Sample standard deviation	1.39	1.39	1.39	1.38	1.30	1.36
Total	3.38	3.44	3.40	3.50	3.39	3.47
Sample standard deviation	2.22	2.55	2.31	2.15	2.26	2.18

411 Have you ever given birth children who was born alive but later died?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	49	11	60	41	15	56
	18.2%	11.7%	16.5%	13.8%	15.2%	14.1%
No	220	83	303	257	84	341
	81.8%	88.3%	83.5%	86.2%	84.8%	85.9%
Total	269	94	363	298	99	397
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Women's Health

Section 5: ANC & PNC

501 When was the last live births? (Circle one)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Never	7	0	7	21	6	27
	2.3%	0.0%	1.7%	6.4%	5.6%	6.2%
Now I am in the first pregnant	26	13	39	10	3	13
	8.6%	12.1%	9.5%	3.0%	2.8%	3.0%
Now I am pregnant, not the first	18	2	20	24	10	34
	6.0%	1.9%	4.9%	7.3%	9.3%	7.8%
Yes:	251	92	343	275	89	364
	83.1%	86.0%	83.9%	83.3%	82.4%	83.1%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Which year

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<=2013	74	35	109	90	38	128
	27.5%	37.2%	30.0%	30.1%	36.4%	32.2%
2014	28	9	37	18	7	25
	10.4%	9.6%	10.2%	6.0%	7.1%	6.3%
2015	52	13	65	47	15	62
	19.3%	13.8%	17.9%	15.7%	15.2%	15.6%
2016	49	19	68	48	11	59
	18.2%	20.2%	18.7%	16.1%	11.1%	14.8%
2017	66	18	84	83	25	108
	24.5%	19.1%	23.1%	27.8%	25.3%	27.1%
2018	0	0	0	13	3	16
	0.0%	0.0%	0.0%	4.3%	3.0%	4.0%
Total	269	94	363	299	99	398
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

502 During the last pregnancy in the last time, did you see anyone for antenatal care? (Circle one)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	265	90	355	287	97	384
	98.5%	95.7%	97.8%	96.0%	98.0%	96.5%
No	4	4	8	12	2	14
	1.5%	4.3%	2.2%	4.0%	2.0%	3.5%
Total	269	94	363	299	99	398
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

503 If yes: Where did you go to receive antenatal care? Anyone else? (Circle the main frequent one)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Go. hospital	49	8	57	41	11	52
	18.5%	8.9%	16.1%	14.3%	11.3%	13.5%
University hospital	0	0	0	1	1	2
	0.0%	0.0%	0.0%	0.3%	1.0%	0.5%
Comprehensive health center (CHC)/primary	20	2	22	24	8	32
	7.5%	2.2%	6.2%	8.4%	8.2%	8.3%
Village health center	0	0	0	1	0	1
	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%
Military hospital	8	3	11	12	6	18
	3.0%	3.3%	3.1%	4.2%	6.2%	4.7%
Mobile health clinic	0	0	0	0	1	1
	0.0%	0.0%	0.0%	0.0%	1.0%	0.3%
Other public	1	0	1	0	0	0
	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%

<Public>

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Private Hospital	32	23	55	14	6	20
	12.1%	25.6%	15.5%	4.9%	6.2%	5.2%
Private Clinic	147	54	201	171	62	233
	55.5%	60.0%	56.6%	59.6%	63.9%	60.7%
NGO hospital	5	0	5	10	1	11
	1.9%	0.0%	1.4%	3.5%	1.0%	2.9%
NGO clinic	1	0	1	9	0	10
	0.4%	0.0%	0.3%	3.1%	1.0%	2.6%
JAFFPP	1	0	1	3	0	3
	0.4%	0.0%	0.3%	1.0%	0.0%	0.8%
NGO Mobile health clinic	0	0	0	1	0	1
	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%
Other private	1	0	1	0	0	0
	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%
Total	265	90	355	287	97	384
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

504 How many months pregnant were you when you first received antenatal care for the last pregnancy?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1	147	59	206	144	63	207
	55.5%	65.6%	58.0%	50.2%	64.9%	53.9%
2	56	17	73	61	18	79
	21.1%	18.9%	20.6%	21.3%	18.6%	20.6%
3	26	10	36	42	12	54
	9.8%	11.1%	10.1%	14.6%	12.4%	14.1%
4	15	3	18	19	2	21
	5.7%	3.3%	5.1%	6.6%	2.1%	5.5%
>=5	17	1	18	21	2	23
	6.4%	1.1%	5.1%	7.3%	2.1%	6.0%
DK	4	0	4	0	0	0
	1.5%	0.0%	1.1%	0.0%	0.0%	0.0%
Total	265	90	355	287	97	384
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	1.96	1.60	1.87	2.10	1.62	1.98
Sample standard deviation	1.60	1.14	1.51	1.59	1.15	1.50

505 How many times did you receive antenatal care during the last pregnancy?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1	14	1	15	7	0	7
	5.3%	1.1%	4.2%	2.4%	0.0%	1.8%
2	34	4	38	23	4	27
	12.8%	4.4%	10.7%	8.0%	4.1%	7.0%
3	24	11	35	32	13	45
	9.1%	12.2%	9.9%	11.1%	13.4%	11.7%
4	28	9	37	28	8	36
	10.6%	10.0%	10.4%	9.8%	8.2%	9.4%
5	22	16	38	34	17	51
	8.3%	17.8%	10.7%	11.8%	17.5%	13.3%
6	20	10	30	23	3	30
	7.5%	11.1%	8.5%	8.0%	7.2%	7.8%
7	12	1	13	14	6	20
	4.5%	1.1%	3.7%	4.9%	6.2%	5.2%
8	17	2	19	16	5	21
	6.4%	2.2%	5.4%	5.6%	5.2%	5.5%
9	70	25	95	74	21	101
	26.4%	27.8%	26.8%	25.8%	27.8%	26.3%
>=10	23	11	34	36	10	46
	8.7%	12.2%	9.6%	12.5%	10.3%	12.0%
98	1	0	1	0	0	0
	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%
Total	265	90	355	287	97	384
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average	6.55	7.10	6.69	6.71	7.14	6.82
Sample standard deviation	4.63	4.17	4.52	3.63	4.18	3.77

Section 6: Family Planning
 Researchers, please give a brief explanation about Modern and traditional methods
 <For All - Contraception>
 601 Are you currently doing something or using any methods to delay or avoid getting pregnant?
 <Note: Breastfeeding, LAM, and Female sterilization are as considered FP methods >

(Circle one)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	151	68	219	168	54	223
	50.0%	63.6%	53.5%	51.2%	50.0%	50.9%
No	151	39	190	161	54	215
	50.0%	36.4%	46.5%	48.8%	50.0%	49.1%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

602 What is the main reason for not using methods to delay or avoid getting pregnant? (Circle all mentioned)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1 In pregnancy	48	12	60	48	19	67
	31.8%	30.8%	31.6%	29.9%	35.2%	31.2%
2 In postpartum period	56	11	67	13	5	18
	37.1%	28.2%	35.3%	8.1%	9.3%	8.4%
3 Wants more children	50	11	61	53	20	73
	33.1%	28.2%	32.1%	32.9%	37.0%	34.0%
4 Fear of infertility	16	2	18	2	0	2
	10.6%	5.1%	9.5%	1.2%	0.0%	0.9%
5 Not having sex/infrequent sex	8	2	10	1	0	1
	5.3%	5.1%	5.3%	0.6%	0.0%	0.5%
<Fertility-related reason>						
6 Menopausal/Hysterectomy	2	2	4	8	11	19
	1.3%	5.1%	2.1%	5.0%	1.9%	4.2%
7 Subfecund/infecund	7	4	11	33	9	42
	4.6%	10.3%	5.8%	20.5%	16.7%	19.5%
<Opposition to use>						
8 Respondent opposed	1	3	4	0	0	0
	0.7%	7.7%	2.1%	0.0%	0.0%	0.0%
9 Husband opposed	7	0	7	1	0	1
	4.6%	0.0%	3.7%	0.6%	0.0%	0.5%
10 Others opposed	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
11 Religious prohibition	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<Side effects>						
12 Interferes with body processes	10	2	12	1	0	1
	6.6%	5.1%	6.3%	0.6%	0.0%	0.5%
13 Mood changes	6	0	6	0	0	0
	4.0%	0.0%	3.2%	0.0%	0.0%	0.0%
14 Bloat & weight gain	7	0	7	1	0	1
	4.6%	0.0%	3.7%	0.6%	0.0%	0.5%
15 Headaches, dizzy	8	0	8	1	0	1
	5.3%	0.0%	4.2%	0.6%	0.0%	0.5%
16 Bleeding irregularity	6	0	6	1	0	1
	4.0%	0.0%	3.2%	0.6%	0.0%	0.5%
17 Risk of cancer	3	0	3	0	0	0
	2.0%	0.0%	1.6%	0.0%	0.0%	0.0%
18 Dangerous to health	7	2	9	3	0	3
	4.6%	5.1%	4.7%	1.9%	0.0%	1.4%
19 Cant use because of pre-existing health	6	2	8	3	0	3
	4.0%	5.1%	4.2%	1.9%	0.0%	1.4%
20 Fear of side effects	6	1	7	4	0	4
	4.0%	2.6%	3.7%	2.5%	0.0%	1.9%
<Use related reasons>						
21 Forget to take	2	0	2	0	0	0
	1.3%	0.0%	1.1%	0.0%	0.0%	0.0%
22 Method failure risk	2	0	2	0	0	0
	1.3%	0.0%	1.1%	0.0%	0.0%	0.0%
23 Difficult to use	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
24 Interferes with sexual experience	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%

506 About delivery in the last delivery time, where did you give birth? (Circle one)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Your home / Other home	1	3	4	7	0	7
	0.4%	3.2%	1.1%	2.3%	0.0%	1.8%
Gov. hospital	135	50	185	152	58	210
	50.2%	53.2%	51.0%	50.8%	56.6%	52.8%
University hospital	4	2	6	3	0	3
	1.5%	2.1%	1.7%	1.0%	0.0%	0.8%
Military hospital	61	16	77	66	20	86
	22.7%	17.0%	21.2%	22.1%	20.2%	21.6%
Others public	0	1	1	1	0	1
	0.0%	1.1%	0.3%	0.3%	0.0%	0.3%
Private hospital	48	21	69	46	19	65
	17.8%	22.3%	19.0%	15.4%	19.2%	16.3%
Private clinic	7	1	8	9	1	10
	2.6%	1.1%	2.2%	3.0%	1.0%	2.5%
NGO hospital	8	0	8	12	0	12
	3.0%	0.0%	2.2%	4.0%	0.0%	3.0%
NGO clinic	4	0	4	3	1	4
	1.5%	0.0%	1.1%	1.0%	1.0%	1.0%
Others private	1	0	1	0	0	0
	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%
Total	269	94	363	299	99	398
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

507 Have you had a checkup after delivery by healthcare provider? <Read out> (Circle all)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1 At the hospital (within 24 hours)	109	44	153	173	56	229
	40.5%	46.8%	42.1%	57.9%	56.6%	57.5%
2 Day 3 (48 - 72 hours)	20	15	35	22	8	30
	7.4%	16.0%	9.6%	7.4%	8.1%	7.5%
3 Day 4-6	12	3	15	8	5	13
	4.5%	3.2%	4.1%	2.7%	5.1%	3.3%
4 Between days 7-14	27	10	37	17	6	23
	10.0%	10.6%	10.2%	5.7%	6.1%	5.8%
5 On 6 weeks after delivery	11	4	15	5	2	7
	4.1%	4.3%	4.1%	1.7%	2.0%	1.8%
Reserved sub-total	137	47	184	185	58	243
	50.9%	50.0%	50.7%	61.9%	58.6%	61.1%
6 Not received	132	47	179	114	41	155
	49.1%	50.0%	49.3%	38.1%	41.4%	38.9%
Total	269	94	363	299	99	398
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

508 Have your baby had a checkup after birth by healthcare provider? <Read out> (Circle all)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1 At the hospital (within 24 hours)	135	59	194	214	67	281
	50.2%	62.8%	53.4%	71.6%	67.7%	70.6%
2 Day 3 (48 - 72 hours)	22	11	33	31	12	43
	8.2%	11.7%	9.1%	10.4%	12.1%	10.8%
3 Day 4-6	17	5	22	21	13	34
	6.3%	5.3%	6.1%	7.0%	13.1%	8.5%
4 Between Day 7-14	48	26	74	59	21	80
	17.8%	27.7%	20.4%	19.7%	21.2%	20.1%
5 On 6 weeks after birth	29	27	56	66	28	94
	10.8%	28.7%	15.4%	22.1%	28.3%	23.6%
Reserved sub-total	192	75	267	243	82	325
	71.4%	79.8%	73.6%	81.3%	82.8%	81.7%
6 Not received	73	17	90	52	15	67
	27.1%	18.1%	24.8%	17.4%	15.2%	16.8%
Don't know	4	2	6	4	2	6
	1.5%	2.1%	1.7%	1.3%	2.0%	1.5%
Total	269	94	363	299	99	398
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<Lack of Knowledge>						
25 Knows no method	2	0	2	0	0	0
	1.3%	0.0%	1.1%	0.0%	0.0%	0.0%
26 Knows no source	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
<Access reasons>						
27 Lack of access/too far / inconvenient to get	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
28 Too much time to obtain	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
29 Cost too much to use	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<Provider/facility reasons>						
30 Lack of female providers	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
31 Lack of privacy	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
32 Provider offers limited methods	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
33 Provider did not give method requested	2	0	2	0	0	0
	1.3%	0.0%	1.1%	0.0%	0.0%	0.0%
34 Requested methods not available	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
35 Inadequate counseling	3	0	3	0	0	0
	2.0%	0.0%	1.6%	0.0%	0.0%	0.0%
36 Negative experience with FP provider	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
96 Other (Specify)	4	2	6	0	0	0
	2.6%	5.1%	3.2%	0.0%	0.0%	0.0%

603 Which method are you using now? (Circle all mentioned)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Modern method	93	37	130	108	33	141
	30.8%	34.6%	31.8%	32.7%	30.6%	32.2%
Modern method + Traditional method	3	1	4	6	0	6
	1.0%	0.9%	1.0%	1.8%	0.0%	1.4%
Modern method subtotal	96	38	134	114	33	147
	31.8%	35.5%	32.8%	34.5%	30.6%	33.6%
Traditional method	55	30	85	55	21	76
	18.2%	28.0%	20.8%	16.7%	19.4%	17.4%
Contraception subtotal	151	68	219	169	54	223
	50.0%	63.6%	53.5%	51.2%	50.0%	50.9%
No contraception	151	39	190	161	54	215
	50.0%	36.4%	46.5%	48.8%	50.0%	49.1%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among women excluding pregnant, sub-fertile/infertile, and Menopausal/ Has had hysterectomy

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Modern method	93	37	130	108	33	141
	38.0%	41.6%	38.9%	44.8%	41.8%	44.1%
Modern method + Traditional method	3	1	4	6	0	6
	1.2%	1.1%	1.2%	2.5%	0.0%	1.9%
Modern method subtotal	96	38	134	114	33	147
	39.2%	42.7%	40.1%	47.3%	41.8%	45.9%
Traditional method	55	30	85	55	21	76
	22.4%	33.7%	25.4%	22.8%	26.6%	23.8%
Contraception subtotal	151	68	219	169	54	223
	61.6%	76.4%	65.6%	70.1%	68.4%	69.7%
No contraception	94	21	115	72	25	97
	38.4%	23.6%	34.4%	29.9%	31.6%	30.3%
Total	245	89	334	241	79	320
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
<Modern Methods>						
1 IUD	20	14	34	27	11	38
	13.2%	20.6%	15.5%	16.0%	20.4%	17.0%
2 Injectables	13	5	18	18	1	19
	8.6%	7.4%	8.2%	10.7%	1.9%	8.5%
3 Implants	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
4 Pills	37	15	52	39	14	53
	24.5%	22.1%	23.7%	23.1%	25.9%	23.8%
5 Male Condom	12	1	13	24	4	28
	7.9%	1.5%	5.9%	14.2%	7.4%	12.6%
6 Female Condom	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
7 Diaphragm	0	0	0	1	0	1
	0.0%	0.0%	0.0%	0.6%	0.0%	0.4%
8 Foam/Jelly	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
9 Local anal Amenorrhea Method (LAM)	6	1	7	4	1	5
	4.0%	1.5%	3.2%	2.4%	1.9%	2.2%
10 Female Sterilization	7	2	9	2	2	4
	4.6%	2.9%	4.1%	1.2%	3.7%	1.8%
11 Male Sterilization	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12 Other modern method	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<Traditional Methods>						
13 Rhythm Method (Calendar/period method)	4	2	6	11	2	13
	2.6%	2.9%	2.7%	6.5%	3.7%	5.8%
14 Withdrawal	39	25	64	44	19	63
	25.8%	36.8%	29.2%	26.0%	35.2%	28.3%
15 Breastfeeding (Traditional)	19	4	23	8	0	8
	12.6%	5.9%	10.5%	4.7%	0.0%	3.6%
16 Other traditional Method	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

604 Who advise you to use this method? (Circle all mentioned)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1 By myself	97	53	150	133	34	167
	64.2%	77.9%	68.5%	78.7%	63.0%	74.9%
2 Mobile health clinic staff	1	0	1	0	0	0
	0.7%	0.0%	0.5%	0.0%	0.0%	0.0%
3 Doctor	13	1	14	13	4	17
	8.6%	1.5%	6.4%	7.7%	7.4%	7.6%
4 Nurse	7	0	7	5	0	5
	4.6%	0.0%	3.2%	3.0%	0.0%	2.2%
5 Midwife	4	1	5	4	2	6
	2.6%	1.5%	2.3%	2.4%	3.7%	2.7%
6 Husband	44	17	61	55	19	74
	29.1%	25.0%	27.9%	32.5%	35.2%	33.2%
7 Mother/Mother in law	8	0	8	5	0	5
	5.3%	0.0%	3.7%	3.0%	1.9%	2.7%
8 Other relatives	14	5	19	9	3	12
	9.3%	7.4%	8.7%	5.3%	5.6%	5.4%
9 Friends	7	1	8	4	1	5
	4.6%	1.5%	3.7%	2.4%	1.9%	2.2%
10 Neighbors	4	1	5	1	0	1
	2.6%	1.5%	2.3%	0.6%	1.9%	0.9%
11 Community outreach workers	3	0	3	1	1	2
	2.0%	0.0%	1.4%	0.6%	1.9%	0.9%
12 Social workers	0	0	0	1	1	2
	0.0%	0.0%	0.0%	0.6%	1.9%	0.9%

Ask the following questions for all

605 Does your husband agree with using contraception? (circle one)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	287	102	389	276	83	359
	95.0%	95.3%	95.1%	83.6%	76.9%	82.0%
No	15	5	20	47	17	64
	5.0%	4.7%	4.9%	14.2%	15.7%	14.6%
DK	0	0	0	7	8	15
	0.0%	0.0%	0.0%	2.1%	7.4%	3.4%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

606 Do you think that modern methods are less effective, equally effective or more effective than traditional methods? (C)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Modern methods are less effective	39	20	59	42	22	64
	12.9%	18.7%	14.4%	12.7%	20.4%	14.6%
Modern methods are equally effective	33	4	37	36	6	42
	10.9%	3.7%	9.0%	10.9%	5.6%	9.6%
Modern methods are more effective	194	65	259	206	62	268
	64.2%	60.7%	63.3%	62.4%	57.4%	61.2%
Don't know	36	18	54	46	18	64
	11.9%	16.8%	13.2%	13.9%	16.7%	14.6%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

607 Who usually make the decisions about your visit related to RH care and FP services? (Circle one)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Respondent	43	21	64	84	22	106
	14.2%	19.6%	15.6%	25.5%	20.4%	24.2%
Husband	19	5	24	27	13	40
	6.3%	4.7%	5.9%	8.2%	12.0%	9.1%
Respondent and husband jointly	239	80	319	218	73	291
	79.1%	74.8%	78.0%	66.1%	67.6%	66.4%
Senior male family member	0	0	0	1	0	1
	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%
Senior female family member	1	1	2	0	0	0
	0.3%	0.9%	0.5%	0.0%	0.0%	0.0%
Total	302	107	409	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

608 Please indicate any sources of RH information you obtained? (Circle all mentioned)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1 Mobile health clinic	5	0	5	2	0	2
	1.7%	0.0%	1.2%	0.6%	0.0%	0.5%
2 Counseling by staff at VHC	16	3	19	9	2	11
	5.3%	2.8%	4.6%	2.7%	1.9%	2.5%
3 Counseling by staff at Comprehensive health center	90	18	108	69	24	93
	29.8%	16.8%	26.4%	20.9%	22.2%	21.2%
4 Counseling by private doctor	59	20	79	123	56	179
	19.5%	18.7%	19.3%	37.3%	51.9%	40.9%
5 Counseling by NGO health staff	4	0	4	9	2	11
	1.3%	0.0%	1.0%	2.7%	1.9%	2.5%
6 Group lecture in the community	8	4	12	12	3	15
	2.6%	3.7%	2.9%	3.6%	2.8%	3.4%
7 Community awareness event	11	3	14	11	3	14
	3.6%	2.8%	3.4%	3.3%	2.8%	3.2%
8 Sermon "Religious event"	1	0	1	0	0	0
	0.3%	0.0%	0.2%	0.0%	0.0%	0.0%
9 Written material (brochure, magazine, flyer, newspaper)	30	10	40	44	14	58
	9.9%	9.3%	9.8%	13.3%	13.0%	13.2%
10 Internet	40	27	67	83	33	116
	13.2%	25.2%	16.4%	25.2%	30.6%	26.5%
11 Radio	0	1	1	2	0	2
	0.0%	0.9%	0.2%	0.6%	0.0%	0.5%
12 TV	64	19	83	103	25	128
	21.2%	17.8%	20.3%	31.2%	23.1%	29.2%
13 SMS/text	3	0	3	6	1	7
	1.0%	0.0%	0.7%	1.8%	0.9%	1.6%
14 Family/ Relatives	127	43	170	174	59	233
	42.1%	40.2%	41.6%	52.7%	54.6%	53.2%
15 Friends/ Neighbors	99	25	124	126	35	161
	32.8%	23.4%	30.3%	38.2%	32.4%	36.8%
16 Never	21	9	30	17	5	22
	7.0%	8.4%	7.3%	5.2%	4.6%	5.0%
96 DK	0	0	0	7	0	7
	0.0%	0.0%	0.0%	2.1%	0.0%	1.6%
96 Others (specify)	4	2	6	0	0	0
	1.3%	1.9%	1.5%	0.0%	0.0%	0.0%

Section X: Mobile Health clinic

X1 Have you heard the mobile health clinic which is serving North Badia and providing the RH services since October 2012?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	250	34	284	250	34	284
	75.8%	31.5%	64.8%	75.8%	31.5%	64.8%
No	80	74	154	80	74	154
	24.2%	68.5%	35.2%	24.2%	68.5%	35.2%
Total	330	108	438	330	108	438
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

X2 Where have it operated?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Child care charity association	54	2	56	54	2	56
	16.4%	1.9%	12.8%	16.4%	1.9%	12.8%
Salediyah ITS	14	0	14	14	0	14
	4.2%	0.0%	3.2%	4.2%	0.0%	3.2%
Near the main road and Al-Bosaneeth secondary association	84	3	87	84	3	87
	25.5%	2.8%	19.9%	25.5%	2.8%	19.9%
Menshyet Qoblan association	23	0	23	23	0	23
	7.0%	0.0%	5.3%	7.0%	0.0%	5.3%
Menshyet Qoblan ITS	14	0	14	14	0	14
	4.2%	0.0%	3.2%	4.2%	0.0%	3.2%
Other, specify	11	17	28	11	17	28
	3.3%	15.7%	6.4%	3.3%	15.7%	6.4%
Don't know	55	14	69	55	14	69
	16.7%	13.0%	15.8%	16.7%	13.0%	15.8%

	Endline		
	Intervention	Comparison	Total
Amra Area	0	1	1
At Mukhtar house	0.0%	5.9%	3.6%
"Mehsain Suliman"	0	1	1
Dair Al-Kahf	0.0%	5.9%	3.6%
Kashafa association	0	3	3
	0.0%	17.6%	10.7%
Manarah	0	1	1
	0.0%	5.9%	3.6%
Manarah	0	2	2
	0.0%	11.8%	7.1%
Near to association	0	1	1
	0.0%	5.9%	3.6%
Near To Rodhet Al-	0	2	2
Amira Basmah	9.1%	0.0%	7.1%
Sabha	1	0	1
	9.1%	0.0%	3.6%
Salhiya	9	3	12
	81.8%	17.6%	42.9%
Um Al-Qottain	0	2	2
	0.0%	11.8%	7.1%
Total	11	17	28
	100.0%	100.0%	100.0%

X3 Have you used their services at one of them you mentioned above since October 2017?

	Endline		
	Intervention	Comparison	Total
Yes	39	3	42
	11.8%	2.8%	9.6%
No	291	105	396
	88.2%	97.2%	90.4%
Total	330	108	438
	100.0%	100.0%	100.0%

How many times

	Endline		
	Intervention	Comparison	Total
1	27	2	29
	69.2%	66.7%	69.0%
2	9	0	9
	23.1%	0.0%	21.4%
3	2	1	3
	5.1%	33.3%	7.1%
6	1	0	1
	2.6%	0.0%	2.4%
Total	39	3	42
	100.0%	100.0%	100.0%

X4 Which services have you used?

	Endline		
	Intervention	Comparison	Total
1 FP counseling	13	1	14
	33.3%	33.3%	33.3%
2 FP method	4	1	5
	10.3%	33.3%	11.9%
3 ANC	5	1	6
	12.8%	33.3%	14.3%
4 PNC	1	0	1
	2.6%	0.0%	2.4%
5 Child Care	6	1	7
	15.4%	33.3%	16.7%
6 Vaccination for children	8	0	8
	20.5%	0.0%	19.0%
7 General examination/ counseling	10	1	11
	25.6%	33.3%	26.2%
8 Receiving supplements	8	0	8
	20.5%	0.0%	19.0%
9 Health Education sessions	10	0	10
	25.6%	0.0%	23.8%
96 Others	0	0	0
	0.0%	0.0%	0.0%

X5 How long time to reach the MC?

	Endline		
	Intervention	Comparison	Total
<5	10	0	10
	25.6%	0.0%	23.8%
5	9	1	10
	23.1%	33.3%	23.8%
10	11	0	11
	28.2%	0.0%	26.2%
>=15	9	2	11
	23.1%	66.7%	26.2%
Total	39	3	42
	100.0%	100.0%	100.0%
Average	9.64	45.00	12.17
Sample standard deviation	8.74	49.24	16.55

X6 What the means of transportation you used to reach MC site?

	Endline		
	Intervention	Comparison	Total
On foot	30	2	32
	76.9%	66.7%	76.2%
Private car	7	1	8
	17.9%	33.3%	19.0%
Taxi/ Rental care	0	0	0
	0.0%	0.0%	0.0%
Bus/minibus (service)	2	0	2
	5.1%	0.0%	4.8%
Total	39	3	42
	100.0%	100.0%	100.0%

X7 Do you think you changed some attitudes toward healthy lifestyle after receiving it's services at MC?

	Endline		
	Intervention	Comparison	Total
Yes	16	3	19
	41.0%	100.0%	45.2%
No	23	0	23
	59.0%	0.0%	54.8%
Total	39	3	42
	100.0%	100.0%	100.0%

X8 Do you think their services contributed your health status in terms of following aspect?
 1: Strongly disagree 2: Disagree 3: Fair 4: Agree 5: Strongly agree

X8A Easy to access to FP services

	Endline		Total
	Intervention	Comparison	
1	2	0	2
	5.1%	0.0%	4.8%
2	6	0	6
	15.4%	0.0%	14.3%
3	10	1	11
	25.6%	33.3%	26.2%
4	21	2	23
	53.8%	66.7%	54.8%
5	0	0	0
	0.0%	0.0%	0.0%
Total	39	3	42
Average	100.0%	100.0%	100.0%
Sample standard deviation	3.28	3.67	3.31
	0.92	0.58	0.90

X8B Easy to access to ANC/PNC services

	Endline		Total
	Intervention	Comparison	
1	3	0	3
	7.7%	0.0%	7.1%
2	5	0	5
	12.8%	0.0%	11.9%
3	18	1	19
	46.2%	33.3%	45.2%
4	12	2	14
	30.8%	66.7%	33.3%
5	1	0	1
	2.6%	0.0%	2.4%
Total	39	3	42
Average	100.0%	100.0%	100.0%
Sample standard deviation	3.08	3.67	3.12
	0.93	0.58	0.92

X8C Easy to access to child care services

	Endline		Total
	Intervention	Comparison	
1	2	0	2
	5.1%	0.0%	4.8%
2	4	0	4
	10.3%	0.0%	9.5%
3	17	1	18
	43.6%	33.3%	42.9%
4	14	2	16
	35.9%	66.7%	38.1%
5	2	0	2
	5.1%	0.0%	4.8%
Total	39	3	42
Average	100.0%	100.0%	100.0%
Sample standard deviation	3.26	3.67	3.29
	0.91	0.58	0.89

X8D Easy to access to vaccination for child

	Endline		Total
	Intervention	Comparison	
1	3	0	3
	7.7%	0.0%	7.1%
2	0	0	0
	0.0%	0.0%	0.0%
3	16	3	19
	41.0%	100.0%	45.2%
4	16	0	16
	41.0%	0.0%	38.1%
5	4	0	4
	10.3%	0.0%	9.5%
Total	39	3	42
Average	100.0%	100.0%	100.0%
Sample standard deviation	3.46	3.00	3.43
	0.97	0.00	0.94

X8E Improving accessibility to primary health services

	Endline		Total
	Intervention	Comparison	
1	3	0	3
	7.7%	0.0%	7.1%
2	5	0	5
	12.8%	0.0%	11.9%
3	13	1	14
	33.3%	33.3%	33.3%
4	15	2	17
	38.5%	66.7%	40.5%
5	3	0	3
	7.7%	0.0%	7.1%
Total	39	3	42
Average	100.0%	100.0%	100.0%
Sample standard deviation	3.26	3.67	3.29
	1.04	0.58	1.02

X8F Providing health information

	Endline		Total
	Intervention	Comparison	
1	5	0	5
	12.8%	0.0%	11.9%
2	6	0	6
	15.4%	0.0%	14.3%
3	10	0	10
	25.6%	0.0%	23.8%
4	15	3	18
	38.5%	100.0%	42.9%
5	3	0	3
	7.7%	0.0%	7.1%
Total	39	3	42
Average	100.0%	100.0%	100.0%
Sample standard deviation	3.13	4.00	3.19
	1.17	0.00	1.15

X8G Getting some basic supplement/medicine

	Endline		Total
	Intervention	Comparison	
1	6	0	6
	15.4%	0.0%	14.3%
2	6	1	7
	15.4%	33.3%	16.7%
3	13	0	13
	33.3%	0.0%	31.0%
4	9	2	11
	23.1%	66.7%	26.2%
5	5	0	5
	12.8%	0.0%	11.9%
Total	39	3	42
Average	100.0%	100.0%	100.0%
Sample standard deviation	3.03	3.33	3.05
	1.25	1.15	1.23

Which aspect do you think the mobile health clinic can improve to serve health services at MC in your community?

	Endline		
	Intervention	Comparison	Total
1 Provision of primary health care	156 47.3%	68 63.0%	224 51.1%
2 Provision of chronic disease care	136 41.2%	49 45.4%	185 42.2%
3 Provision of dental care	194 58.8%	74 68.5%	268 61.2%
4 Provision of other care	9 2.7%	4 3.7%	13 3.0%
5 Improvement of equipment and furniture	92 27.9%	45 41.7%	137 31.3%
6 Availability of Doctor	190 57.6%	68 63.0%	258 58.9%
7 Improvement of health staffs knowledge and	82 24.8%	42 38.9%	124 28.3%
8 Better attitude toward service provision by your community	77 23.3%	36 33.3%	113 25.8%
9 More frequent visit to near your house/site	214 64.8%	68 63.0%	282 64.4%
10	156 47.3%	70 64.8%	226 51.6%
11 More medicine	209 63.3%	73 67.6%	282 64.4%
12 Lab services	168 50.9%	65 60.2%	233 53.2%
96 Other (Specify)	9 2.7%	4 3.7%	13 3.0%
98 Don't know	21 6.4%	6 5.6%	27 6.2%

Section 7: Breast cancer check-up

701 Have you performed a breast cancer self-exam to detect breast cancer by yourself within the last 12 months?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	23 7.6%	2 1.9%	25 6.1%	24 7.3%	9 8.3%	33 7.5%
No	279 92.4%	105 98.1%	384 93.9%	306 92.7%	99 91.7%	405 92.5%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

702 Have you had a breast cancer clinical examination to detect breast cancer in the last 12 months?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	20 6.6%	4 3.7%	24 5.9%	18 5.5%	7 6.5%	25 5.7%
No	282 93.4%	103 96.3%	385 94.1%	312 94.5%	101 93.5%	413 94.3%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

Section 8: Sexually transmitted diseases

801 Have you ever heard of STD?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	187 61.9%	64 59.8%	251 61.4%	231 70.0%	64 59.3%	295 67.4%
No	107 35.4%	43 40.2%	150 36.7%	98 29.7%	44 40.7%	142 32.4%
Don't know	8 2.6%	0 0.0%	8 2.0%	1 0.3%	0 0.0%	1 0.2%
Total	302 100.0%	107 100.0%	409 100.0%	330 100.0%	108 100.0%	438 100.0%

802 What STD have you heard about? Record all mentioned

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1 Genital herpes	2 1.1%	0 0.0%	2 0.8%	5 2.2%	0 0.0%	5 1.7%
2 Genital warts/ HPV	3 1.6%	0 0.0%	3 1.2%	2 0.9%	0 0.0%	2 0.7%
3 Hepatitis	16 8.6%	0 0.0%	16 6.4%	27 11.7%	3 4.7%	30 10.2%
4 Chlamydia	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
5 Syphilis	13 7.0%	1 1.6%	14 5.6%	18 7.8%	7 10.9%	25 8.5%
6 HIV/AIDS infection	176 94.1%	60 93.8%	236 94.0%	214 92.2%	58 90.6%	272 92.2%
7 Trichomoniasis	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
8 Chancroid	3 1.6%	0 0.0%	3 1.2%	2 0.9%	0 0.0%	2 0.7%
9 Yeast infection	34 18.2%	9 14.1%	43 17.1%	24 10.4%	9 7.8%	29 9.8%
98 Don't know	0 0.0%	0 0.0%	0 0.0%	13 5.6%	4 6.3%	17 5.8%

803 Do you know a place where people can go to get tested for STD?

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
Yes	64 34.2%	15 23.4%	79 31.5%	91 39.4%	25 39.1%	116 39.3%
No	123 65.8%	49 76.6%	172 68.5%	140 60.6%	39 60.9%	179 60.7%
Total	187 100.0%	64 100.0%	251 100.0%	231 100.0%	64 100.0%	295 100.0%

Section 9: Health condition of Family member

901 Do any of the household members have any of the following disease? (Multiple answer)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1 None	224 74.2%	77 72.0%	301 73.6%	242 73.3%	76 70.4%	318 72.6%
2 Hypertension	36 11.9%	14 13.1%	50 12.2%	40 12.1%	10 9.3%	50 11.4%
3 Cardiovascular disease	7 2.3%	4 3.7%	11 2.7%	11 3.3%	4 3.7%	15 3.4%
4 Diabetes	35 11.6%	13 12.1%	48 11.7%	48 8.5%	9 8.3%	37 8.4%
5 Chronic respiratory	13 4.3%	9 8.4%	22 5.4%	13 3.9%	6 5.6%	19 4.3%
6 Thyroid disease	6 2.0%	2 1.9%	8 2.0%	7 2.1%	8 7.4%	15 3.4%
7 Cancer	1 0.3%	1 0.9%	2 0.5%	1 0.3%	1 0.9%	2 0.5%
8 Joint pain	34 11.3%	3 2.8%	37 9.0%	41 12.4%	10 9.3%	51 11.6%

902. Regarding disease mentioned above, did any of members used any medical services in the last six months?
If yes, please specify which facility did you use? (Multiple answer)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
98	3	1	4	1	0	1
Don't know	3.8%	3.3%	3.7%	1.1%	0.0%	0.8%
1	2	1	3	4	2	6
None	2.6%	3.3%	2.8%	4.5%	6.3%	5.0%
<Public>						
2	41	12	53	40	13	53
Gov. hospital	52.6%	40.0%	49.1%	45.5%	40.6%	44.2%
3	0	1	1	0	0	0
University hospital	0.0%	3.3%	0.9%	0.0%	0.0%	0.0%
4	11	5	16	15	6	21
Comprehensive health center (CHC)/primary	14.1%	16.7%	14.8%	17.0%	18.8%	17.5%
6	3	0	3	0	0	0
Village health center	3.8%	0.0%	2.8%	0.0%	0.0%	0.0%
7	6	4	10	9	7	16
Military hospital	7.7%	13.3%	9.3%	10.2%	21.9%	13.3%
8	0	0	0	0	0	0
Mobile Health clinic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
9	1	0	1	1	0	1
Other public	1.3%	0.0%	0.9%	1.1%	0.0%	0.8%
<Private>						
10	4	4	8	4	0	4
Private Hospital	5.1%	13.3%	7.4%	4.5%	0.0%	3.3%
11	0	0	0	12	5	17
Private Clinic	0.0%	0.0%	0.0%	13.6%	15.6%	14.2%
12	10	4	14	8	0	8
NGO hospital	12.8%	13.3%	13.0%	9.1%	0.0%	6.7%
1	2	0	2	0	1	1
NGO clinic	2.6%	0.0%	1.9%	0.0%	3.1%	0.8%
14	2	0	2	1	0	1
NGO mobile health clinic	2.6%	0.0%	1.9%	1.1%	0.0%	0.8%
96	1	0	1	0	0	0
UNRWA	1.3%	0.0%	0.9%	0.0%	0.0%	0.0%

903. Why did you not receive medical care? (Circle all)

	Baseline			Endline		
	Intervention	Comparison	Total	Intervention	Comparison	Total
1	2	0	2	1	1	2
Could not afford provider costs	100.0%	0.0%	66.7%	25.0%	50.0%	33.3%
2	0	0	0	1	0	1
Long waiting list/ time	0.0%	0.0%	0.0%	25.0%	0.0%	16.7%
3	0	1	1	1	0	1
Do not trust in quality of service	0.0%	100.0%	33.3%	25.0%	0.0%	16.7%
4	0	0	0	3	2	5
Service/ staff not available	0.0%	0.0%	0.0%	75.0%	100.0%	83.3%
5	0	0	0	1	0	1
Staff attitude rude/ rejecting/ discriminating	0.0%	0.0%	0.0%	25.0%	0.0%	16.7%
6	0	0	0	0	0	0
Incomplete legal registration	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0	0	0	2	1	3
	0.0%	0.0%	0.0%	50.0%	50.0%	50.0%

Mobile Health Clinic Manual

- Operational Trial in Mafraq Governorate



March 2018



Mobile Health Clinic Manual

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March 2018



Ministry of Health
Japan International Cooperation Agency

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Wording and Brief Explanation

	Full Name
ANC	Antenatal Care
CC	Child Care
FP	Family Planning
GPS	Global Positioning System
HD	Health Directorate
HE	Health Education
ITS	Informal Tent Settlement
MA	Mobile Phone Application
MC	Mobile Health Clinic
MC coordinator	Mobile health clinic coordinator
MCDR	Mobile Health Clinic Daily Record
MCH	Maternal and Child Health
MCMP	Mobile Health Clinic Monthly Plan
MOH	Ministry of Health
MPD	Mobile Phone Daily Reporting System
NCD	Non-communicable Disease
PNC	Postnatal Care
VHC	Village Health Center
WCHD	Woman and Child Health Directorate

Section 1 Outline of the Mobile Health Clinic

1-1 Aims

The MOH/JICA mobile health clinic (MC) aims to deliver Maternal and Child Health (MCH) and family planning (FP) services in remote and underserved areas where people find it hard to access curative and preventative health services. The target populations are both Syrian refugees and Jordanians who live in host communities of Syrian refugees in the North part of Jordan.

In this context, the mobile health clinic is defined as one of MCH center in Health Centers (HCs) and has Identification (ID) number under the MOH health registration system.

1-2 Operation mechanisms

The basic operation mechanisms are illustrated in Figure 1. At the top, the Woman and Child Health Directorate (WCHD) is a head of the whole operation system, which leads the work. In the WCHD, the Supervision and Monitoring Department is responsible for practical procedures, giving technical advice and monitoring the MC operation. Under it, the Mafrqa Health Directorate is fully responsible to operate MCs with reference to technical advice, staffing, supply and consumption management and so on. For daily operation, Northern Badia health district office is a core functional body and the Maternal and Child Health (MCH) supervisor at the health district office (MC coordinator) is a key person of the MC operation. Staff from the Mobile team are ideally from Northern Badia health district. Since a village as a whole is a target community, the MC operation should fully mobilize the community's capacity, such as Community-based-organizations (CBOs), village health centers (VHCs) and volunteers, and cultivate local demand. After the termination of the project, the JICA Jordan office may become an outside supervision unit.

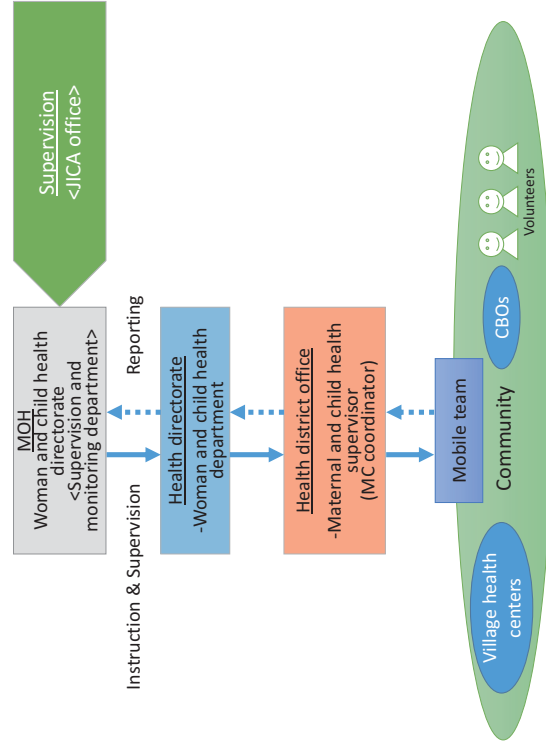


Figure 1 Operation Systems

1-3 Services:

MOH/JICA mobile health clinic provides the following services during and after the project period. All of the services are free of charge for everyone according to MOH regulations.

- Antenatal care (ANC)
- Postnatal care (PNC)
- Child care (CC)
- Family Planning (provision of Pills, condoms and injectable,,, etc.)
- Vaccinations for children and Pregnant women
- Free supplements for MCH services
- Health education sessions
- Health promotion activities in communities

1-4 Staffing:

To provide the above-mentioned services, the following staff are required with the following respective responsibilities:-

- Midwife (who received FP logistic training, RH and counseling training): Provision of ANC, PNC, childcare, FP, health education (HE) sessions, and who are responsible for reporting logistic matters (contraceptives, drugs, vaccine, other supplies etc.) based on regular MOH system.
- Nurse: Assisting midwife and providing vaccinations for children, HE, and assisting with reporting for the midwife.
- Driver: Running the vehicle and keeping car expense records, daily and periodic maintenances are under the responsibility of the Health Directorate's transportation department.

The health directorate has to form two complete teams, one is the main team whilst the other is a substitute team in case of assigned staff being absent.

Five Principles

- Team work
- Client-centered and respect their rights
- Being flexible
- Commitment to professional ethics
- Providing services with quality and integrity

1-5 Specification of the mobile health clinic

The mobile health clinic was designed to provide reproductive health services and health education. The clinic is divided into two parts; the medical box and the vehicle. The medical box is illustrated in the following drawing. The main entrance is located on the left side of the box when you are viewing it from the front of the vehicle. The removable stair with handle is ready for clients. There are three seats for waiting clients or for counseling. The midwife's desk and examination table are set back to back in the front of the box. The toilet is located at

the back of the box together with a washbasin.

The MC was constructed by the Jordan Light Vehicle Manufacturing (JLVM) company under the instruction of the JICA/VHC project. The JLVM guarantees to respond to any defects according to the contract for one year (up to September 24, 2018).

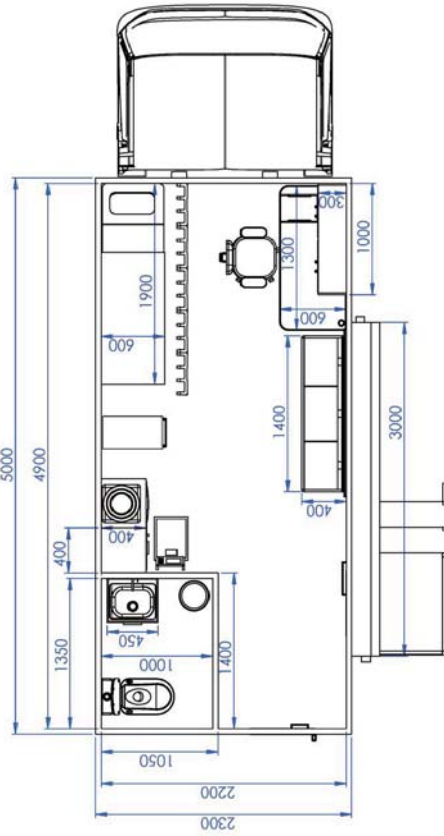


Figure 2 Inside the Medical Box

In the medical box, there are the following built-in pieces of furniture:

- Examination bed
- Curtain for the examination bed
- MW's desk
- Drug shelf
- Holding tables (big and small sizes) and holding chairs

Note: The toilet is basically for staff use only at sites where no toilets are available. However, in emergency cases, the clients can also use it.

Equipment and supplies in the mobile health clinic include:

- Refrigerator for vaccines
- Thermometer
- Blood pressure and extra cuff
- Stethoscope
- Weighing scales with height scales for adults and children under 5 years old
- Fetal heart rate detector (Doppler)
- Torches for examination
- Glucose check

Free Essential drugs for maternal health care services according to MOH regulations:

- <Vitamins and Minerals>
- B-complex
- Folic acid

- Ferrous Sulfate
- <Anti-acid>
- <Fever relievers>
- (Syrup and suppositories)
- <Modern FP methods>

For daily consumption:-

- Cleaner
- Hand sterilizer
- Drinkable water for water server

Section 2 Daily Operation Procedures

Figure 3 illustrates the daily operation mechanism which shows the communication network and responsible units for daily operations. Once any problem or issues occur during daily operations, communication (as shown by arrows) should be taken. Then the responsible person(s) have to deal with the issues.

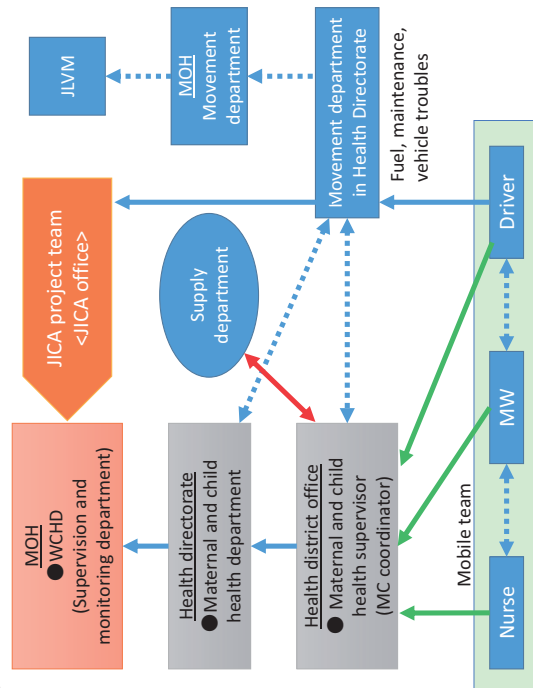


Figure 3 Daily Operational Mechanisms

Prior to daily operations, announcement to visiting sites is crucial in order for service provision to be effective. After completion of the planning, the MCH supervisor at the district office must inform all sites regarding the visiting schedule. On Thursday, the MCH supervisor must confirm the schedule with the contact person at the respective sites for the following week. In addition, confirmation to respective sites one day before the visit has to be carried out by the driver who will directly inform the contact person at the respective site(s).

Furthermore, in case of assigned staff taking urgent leave, they have to inform the MCH

supervisor or the head of the Woman and Child Health department as soon as possible, preferably the day before the duty day.

The daily operation procedure is divided into three steps as follows;

1. Before traveling
2. On the site
3. After returning back to the Health District Office

The following describes each step in detail.

2-1 Before traveling

The beginning of the day starts with the driver checking the MC at Northern Badia hospital where the MC is parked. After checking and a quick clean by the maid at the hospital, the driver moves the MC to the district office and then the following steps should be carried out as outlined in Table 1. All staff have to be ready to start traveling at 8.30am from the district office to the appointed site.

Table 1 Daily Operation: Preparation

Time	Tasks	Responsible persons
8:00-	- Comprehensively checking the condition of the car, including water, diesel for generator, cleanness and car battery condition at Northern Badia hospital - Cleaning the inside of the clinic - Moving to the Northern Badia health district - Showing-up at the Northern Badia health district office	- Driver - Maid at the hospital under the MCH supervisor's responsibility
8:30	- Preparation of necessary supplies (vaccines, drugs, contraceptives, etc.) and registration books and cards. - Traveling to the appointed site	- All - A MCH supervisor, a MW

2-2 On the site

On the service provision site, basically three tasks can be summarized as Table 2 shows.

Table 2 Daily Operation: On the Site

Time	Task A <Driver, Midwife> Arrangement and coordination	Task B <Midwife, Nurse> Service provision	Task C <Midwife, Nurse> Health promotion activities
9:00	- Arrival - Contact to a focal person at the recipient site	- Arrange the reception - Prepare files and records - Ensure the availability of medical equipment	<Based on client numbers and site setting, effectiveness of health promotion can be decided>

		- Setting with CBOs staff and volunteers
	- Ask the focal person to announce to the local community the time of arrival of the mobile clinic	
9:30	-Start service provision by healthcare provider	
12:30	-End of service provision	
	- Checking that all registrations are well recorded and supplies balance are correct	- Recording the session results by form and on Mobile application
	- Traveling back to the station (the Health district office =>Hospital)	

2-3 After returning back to the Health district office

After returning back to the health district office, all staff have to wrap-up the daily operation achievements and prepare for the following day's operation.

Table 3 Daily Operation: Wrapping-up and Preparation for the following day's operation

Time	Task A <Midwife>	Task B <Driver>
	Arrangement and coordination	Checking MC condition, maintenance of MC
13:00	- Coming back to the district office	
Wrap-up	- Checking that all registration book entries are well recorded - Checking supply and supply balance - Request to the MCH supervisor to fill up with necessary vaccines, drugs, contraceptives as needed	- Checking the vehicle's condition; • Engine, oil, tires, generator • Water tank • Sewage tank
End =14:00	- Send all data to the head of MCH dep., and MCH supervisor at district Health office	- At the end of week, discard the soil from the toilet tank and clean it.

2-4 Mobile recording system

The project introduced the mobile phone daily recording system (MPD) by using a smart phone application. The data required by the mobile recording system is described in details in section 3-2. Table 4 shows the responsible persons for data entry and the particular times for entering data.

Table 4 Mobile Recording System

	Driver	Midwife
Before start	Fill "Driver - before start" form, which includes (start-time, starting Km, Sub-district, village, GPS, name of driver, and remarks like filling gasoline)	Enter the staff information into the smart phone application

On the site	Enter GPS data
After returning back	Fill "Driver - after returning back" form, which includes (end-time, ending Km, GPS, and remarks like filling gasoline)
	Enter No. of clients for all RH services and the health education part

Section 3 Management of the Mobile Health Clinic

3-1 Planning

1) Annual management plan

Basically each year, an annual plan has to be prepared to accord with the budgeting time frame. In order to submit the annual plan and budget to the MOH in July, the mobile supervisor together with the mobile team should review the previous year's operation and estimate the up-coming year's costs and prepare the coming year's plan and request the budget.

At the end of each quarter, the MCH supervisor at the health district has to prepare the Quarterly report for the Director of the Health Directorate in Mafraq and also for the director of WCHD/MOH.

Table 5 Yearly Timeframe

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Operation	Q1			Q2			Q3			Q4		
Budgeting				Review			Planning		Finalizing			

At the end of the deadline of the vehicle registration, the MC has to renew its registration under the Moving department of MOH responsibility (in the case of Mafraq, in every February). Regarding insurance, it will be automatically renewed at the end of February each year under the Moving department of MOH.

2) Mobile Health Clinic Monthly Plan

By the 25th of the previous month, the mobile coordinator has to prepare the Mobile Health Clinic Monthly Plan (MCMP) through discussion with the mobile team based on staff availability. The mobile coordinator should submit the MCMP to the Director of the Health Directorate by the end of month. The MCMP includes the site village, target population, cooperative organization, contact person, staff name, health education plans and responsible person. In addition, it is recommended to appoint alternative staff for each day in case of emergency leave and to note this in the monthly plan.

To decide which village to visit, the MCH supervisor must inform the contact person at each site and confirm their availabilities and situation on Thursday for the following week's schedule. In addition, once the date is fixed, the supervisor should ask the contact person from the site to arrange the receiving environment and to advertise the clinic to the local community. The driver has to communicate with the recipient organizations/ITSS and local leaders one day before the visit.

The MCMP format is available in ANNEX 1.

Table 6 Timeframe of monthly management

Timing	Activities	Remarks
By 25th of the previous month	- The coordinator prepares the plan (a head of MCH department)	- Coordinating with the focal person in the recipient village and to announce the final schedule
From 1 st day	- Operation	
At the end of each week	- Submission of weekly reports	
Last Wednesday (probably every 5000 Km running)	- Coming to Amman for regular check-ups - Report to the WCH directorate in MOH and MCH department at Mafraq health directorate with submission of the monthly report	

To expand new service provision sites, the following criteria can be taken into consideration.

- Total population
- Total number of women in RH age (15-49 years old)
- Total number of children less than 5 years
- Total number of Syrian refugees
- No health facilities serving this area, especially RH services
- Preferably electricity supply is available
- Being visible, Not far away from the main road, where MC park in the site.
- Road condition, preferably paved road to reach the site
- Distance from the MC station site (Northern Badia hospital) to the target site
- Availability of collaborative organizations, volunteers, or local leaders

After determining the sites, MCH supervisor (MC coordinator) must go to check villages conditions, set with village leaders discussing with them about MC operation and getting their supports in announcing and advertising of MC services.

One of the most important parts to success MC operation is to find reliable contact persons/organizations who have good connection with the community. For example, CBOs, divan, mosque, school, etc. are possible local counterparts for MC operation. Tasks of such recipient contact persons/organizations are summarized in Box.

Box: Tasks of the recipient organizations

- 1) Announcement to local community about the MC visit and providing services
- 2) Setting up site on the day of the MC visit
- 3) Providing electricity
- 4) Assisting the MC team; reception, toilet

3-2 Reporting

At the end of each working day, the Mobile Health Clinic Daily Record (MCDR) should be filled in hard copy, and send to MCH supervisor monthly after filling it. The format is available in ANNEX2.

In addition, the mobile phone daily reporting system (MPD) should be utilized. The MPD form is composed of two parts; a vehicle recording part for the driver and a health service recording part for the midwife.

1) Vehicle recording part

Start time and end time, start GPS data and end point GPS data, driver's name, site name, sub-district name and distance from the Health Directorate (HD); the format is almost same to Annex 2-1 except adding GPS data

2) Health service part

Health staff names, numbers of clients categorized by service at the end of day and site GPS data the format is almost same to Annex 2-2 except adding GPS data

After filling two parts, Driver and MW must send them to server part. Annex 3 show manual for using MA and server part.

3-3 Logistics and Reporting

All supply logistics and reporting procedures should be followed by the MOH regulations just as the VHCs are doing.

1) Logistic procedures followed by the MOH

Health district office, under the support of the Health Directorate, should be responsible for providing all necessary materials (contraceptives, essential drugs, vaccines, and other supplies)

2) Reporting followed by MOH

The following reports have to be filled in and submitted to the appropriate sections:

- Working report of staff
- Doctor's registration book
- MCH Registration books (ANC, PNC, child care, FP)
- Vaccination registration book
- MOH Monthly report and MCH Syria report for non-Jordanians
- Health promotion activity report

3-4 Cost Management

Cost management for the MC is very crucial for its sustainability. After the project termination, the MOH and Mafraq health directorate have to be responsible for the management, most of the costs, annual administrative costs, running costs, personnel costs are integrated to the MOH's budget.

1) Annual administrative costs (under the responsibility of the Movement department of the MOH)

- Insurance (Free for the first year)
- Registration fee (under the responsibility of Movement department of MOH)

2) Running cost

- Fuel
 - Maintenance (up to 10,000 km, after each 10,000), including Oil and oil filter changes
- 3) Personnel cost (under the responsibility of Mafraq health directorate and the MOH)
- Coordinators at central and governorate levels
 - Health staff (MWs, nurses)
 - Drivers

Section 4 Training

4-1 Freshers' training

To train fresh staff, two days training is recommended. Table 7 describes the sample of the freshers' training for mobile health clinic staff. Target trainees are mobile health clinic teams (health staff and drivers), responsible persons from the health directorate, including the MC coordinator of the health district and MCH supervisors of health district, and the Movement department of the MOH.

Table 7 Sample Program of the Freshers' Training

	Contents	Responsible person
Day 1	- Purpose and aims of the Mobile health clinic	- Director of the Health Directorate, WCHD
	- How to use and maintain the mobile health clinic	- Vehicle production company
	- Management of mobile health clinic	- WCHD
	• Planning (Monthly plan)	
	• Logistics (supply management)	
Day 2	• Reporting	- MA system
	• Maintenance	- Movement department
	- How to operate mobile health clinic services	- Director of the Health Directorate, WCHD,
	• Responsibility of each staff	
	• Daily operation	
	• Reporting	
	- Health promotion activities	- Other organizations (Save the Children, IRC, Jordan Red Crescent, etc.)
	• Site setting	
	• Methodology	
	• Topics (ANC, PNC, child care, FP, NCDs, etc.)	

4-2 Refreshers' training

Refreshers' training aims to deepen their knowledge of the nuts and bolts of running a mobile health clinic and to enable them to become effective and efficient mobile health clinic managers. The recommended frequency of this training is once a year.

Table 8 Sample Program of the Refreshers' Training

	Contents	Responsible person
Day 1	1. Reviewing the performance of the Mobile health clinic's operation	- Director of the Health Directorate, WCHD
	• Based on the data of working record	
	• Based on the MCH database	
2. Discussing further directions	• Analysis of the beneficiaries and their needs	
	• Developing an annual plan	
3. Reviewing the maintenance	• Issues of maintenance	- The Movement department MOH
	• Maintenance cost for future budgeting	- Vehicle production company

ANNEX

1. Mobile Health Clinic Monthly Plan (MCMP) form
2. Mobile Health Clinic Daily Record (MCDR) forms
3. Mobile application manual and server part manual
4. Map of Northern Badia and working sites
5. Health Facilities and target population in Northern Badia District/Mafraq

Annex 2-1: Mobile Health Clinic Daily Record- Vehicle recording part

Month: _____ Year: _____

Name of the Supervisor _____

Registered Number of the Car: _____

Date	Time		KM		Village	Sub-district	Driver's name	Remarks
	Start	Finish	Start	Finish				
1	Fri							
2	Sat							
3	Sun							
4	Mon							
5	Tue							
6	Wed							
7	Thu							
8	Fri							
9	Sat							
10	Sun							
11	Mon							
12	Tue							
13	Wed							
14	Thu							
15	Fri							
16	Sat							
17	Sun							
18	Mon							
19	Tue							
20	Wed							
21	Thu							
22	Fri							
23	Sat							
24	Sun							
25	Mon							
26	Tue							
27	Wed							
28	Thu							
29	Fri							

Note: Please record the date of fuel supply and take regular check-up in Amman in the Remarks column.

Annex 1: Mobile Health Clinic Monthly Plan (MCMP) form

Month: _____


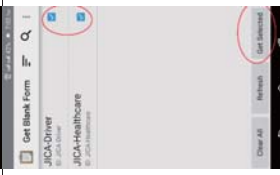


Name of the Supervisor: MCH supervisor/ Northern Badia Health district office

Registered Number of the Car: _____

Date	Site		Target Population	Estimate traveling time	Recipient org.	Contact person	Contact person's phone number	Staff				Health Education	
	Village	Sub-District						Doc	MW	Nurse	Driver	Topic	Responsible person
1	Fri												
2	Sat												
3	Sun												
4	Mon												
5	Tue												
6	Wed												
7	Thu												
8	Fri												
9	Sat												
10	Sun												
11	Mon												
12	Tue												
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22	Fri												
23	Sat												
24	Sun												
25	Mon												
26	Tue												
27	Wed												
28	Thu												
29	Fri												

Note: Please put plan of regular check-up in Amman in the village column.

Annex 3-1: MA manual
Instruction how to use the ODK application on Android smart phone

 <p>1- open the ODK application will start, and show you this interface</p>	<p>5- Choose Get blank form</p>
 <p>2- Click on the upper right 3 dots, then choose "General settings"</p>	<p>6- Select the form that you need to download it by clicking the check box, then Get selected.</p>
 <p>3- New page will open, choose "Server"</p>	<p>7- The application is ready to use, go to the main page and select fill blank form you will see the form that you select in previous steps and they are ready to use</p>
 <p>4- Enter URL, Username and password (You can get this information from MC coordinator) *After you enter these information you need to go back to main page.</p>	<p>8- After filling the form, Go to the main page and click on send finalized form, to send it to the server part. That's require Internet connection.</p>

Annex 2-2: Mobile Health Clinic Daily Record- HC provider form

Month : Year
Name of the Supervisor MCH supervisor/ Northern Badia Health district office

Registered Number of the Car:

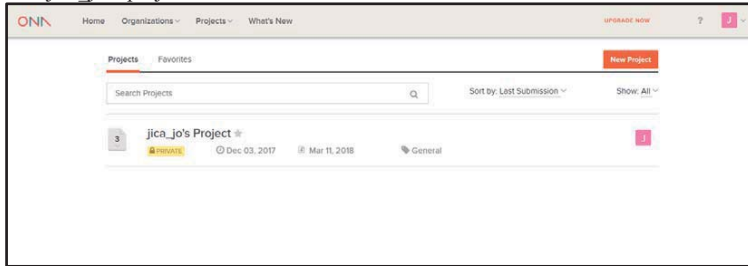
Date	start Time	Staff name			Number of clients										Health Education			Remarks	
		Doc	MW	Nurs e	FP/ new	FP/ recurrent	FP/ Counseling	ANC	PNC	Child care	Vaccinati on	Received MCH free drugs	consult ation	Syrian refugees	Topi c	No. of participan ts	Responsibility		
1	Fri																		
2	Sat																		
3	Sun																		
4	Mon																		
5	Tue																		
6	Wed																		
7	Thu																		
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29	Fri																		

Annex 3-2: Server part manual

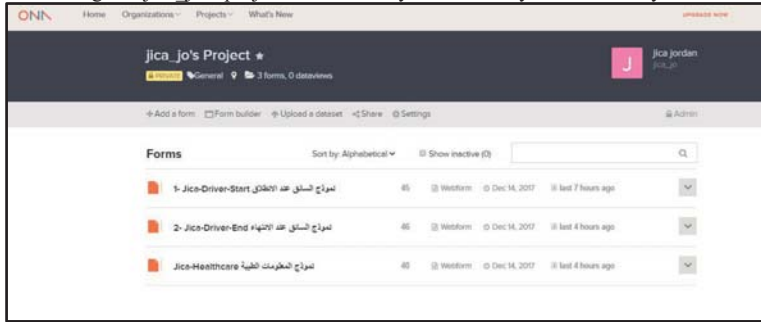
Open ONA website and enter Username and Password.

Website: <https://ona.io/login>
 Username and Password are with MC coordinator

1- After you enter username and password, a screen like this will open, showing you all projects under your account, here you can see “jica_jo’s project”.

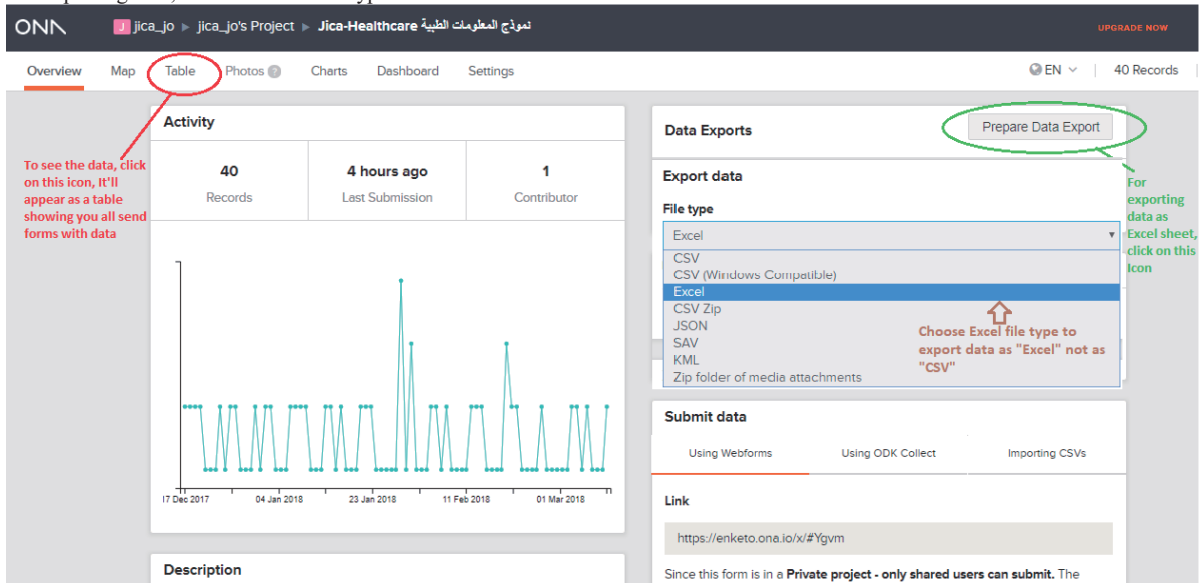


2- Clicking on “jica_jo’s project” will shows you all forms you have. And you can double click any form you want to see the data.

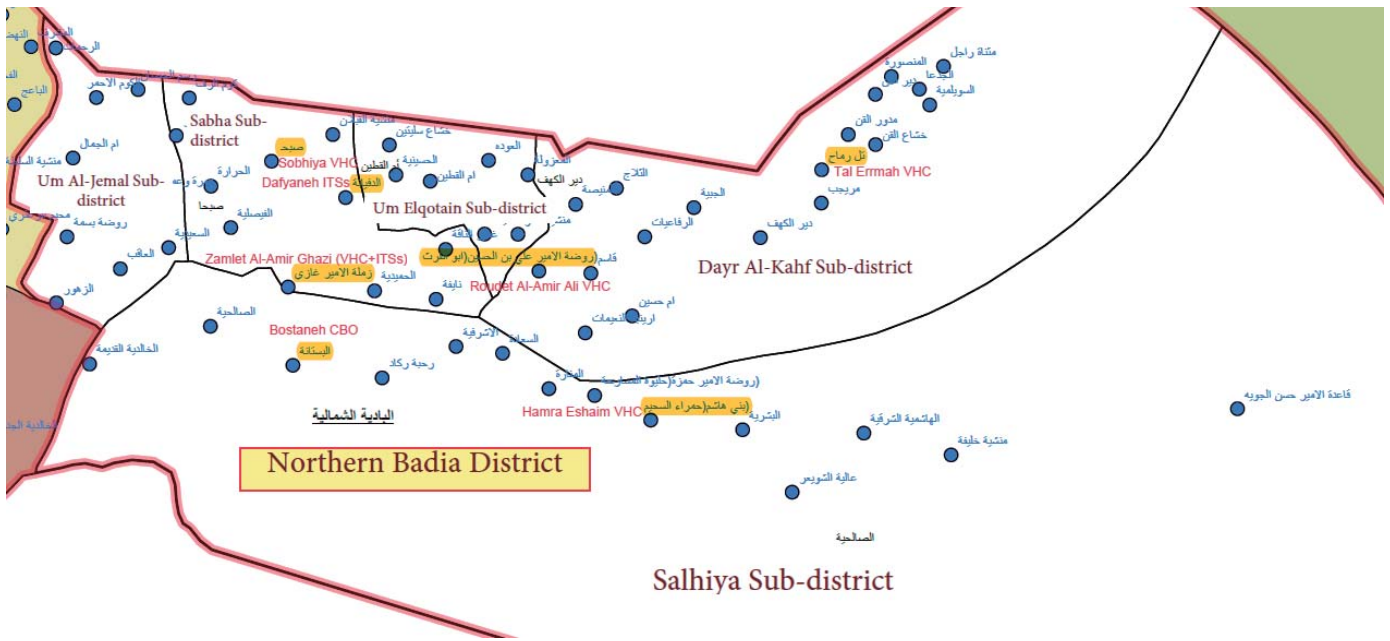


3- Choosing any form, will open a page like this, the main important Icons are “Table, to show the data” and “Prepare Data Export, to export data as an Excel sheet”

For exporting data, choose “Excel file type”



Annex 4: Map of Northern Badia.



Annex 5: Health Facilities and target population in Northern Badia District/Mafraq

Sub-district	Localities	Health centers	Total Population	No. of Female	Est. No. women in RH age (Female No. * .523)	Est. pregnant women / year (Est. No of RH age * .1)	Children < 5 yrs. (Total pop.* .137)	No. of Syrian	Est. distance from hospital (Km)	Est. time from Hospital to locality (min)	Associations
Um Al-Jemal	Um Al-Jemal	Um Al-Jemal CHC	4,524	2,156	1,128	113	620	791	25	35	Roudhet Basmah women charity and Alyosor Charity
	Roudhet Basmah	Roudet Basmah PHC	10,376	5,018	2,624	262	1,422	1,040	17	30	
	Koam Al-Ahmar	Koam Al-Ahmar PHC	3,711	1,750	915	92	508	606	30	40	
	Aqeb	Aqeb VHC	1,624	777	406	41	222	243	10	15	Hay Alesia social development charity
	Amra & Amiereh	Amra & Amiereh PHC	4,439	2,078	1,087	109	608	637	14	20	Zakia charitable association
	Saiiediyah		2,645	1,269	664	66	362	429	5	10	The children charitable
	Rasm Al-Hesan		392	164	86	9	54	10	35	50	
	Zuhoor		129	57	30	3	18	4	10	15	
	Rahmat		255	113	59	6	35	6	24	30	
Total			28,095	13,382	6,999	700	3,849	3,766			
Dair Al Kahf	Dair Al-Kahf	Dair Al-Kahf CHC	2,101	1,037	542	54	288	58	40	55	
	Rfa'iyyat	Rfa'iyyat CHC	1,580	756	395	40	216	53	35	45	
	Roudhet Al-Amir Ali Bin Al-Hussein	Roudhet Al-Amir Ali VHC	1,393	680	356	36	191	80	25	35	Anaqeed Al-Khair Charity
	Jubbeiah	Jubbeiah VHC	1,457	707	370	37	200	26	75	80	
	Dair Al-Qenn	Dair Al-Qenn VHC	232	109	57	6	32		60	70	
	Methnat Rajel	Methnat Rajel VHC	207	119	62	6	28	1	70	75	
	Qasem		1,144	543	284	28	157	57	30	35	
	Jad'ah		54	27	14	1	7		65	70	
	Tal Ermah	Tal Ermah VHC	616	335	175	18	84		30	40	
	Arainbet Enaimat		113	55	29	3	15		35	45	
	Medwer El-Qenn	Medwer El-Qenn VHC	353	175	92	9	48		60	70	
	Ethlag		192	89	47	5	26		30	35	
	Khasha' El-Qenn		310	166	87	9	42	20	35	40	
	Mansoorah		122	60	31	3	17		60	70	Al-Rahma for special needs charity
Mrajeeb		77	34	18	2	11		40	45		
Um Hussein		389	168	88	9	53	18	35	40		
Menyasah		579	285	149	15	79		35	40		
Total			10,919	5,345	2,795	280	1,496	313			

Sub-district	Localities	Health centers	Total Population	No. of Female	Est. No. women in RH age (Female No. * .523)	Est. pregnant women / year (Est. No of RH age * .1)	Children < 5 yrs. (Total pop.* .137)	No. of Syrian	Est. distance from hospital (Km)	Est. time from Hospital to locality (min)	Associations
Salhiya	Salhiya	Northern Badia CHC	3,959	1,921	1,005	100	542	447	5	10	Cooperative Bade developmental association
	Safawi	Safawi PHC	2,315	1,113	582	58	317	134	85	60	
	Beshriyyeh	Beshriyyeh CHC	2,120	1,048	548	55	290	12	50	40	
	Hasimiyyeh Sharqiyyeh		205	103	54	5	28	55	65	50	
	Manshiyyat Kalefeh		227	121	63	6	31		75	50	
	Manarah	Manarah VHC	2,704	1,279	669	67	370	346	35	20	Ez El-Watan charity
	Hamiediyyeh		1,694	795	416	42	232	27	10	15	Al-Mushrequeen women charity association
	Ashrafiyyeh	Ashrafiyyeh CHC	2,118	1,062	555	56	290	306	10	15	
	Bani Hashem (Hamra Esahim)	Bani Hashem VHC	2,057	1,011	529	53	282		40	45	White Hand Charity
	Rahbet Rakkad		1,512	718	376	38	207	243	14km bad road	20	
	Roudet Al-Amir Hamzeh	Roudet Amir Hamzeh VHC	2,207	1,110	581	58	302	64	15	20	
	Nayfeh		1,970	934	488	49	270	715	23	30	
	zamlet Al-Amir Ghazi	zamlet Al-Amir Ghazi VHC	3,271	1,390	727	73	448	1,428	7	10	
	Sa'adah		1,667	819	428	43	228	79	7	10	Northen Badia Solidarity Association
Bostaneh		1,752	661	346	35	240	64	10	13		
Aliet El-Shwa'ar		111	59	31	3	15	2	65	75		
Kaidat Al-Amir Hassan Al-Jauiah		77	34	18	2	11	12	Military site			
Total			29,966	14,178	7,415	742	4,105	3,934			
Sabha	Sabha	Sabha CHC & Sobhia VHC	9,338	4,323	2,261	226	1,279	2,555	10	15	Princess Basma Charity
	Dafyaneh	Dafyaneh PHC	2,688	1,336	699	70	368	1,148	13	20	Al-Hadaf Al-Sami charity
	Sab'e Essyar	Sab'e Essyar VHC	1,921	879	460	46	263	168	6	8	Sab'e Essyar Charity
	Koam Erraf	Koam Erraf PHC	1,267	578	302	30	174	144	8	10	
	Menshiyyat Qoblan		656	335	175	18	90	44	11	15	Manshiyyat Qoblan Association
	Feisaliyyeh		931	431	225	23	128	78	9	13	
	Harara		175	84	44	4	24	3	10	15	
Total			16,976	7,966	4,166	417	2,326	4,140			

20

Sub-district	Localities	Health centers	Total Population	No. of Female	Est. No. women in RH age (Female No. * .523)	Est. pregnant women / year (Est. No of RH age * .1)	Children < 5 yrs. (Total pop.* .137)	No. of Syrian	Est. distance from hospital (Km)	Est. time from Hospital to locality (min)	Associations
Um -Elqotain	Um -Elqotain	Um -Elqotain CHC	6,235	2,943	1,539	154	21	644	30	35	Um- Elqotain for special need charity
	Khasha' Slaiteen	Khasha' Slaiteen PHC	1,935	930	486	49	7	141	20	25	
	Mkaifteh	Mkaifteh PHC	3,588	1,727	903	90	12	720	37	45	Aiadee Al-Badia cooperative charity
	Ma'zooleh		231	116	61	6	1	4	37	45	
	Manshiyyet El-Qhano		581	281	147	15	2		36	45	
	Gadeer El-Naqah		41	14	7	1	0	50	24	30	
	Husseiniiyyeh		185	83	43	4	1	47	26	30	
	Oudeh		479	241	126	13	2		29	32	
Total			13,275	6,335	3,313	331	45	1,606			

دليل العيادة الصحية المتنقلة - النموذج التشغيلي في محافظة المفرق



آذار، 2018



وزارة الصحة
الوكالة اليابانية للتعاون الدولي



مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين





دليل العيادة الصحية المتنقلة - النموذج التشغيلي في محافظة المفرق



آذار، 2018



وزارة الصحة
الوكالة اليابانية للتعاون الدولي

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3-1	الخدمات.....
4-1	فريق عمل العيادة الصحية المتنقلة.....
5-1	مواصفات العيادة الصحية المتنقلة.....
4	القسم الثاني: إجراءات التشغيل اليومية.....
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2-2	في الموقع.....
3-2	الرجوع إلى مكتب صحة لواء البادية الشمالية.....
4-2	نظام التسجيل على تطبيق الهاتف الذكي.....
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2-3	ارسال التقارير.....
3-3	التزويد والتقدير.....
4-3	إدارة التكاليف.....
9	القسم الرابع: التدريب.....
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11	الملحقات.....
12	1. نموذج الخطة الشهرية لعمل العيادة الصحية المتنقلة.....
13	2. نموذج السجل اليومي للعيادة الصحية المتنقلة.....
15	3. دليل استخدام تطبيق الهاتف الذكي والخدم (Server part).....
18	4. خريطة البادية الشمالية ومواقع العمل.....
19	5. المراكز الصحية و عدد السكان في مناطق لواء البادية الشمالية- العفرق.....

القسم الأول: مخطط العيادة الصحية المتنقلة

1-1 الهدف

تهدف العيادة الصحية المتنقلة التابعة لوزارة الصحة / الوكالة اليابانية للتعاون الدولي إلى تقديم خدمات الصحة الإنجابية/ تنظيم الأسرة في المناطق النائية، حيث يصبغ على الناس الحصول على الخدمات الصحية الوقائية والعلاجية. وتهدف إلى تقديم الخدمات لكل من الأردنيين واللجئين السوريين الذين يعيشون في المجتمعات المستضيفة للاجئين السوريين في شمال الأردن.

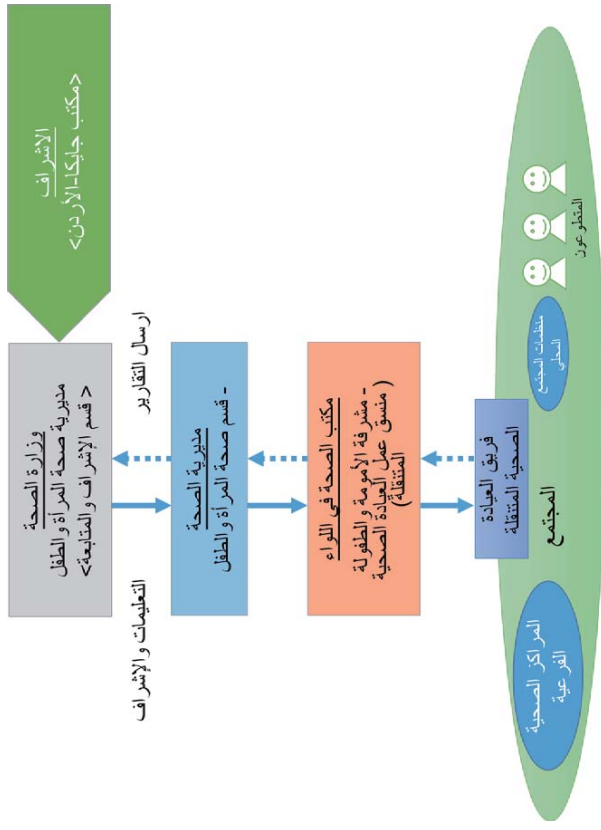
وتعرف العيادة الصحية المتنقلة بأنها قسم أمومة وطفولة في مركز صحي، وقد تم إدخالها على نظام المعلومات في وزارة الصحة وحصلت على الكود التعريفي (ID/ Identification Number)

2-1 آلية التشغيل

يوضح الشكل (1) آلية تشغيل العيادة الصحية المتنقلة. يظهر الشكل في أعلاه مديرية صحة المرأة والطفل وهي الجهة المسؤولة عن آلية العمل كاملة وهي التي تفقد العمل، ويكون قسم الإشراف والمتابعة في مديرية صحة المرأة والطفل مسؤولاً عن الإجراءات التشغيلية، ويقدم المشورة الفنية ويتابع عمل العيادة الصحية المتنقلة. وبموجبه، فإن مديرية صحة المقرق مسؤولة عن تشغيل العيادة بالرجوع إلى أجلة الاستخدام الخاصة بالعيادة، والمشورة الفنية، والتوظيف، وإدارة التزويد والإستهلاك، وما إلى ذلك.

أما بالنسبة لآلية العمل والتشغيل اليومية، يعتبر مكتب صحة لواء البادية الشمالية، الجهة المسؤولة عن آلية التشغيل اليومية للعيادة، كما وأن مشرفة الأمومة والطفولة في مكتب صحة لواء البادية الشمالية (منسق العيادة الصحية المتنقلة) هي الشخص الرئيسي المسؤول المباشر عن تشغيل العيادة المتنقلة.

فريق عمل العيادة الصحية المتنقلة هو من الكادر الصحي لمكتب صحة لواء البادية الشمالية. وبما أن القرية ككل هي مجتمع مستهدف، ينبغي استخدام كافة قدرات المجتمع، مثل منظمات المجتمع المحلي، المراكز الصحية الفرعية، والمنطوقين في تشغيل العيادة الصحية المتنقلة وتشجيع الطلب على خدمات العيادة. بعد انتهاء المشروع، من الممكن أن يصبح مكتب جاكبا- الأردن، وحدة إشراف خارجية.



شكل 1: آلية التشغيل

3-1 الخدمات:
توفر العيادة الصحية المتنقلة التابعة لوزارة الصحة / جاياكا الخدمات التالية خلال فترة المشروع. كما ان الخدمات كافة هي مجانية للجميع وفقاً لأنظمة وزارة الصحة المعمول بها.

- رعاية الحامل (ANC)
- رعاية النفاس (PNC)
- رعاية الطفل (CH)
- تنظيم الأسرة (تقديم الحبوب، الواقي الذكري والحقن، الخ)
- تطعيم الأطفال والحوامل.
- توفير الأدوية والمقويات المجانية
- التثقيف الصحي
- تعزيز الصحة في المجتمع

4-1 فريق عمل العيادة الصحية المتنقلة
تقديم الخدمات المذكورة اعلاه، فإن فريق العيادة الصحية المتنقلة سيشكل مما يلي مع توضيح مسؤولية كل فرد.

- قابلة قانونية: (مدربة على نظام التزويد الأردني لوسائل تنظيم الأسرة وخدمات الصحة الإنجابية والمشورة): تقديم خدمات رعاية الحامل، رعاية الطفل وتنظيم الأسرة، القيام بعقد محاضرات تثقيفية، وتقديم التقارير اللوجستية " تقارير التزويد" ووسائل تنظيم الأسرة، الأموية، المطاعيم وغيرها، وفقاً لنظام وزارة الصحة.
- ممرضة: مساعدة القابلة في تقديم خدمات التطعيم، القيام بالتثقيف الصحي ومساعدة القابلة في تعبئة التقارير وإرسالها.
- سائق: تشغيل السيارة والاحتفاظ بسجل السيارة، الصيانة اليومية والمورية تحت مسؤولية قسم النقل في مديرية الصحة

ويتعين على مديرية الصحة المسؤولة أن تنشئ فريقين كاملين ليحل أحدهما مكان الآخر في حالة غياب الموظفين المعينين.

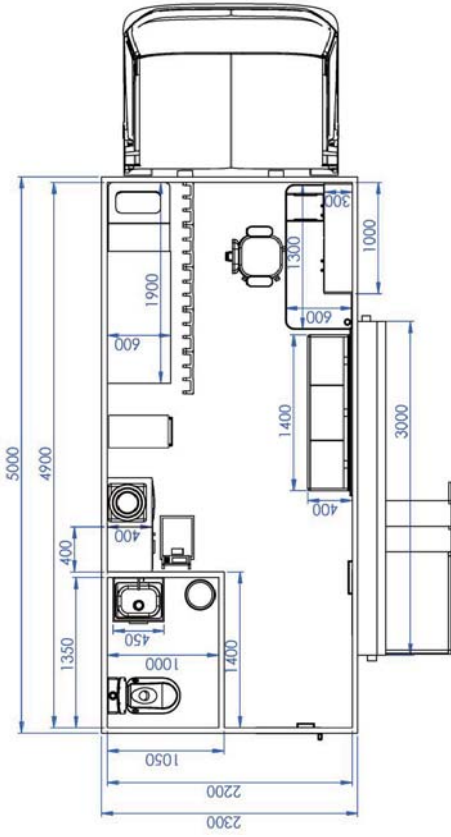
خمس مبادئ

- العمل بروح الفريق الواحد
- اعطاء الأولوية للمستفيدين واحترام حقوقهم
- المرونة في العمل
- الإضبط والالتزام بأخلاقيات المهنة
- تقديم الخدمات بجودة ونزاهة وشفافية

5-1 مواصفات العيادة الصحية المتنقلة

تم تصميم العيادة الصحية المتنقلة لتوفير خدمات صحة الإنجابية والتثقيف الصحي. وتقسم العيادة إلى قسمين: الصندوق الطبي والسيارة. الشكل التالي، يبين الرسم التصنيحي للصندوق الطبي، إذا نظرت إلى السيارة من الجهة الأمامية فإن المخل الرئيسي يقع في الجانب الأيسر من الصندوق الطبي، عند المخل هناك درج قابل للإزالة مع مقبض جانبي للمراجعين. هناك ثلاثة مقاعد للانتظار للمراجعين أو الموظفين عند التنقل بالسيارة لمواقع تقديم الخدمة، مع أحزمة الأمان ويوجد هناك أيضاً طولة الطبيب وسرير الفحص في الجزء الأمامي من الصندوق الطبي. كما ويتوفر ثلاثة لحفظ المطاعيم ورفوف لحفظ الأدوية. كما ويتواجد أيضاً مرحاض يقع في الجانب الخلفي من الصندوق الطبي مع مغسلة.

تم تصنيع العيادة المتنقلة من قبل الشركة الأردنية لصناعة الآليات الخفيفة (JLVVM) تحت إشراف المشروع. ووفقاً للمعد الموقع بين الطرفين، فإن أي خلل في العيادة يقع ضمن كفاية JLVVM لمدة سنة (حتى تاريخ 24 أيلول، 2018).



شكل 2: رسم توضيحي لمحتويات الصندوق الطبي

في الصندوق الطبي، يتواجد الأثاث التالي في:

- سرير للفحص الطبي
- ستارة
- مكتب القابلة
- رفوف أدوية
- طاولتين قابلتين للطبي (كبيرة وصغيرة) وكراسي قابلة للطبي.

ملاحظة: إن استخدام المرحاض فقط لموظفي العيادة الصحية المتنقلة. ومع ذلك في حالة الطوارئ، يمكن للمراجعين أيضاً استخدامه.

المعدات والوزن في العيادة الصحية المتنقلة تشمل ما يلي:

- ثلاثة لحفظ المطاعيم
- ميزان حرارة
- جهاز قياس ضغط الدم
- سماعة الطبيب
- مقياس طول ووزن للكبار والأطفال الأقل من 5 سنوات
- دويلر
- كشاف (مصباح ضوئي) للفحص
- جهاز فحص السكر

الأدوية المجانية أخدمات الأمومة والطفولة، وفقاً لأنظمة وزارة الصحة

- <المقويات المعدنية>
- - مجموعة فيتامينات ب.
- - حمض الفوليك.
- - الحديد
- <مضادات الحموضة>
- <أدوية الحرارة>
- - (شرب وتحميل)
- <وسائل تنظيم الأسرة الحديثة>

1-2 قبل الانطلاق

يبدأ يوم عمل العيادة مع حضور السائق وفحص العيادة في مكان اصطفاغ العيادة/ مستشفى البادية الشمالية. بعد الفحص والتنظيف من قبل عاملة التنظيف في المستشفى، يقوم السائق بنقل العيادة المنتقلة إلى مكتب صحة لواء البادية الشمالية ومن ثم يجب تنفيذ الخطوات التالية كما هو موضح في الجدول 1. يجب أن يكون جميع الموظفين مستعدين للانطلاق في الساعة 8:30 صباحاً من مكتب صحة لواء البادية الشمالية إلى موقع العمل المعين.

الوقت	المهام	الشخص المسؤول
8:00	- فحص الحالة العامة للعيادة المنتقلة بما يتضمن ذلك خزان الماء، ديزل لمولد الطاقة ونظافة العيادة والتأكد من حالة البطارية في مستشفى البادية الشمالية نقطة اصطفاغ العيادة. - تنظيف العيادة من الداخل - التحرك بالعيادة لمكتب صحة لواء البادية الشمالية. - حضور جميع الكادر لمكتب صحة لواء البادية الشمالية. - تحضير اللوازم الضرورية (المطاعم والأدوية ووسائل منع الحمل وغيرها) والملفات والبطاقات.	- السائق - عاملة تنظيف في مستشفى البادية الشمالية تحت مسؤولية مشرفة الأمومة والطفولة. - كادر العيادة - مشرفة الأمومة والطفولة، القائلة القانونية - عاملة النظافة، تحت مسؤولية مشرفات الأمومة والطفولة
8:30	- الانطلاق إلى موقع عمل العيادة المنتقلة	

2-2 في الموقع

في موقع تقديم الخدمة، هناك 3 مهام أساسية يجب القيام بها، موضحة بالجدول التالي.

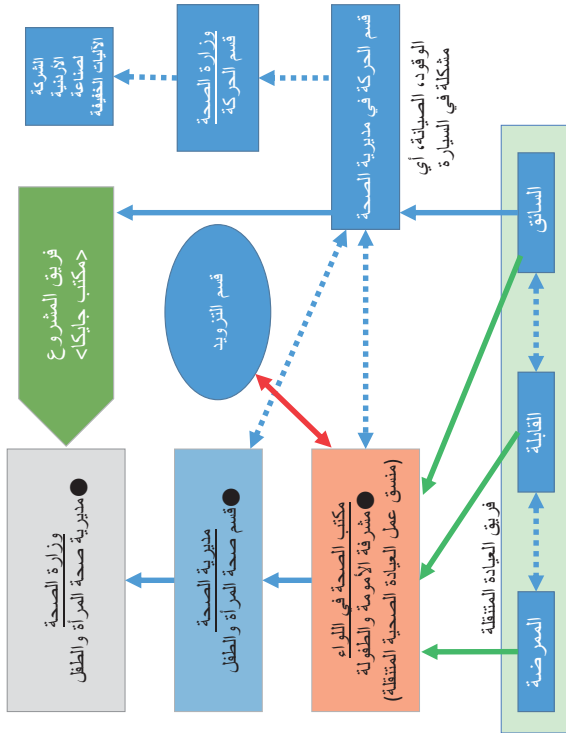
الوقت	مهام أ >السائق + القائلة<	مهام ب >القائبة + الممرضة<	مهام ج >القائبة + الممرضة<
9:00	- الترتيب والتنسيق - التوصل - التواصل مع الشخص المعني في المنطقة	تقديم الخدمات	أنشطة تعزيز الصحة
9:30	- البدء بتقديم الخدمات من قبل الفريق الطبي	- ترتيب مكان الاستقبال - تحضير الملفات والسجلات - التأكد من جاهزية المعدات الطبية	استنادا إلى عدد المراجعين وطبيعة المكان، يمكن تحديد فعالية تعزيز الصحة< - الاجتماع مع موظفي الجمعيات والمنطوقين
12:30	- الانتهاء من تقديم الخدمات - التحقق من تسجيل جميع المعلومات والبيانات بشكل جيد، وموازن التزويد واللائزم صحيحة.	- التسجيل والتوثيق على نموذج المعلومات الطبية وعلى تطبيق الهاتف النكي	
	- الرجوع إلى نقطة الانطلاق (مكتب صحة البادية الشمالية => مستشفى البادية الشمالية)		

*المستهلكات اليومية

- المنظفات.
- معقم الأيدي.
- مياه صالحة للشرب.

القسم الثاني: إجراءات التشغيل اليومية

ويبين الشكل 3 آلية التشغيل اليومية التي تبين آلية التواصل والتبليغ والجهات المسؤولة عن التشغيل اليومي. في حالة حدوث أي مشكلة خلال التشغيل اليومي للعيادة، ينتج الاسم يمكن التواصل مع الشخص المعني بالتبليغ، وبالتالي على الشخص المعني التعامل مع هذه المشكلة.



شكل 3: آلية التشغيل اليومية

صورة الإعلان عن تقديم الخدمات في الأماكن التي سيتم زيارتها أمراً بالغ الأهمية لكي يكون تقديم الخدمات فعالاً بعد الانتهاء من وضع خطة العمل الشهرية، يُعين على منسق العيادة الصحية المنتقلة إلام جميع الأماكن التي سيتم زيارتها بشأن جدول ومواعيد زيارة العيادة. كما ويتعين كذلك على منسق العيادة الصحية المنتقلة أن يقوم يوم الخميس بالاتصال مع الشخص المعني في كل موقع للتأكد على موعد الزيارة الأسبوعي التالي. وبالإضافة إلى ذلك، يجب أن يتم التأكد على المواقع ذات الصلة قبل يوم واحد من الزيارة من قبل السائق وذلك بالاتصال مباشرة مع الشخص المعني في الموقع (الموقع المعنية).

وعلاوة على ذلك، في حال رغبة الموظفين بأخذ اجازة، يجب عليهم إبلاغ مشرفة الأمومة والطفولة أو رئيس قسم صحة المرأة والطفل، قبل فترة زمنية.

1. قبل الانطلاق
2. في موقع العمل
3. الرجوع إلى نقطة الانطلاق

2) الخطة الشهرية لعمل العيادة المتقلة
 بحلول 25 من الشهر السابق، يجب على منسق العيادة الصحية المتقلة إعداد الخطة الشهرية لعمل العيادة الصحية المتقلة بالمنطقة مع فريق عمل العيادة المتقلة وفقاً لفرق الموظفين. ويتعين على منسق العيادة الصحية المتقلة أن يقوم بإرسال خطة العمل الشهرية لمديرية صحة المرفق بنهاية كل شهر للشهر الذي يليه. وتشمل الخطة الشهرية (الموقع، القرية، والسكان المستهدفون، الجمعيات، والشخص المعني، واسم الموظفين، وخطة التفتيش الصحي والشخص المسؤول).

ولتحديد الأماكن التي ستزورها العيادة، يجب على منسق العيادة المتقلة التواصل مع الشخص المعني والتأكد من توافرهم وظروفهم وإمكانية استقبال العيادة وذلك يوم الخميس بالتنسيق للأسبوع التالي. بالإضافة إلى ذلك متى ما تم تأكيد التاريخ يجب على الفريق أن يطلب من شخص المعني الاتصال لترتيب وتحضير البنية التحتية والإعلان للجمع. كما ويجب على المساق التواصل مع الجهة المستضيفة، قبل يوم من زيارة الموقع. ملحق 1: نموذج الخطة الشهرية لعمل العيادة الصحية المتقلة.

جدول 6: الإطار الزمني لإدارة الشهرية

الوقت	الأنشطة	الملاحظات
بحلول 25 من الشهر السابق	- تحضير الخطة الشهرية من قبل منسق العيادة الصحية المتقلة (رئيس قسم صحة المرأة والطفل)	- التنسيق مع الشخص المعني في القرية المستهدفة وإعلان عن الموعد النهائي
من اليوم الأول	- البدء بالعمل	
بنهاية كل أسبوع	- تقديم التقارير الأسبوعية	
آخر اربعه في الشهر	- قوائم العيادة المتقلة إلى عمان من أجل عملية الصيانة الشهرية	
(تقريباً كل 5000 كم)	- تقديم تقرير لمديرية صحة المرأة والطفل وفريق المشور و تقديم التقارير الشهرية.	

لتوسيع مواقع تقديم الخدمات، يجب أخذ المعايير التالية بعين الاعتبار:
 - المجموع الكلي للسكان في مكان تقديم الخدمة.
 - المجموع الكلي للسيدات في عمر الإنجاب (15-49) سنة.
 - عدد الأطفال الأقل من 5 سنوات.
 - عدد اللاجئين السوريين.
 - عدم وجود أي مرفق صحي توصيل كهرباء.
 - يفضل تواجد مصدر توصيل كهرباء.
 - أن تكون العيادة مريحة، حيث يكون موقع اصطاف العيادة في موقع العمل غير بعيد عن الشارع الرئيسي.
 - حالة الطريق، ويفضل أن يكون الطريق معد للوصول إلى الموقع.
 - المسافة ما بين مكان اصطاف العيادة إلى مكان عمل العيادة.
 - توافر منظمات المجتمع المحلي التعاونية، المتطوعين أو القادة المحليين.

بعد تحديد الموقع، يتعين على منسق العيادة المتقلة/ مخرقة الأمومة والطفولة الذهاب والإطلاع على وضع القرية، والتحدث مع وجهاء القرية وكبارها عن العيادة المتقلة وتشغيلها، وكسب دعمهم وتأييدهم بالإعلان عن العيادة وخدماتها.

أحد أهم أجزاء نجاح عمل العيادة هو الربط مع أشخاص/ منظمات مؤثرة لديهم تواصل وقرارات ربط جيدة مع المجتمع. على سبيل المثال: منظمات المجتمع المحلي، ديوان، المسجد، المدرسة، الخ، هم نظراء محتملين لعمل العيادة. يتم تلخيص مهام هؤلاء الأشخاص / المنظمات المستفيدة في الإطار التالي.

إطار: مهام المؤسسة أو الجهة المستفيدة

- 1) الإعلان للمجتمع المحلي عن موعد زيارة العيادة المتقلة وتقديم الخدمات.
- 2) تحديد موقع العيادة المتقلة في يوم زيارة العيادة المتقلة.
- 3) إمداد العيادة بالكهرباء.
- 4) مساعدة فريق عمل العيادة المتقلة، الاستقبال، أنشطة تعزيز الصحة، المرحاض.

3-2 الرجوع إلى مكتب صحة لواء البادية الشمالية
 بعد العودة إلى مكتب صحة لواء البادية الشمالية، على جميع الموظفين تسليم ونهاء العمل اليومي والتحصير إلى اليوم التالي.

الوقت	مهام > القابلة < مهمات	الملاحظات
13:00	- الترتيب والتنسيق	التحقق من ظروف العيادة وصيانتها
الانتهاء	- الرجوع إلى نقطة الاصطاف - التحقق من تسجيل جميع سجلات التسجيل بشكل جيد - موازنة اللوازم والتزويد. - الطلب من مشرف صحة الأم والطفل تعبئة المطاعيم اللازمة، والأدوية، ووسائل منع الحمل إذا لزم الأمر	
الختام = 14:00	- إرسال التقرير إلى رئيس قسم صحة المرأة والطفل، ومخرقة الأمومة والطفولة (منسقة العيادة الصحية المتقلة)	- في نهاية الأسبوع، تنظيف خزانات الفضلات.

4-2 نظام التسجيل على تطبيق الهاتف الذكي
 خلال فترة عمل المشروع تم تطوير نظام تسجيل على تطبيق الهاتف الذكي. وسيرد وصف البيانات التي تتطلب تعبئتها على نظام التسجيل في الملحق، وبين الجدول (4) الأشخاص المسؤولين عن إدخال البيانات وتوثيق إدخال البيانات.

جدول 4 تطبيق الهاتف الذكي

الوقت	المساق	الملاحظات
قبل الإطلاق	تعبئة نموذج « المساق » قبل الإطلاق، وقراءة عداد السيارة (كيلومتر) قبل التحرك، والقضاء، والقرية، تحديد إحداثيات الموقع (GPS). واسم المساق وأي ملاحظات أخرى مثل تعبئة البنزين	إدخال أسماء فريق العيادة المتقلة.
في موقع العمل	تعبئة نموذج « المساق- عند الانتهاء » والمتضمن تحديد وقت الإطلاق، عداد السيارة (كيلومتر) عند الوصول إلى نقطة الاصطاف، تحديد إحداثيات الموقع (GPS). وأي ملاحظات أخرى مثل تعبئة البنزين.	تحديد إحداثيات الموقع (GPS) عند الرجوع إلى نقطة الاصطاف

القسم الثالث: إدارة العيادة الصحية المتقلة

1-3 التخطيط

1) خطة الإدارة السنوية
 بشكل أساسي في كل عام، يجب أن يتم إعداد الخطة السنوية وفقاً للإطار الزمني للميزانية. ولتقديم الخطة السنوية والميزانية إلى وزارة الصحة في شهر تموز، يجب على مشرف العيادة المتقلة وفريق العيادة المتقلة مراجعة عمل العيادة المتقلة العام السابق وتقديم تكلفة العام القادم وإعداد خطة العمل المقبل وطلب الموازنة.
 وفي نهاية كل ربع سنة، يتعين على منسق العيادة المتقلة مخرقة الأمومة والطفولة في لواء البادية الشمالية إعداد التقرير ربع السنوي إلى مدير مديرية الصحة في المرفق ومدير مديرية صحة الأم والطفل / وزارة الصحة.

جدول 5: الإطار الزمني السنوي

التشغيل	الربيع الأول	الربيع الثاني	الربيع الثالث	الربيع الرابع
الميزانية	مراجعة	التخطيط	النهاية	
التشغيل	كلون الثاني	شباط	نيسان	أيار
التشغيل	حزيران	تموز	أب	أيلول
التشغيل	كانون الأول	كانون الثاني	كانون الثالث	كانون الرابع

وفي نهاية الموعد النهائي لتسجيل العيادة الصحية المتقلة، يجب تحديد تسجيل العيادة الصحية المتقلة تحت مسؤولية مديرية النقل والحركة التابعة لوزارة الصحة (في حالة المرفق، في شهر شباط) وفيما يتعلق بتأمين العيادة الصحية المتقلة، يتم تحديدهم نقاشياً كل سنة في نهاية شهر شباط تحت مسؤولية مديرية النقل والحركة التابعة لوزارة الصحة.

القسم الرابع: التدريب

1-4 التدريب

يوصى بعقد تدريب لمدة يومين لفريق عمل العيادة المنتقلة. ويوضح الجدول التالي (جدول 7) نموذج للتدريب الكادر الطبي على العيادة الصحية المنتقلة. إن المتدربين المستهدفون هم فرق العيادة الصحية المنتقلة (الكادر الطبي والسائقون)، والأشخاص المسؤولون والمعنيون من مديرية الصحة، بما في ذلك منسق العيادة الصحية المنتقلة في مديرية الصحة ومشرفات الأمومة والطفولة في مديرية الصحة، وقسم النقل والحركة بوزارة الصحة.

اليوم الأول	المواضيع	الجهة المسؤولة
- الهدف من الفترة التدريبية لتشغيل العيادة المنتقلة	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
- كيفية استخدام وصيانة العيادة الصحية المنتقلة	- الشركة المصنعة للعيادة	- مديرية صحة المرأة والطفل وفريق المشروع
- إدارة العيادة الصحية المنتقلة	- مديرية صحة المرأة والطفل وفريق المشروع	- مديرية صحة المرأة والطفل وفريق المشروع
- التخطيط (الخطة الشهرية)	- تطبيق الهاتف الذكي	- تطبيق الهاتف الذكي
- نظام التزويد	- قسم النقل والحركة	- قسم النقل والحركة
- ارسال التقارير	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
- الصيانة	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
اليوم الثاني	- كيفية تقديم الخدمات داخل العيادة المنتقلة	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
✓ مسؤولية كل فرد من فريق العيادة المنتقلة	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
✓ العمليات اليومية	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
✓ تقييم التقارير	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
- أنشطة تعزيز الصحة	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
✓ تحديد الموقع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
✓ الطريقة	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع
✓ المواضيع (رعاية الحامل، رعاية النفس، رعاية الطفل، تنظيم الأسرة، الأمراض غير السارية.... الخ)	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع	- مديرية الصحة، مديرية صحة المرأة والطفل وفريق المشروع

2-4 التدريب التشغيلي

ويهدف التدريب التشغيلي إلى تجديد والتعمق في تشغيل العيادة الصحية المنتقلة ورفع كفاءة وقدرة إدارة العيادة الصحية المنتقلة. يوصى بعقد الاجتماع مرة في كل سنة.

جدول 8 نموذج لبرنامج التدريب التشغيلي

اليوم 1	المحتوى	الجهة المسؤولة
1. مراجعة أداء العيادة المنتقلة	- مدير مديرية الصحة، مديرية صحة المرأة والطفل	- مديرية مديرية الصحة، مديرية صحة المرأة والطفل
2. مناقشة التوجهات المستقبلية	- تحليل المستقبلين واحتياجاتهم.	- مديرية مديرية الصحة، مديرية صحة المرأة والطفل
3. مراجعة أمور الصيانة	- قسم النقل والحركة بوزارة الصحة	- قسم النقل والحركة بوزارة الصحة
✓ تكاليف الصيانة، للميزانية المستقبلية	- الشركة المصنعة للعيادة	- الشركة المصنعة للعيادة

2-3 ارسال التقارير

في نهاية كل يوم عمل، يجب تعبئة التقرير اليومي للعيادة الصحية المنتقلة النسخة الورقية. ويتم إرساله بعد الانتهاء من تعبئته إلى مشرفة الأمومة والطفولة شهرياً. نموذج السجل اليومي للعيادة الصحية المنتقلة مرفق بملحق 2.

وبالإضافة إلى ذلك، يجب تعبئة التقرير أيضاً على تطبيق الهاتف الذكي، والذي يتكون من نموذجين، نموذج السيارة والنموذج الطبي للعيادة الصحية المنتقلة الذي يعاين من قبل القبالة.

1) نموذج السيارة
وقت البدء، وقت الانتهاء، أخذ احداثيات الموقع (GPS) لنقطة الانطلاق والرجوع، اسم السائق، الموقع، اسم القضاء، والمسافة ما بين مديرية صحة المغفرق والموقع، النموذج يشابه نموذج التقرير اليومي للعيادة المنتقلة ملحق 2-1، باستثناء إضافة احداثيات الموقع (GPS).

2) نموذج الطبي للعيادة الصحية المنتقلة

اسماء فريق العيادة الصحية المنتقلة وعدد مراجعي خدمات الأمومة والطفولة في نهاية كل يوم. النموذج يشابه نموذج التقرير اليومي للعيادة المنتقلة ملحق 2-2، باستثناء إضافة احداثيات الموقع (GPS).

بعد تعبئة النماذج باستخدام تطبيق الهاتف الذكي، يتعين على السائق والقبالة إرسال التقرير إلى الخادم Server part. ملحق 3 يشرح كيفية استخدام التطبيق والخادم.

3-3 التزويد والتقارير

جميع الإجراءات اللوجستية والتزويد وارسال التقارير يجب أن تتبع نظام وتعليمات وزارة الصحة، تماماً كما ينطبق على المراكز الصحية القرية.

1) نظام التزويد المتبع بوزارة الصحة
مديرية الصحة/ قسم صحة المرأة والطفل مسؤول عن تزويد جميع المواد (وسائل تنظيم الأسرة، الأدوية الأساسية، المطاعيم وغيرها).

2) نظام ارسال التقارير المتبع في وزارة الصحة
أنواع التقارير

- ✓ سجل الدوام الرسمي
- ✓ السجل اليومي للطبيب
- ✓ السجلات اليومية لخدمات صحة الأمومة والطفولة (رعاية الحامل، رعاية النفس، رعاية الطفل وتنظيم الأسرة)
- ✓ سجل المطاعيم
- ✓ التقرير الشهري عن أعمال خدمات الأمومة والطفولة و التقرير الاحصائي الشهري التجميعي لخدمات الأمومة والطفولة المقامة لغير الأردنيين
- ✓ تقرير أنشطة تعزيز الصحة

4-3 ادارة التكاليف

إدارة التكاليف خلال فترة المشروع حتى شهر شباط 2018 ستكون من مسؤولية فريق المشروع. وبعد انتهاء فترة المشروع ستكون وزارة الصحة مسؤولة عن الإدارة للتكاليف؛ التكاليف السنوية وتكاليف التشغيل وتكاليف الموظفين.

1) التكاليف السنوية

- التأمين (مجاني خلال السنة الأولى)
- رسوم التسجيل (العيادة الصحية المنتقلة معفية من قبل وزارة الخارجية، بحاجة إلى التنسيق مع قسم النقل والحركة في وزارة الصحة)

2) تكاليف التشغيل

- الوقود
- الصيانة (حتى 10,000 كم، بعد 10,000 يجب غيار زيت السيارة)

3) تكاليف الموظفين

- المشرفين على المستويين المركزي والمحلي
- طاقم العمل (الطبيب، القبالة والمرضة)
- السائق

الملحقات

1. نموذج الخطة الشهرية لعمل العيادة الصحية المتنقلة
2. نموذج السجل اليومي للعيادة الصحية المتنقلة
3. دليل استخدام تطبيق الهاتف الذكي والخادم (Server part)
4. خريطة البلدية الشمالية ومواقع العمل
5. المراكز الصحية و عدد السكان في مناطق لواء البلدية الشمالية- المعرق

ملحق 2-1: نموذج السجل اليومي للعيادة الصحية المتنقلة - نموذج السيارة

شهر:

اسم المسؤول:

السنة:

رقم السيارة	اسم المسؤول	شهر	السنة	الملاحظات	اسم المساق	القرية	قضاء	المسافة (كم)		الوقت	اليوم
								الاطلاق	النهاية		
1	الجمعة										
2	السبت										
3	الأحد										
4	الاثنين										
5	الثلاثاء										
6	الأربعاء										
7	الخميس										
8	الجمعة										
9	السبت										
10	الأحد										
11	الاثنين										
12	الثلاثاء										
13	الأربعاء										
14	الخميس										
15	الجمعة										
16	السبت										
17	الأحد										
18	الاثنين										
19	الثلاثاء										
20	الأربعاء										
21	الخميس										
22	الجمعة										
23	السبت										
24	الأحد										
25	الاثنين										
26	الثلاثاء										
27	الأربعاء										
28	الخميس										
29	الجمعة										
30	السبت										
31	الأحد										

ملاحظة: يرجى كتابة تاريخ تعبئة الوقود وتاريخ الفحص الدوري للعيادة الصحية المتنقلة في عمان، في عمود الملاحظات.

ملحق 1: نموذج الخطة الشهرية لعمل العيادة الصحية المتنقلة

شهر:

مشرفة الأمومة والطفولة/ مكتب صحة لواء البادية الشمالية

اسم المسؤول:

رقم السيارة:

رقم السيارة	اسم المسؤول	شهر	السنة	الملاحظات	اسم المساق	القرية	قضاء	المسافة (كم)		الوقت	اليوم
								الاطلاق	النهاية		
1	الجمعة										
2	السبت										
3	الأحد										
4	الاثنين										
5	الثلاثاء										
6	الأربعاء										
7	الخميس										
8	الجمعة										
9	السبت										
10	الأحد										
11	الاثنين										
12	الثلاثاء										
13	الأربعاء										
14	الخميس										
15	الجمعة										
16	السبت										
17	الأحد										
18	الاثنين										
19	الثلاثاء										
20	الأربعاء										
21	الخميس										
22	الجمعة										
23	السبت										
24	الأحد										
25	الاثنين										
26	الثلاثاء										
27	الأربعاء										
28	الخميس										
29	الجمعة										

ملاحظة: يرجى وضع الصيانة الدورية المخططة في عمان في عمود القرية.

ملحق 3-1: دليل استخدام تطبيق الهاتف الذكي لتعليمات كيفية استخدام تطبيق ODK على الهاتف الذكي Android

1- عند فتح تطبيق ODK، تظهر لك هذه الشاشة:



5- اضغط على الحصول على استمارة فارغة.

2- اضغط على النقاط الثلاث، أعاله ثم اختر إعدادات عامة



3- بعد اختيار إعدادات عامة، تظهر هذه القائمة، اختر Server



4- ادخل الرابط، اسم المستخدم، وكلمة المرور (هذه المعلومات تتواجد عند منسق الحياة المنتقلة). بعد ادخال هذه البيانات اذهب للصفحة الرئيسية.

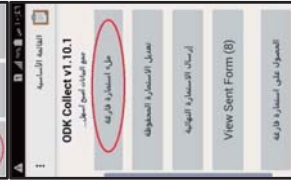


6- اختر النموذج الذي تريد تنزيله على الجهاز، يوضع علامة صح في المربع، ثم اضغط على "الحصول على الاستمارة الجديدة"

*ملاحظة: لجهاز السائق حمل النماذج الخاصة بالسائق فقط ولجهاز القبيلة حمل "نموذج المعلومات الطبية"

7- التطبيق الآن جاهز للاستخدام، اذهب للصفحة الرئيسية واختار "ملء استمارة فارغة"، سيظهر لك النموذج الذي اخترته في الخطوة السابقة، جاهز للاستخدام ويمكنك البدء بإدخال البيانات.

8- بعد تعبئة البيانات بالنموذج، اذهب للصفحة الرئيسية واختار "ارسل الاستمارة النهائية" وارسلها لتصل للخادم. هذه الخطوة تتطلب أن يكون هاتفك متصل بالإنترنت.



ملحق 2-2: نموذج السجل اليومي للعيادة الصحية المتنقلة - النموذج الطبي

الشهر: السنة:

اسم المسؤول: مشرفة الأمومة والطفولة/ مكتب صحة لواء البادية الشمالية

رقم السيارة:

ملاحظات	التتقن الصحي		عدد المراجعين اللاجئيين السوريين	عدد المراجعين لخدمات							اسم فريق العمل			اليوم			
	المسؤولية	عدد المشاركين		الموضوع	الاستشارة	عدد متلقي الأدوية المجانية ضمن خدمات الأمومة والطفولة	التطعيم	رعاية الطفل	رعاية الفلاس	رعاية الحامل	تنظيم أسرة/ مشورة	تنظيم الأسرة/ منكر	تنظيم الأسرة/ جديد		الممرضة	القبيلة	الطبيب
																1	الجمعة
																2	السبت
																3	الأحد
																4	الاثنين
																5	الثلاثاء
																6	الأربعاء
																7	الخميس
																8	الجمعة
																9	السبت
																10	الأحد
																11	الاثنين
																12	الثلاثاء
																13	الأربعاء
																14	الخميس
																15	الجمعة
																16	السبت
																17	الأحد
																18	الاثنين
																19	الثلاثاء
																20	الأربعاء
																21	الخميس
																22	الجمعة
																23	السبت
																24	الأحد
																25	الاثنين
																26	الثلاثاء
																27	الأربعاء

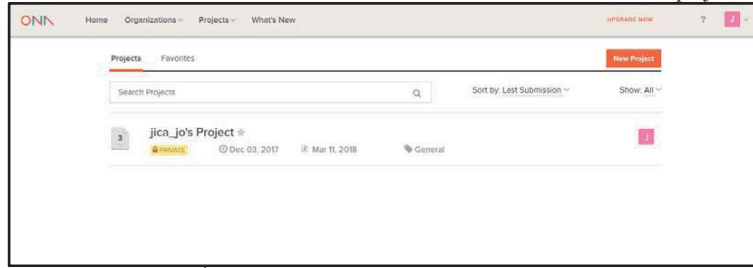
ملحق 3-2: دليل استخدام الخادم، لتطبيق الهاتف الذكي.

افتح موقع ONA، وادخل اسم المستخدم وكلمة المرور.

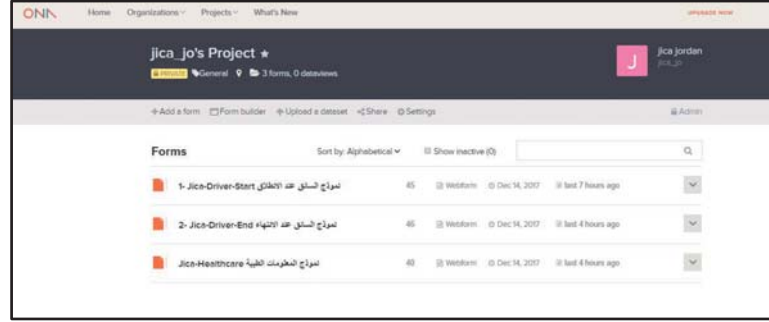
الموقع: <https://ona.io/login>

اسم المستخدم وكلمة المرور موجودة مع منسق العيادة المتنقلة.

1- بعد إدخال اسم المستخدم وكلمة المرور، ستظهر لك هذه الشاشة الموجودة أدناه، سيظهر لك جميع المشاريع التي تنطرح تحت هذا الحساب، هنا سيظهر لك "jica_jo's project".



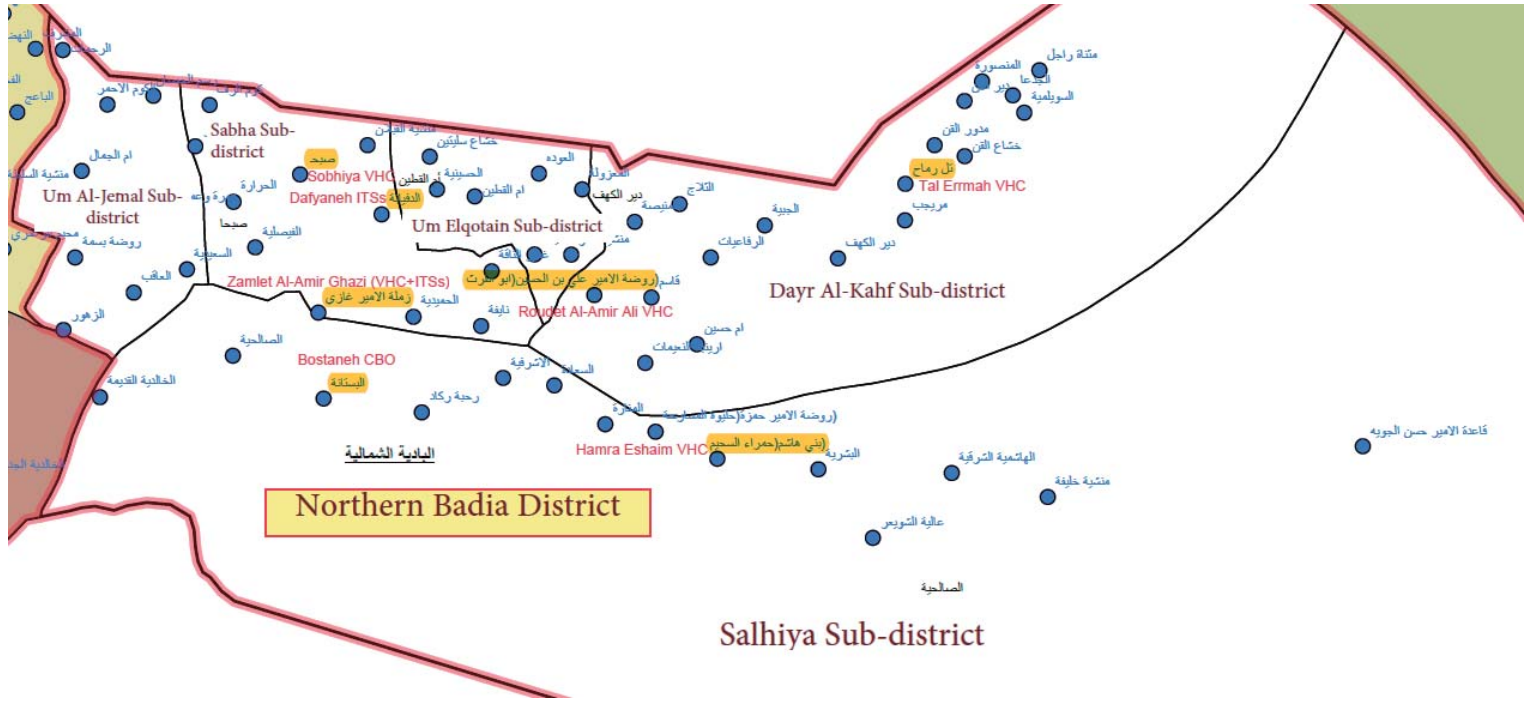
2- بالضغط على "jica_jo's project" سيظهر لك جميع النماذج كما هو موضح أدناه. اضغط على النموذج الذي تريده ليتم عرض بياناته.



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3- باختيارك لأي نموذج، ستظهر لك شاشة كما هي بالصورة أدناه. أهم الخيارات هي خيار "Table" الذي بالنقر عليه تظهر جميع البيانات المسجلة، وخيار "Prepare Date Export" لتصدير البيانات على هيئة ملف Excel ليسهل قراءة البيانات.

لتصدير البيانات اختر خيار "Excel" من خانة "File Type"، لتكون اللغة العربية مقروءة.



ملحق 5: المراكز الصحية و عدد السكان في مناطق لواء البادية الشمالية- المرفق

الجماعات	الوقت المتوقع للوصول إلى التجمع من المستشفى بال دقائق	البعد التقديري للتجمع عن المستشفى (كم)	عدد السوربون	عدد الأطفال الأقل من 5 سنوات (المجموع السكاني * 137.%)	عدد السيدات الحوامل المقدر (عدد السيدات المقدر في سن الاجاب * 1.%)	عدد السيدات المعقر في عمر الاجاب (عدد الاجاب * 523.%)	عدد الاثاث	المجموع السكاني الكلي	المراكز الصحية	التجمع	الفضاء	
	35	25	791	620	113	1,128	2,156	4,524	ام الجمال الشامل	ام الجمال	ام الجمال	
مركز روضة الاميرة بسمة الخيرية وجمعية اليسر	30	17	1,040	1,422	262	2,624	5,018	10,376	روضة الاميرة بسمة الاولى	روضة الاميرة بسمة		
	40	30	606	508	92	915	1,750	3,711	الكوم الاحمر الاولى	الكوم الاحمر		
جمعية حي العيسى الخيرية للتنمية الاجتماعية	15	10	243	222	41	406	777	1,624	العقاب الفرعي	العقاب		
جمعية زكية الخيرية	20	14	637	608	109	1,087	2,078	4,439	عمرة وعصيرة الاولى	عمرة وعصيرة		
رعاية الطفل الخيرية	10	5	429	362	66	664	1,269	2,645		السعيدية		
	50	35	10	54	9	86	164	392		رسم حصان		
	15	10	4	18	3	30	57	129		الزهور		
	30	24	6	35	6	59	113	255		الرحمات		
			3,766	3,849	700	6,999	13,382	28,095	المجموع			
	55	40	58	288	54	542	1,037	2,101	دير الكهف الشامل	دير الكهف	دير الكهف	
	45	35	53	216	40	395	756	1,580	الرفاعيات الشامل	الرفاعيات		
جمعية عنقيد الخير	35	25	80	191	36	356	680	1,393	روضة الامير علي الفرعي	روضة الامير علي		
	80	75	26	200	37	370	707	1,457	الجبية الفرعي	الجبية		
	70	60	32	32	6	57	109	232	دير الفن الفرعي	دير الفن		
	75	70	1	28	6	62	119	207	مثناة راجل الفرعي	مثناة راجل		
	35	30	57	157	28	284	543	1,144		قاسم		
	70	65	7	7	1	14	27	54		جدعا		
	40	30	84	18	175	335	616		تل الرماح الفرعي	تل رماح		
	45	35	15	3	29	55	113		ارثيبة نعيمات	ارثيبة نعيمات		
	70	60	48	9	92	175	353		مدور الفن الفرعي	مدور الفن		
	35	30	26	5	47	89	192		الثلاج	الثلاج		
	40	35	20	42	9	87	166	310	خشاع الفن	خشاع الفن		
الرحمة للاحتياجات الخاصة	70	60	17	3	31	60	122		المنصورة	المنصورة		
	45	40	11	2	18	34	77		مرجيب	مرجيب		
	40	35	18	53	9	88	168	389		ام حسين		
	40	35	79	15	149	285	579		المنيفة	المنيفة		
			313	1,496	280	2,795	5,345	10,919	المجموع			

الفضاء	التجمع	المراكز الصحية	المجموع السكاني الكلي	عدد الاثاث	عدد السيدات المقدر (عدد الاجاب * 0.523)	عدد السيدات الحوامل (عدد السيدات المقدر في سن الاجاب * 1)	عدد الاطفال الاقل من 5 سنوات المقدر (المجموع السكاني * 0.137)	عدد السوربون	البعد التقديري للتجمع عن المستشفى (كم)	الوقت المتوقع للوصول الى التجمع من المستشفى بالدفق	الجميعات
البادية	الصالحية	مركز صحي البادية الشمالية الشامل	3,959	1,921	1,005	100	542	447	5	10	جمعية تطوير البادية التعاونية
	الصفاري	الصفاري الأولي	2,315	1,113	582	58	317	134	85	60	
	البشرية	البشرية الشامل	2,120	1,048	548	55	290	12	50	40	
	الهائمية الشرقية		205	103	54	5	28	55	65	50	
	منشية خليفة		227	121	63	6	31		75	50	
	المنارة	المنارة الفرعي	2,704	1,279	669	67	370	346	35	20	جمعية عز الوطن الخيرية
	الحميدية		1,694	795	416	42	232	27	10	15	جمعية سيدات المشرقين الخيرية
	الأشرفية	الأشرفية الشامل	2,118	1,062	555	56	290	306	10	15	
	بني هاشم	بني هاشم الفرعي	2,057	1,011	529	53	282		40	45	جمعية اليد البيضاء الخيرية
	رحبة ركاد		1,512	718	376	38	207	243	14	20	
	روضة الأمير حمزة	روضة الأمير حمزة الفرعي	2,207	1,110	581	58	302	64	15	20	
	نايفة		1,970	934	488	49	270	715	23	30	
	زملة الأمير غازي	زملة الأمير غازي الفرعي	3,271	1,390	727	73	448	1,428	7	10	
	السعادة		1,667	819	428	43	228	79	7	10	تضامن البادية الشمالية
	البيستلة		1,752	661	346	35	240	64	10	13	
	عالية الشويبر		111	59	31	3	15	2	65	75	
	قاعدة الأمير حسن الجوية		77	34	18	2	11	12			موقع عسكري
المجموع			29,966	14,178	7,415	742	4,105	3,934			
الريف	صبحا	صبحا الشامل وصبحية الفرعي	9,338	4,323	2,261	226	1,279	2,555	10	15	مركز الأميرة بسمة الخيرية
	دفيانة	الدفيانة الأولى	2,688	1,336	699	70	368	1,148	13	20	جمعية الهدف السامي الخيرية
	سبع اصير	سبع اصير الفرعي	1,921	879	460	46	263	168	6	8	جمعية سبع اصير
	كوم الزف	كوم الزف الأولى	1,267	578	302	30	174	144	8	10	
	منشية القبان		656	335	175	18	90	44	11	15	جمعية منشية القبان
	الفصيلية		931	431	225	23	128	78	9	13	
	الحرارة		175	84	44	4	24	3	10	15	
	المجموع			16,976	7,966	4,166	417	2,326	4,140		
أم القطين	أم القطين الشامل	6,235	2,943	1,539	154	21	644	30	35	جمعية أم القطين	

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الفضاء	التجمع	المراكز الصحية	المجموع السكاني الكلي	عدد الاثاث	عدد السيدات المقدر (عدد الاجاب * 0.523)	عدد السيدات الحوامل (عدد السيدات المقدر في سن الاجاب * 1)	عدد الاطفال الاقل من 5 سنوات المقدر (المجموع السكاني * 0.137)	عدد السوربون	البعد التقديري للتجمع عن المستشفى (كم)	الوقت المتوقع للوصول الى التجمع من المستشفى بالدفق	الجميعات	
البادية	خشاع سيلتين	خشاع سيلتين الأولى	1,935	930	486	49	7	141	20	25	للاحتياجات الخاصة	
	المكيفة	المكيفة الأولى	3,588	1,727	903	90	12	720	37	45	عيادة البادية الخيرية التعاونية	
	المعزولة		231	116	61	6	1	4	37	45		
	منشية القنو		581	281	147	15	2		36	45		
	غدير الناقة		41	14	7	1	0	50	24	30		
	الحسينية		185	83	43	4	1	47	26	30		
	عودة		479	241	126	13	2	29	29	32		
	المجموع			13,275	6,335	3,313	331	45	1,606			

Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees



The Hashemite Kingdom of Jordan
Japan International Cooperation Agency

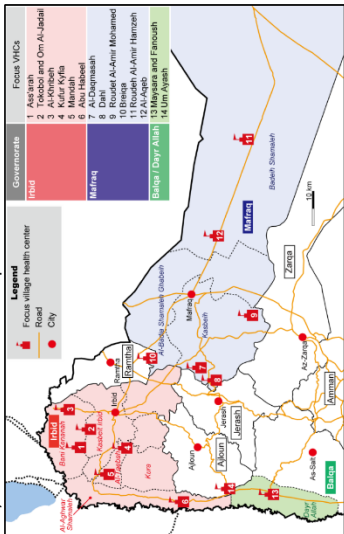
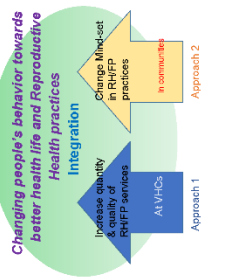
Project Overview

The Project aims at contributing to improvement of services provided at village health centers (VHCs) through strengthening VHC capacities and promoting healthy life style/RH practices for both Jordanians and Syrian refugees.

-The duration of the project: April 2016 to March 2018
-Implementation organization: Woman and Child Health Directorate, the Ministry of Health
-**Project purpose** is "service delivery function of the focus VHCs is improved." To achieve its purpose, three outputs and activities in collaboration with the Woman and Child Health Directorate, were set as follows:

- **Output 1: An enabling environment for VHCs in the project sites is secured.**
 - Updating VHC operation manual
 - Providing a mobile clinic and supporting its operation
 - Providing basic medical furniture and equipment to focus VHCs
- **Output 2: Capacity of health staff at VHCs in the project sites is strengthened.**
 - Providing training sessions
 - Supervisory visits to VHCs
- **Output 3: Health promotion activities are activated at the focus VHCs.**
 - Establishment of Community Health Committees (CHCs), which will take a leadership role in conducting routine health promotion activities

■ **Project Site:** 14 focus village health centers in Mafraq Health Directorate, Irbid Health Directorate and Dayr Allah Sub-health District in Balqa Health Directorate.



Achievements of the Project



Output 1: Enabling environment

- The Village Health Center Operation Manual has been updated based on the JICA previous project in the south region.
- Family planning flipchart has been developed and distributed to all MCH centers and VHCs.
- Basic medical equipment has been provided to focus VHCs.
- A mobile clinic has started its trial operation.



Output 2: Capacity development

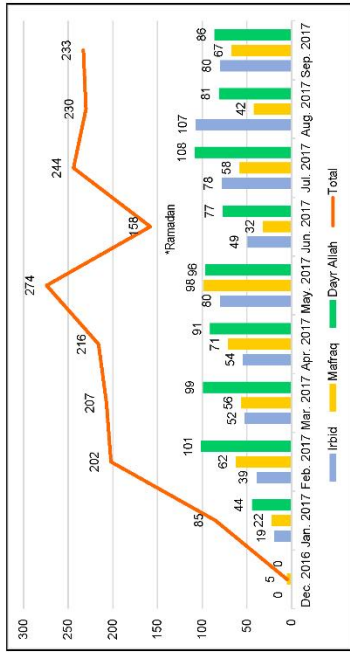
- Health workers of focus VHCs received in-service training on FP, ANC, PNC, and child care services.
- The VHC Health workers received on-the-job training at upper level health facilities.
- Supervisory visits to focus VHC have been routinely conducted.
- Experienced midwives expanded coverage of RH services at the VHCs.



Output 3: Health promotion in communities

- A workshop on Health Promotion Activities was held in three project-supported governorates.
- Community Health Committees (CHCs) of 14 focus villages held a ceremony to launch health promotion activities.
- During April to September 2017, 104 activities were conducted and 2,337 people attended in 14 villages.

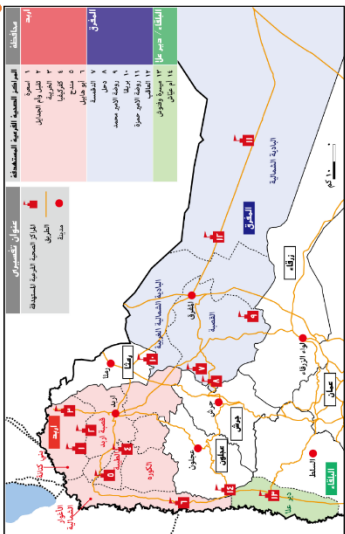
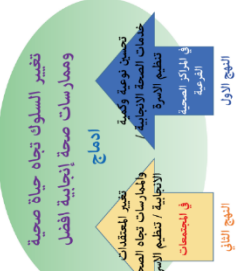
Overall Achievement: Increased number of clients received antenatal care, postnatal care, child care and family planning services (14 VHCs)



موجز عن المشروع

تم إطلاق المشروع في شهر نيسان من عام ٢٠١٦، كعمل مشترك ما بين وزارة الصحة الأردنية والوكالة اليابانية للتعاون الدولي (جيجا)، بهدف هذا المشروع إلى تحسين نوعية الخدمات المقدمة في المراكز الصحية القرية في المناطق المستنظمة من قبل المشروع من خلال تحسين كفاءة المراكز الصحية القرية والتشجيع على اتباع أنماط حياة صحية وممارسات صحة إيجابية أفضل للأشخاص واللاجئين السوريين.

- مدة المشروع: من نيسان ٢٠١٦ ولغاية آذار ٢٠١٨.
- الجهة المنفذة للمشروع: مديرية صحة المرأة والطفل/ وزارة الصحة.
- **هدف المشروع:** تحسين الخدمات المقدمة في المراكز الصحية القرية في المناطق المستنظمة. وحتى يتحقق الهدف، تم تحديد ثلاث مخرجات ونشاطات وهي كالتالي:
- **المخرج الأول:** تأمين بيئة مواتية في المراكز الصحية القرية المستنظمة من قبل المشروع.
- تحديث الدلائل التشغيلية للمراكز الصحية القرية.
- الترويج بعيادة صحية متنقلة وشغليها.
- الترويج بالأدوات والمعدات الطبية الأساسية.
- **المخرج الثاني:** رفع كفاءة مقدمي الخدمات في المراكز الصحية القرية في مواقع المشروع.
- عقد الدورات التدريبية.
- زيارات إشرافية للمراكز الصحية القرية.
- **المخرج الثالث:** تغطية أنشطة تعزيز الصحة في ١٤ مركز صحي فرعي مستهدف من قبل المشروع.
- **أنشطة تعزيز الصحة** (مثل تشكيل لجان صحة المجتمع).



إنجازات المشروع

المخرج الأول: تأمين بيئة مواتية في المراكز الصحية القرية

- تم تحديث وإصدار الدلائل التشغيلية لخدمات الصحة الإيجابية وتنظيم الأسرة للمرأة الصحية الإيجابية والمستنظمة للإيجابية.
- تم تحديث وإصدار الوثيقة التوجيهية لوسائل تنظيم الأسرة لجميع مراكز الأهمية والخطوة والمرکز الصحية القرية التي تقدم خدمات الأمومة والطفولة وتنظيم الأسرة.
- تم تقييم المعدات الطبية الأساسية من قبل المشروع ووزارة الصحة.
- تم تقييم جودة الصحة المنتظمة وتقديم الدعم خلال فترة عمل المشروع.



المخرج الثاني: تعزيز قدرات مقدمي الخدمات الصحية

- تم عقد سلسلة من التدريبات بمواضيع تنظيم الأسرة، وبمبادرة من مديرية صحة المرأة والطفل لإستحداث خدمات الصحة الإيجابية في المراكز الصحية القرية المستنظمة تم عقد تدريبات على مواضيع الصحة الإيجابية وفه وفهم أدوات التخطيط للصحة الإيجابية، كما وتم تنفيذ تدريب في مهارة العمل للتقبلات والممرضات العاملات في المراكز الصحية القرية المستنظمة من قبل المشروع.
- تم تنفيذ زيارات إشرافية لـ ١٤ مركز صحي فرعي مستهدف.

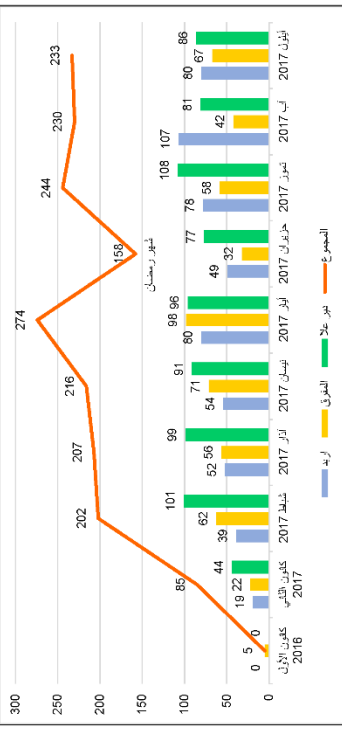


المخرج الثالث: تغطية أنشطة تعزيز الصحة في المراكز الصحية القرية

- تم عقد ورشات تدريبية على مواضيع تعزيز الصحة في المحافظات الثلاث المستنظمة.
- تشكلت لجان صحة المجتمع في ١٤ قرية مستنظمة وعقدت خلال هذه الأنشطة تعزيز الصحة في ١٤ قرية مستنظمة.
- تم عقد ١٠٤ نشاط تعزيز صحي، وبلغ عدد المنصور الكلي ٢٣٣٧ شخص في ١٤ قرية مستنظمة، خلال الفترة ما بين نيسان إلى أيلول ٢٠١٧.



الإنجازات بشكل عام: زيادة عدد منتقلي خدمات رعاية الطفل وتنظيم الأسرة في ١٤ مركز صحي فرعي مستهدف.





VHC Newsletter

Issue No. 1 March 2017



Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees

Welcome note from our Director

As a "welcome" to this Newsletter, Dr. Mohammed Tarawneh, the Project Director and Director of Primary Health Administrative Directorate, expressed his expectation towards this project.

Over the last several years, the massive influx of Syrian refugees into Jordan has stressed the country's health service provision capacity. According to Census 2015, 1.27 million Syrians are living in the Kingdom and 44% of them live in Irbid and Mafraq. According to information collected by Japan International Cooperation Agency (JICA) during a field visit in August 2014, obstetric bed occupancy rates of some hospitals in the northern region exceeded 100%, and more than half of them were Syrian refugees. Accordingly, to maintain quality and quantity of health services for Jordanians living in host communities, we need to enhance our health facilities to increase in both quantity and quality of service provision.



Dr. Mohammed Tarawneh

To tackle with our current challenges, the Ministry is ready to implement this project, entitled the "Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees," with JICA supports based on the JICA's long and valuable experiences.

About VHC Project

The Project has been launched in April 2016, jointly operated by Ministry of Health (MOH) and JICA. The Project aims at contributing to improve the quality of services at village health centers (VHCs) in rural host communities of Syrian refugees through strengthening VHC capacities and promoting healthy life style/RH practices for both Jordanians and Syrian refugees.

The project purpose is "Service delivery function of the focus VHCs is improved." To achieve its purpose, three outputs and activities were set as follows:

Output 1: An enabling environment for VHCs in the project sites is secured.

- Updating VHC operation manual
- Providing mobile clinic
- Providing basic medical furniture and equipment

Output 2: Capacity of health staff at VHCs in the project sites is strengthened.

- Providing training sessions
- Supervisory visits to VHCs

Output 3: Health promotion activities are activated at 14 focus VHCs.

- Health promotion activities (e.g. Activating the established Community Health committees)

Project Period: April 2016 to April 2018

Implementation Agency: Directorate of Women and Child Health Department, Ministry of Health

Project Site: Health Directorate of Irbid, Mafraq and Dayr Allain district in Balqa Directorate

Opening Ceremony

An Opening ceremony of the project was held in Amman on August 3, 2016 with the 46 participation of key stakeholders. The contents of the ceremony were the introduction of the project outline, and discussion of the planned activities with respective stakeholders. The participants were the MOH central and governorate staff (23), the Higher Population Council (3), the development partners (10) and JICA Jordan office representatives (3), the project team members. The participants' valuable comments were the project about confirmation of VHC role and responsibilities, improvement of indicators to monitor project progress and project sustainability and so on.



Training for Health Staff

The project provided these kinds of training sessions, aiming at 1) Family planning (FP) and counselling, 2) FP logistic, 3) basic Reproductive health services (Antenatal care, Postnatal care and Child care) at VHCs. After completion of these training, health staff at 14 focus VHCs were able to provide FP services (provision of pills and male condom and FP counselling) and basic RH services.



Project Sites in three Governorates



Legend

- Focus village health center
- Village
- City

Focus VHCs

1. Assaf and Om Al-Jadid
2. Al-Khawlani
3. Kula Kyra
4. Al-Jabal
5. Al-Jabal
6. Al-Jabal
7. Al-Damirah
8. Fozat Al-Amr (Mabram)
9. Al-Muhammar
10. Bina
11. Al-Muhammar
12. Al-Azab
13. Al-Muhammar
14. Al-Muhammar

Governorates

- Irbid
- Mafraq
- Dayr Allain

Activities Done in 2016

Jan.: Work Plan and Monitoring Sheet Ver. 1

Jul.: Various meetings (Establishing the Technical committee, updating VHC manual)

Jul.-Aug.: VHC survey

Aug.: Opened the survey

Aug.: 1st JICA meeting

Sep.: Technical committee meetings (Preparing the training plan)

Sep.-Nov.: Household survey

Oct.: Training on FP and FP logistic

Nov.: Training on Reproductive Health services at VHCs

Dec.: 2nd JICA meeting

Planned Activities in 2017

Feb.: Complete mobile clinic production

Mar.: Health promotion meeting in communities, medical equipment procurement

Apr.: Starts health promotion activities in villages

May.: Meetings on the follow-up of VHC RHP/FP service provision


Aug.: Advisory mission by the JICA headquarters and JCC

Sep.: Refresh workshops for nursing staff

Nov.: Study tour for the best practice in health promotion activities

Dec.: Preparation for the endline survey.

Project Manager



Director of Women and Child Health Directorate: Dr. Malak Al-Ouri

If you have any comments, questions, suggestions, please contact us at:
 VHC Project Office
 7th floor, Ministry of Health
 Email: vhcprj@jicajordan.com

Project Website: <https://www.jica.go.jp/project/english/jordan001/index.html>

For better healthy life and RH practices
Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees

The project is in its second year!

Our project was launched in April 2016. The project is supporting target village health centers (VHCs) in rural areas of three governorates: Irbid, Mafrqa and Dayr Allah/Balqa. The project aims to strengthen the service provision capacity of VHCs in areas of reproductive (RH), antenatal care (ANC), postnatal care (PNC), child care and primary health care (PHC) services.

Through the first year-project activities, the focus VHCs became able to provide better quality RH and family planning services. As of April 2017, all 14 focus VHCs started to provide family planning (FP) services (pills and condoms). In addition, 64% of VHCs out of 14 VHCs provide ANC, PNC and child care services and some of VHCs start to provide vaccination services, that had never before been provided at VHCs in Jordan. Furthermore, nine VHCs became a midwife available either full time or part time.

Moreover, the Ministry of Health (MOH) and the project provided basic RH and PHC medical equipment and furniture for all 14 focus VHCs to improve the service provision environment. We will continue our efforts to ensure that more VHCs will be able to provide a greater variety and better quality of services and sustain these services after the

end of the project period. In the second year, we fully introduced community based health promotion (HP) activities in all 14 villages. The HP activities will contribute to promote community health in cooperation with local leaders and community based organizations.

Lastly, I would like to thank directors of health directorates in three focused governorates and their assistants, heads of Maternal and Child Health (MCH) departments and MCH supervisors in each health directorates and districts, and the key project counterparts from woman and child health directorate (WCHD), for their dedication to work together with Japanese experts and project staff work to achieve our project goals and further enhance our RH and Primary health care system in Jordan.



Director of Woman and Child Health Directorates
Dr. Malak Al-Ouri



Head of Supervision and monitoring department,
Fadia Al-Jaber

communities of Syrian refugees" is to enhance the capacity of health-care providers working at VHCs and to continue to expand health services, specifically reproductive health services and family planning in all remote areas, to allow everyone to receive quality services.



MCH supervisors,
Amal Abu-Shawwash

Key counterparts from Woman and Child Health Directorate

I am very proud of the ongoing work with JICA since 2006 "with the project integrating health and empowerment of women" in the south region through our esteemed ministry, the Ministry of Health, which always strives to provide the best health services to Jordanian citizens and non-Jordanians living in the Hashemite Kingdom of Jordan.

My mission as a counterpart to the project for "improvement of services of village health centers in rural host communities" is to enhance the capacity of health-care providers working at VHCs and to continue to expand health services, specifically reproductive health services and family planning in all remote areas, to allow everyone to receive quality services.

Great Achievement in the begging of the Second year — Figures show clearly our achievement!

After completion of our training series in the first year in the three focus governorates and provided an enabling environment for the provision of services in all 14 focus VHCs and by the efforts of MCH supervisors and with support by Woman and Child Health Directorate (WCHD), village health centers (VHCs) began providing family planning (FP) services from January 2017. Through the supervisors visits by the MCH supervisors of the central level and the project team and MOH monthly reports,

it was observed that all VHCs were providing FP services by the end of April 2017. Fig. 1 shows a great increase in the number of FP clients until May. In addition nine out of the 14 focus VHCs started to provide antenatal care (ANC), postnatal care (PNC) and child care with additionally, availability of midwives. Figure 2 shows a dramatic increase in the numbers of clients seeking reproductive health (RH) services which was almost zero in the last year.

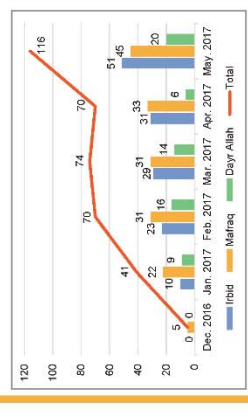


Fig. 1: Increased FP clients at the 14 focus VHCs

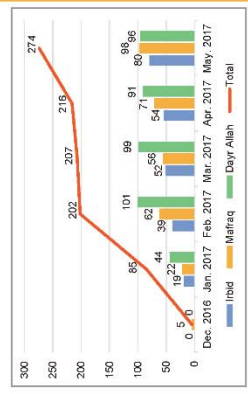


Fig. 2: Number of RH (ANC, PNC, Child care and FP) services provided at the 14 focus VHCs

3 vs Health Promotion Workshops in Three Governorates

The project conducted two-day health promotion workshops with Woman and Child Health Directorate. The community health committee (CHC) members were invited and they analyzed current health issues in their communities and developed action plans to address those issues.



5-6 April
Irbid



12-13 April
Mafrqa

The community health committee (CHC) members consisted of the VHC staff, representatives of local associations, school teachers, and so on. Half CHCs out of six have experiences in health promotion activities. Various health issues were addressed, such as lack of awareness of FP and newborn care, early marriage, chronic diseases, and so on (35 participants).



3-4 April
Dayr Allah



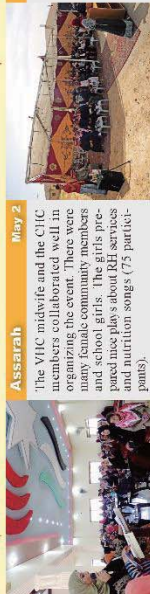
3-4 April
Dayr Allah

The two CHCs consisted of various members from school principals, teachers, heads of associations and a health promoter in Dayr Allah district. Significant numbers of local leaders are female. Major health problems identified were lack of awareness of birth spacing, adolescent's unhealthy behavior, personal hygiene and so on (18 participants).

Health Promotion Opening Ceremony in 14 Villages

The community health committee (CHC) members in collaboration with VHC staff planned and implemented the various ceremonies based on their resources and experiences

April 18 - May 10, 2017



Assarab May 2
The VHC members and the CHC members collaborated well in organizing the event. There were many female community members and school girls. The girls prepared nice plays about RFI services and nutrition songs (75 participants).



Takhal and Om Al-Jadali May 4
The CHC members helped children to perform a short skit about the importance of RFI services. They made a speech on RFI services in the VHC. The health promoter collaborated with the CHC well. (50 participants).



Al-Khribeh May 10
The CHC members prepared various kinds of slideshows and children's plays about nutrition and the effects of secondhand smoke. The picture shows their handmade food sample used for the children's play. A good level of participation was observed from all stakeholders (80 participants).



Kutur Kyfla April 25
The ceremony took place at the community "dwan". The CHC members have extensive experiences in conducting community health activities. The midwife made a speech announcing the new services that are provided at the VHC. A community leader appreciated Japan's assistance (67 participants).



Mandah May 1
The CHC members conducted a health promotion activity to raise awareness about the importance of RFI services in the village program. The village people and the health promoter have extensive experience and great resources in the health promotion field (66 participants).



Abu Habel April 25
A great level of collaboration was observed between CHC members and school teachers. Two children's plays about RFI methods as well as songs and dances about nutrition were presented during the health promotion ceremony (98 participants).



Al-Daqmaish April 26
The venue had a great view of the landscape of the whole village. A good mix of male and female from the village gathered. The head of the VHC made a speech on the importance of RFI services and the importance of the CHC's role, and the importance of health promotion activities (68 participants).

Dr. Maak, Director of WCHD, Ms. Shuto, a representative of JICA Jordan office, and Ms. Komasa, project chief advisor expressed their appreciation for the efforts of all health directorates, districts to conduct these epoch-making events.

Dahl May 1
The ceremony was held under the tent near the VHC. The head of the Mairaq health directorate joined the event and listened to community people's requests for enhancement of health facilities in their community. The CHC members helped each other (36 participants).

Roudah Al-Amr, Muhamad April 27
The event took place in the VHC's tent near the VHC. The head of the Mairaq health directorate joined the event and listened to community people's requests for enhancement of health facilities in their community. The CHC members helped each other (36 participants).

Breita May 9
The CHC created a well-organized event in collaboration with the doctor who covers the VHC. Nurses from a neighboring comprehensive health center also joined the event. All stakeholders participated in the project activity (52 participants).

Roudah Al-Amr, Hamzah May 10
The ceremony was held under the tent and was led by one of the community members. Most of the participants were male due to that community's culture, and each one of them has a specific responsibility in the community. The District MCH supervisor made her speech (56 participants).

Al-Ageb May 4
The CHC members were highly committed once they joined for the project activity. The CHC members stressed their health issues, such as shortage of health services and lack of human resources for health in their communities (76 participants).

Maysara and Fanoush April 26
The ceremony was carried out at the girl's school. The CHC members prepared a slide-show about the project activities. Two representatives from the JICA office joined and expressed their gratitude and expressed their high quality involvement (100 participants).

Um Ayash April 18
This ceremony at the girl's school was well coordinated by the CHC members and the district MCH supervisor. Many female participants enjoyed the event. The health promoter presented his experiences in health promotion activities (106 participants).

Supervisors from the target Health Directorates

We are expecting to strengthen VHC capacity and increase quality of services

Activities conducted from Jan. to Sep. 2017

- Mar.: Technical committee meeting
- Mar.: Supervisory visits for all 14 focus VHCs
- Apr.: Workshops for the health promotion activities in 3 health directorates
- Apr. - May.: Opening ceremonies for health promotion in 14 villages
- May.: Delivering Medical equipment and furniture to the 14 VHCs from MoH and the project
- Jul.: Meeting on Mobile clinic operation
- Jul.: Meeting on the follow-up the performance of VHCs in three governorates
- Aug.: Advisory mission by the JICA experts and the third ICC meeting
- Sep.: Refreshing workshop for VHC health staff
- Sep.: Printing flip-chart and distribute it to health centers
- Sep.: Printing Village Health centers operation manual for reproductive health and family planning services, 2017 and distribute it to Village Health Centers.
- Sep.: Mobile clinic training

Planned Activities for Oct. to Dec. 2017

- Oct.: Supervisory visits for all 14 focus VHCs
- Nov.: Study tour for good practices in health promotion activities
- Nov.: Developing a good practice booklet
- Dec.: Preparation for the endline survey



From Irbid

Work together to enhance "healthy community"

Photo from right to left: Ms. Mariam Al-Omari, MCH supervisor, Dr. Lutfeh Shalabi, Former Head of MCH department, Ms. Hiyam Obaidat, MCH supervisor, Ms. Khoud Horani, staff nurse at MCH department



From Mafraq

Working together makes greater achievements

Photo from right to left: Dr. Amal Kareem, former Head of MCH department, Ms. Souad Shidefat, MCH supervisor, Ms. Sawan Tamimi, Al-Badia district MCH supervisor, Ms. Majeda Takrori, Midwife member of MCH department.



From Dayr Allah, Balqa

Hand to hand to improve our services

Photo from right to left: Ms. Helweh Al-Issa, MCH district supervisor, Ms. Nuha Hatamieh, MCH supervisor, Ms. Khitam Rahaleh, Head of MCH department, Ms. Bothina Zaqrour, Dayr Allah district MCH supervisor

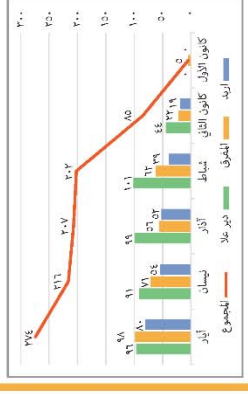
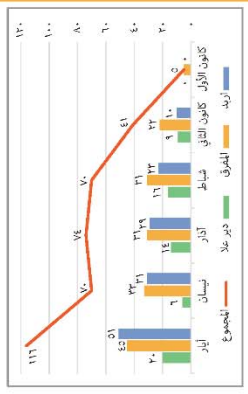


If you have any comments, questions, suggestions, please contact us at: VHC Project Office, 7th Floor, Ministry of Health, Project Website: HealthPromotion@mo.gov.jo <http://www.vhc.gov.jo> <http://www.vhc.gov.jo> <http://www.vhc.gov.jo>



أجازات عظيمة في بداية السنة الثانية للمشروع

وبعد إنهاء سلسلة التدريب في السنة الأولى في المحافظات المستهدفة الثلاث نيساب، نيساب، نيساب، يظهر زيادة كبيرة في عدد مراجعي خدمات تنظيم الأسرة، بالإضافة وتأمين بيئة مواتية لتقديم الخدمات في (14) مركز صحي فرعي ووجود مشروبات الأوعية والبطارية في سيارة صمة المرأة واطفال ومعدات الصحة في المحافظات المستهدفة بدأت المراكز الصحية الفرعية بتقديم خدمات تنظيم الأسرة رسمياً ابتداءً من شهر كانون الثاني ٢٠١٧، ومن خلال الزيارات الإثرائية من قبل مشرفات الأوعية واطفان في وزارة الصحة وفرق المشروع ووفق التقارير الشهرية ليرجع أن جميع المراكز الصحية الفرعية المستهدفة تقدم خدمات تنظيم الأسرة بطول نهاية شهر



شكل ١: زيادة عدد مراجعي خدمات تنظيم الأسرة في ١٤ مركز صحي فرعي مستهدف
شكل ٢: عدد المراجعين الذين يتلقون خدمات الصحة الإنجابية رعاية الطول
رعاية النضار، رعاية النضار وتنظيم الأسرة في ١٤ مركز صحي فرعي مستهدف



ورشات عمل تعزيز الصحة في المحافظات الثلاث

عقد المشروع ومديرية صحة المرأة والطفل ووحدة تعزيز صحة مادها في يونيو في كل من المحافظات المستهدفة وتم دعوة أعضاء لجان صحة المجتمع خلال هذه الورشة فتم الأعضاء للجان بتعليم القضايا الصحية الزائدة في مجتمعاتهم المحلية ووضع خطة عمل لاجل هذه القضايا.



٦-٥ نيساب

عُقد ورشة عمل من الذكاء من الدكتور ملك العوي، مدير مديرية صحة المرأة والطفل، وممثلين من مكتب جاركا الأردن، تم عقد ورشة تعزيز الصحة في محافظة الحرق، كما وكان هناك حضور بارز لكبار القادة المحليين الذين شاركوا في النقاش والحوار كأعضاء في لجان صحة المجتمع، وعدد القضايا الصحية المتعلقة بالوعي ببرامج تنظيم الأسرة، فقر النهم والنضار، من أبرز المشاكل التي تعترض أهل القرية، (بلغ عدد الحضور ٢٢ مشارك)



٤-٣ نيساب

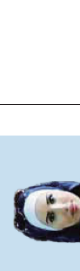


الربيع

تشكلت لجان صحة المجتمع من مختلف الأقاليم من مزارع ومدارس ومعلمين ورؤساء جمعيات ومعمري الصحة في لواء ديرعلا، ومن أهم المشاكل الصحية الرئيسية التي تم تحديدها هي عدم الوعي بأهمية المساعدة بين الأهل، وسوء المزاجين غير الصحي، والنظافة الشخصية، والأمراض المزمنة. (بلغ عدد الحضور ١٨ مشارك)



١٣-١٢ نيساب



الفرق

تشكلت لجان صحة المجتمع من مختلف الأقاليم من مزارع ومدارس ومعلمين ورؤساء جمعيات ومعمري الصحة في لواء ديرعلا، ومن أهم المشاكل الصحية الرئيسية التي تم تحديدها هي عدم الوعي بأهمية المساعدة بين الأهل، وسوء المزاجين غير الصحي، والنظافة الشخصية، والأمراض المزمنة. (بلغ عدد الحضور ١٨ مشارك)



أثناء اجته صحة المجتمع المكتوبة من العاملين في المراكز الصحية الفرعية، وممثلين من الجمعيات المحلية، ومعلمي المدارس، ومعمري الصحة من المديرية والأوعية، ثلاثة من أصل ستة لجان صحة المجتمع لديها خبرة في أنشطة تعزيز الصحة وخلال الورشة تم تناول العديد من القضايا الصحية، مثل انخفاض الوعي بتنظيم الأسرة ورعاية المواليد الجديد، الزواج المبكر، الأمراض المزمنة، وما إلى ذلك. (بلغ عدد الحضور ٢٥ مشارك)



نشرة المراكز الصحية الفرعية

وبعد تنفيذ رعاية صحة المرأة واطفال ومعدات الصحة في المحافظات المستهدفة بدأت المراكز الصحية الفرعية بتقديم خدمات تنظيم الأسرة رسمياً ابتداءً من شهر كانون الثاني ٢٠١٧، ومن خلال الزيارات الإثرائية من قبل مشرفات الأوعية واطفان في وزارة الصحة وفرق المشروع ووفق التقارير الشهرية ليرجع أن جميع المراكز الصحية الفرعية المستهدفة تقدم خدمات تنظيم الأسرة بطول نهاية شهر



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بدءنا السنة الثانية من المشروع!!!

تم إطلاق المشروع في نيسان ٢٠١٦، وبدعم لمشروع المراكز الصحية الفرعية المستهدفة في ثلاث محافظات: اربد، الحرق وديرعلا / نيساب. ويهدف المشروع الى تحسين نوعية الخدمات المقدمة في المراكز الصحية الفرعية في مجالات رعاية صحة المرأة واطفال ومعدات الصحة الأولية. وبعد مضي السنة الأولى من المشروع أصبحت المراكز الصحية الفرعية قادرة على تقديم نوعية أفضل من خدمات الصحة الإنجابية وتنظيم الأسرة، ومع حلول شهر نيسان ٢٠١٧ بدأت جميع المراكز الصحية الفرعية المستهدفة بالإنفاضة في ذلك لفران ١٤% من المراكز الصحية الفرعية المستهدفة أصبحت تقدم خدمات رعاية النضار، وخدمات رعاية الطفل، ومع استحداث خدمات المطاعنج في بعض المراكز الصحية الفرعية التي لم تكن تقدمها سابقاً، كما وتم تغطية ٩ مراكز صحية فرعية من أصل ١٤ مركز صحي فرعي مستهدف بقنوات، إما بدوام كامل أو جزئي.



رئيس قسم الإثراء والناسحة، فاديا الجبر

فصوة جدا بالعمل المتواصل مع الوكالة اليابانية للتعاون الدولي/جاكيا منذ عام ٢٠٠٦ "مشروع إدماج صحة وكفاية المرأة" في إقليم الجنوب من تسمى دائما إلى تقديم أفضل الخدمات الصحية للمواطنين الأردنيين ومن يقطن أرض المملكة الأردنية الهاشمية من غير الأردنيين، ورسائل كعظم لمشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستهدفة للجان السورين، هي العمل على تعزيز قدرة مقدمي الخدمات الصحية في الإقليم والفرع والمواحدة في نفس مناطق سكنهم وألم في برامج التعاون المجتمعي مع الوكالة اليابانية للتعاون الدولي/جاكيا لتنظيم الأسرة في المناطق الريفية لتكتمها من تقديم خدمات صحة إنجابية وتنظيم الأسرة للمواطنين القاطنين في هذه المناطق.

المشروع الرئيسي من مديرية صحة المرأة والطفل تعمل وزارة الصحة واستمرار على تحسين خدمات الصحة الإنجابية وتنظيم الأسرة وزيادة التغطية بها لضمان حصول الفئات المستهدفة في كافة أنحاء المملكة على خدمات صحة إنجابية متكاملة. لذلك تسعى الوزارة دائما إلى عقد اللقاءات التعاون مع الشركاء ومنها الوكالة اليابانية للتعاون الدولي وتنظيم الأسرة في المراكز الصحية في المناطق الريفية والاطفال الحصول على خدمات الصحة الإنجابية وتنظيم الأسرة من المراكز الصحية الفرعية والمواحدة في نفس مناطق سكنهم وألم في برامج التعاون المجتمعي مع الوكالة اليابانية للتعاون الدولي/جاكيا لتنظيم الأسرة في المناطق الريفية لتكتمها من تقديم خدمات صحة إنجابية وتنظيم الأسرة للمواطنين القاطنين في هذه المناطق.



مديرة الأوعية والطفولة، أمل أبو شاربوش



أثناء اجته صحة المجتمع المكتوبة من العاملين في المراكز الصحية الفرعية، وممثلين من الجمعيات المحلية، ومعلمي المدارس، ومعمري الصحة من المديرية والأوعية، ثلاثة من أصل ستة لجان صحة المجتمع لديها خبرة في أنشطة تعزيز الصحة وخلال الورشة تم تناول العديد من القضايا الصحية، مثل انخفاض الوعي بتنظيم الأسرة ورعاية المواليد الجديد، الزواج المبكر، الأمراض المزمنة، وما إلى ذلك. (بلغ عدد الحضور ٢٥ مشارك)





المشرفات من مديريات الصحة المستهدفة

في مشروع تكاتفنا، تشارك المديريات الصحية الاربعة (الرباط، طوزة، الخرج، مكناس)

من الرباط



معا للارتقاء بجمع صحي

العودة من الجهد إلى البساطة، طريقة الأوهام والطرق الجديدة، فريق العمل، رئيسة قسم صحة المرأة والطول سناء التوتيرة لطيف السليبي، مشرفة الأمومة والطبوبة السيدة هيام عبيدات، والسيدة علاءة محوزاني مشرفة في قسم الأمومة والطبوبة.

من الخرج



لأننا نكفركون، كل منا يحقق المزيد من الإنجازات

العودة من الجهد إلى البساطة، رئيسة قسم صحة المرأة والطول سناء التوتيرة أمل عبد الكريم، مشرفة الأمومة والطبوبة السيدة هيام عبيدات، مشرفة الأمومة والطبوبة نوال البادية السيدة مومن العنسي، والطاقبة القانونية/ عضو قسم صحة المرأة والطول السيدة ماجدة التكرودي.

من ديرعلا/ البلقاء



أيد بليد لتحسين الخدمات

العودة من الجهد إلى البساطة، مشرفة الأمومة والطبوبة السيدة عبود العنسي، مشرفة الأمومة والطبوبة السيدة نوال البادية، رئيسة قسم صحة المرأة والطول السيدة هيام عبيدات، مشرفة الأمومة والطبوبة في لواء علا السيدة نيليا ذوروق.

الأنشطة التي تم تنفيذها في الفترة ما بين كانون الثاني - أيلول ٢٠١٧

- إقرار اجتماع اللجنة الفنية
- إقرار إجازات إقليمية إلى ١٤ مركز صحي فرعي
- مستهدفات
- تسيار ونشاط عمل الأنشطة تعزيز الصحة في مديريات الصحة الثلاث المستهدفة
- تسيار - إقرار اجتماعات المنطقة أنشطة تعزيز الصحة في ١٤ فرقة مستهدفة
- إقرار تنظيم المبادرات الطبية والأنشطة ١٤ مركز صحي فرعي من قبل وزارة الصحة والشروع
- تسيار اجتماع حول آلية تشغيل المبادرات الطبية
- تسيار اجتماع حول متابعة أداء العاملين في تقديم الخدمات في المراكز الصحية الفرعية المستهدفة من قبل المشرفين في المحافظات الثلاث
- تسيار اللجنة المشغولة من مكتب جازيكا الرئيسي، وإنتاج خطة التشغيلية للمشروع
- إقرار، وقت عمل تشغيلية تذكارات صحية في المراكز الصحية الفرعية
- إقرار، خطة العمل الثلاثة لتنظيم الأسرة و تزويجها على المراكز الصحية
- إقرار، خطة العمل التشغيلية لخدمات الصحة الإنجابية، تنظيم الأسرة، التطعيمات الفرعية
- ٢٠١٧ وتوزيعه على المراكز الصحية الفرعية

الأنشطة المنجزة تنفيذها في الفترة ما بين تشرين الأول - كانون الأول، ٢٠١٧

- تسيار الزيارات الميدانية إلى ١٤ مركز صحي فرعي مستهدف
- تسيار، الثاني، جولة دراسية لتبادل الخبرات المتاح للجان صحة المجتمع فيما يتعلق بالأنشطة تعزيز صحة المجتمع
- تسيار، الثاني، إعادة كتيب المبادرات الصحية لخدمة تعزيز الصحة
- كلون الزيارات، التقييم، والإعداد للنسخ النهائي



تسيار، الثاني، إعادة كتيب المبادرات الصحية لخدمة تعزيز الصحة
كلون الزيارات، التقييم، والإعداد للنسخ النهائي



حفل انطلاق أنشطة تعزيز الصحة في ١٤ قرية - ١٨ نيسان - ١٠ أيار ٢٠١٧

قام أعضاء لجنة صحة المجتمع بالتعاون مع موظفي المراكز الصحية الفرعية بتنظيم وتنفيذ فعاليات مختلفة فيما إلى عزاباتهم وموادهم المنظمة.

سلا



تسيار زوار العيالات

أقيم الاحتفال في قرية العيالات وتم عرض مسرحية عن صحة ونظافة الفم، فدورها الطاقم من القرية. بلغ عدد الحضور ٥٠ مشارك.

الخرجة



كفر كلب

أقيم الاحتفال في ديوان كفر كلبيا، وقد إحتدى رزاق القرية كلمة أقرت فيها من قبل المشرفين، وتضمنت توجيهات حول كيفية تحسين صحة المجتمعات. بلغ عدد الحضور ٧٧ مشارك.

بلدح



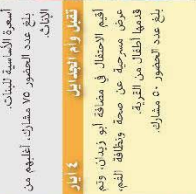
بواهايل

أقيم الاحتفال في جمعية منحة الخيرية وبعد الانتهاء من فعاليات الحفل، قام أعضاء لجنة صحة المجتمع بتوزيع شهادات تقديرية على تقديم جهودهم. بلغ عدد الحضور ٢١ مشارك.

البلقصة

أقيم الاحتفال في قرية القاب من المراكز الصحية، وتم عرض مسرحية عن صحة الفم ونظافة الفم، فدورها الطاقم من القرية. بلغ عدد الحضور ٩٨ مشارك.

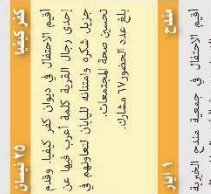
دمش



زوسة لأبي سعيد

أقيم الاحتفال في قرية الأقطار التابعة للمركز الصحي الفرعي، وخلال الاحتفال، وقد إحتدى إحدى مشرفات صحة المرأة والطول على أهمية تعليم النساء وتضمينها على أعمالهن. بلغ عدد الحضور ٥٦ مشارك، وقد كان مجتمع المشاركين من الكون.

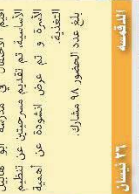
الغالب



بوسفا

أقيم الاحتفال في قرية بالقرب من المركز الصحي الفرعي، بحضور مدير مديرية صحة المشرق، وقد استمع إلى خطاب أهل القرية الصحية. بلغ عدد الحضور ٥٧ مشارك.

بوسفا



بوسفا

أقيم الاحتفال في قرية بالقرب من المركز الصحي الفرعي، بحضور مدير مديرية صحة المشرق، وقد استمع إلى خطاب أهل القرية الصحية. بلغ عدد الحضور ٥٧ مشارك.

بوسفا

أقيم الاحتفال في قرية بالقرب من المركز الصحي الفرعي، بحضور مدير مديرية صحة المشرق، وقد استمع إلى خطاب أهل القرية الصحية. بلغ عدد الحضور ٥٧ مشارك.

بوسفا



بوسفا

أقيم الاحتفال في قرية بالقرب من المركز الصحي الفرعي، بحضور مدير مديرية صحة المشرق، وقد استمع إلى خطاب أهل القرية الصحية. بلغ عدد الحضور ٥٧ مشارك.

بوسفا



بوسفا

أقيم الاحتفال في قرية بالقرب من المركز الصحي الفرعي، بحضور مدير مديرية صحة المشرق، وقد استمع إلى خطاب أهل القرية الصحية. بلغ عدد الحضور ٥٧ مشارك.

بوسفا



بوسفا

أقيم الاحتفال في قرية بالقرب من المركز الصحي الفرعي، بحضور مدير مديرية صحة المشرق، وقد استمع إلى خطاب أهل القرية الصحية. بلغ عدد الحضور ٥٧ مشارك.

بوسفا

أقيم الاحتفال في قرية بالقرب من المركز الصحي الفرعي، بحضور مدير مديرية صحة المشرق، وقد استمع إلى خطاب أهل القرية الصحية. بلغ عدد الحضور ٥٧ مشارك.



تضمن الدكتور علاء العنسي، مديرة مديرية صحة المرأة والطول، السيدة هيام عبيدات، التي تديرها المراكز الفرعية، ولجان صحة المجتمع القيام بهذه الأنشطة والتضاميات التي لا تنسى.





VHC Newsletter

Issue No. 3 November 2017



For better healthy life and RH practices

Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees

Mobile Health Clinic Hand-over Ceremony

The Ministry of Health (MOH) received a mobile health clinic from the Japan International Cooperation Agency (JICA). The mobile health clinic provides reproductive health, family planning and vaccination services as part of JICA Project for improving services at Village Health Centers in rural host communities of Syrian refugees. Under the patronage of the Minister of Health, the handover ceremony was carried out on November 9, 2017.



In his opening remarks, H.E. Dr. Layl Al-Fayez, the Secretary General of the MOH, praised the outstanding progress achieved by the Jordanian health sector over the past few years, such as a decline in the maternal mortality rate, rise in life expectancy at birth and increase efforts to combat against communicable diseases. He also voiced appreciation for JICA's support to the MOH with a focus on maternal and child health and family planning services in rural areas, which contributed to improving the level of healthcare services in the Kingdom.



Mr. Masahiro Tada, Minister-Counselor of the Embassy of Japan in Jordan, expressed his appreciation to the MOH and JICA for their efforts in implementing this project. He hopes that this mobile clinic will be fully utilized by the MOH so as to contribute to enhancing the people's access to reproductive health, family planning, and primary health services in rural areas. In the end, he confirmed that Japan will continue to provide firm support to Jordan as a member of the international community.



Mr. Tsutomu Kobayashi, Chief Representative of JICA Jordan Office, congratulated the MOH and the project team on their achievement in enhancing the accessibility of reproductive health services for both Jordanians and Syrian refugees through the continuous efforts made by the MOH's Woman and Child Health Directorate.



The Mobile Health Clinic started its operation in October 2017



Overview of the Mobile Health Clinic Services

This clinic is equipped with a medical examination room with basic medical equipment. The mobile health clinic consists of a medical doctor, a midwife, a nurse and a driver. The project began its pilot operation in Mafraq governorate covering eight villages in the North Badia Sub-district aiming to provide services to both Jordanians and Syrian refugees. Services offered at the mobile health clinic include antenatal care, postnatal care, child care, family planning, vaccination services, general health examination, referral, and health education sessions and counseling.



The mobile health clinic team

A midwife is providing an antenatal check-up.



A health education session in collaboration with a local community-based organization.



The interior of the clinic



A medical doctor is providing a newborn check-up.



If you have any comments, questions, suggestions, please contact us at:
• VHC Project Office: 7th floor, Ministry of Health
• Email: vhcproj@gmail.com
• Project Website: <https://www.jica.go.jp/project/english/jordan/001/index.html>

بدأت العيادة الصحية المتنقلة عملها في شهر تشرين الأول، ٢٠١٧.



نظرة عامة على خدمات العيادة الصحية المتنقلة

تم تجهيز هذه العيادة بترفقه قصص طبي مع إمدادات طبية الأساسية، ويتكون فريق العيادة المتنقلة من طبيب وقالة ومدربة وسائق. وقد بدأ المشروع بالعمل في المرحلة التجريبية في مدينة قري في منطقة البادية الشمالية - محافظة الحرق بهدف تقديم الخدمات إلى الأردنيين والأجئين السوريين على حد سواء. وتشمل الخدمات المقدمة في العيادة المتنقلة، رعاية الحوامل، رعاية النقص، رعاية الطفل وتنظيم الأسرة وخدمات التطعيم والتحويل والتحويل والتلقيح الصحي والمسورة.

فريق العيادة الصحية المتنقلة



مناظرة تقديم خدمات رعاية الحامل



مناظرة تقديم خدمات صحية بالتعاون مع منظمة مجتمع محلية



العيادة من الداخل



الطبيب يقوم بالفحص الطبي



تلقط حديث الولادة،



إذا كان البريد الإلكتروني لملاحظات الأسئلة أو الاقتراحات الرجاء التواصل معنا
 • مكتب المشروع الطاقم السليمة، وزارة الصحة
 • البريد الإلكتروني: vhc@wmc.com
 • الموقع الإلكتروني للمشروع: https://www.wmc.gov.jo/projects/english/index.html

نشرة المراكز الصحية الفرعية

العدد الثالث، تشرين الثاني ٢٠١٧



وزارة الصحة

مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين

من أجل حياة وممارسات صحة إنجابية صالحة حفل تسليم العيادة الصحية المتنقلة

استلمت وزارة الصحة الأردنية عيادة صحية متنقلة من الوكالة اليابانية للتعاون الدولي (جاكا) خلال حفل أقيم تحت رعاية معالي وزير الصحة الدكتور بشارع ٩ تشرين الثاني ٢٠١٧. وقدمت العيادة خدمات الصحة الإنجابية وتنظيم الأسرة والطعام كجزء من مشروع "تعزيز الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين".



أمدت عطفة الدكتور لبل الغائر، أمين عام وزارة الصحة في كلمته الافتتاحية بتقديم البازر الذي حققه قطاع الصحة الأردني خلال السنوات القليلة الماضية، كإخضاع معدل وفات الأزمات والاضطرابات ورفع معدل العمر المتوقع عند الولادة والنقص من العديد من الأمراض السارية. كما ولجأ الدعم الذي تقدمه الوكالة اليابانية للتعاون الدولي ولا سيما بالتركيز على مجال الصحة وخدمات الأمومة والتوليد وتنظيم الأسرة في المناطق الريفية التي ساهمت في تحسين مستوى خدمات الرعاية الصحية في المنطقة.



وأعرب السيد مساهيرو تادا، نائب السفير الياباني في الأردن، عن تقديره لوزارة الصحة هنا السيد شوسومو كويياناكي، الممثل الإقليمي الإقليمي لكاتب جاكبا - الأردن على إنجاز المشروع في تعزيز إمكانية الحصول على الخدمات الصحية الإنجابية وتنظيم الأسرة على خدمات الصحة الإنجابية لكل من الأردنيين والأجانب السوريين من خلال الجهود المتواصل التي يبذلها دفتر المشروع، مديرية صحة المفرط والطفل في وزارة الصحة، والتأثيرات التي ساهمت في المجتمع الدولي.





VHC Newsletter

Issue No. 4, March 2018



For better healthy life and RH practices

Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees



Focus VHCs
1. Al-Ru'bah
2. Al-Ru'bah
3. Al-Ru'bah
4. Al-Ru'bah
5. Al-Ru'bah
6. Al-Ru'bah
7. Al-Ru'bah
8. Al-Ru'bah
9. Al-Ru'bah
10. Al-Ru'bah
11. Al-Ru'bah
12. Al-Ru'bah
13. Al-Ru'bah
14. Al-Ru'bah

Project Overview

Project Duration: April 2016 to April 2018.

Project Site: Irbid Health Directorate, Mafraq Health Directorate, and Dayr Allan / Balqa Health Directorate.

Overall Goal: More Jordanians and Syrian refugees who live in rural areas in the project sites can access quality and quantity reproductive health and family planning and primary health services.

Project Purpose: Service delivery function of the focus Village Health Centers (VHCs) is improved.

Major Activities

Output 1: Enabling environment

- ▶ Updating and publishing the VHC operational manual
- ▶ Updating and publishing the Family Planning flipchart
- ▶ Providing basic medical equipment
- ▶ Providing a mobile health clinic

Output 2: Capacity development of health staff

- ▶ Conducting series of training to VHC health staff
 - No. 1: Family Planning and counseling (Oct. 2016)
 - No. 2: Family Planning Logistic (Oct. 2016)
 - No. 3: Reproductive Health (Nov. 2016)
- ▶ Training for other related health staff who work at VHCs (Doctors, Midwives and Nurses)
 - Three times (Dec. 2016, Jul. 2017, and Jan. 2018)
- ▶ Conducting Outreach training (OJT) (Oct. - Dec. 2017)
- ▶ Supervisory visits from MOH/Health Directorates to VHCs

Output 3: Health promotion (HP)

- ▶ Creating Community Health Committees in 14 focus villages
- ▶ Holding 2 workshops on HP
 - "Workshop on health promotion" (Apr. - May)
 - "Workshop on skills for conducting group health education sessions" (Nov. 2017)
- ▶ Holding opening ceremonies in 14 villages implementing HP activities at the VHCs and in communities
- ▶ Four study tours in 4 villages (Jan. - Feb. 2018)





Figures shows the Project Achievement, 2016-2018



Performance Category	No. of staff
1-never	2.0
2-sometimes	3.1
3-most of time	4.0
4-always	4.7

Fig. 1: Steadily improving Self-performance-assessment results by the health staff of the 14 focus



Month	No. of participants	No. of HP activities
Apr. 2017	26	2
May. 2017	29	4
Jun. 2017	27	5
Jul. 2017	25	10
Aug. 2017	22	15
Sep. 2017	20	20
Oct. 2017	22	25
Nov. 2017	20	30
Dec. 2017	20	35

Fig. 2: Great attainment of events and participants of health promotion activities in 14 Villages



Month	Total	Cumulative
Oct. 2017	108	108
Nov. 2017	111	219
Dec. 2017	125	344
Jan. 2018	125	469
Feb. 2018	125	594

Fig. 3: Constantly increased in the cumulative number of the Mobile Health Clinic users



Month	ANC	PNC	FP	CS
Jan. 2017	4	5	1	1
Feb. 2017	9	11	10	7
Mar. 2017	17	22	24	21
Apr. 2017	32	41	39	27
May. 2017	47	74	70	55
Jun. 2017	118	118	99	97
Jul. 2017	125	114	111	107
Aug. 2017	125	111	110	107
Sep. 2017	116	106	98	103
Oct. 2017	116	106	98	103
Nov. 2017	116	106	98	103
Dec. 2017	116	106	98	103

Fig. 4: Increased number of RH (ANC, PNC, Child care and FP) services provided at the 14 focus VHCs

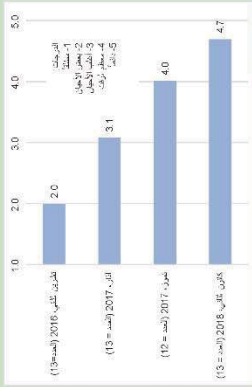


If you have any comments, questions, suggestions, please contact us at:

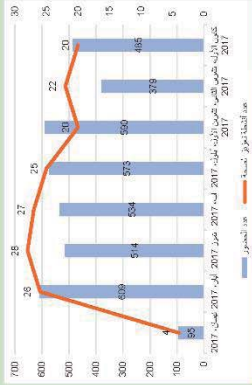
- VHC Project Office: 7th floor, Ministry of Health
- Email: vhcproj@gmail.com
- Project Website: <https://www.jica.go.jp/project/english/jordan/001/index.html>



الصور أدناه توضح إنجازات المشروع 2018-2016



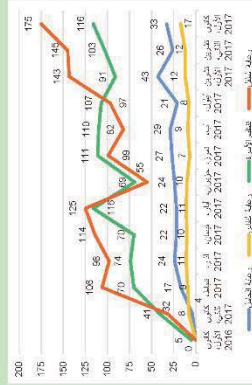
شكل 1: تحصل نتائج تقييم الأداء، الذي يصوره بصورة مستمرة من قبل حاملي المراكز الصحية الفرعية في 14 مركز صحي فرعي.



شكل 2: تحقيق إنجاز كبير ببناء المراكز الصحية والمشاركة فيها في 14 قرية مستهدفة.



شكل 3: زيادة مستمرة في الحصول التكاملي لخدمات القيادة الصحية المتكاملة



شكل 4: زيادة عدد برامجي خدمات الصحة الانجابية (رعاية الحامل، رعاية المولود، رعاية الطفل وتنظيم الأسرة) المقدمة في 14 مركز صحي فرعي مستهدف.



إذا كان لديك أي ملاحظات ، أسئلة أو اقتراحات الرجاء التواصل معنا
 مكتب المشروع: الطابق السابع ، وزارة الصحة
 Email: vhcproj@gmail.com
 الموقع الإلكتروني للمشروع:
<https://www.jica.go.jp/project/english/jordan/001/index.html>



نشرة المراكز الصحية الفرعية العدد الرابع، آذار، ٢٠١٨

وزارة الصحة
 مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المتخلفة - الأردن
 من أجل حياة وممارسات صحة انجابية صحية

ملحة عن المشروع

نيسان 2016 إلى نيسان 2018

موقع المشروع: مناطق الريفية المتخلفة في الأردن

الهدف العام: تحسين الخدمات المقدمة في المراكز الصحية الريفية المستهدفة من قبل المشروع.

الهدف المحدد: تحسين نوعية وكفاءة الخدمات المقدمة في المراكز الصحية الريفية المستهدفة من قبل المشروع.

الاهداف الفرعية:

- تحسين نوعية وكفاءة الخدمات المقدمة في المراكز الصحية الريفية المستهدفة من قبل المشروع.
- تحسين نوعية وكفاءة الخدمات المقدمة في المراكز الصحية الريفية المستهدفة من قبل المشروع.
- تحسين نوعية وكفاءة الخدمات المقدمة في المراكز الصحية الريفية المستهدفة من قبل المشروع.

الأنشطة الرئيسية

- ▶ **الخروج الأول:** تأمين بيئة مواتية في المراكز الصحية الفرعية
- ▶ **تصنيف وطباعة وتوزيع الدلائل التشغيلية للمراكز الصحية الفرعية**
- ▶ **تصنيف وطباعة وتوزيع النشرة التثقيفية لوسائل تنظيم الأسرة**
- ▶ **تقديم بعض المبادرات الأساسية**
- ▶ **تقديم القيادة الصحية المتكاملة**
- ▶ **الخروج الثاني:** رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية
- ▶ **عقد تدريبات لكوادر المراكز الصحية الفرعية**
- ▶ **التدريب الأول للممرضات:** تنظيم الأسرة والمهورة (تشرين الأول، 2016)
- ▶ **التدريب الثاني للممرضات:** نظام التزويد الأذني لوسائل تنظيم الأسرة (تشرين الأول، 2016)
- ▶ **التدريب الثالث للممرضات:** خدمات الصحة الانجابية (تشرين الثاني، 2016)
- ▶ **عقد اجتماعات للأطباء والتقيادات والممرضات العاملات في المراكز الصحية الفرعية**
- ▶ **3 لوائح مروت (شهر كانون الأول، 2016 - تموز 2017، كانون الثاني، 2018)**
- ▶ **إجراء تدريبات في مواقع العمل (تشرين الأول - كانون الأول، 2017)**
- ▶ **إجراء زيارات إشرافية من قبل مديرات الصحة / وزارة الصحة للمراكز الصحية الفرعية.**
- ▶ **الخروج الثالث:** تعزيز الصحة
- ▶ **تشكيل ايمان صحة المجتمع في 14 قرية.**
- ▶ **عقد ورشات عمل على مواضيع تعزيز الصحة**
- ▶ **مؤونة عمل حول أنشطة تعزيز الصحة لجان صحة المجتمع (نيسان - أيار 2017)**
- ▶ **مؤونة عمل حول المبادرات الأساسية لتنظيم وإدارة الممرضات التثقيفية في المجتمعات الريفية.**
- ▶ **تدريب الثاني (2017)**
- ▶ **عقد اجتماعات لطلاقة أنشطة تعزيز الصحة في 14 قرية**
- ▶ **تنفيذ أنشطة تعزيز الصحة في المراكز الصحية الفرعية والمجتمعات.**
- ▶ **4 جولات دراسية لابتدائ قصص النجاح (كانون الثاني - شباط، 2018)**





من الشعب الياباني
From the people of Japan



FOR CONTINUOUS FRIENDSHIP AND COOPERATION BETWEEN
JAPAN AND THE HASHEMITE KINGDOM OF JORDAN

كرمز للصدقة والتعاون المستمر بين اليابان والمملكة الأردنية الهاشمية

2016 - 2018



Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees
مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين



الرؤيا

مجتمع صحي معافي ضمن نظام صحي متكامل يعمل
بعدالة وكفاءة وعطاء وجودة عالية وريادية على
مستوى المنطقة.

الرسالة

نحن في مركز صحي اسعرة الفرعي نقوم بتقديم
خدمات الرعاية الصحية الأولية المتميزة وذات جودة
عالية لمراجعى المركز الصحي وذلك بالاستخدام الأمثل
للموارد والتقنيات بهدف النهوض بالمستوى الصحي
وبالشراكة مع المجتمع المحلي ضمن سياسة صحية
شاملة.





Report on Opening Ceremony Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees



3 August, 2016
Century Park Hotel

Report on Opening Ceremony Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

Date : 3 Aug. 2016
Time : 10:00-2:00
Venue : Century Park Hotel
Purpose of the Ceremony:
1) To share the JICA new project outline and detail activities
2) To gather the comments on the project design and seeking possibilities of collaboration with other partners.

I. Welcoming remarks



Mr. Tsutomu Kobayashi, Senior Representative, JICA
Jordan Office

JICA Word

By Mr. Tsutomu Kobayashi, Senior Representative, JICA Jordan Office

Mr. Kobayashi introduced successful story of the collaboration between Ministry of Health Jordan and JICA. He said that since 1997 JICA has been implemented the technical cooperation in the field of Reproductive Health and women's empowerment.

He quoted the words of the Japanese Prime minister Shinzo Abe, which stated Dr. Tokiko Sato was one of the most remarkable women who contributed to change people's mind set of family planning and women's empowerments in poor and remote villages in the southern region in Jordan for more than 10 years Also Mr. Kobayashi mentioned that there are three projects carried out since 1997. He added project aims to provide support for the communities hosting Syrian Refugees in the north region through enhancing function of Village Health Centers.

HPC Word

By Dr. Sawwan Al-Majali, Secretary General, HPC

Dr. Sawwan started that cooperation between JICA & HPC is continuous, the fourth stage of the projects carried out by JICA in reproductive health. Then she announced that in 16th of Aug. will publish the results of Reproductive Health Services Study which provided for Syrian refugees they are stay outside of the camps which includes the determinations of challenges and Mentioned the recommendations for the results. She explained how to distribute reproductive health services in all governorate, focus to find methods for sustainability of reproductive health services, through the comprehensiveness of the services

provided to women before and after childbirth and before and after puberty until they reach to the age of 50.

She also shared the fundamental roles of HPC as national level on proposing policies related to raising public awareness on population and development issues with concentrating on reproductive health as woman right. She emphasized that males should also involve into the reproductive health since they are other parties in responsibility. She displayed early marriage phenomena that happened about 35% in Syrian refugees; marriage before 18 years old makes a negative impact on women and child health. HPC will work in new reproductive health strategy and will involve in all parties in 2017.

MOH Word

By Dr. Mohamed Al-Tarawneh, Minister of Health

By welcoming all participants from MOH, JICA's experts and working team and other organizations' representatives, Dr. Tarawneh mentioned the huge numbers of Syrian Refugees came to Jordan after Syrian crisis, which estimated about 600,000 and 83% of them living outside of camps that create a big pressure on medical services in Jordan.

Dr. Tarawneh focused on collaboration between Ministry of Health, HPC and JICA in family planning, Reproductive Health services and women's empowerments in poor and remote Villages in the southern region in Jordan.

Dr. Tarawneh hopes to consolidate public health in rural communities in north through capacitating service providers and establishing a solid base and enabling environment.

II. Presentation of the Project

By Project team

Project chief advisor, Mrs. Komasawa, explained to all participants the project plan, starting from First Part which contains Background of the project and project outline, and then the second part was project design in details. She mentioned the Japanese and Jordanian inputs of Projects after that explain the mechanism of project. Then the project design is composed of three outputs. Outputs 1 (is related to



Presentation by Mrs. Makiko Komasawa, Project chief advisor

Strengthen the enabling environment for VHC function) and Output 2 (is for capacity development of VHC staff), Output 3 (is to activate health promotion activities at village level). She also introduced the PDM based on the discussion between MOH and the project team. Mrs. Komasawa presented Summary of Main Activities that will achieve in 3 Health Directorates (Irbid, Maifraq and Dayr Allah/Balqa)

In ending, she shared snap-shot of current VHC situations. The project conducted the VHC survey at 12 focus VHCs so far. She shown some data of the results of the survey (Like qualifications of staff, services provided to clients, numbers of clients).

III. Discussion

Dr. Mujaq Al-Quseri, Assistant Director of Primary Health Care Administration

Thanked JICA about their efforts and he mentioned that the project should provide not only family planning services but also other primary health care services. MS. Komasawa answered that JICA will focus on FP services in 1st year because of its necessity, but will also consider providing training about

Other topics as well such as ANC, PNC services, maybe on non-communicable diseases.

Dr. Malak added that MOH working with JICA in parallel way to provide full package of services that needed in VHC.

Dr. Houzoum Al-Bqoum, Assistant Director of Maifraq health Directorate For Primary health Care

Dr. Houzoum after thanked JICA, mentioned that JICA and USAID working in the same level of their projects. He was wondering duplication of two donors, JICA and USAID-funded projects.

Dr. Malak replied about this that there is no duplication between JICA project and USAID project since USAID project working on the primary and comprehensive health centers while JICA project working on village health centers That means they are complement each other under control of MOH. Dr. Houzoum said also he preferred to establish community committees or organizations which care about the Syrian refugees whose living in the North governorates as small population.



Questions from the floor

Dr. Hamdan Madat, Assistant Director of Balqa Health Directorate /Dayr Alla

He talked about Pakistani cohort in Dayr Alla district, he mentioned that they are living in the farms and have different culture, traditions and values. They are non-educated and have very restricted-minds about health care; also they not concern birth-spacing and did not give their children the vaccination in health centers. So he had a wish from JICA to make visiting-roving teams to increase their awareness about reproductive health/family planning and primary health care services.



Dr. Malek was responding to the comments

Ms. Rania from PHC, MOH

Ms. Rania asked about the criteria for choosing focused VHC?

The project team answered 3 criteria to select focus

VHC:

1. They should be needs in Reproductive Health and family planning Services.
2. Staff Availability and willing to SERVE these services.
3. There are Syrian refugees in their community

Ms. Rania asked how Project will inform the Syrian refugees about these services. Dr. Malak answered her through the seminars and advertisements. Ms. Helwa, WCH Supervisor from Balqa had a comment that it is easy task to inform Syrian refugee's families through teachers and words of mouth since the supervisors have already experience to provide health promotions at schools and in community.

Ms. Soaad AL-Shdeifat, Mafrqa WCH Supervisor

Ms. Soaad started with thanking JICA and she asked why other supervisor's staff from focused governorates absented of this important meeting? She sent a message to Women and Child Directorate about Mafrqa suffering since there is a gap in number of nursing staff in all levels in VHC so she mentioned to consolidate the Nursing staff in all level and requested the financial and moral incentives from the MOH.



The project team responding the comments from the flour

Ms. Ahlam Abd-Salam, RH Officer, UNFPA

Ms. Ahlam preferred the home visit service within the project because there is a lot of women living far away from VHC and some of them have special cases prevent them to visit VHC. Dr. Malak had a

comment there is always positive and negative impact about home-visit. This service was provided in South in previous project, but in North, it is hard to implement and there is a lot of challenges.

Dr. Nisreen Bitar, Family Planning Specialist, JHAS

Why the survey results are only 12 out of 14 focus village health center, Mrs. Komosawa said JICA team still working on others, this were preliminary statistics for current situations of focused VHC. Also Dr. Nisreen asked about what is the meaning of 17% of pharmacist assistant in chart. Mrs. Komosawa mentioned that is the lowest number of medical staff in VHC was pharmacist assistant just in 2 VHC out of 12.

Ms. Manal AL-Gazawi, HPC

She asked about the sustainability aspects of the project. Dr. Malak replied that in the beginning of the project MOH and supervisors from WCH Directorate established the standards of the training and monthly reporting. She mentioned that MOH updated the follow-up systems for new services in previous project in south which that will happen in this project.

Ms. Manal had a notice which is who will be responsible on Mobile Clinic after implemented the project and asked about the operations related to mobile clinic, how MOH will solve this problem in additional there is shortage of staff and this mobile clinic need somebody with technical feedback Dr. Malak demonstrated all Mobile clinic activates and operations that related to it will be under MOH umbrella.



Comments from HPC staff

The ceremony was officially closed at 13:00.



Ms. Amal Abu-Sharweesh, a Master of the ceremony

End of report

Appendix 1. Program of Opening ceremony (English and Arabic)

Appendix 2. Attendances sheet (English and Arabic)

Appendix 3. Power point (English and Arabic)

Program

Time	Duration (Min.)	Topic	Presenters / Facilitators
10:00-10:15	15	Opening	MOH
10:15-11:00	15 15 15	Opening Remarks - JICA - HPC - MOH	JICA HPC MOH
11:00-11:15	15	Introduction of Project (Improvement of Services at Village Health Centres in Rural Host Community of Syrian Refugees)	JICA Team
11:15-11:25	10	Taking group photo	
11:25-11:55	30	Break	
11:55-12:50	40 10	Summary of Main Activities that will Achieve in 3 Health Directorates: - Irbid Health Directorate - Mafraq Health Directorate - Balqa Health Directorate/ Dayr Allah Debate	JICA Team
12:40-12:55	10	Closing Remarks	MOH
1:00		Lunch	

List of Participants

- 1) **Ministry of Health**
 Secretary General
 Director of Primary Health Care Administration
 Director of Health Directorates
 Director of Planning Administration
 Director of Woman and Child Health Department
 Director of Communicable Diseases Department
 Director of Non-Communicable Diseases Department
 Director of School Health Department
 Director of Awareness and Communication Health Department
 Director of Nursing Directorate
 Director of Human Resources Development Department
 Head of Healthy Village Program
 Head of Logistic
 Head of Woman Health
 Family Planning Section, MCH supervisor
 Family Planning Section, MCH supervisor
 Child Section
 Dr: Daif-Allah Al-Louzi
 Dr: Bashir Al Qasir
 Dr: Kalid Al-Oduan
 Dr: Mohammad Al-Tarawneh
 Dr: Malak Al Orui
 Dr: Mohammad AlAbdullat
 Dr: Ayub Al-Saيدا
 Dr: Khalid Al-Krabsha
 Dr: Malik Al-Habashneh
 Dr: Kamel Al-Ajlouni
 Dr: Fadwa ala-Shawbkieh
 Dr: Reham Jbour
 Dr: Abeer Mousawas
 Dr: Hanan Najmei
 Ms. Fadia Al Jaber
 Ms. Amal Abu Shaweesh
 Ms. Mesa' Olacae

- 2) **Health Directorate**
 Director of Mafraq Health Directorate
 Deputy Director of Mafraq Health Directorate
 Director of Irbid Health Directorate
 Deputy Director of Irbid Health Directorate, Bani Kinanah District
 Deputy Director of Irbid Health Directorate, Al-Aghwar Al Shamaliyyh District
 Deputy Director of Irbid Health Directorate, Al-Koura District
 Director of Balqa Health Directorate
 Deputy Director of Balqa Health Directorate-Dayr Allah
 Head of MCH Department, Mafraq
 MCH supervisor, Mafraq
 MCH supervisor, Badia
 Head of MCH Department, Irbid
 MCH supervisor, Irbid
 Head of MCH Department, Balqa
 MCH supervisor, Balqa
 MCH supervisor, Balqa
 MCH supervisor, Dayr Allah
 Dr: Daif Allah Al-Husban
 Dr: Mousa Al-Shboul
 Dr: Hayidar Al-Oum
 Dr: Hasan Obidat
 Dr: Mohamad Al-Badakh
 Dr: Adnan Abu-Jaber
 Dr: Khalid Al-Hyari
 Dr: Hamdan Madat
 Dr: Amal Abdul Karim
 Ms. Souad Shidefat
 Ms. Susan Al Tamimi/Badia

- 3) **Higher Population Council**
 Secretary General
 Director, Programs and Projects Unit
 Coordinator, RH Plan
 Dr: Sawсан Majali
 Dr: Sawсан Al-Daajah
 Ms. Manal Ghazawi

- 4) **Other Organizations**
 Royal Medical Services (RMS)
 Higher Health Council
 Jordan Nursing Council
 UNHCR
 (18)
 (1)
 (1)
 (1)
 (2)

UNFPA (2)
 WHO (1)
 JHAS (1)
 Health Service Delivery Activity Flagship, USAID (2)
 JCAP, USAID (1)
 International Federation of Red Cross And Red Crescent Societies (1)
 International Rescue Committee (IRC) (1)
 Nour Hussein Foundation (NHF) (1)
 International Relief Development (IRD) (1)
 International Medical Corps (IMC) (1)
 Medair (1)

5) **JICA Jordan Office**
 Chief Representative Mr. Shokichi Sakata
 Project Formulation Advisor Ms. Ritsuko Arisawa
 Program Officer Ms. Shereen Abu Hweij

6) **JICA Project Team**
 Chief Advisor/Reproductive Health & Family Planning Ms. Makiko Komasaawa
 Training Management 3 (Community Health) Ms. Kiyoe Ito
 Project Coordinator/Health Promotion Ms. Kama Homma
 Visiting Researcher Mr. Yutaka Komasaawa
 Admin Assistant Ms. Rima Naser
 Admin Assistant Ms. Dua 'a
 Staff Mr. Abed Malkawi



Report on Opening Ceremony for the Mobile Health Clinic

Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

Outline of the Ceremony

- Date : 9th of November 2017
Time : 10:00-11:00
Venue : Auditorium Basement Floor, Ministry of Health
Program of the Ceremony (see Annex 1):
0. National Anthem and Holy Qur'an
1. Welcome and overview of the Project, Project Manager/Director of WCHD
2. Speech by Chief Representative, JICA Jordan Office
3. Speech by Minister-Counselor, Embassy of Japan in Jordan
4. Speech by Secretary General of Ministry of Health
5. Presentation on the Mobile Clinic by the Project
6. Ribbon cutting of the mobile health clinic (at the parking)
Participants (75 in total; see Annex 2):
MOH central (15), Capital health directorate (HD) (1), Balqa HD (5), Jerash HD (1), Madaba HD (1), Zarqa HD (2), Irbid HD (3), Mafrqa HD (14), Al-Karak HD (4), Tafila HD (4), Petra HD (2), Aqaba HD (2), Higher Population Council (1), Jordan Health Council (1), UNFPA (2), IRC (1), Medical company (1), other (1), Japanese Embassy (3), JICA Jordan Office (4), the JICAVHC project team (7).

Background of the Ceremony

The Ministry of Health (MOH) received a mobile health clinic from the Japan International Cooperation Agency (JICA). The mobile health clinic provides reproductive health, family planning and vaccination services as part of JICA Project for improving services at Village Health Centers in rural host communities of Syrian refugees. Under the patronage of the Minister of Health, the handover ceremony was carried out on November 9, 2017.

Record of Proceedings

The ceremony was officially opened by Ms. Fadia Al-Jaber, the head of Supervision and Monitoring Department of the Woman and Child Health Directorate (WCHD), MOH.

1. Welcome and overview of the Project by Dr. Malak Al-Ouri, the Project Manager/Director of the WCHD

Dr. Malak Al-Ouri welcomed all participants and presented the project design and its achievements to date.

2. Speech by Mr. Tsutomu Kobayashi, Chief Representative, JICA Jordan Office

Mr. Kobayashi started with celebrating another milestone of Japanese Jordanian partnership aiming to realize equity in accessing a quality and quantity of women and child health services for all nationals staying on the land of the Hashemite Kingdom of Jordan. He then explained the outline of the mobile health clinic which was procured by JICA Project for

Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees (JICAVHC project) and is operating in the North Badia District, Mafrqa Health Directorate through the JICAVHC project' technical support. In the end, he presented his sincere appreciation to the MOH's counterparts represented by Primary Health Care Directorate and Women and Child Health Directorate, as well as three ilot Health Directorates, Mafrqa, Irbid and Dayr Allah/Balqa where the project has been implemented.

3. Speech by Mr. Masahiro Tada, Minister-Counselor, Embassy of Japan in Jordan

Mr. Masahiro Tada expressed his appreciation to MOH and JICA for their efforts in implementing this project. He voiced that he believed this project was one of the good examples, which shows Japan's development response to the impact of the Syrian crisis in Jordan. He hopes that this mobile clinic will be fully utilized by the MOH so as to contribute to enhancing the people's access to reproductive health, family planning, and primary health services in rural areas. In the end, he confirmed that Japan will continue to provide firm support to Jordan as a member of the international community.

4. Speech by Dr. Layl Al-Fayez, Secretary General of Ministry of Health,

In his opening remarks, H.E. Dr. Layl Al-Fayez praised the outstanding progress achieved by the Jordanian health sector over the past few years, such as a decline in the maternal mortality rate, rise in life expectancy at birth and increased efforts to combat against communicable diseases. Then, he commented the JICAVHC project's efforts to implement the project in three governorates. He also expressed his gratitude to the MOH officials and the project team for their great achievements with a focus on maternal and child health and family planning services in rural areas through the JICA's support to MOH. He concluded that their efforts contributed to improving the level of healthcare services in the Kingdom.

5. Presentation on the Mobile Clinic by Makiko Komasaawa, Chief advisor of JICAVHC project

Ms. Komasaawa briefly explained the outline of the mobile health clinic which has been operating in eight pilot villages in the North Badia district to reach both Jordanians and Syrian refugees since the 15th of October, 2017. She described that the clinic is equipped with a medical examination room with basic medical equipment. The mobile health clinic team consists of a medical doctor, a midwife, a nurse and a driver and it currently are providing antenatal care, postnatal care, child care, family planning, vaccination services, general health examination, referral, and health education sessions and counseling. In the end, she showed some photos highlighting achievements of the mobile clinic to date.

6. Ribbon cutting of the mobile health clinic

At the V.I.P. parking area, the Secretary General of MOH, the Minister-Counselor, Embassy of Japan in Jordan, and the Chief Representative of JICA Jordan Office cut the ribbon of the mobile health clinic and made a tour of the clinic guided by the MOH counterparts.

The ceremony was officially ended at 11:00.

- Annex 1. Program (English)
- Annex 2. Attendances sheet (English)
- Annex 3. Photos

End of report



Project for Improvement of Services at
Village Health Centres in Rural Host
Communities of Syrian Refugees



The Ceremony for the Mobile Health Clinic

Date: 9 November, 2017 Thursday

Time: 10:00 -10:55

Venue: B1 Auditorium, Ministry of Health

Agenda

1.	Registration	9:50 – 10:00	The Project Team
2.	National Anthem and Holy Qur'an	10:00 – 10:05	
3.	Welcome words and the Project brief	10:05 – 10:10	- Dr. Malak Al-Ouri, The Project Manager
4.	Speech	10:10 – 10:20	- Mr. Tsutomu Kobayashi, Chief Representative of JICA Jordan Office
5.	Speech	10:20 – 10:30	- Mr. Masahiro Tada, Minister-Counsellor, Embassy of Japan in Jordan
6.	Speech	10:30 – 10:40	- Dr. Layl Al-Fayez, Secretary General of Ministry of Health
7.	Presentation by the Project -Mobile health clinic	10:40 – 10:45	- Ms. Makiko Komasaawa, Chief advisor of the JICA project team
8.	Tape cut of Mobile health clinic -Taking a group photo (at the parking)	10:45 – 10:55	The Secretary General, the Minister-Counsellor of Japan, and the Chief Representative of JICA Office
9.	Refreshment	10:55-	

MC ceremony Attendance list

No	Name	Position	Organization
1	Dr. Layel Al-Fayz	General secretary	MOH
2	Mr. Masahiro Tada	Minister-Counsellor	Embassy of Japan in Jordan
3	Mr. Tsutomu Kobayashi	Chief representative Director of Woman and Child Health Directorate	JICA Jordan office
4	Dr. Malak Al-Ouri		MOH
5	Dr. Sawsan Khalid	Director of Human Resources development Directorate	MOH
6	Dr. Asmahan Nateem Slameh	Assistant director of health directorates directorate	Directorate of health directorates / MOH
7	Ms. Fadia Al-Jaber	Head of Supervision and monitoring department	WCHD/MOH
8	Dr. Ruba Shaqdeeh	Head of Training department	WCHD/MOH
9	Dr. Nashat Ta'ani	Head of information and Studies Directorate	MOH
10	Ms. Amal Abu- Shaweesh	MCH supervisor	MOH
11	Ms. Lubna Al-Thaher	Family planning department	MOH
12	Ms. Muna Al-Qonum	Public Health technician/ Data Entry	WCHD/MOH
13	Ms. Rania Qandeel	Data Entry	WCHD/MOH
14	Ms. Waheba Nawash	Data Entry	WCHD/MOH
15	Ms. Amal Talafeeh	clerk	WCHD/MOH
16	Dr. Omayma Alayed	Clinical Pharma	Pharmacy Directorate/ MOH
17	Mr. Ahmad Khaleq Saber		Risk Management Department/ MOH
18	Dr. Eman Fathi Subaieh	Head Of WCH Departement	Capital Health Directorate
19	Dr. Khaled Arabiat	Director of Balqa Health Directorate	Balqa Health Directorate
20	Dr. Amal Khader	Head of WCH Departement	Balqa Health Directorate
21	Dr. Mwataq Mohamad	PHC	Balqa Health Directorate
22	Ms. Helwa Ahmed Al-Essa	MCH supervisor	Balqa Health Directorate
23	Ms. Buthina Zaqzouq	MCH supervisor	Dayr Alla Health District/ Balqa Health Directorate
24	Ms. Hiyam Raja Ayyoub		Jerash Health Directorate
25	Dr. Younis Yaqoub Issa	Head of WCH Departement	Madaba Health directorate
26	Dr. Diafallah Al hussban	Director of Zarqa Health Directorate	Zarqa Health Directorate
27	Ms. Eman Ahmed Abed	MCH supervisor	Zarqa Health Directorate
28	Ms. Mariam Ghazi Omari	MCH supervisor	Irbid Health Directorate
29	Ms. Intesar Malabeh	MCH supervisor	Bani Kenanah Health District / Irbid
30	Ms. Fatima Bani Irshied	MCH supervisor	Al-Kura District / Irbid
31	Dr.Hani Hussien Olimat	Director of Mafraq HD	Mafraq Health Directorate
32	Dr. Munther Alnaser	Assistant Driector for PHC	Mafraq Health Directorate
33	Dr. Ashraf Mohamed Najj	Assistant Driector for services	Mafraq Health Directorate
34	Dr. Mohammed Abu- Jijaa	Head of WCH departement	Mafraq Health Directorate

Photos of Mobile Health Clinic Hand-over Ceremony



Group photos of the Guests



Dr. Layl Al-Fayez, Secretary General, MOH



Dr. Malak Al-Ouri, Project Manager, MOH



Mr. Masahiro Tada, Minister-Counselor of the Embassy of Japan in Jordan



Mr. Tsutomu Kobayashi, Chief Representative of JICA Jordan Office

No	Name	Position	Organization
35	Dr. Amal Abdelkareem	MCH supervisor	Mafrqa Health Directorate
36	Ms. Souad Moqbel Shdefat	MCH supervisor	Mafrqa Health Directorate
37	Ms. Hanadi Shdefat	MCH supervisor	Mafrqa Health Directorate
38	Ms. Sawwan Tamimi	MCH supervisor	Badieah Shmalieh / Mfrqa
39	Ms. Ahd Sa'ed Masa'eed	MW	Mobile clinic/Mafrqa HD
40	Ms. Mai Hussien Al-Qata'an	MW	Mobile clinic/Mafrqa HD
41	Ms. Iman Habarneh	Nurse	Mobile clinic/ Mafrqa HD
42	Ms. Etaf Khalaf Nazhan	Nurse	Mobile clinic/ Mafrqa HD
43	Mr. Hussien Al-Shar'a	Driver	Mobile clinic Mafrqa HD
44	Mr. Marzooq Shdefat	Driver	Mafrqa Health Directorate
45	Dr. Shoula Amanh	Head of WCH Departement	Al-Karak Health Directorate
46	Ms. Fatina Atallah	MCH supervisor	Al-Karak Health Directorate
47	Ms. Samah	MCH supervisor	Al-Karak Health Directorate
48	Ms. Ahlam Al-amad	MCH supervisor	Al-Karak Health Directorate
49	Dr. Eman Shbatat	Assistant Director for PHC	Tafila Health Directorate
50	Dr. Essam Khalil AISaudi	Head of WCH Departement	Tafila Health Directorate
51	Ms. Aida Al-Hreshat	MCH supervisor	Tafila Health Directorate
52	Ms. Dalal Salem Swalqa	MCH supervisor	Tafila Health Directorate
53	Dr. Khalid AlKhwaldah	MCH supervisor	Tafila Health Directorate
54	Ms. Ahlam Mohamad	MCH supervisor	Petra Health Directorate
55	Dr. Basem Hamati	MCH	Petra Health Directorate
56	Ms. Halima Suliman Bloush	MCH supervisor	Aqaba Health Directorate
57	Dr. Mohammad Al-Tarawneh	Head of Jordan Medical Council	Aqaba Health Directorate
58	Mr. Ali Al-Ghrabi	Programme Analyst	Jordan Medical Council
59	Dr. Faeza Abo Al Jalo	RH Advisor	UNFPA
60	Mr. Abdullah Nsour	Deputy Health Manager	UNFPA
61	Ms. Mianal Ghzawi	Coordinator, RH plane	IRC
62	Ms. Sahar Majed Almway	-	HPC
63	Mr. Abd Elmune'ern Malkawi	Owner of Midway Medical Supplies	-
64	Mr. Noriharu Masugi	Senior Representative	Midway Medical supplies
65	Ms. Megumi Shuto	Project Formulation Advisor	JICA Jordan office
66	Ms. Shereen Abu Hweij	Program Officer	JICA Jordan office
67	Ms. Makiko Komasa	Chief Advisor	JICA Jordan office
68	Ms. Miho Sato	Training management	VHC project
69	Ms. Kaina Honma	Project coordinator	VHC project
70	Mr. Yutaka Komasa	Researcher	VHC project
71	Ms. Ola Hattab	Administrative coordinator	VHC project
73	Ms. Asal Nakhleh	Project assistant/ Public Health	VHC project
74	Mr. Mohammad Masadeh	Mobile clinic Advisor	VHC project
75	Ms. Rumi Iwata	Project assistant	VHC project



Auditorium, MOH



Participants



Ribbon cutting of the mobile health clinic



Display of the project's deliverables



Red carpet leading to the mobile health clinic



The mobile health clinic team



Report on Final Ceremony

Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

Outline of the Ceremony

- Date : 19th of March 2018
 Time : 10:00-11:00
 Venue : Al-Reem Hole, Kempinski Hotel, Amman
 Program of the Ceremony (see Annex 1):
1. National Anthem and Holy Qur'an
 2. Speech by Chief Representative, JICA Jordan Office
 3. Speech by Secretary General of Ministry of Health
 4. Overview of the Project, Project Manager/Director of WCHD and the Project Chief Advisor
 5. Appreciation Award ceremony.
- Participants (73 in total, see Annex 2):
 MOH central (20), Capital health directorate (HD) (1), Balqa HD (8), Jerash HD (1), Zarqa HD (1), Irbid HD (8), Mafraq HD (11), Ma'an HD (1), Ramtha HD (1), Ajloun HD (1), Higher Population Council (1), WHO (1), UNFPA (1), USAID (2) Save the Children (2), IFRC (1), Ahi Al-Jabal Association (1), Medical company (1), other (1), JICA Jordan Office (3), the JICA/VHC project team (6).

Background of the Ceremony

The project "Improvement of services at Village Health Centers in rural host communities of Syrian refugees" was launched in April 2016, targeted 14 village health centers (VHCs) in 3 governorates (Irbid, Mafraq and Balqa/ Dayr Allah). Ministry of Health (MOH) and Japan International Cooperation Agency (JICA) celebrated the closing of this project which has achieved its purpose and outcomes. To celebrate the successful fruit of cooperation, the closing ceremony was carried out on March 19, 2018, under the patronage of the Minister of Health.

Record of Proceedings

The ceremony was officially opened by Ms. Fadia Al-Jaber, the head of Supervision and Monitoring Department of the Woman and Child Health Directorate (WCHD), MOH.

1. Opening speech by Mr. Tsutomu Kobayashi, Chief Representative, JICA Jordan Office

Mr. Kobayashi, started welcomed all participants and expressed his appreciation in participating this closing ceremony. He voiced that this project reflected a real relationship between Jordan and Japan, which is the extension of long years of collaboration aiming to improve the equity and quality of services provided to all people living in the Hashemite Kingdom of Jordan.

He announced that the project has officially closed after achieving its purpose and outcomes, which were observable by the enormous increase in the number of the clients at focus VHCs. He also expressed his appreciation for WCHD as well as Mafraq Health Directorate for their

efforts to establish a successful operation mechanism for Mobile Health Clinic, which contributed to providing services to Syrian refugees at Informal Tent Settlements (ITSs) and the other needy people who living in Mafraq/ Northern Badia. He also mentioned that all achievements were institutionalized into the system of Ministry of Health. Finally he expressed his gratitude to the MOH counterparts and the project team members for their great efforts.

2. Overview of the Project, Project Manager/Director of WCHD and the Project Chief Advisor

The Project Manager welcomed all participants and presented the project design and its achievements for Approach 1, followed by Project Chief Advisor presented Approach 2 with the results of project impact survey. (See annex 3).

3. Speech by H.E. Dr. Layl Al-Fayez, The Secretary General of Ministry of Health,

H.E. Dr. Layl Al-Fayez expressed his happiness to participate in the closing ceremony and his gratitude to JICA for its support to Jordan in health sector especially in reproductive health field. He also mentioned that the project has also achieved many remarkable achievements, an enabling environment has been secured, capacity of health staff was strengthened and health promotion activities has been activated in the focus 14 VHCs. He added, in the health sector in Jordan, significant achievements have been made over the past years and the main health indicators have improved, these are as a result of the continues great efforts of Jordan's health sectors. In the same time while more efforts are being made to improve health services, the Syrian crisis has put great pressure on the health sector especially in host communities for Syrian refugees.

He also expressed appreciation for the support of the world, countries and all organizations for Jordan, but this support still not reach to cover the burden borne by Jordan. At the end, he expressed his thanks and appreciation to the project managers and all people who contributed to achieve these achievements and he hope to continue working and to maintain outstanding performances.

4. Appreciation awards

The Secretary General of MOH, and the Chief Representative of JICA Jordan Office give an appreciation stands for project counterparts. After that, a group photo for all participants was taken.

The ceremony was officially ended at 11:00.

End of report

Annex 1. Program (English and Arabic)

Annex 2. Attendances sheet (English)

Annex 3. Power-point for presentation (English and Arabic)

Annex 4. Photos

Annex 2: Attendances sheet

No.	Name (English)	Position	Organization
1	Dr. Lay/Al-Favez	General Secretary	MOH
2	Dr. Akram Al-Khasawneh	Director of HDs Administration	MOH
3	Dr. Ayoub Sayaydeh	Director of PHC Directorate	MOH
4	Dr. Malak Al-Ouri	Director of Woman and Child Health Directorate	MOH
5	Dr. Randa Bqateen	Awareness and Communications Directorate	MOH, ACHD
6	Ms. Fadia Al-Jaber	Head of Monitoring and Supervision Dep.	MOH, WCHD
7	Dr. Nadia Al-Saladi	Head of Logistic Dep.	MOH, WCHD
8	Ms. Anan Abu Sahweesh	MCH Supervisor	MOH, WCHD
9	Ms. Lubna Al-Tajer	MCH Supervisor	MOH, WCHD
10	Ms. Maisa Alian	MCH Supervisor	MOH, WCHD
11	Ms. Maisa Abu Sadeh	MCH Supervisor	MOH, WCHD
12	Ms. Muna Al-Qarn	Data Entry	MOH, WCHD
13	Dr. Firas Owais	Director of Non-Communicable Disease Directorate	MOH
14	Dr. Khalid Al-Kayyed	Director of School Health Directorate	MOH
15	Mr. Walid Abu Khadra	Director of Transportation Directorate	MOH
16	Dr. Firas Abu Dalou	Director of Medical Engineering Directorate	MOH
17	Eng. Basem Al-Debes	Head of Movement Department	MOH
18	Dr. Qasem Mayyas	Director of Irbid HD	Irbid HD
19	Ms. Hayam Obidat	MCH Supervisor	Irbid HD
20	Ms. Mariam al-Omari	MCH Supervisor	Irbid HD
21	Ms. Intisar Maia beh	MCH Supervisor	Irbid HD
22	Ms. Fatima Bani Irshedd	MCH Supervisor	Irbid HD
23	Ms. Eman Al-Rabe'e	MCH Supervisor	Irbid HD
24	Dr. Hani Ulmat	Director of Mafrq HD	Mafrq HD
25	Dr. Monther Al-Naser	Director Assistant for PHC	Mafrq HD
26	Dr. Mohamed Al-Khalidi	Director Assistant for Admin Affairs	Mafrq HD
27	Dr. Ashraf Mana'a	Director Assistant for Services, Affairs	Mafrq HD
28	Dr. Salameh Al-Sarhan	Director Assistant for Badia Shamaileh Affairs	Badia Shamaileh HD
29	Dr. Muhammad Abu Al-Hajla	Head of WCH Department	Mafrq HD
30	Dr. Amal Abd Al-Kareem	MCH Supervisor	Mafrq HD
31	Ms. Souad Shidiefat	MCH Supervisor	Mafrq HD
32	Ms. Sawzan Tamimi	MCH Supervisor	Badia Shamaileh HD
33	Ms. Hanadi Shidiefat	MCH Supervisor	Mafrq HD
34	Ms. Majeda Takrori	MCH Coordinator	Mafrq HD
35	Dr. Khalid Arabiat	Director of Balqa HD	Balqa HD
36	Dr. Mawer Al-Ghoshah	Assistant Director for Dayr Allah health District office	Dayr Allah HD
37	Dr. Amal Khadir	Head of WCH department	Balqa HD
38	Ms. Khelam Rahshieh	Head of Nursing and Midwifery Department	Balqa HD
39	Ms. Helwa Al-Issa	MCH supervisor	Balqa HD
40	Ms. Noha Hatamieh	MCH supervisor	Balqa HD
41	Ms. Bothina Zaqqouq	MCH supervisor	Dayr Allah HD
42	Ms. Hayam Ayroub	MCH supervisor	Jerash HD
43	Dr. Mohamed Al-Rawahneh	Community medicine	MOH
44	Ms. Najla Al-Ayat		Balqa HD
45	Ms. Hala Ghandour	Head of WCH Department	Balqa HD
46	Mr. Mo'awia Badarneh	Driver	Irbid HD
47	Mr. Fou'ad Hasan	Consultant	Ahl Al-Jabal Association
48	Mr. Alession Santoro	PH Consultant	WHO
49	Dr. Eman Subaleh	Head of WCH Department	Capital HD
50	Dr. Nama Al-Rabadi	Head of WCH Department	Aljoum HD
51	Ms. Asia Al-Khateeb	Head of Nursing and Midwifery Department	Irbid HD
52	Dr. Ekhas Sa'ed	Head of WCH Department	Ramtha HD
53	Mr. Abd Almonim Malkawi	Consultant-Freelance	Freelance
54	Dr. Tareq El-Ramahi	Head of Public Health Department	MOH
55	Dr. Anas Al-Farraj	ITS's Field Coordinator	Ma'an HD
56	Mr. Ahamed Hanatleh		Save the Children
57	Ms. Sahar Tala	Coordinator	HPC
58	Ms. Manal Al-ghzawi	Chief of Party	USAID/JCAP Project
59	Mr. Carlos Cveliar	Chief of Party	USAID/ HSD
60	Mr. Sabry Hamza	Field Coordinator	Save the Children
61	Mr. Diyaa Tabaza	Director of Hospitals Directorate	MOH
62	Dr. Hikmat Abu Al-Foul	Programme Association/RHCS	UNFPA
63	Dr. Dima Hamsha	PFA	JICA/Jordan Office
64	Ms. Kanako Terui	Senior Representative	JICA/Jordan Office
65	Mr. Noriharu Masugi	Chief Representative	JICA/Jordan Office
66	Mr. Tustomo Kobayashi	Community Health Delegate	JICA/Jordan Office
67	Ms. Yuko Ogasawara	Chief Advisor	IFRC
68	Ms. Makiko Komasaawa	Researcher	JICA/VHC Project
69	Mr. Yutaka Komasaawa	Project Coordinator	JICA/VHC Project
70	Ms. Kaina Honma	Administrative Coordinator	JICA/VHC Project
71	Ms. Ola Hattab	Junior Project Officer	JICA/VHC Project
72	Ms. Asal Nakhleh	Driver	JICA/VHC Project
73	Mr. Ehab Al-Hem		JICA/VHC Project

Annex 1: Program (English and Arabic)

Time	Duration (Min.)	Topic
9:30-10:00	30	Registration
10:00-10:10	10	- National Anthem - Holy Qur'an
10:10-10:25	15	Opening Speech by Chief Representative/JICA Jordan Office
10:25-10:40	15	Opening Speech by Minister / MOH
10:40-11:10	30	Presentation of the Project Achievement
11:10-11:40	30	Appreciation Award Ceremony
11:40-12:00	20	Taking Group Photo
12:00		Lunch
الموضوع	المدة (بالدقائق)	الوقت
التسجيل	30	10:00-9:30
السلام الملكي	10	10:10-10:00
آيات من الذكر الحكيم	15	10:25-10:10
الكلمة الافتتاحية للمدير التمثيلي لمكتب جايكا السيد تستومو كويباشي	15	10:40-10:25
عرض تقديمي حول إنجازات المشروع	30	11:10-10:40
توزيع الدروع	30	11:40-11:10
أخذ الصورة الجماعية	20	12:00-11:40
الغداء		12:00

Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees
(April 2016 - April 2018)

The Final Ceremony

19 March, 2018

Project Sites

Project period: April 2016 to March 2018

Project Principle

-Linkage between VHCs and communities

Changing people's attitude towards Reproductive Health / Family Planning practices and healthy life style

Integration

Capacity development of service delivery function At VHCs (Approach 1)

Change Mind-set in RH/FP practices in communities (Approach 2)

Project Design Matrix (PDM)

Overall Goal: More Jordanians and Syrian refugees who live in rural areas in the project sites can access quality and quantity reproductive health and family planning and primary health services.

Project Purpose: Service delivery function of the focus Village Health Centers (VHCs) is improved.

Outputs: Output 1: Enabling environment, Output 2: Capacity development, Output 3: Health promotion

Project Achievement

Approach 1:

Strengthening the VHC capacity for better service delivery

Major Activities

Output 1: Enabling environment

- Updating and publishing the VHC operational manual
- Updating and publishing the FP flipchart
- Providing basic equipment
- Providing Mobile health clinic

JICA side	MOH side
14 Doppler	11 Weight scale for baby < 2 yrs.
11 Height scale for baby < 2 yrs.	11 Weight and Height scale for adults
4 refrigerators	8 steps
14 mirror for Breast self-examination	4 Trolleys
14 filling cabinet	6 screens
14 advertising board	
9 cabinet for contraceptive and so on.	

The VHC operation manual and Family Planning Flipchart

MW availability and services provision at the 14 focus VHCs (As of Jan. 2018)

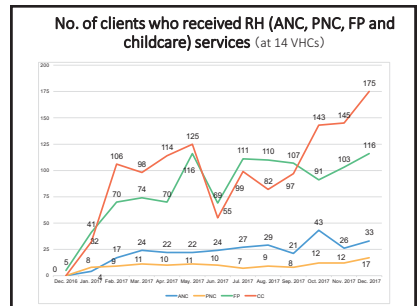
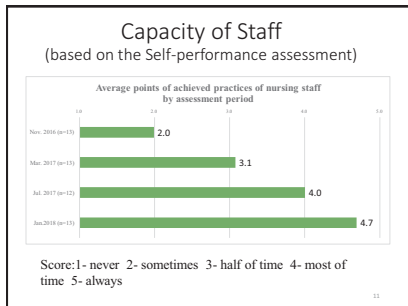
No.	Director area	VHC name	Availability of MWs	FP	ANC	PNC	Vaccination	Child Care
1	Irbid	Asarrah	Full time	✓	✓	✓	*✓	✓
2		Tokbol and Om Al-Jadal	Part time	✓	✓	✓	*✓	✓
3		Kufur Kyfa	Part time	✓	✓	✓	*✓	✓
4		Mandah	Once a month	✓	✓	✓	*✓	✓
5		Al Khirbah	Part time	✓	✓	✓	✓	✓
6		Abu Habel	Part time	✓	✓	✓	✓	✓
7	Madaba	Al-Diqmah	Full time	✓	✓	✓	*✓	✓
8		Dah	Part time	✓	✓	✓	*✓	✓
9		Roudah Al-Amir Hamzah	Once a month	✓	X	X	✓	✓
10		Al-Jaqb	Once a month	✓	X	X	*✓	X
11		Braqa	Part time	✓	✓	✓	*✓	✓
12		Roudet Al-Amir Mohamed	Full time	✓	✓	✓	*✓	✓
13	Dair Al-Amir	Mansara and Fanouh	Part time	✓	✓	✓	✓	✓
14		Uta Ajayh	Once a month	✓	X	X	X	X

✓ = The service started after the VHC project. * = The service was provided before the project.


Major Activities

Output 2: Capacity development

- Conduct training to VHC health staff
 - No. 1: on Family Planning and counseling (Oct. 2016)
 - No. 2: on Family Planning Logistic (Oct. 2016)
 - No. 3: on Reproductive Health (Nov. 2016)
- Training for other related health staff who work at VHCs (Doctors, MWs and Nurses)
 - Three times (Dec. 2016, Jul. 2017, and Jan. 2018)
- Conducting Outreach training (OJT) (Oct. - Dec)
- Making Supervisory visits from MOH/Health Directorates to VHCs



Approach 2: Health Promotion Activities



Major Activities

Output 3: Health promotion (HP)

- ✓ Creating CHC in 14 focus villages
- ✓ Holding 2 workshops on HP
 - "Workshop on health promotion" (Apr. - May)
 - "Workshop on "Skill for Conducting Group Health Education Sessions" on Nov. 2017
- ✓ Holding HP opening ceremonies in 14 villages
- ✓ Implementing health promotion activities at the VHCs and communities
- ✓ Four Study tours in 4 different villages (Jan - Feb. 2018)

Achievements of HP activities (By 14 VHCs, as of Mar. 6, 2018)

Directorate	No. of HP activities	Apr*	May	Jul	Aug	Sep	Oct	Nov	Dec	Jan. 18	Total
Irbid	No. of HP activities	3	14	13	15	13	10	10	10	9	97
	No. of participants	35	222	184	273	302	306	165	163	87	1737
Mafraq	No. of HP activities	1	5	11	7	10	7	9	9	7	66
	No. of participants	60	100	168	121	202	181	126	282	122	1362
Dayr Allah	No. of HP activities	0	7	4	5	2	3	3	1	4	29
	No. of participants	0	287	162	140	69	103	88	40	123	1012
Sub Total	No. of HP activities	4	26	28	27	25	20	22	20	20	192
	No. of participants	95	609	514	534	573	590	379	485	332	4111

Note: *only 3 VHCs applicable

Top 5 Good-Performance Community Health Committees (CHC)

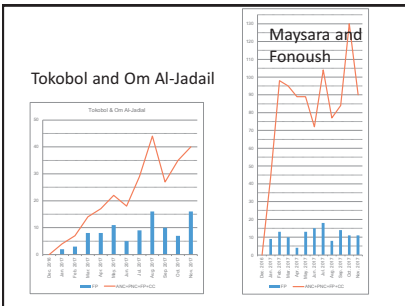
1. AL-Khribeh (Irbid)
2. Kufur Kyfia (Irbid)
3. Tokobol and Om Al-Jadail (Irbid)
4. Maysara and Fanoush (Dayr-Allah)
5. Assarah (Irbid)

AL-Khribeh (Irbid)




Kufur Kyfia, Irbid



Mobile Health Clinic Operation



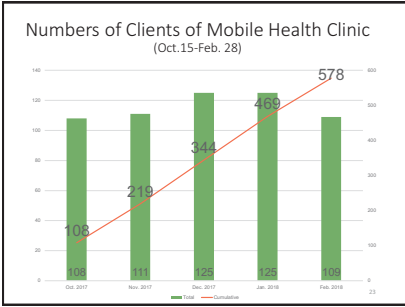
Mobile Health Clinic

- Started its operation on Oct. 15.
- Focusing on RH services (FP, ANC, PNC, Child care, vaccination, general consultation)
- A midwife and a nurse
- Target sites in North Badia, Mafraq:
 - Covering 1 CBO
 - 5 VHCs → Twice/ month
 - And 4 ITSs → Once/ Month




A Syrian client

At ITS site



Impact Survey on the Project

Baseline: Sep.-Oct., 2016
Endline: Jan.-Feb. 2018
(for 15 months intervention)



Impact survey results

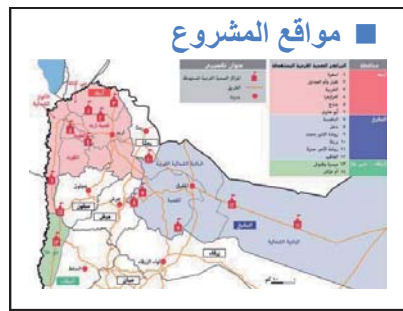
	Intervention Site		P-value (Statistically significant differences)
	Baseline	Endline	
Sample size	510	508	
Husband agreement of usage of FP	90.0%	96.1%	***
Usage VHC: FP counseling	0.2%	4.9%	***
Usage VHC: FP methods	1.4%	8.9%	***
Usage VHC: ANC	1.2%	2.2%	-
Attendance of HP at VHC	0.8%	8.7%	***
Attendance of HP in communities	2.9%	18.9%	***

END

Thank you for your
attention.

5

2018/3/21



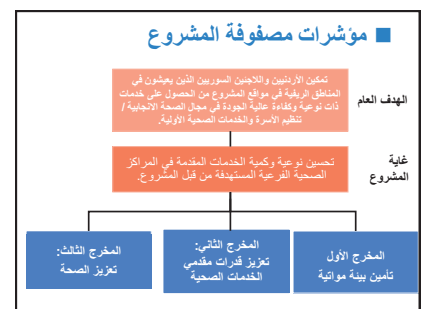
YMG

مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية
المستضيفة للاجئين السوريين
(نيسان 2016 – نيسان 2018)

الحفل الختامي

19 آذار، 2018

jica



توافر القابلات والخدمات المقدمة في 14 مركز صحي فرعي مستهدف.
(البيانات لعدة كانون الثاني، 2018)

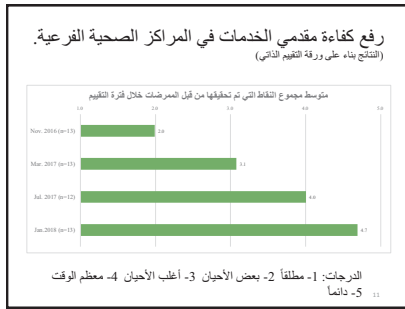
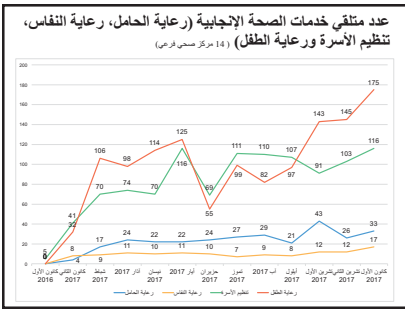
الرقم	المحطة	اسم المرفق	نوع القابلات	تقديم الخدمة	تقديم الخدمة	تقديم الخدمة	تقديم الخدمة	تقديم الخدمة	تقديم الخدمة
1	السيرة	دورا كاش	✓	✓	✓	✓	✓	✓	✓
2	الطريق الوطني	دورا حجازي	✓	✓	✓	✓	✓	✓	✓
3	تقرا ههوا	دورا حجازي	✓	✓	✓	✓	✓	✓	✓
4	سناح	مروة الششير	✓	✓	✓	✓	✓	✓	✓
5	الفرعية	دورا حجازي	✓	✓	✓	✓	✓	✓	✓
6	أبو عايش	دورا حجازي	✓	✓	✓	✓	✓	✓	✓
7	القبسة	دورا كاش	✓	✓	✓	✓	✓	✓	✓
8	البلد	دورا حجازي	✓	✓	✓	✓	✓	✓	✓
9	روضة الاسعد حدره	مروة الششير	✓	✓	✓	✓	✓	✓	✓
10	الغصن	مروة الششير	✓	✓	✓	✓	✓	✓	✓
11	بريد	دورا حجازي	✓	✓	✓	✓	✓	✓	✓
12	روضة الامير محي	دورا كاش	✓	✓	✓	✓	✓	✓	✓
13	مسودة وقرش	دورا حجازي	✓	✓	✓	✓	✓	✓	✓
14	أبو عايش	مروة الششير	✓	✓	✓	✓	✓	✓	✓



أهم الأنشطة

المخرج الأول: تأمين بيئة مواتية في المراكز الصحية الفرعية
تحديث وطباعة وتوزيع الدليل التشغيلي للمراكز الصحية الفرعية
تحديث وطباعة وتوزيع اللوحة القلابة لوسائل تنظيم الأسرة
تقديم بعض المعدات الأساسية
العودة الصحية المثقلة

المعدات التي قدمت من وزارة الصحة	المعدات التي قدمت من المشروع
(11) مقياس الوزن للأطفال دون السنتين	دويزر
(11) مقياس الطول والوزن للبالغين	(11) مقياس طول للأطفال دون السنتين
(8) درج الصعود على السرير	(4) تلاجيات
(4) عربة أدوات	(14) مراد (الحصص اللثي)
(6) ستارة منحرفة	(14) خزافة نظفات
	(14) لوح إعلانات
	(9) وحدة أترار صغيرة مع قفل لحفظ وسائل تنظيم الأسرة وغيرها من المعدات الأخرى.



أهم الأنشطة

المخرج الثاني: رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية
تدريب كوادر المراكز الصحية الفرعية
التدريب الأول للممرضات: تنظيم الأسرة والصورة (تشرين الأول، 2016)
التدريب الثاني للممرضات: تعلم الفورية الأولى لوسائل تنظيم الأسرة (تشرين الأول، 2016)
التدريب الثالث للممرضات: خدمات الصحة الإيجابية (تشرين الثاني، 2016)

تعد اجتماعات لأطباء والقابلات والممرضات العاملات في المراكز الصحية الفرعية
ثلاث مرات (شهر 12، 2016، 7، 2017، 1، 2018)
إجراء تدريبات في مواقع العمل (تشرين الأول - كانون الأول، 2017)
إجراء زيارات إشرافية من قبل مديريات الصحة، وزارة الصحة للمراكز الصحية الفرعية.



عيادة صحية متنقلة

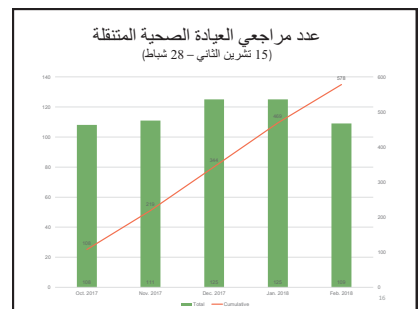
- بدأت العمل بتاريخ 15 تشرين الأول، 2017
- تقدم خدمات الصحة الإيجابية (تنظيم الأسرة، رعاية الحامل، رعاية النفاس، رعاية الطفل، التطعيم والاستشارة العامة)
- فريق العمل: قابلة وممرضة
- تعمل في منطقة البادية الشمالية، المفرق:
- العمل في قرية واحدة بالتعاون مع منظمة مجتمع محلي
- 5 مراكز صحية فرعية لا تقدم خدمات الصحة الإيجابية
- مرتين بالشهر
- و العمل في 4 خيم عشوائية -- مرة كل شهر.



أهم الأنشطة

المخرج الثالث: تعزيز الصحة
تشكيل لجان صحة المجتمع في 14 قرية.
سعد ورشات عمل على مواضيع تعزيز الصحة
ورشات عمل حول أنشطة تعزيز الصحة للجان صحة المجتمع (بسان - لير، 2017)
ورشات عمل مهارات الأسلية لتنظيم وإدارة المحاضرات التثقيفية في المجتمعات الريفية (تشرين الثاني، 2017)
سعد حفلات انطلاق أنشطة تعزيز الصحة في 14 قرية.
تنفيذ أنشطة تعزيز الصحة في المراكز الصحية الفرعية والمجتمعات.
4 جولات دراسية لتبادل النماذج (كانون الثاني - شباط، 2018)

المنهج الثاني:
أنشطة تعزيز الصحة





الخريبة (اردن)

أفضل 5 لجان صحة مجتمع

1. لجنة صحة مجتمع الخريبة (اردن)
2. لجنة صحة مجتمع كفر كيفيا (اردن)
3. لجنة صحة مجتمع تقبل وأم الجدايل (اردن)
4. لجنة صحة مجتمع ميسرة وفنوش (البلقاء)
5. لجنة صحة مجتمع أسعرة (اردن)

انجازات أنشطة تعزيز الصحة
(14 مركز صحي فرعي، البيانات وفقاً لشهر آذار، 2018)

المحافظات	سليمان*	الارد	تموز	أب	ايلول	تشرين 1	تشرين 2	كانون 1	كانون 2	المجموع
عدد أنشطة تعزيز الصحة	3	14	13	15	13	10	10	10	9	97
عدد المصور	35	222	184	273	302	306	165	163	87	1737
عدد أنشطة تعزيز الصحة	1	5	11	7	10	7	9	9	7	66
عدد المصور	60	100	168	202	121	181	126	282	122	1362
عدد أنشطة تعزيز الصحة	0	7	5	2	3	3	3	1	4	29
عدد المصور	0	287	162	140	69	103	88	40	123	1012
عدد أنشطة تعزيز الصحة	4	26	27	25	20	22	20	20	20	192
عدد المصور	95	609	514	534	573	590	379	485	332	4111

ملاحظة: * فقط في مراكز كانت قادرة على البدء بالأنشطة تعزيز الصحة



المسح لدراسة أثر المشروع

المسح الأساسي: أيلول - تشرين الثاني، 2016
المسح النهائي: كانون الثاني - شباط، 2018
(مدة التنفيذ: 15 شهر)



كفر كيفيا (اردن)



نتائج المسح الدراسي لتقييم أثر المشروع

P-value (الوقوع ذاتياً)	مجموعة الترخّل		مجموع العينة
	الأساسي	النهائي	
	510	508	مؤلفة الزوج على استخدام وسائل تنظيم الأسرة
***	90.0%	96.1%	استخدام العزك الجنسي الفرعي تلقى خدمة المشورة وتعليم الأسرة
***	0.2%	4.9%	التعميم على تنظيم الأسرة
***	1.4%	8.9%	ربط تنظيم الأسرة
	1.2%	2.2%	مراجعة العزك الجنسي الفرعي تلقى خدمات
***	0.8%	8.7%	مستوى الثقة بتعزيز الصحة في المراكز الصحية الفرعية
***	2.9%	18.9%	مستوى الثقة بتعزيز الصحة في المجتمع

Annex 4: Photos



(March 19)

Opening speech: Dr. Layl Al-Fayez



(March 19)

Opening speech: Mr. Kobayashi



(March 19)

Overview of the Project: Dr. Malak



(March 19)

Participants



(March 19)

Overview of the Project: Ms. Komasaawa



(March 19)

Overview of the Participants

Report on Family Planning and Counseling Training for Nurses at Village Health Centers

【Summary of Output】

- Overall the training was successful in increasing the knowledge and deepening the skills of nurses in providing family planning services at the Village Health Centers (VHCs).
- Participants actively participated and were keen to learn about family planning. It can be seen that providing training is an effective way to improve VHC maternal and child health services.
- As one of the first major activities in this project, the training allowed the various stakeholders including the VHC nurses and supervisors, supervisors from MOH and VHC project team to build and strengthen their relationships and to learn to work collaboratively in a way that complements the benefits to the project target population.

1. Introduction

The initial training for nursing staff focused on family planning and counseling was conducted from October 16th to 20th in Irbid and Balqa and from 23rd to 27th in Mafrag, in each directorate respectively. Participants were selected from the 14 focus Village Health Centers (VHCs) and other related VHCs, Comprehensive Health Centers (CHCs) and Primary Health Centers (PHCs) in order to begin the provision of family planning and counseling services at VHCs. The details are summarized in the table below.

2. Objective

Participants will:

- Understand the roles and responsibilities of nursing staff working at VHCs.
- Understand family planning methods and side effects.
- Be able to provide counseling regarding family planning methods that match with women's needs.
- Be able to provide two types of modern contraceptive methods (Pills and Condom).
- Understand the referral system.

3. Training sites and participants

Date	Training Sites	No. of Participants	Qualifications	No. of Health Directorate Trainers	Place
16-20 Oct. 2016	Irbid	10	Nurses	3	Irbid health directorate office
16-20 Oct. 2016	Dayr Allah/ Balqa	10	Nurses/Midwives	3	Balqa Health directorate office
23-27 Oct. 2016	Mafrag	10	Nurses	2	Mafrag Health Center

4. Method and Program

Two MOH authorized trainers from central level (Ms. Fadia and Ms. Amal) and 8 trainers (Head of WCH division and MCH supervisors) from each of the directorates provided the training by using the authorized training module and material. Before conducting the training, its contents were reviewed by the MOH trainers and shared with all trainers at the training preparation meeting on 12th of October at MOH. The pre/post-test was co-developed by all trainers in collaboration with the project team. The MOH trainers and the project team developed the course evaluation sheet.

Topics:

- The importance of family planning in improving maternal, child and community health in Jordan
- Contraceptive technology – types of contraceptives and their use
- Counseling in family planning- knowledge, skills and attitudes
- Registration and reporting
- Introduction to “The operation manual for Village Health Center”

Lecture, presentation, group discussion, Q&A, practice and role-play were used as teaching methods for the training. From the second day, the training session began with a review of the previous day in order to evaluate and confirm the participants' understanding.

5. Observation

Day 1: Participants learned the importance of providing family planning services through the presentation of population challenges in Jordan. The concept of the VHC project and role of VHCs were presented using the draft of the operation manual for VHCs.

Day 2: The entire day was spent teaching family planning methods, both modern and traditional methods that are available in Jordan.

Day 3: The introduction of the family planning method was continued and a counseling and communication skills session was started.

Day 4: Continued focus on communication and counseling skills using role-play, discussion and Q&A. The participants learned how to carry out effective communication between a client and service provider.

Day 5: The focus of the last day of training was compiling all aspects of the training and putting them into practice. Participants presented role-play versions of family planning counseling and teaching clients how to use family planning methods. The observations were conducted during the role-play using the observation checklist. After the role-play, a review by observers was conducted.

In general, almost all participants from each directorate were actively participating in the training. They looked committed and seemed to be working hard in each session. Participants in Balqa directorate were the most active participants from the first day of the training. In Irbid, participants were quiet on day 1, however, they became more active from day 3. Participants in Mafrag directorate were quiet compared with other directorates.

Most trainers were skilled and provided interactive facilitation. However, there were differences in the trainers' facilitation skills. Some trainers' presentations were one-way lectures therefore participants looked bored and exhausted. A great level of cooperation between trainers was observed in the Balqa and Irbid directorates. The trainers were helping each other to teach the session for better understanding. For instance, trainers were sitting on the side when the main trainer was teaching so that sub-trainers could help by adding comments or providing extra explanations when necessary. Trainers in Irbid used real example stories to increase participants understanding which was great. On the other hand, some scenarios were not well-matched to the real situation of village center nurses in Mafrag.

The Medical Eligibility criteria wheel and Question card were distributed to all participants. Brochures of condoms and injectable contraceptives were distributed to all participants in Balqa directorate. Unfortunately, flipcharts and posters were not available to distribute to participants.



Pre-test (Balqa) Using a medical eligibility criteria wheel (Mafraq)

6. Results

6-1. Result of pre/post-test

Pre/post-tests were conducted with all participants. The contents of the tests were general information about family planning, roles of nurses working at VHC, Pills, Counseling and Communication skills.

Generally almost all participants showed improved knowledge. Figure 1 shows the comparisons of average score of pre/post-tests in three directorates. Average score of the training pre-test was 55%, post-test was 84%, which indicated that the score had increased by 29%. As shown in figure 1, the highest increase ratio between pre- and post-test was for Irbid, with an increase of 38 points. Although the trainers in Balqa directorate had provided the most active learning session, the increase ratio of pre- and post-test result was the lowest in three directorates. On the other hand, despite the non-interactive, one way teaching method in Mafraq, those participants earned the highest average post test scores (93%).

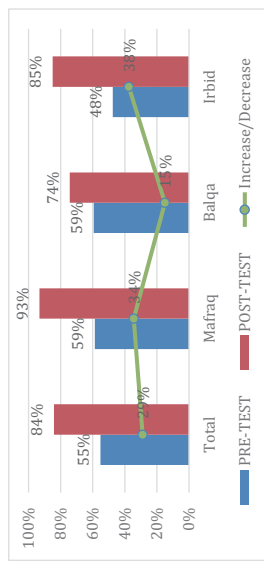


Figure 1. Results of the pre- and post-test (All+Directorate)

Figure 2-4 shows the changes in scores by individual participant. Almost all participants raised their score from pre-test to post-test, except two participants from Balqa directorate. Those two participants did not show an increase from pre to post tests. Only two participants in Mafraq earned 100% at their post-test.



Figure 2. Results of the participants (Irbid)

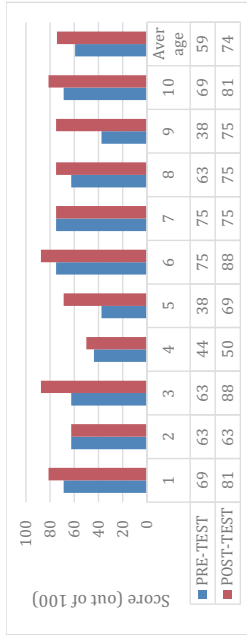


Figure 3. Results of the participants (Balqa)

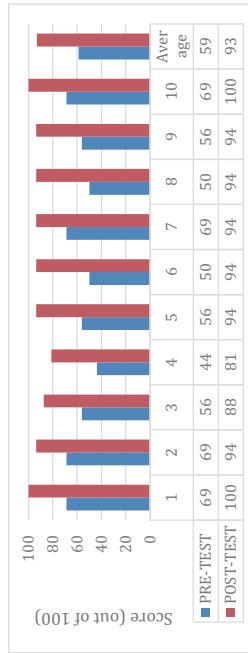


Figure 4. Results of the participants (Mafraq)

Figure 5 shows the results of pre/post-tests by qualification among 30 trainees. One staff nurse earned the highest score, which was higher than the average of the midwives scores. On the post-test, the midwives showed lower overall increase in knowledge comparatively. This is perhaps due to a higher level of knowledge at the outset as indicated by their overall higher score on the pre-test. There were no significant differences among Associate Nurses, Assistant Nurses and Aid Nurses.

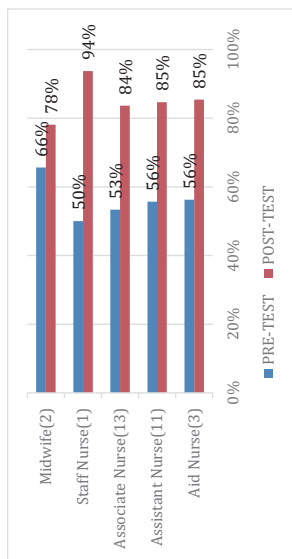


Figure 5. Results of the participants (By qualification)

6-2. Result of Course Evaluation

The organizing team conducted the course evaluation using the evaluation sheet at the end of the training. Overall, most participants were highly satisfied with the training. Many participants wrote positive comments on the training material and the trainers. Regarding training contents, 90% of participants felt that training contents were as expected. Ninety seven (97) % of the participants answered that the knowledge and skills obtained through the training can be applied to their daily work. Furthermore, 97% of the participants evaluated the performance of the trainers as excellent.

7. Discussion

- Most participants actively participated during the training session. By their responses on the course evaluation sheet, they indicated high satisfaction with the content of the training. Moreover, there were many positive comments on how the training was conducted. It can be seen that training opportunities for the VHC nurses are limited. Increasing training opportunities and continuous follow-up for VHC nurses can be effective in improving the quality of services at the VHCs.
- Training in Balqa directorate was very interactive and attractive. It showed that the trainers and participants enjoyed a good relationship. Further study, however, is needed to determine the reasons underlying the low improvement between pre and post-tests in Balqa despite the high quality training.
- It was notably observed that there were not great differences between midwives and the different qualifications of nurses in terms of test results and counseling skills. The reason may be that the midwives attending the training were young and newly assigned. The project team anticipated that the level of understanding of the training would be different between the higher educated nurses and aid nurses. However, there was not much difference in the level of understanding of the subjects presented. These findings indicate that the same training can be provided to nurses with different qualifications and levels of experience at the same time.
- Even though each trainer's capacity differed, the general teaching skills of all trainers were of a satisfactory level. Furthermore, the majority of trainers worked together to help each other to teach more effectively.

8. Conclusions and Recommendations

- Overall the training was successful in increasing the knowledge and deepening the skills of nurses in providing family planning services at the VHCs.
- As one of the first major activities in this project, the training allowed the various stakeholders including the VHC nurses and supervisors, supervisors from MOH and VHC project team to build and strengthen their relationships and to learn to work collaboratively in a way that complements the benefits to the project target population.
- Pre and post tests should be developed more carefully to better measure the degree of understanding of participants accurately.

- Follow-up visits to those VHCs which will start family planning services provision should be conducted soon after the family planning/logistic training.
- Having the trainers from both the MOH and directorate collaborating together and interacting with each other resulted in cross-fertilization of their knowledge, experiences and teaching methods. This collaboration should be continued.
- Directorate supervisors should attend the training sessions as much as possible, in order to maintain training quality and to encourage participants.
- In the session to fill out registration forms, it was observed that the existing registration book that the nurses were going to use was not designed for use at VHCs and especially with regard to referrals. To collect the right information of VHC nurse activities, the registration and reporting system needs to be more clearly articulated for all VHC staff to collect accurate information. Additionally, supervisors and the project team should conduct follow-up visits to VHC centers to ensure that all necessary information is collected.
- Some cases/scenarios used in the counseling session were unrealistic. The trainers should provide realistic cases/scenarios; which enable the trainees to provide services immediately after the training at their work places.
- More IEC materials need to be distributed to VHCs. Only a few IEC materials were distributed to each VHC. To enhance the quality and accuracy of health education and counseling, more material is needed.



Communication exercise (Mafrqa)



Role-play (Balqa)

Appendix 1: Attendance list

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Shefaa Hussien Farris Abu Leil	شفاء حسين فارس أبو ليل	Associate Nurse	Ass'arah VHC
2	Ms. Sahar Mohamed Mohamed Ali	سحر محمد علي	Assistant Nurse	Tokobol and Om Al-Jadail VHC
3	Ms. Eman Mahmoud Ghzawi Masoud	إيمان محمود عزوي مسعود	Assistant Nurse	Jamha VHC
4	Ms. Shefaa Mohamed Ahmed Abu Abta	شفاء محمد أحمد أبو عبتة	Associate Nurse	Makhrabah VHC
5	Ms. Majeda Mahmoud Ahmed Alzoubi	ماجدة محمود أحمد الزوبي	Associate Nurse	Mandah VHC
6	Ms. Umaimah Soud Ahmed Alryalneh	أميمة سعود أحمد الرياحنة	Associate Nurse	Saydoor VHC
7	Ms. Kholoud Ahmed Alrwee	خلود أحمد خلف الرويحي	Assistant Nurse	Abu Habeel VHC
8	Ms. Bothina Mahmoud Al-Shraideh	بثينة محمود محمد الشرايدة	Assistant Nurse	Tabket Fahel VHC
9	Ms. Sameeha Deef Allah Ahmed Dagamseh	سميحة ضيف الله أحمد الدغامسة	Assistant Nurse	Al-Khribeh VHC
10	Ms. Suha Abdullah Mansour Shkhatreh	سهي عبدالله منصور شخثرة	Associate Nurse	Alseith VHC

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3. Mafrag

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Soosan AlShamre	سوسن الشمرعي	Associate Nurse	Al-Akydar VHC
2	Ms. Hiam Ibrahim Shihab	هيام إبراهيم شهاب	Assistant Nurse	Raba Al Sarhan VHC
3	Ms. Fatima Alqadi	فاطمة القاضي	Assistant Nurse	Breiga VHC
4	Ms. Hamdh Alzyood	حمدة الزوبد	Aid Nurse	Al-Daqmasah VHC
5	Ms. Nora Almshagba	نوره المشاقبة	Aid Nurse	Rouder Al-Amir Mohamed VHC
6	Ms. Siham Shdefat	سيهام شديفات	Staff Nurse	Al-Aqeb VHC
7	Ms. Hend Ali Miamdouth Baket	هند علي ممدوح الخبت	Associate Nurse	Roudeh Al-Amir Hamzeh VHC
8	Ms. Huda Olimat	هدى عليمات	Associate Nurse	Dahi VHC
9	Ms. Doaa Abu Amira	دعاء أبو عمرو	Associate Nurse	Albaei CHC
10	Ms. Sabah Almwali	صباح الموالي	Associate Nurse	Al-Mafrag PHC

Appendix 2: Trainers list

No.	Name	Position	Location
1	Ms. Fadia Aljaber	Nursing Supervisor, FP division	MOH
2	Ms. Amal Abu Shaawesh	MW Supervisor, FP division	MOH
3	Dr. Lutfeh Al Shalabi	Head of MCH department	Irbid
4	Ms. Hyaim Obidat	MW supervisor	Irbid
5	Ms. Mariam Ghazi Al-Omari	MCH supervisor	Irbid
6	Dr. Sabbah Subhii Ahmad Madi	Head of MCH department	Balqa
7	Ms. Helwa Alisa	MCH supervisor	Balqa
8	Ms. Buthauma Zaqzoug	MW supervisor	Balqa
9	Dr. Amal Abdul Karim	Head of MCH department	Mafrag
10	Ms. Souad Shdeifat	MW supervisor	Mafrag

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Family Planning and counseling training for nurses at Village Health Centers

Date: 16th – 20th October 2016 (Irbid, Balqa), 23rd – 27th October 2016

Date	Time	Topic	Responsibility	
			Irbid	Mfrq
Day 1 16 th October Sunday	8:30 – 9:00	<ul style="list-style-type: none"> Registration Opening 	Aml	Fadi
	9:00 – 9:45	<ul style="list-style-type: none"> Happy healthy family Exercise Goals and expectation Pre test 	Aml	Fadi
	9:45 – 10:00	<ul style="list-style-type: none"> Self Performance assessment 		
	10:00 – 11:00	<ul style="list-style-type: none"> Population challenges 	Ama	Fadi
	11:00 – 11:30	Break		
	11:30 – 12:30	<ul style="list-style-type: none"> Introduction of Role of VHC 	Ama	Fadi
	12:30 – 1:30	<ul style="list-style-type: none"> Benefits of family planning Family planning mapping 	Mry/ Hym	Helw a
	1:30 – 2:30	<ul style="list-style-type: none"> Family Planning methods (modern) <ul style="list-style-type: none"> Female Sterilization Vasectomy 	Dr. Ltfie h	Dr. Saba h
	2:30 –	Lunch		
	8:30-8:45	<ul style="list-style-type: none"> Review 	Fadi	Aml
Day 2 17 th October Monday	8:45-10:00	<ul style="list-style-type: none"> Combined Oral Contraceptives 	Dr.L	Dr.S
	10:00 – 11:00	<ul style="list-style-type: none"> Progestin-only Pill 	Dr.L	Soad
	11:00-11:30	Break		
	11:30 – 12:30	<ul style="list-style-type: none"> Progestin-only Injectable 	Mari	Soad
	12:30 -1:00	<ul style="list-style-type: none"> Implants 	Mari	Dr.A
	1:00 – 1:30	<ul style="list-style-type: none"> Lacational Amenorrhea Method 	Hym	Soad
	1:30 - 2:30	<ul style="list-style-type: none"> IUD 	Hym	Dr.S
	2:30 -	Lunch		
	8:30 – 8:45	<ul style="list-style-type: none"> Review 		Soad
	8:45 – 9:45	<ul style="list-style-type: none"> Male condom FP methods (Traditional) 	Dr.L	Btma
Day 3 18 th October Tuesday	9:45 – 10:00	<ul style="list-style-type: none"> Summary of family planning method <ul style="list-style-type: none"> Effectiveness and Eligibility 	Dr.L	Dr.S
	10:00 – 11:00	<ul style="list-style-type: none"> Counselling and Communication skills Rights of clients and needs for service provider Counselling and communication skills self-assessment 	Aml	Fadi
	11:00 – 11:30	Break		
	11:30 – 12:00	<ul style="list-style-type: none"> Importance of awareness of the personal belief of service provider 	Mari am	Helw a
	8:30 – 8:45	<ul style="list-style-type: none"> Review 		Soad
	8:45 – 9:45	<ul style="list-style-type: none"> Male condom FP methods (Traditional) 	Dr.L	Btma
	9:45 – 10:00	<ul style="list-style-type: none"> Summary of family planning method <ul style="list-style-type: none"> Effectiveness and Eligibility 	Dr.L	Dr.S
	10:00 – 11:00	<ul style="list-style-type: none"> Counselling and Communication skills Rights of clients and needs for service provider Counselling and communication skills self-assessment 	Aml	Fadi
	11:00 – 11:30	Break		
	11:30 – 12:00	<ul style="list-style-type: none"> Importance of awareness of the personal belief of service provider 	Mari am	Helw a

Date	Time	Topic	Responsibility	
			Irbid	Mfrq
Day 4 19 th October Wednesday	12:00 – 1:00	<ul style="list-style-type: none"> Steps to change attitude 	Hym	Dr.A
	1:00 – 2:30	<ul style="list-style-type: none"> Define reproductive health and Service package Interactive communication and counselling 	Aml	Fadi
	2:30 -	Lunch		
	8:30 – 8:45	<ul style="list-style-type: none"> Review 		All
	8:45 – 9:00	<ul style="list-style-type: none"> Greeting exercise 		All
	9:00 – 9:30	<ul style="list-style-type: none"> Framework “REDI counselling” 	Fadi	Aml
	9:30-10:30	<ul style="list-style-type: none"> Interpersonal communication <ul style="list-style-type: none"> Verbal and non-verbal communication Tone of voice Respect and active listening 	Fadi	Aml
	10:30 – 11:00	<ul style="list-style-type: none"> Taking information from clients <ul style="list-style-type: none"> Aims of the questions and types 	Hiya m	Btma
	11:00 – 11:30	<ul style="list-style-type: none"> Break 		
	11:30 – 12:30	<ul style="list-style-type: none"> Open and closed questions Using simple clear language Gratitude and encouragement Reasons for misunderstanding 	Mari am	Helw a
Day 5 20 th October Thursday	12:30 – 1:30	<ul style="list-style-type: none"> Using visual tools <ul style="list-style-type: none"> Provide information and talking about side-effect Decision-making <ul style="list-style-type: none"> Implantation of decision and follow-up 	Fadia	Aml
	1:30 – 2:30	<ul style="list-style-type: none"> Decision-making <ul style="list-style-type: none"> Implantation of decision and follow-up 	Hym/ M	Btma
	2:30 -	Lunch		
	8:30 – 8:45	<ul style="list-style-type: none"> Review 		Saad
	8:45 – 9:45	<ul style="list-style-type: none"> Important points of Family Planning method 	Ama	Fadi
	9:45 – 11:00	<ul style="list-style-type: none"> Registration and reporting <ul style="list-style-type: none"> Daily record for family planning service Mother’s file Maternal and Child Health Monthly activity report Monthly statistics report 	Hiya m/M ariam	Dr.S abab/ Helw a
	11:00 – 11:30	<ul style="list-style-type: none"> Break 		
	11:30 – 2:00	<ul style="list-style-type: none"> Continue communication and counselling skills <ul style="list-style-type: none"> Group work Practice Role play (Presentation of role play best practice) Review of role-play 	All 4	Fadia /Dr.S /Dr.A maral
	2:00 – 2:30	<ul style="list-style-type: none"> Post Test and Evaluation 		Dr.S/ Hlw
	2:30- 2:30 -	<ul style="list-style-type: none"> Closing Lunch 		

Report of Family Planning Logistics Training for Nursing Staff at Village Health Centers

【Summary of Output】

1. Overall the participants acquired knowledge and skills for family planning logistics, which is necessary to manage contraceptives distribution for start of family planning service at Village Health Centers (VHCs).
2. Follow-up by supervisors or midwives is essential to start family planning services at VHCs. For that purpose, the project team decided to conduct a practical on-the-job training at Primary or Comprehensive Health Centers as a follow-up of this training.

1. Introduction

As a second training for nursing staff, 3-day family planning logistic training was conducted from October 24th to 26th in Irbid and from November 8th to 10th, 2016 in Mafraq at the health directorate office and the training center in each directorate. Thirty one participants were selected from the 13 focus VHCs¹ and other related VHCs, Comprehensive Health Centers (CHCs) and Primary Health Centers (PHCs) in order to start provision of family planning and counseling services at VHCs.

This training was based on the comprehensive MOH training package which had developed more than 15 years ago and provided by the three authorized MOH trainers. Without passing the final examination, health staff cannot start to provide FP services at any MOH health facilities. To deal with these backgrounds, some midwives and nurses who are working the CHCs/PHCs were invited to get certificate and eligibility to support the nursing staff at the project target VHCs.

2. Training sites and participants

Date	No. of Participants	Target Health Directorates	Qualification of Participants (No.)	Places
24 th -26 th October 2016	15	Irbid/Balqa	Nurses (13) Midwives (2)	Irbid health directorate office and Ibun sina PHC
8 th - 10 th November 2016	16	Mafraq	Nurses (10) Midwives (6)	Mafraq CHC

4. Trainers from MOH family planning logistic team

- Dr. Abeer Mwaswas, MOH
- Dr. Nadia Al-Safadi, MOH
- Ms. Muna Al-Qarm, MOH

5. Training content

The training includes contraceptives procurement system, documentation and preparation of monthly report and management of storage condition.

6. Observations, results, comments and recommendations

(1) Irbid/Balqa Observations

- The training was conducted by mainly lecture and some model demonstration and exercises in the training room.

¹ One focus VHC in Irbid has only one male nurse, which means it cannot be able to provide FP services to female clients.

- As this training has been designed and conducted for midwives, the content was very condensed. It looked difficult for nursing staff working at the VHCs to understand it. They were nerves and embarrassed.
- Due to the lack of coordination between woman and child health directorate of MOH and Irbid health directorate, training logistic was not well organized on the first day of the training. Training venue had also to change on the second day. However, the last day of the training was organized appropriately in the end.
- Five participants who failed the final examination looked shocked for the result and have strongly protested to trainers.

Result

- Five out of 15 participants failed the final examination of the training unfortunately. All were nursing staff working in Irbid.
- A make-up test was conducted in Irbid health directorate on 20th November, 2016. After two-hour follow-up session by Irbid supervisors and one-hour session by the MOH trainer, all passed the examination successfully.

Comments and Recommendations

- It was strongly recommended that the coordination between woman and child health directorate of MOH and Irbid health directorates should be improved for following training in Mafraq through better communication in the preparation and implementation stages.
- The trainers need to adjust the content of the training to the understandable level of the nursing staff.

(2) Mafraq Observation

- Before starting the training in Mafraq, the director of woman and child health directorate of MOH gave feedback to the trainers to improve the quality of training based on the observation by the project team in Irbid. As a result, the training became trainee-friendly and more interactive and the participants looked more relaxed and understood the sessions.

Result

- Five out of 16 participants failed the final examination of the training. All were nursing staff.
- A make-up test was conducted on 4th December, 2016 in Mafraq directorate. After two-hour follow-up session by Mafraq supervisors and one-hour session by the MOH trainer, all passed the examination.

Comments and Recommendations

- Even though the teaching approach of the trainers was improved in Mafraq, one-third of the participants could not reach a desirable level set by MOH. This is probably because of their low educational status compared with midwife.
- Follow-up by supervisors and midwives is needed in practical on-the-job training which is planned in December, 2016 and January, 2017 in order to start real services at VHCs.

Appendix: Attendance list

1. Trainees list

1.1 Irbid (10)

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Shefaa Hussien Farris Abu Leil	شفاء حسين فارس ابو ليل	Associate Nurse	Ass'arah VHC
2	Ms. Sahar Mohamed Mohamed Ali	سحر محمد علي	Assistant Nurse	Tokobol and Om Al-Jadail VHC
3	Ms. Eman Mahmoud Ghzawi Masoud	ايمان محمود غزراوي مسعود	Assistant Nurse	Jamha VHC
4	Ms. Shefaa Mohamed Ahmed Abu Abia	شفاء محمد احمد ابو عبيدة	Associate Nurse	Makhrabah VHC
5	Ms. Majeida Mahmoud Ahmed Alzoubi	ماجدة محمود احمد الازعي	Associate Nurse	Mandah VHC
6	Ms. Umaimah Soud Ahmed Alriyahneh	أميمة سواد احمد الرياحنة	Associate Nurse	Saydoor VHC
7	Ms. Kholoud Ahmed Alrwee	خلود احمد خلف الرويعي	Assistant Nurse	Abu Habel VHC
8	Ms. Bothina Mahmoud Al-Shraideh	بثينة محمود محمد الشريدة	Assistant Nurse	Tabket Fahel VHC
9	Ms. Sameeha Deef'allah Ahmed Dagsamseh	سميحة ضيف الله احمد الدقاسمة	Assistant Nurse	Al-Khribeh VHC
10	Ms. Suha Abdullah Mansour Shkhatreh	سهي عبدالله منصور شحاترة	Associate Nurse	Alselih VHC

1.2. Balqa (5)

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Fatima Suliman Al-Balawi	فاطمة سليمان البلوي	Assistant Nurse	Maysara and Fanoush VHC
2	Ms. Khawther Al-Saied Al-Nabressi	كوثر السيد النبرصي	Associate Nurse	Um Ayash VHC
3	Ms. Raneem Mohamed Al-Marai	رنيم محمد المرعي	Midwife	Thahret Al Raml PHC
4	Ms. Nahedah Ahmad Al-Naemat	ناهدة احمد النعمات	Assistant Nurse	Abu Zeghan VHC
5	Ms. Nadia Abd Hussien Al-Shatti	نادية عبد حسين الشطي	Midwife	Twal Al Janobe PHC

1.3. Mafraq (16)

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Saosan AlShamre	سوسن الشمري	Associate Nurse	Al-Akydar VHC
2	Ms. Hiam Ibrahim Shihab	هيام ابراهيم شهاب	Assistant Nurse	Raba Al Sarhan VHC
3	Ms. Fatima Alqadi	فاطمة القاضي	Assistant Nurse	Breiga VHC
4	Ms. Hamdh Alzyood	حمدة الزويد	Aid Nurse	Al-Daqmasah VHC
5	Ms. Nora Almsahagba	نوره المشاقبة	Aid Nurse	Roudet Al-Amir Mohamed VHC
6	Ms. Siham Shdefat	سهام شديفات	Staff Nurse	Al-Aqeb VHC



Irbid/Balqa



Irbid/Balqa



Mafraq

7	Ms. Hend Ali Mamdouh Bakeet	هند علي معدوح البختيت	Associate Nurse	Roudeh Al-Amir Hamzeh VHC
8	Ms. Huda Olimat	هدى عليمت	Assistant Nurse	Dahi VHC
9	Ms. Doaa Abu Amira	دعاء ابو عميره	Associate Nurse	Albaej CHC
10	Ms. Sabah Almwali	صباح الموالي	Associate Nurse	Al-Mafraq PHC
11	Ms. Racha Mshagbeh		Midwife	Moghayer Al Sarhan CHC
12	Ms. Ahd Maseed		Midwife	Al Beshriah CHC
13	Ms. Khloud Mshagbeh		Midwife	Al Mazraa PHC
14	Ms. Israa Al Refai		Midwife	Al Koom Al Amar PHC
15	Ms. Bayan Adnan		Midwife	Al dafyanah PHC
16	Ms. Baraa Eshdooh		Midwife	

2. Nursing staff list who had a make-up test

2.1 Irbid (5)

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Shefaa Hussein Faris Abu Leil	شفاء حسين فارس ابو ليل	Associate Nurse	Ass'arah VHC
2	Ms. Sahar Mohamed Mohamed Ali	سحر محمد علي	Assistant Nurse	Tokobol and Om Al-Jadail VHC
3	Ms. Majeda Mahmoud Ahmed Alzoubi	ماجدة محمود احمد الزعبي	Associate Nurse	Mandah VHC
4	Ms. Umamah Soud Ahmed Alryahneh	أميمة سoud احمد الريحنة	Associate Nurse	Saydoor VHC
5	Ms. Samecha Deef allah Ahmed Dagamsch	سميحة صديقا الله احمد الدقاسمة	Assistant Nurse	Al-Khribeh VHC

2.2 Mafrq (5)

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Hiam Ibrahim Shihab	هيام ابراهيم شهاب	Assistant Nurse	Raba Al Sarhan VHC
2	Ms. Fatima Alqadi	فاطمة القاضي	Assistant Nurse	Breiq VHC
3	Ms. Hamdh Alzyood	حمدة الزويد	Aid Nurse	Al-Daqmasah VHC
4	Ms. Nora Almshagba	نوره المشاقبة	Aid Nurse	Roudeh Al-Amir Mohamed VHC
5	Ms. Siham Shdefat	سهام شديفات	Staff Nurse	Al-Ageb VHC

3. Trainers list

No.	Name	Position	Location
1	Dr. Abeer Mwaswas	Head of Information and Logistic section, Woman and Child Health Directorate	MOH
2	Dr. Nadia Al-Safadi	Information and Logistic section, Woman and Child Health Directorate	MOH
3	Ms. Muna Al-Qarm	Information and Logistic section, Woman and Child Health Directorate	MOH

Report on Reproductive Health Training for Nursing Staff at Village Health Centers

【Summary of Output】

- Overall the training was successful in increasing the knowledge and deepening the skills of nursing staff in providing Reproductive Health (RH) services, focusing on antenatal, postnatal and child health care services and other women's health care, at the Village Health Centers (VHCs).
- Participants actively participated and showed their satisfaction to the training. They expressed their knowledge and practices could be applied in their work.
- The relationship between nursing staff from VHCs and midwives from primary and comprehensive health centers where receive referral from VHCs was strengthened through the training. The enhanced relationship between them will enable the nursing staff at VHCs to easily receive midwives' technical supports and improve referral system through better communication when new RH services are introduced at VHCs.

1. Introduction

The 4-day RH training in Irbid and Mafrqa was designed to strengthen knowledge and skills of nursing staff working at VHCs in the field of RH following the family planning and counseling trainings conducted in October 2016. The training aimed to commence RH service provision in the 14 focus VHCs¹. The topics of the training included antenatal care, postnatal care, child health care, women's health issue such as menopause and breast cancer, infection control and recording and registration. The participants were selected from nursing staff who are working at VHCs and other related VHCs, Comprehensive Health Centers (CHCs) and Primary Health Centers (PHCs) in Irbid, Balqa/Dayr Allah and Mafrqa. The training was implemented mainly in training room through lecture, group discussion, role-play, demonstration and other exercises. After the completion of the training, the nursing staff will receive a practical on-the-job training at CHCs or PHCs. The details of the training are summarized as follows.

2. Objectives

Main objective of the training is to provide health staff with opportunities to acquire the basic knowledge and skills necessary for provision of RH services, focusing on antenatal, postnatal and child health care services and other women's health care. The following is specific objectives of the training.

Participants will be able to:

- Understand the importance of antenatal care, postnatal care, child health care and other women's health care.
- Understand the RH services to be provided in the VHCs.
- Identify risk cases of pregnant and postnatal women and child.
- Provide vaccination and supplement for pregnant women and child according to the protocol.
- Provide health education and counseling regarding antenatal care, postnatal care, child health care and other women's health care.
- Refer clients to PHC/CHC when needed.
- Fill in registration books, client charts, client cards and monthly reports.
- Follow protocol of infection control in the VHCs.

¹ Although the 14 focus VHCs are intended to start RH service provision, 13 nursing staff from 13 focus VHCs were invited because other one was male nursing staff who can hardly provide RH services to female.

3. Training Schedule, Sites and Participants

Date	Training Site	No. of Participants	Qualifications (No.)	No. of Trainers	Place
14-17 Nov. 2016	Irbid/Balqa Dayr Allah	15	Nursing staff (13) Midwives(2)	7	Irbid health directorate office
21-24 Nov. 2016	Mafrqa	16	Nursing staff (10) Midwives(6)	6	Mafrqa CHC

4. Preparation for Program

Four trainers from central level (Woman and child health directorate, Ministry of Health, hereinafter MOH trainers) mainly prepared the whole training program. Five trainers (Heads of maternal and child health department and supervisors in Woman and Child Health Division) from Irbid and Mafrqa Directorates and the 4 MOH trainers provided the training using the materials prepared by each trainer. Before conducting the training, the training program were reviewed and shared among the trainers in collaboration with the project team. The pre/post-test was developed by the MOH trainers. The course evaluation sheet which was used by the previous family planning training was applied.

Main topics included in the training:

- Antenatal care
- Postnatal care
- Breastfeeding
- Child health care
- Women's health issues (breast cancer, menopause, osteoporosis, adolescents' health)
- Infection control
- Recording and registration

5. Teaching Methods

Lecture, presentation, group discussion, Q&A, practice and role-play were used as teaching methods. In Mafrqa, a site visit to CHC was added. From the second day, the training session began with a review of the previous day in order to assess and confirm the participants' understanding.

6. Observation

Day 1: The opening started with explanation of the project overview and the objectives of the RH training. Following to the opening remarks, the trainers started to give lectures about antenatal care, postnatal care and counseling for pregnant and postnatal women. The trainer explained the influencing factors for safe delivery, schedule of antenatal and postnatal visits to health center, health check-up points and medical exam during pregnancy and postnatal period, content of the health education, and so on. The participants practiced how to calculate body mass index and estimate delivery date by calculation and using pregnancy wheel. The trainers emphasized on the importance of identification of risk cases during pregnancy and postnatal period to be referred to PHC or CHC. The trainer gave a home work.

Day 2: The participants learned registration and documentation of pregnant and postpartum records, mother's card and monthly reports. They also gained basic knowledge of breast cancer, menopause, osteoporosis, and adolescent's health. In the session of breast cancer, they practiced the palpation using breast cancer model.

Day 3: The entire day was spent for child health care, which were included measurement of height and weight of child under 2 year old, normal growth and development for child under 5 year old, identification of delay of growth development, assessment of risk factors, anemia, and health education for child.

Day 4: The trainer delivered lectures about national immunization program for children, follow-up for child with missed immunization opportunities, neonatal screening test, registration and documentation of child records, child's card, and monthly reports. The last training session was infection control necessary for VHCs such as the basic process of prevention for disease transmission; decontamination, waste disposal, cleaning and rinsing, and sterilization.

Overall, most participants showed a positive attitude and were actively participating in the training. The trainers utilized a variety of teaching methods so that the participant could be active and interested in the learning. However, few sessions disseminated mainly information without sufficiently confirming their understanding or feedback from them, which made the participants tired or bored. The attitude of the participants has been also influenced by scheduled time and the topic of the session in addition to teaching methods. For example, in the afternoon session of Thursday the participants seemed to lose concentration to go home as soon as possible. Compared with the characteristics of the participants between Irbid/Balqa and Mafrqa, the former showed more questions and comments during the training from the first day through the last day, while the latter was quiet in general. However, the attitudes of the participants in Mafrqa became active as the day went on.

Training environment is a crucial aspect of the effective training. The space and furniture installed in the training room in Irbid seemed to be not suitable for interactive training. It was difficult for the trainers to closely communicate and observe the participants in order to check their understanding of the lecture or identify the participant who was struggling to learn. The training room for Mafrqa was spacious and suitable.

The participants struggled to understand and master recording and registration system for the RH service. There are several kinds of recording forms, registration books and a monthly report to fill in at the VHC. Even though the trainers demonstrated and practiced how to fill in the forms using specific examples, they showed embarrassment and lack of confidence.

On the 3rd day of the training in Mafrqa, the participants visited the Mafrqa CHC where was located in the same building of the training room to observe actual child health care service such as measurement of child weight and height, immunization and neonatal screening. They practiced measurement of head circumference of baby and recording of child's chart. The midwives working at the CHC explained enthusiastically the services provided at the center and procedure of health checkups for children. It was a good learning opportunity for them to have a concrete image of how the services are being delivered. Unfortunately, the trainees from Irbid and Dayr Allah could not have the site-visit to health center because the training place was located far from the center.

The project invited a Professor of Nagasaki University, Dr. Yasuhiko Kamiya, to offer a collaborative lecture with the MOH's trainer on child health in Mafrqa. Even though he delivered the lecture in English with translation and support by the MOH's trainer, almost all participants showed their strong interest and some seemed to understand his English without translation.

The communication between the midwives and nursing staff from PHCs and CHCs, and nursing staff from VHCs were facilitated by learning together day by day. In the group works, the midwives helped the nursing staff understand the topics. During the breaks in the training, they also talked to each other and had a good atmosphere.

Prior to the training, the director of the women and child health directorate, MOH, instructed the trainers from both the central and directorates need to be close coordination and arrangement to implement effective training based on lessons learned from the previous training. The results of this instruction can be observed in various situations. For example, Balqa during the training, at least one of them presented every day and monitored the sessions. The trainers from Irbid Health Directorate appeared in almost all sessions and interactively joined in the sessions. They also prepared handouts for their own session and distributed them as other MOH trainers did it. The presence of the MOH trainers also facilitated active learning by giving feedbacks and additional explanation during the lectures by the trainers in Irbid and Mafrqa.

The central MOH and the project developed a self-assessment sheet to help the nursing staff understand their responsibilities related to the RH service to be provided at VHC and periodically assess the progress of their performance for the RH service. The sheet consists of 65 items of specific

performances, which comprise 3 sections of service delivery, health promotion and VHC management. The participants filled in the sheet on the first day, which will be utilized as a baseline information.

7. Results

6-1. Result of pre- and post-test

Pre/post-tests were conducted with all participants. The test consist of 20 questions, which includes antenatal and postnatal care, child health care, women's health, and infection prevention control.

All participants showed improved knowledge according to the result of the pre- and post-tests. Figure 1 shows the comparisons of average score of pre- and post-tests in three directorates. Average scores of the pre- and post-test was 57% and 86% respectively, which indicated that the score had increased by 28 points. The highest increase rate between pre- and post-test was for Irbid, with an increase of 32 points. The interactive training in Irbid may influence on the result. This result was same as the one of the family planning training. Although the participants from Balqa directorate received same training with those from Irbid, their result was lower than Irbid directorate.

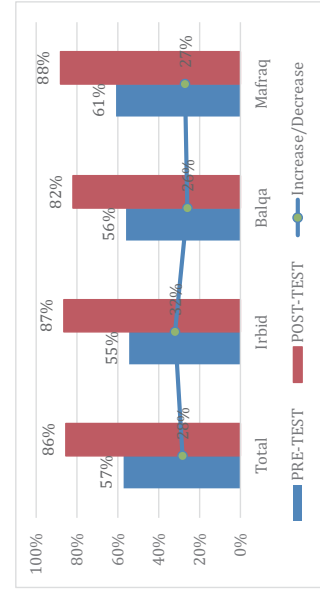


Figure 1. Results of the pre- and post-test (All Directorates and each Directorate)

Figure 2-4 show the changes in scores by individual participant. All participants raised their score of post-test. The range of the scores of pre-test in Irbid, Balqa, and Mafraq was from 40 to 65 points, from 50 to 60 points, from 30 to 75 points respectively; for the post-test, the score ranged from 75 to 95 points, from 70 to 90 points, from 75 to 95 points respectively.

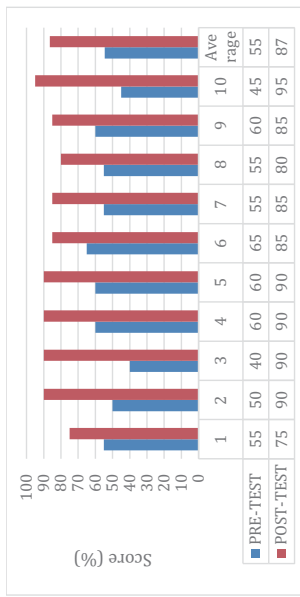


Figure 2. Results of the pre- and post-test for each participants (Irbid)

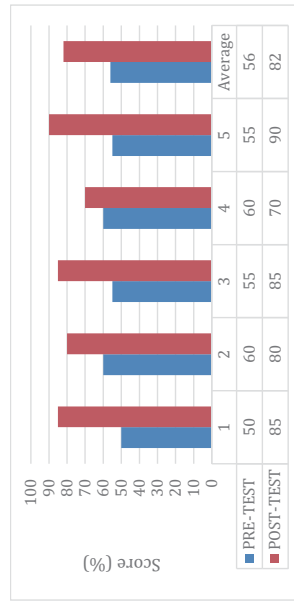


Figure 3. Results of the pre- and post-test for participants (Balqa)

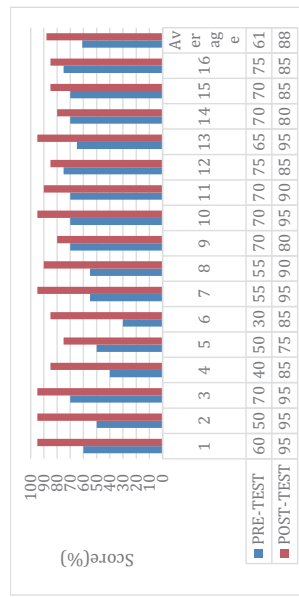


Figure 4. Results of the pre- and post-test for each participants (Mafraq)

Figure 5 shows the results of pre- and post-tests by qualification among 31 trainees. At the pretest, the lowest score was the staff nurse who also failed family planning logistics examination. However, a most significant increase from pre- to post was found among the trainees. Midwives gained highest score at the pretest, as expected. However, there was no big difference in the pretest result in comparison with

other nursing staff. Aid nurses gained the lower score of both pre- and post-test. It is a natural result because their education level is lowest among them. There were no significant differences among associate nurses and assistant nurses.



Figure 5. Results of the pre- and post-test for the participants (by qualification)

6-2. Result of Course Evaluation

The training course was evaluated by the participants using the evaluation sheet at the end of the training. Overall, most participants were satisfied with the training. They expressed positive comments on the trainers. Regarding training contents, 93% of participants felt that training contents were as expected. The same percentage of the participants answered that the knowledge and skills obtained through the training can be applied to their daily work. Three participants noted that the training period was too short, while one commented too long period.

6-3. Result of Self-Assessment Sheet

The self-assessment sheet was developed using a 1-5 scoring scale of each 65 specific practices related to VHC's service. The score of each item are never (1 point), sometimes (2 points), half of time (3 points), most of time (4points), always (5 points). The higher score indicates high frequency of practices.

Figure 6 shows average points of practices of 13 nursing staff working at the 13 focus VHCs according to performance category and health directorate. High frequency of practice was the general practices which include measurement of vital sign to general clients, provisions of injection and basic first aid service, etc. The performance related to RH services (family planning, antenatal care, postnatal care, child health and other women health) are low as expected. Most of the VHCs except some centers in Irbid and Mafraq do not offer them. These will increase after the commencement of RH service provision at the centers. The practices related to health promotion are also low. This is because there is no guide or instruction regarding health promotion services at the VHCs so far.

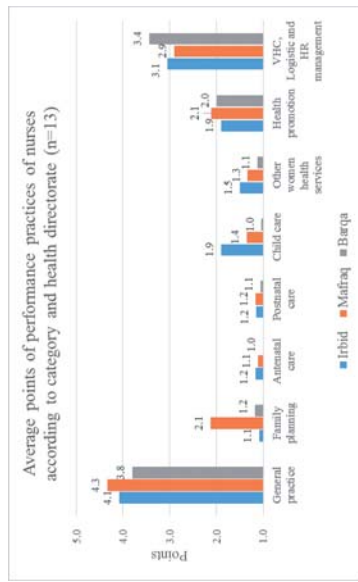


Figure 6. Results of average points of practices of nursing staff (by performance category and districts)

8. Discussion

- Most participants actively participated in the training sessions. By their responses on the course evaluation sheet, they indicated high satisfaction with the content of the training. Moreover, there were many positive comments on the quality of the training. Increasing training opportunities can be effective in improving the knowledge and rising the motivation.
- Even though the training increased the knowledge of the participant, the effect of the training without adequate follow up will be limited. It is necessary to assess how they apply the knowledge gained in the training and to reinforce their learnings, with special emphasis on the registration and recoding, through follow up and supervision.
- The training material such as presentation handouts will help the participants understand the topics and are useful to review their learnings after the training. Most trainers prepared some handouts, however few did not distribute any educational materials or handouts to them in their session. Although each trainer will have their own teaching style and preference, there will be a need to have the trainers understand the importance of written information for the participants, especially for the nursing staff who learn the topics for the first time.
- The heads of maternal and child health department and supervisors from Irbid and Mafraq, and the central MOH supervisors organized the training successfully. Through the preparation and implementation activities, they were more actively involved in the project and had a concrete idea for necessary preparation for effective practical training to be implemented following this training.
- The collaboration between the MOH's trainer who has rich knowledge and experiences in Jordan and the guest lecturer, Prof. Kamiya, who is an expert for child health in Asia and Africa was effective to stimulate the participants' interest.

It took some time for participants to finish the pre- and post-test and some nursing staff seemed to struggle to understand the questions and choose correct answer. The possible reasons include: a variety of topics included in the test reflecting the content of the training; confusion by questions used conjunctions such as 'except'; being not used to have a test since they graduated from the school long time ago. The questions of the test may need to be simplified without using conjunctions so that the nursing staff can concentrate the answer itself.

9. Conclusions and Recommendations

- Overall the training was successful in increasing the knowledge and deepening the skills of nursing staff in providing antenatal, postnatal and child health care services and other women's health care at the VHCs. Most of the participants were satisfied with the training.
- The coordination and arrangement of the training were successfully made by the MOH woman and child health directorate and Irbid/Balqa and Mafraq health directorates.
- The midwives from PHCs and CHCs are expected to receive referral of patients from the VHCs and to supervise performance of the nursing staff after the start of the RH service at VHCs. Their

participation to the training strengthened the relationship with the nursing staff from VHCs, which will facilitate the improvement of the RH services.

- The trainers need to prepare some handouts to be given to the participants in the session in order to effectively transfer desired knowledge and skills.
- Pre- and post-tests should be developed more carefully not to require the participants' extra effort to understand the question itself.
- IEC materials for RH service need to be distributed to VHCs prior to the introducing new services.
- Close follow-up and supervision with special emphasis on the registration and recoding should be implemented during and after the practical training to ensure quality care at VHCs.

Appendix 1: Attendance list

1. Irbid

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Shefaa Hussien Farris Abu Leil	شفاء حسين فارس أبو ليل	Associate Nurse	Ass'arah VHC
2	Ms. Sahar Mohamed Mohamed Ali	سحر محمد عطى	Nurse	Tokobol and Om Al-Jadail VHC
3	Ms. Eman Mahmoud Ghzawi Masoud	إيمان محمود غزوي مسعود	Assistant Nurse	Jamha VHC
4	Ms. Shefaa Mohamed Ahmed Abu Abia	شفاء محمد احمد أبو عبيدة	Associate Nurse	Makhrabah VHC
5	Ms. Majeda Mahmoud Ahmed Alzoubi	ماجدة محمود احمد الزعبي	Associate Nurse	Mandah VHC
6	Ms. Umamah Soud Ahmed Alryahneh	أميمة سويد احمد الرياحنة	Associate Nurse	Saydoor VHC
7	Ms. Kholoud Ahmed Alrwee	خلود احمد خلف الرويحي	Nurse	Abu Habeel VHC
8	Ms. Bothina Mahmoud Al-Shraideh	بثينة محمود احمد الشريدة	Assistant Nurse	Tabket Fahel VHC
9	Ms. Sameeha Deef'allah Ahmed Dagsamseh	سميحة صديف الله احمد الدغاصمة	Nurse	Al-Khribeh VHC
10	Ms. Suha Abdullah Mansour Shkhatreh	سهي عبدالله منصور شحاترة	Associate Nurse	Alslih VHC

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2. Balqa

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Fatima Suliman Al-Balawi	فاطمة سليمان البلوي	Nurse	Maysara and Fanoush VHC
2	Ms. Khawther Al-Saied Al-Nabressi	كوثر السيد النبرصي	Associate Nurse	Um Ayash VHC
3	Amant Raje Abdullah Khrisat	أماني راجي عبدالله خريسات	Midwife	Al-Balawneh PHC
4	Ms. Nahedah Ahmad Al-Naemat	ناهدة احمد النعميات	Nurse	Abu Zeghan VHC
5	Nada Mohamed Ahmad Abu-Sarhan	ندى محمد احمد أبو سرحان	Assistant Midwife	Maade PHC

3. Mafraq

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Saosan AlShra'a Shihab	سوسن حسين محمد الشريعة	Assistant Nurse	Al-Akydar VHC
2	Ms. Hiam Ibrahim	هيام ابراهيم شهاب هويشل	Assistant Nurse	Raba Al Sarhan VHC
3	Ms. Fatima Alqadi	فاطمة نواف غالب القاضي	Assistant Nurse	Breiga VHC
4	Ms. Hamdh Alzyood	حمدة سليمان سعود الزبود	Aid Nurse	AL-Daqmasah VHC
5	Ms. Nora Alimat	نوره علي فريج العليمات	Aid Nurse	Roudet Al-Amir Mohamed VHC
6	Ms. Siham Shdeifat	سهام هلال رشيد شديفات	Staff Nurse	Al-Aqeb VHC

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7	Ms. Hend Ali Maloh Bakteet	هند علي ملوح بكيت	Associated Nurse	Roudeh Al-Amir Hamzeh VHC
8	Ms. Huda Olimat	هدى سالم عبدالله عليمات	Assistant Nurse	Dahl VHC
9	Ms. Doaa Abu Amira	دعاء عيسى منوح آخر عميرة	Associated Nurse	Albaej CHC
10	Ms. Sabah Almwali	صباح فهد المغن الموالي	Associated Nurse	Al-Mafraq PHC
11	Ms. Racha Mshagbeh	رشا محمد سليمان مشاغبة	Midwife	Moghayer Al Sarhan CHC
12	Ms. Ahd Maseeed	عهد سعد فزاع المساعيد	Midwife	Al Beshriah CHC
13	Ms. Khloud Mshagbeh	خلود بسام سعد المشاغبة	Midwife	Al Mazra'a PHC
14	Ms. Israa Al Refai	اسراء حسين نهار الرفاعي	Midwife	Al Koom Al Amar PHC
15	Ms. Bayan Adnan	بيان عدنان حسين سليمان	Midwife	Al dafyanah PHC
16	Ms. Baraa Eshdooh	براء طارق محمود شذوح	Midwife	Sama Sarhan CHC

Appendix 2: Trainers list

No.	Name	Position	Location
1	Ms. Fadia Aljaber	Nursing supervisor, FP division, woman and child health directorate	MOH
2	Ms. Amal Abu Shaweesh	Midwife supervisor, FP division, woman and child health directorate	MOH
3	Ms. Maisa Abu Saa'dah	MCH supervisor, woman and child health directorate	MOH
4	Ms. Maisa Elian	MCH supervisor, woman and child health directorate	MOH
5	Dr. Lutfieh Al Shalabi	Head of MCH department	Irbid
6	Ms. Hyaim Obidat	Midwife supervisor	Irbid
7	Ms. Mariam Ghazi Al-Omari	MCH supervisor	Irbid
8	Dr. Amal Abdul Karim	Director of MCH department	Mafraq
9	Ms. Souad Shdeifat	Midwife supervisor	Mafraq

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Appendix 3: Training program

Reproductive Health Training for Nursing Staff at Village Health Centers

Date: 14th - 17th November 2016 (Irbid, Balqa), 21st - 24th November 2016 (Mafrq)

Date	Time	Topic	Responsibilities	
			Irbid/Balqa	Mafrq
Day 1	8:30 ~ 9:30	Opening and Registration Pre-test, self-assessment Sheet	Fadia	Amal
	9:30 – 10:30	Antenatal care	Messa abu saadah	Messa abu saadah
	10:30 – 11:15	Postnatal care	Hyeam	Souad
	11:15 – 11:30	Break		
	11:30 – 12:30	How to deal with cases of high-risk pregnancy	Messa abu saadah	Messa abu saadah
Day 2	12:30 – 13:30	Counseling and nutrition during pregnancy and the postpartum stages	Mariam	Souad
	13:30 – 14:30	Breast feeding - Golden steps to successful breastfeeding	Messa abu saadah	Messa abu saadah
	14:30 –	Lunch		
	8:30 – 8:45	Review		
	8:45 – 9:45	Registration and documentation of pregnant and postpartum records, cards and monthly reports	Messa abu saadah	Messa abu saadah
Day 3	9:45 – 11:00	- Early detection of breast cancer - Breast self-examination the breast model by participants	Fadia	Amal
	11:00 – 11:30	Break		
	11:30 – 13:00	Practical application of self-breast examination	Fadia	Amal
	13:00 – 14:30	Counseling of menopausal, osteoporosis, adolescents	Dr.Lutfteh	Dr. Amal
	14:30 -	Lunch		
Day 4	8:30 – 8:45	Review		
	8:45 – 11:00	Growth and development of the child in the first five his years	Messa 'a Alian	Dr. Amal
	11:00 – 11:30	Break		
	11:30 – 13:00	- Early detection of developmental delay - Growth and development problems in early childhood and the mechanism of referral	Messa 'a Alian	Messa 'a Alian
	13:00 – 14:30	- Evaluation of the risk factors on children's health - Anaemia and cases of special care - Health education	Messa 'a Alian	Messa 'a Alian Prof. Kamiya
14:30 -	Lunch			
Day 4	8:30 - 8:45	Review		
	8:45 – 10:30	-The national immunization program for children -Follow-up defaulters vaccination mechanism	Messa 'a Alian	Messa 'a Alian
	10:30 – 11:00	Newborn screening	Mariam	Souad

Date	Time	Topic	Responsibilities	
			Irbid/Balqa	Mafrq
	11:00 – 11:30	Break		
	11:30 – 13:00	- The use of growth and follow-up child record - Records, monthly reports of child care	Messa 'a Alian	Messa 'a Alian
	13:00 - 14:00	- Infection control - Practical application on infection control	Amal	Fadia
	14:00 – 14:30	Post-test, course evaluation	Amal	Fadia
	14:30 -	Lunch		

Performance Self-assessment Sheet for Nurses at VHC

- Objective: To assess the level of nurses' performance in providing health services at village health center after trainings on family planning, family planning logistic, and reproductive health.
- Filled by: Nurse

Self-Performance Assessment sheet for nurses at VHC

Name of VHC: _____

Name: _____ Date: _____

- 1: I never do it
 2: I do it only sometimes
 3: I do it half of the time
 4: I do it most of the time
 5: I always do it

Tasks		1 (never)	2 (someti mes)	3 (half of time)	4 (most of time)	5 (alw ays)	Comments
1. Service delivery	1.1. General practice	1.1.1. I measure Vital signs (P,T,BP,B) of patient					
		1.1.2. I provide injections according to physician's order					
		1.1.3. I presence with a physician when performing a medical examination					
		1.1.4. I evaluate severity of the disease (mild, moderate, severe) such as diarrhea, fever and respiratory infections and referral to other centers, hospitals to conduct medical examinations in accordance to the referral system					
		1.1.5. I provide basic and urgent first aid procedures					
	1.2. Family planning	1.2.1. I fill out patient's information in mother file/ family planning part					
		1.2.2. I provide counseling of family planning methods					
		1.2.3. I evaluate side effects for client that raised from use of family planning methods and give appropriate counseling and refer when needed					
		1.2.4. I evaluate complications for client that raised from use of family planning methods and refer when needed					
		1.2.5. I supply/provide two kinds of contraceptives (pills and condom) for recurrent clients and new clients if assessed by VHC's physician					
		1.2.6. I refer for other contraceptives which available in other centers					
		1.2.7. I take advantage of opportunities to meet the unmet needs for clients					
		1.2.8. I record the daily record for family planning services					
		1.2.9. I fill out Maternal and Child care monthly activity report					
1.2.10. I fill out family planning monthly statistics report							

		1.2.11. I fill out logistic report for family planning										
		Tasks	1 (never)	2 (someti mes)	3 (half of time)	4 (most of time)	5 (alw ays)	Comments				
1.3. Antenatal Care	Antenatal Care	1.3.1. I fill out patient's information in Mother file/ antenatal care part										
		1.3.2. I measure vital signs for pregnancy woman										
		1.3.3. I calculate BMI for pregnancy woman										
		1.3.4. I estimate expected day of delivery										
		1.3.5. I check if pregnant women receive Tetanus Toxoid vaccination										
		1.3.6. I evaluate pregnancy woman according Copeland and refer if the result is moderate (from 3 to 6) to sever (above 6)										
		1.3.7. I refer pregnant women for laboratory and physical examinations tests										
		1.3.8. I refer pregnant woman to midwife or doctor for further check-up										
		1.3.9. I provide Folic Acid and Iron according to the protocol										
		1.3.10. I provide health education and counseling on the care of pregnant (the importance of follow-up visits, balanced nutrition, dangerous signs in pregnancy, problems and physiological changes, counseling for family planning ...)										
		1.3.11. I record ANC daily record										
		1.3.12. I fill out Maternal and child care monthly report										
1.4. Postnatal Care	Postnatal Care	1.4.1. I fill out patient's information in Mother file/ postnatal care part										
		1.4.2. I measure Vital signs for postnatal woman										
		1.4.3. I record birth date for newborn child										
		1.4.4. I identify early signs and symptoms of postpartum complication										
		1.4.5. I refer postnatal women to midwife or doctor if needed										
		1.4.6. I provide counseling and health education (Personal Hygiene, Nutrition, baby care, breast feeding, family planning)										
		1.4.7. I record PNC daily record										
		1.4.8. I fill out Maternal and child care monthly report										
1.5. Child care	Child care	1.5.1. I fill out child's information in child file (boy or girl)										
		1.5.2. I take medical history of child										
		1.5.3. I assess risk factors on child health										
		1.5.4. I follow-up of special cases (allergy medicines, food allergy and chronic diseases...)										
		1.5.5. I evaluate child's growth with take measurements (Height, Weight and Head circumference)										
		1.5.6. I conduct physical examination and detect congenital malformations										
		1.5.7. I follow-up the development of the child										
		1.5.8. I provide immunization services										
		1.5.9. I provide health Education (Breastfeeding, complementary foods, Hygiene,										

		Growth, early detection for congenital malformations)										
		Tasks	1 (never)	2 (someti mes)	3 (half of time)	4 (most of time)	5 (alw ays)	Comments				
2. Health promotion	1.6. Other women health related services	1.5.10. I provide vitamin A										
		1.5.11. I provide vitamin and supplement										
		1.5.12. I record Child care daily record										
		1.5.13. I fill out maternal and child care monthly report										
		1.6.1. I conduct a clinical breast examination										
		1.6.2. I train the client about breast self-examination										
	2.1. Health Education	2.1. Health Education	1.6.3. I refer to physician (suspected cases of Breast cancer and menopausal osteoporosis and diseases related to reproductive health)									
			1.6.4. I conduct health education on other(women's health related issues breast cancer, osteoporosis)									
			2.1.1. I conduct health education by person depend on need									
			2.1.2. I organize and conduct group health education at VHC									
			2.2.1. I participate health promotion activities									
			2.2.2. I organize and coordinate health promotion activities									
3. VHC, Logistic and HR management	3.1. Management VHC	3.1.1. I maintain a clean tidy environment										
		3.1.2. I implement the infection preventing control procedures according to the protocols such as (the procedures of dealing with infected tools and disposal of medical waste in right way ...)										
		3.1.3. I maintain the medical and non-medical instrument/tools and furniture of the Center										
	3.2. Logistic	3.2. Logistic	3.2.1. I keep medicine in appropriate storage according on FEFO with special attention to production and expiry date									
			3.2.2. I keep vaccines in appropriate storage with special attention to production and expiry date									
			3.2.3. I keep contraceptive materials in appropriate storage with special attention to production and expiry date									
	3.3. Communication and team work	3.3. Communication and team work	3.3.1. I participate in the training programs and activities and continuous education									
			3.3.2. I cooperate with colleagues and coordinate with the health team for the provision of the comprehensive health care									

Report on Refresher Workshop on Reproductive Health for VHC Staff

- Objective
Participants will be able to:
 - Improve quality of services provision at VHCs by brushing up of knowledge and skills of RH/FP based on reviews and receiving supervision support by supervisors.
 - Strengthen skills for group health education and management skills of health promotion activities.
- Workshop sites and participants (see Annex 1)
Irbid :17, 18th September, 16 participants
Mafrag :12, 13th September, 13 participants
Dayr Allah : 27, 28th September, 7 participants
- Participants:
Nursing staffs working in 14 focused VHCs and midwives covering focused VHCs

Day 1	Topic
9:00-9:15	Registration and Opening
9:15-10:00	Introduction of VHC operation manual - Roles and responsibilities of nurse and midwife - Supportive supervision system
10:00-10:30	Feedback from nurses and midwives about services provision (Discussion)
10:30- 11:30	Reviewing Family Planning based on feedback
11:30-11:45	Break
11:45-12:15	Introduction of FP Flipchart
12:15 -12:45	Practice of using Flipchart material -Role Play and Feedback
12:45 - 13:15	Documentation and Reporting (FP)
13:15-13:45	Communication/facilitation skills for group health education session (Discussion, Lecture, Q&A)
13:45- 14:30	Preparation, implementation and management for health promotion activities with Community Health Committee (Discussion and Presentation)
14:30	Lunch
Day 2	Topic
9:00-9:15	Registration
9:15-10:00	Reviewing topics based on feedback Antenatal Care
10:00-10:45	Reviewing topics based on feedback Postnatal Care
10:45 -11:30	Reviewing topics based on feedback Child Care
11:30-11:45	Break
11:45 ~ 12:30	Reviewing topics based on feedback Vaccination

12:30 – 13:00	Reviewing topics based on feedback Other Women Health related topics (breast self-exam, osteoporosis, menopause)
13:00 – 14:00	Documentation and reporting
14:00-14:30	Evaluation and Closing
14:30	Lunch

- Results and findings
 - Regarding workshop contents, most of participants answered that training contents were as expected. On the other hands, some participants scored that the workshop time was not enough.
 - Update VHC operation manual for reproductive health and family planning services were introduced and disseminated.
 - Update family planning flipchart material were introduced and disseminated.
 - Found the difference of performance and understanding regard family planning, reproductive health and health promotion among directorates.
 - The family planning service has been providing at all VHC. However, some VHCs have not been providing MCH services yet.
 - Supervisors in Mafrag had recognized that VHC nurse are able to provide family planning service but not MCH services.
 - Supervisor in Dayr Allah doesn't want to MCH services provided at the VHC where there is not enough staff.
 - MCH services at VHCs in Irbid is well functioning than Mafrag and Dayr Allah. VHCs and supervisors in Mafrag really need to be followed up to start MCH services.
 - VHC staffs in Mafrag, their knowledge and understanding on reproductive health and health education need to be improved in order to provide good reproductive services.
 - VHC staffs especially nursing staff need more support from supervisors, as they don't have confidence to provide health education to their communities.
 - Concrete roles of nursing staff at VHCs on MCH services should be clarified and announced to all VHC related staffs.
 - To improve performance on reproductive health at VHCs, on the job training and supportive supervisions for nursing staff are highly needed.
 - The workshop time was limited. Each session should have taken more time.
 - Another refresher workshop may be needed based on the result of on the job training.

Annex 1:

Irbid Participants

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Fadia Al Jaber	فاديا الجبر	Head of Supervision and Monitoring Department, WCH	MOH (Amman)
2	Ms. Amal Abu Shaweesh	أمل أبو شواريش	MCH supervisor, WCH	MOH (Amman)
3	Ms. Maysa Elyyan	ميساء عليان	MCH supervisor	MOH (Amman)
4	Ms. Maysa Abu-Sadah	ميساء أبو سعدة	MCH supervisor	MOH (Amman)
5	Ms. Lubna Theaer	لبنى ظاهر	Registered nurse	MOH (Amman)
6	Acia Al-Khateeb	أشيا الخطيب	Assistant Director for Nurse and MW	Irbid Health Directorate
7	Ms. Mariam Omari	مريم العمري	MCH supervisor	Irbid Health Directorate
8	Ms. Hyaim Obidat	هيام عبيدات	MCH supervisor	Irbid Health Directorate
9	Ms. Kholoud Al-Horani	خلود الحوراني	MCH supervisor	Irbid Health Directorate
10	Samar Irshiedat	سمر الراغب	MW	Irbid Health Directorate
11	Tamam Al-Ragheb	تمام الراغب	MW	Irbid Health Directorate
12	Ms. Fatimah Bani Irshid	فاطمة بنى الرشيد	MCH District supervisor	Kura District
13	Ms. Intesar Matabab	التصار ملاحية	MCH District supervisor	Bani-Kenanah District
14	Ms. Eman Al-rabe'e	إيمان الربيع	MCH District supervisor	Al-Aghwar shamatleh district
15	Ms. Monira Bataineh	منيرة بطاينة	MW	Ass'arah VHC
16	Ms. Kholoud Al-Hor	خلود الحور	MW	Tokobal and Om Al-Jadail VHC and Al-Hoor PHC
17	Ms. Sahar Mohammed Ali	سحر محمد علي	Associated Nurse	VHC
18	Ms. Ahlam Al-Shatnawi	احلام الشطناوي	MW	Al-Khribeh VHC
19	Ms. Sameeha Daganseh	سميحة الدقسية	Assistant nurse	Al-Khribeh VHC
20	Ms. Sana'a Abu-Gharbelah	سناه أبو غربية	MW	Kufur Kyfia VHC and Samou'a PHC
21	Hanan Abu Baker	حنان أبو بكر	MW	Mandah VHC
22	Ms. Majeida Alzoubi	ماجة محمود أحمد الزعبي	Associate Nurse	Mandah VHC
23	Ms. Amal Almasri	أمل المصري	MW	Abu Habel VHC
24	Ms. Kholoud Alrwee	خلود الروعي	Associate nurse	Abu Habel VHC
25	Ms. Kiyoe Ito	كيو ايتو	Training Management	VHC project
26	Ms. Ola Hattab	علا حطاب	Administrative coordinator	VHC project

- Mafraq participants

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Fadia Al Jaber	فاديا الجبر	Head of Supervision and Monitoring Department, WCH	MOH (Amman)
2	Ms. Amal Abu Shaweesh	أمل أبو شواريش	MCH supervisor, WCH	MOH (Amman)
3	Ms. Maysa Elyyan	ميساء عليان	MCH supervisor, WCH	MOH (Amman)
4	Ms. Maysa Abu-Sadah	ميساء أبو سعدة	MCH supervisor, WCH	MOH (Amman)
5	Ms. Souad Shidefat	سوسن سعد شديفات	MCH supervisor	Mafraq Health Directorate
6	Ms. Sawwan Tamimi	سوسن تميمي	MCH supervisor	Badia Shamaleh district
7	Ms. Majeida Al-Takrori	ماجة التكروري	Health district coordinator	Kasbah Al-Mafraq District
8	Ms. Amal Al-Zyoud	أمل الزويد	MW	AL-Daqmash VHC
9	Ms. Fadah Ulmat	فداه عليمات	MW	Dahl / Nadra VHC
10	Ms. Huda Ulmat	هدى عليمات	Assistant nurse	Dahl VHC
11	Ms. Israa El-Masri	إسراء المصري	MW	Roudet Al-Amir Mohamed
12	Ms. Nawal Mohammed	نوال محمد	Associate Nurse	Roudet Al-Amir Mohamed VHC
13	Ms. Waed Naser Khashab	وعد ناصر خشاب	MW	Al-Hersh CHC/ Breiga VHC
14	Ms. Fatima Alqadi	فاطمة القاضي	Assistant nurse	Breiga VHC
15	Ms. Souad Bani Melhm	سعاد بنى ملحم	MW	Astrafia CHC/ Roudet Al-Amir Hamzeh VHC
16	Ms. Hind Bakheet	هند البخيت	Assistant nurse	Roudet Al-Amir Hamzeh VHC
17	Ms. Mai Al-Qaifan	ممي القفان	MW	Al-Aqeb VHC / Al-Badla CHC
18	Ms. Siham Shidefat	سهام شديفات	Staff nurse	Al-Aqeb VHC
19	Ms. Kiyoe Ito	كيو ايتو	Training Management	VHC project
20	Ms. Ola Hattab	علا حطاب	Administrative coordinator	VHC project
21	Ms. Asal Nakhleh	أصال نجلة	Project assistant/ Public health	VHC project
22	Ms. Rumi Itawa	رومي ايتوا	Volunteer	VHC project

- Dayr Allah Participants

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Hamdan Ma'adat	د. حمدان معادات	Director assistant for Dayr Allah affairs	Balqa Health Directorate/ Dayr Allah
2	Ms. Amal Abu Shaweesh	أمل أبو شواريش	MCH supervisor, WCH	MOH (Amman)
3	Ms. Maysa Elyyan	ميساء عليان	MCH supervisor	MOH (Amman)
4	Ms. Maysa Abu-Sadah	ميساء أبو سعدة	MCH supervisor	MOH (Amman)
5	Dr. Amal Khader	د. أمل خدر	Head of MCH Department	Balqa Health Directorate
6	Ms. Helwa Alisa	حلوة العيسى	MCH supervisor, WCH	Balqa Health Directorate
7	Ms. Noha Hatamlah	نهى حاتملا	Midwife Supervisor	Balqa Health Directorate
8	Ms. Bothina Zaqqoq	بوثينة زاروق	MCH supervisor, WCH	Balqa Health Directorate/ Dayr Allah
9	Ms. Nada Abu-Sarhan	ندى أبو سرحان	Midwife	Maysara and Fanoush VHC/ Maadi PHC
10	Ms. Arwa Diab	أروى دياب	Associate Nurse	Maysara and Fanoush VHC
11	Ms. Amami Khriesat	أمامي خريسات	Midwife	Um Ayyash VHC / Al-Balawneh
12	Ms. Khawfher Al-Nabressi	كوثر النيد النبرصي	Associate Nurse	Um Avash VHC
13	Ms. Nadia Al-Shatti	نادية عبد حسين الشطي	Midwife	Twal Al Janobe PHC
14	Ms. Kelam Demedat	خلام سليمان الدميمات	Nurse Assistant	Twal AL Shamali PHC
15	Ms. Muna Murgan	منى حسن مرجان	Associate Nurse	Rweha PHC
16	Ms. Makiko Komasaawa	ماكيكو كوماساوا	Chief Advisor	VHC project
17	Ms. Atsuko Imoto	اتسوكو ايموتو	Training Management	VHC project
18	Ms. Kiyoe Ito	كيو ايتو	Training Management	VHC project
19	Ms. Ola Hattab	علا حطاب	Administrative coordinator	VHC project

Meeting (Training) on Roles of VHCs Providing RH/FP Services (No. 1)

November to December, 2016

1. Purpose
 - To introduce the project activity.
 - Seeking cooperation for starting RH service at VHCs.
 - Introduction of the updated manual on the Village Health Centers (VHCs) operation

2. Participants

Directors of health directorates, Director assistants, Directorate and district maternal and child health (MCH) supervisors, doctors and midwives who are covering the focus VHCs, and VHC nursing staff. (Annex 1)

Time	Topics	Responsible persons
10:45-11:00	Registration	
11:00-11:10	Opening and welcoming remarks Meeting	Director of Health directorate (HD)
11:10-11:20	Purpose of the Meeting	Director of Women and Child Health Directorate (WCHD)
11:20-11:45	-Outline of the Project -Current situations of VHCs based on the results of the VHC survey	WCHD JICA Project
11:45-12:15	Break	
12:45-1:15	Introduction of the Updated Manual on the VHC operation -Missions of VHCs -Supervision system -Roles of Doctors/Midwives/Nurses -Instructions of official standards registration	WCHD JICA Project
1:15-1:30	-Discussion -Next Step	WCHD JICA Project
1:30	-Ceremony for handing Certificates of trainings Lunch	

4. Results

This series of meetings at each health directorate was designed as part of training for health staff who were covering the focus VHCs. It was first time for the director of Woman and Child Health Directorate (WCHD), MOH, Dr. Malak, to meet all health staff working in the field. Consequently, it became very valuable chance for her to know the current situation in the field, and at the same it stimulated the health staff at both VHCs and CHC/PHCs to more actively work on RH service delivery.

4-1 Irbid
Date: Nov. 29, 2016
Venue : Meeting room at Sareeh CHC, Irbid governorate

- The meeting began with welcoming and opening speech by Dr. Ahmad, Director of Irbid HD
- a. He welcomed the attendants and explained the environmental and health situation in Jordan. He strongly emphasized the importance of family planning in Jordan which has limited natural resources and develop a resilient system for receiving massive flow of Syrian refugees.
 - Welcome speech by Dr. Malak
She expressed her appreciation for efforts they made. She stressed that JICA focused on the areas

where no other donors supports. She explained the objective of the meeting and future plan of implementation of practical training at Comprehensive/ Primary health centers (CHC/PHC) and supervision for following up nurses' performance. She encouraged them to start the new services, antenatal care (ANC), postnatal care (PNC) and child care and raising awareness of family planning (FP) at VHCs.

- b. A PowerPoint presentation presented by Ms. Makiko and Project Counterpart, Ms. Fadia, MCH supervisor.

Sharing the project outline and current situations of VHCs based on the results of the VHC survey
Explaining the development of the operational manual for VHC and the services to be provided at VHCs and responsibilities of doctors, midwives, and nurses who are working at the VHCs and related to other CHCs/PHCs.
- c. Discussion parts
 - Nurse from Assa'la: Lack of human resources at VHC: A nurse who received the RH and FP trainings appealed lack of staff at VHC to provide the reproductive health (RH) services. The health director commented that he will manage to increase staff.
 - A nurse: Asking the way of documentation of clients regarding referral case who are sending back and forth between a VHC and CHC/PHC. Dr. Malak answered the appropriated procedure and asked Dr. Amal, a assistant director, to follow this matter at the OJT at CHCs/PHCs..
 - Dr. Malak emphasized that VHC staff have to receive any clients, and encourage the clients to come back on dates which a MW or doctor available. She strongly suggested that all VHCs has to receive more child care regardless of the presence or absence of a midwife.

4-2 Mafraq

- 1) Date: Nov. 30, 2016
- 2) Venue : Meeting room of Mafraq Comprehensive Health Center, Mafraq governorate

The meeting began with welcoming and opening speech By Dr. Mohamed, the director for Mafraq HD. a. He welcomed the attendants and expressed his appreciation for the cooperation by the project.

- Welcome speech by Dr. Malak

She welcomed the attendants and expressed her appreciation for their efforts. She explained the objective of the meeting and future plan for the start of the RH service at VHCs and encouraged them to provide high quality services.

She emphasized that RH service is one of the important services at HCs and should be easily accessed by people through VHCs. She also told them that we already finished trainings on FP, RH and counseling and are going to provide equipment necessary for these services and send midwives 2 days per week to VHCs. If midwives are available at VHCs, she wants to provide all FP methods.

She informed that a practical training at CHC/PHC for nurses for one month will start and encouraged them to learn everything necessary for provision of RH services. Supportive supervision will be provided to the nurses.

- b. A PowerPoint presentation presented by Ms. Makiko and Project Counterpart, Ms. Fadia.

Sharing the project outline and current situations of VHCs based on the results of the VHC survey
Explaining the development of the operational manual for VHC and the services to be provided at VHCs and responsibilities of doctors, midwives, and nurses who are working at the VHCs and related to other CHCs/PHCs.

- c. Discussion parts
 - Dr. Amal, Head of WCH department at Mafraq HD, mentioned that Dhal VHC already provided RH service and other centers will be introduced the new service in December.
 - Dr. Amal questioned about the registration system for new FP method user and recurrent user at VHC. Dr. Malak clarified that the nurses working at VHCs can register clients who came to VHC for first time as a new clients. Even a client received contraceptives at CHC/PHC and wants to receive the same contraceptives at VHC, she will be registered at VHC as a new client if she

- receive it for first time. Dr. Malak informed them to have another meeting for registration.
- The participants requested to distribute a FP logistic guideline to VHCs and the HD agreed to provide them.
- Dr. Amal stressed lack of human resource and poor infrastructure at VHCs. Dr. Malak said that we don't need many staff at VHC and human resource issue could be managed by Mafrag HD. She continued that in the meeting held at Irbid yesterday, the health director told the attendants to increase the staff at VHCs. Regarding the infrastructure, she commented that we can provide the services according to the availability.

4-3 Balqa/ Dayr Allah

Date: Dec. 1, 2016

Venue : Meeting room, Dayr Allah health district

The meeting began with welcoming and opening speech by Dr. Hamdan, Director Assistant for Dayr Allah a. He welcomed the attendants and expressed his appreciation for the project.

- Welcome speech by Dr. Malak
She welcomed the attendants and explained the objective of the meeting and future plan of implementation of practical training at CHC/PHC, supervision for following up nurses' performance, and provision of equipment. She encouraged them to start the new services at VHCs.
- b. A PowerPoint presentation presented by Ms. Makiko and Project Counterpart, Ms. Amal, MCH supervisor.
Sharing the project outline and current situations of VHCs based on the results of the VHC survey
Explaining the development of the operational manual for VHC and the services to be provided at VHCs and responsibilities of doctors, midwives, and nurses who are working at the VHCs and related to other CHCs/PHCs.

c. Discussion parts

- Ms. Khetam, Head of WCH department at Balqa HD, suggested that doctors usually visit 3 days per week to VHC and can expand more FP methods besides pill and condom. Dr. Malak commented that doctors can provide Implanon and IUD and we need to choose appropriate doctors to provide an opportunity for training on these methods.
- Dr. Malak clarified that the VHC will be given to FP logistic code number to supply contraceptives. A new FP user will be registered at VHCs. For recurrent clients, the client bring their chart from CHC/PHC to the VHC and receive the method at the VHC. She also mentioned that they will send an official letter to inform FP logistic ID and announce the new service to be provided at VHCs.
- One physician requested to have a RH training. Dr. Malak told him to try to provide the training to all physicians.
- One physician commented midwives don't qualify enough to provide FP counseling from his experience at the health center. Dr. Hamdan told that the physician has responsibility to train the staff to provide quality care.
- Ms. Khetam asked about the qualification of nurse to give immunization. Dr. Malak said that we hope it and need to cooperate each other.
- Dr. Malak emphasized that nurses should give counseling and health education to clients not to return them to home without offering care and tell them the date of doctor available. Syrian people also should be registered.
- Dr. Hamdan mentioned that there are many Pakistan people who are not much aware of their health. He encouraged the attendants to offer health services to them.

End of Report

Annex 1: Participants' Lists
Annex 2: Photo

Annex 1: participants list
- Irbid

No.	Name (English)	Position	Organization (Location)
1	Dr. Malak Al Ouri	Director of WCH Directorate	MOH (Amman)
2	Ms. Fadia Al Jaber	MCH supervisor, WCH	MOH (Amman)
3	Ms. Amal Abu Shaweesh	MCH supervisor, WCH	MOH (Amman)
4	Dr. Ahmad Shaqran	Director Irbid Directorate	Irbid HD
5	Dr. Nofan Al Khasawneh	Head of Al-Sareeh CHC	Irbid HD
6	Dr. Lufieh Shalabi	Head of WCH Department	Irbid HD
7	Ms. Hyam Obidat	MCH supervisor, WCH	Irbid HD
8	Ms. Mariam Omari	MCH supervisor, WCH	Irbid HD
9	Dr. Mwafaq Daihadhah	Physician, Cover Ass'arah VHC	Fo'araa PHC (Irbid)
10	Dr. Mohamed Hawshen	physician, Cover Kufur Kyfia VHC	Samou PHC (Irbid)
11	Dr. Semona Tashloush	physician, Cover Al-Khribeh VHC	Kharia PHC (Irbid)
12	Dr. Ahmad Bishtawi	physician, Cover Abu-Habeel VHC	Al-Raayan PHC (Irbid)
13	Ms. Khlood Salem Zyadneh	Midwife, Support Ass'arah VHC	Fo'araa PHC (Irbid)
14	Ms. Khlood Al-Hawar	Midwife, Support Tokobol and Om Al-Jadail VHC	Hawar PHC (Irbid)
15	Ms. Fadia Kofahi	Midwife, Support Al-Khribeh VHC	Kharia PHC (Irbid)
16	Ms. Manahel Mohamed	Midwife, Support Mandah VHC	Taybeh CHC (Irbid)
17	Ms. Leena Ibrahim Al-Heel	Staff Nurse, Support Ass'arah VHC	Fo'araa PHC (Irbid)
18	Ms. Sana' Abu ghraibeh	Midwife, Support Kufur Kyfia VHC	Samou PHC (Irbid)
19	Ms. Shefaa Hussien Abu Lail	Nurse, Ass'arah VHC	Ass'arah VHC (Irbid)
20	Mr. Ahmad Omari	Nurse, Kultur Kyfia VHC	Kultur Kyfia VHC (Irbid)
21	Ms. Sahar Mohamed Mohamed Ali	Nurse, Tokobol and Om Al-Jadail VHC	Tokobol and Om Al-Jadail VHC (Irbid)
22	Ms. Sameeha Deef allah Ahmed Dagamesh	Nurse, Al-Khribeh VHC	Al-Khribeh VHC (Irbid)
23	Ms. Khlood Ahmed Alrwee	Nurse, Abu-Habeel VHC	Abu-Habeel VHC (Irbid)
24	Ms. Makiko Komasaawa	Chief Advisor	VHC project
25	Ms. Atsuko Imoto	Training Management	VHC project
26	Ms. Reema	Project officer	VHC project
27	Ms. Ola Heitab	Administrative Assistant	VHC project

- Mafrag

No.	Name (English)	Position	Organization (Location)
1	Dr. Malak Al Ouri	Director of WCH Directorate	MOH (Amman)
2	Ms. Fadia Al Jaber	MCH supervisor, WCH	MOH (Amman)
3	Dr. Mohamed Bani Mustafa	Director of Mafrag Health Directorate	Mafrag HD
4	Dr. Hzoom Alkoom	Assistant of Director of Irbid Health Directorate	Mafrag HD
5	Dr. Amal Abd Alkareem	Head of WCH Department	Mafrag HD
6	Ms. Soaad Shdlefat	MCH supervisor, WCH	Mafrag HD
7	Mr. Hazem Saadeh	supervisor and head of Nursing department	Mafrag HD
8	Dr. Amal Abdel Karim	Head of WCH Department	Mafrag HD
9	Dr. Ashraf Najj	Director of Mafrag Health Directorate	Mafrag HD
10	Ms. Amal AL-Zyoud	Midwife cover AL- Dagmasah VHC	Dagmasah VHC (Mafrag)
11	Ms. Asma AL- Omari	Midwife cover Breiga VHC	AL- Harsh PHC (Mafrag)
12	Ms. Souad Bani Melhem	Midwife cover Roudet AL- Amir Hamzeh VHC	AL- Ashrafieh CHC (Mafrag)
13	Ms. Bayan Adnan Silman	Midwife Cover AL- Aqeb VHC	AL- Dayyaneh VHC (Mafrag)
14	Ms. Nora Ali Olimat	Nurse, Roudet AL-Amir Mohamed VHC	Roudet AL- Amir Mohamed VHC (Mafrag)
15	Ms. Hind Ali Bakhet	Nurse, Roudet AL-Amir Hamzeh VHC	Roudet AL- Amir Hamzeh VHC (Mafrag)
16	Ms. Huda Salem Olemat	Nurse, Dahl VHC	Dahl VHC (Mafrag)
17	Ms. Hamdan Soud	Nurse , Dahl VHC	Dagmasah VHC (Mafrag)
18	Ms. Fatima AL-Qadi	Nurse , Breiga	Breiga VHC (Mafrag)
19	Ms. Makiko Komasaawa	Chief Advisor	VHC project
20	Ms. Atsuko Imoto	Training Management	VHC project
21	Ms. Ola Heitab	Administrative Assistant	VHC project

Annex 2: Photos



- Balqa/ Dayr Allah

No.	Name (English)	Position	Organization (Location)
1	Dr. Malak Al Ouri	Director of WCH Directorate	MOH (Amman)
2	Ms. Fadia Al Jaber	MCH supervisor, WCH	MOH (Amman)
3	Ms. Amal Abu Shaweesh	MCH supervisor, WCH	MOH (Amman)
4	Dr. Hamdan Maadat	Assistant of Director of Balqa Health Directorate	Balqa HD
5	Ms. Khatam Rahhalieh	Head of Nursing Department	Balqa HD
6	Ms. Nuha Hatamleh	MCH supervisor, WCH	Balqa HD
7	Ms. Helwa Al-essa	MCH supervisor, WCH	Balqa HD
8	Ms. Bolhina Zaqqooq	MCH supervisor, WCH	Dayr Allah District
9	Dr. Faleh Sukkar	Physician cover Maysara and Fanoush VHC	Moalath Al-A'ardah PHC (Dayr Allah)
10	Dr. Mohamed Dojan	Physician cover Um Ayash VHC	Al-Balawneh PHC (Dayr Allah)
11	Ms. Nada Abu Sarhan	Midwife support Maysara wa Fanoush VHC	M'adi PHC (Dayr Allah)
12	Ms. Amami Reji	Midwife support Um Ayash VHC	Al-Balawneh PHC (Dayr Allah)
13	Ms. Fatima Al-Balawi	Nurse cover Maysara and Fanoush VHC	Maysara and Fanoush VHC (Dayr Allah)
14	Ms. Kawther Nabresi	Nurse cover Um Ayash VHC	Um Ayash VHC (Dayr Allah)
15	Ms. Makiko Komasaawa	Chief Advisor	VHC project
16	Ms. Atsuko Imoto	Training Management	VHC project
17	Ms. Ola Hattab	Administrative Assistant	VHC project

Meeting (Training) for Doctors and Midwives & Nurses on Sharing Project's Progress (No. 2)

July 19 – August 1, 2017

1. Purpose
 - To share the current status of service provision at the focus Village Health Centers (VHCs) and Monitoring result based on PDM indicators
 - Discussing health promotion activities and other VHCs' issues.

2. Participants
Directors of health directorates, Directorate and district maternal and child health (MCH) supervisors, doctors and midwives who are covering the focus VHCs, health promoter, and VHC nursing staff. (Annex 1)

3. Program

Time	Topics	Responsible persons
9:45-10:00	Registration	
10:00-10:10	Opening and welcoming remarks	Director of Health directorate
10:10-10:20	Meeting Purpose of the Meeting	Director of Women and Child Health Directorate (WCHD)
10:20-10:50	Section 1: Achievements -Brief of the project design -Mid-term monitoring based on PDM indicators -Discussion -Next Step	WCHD JICA Project
10:50-11:10	Break	
11:10-12:10	Section 2: Follow-up 1) Monthly MCH report submission 2) Self-performance assessment 3) Equipment procurement 4) Health promotion activities 5) Others	WCHD JICA Project
12:10-12:20	Closing	
12:20	Lunch	

4. Results
- 4-1 Mafrqa

- 1) Date: July 19, 2017
- 2) Venue : Meeting room of chamber of commerce in Mafrqa

The meeting began with welcoming and opening speech By Dr. Hani, the director for Mafrqa Health Directorate

- a. He welcomed the attendants and acknowledged the contribution and achievement made by concerned people for improvement of the VHCs. He said that new services (MCH /FP services) have been introduced in other VHCs which the Project does not focus on. He also informed that a mobile clinic will be operated in Mafrqa health directorate, and further discussion will be needed about where and how to operate.

- Welcome speech by Dr. Malak
- She expressed her appreciation for Mafrqa HD's effort regarding the VHCs' activities and briefly

explained the achievement of the Project. She mentioned that the mobile clinic will provide MCH/FP to reach the people who cannot access these service.

- b. A PowerPoint presentation presented by Ms. Makiko and Project Counterparts (Ms. Fadia and Ms. Amal)
Sharing the VHCs' achievements, the achievement of health promotion activities, and the updated supervision system.

At the end of presentation part, the participants were asked to fill in the forms of self- performance assessment sheet and equipment availability sheet.

Distribution of the poster for the VHC mission and the pocket holders for IEC materials

c. Discussion parts

Dr. Malak chaired the discussion part.

- Dr. Amal, MCH supervisor, commented that she is conducting supportive supervision visits and she observed the quality of the services at the VHCs has been improved.
- Ms. Makiko pointed out that; only 2 out of 6 targeted VHCs in Mafrqa provide MCH services (ANC, PNC, child care), and still 2 VHCs don't have ID number at MOH system. As a response of that, the MCH supervisors at Mafrqa HD said they will send an official letter to add those two VHCs to MOH system.
- The project team pointed out that some of VHCs didn't receive yet the medical equipment which supposed to receive from MOH side, Dr. Amal said, ordering necessary medical equipment were midwife's responsibility. They have to request the procurement section of the health directorate.

4-2 Balqa/ Dayr Allah

Date: July 20, 2017

Venue : Meeting room, Dayr Allah health district

The meeting began with welcoming and opening speech By Dr. Hamdan, Director Assistant for Dayr Allah

- a. He welcomed the attendants and acknowledged the contribution and achievement made by concerned people for improvement of the VHCs.

- Opening remarks by Dr. Khalid Arabiat, Director of Balqa Health Directorate
- He welcomed the attendants, WCHD staff and JICA project team and thanked all the attendance about their big efforts to improve the services at the VHCs. He said that the staff in Dayr Allah directorate will do the best to increase the number of the VHCs which are providing MCH/FP.

- Welcome speech by Dr. Malak

She expressed her appreciation for their efforts regarding the VHCs' activities and briefly explained the achievement of the Project. She also mentioned that the mobile clinic will offer MCH/FP services to reach the people who cannot access these services.

- b. A PowerPoint presentation presented by Ms. Makiko and Project Counterparts (Ms. Fadia and Ms. Amal)
Sharing the VHCs' achievements, the achievement of health promotion activities, and the updated supervision system.

At the end of presentation part, the participants were asked to fill in the forms of self- performance assessment sheet and equipment availability sheet.

Distribution of the poster for the VHC mission and the pocket holders for IEC materials

c. Discussion parts

Dr. Malak chaired the discussion part.

- Doctors requested training on reproductive health topics for themselves.
- Ms. Makiko pointed out that; only 1 out of 2 focus VHCs are assigned midwives and providing MCH service (ANC, PNC, child care) and 2). In regard to this point, Ms. Khetam, Head of WCH

department/ Balqa HD, explained that because of shortage of midwife in Dayr Allah, the midwife comes once a month for only supervision.

- Ms. Khetam encouraged the attendants to proceed the activities for improving the services and also she asked Engineer Fayed (District Health promoter) to facilitate the health promotion committees by conducting monthly meeting with them.

4-3 Irbid

Date: Aug 1, 2017

Venue : Chamber of Commerce, Irbid governorate

The meeting began with welcoming and opening speech by Dr. Qasem, Director of Irbid HD

- He welcomed the attendants and acknowledged the contribution made by the project. He wishes the collaboration between us will be more accelerated for improvement of the VHCs.

- Welcome speech by Ms. Makiko
She expressed her appreciation for their efforts regarding the VHCs' activities and informed that a midterm evaluation team will come next week to review our achievement. She mentioned that Irbid is more active than other areas.

- A PowerPoint presentation presented by Ms. Makiko and Project Counterparts (Ms. Fadia and Ms. Amal)
Sharing the VHCs' achievements, the achievement of health promotion activities, and the updated supervision system.

At the end of presentation part, the participants were asked to fill in the forms of self- performance assessment sheet and equipment availability sheet.
Distribution of the poster for the VHC mission and the pocket holders for IEC materials

c. Discussion parts

- Ms. Fadia and Ms. Amal chaired the discussion part.
- The nurse who worked at Mandah VHC complain about absence of the MW and it is difficult to work alone. As a response to this, Dr. Amal Al-Zoubi, Director assistant for PHC, promise to solve this problem.
- Ass'arah MW mentioned that the privacy for FP counseling cannot be secured at the center because of no room, Ms. Fadia gave an advice to try to find any small space.
- One of the attendants asked the reason why midwife does not provide vaccination service even she works at VHC. Ms. Fadia explained midwife should follow her job description according to the situation and also provide technical support for VHC's staff, not management support.
- The nurse who worked at Khiribeh VHC said they provide MCH services at VHC but there is no vaccination service. So people need to go to other center. As a response for this point Dr. Amal encouraged the attendants to facilitate the referral to the health centers where provide the services which VHC does not offer.
- The nurse who worked at Abu Habel VHC, explained the reason for low number of clients at Abu-Habeel VHC which is the presence of UNRWA clinic nearby the VHC.
- Project team request from MCH supervisor some statistical data for non-focus VHCs, Dr. Amal requested an official letter to send statistical data of non-focused VHC

End of Report

Annex 1: Participants' Lists
Annex 2: Photos

Annex 1: Participants' Lists

- Mafrqa

No.	Name (English)	Position	Organization (Location)
1	Dr. Malak Al Ouri	Director of WCHD	MOH (Amman)
2	Dr. Hani Olimat	Director of Mafrqa Health Directorate	Mafrqa Health Directorate
3	Dr. Salameh Al-Sarhan	Director assistant for Northern Bedia	Mafrqa Health Directorate
4	Mr. Mohamed Al-Khalidi	Director Administrative Assistant	Mafrqa Health Directorate
5	Ms. Fadia Al Jaber	Head of supervision and monitoring department, WHCD	MOH (Amman)
6	Ms. Amal Abu Shaweesh	MCH supervisor, WCHD	MOH (Amman)
7	Dr. Khalid Al-Zyoud	PHC Director Assistant	Mafrqa Health Directorate
8	Dr. Mohammed Abu Al-Hijaa	Head of MCH, Mafrqa health directorate	Mafrqa Health Directorate
9	Dr. Hisham Al-Najjar	Head of Awareness Department	Mafrqa Health Directorate
10	Dr. Amal Abdel-Karim	MCH supervisor	Mafrqa Health Directorate
11	Ms. Souad Shdeifat	MCH supervisor	Mafrqa Health Directorate
12	Ms. Sawzan Tamimi	Health district coordinator	Badia Shamsaleh district
13	Ms. Majeeda Al-Takrori	Health district coordinator	Kasbah Al-Mafrqa District
14	Ms. Hanadi Shdefat	Nurse, MCH Department	Mafrqa Health Directorate
15	Mr. Jamal Rawajfeh	Health promoter	Mafrqa Health Directorate
16	Eng. Rima Al-Jahham	Health promoter	Mafrqa Health Directorate
17	Ms. Maram Waleed	Health promoter	Mafrqa Health Directorate
18	Ms. Eman Mohamad Khalil	Health Promoter / school Health	Mafrqa Health Directorate
19	Dr. Fou'ad Issa Subi'he	Physician cover Al-Daqmasah VHC	Nadra CHC
20	Dr. Fou'ad Issa Subi'he	Physician cover Dahi VHC	Nadra CHC
21	Dr. Jameel Al-Omari	Physician cover Breiga VHC	Al- Harsh PHC/ Roudet Al-Amir
22	Dr. Mohammad Ali	Physician	Ashrafia CHC/ Roudet Al-Amir
23	Ms. Amal Al-Zyoud	MW	Hamzeh VHC
24	Ms. Fadah Ulmat	MW	AL-Daqmasah VHC
25	Ms. Huda Ulmat	Assistant nurse	Dahl / Nadra VHC
26	Ms. Racha Al-Mashagbeh	MW	Dahl VHC
27	Ms. Nawal Mohammed	Associated Nurse	Roudet Al-Amir/Mohamed VHC
28	Ms. Waed Naser Khshab	MW	Al-Hersh CHC/Breiga VHC
29	Ms. Fatimah Al-Qadi	Assistant Nurse	Breiga VHC
30	Ms. Souad Bani Melhm	MW	Ashrafia CHC/ Roudet Al-Amir Hamzeh VHC
31	Ms. Hind Bakhet	Assistant Nurse	Roudet Al-Amir Hamzeh VHC
32	Ms. Mai Al-Qaifan	MW	Al-Aqeb VHC/Al-Badia CHC
33	Ms. Siham Shdefat	Staff Nurse	Al-Aqeb VHC
34	Ms. Makiko Komasaawa	Chief Advisor	VHC project
35	Mr. Yutaka Komasaawa	Researcher	VHC project
36	Ms. Atsuko Imoto	Training Management	VHC project
37	Ms. Ola Hattab	Project Officer	VHC project
38	Ms. Asal Nakhleh	Project assistant/ Public health	VHC project

- Balqa/ Dayr Allah

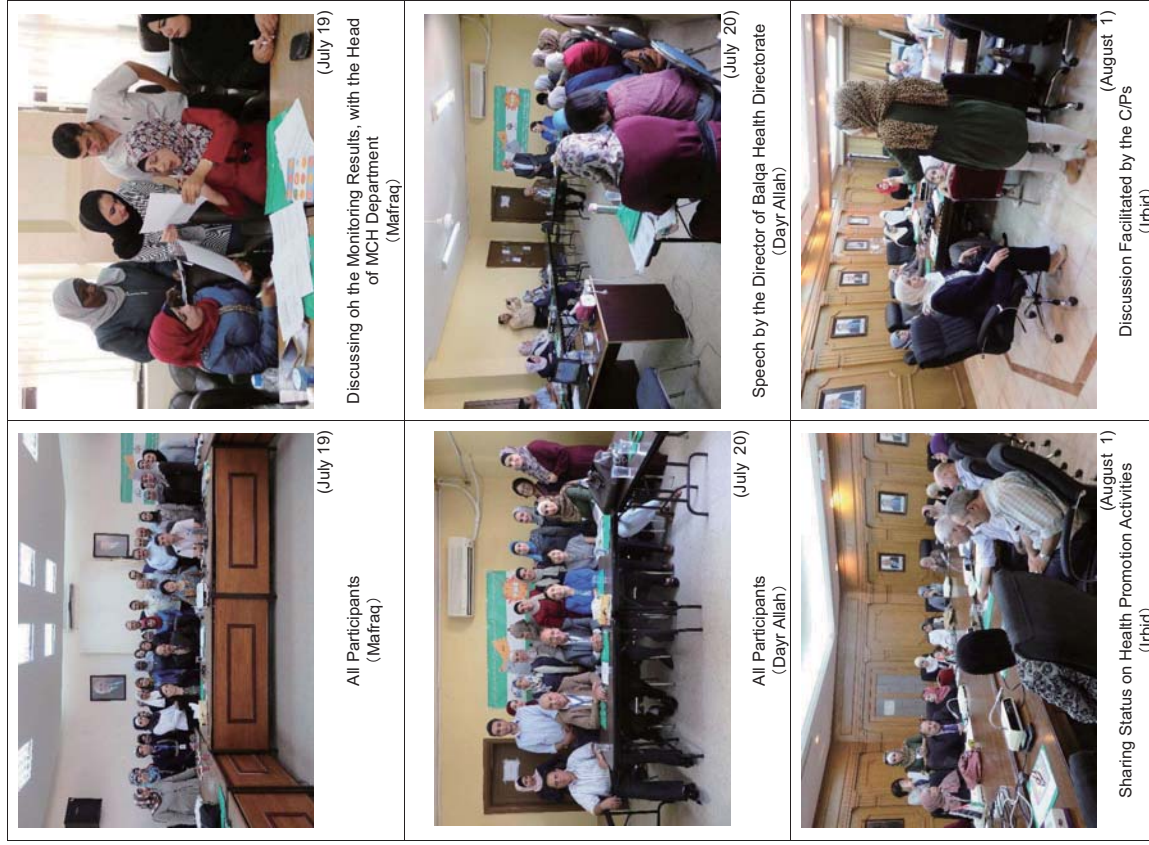
No.	Name (English)	Position	Organization (Location)
1	Dr. Malak Al Ouri	Director of WCHD	MOH (Amman)
2	Dr. Khaleh Arabiat	Director of Balqa Health Directorate	Balqa Health Directorate
3	Dr. Hamdan Maadat	Director assistant for Dayr-Allah district	Dayr Allah District
4	Ms. Fadia Al Jaber	Head of supervision and monitoring department, WHCD	MOH (Amman)
5	Ms. Khitam Rahahleh	Head of MCH Department	Balqa Health Directorate
6	Ms. Helwa Al-Issa	MCH supervisor, Directorate	Balqa Health Directorate
7	Ms. Bofhina Zaqqouq	MCH supervisor, District	Dayr Allah District
8	Ms. Noha Hatamleh	Midwife Supervisor	Balqa Health Directorate
9	Eng. Fayz Kabha	Health promoter	Dayr Allah District
10	Dr. Mohameed Al-Khrabsheh	Physician	M'adi PHC/ Maysara and Fanoush VHC

11	Dr. Mohamed Douban	Physician	Al-Balawneh PHC/ Um Ayyash VHC
12	Ms. Nada Abu-Sarhan	Midwife	Maysara and Fanoush VHC/ M'aadi PHC
13	Ms. Anwa Diab	Associate Nurse	Maysara and Fanoush VHC
14	Ms. Amani Khriesat	Midwife	Um Ayyash VHC / Al-Balawneh
15	Ms. Kawthar Nabresi	Associated Nurse	Um Ayyash VHC
16	Ms. Makiko Komasaawa	Chief Advisor	VHC project
17	Mr. Yutaka Komasaawa	Researcher	VHC project
18	Ms. Atsuko Imoto	Training Management	VHC project
19	Ms. Ola Hattab	Project Officer	VHC project
20	Ms. Asal Nakhleh	Project assistant/ Public health	VHC project

- Irbid

No	Name (English)	Position	Organization (Location)
1	Dr. Qasem Mayyas	Director	Irbid Health Directorate
2	Dr. Abdel Jaleel Megdadi	Director Assistant	Irbid Health Directorate
3	Dr. Amal Al-Zoubi	Director Assistant of PHC	Irbid Health Directorate
4	Ms. Fadia Al Jaber	Head of supervision and monitoring department, WHCD	MOH (Amman)
5	Ms. Amal Abu Shaweesh	MCH supervisor, WCHD	MOH (Amman)
6	Dr. Bilal Al-Hmoud	Head of Awareness Department	Irbid Health Directorate
7	Ms. Hyeam Obadat	MCH supervisor	Irbid Health Directorate
8	Ms. Fatimah Bani Irshid	MCH supervisor	Kura District
9	Ms. Intesar Malaabah	MCH supervisor	Bani-Kenanah District
10	Ms. Eman Abdullah Khaled	MCH supervisor	Al-Aghwar shamaleh district
11	Mr. Qasem Al-Hajji	Health Promoter	Irbid Health Directorate
12	Ms. Enas Barakat	Health Promoter	Kura District
13	Mr. Osama Al-Moqbel	Health Promoter	Al-Aghwar shamaleh
14	Mr. Ali Khalifeh Dalou'a	Health Promoter	Al-Taybeh
15	Mr. Nazeer Rashied	Health Promoter	Kasbit Irbid
16	Mr. Mofeed Al-Shiekh	Health Promoter	Irbid Health Directorate
17	Dr. Jamal Shiyat	Physician cover Al-Khribeh VHC	Hob Ras PHC
18	Dr. Mohamed Zoubi	Physician cover Kufur Kyfia VHC	Bani-Kenanah District
19	Ms. Kholoud Al-Hor	MW	Tokobol and Om Al-Jadail VHC and Al-Hour PHC
20	Ms. Sahar Moh'd	Associated Nurse	Tokobol and Om Al-Jadail VHC
21	Ms. Mai Talafah	MW	Al-Khribeh VHC
22	Ms. Sameeh Dagamseh	Assistant nurse	Al-Khribeh VHC
23	Ms. Suha Shakatreh	Associated nurse	Al-Selleh VHC
24	Ms. Sana'a Abu-Gharbeleh	MW	Kufur Kyfia VHC and Samoua' PHC
25	Mr. Ahmad Al-Omari	Nurse	Kufur Kyfia VHC
26	Ms. Hanan Abu Hatab	MW	Mandah VHC
27	Ms. Majedah AlZoubi	Associated Nurse	Mandah VHC
28	Ms. Amal Hassan Al-Rowalae	MW	Abu Habel VHC
29	Ms. Kholoud Al-Rowalae	Associated Nurse	Abu Habel VHC
30	Ms. Makiko Komasaawa	Chief Advisor	VHC project
31	Mr. Yutaka Komasaawa	Researcher	VHC project
32	Ms. Atsuko Imoto	Training Management	VHC project
33	Ms. Ola Hattab	Project Officer	VHC project
34	Ms. Asal Nakhleh	Project assistant/ Public health	VHC project

Annex 2: Photos



**Meeting (Training) for Doctors and Midwives & Nurses on
Wrap-up for VHCs Project (No. 3)**
January 29 –February 1, 2018

1. Purpose
- To share the achievement of the project at the end of the project
 - To celebrate contributors to the project implementation and the good-performed VHCs in term of Health Promotion activities
 - To wrap-up and conclude way forward after the project completion

2. Participants
- District maternal and child health (MCH) supervisors, doctors and midwives who are covering the focus VHCs, health promoter, and VHC nursing staff.

3. Program (flexible)

Time	Topics	Responsible persons
9:45-10:00	Registration	
10:00-10:10	Opening and welcoming remarks	Director of Health directorate
10:10-10:20	Purpose of the Meeting	Director of WCHD
10:20-11:00	Celebration for all: Certificates and Award	
11:00-11:15	Break	
11:15-12:00	Section 1: Performance of the VHCs services -Results based on PDM indicators -Discussion -Next Step	JICA Project WCHD
12:00-12:30	Section 2: Sharing achievement of the health promotion activities <ul style="list-style-type: none"> Results of Good practice assessment Making presentation of Good practices by CHC members (5 min.) 	WCHD JICA Project
12:30-	Lunch	

4. Results
4-1 Dayr Allah

- 1) Date: January 29, 2018
2) Venue : Training room of Health District, Dayr Allah/Balqa
3) Participants: 20 person (See Annex 1)

The meeting started by the opening speech by Dr. Mnawer, the assistant director for Dayr Allah Health District.

The meeting started by the opening speech by Dr. Mnawer, the assistant director for Dayr Allah Health District. He was newly assigned to the position and new to the project, but he is familiar with this areas since working together with the district Maternal and Child Health (MCH) supervisor for long time.

- a. Welcome speech by Dr. Mnawer

He welcomed the attendants and acknowledged the contribution made by the project.

Welcome speech by Dr.. Malak
She expressed her appreciation for their efforts regarding the VHCs' activities and great achievement.

- b. Sharing the Project achievement by Ms. Amal, a MCH supervisor of WCHD, and Ms. Makiko, the chief advisor of the project, based on the PDM indicators by showing the PPT.

c. Discussion parts

Dr., Malak chaired the discussion part.

- Doctor from Um Ayash: He was nearly assigned to the VHC, somehow like internship light after graduation from the medical school. He pointed out that local people need to be aware toward FP, birth spacing. The new tool developed by the project, such as FP flipchart and check list, are very useful for VHC staff and local people. He also mentioned all health facilities has to provide all FP methods, not only pills and condom.
- To respond this, Dr. Malak answered the Implanon or IUD need expensive equipped environment, which were high cost for MOH.
- The other doctor newly assigned to the Maysara and Fanoush VHC showed his interest in serving RH services. He asked the possibilities of leaning RH field more.
- Dr. Malak answered that from year 2018 newly assigned doctors will have chance to receive pre-training before services, which including RH services.
- Doctor from Dayr Allah: we are affecting Syrian refugees there are many Syrian refugees in our areas. Due to them, EPI rate become down.
- Nurse from Um Ayash: Syrian people refused if there any cost charged.
- The assistant director mentioned that advertisement are very important to raise people's awareness and increase the number of VHC users. In addition, staff attitude and performance are essential to receive more clients. He announced that the Health district planned to upgrade Maysara and Fanoush VHC to primary center and he promised he will assigned full-time Midwife to Maysara Fanoush VHC.
- Furthermore a head of nursing department, a former C/P, promised that IUD provision started at some VHCs.

d. Way forward

Dr., Malak concluded as follows.

- The project and WCHD institutionalized VHCs into service delivery system in the whole MOH mechanism, by having ID. It was no doubt that the project achievement will be sustained.
- After the project end, it was hope that two major task to be owned by the people working in the field: one is improvement of the services and the other was to expand VHCs which provide more services.
- She also stressed that role of health promoters become important in this context. She expressed that HP activities needs to be sustained and most local people need to involve HP activities.

4-2 Irbid

- 1) Date: January 30, 2018
2) Venue : Hall, Department of Agriculture, Irbid
3) Participants: 41 person (See Annex 2)

The meeting started by the opening speech by Dr. Qasem, the director for Irbid Health Directorate.

- a. Welcome speech by Dr. Qasem

He welcomed the attendants and acknowledged the contribution made by the project. He praised the project accomplishment for two years.

Welcome speech by Dr. Malak

She expressed her appreciation for their efforts and great achievement. She mentioned that the

project strengthened one consolidated directorate health services delivery system in the health directorate.

- b. Sharing the Project achievement by Ms. Amal and Ms. Makiko based on the PDM indicators by showing the PPT. The presentation paid attention on appearing synergy effects between the Approach 1: VHC capacity development and improvement of the service delivery environment, and Approach 2: Health promotion activities in communities.
- c. Discussion parts
 - Dr. Malak chaired the discussion part.
 - The district health promoter mentioned that there was difficulties to collaborate with school for implementing the health promotion (HP) activities since the Minister of Education was not allowed.
 - The director responded that it was true due to the minister's opinion. But currently new minister accepted and become easy to collaborate with the schools.
 - Nurse from Mandah VHC: complained the midwife is absence and it is difficult to work by alone.

Due to time constrain of the director, the discussion parts became short. Then, the meeting moved to the celebration parts for major contributor from the health directorate, district and Best 5 HP performed VHC/CHCs among 14 focus VHCs, four from Irbid, namely Al-Khribeh, Kufur Kyfia, Tokobol and Om Al-Jadail, and Ass'arah. All of them received a trophy.

4-3 Mafraq

- 1) Date: February 2, 2018
- 2) Venue : Conference Hall, Chamber of Commerce, Mafraq
- 3) Participants: 43 person (See Annex 3)

The meeting started by the opening speech by Dr. Hani, the director for Mafraq Health Directorate, by reading speech memo by the assistant director of PHC in Mafraq.

- a. Welcome speech by Dr. Hani
 - The speech noted appreciated WCHD, explained purpose of the project and its philosophy, mobile clinic operation situations.

Welcome speech by Dr. Malak

She welcomed the participants, explained the purpose of the meeting, sharing the project achievement especially improvement of accessibility to health facilities thanks to mobile clinic. She mentioned that the project strengthened one consolidated directorate health services delivery system. She also announced the plan of upgrading VHCs to PHCs in order to expand service provision capacities in Mafraq.

- d. Sharing the Project achievement by Ms. Amal and Ms. Makiko based on the PDM indicators by showing the PPT.

e. Discussion parts

- Ms. Amal chaired the discussion part. She tried to listen all participants' voices. The followings are points which are important to share.
- Dr. Ahmad Jamali, covering Breiqa VHC, appreciated that project capacitated VHC to provide variety of services from only providing vaccination. In addition, WCHD with the project made efforts to assign more staff, especially midwife, at the focus VHCs and it was realized. There was a room for efficient staff allocation even under the shortage of staff in general. We observed local people became happy to more accessibility to RH/FP services under circumstance of lack of public transportation in their areas.
 - In line with comments from the doctor, the nurse of Breiqa expressed her appreciation

toward Dr. Ahmad who supported the VHC in terms of not only providing services but also facilitating the community activities.

- Nursing staff working for the mobile health clinic (MC) emphasized that they felt scared when they deeply entered the ITS sites from the mail road, there were fear of no-security, bad sanitation condition (spread of communicable diseases), many wild dogs. The driver of the MC delivered his concerns regarding bad road condition in ITS sites and service deliver condition in winter season without any supports from facilities in ITS sites. The MCH supervisor at North Badia District commented about some difficulties for making monthly plan including ITS sites.
- Many nursing staff expressed their self-confidence to provide RH/FP services.
- Some of nursing staff complained the shortage of nursing staff, most of them working alone, and lacking transportation to access VHCs.
- The other point raised by the nursing staffs was lack of awareness toward necessity of regular check-up for both mother and baby. They mentioned strengthening of advertisement is necessary.
- To respond the shortage of nursing staff, the assistant directors and MCH supervisors announced that there are plans to more allocation of midwife to VHCs from the upper level. To activate awareness of mother' and bay's check-up, they have a plan to introduce new services for early detection of new born baby (Pku test) at all VHCs.
- A health promoter at the health directorate stressed the idea of CHC was good and appreciated CHC members' efforts. They would like to expand this mechanism to all health centers in Mafraq.
- The MCH supervisor at health directorate pointed out there is obstacle of communicating by the official letters. It always takes time and reaches to target staff late or even no-reaching. This system needs to be updated.
- The assistant director of the health management also pointed that this project required linkages among lot of departments within the health directorate, which was big burden for them. (It can be recognized the project stimulated to linkage and communication network within the health directorate.

In the end, Dr. Malak commented that it became more important to facilitate, supervise and monitor the HP activities by the health promoters at directorate level for sustainability. Ms. Makiko also added that CHC membership needs to review for further activation of HP activities.

Annex 1: Dayr Allah participants

Annex 2: Irbid Participants

Annex 3: Mafraq Participants

Annex 4: Training photo

Annex 1: Dayr-Allah Participants

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Malak Al ouri	د. ملك العوري	Director of WCHD	MOH (Amman)
2	Dr. Khalaf Arabiat	د. خالد عربيات	Director of Balqa Health Directorate	Balqa Health Directorate
3	Dr. Mnaaver Al-ghosheh	د. مناور العوشة	Director assistant for Dayr-Allah District	Dayr Allah District
4	Ms. Amal Abu Shaweesh	أمل أبو شاريش	MCH supervisor, WCHD	MOH (Amman)
5	Ms. Lubna Al-Thaber	لبنى الطاهر	MCH Supervisor	MOH (Amman)
6	Dr. Amal Khader	د. أمل خضير	Head of WCH Department	Balqa Health Directorate
7	Ms. Khatam Rahahlah	كثم راحلة	Head of Nursing Department	Balqa Health Directorate
8	Ms. Helwa Al-Issa	حلوة العيسى	MCH supervisor	Balqa Health Directorate
9	Ms. Noha Hataimah	نهى حاتميه	Midwife Supervisor	Balqa Health Directorate
10	Ms. Bothina Zazouq	بثينة زروق	MCH supervisor, District	Dayr Allah District
11	Eng. Maram Daraadkeh	م. مرام درادة	Health promotion supervisor	Balqa Health Directorate
12	Eng. Fayz Kabaha	م. فايز كباها	Health promotion supervisor	Dayr Allah District
13	Dr. Mohammad Abu Jaq	د. محمد أبو جق	Physician cover Maysara and Fanoush VHC	M'adi PHC
14	Dr. Yazan Al-Esswed	د. يزان العسود	Physician cover Um Ayash VHC	Al-Balawneh PHC
15	Ms. Nada Abu-Sarhan	ندى أبو سرحان	Midwife	Maysara and Fanoush VHC / M'adi PHC
16	Ms. Arwa Diab	أروى دياب	Associate Nurse	Maysara and Fanoush VHC
17	Ms. Amani Khresat	أماني خريسات	Midwife	Um Ayash VHC / Al-Balawneh
18	Ms. Kawther Al-Nabresi	كوثر النبريسى	Nurse	Dayr Allah CHC
19	Ms. Makiko Komasaawa	ماككو كوماساوا	Chief Advisor	VHC project
20	Ms. Asa! Nakhleh	أصال نخله	Junior Program Officer	VHC project

Annex 2: Irbid Participants

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Malak Al ouri	د. ملك العوري	Director of WCHD	MOH (Amman)
2	Dr. Qasem Maysas	د. قاسم ميسان	Director of Irbid Health Directorate	Irbid Health Directorate
3	Dr. Amal Al-Zoubi	د. أمل الزعبي	Director Assistant of PHC	Irbid Health Directorate
4	Ms. Asia Al-Khateeb	آسيا الخطيب	Director Assistant of Nursing and Midwifery Affairs	Irbid Health Directorate
5	Dr. Adnan Abu Jaber	د. عدنان أبو جابر	Director Assistant for Kura Health District	Kura Health District
6	Ms. Amal Abu Shaweesh	أمل أبو شاريش	MCH supervisor, WCHD	MOH (Amman)
7	Dr. Fouad Bani Yousef	د. فؤاد بني يوسف	Head of Environment and Food Monitoring Department	Irbid Health Directorate
8	Mariam Al-Omari	مريم العمري	MCH supervisor	Irbid Health Directorate
9	Ms. Hiyam Obcedat	هيام عبيدات	MCH supervisor	Irbid Health Directorate
10	Ms. Tamaam Ragheb	تمام الراغب	MW	Irbid Health Directorate
11	Ms. Khlood Al-Hourani	خلود الحوراني	Nurse	Irbid Health Directorate
12	Mr. Ammar Hmoud	عمار حمود	Nurse	Irbid Health Directorate
13	Ms. Fatimah Bani Irshid	فاطمة بني ارشيد	MCH supervisor	Kura District
14	Ms. Intesar Malaabab	انتصار ملاعبه	MCH supervisor	Bani-Kenath District
15	Ms. Emnan Abdulllah	إيمان عبدالله	MCH supervisor	Al-Aghwar shamaaleh district
16	Mr. Qasem Al-Haji	قاسم الحجي	Health Promoter	Kura District
17	Dr. Osama Barakat	د. أسامة بركات	Health Promoter	Irbid Health Directorate
18	Mr. Ousama Al-Mogbel	أسامة المغبل	Health Promoter	Al-Aghwar shamaaleh
19	Mr. Ali Khalifeh Daloula	علي خليفة دلوع	Health Promoter	Al-Faabah
20	Mr. Nazeer Rashied	نذير علي الرشيد	Health Promoter	Kasib Irbid
21	Ms. Sulha Shakarneh	سولح شكارنه	Health Promoter	Al-khribeh VHC
22	Dr. Mwafaq Dahadha	دموفق دهادحه	Physician cover Ass'arah VHC	Foira PHC
23	Ms. Monira Bitameh	منيرة بطايه	MW	Ass'arah VHC
24	Ms. Kholoud Al-Hor	خلود الهور	MW	Tokobol and Om Al-Jadail VHC and Al-Hoor PHC
25	Ms. Sahar Moh'd	سحر محمد	Associated Nurse	Tokobol and Om Al-Jadail VHC
26	Ms. Dema Al-Terad	ديمه الطراد	CHC Member	Tokobol and Om Al-Jadail Village

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
27	Mr. Ibrahim Shehat	إبراهيم شحات	CHC Member	Tokobol and Om Al-Jadail Village
28	Ms. Mai Talefah	مي تالفة	MW	Al-khribeh VHC
29	Ms. Samech Dagamsch	سميحة الدقاسه	Assistant nurse	Al-khribeh VHC
30	Ms. Sana'a	سناه أبو غريبه	MW	Kufur Kyfia VHC and Samouat PHC
31	Mr. Ahmad Al-Omari	أحمد العمري	Nurse	Kufur Kyfia VHC
32	Mr. Abdel Rahman Omari	عبد الرحمن العمري	CHC Member	Kufur Kyfia Village
33	Mr. Ammar Hasan	عمار حسن	CHC Member	Kufur Kyfia Village
34	Ms. Majedah AlZoubi	ماجدة الزعبي	Associated Nurse	Mandah VHC
35	Ms. Enas Matajqa	إيناس متلقه	CHC Member	Mandah Village
36	Ms. Amal Hassan	أمل حسن	MW	Abu Habeeb VHC
37	Ms. Kholoud Al-Rowatae	خلود الروعي	Associated Nurse	Abu Habeeb VHC
38	Eng. Wejdan M. Al-Sayyed	م. وجدان السيد	CHC Member	Shrahibel Ben Hasna Municipality
39	Mr. Abel Raouf Ibdah	عبد الرؤف ابداح	CHC Member	Shrahibel Ben Hasna Municipality
40	Ms. Makiko Komasaawa	ماككو كوماساوا	Chief Advisor	VHC project
41	Ms. Asa! Nakhleh	أصال نخله	Junior Program Officer	VHC project

Annex 3: Maifraq Participants

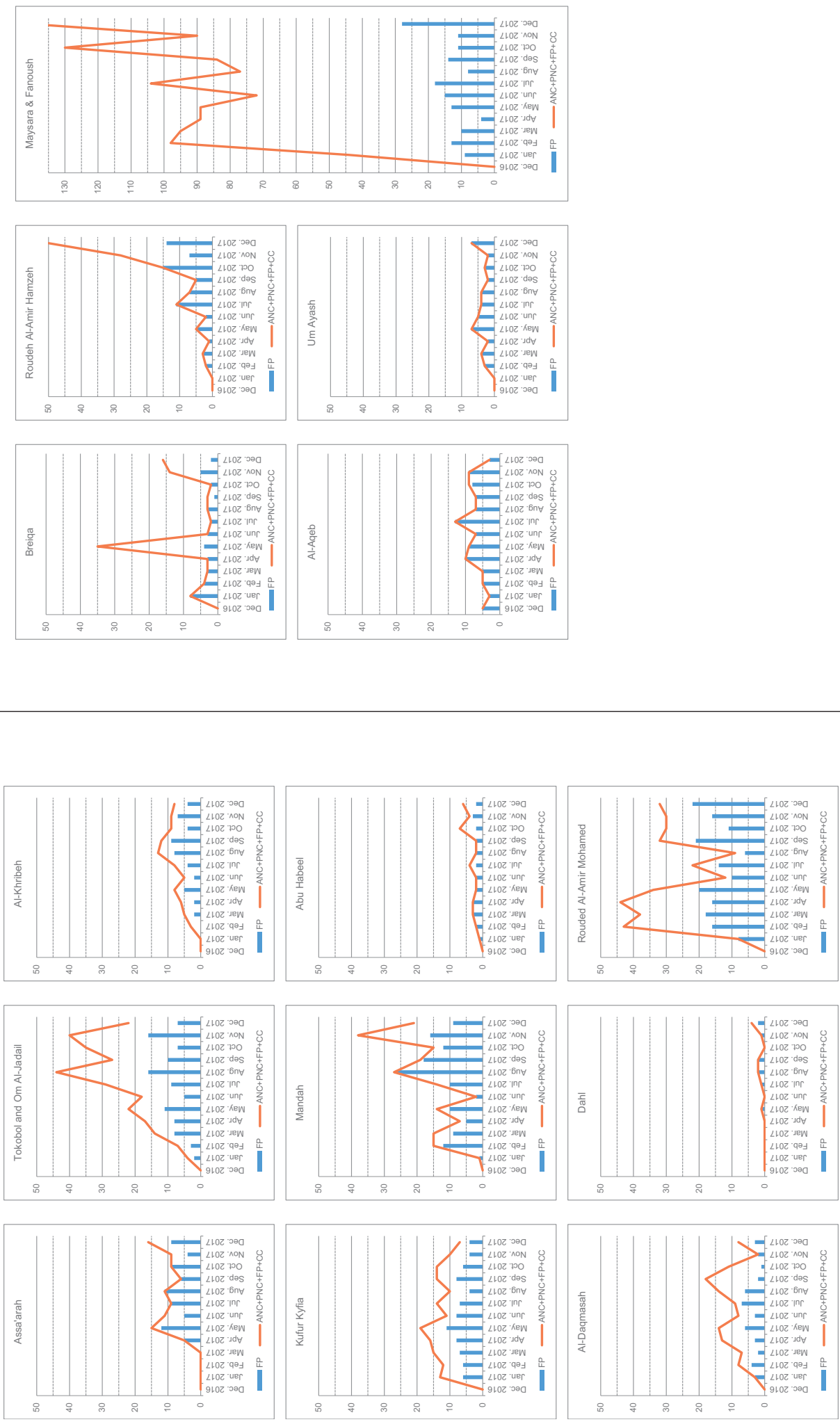
No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Malak Al Ouri	د. ملك العوري	Director of WCHD	MOH (Amman)
2	Mr. Naeif Shdefat	نايف شديفات	GM of Maifraq Chamber of Commerce	Maifraq Chamber of Commerce
3	Dr. Munther Al-Nasser	د. منظر الناصر	Director assistant of PHC	Maifraq Health Directorate
4	Dr. Ashraf Man'aa	د. أشرف مناع	Director assistant of Services	Maifraq Health Directorate
5	Mr. Mohamed Al-Khalidi	محمد الخالدي	Director Administrative Assistant	Maifraq Health Directorate
6	Dr. Salameh Al-Sarhan	د. سلامة السرحان	Director assistant for Al-Badia Shamaaleh	Al-Badia Shamaaleh District
7	Ms. Shara'fa Al-Hajel	السرفة الحجّل	Director Assistant of Nursing and Midwifery Affairs	Maifraq Health Directorate
8	Ms. Amal Abu Shaweesh	أمل أبو شاريش	MCH supervisor, WCHD	MOH (Amman)
9	Dr. Mohammad Abu Al-Hijaa	د. محمد أبو الهجاء	Head of WCH Department	Maifraq Health Directorate
10	Dr. Ali Khwaledeh	د. علي خوالدة	Head of Awareness Department	Maifraq Health Directorate
11	Ms. So'ad Shehab	سواد شهاب	Head of Nursing Department	Maifraq Health Directorate
12	Ms. Amal Ahmad	أمل أحمد	Head of Quality Department	Maifraq Health Directorate
13	Mr. Marzoug Shdefat	مرزوق شديفات	Head of Transport Department	Maifraq Health Directorate
14	Dr. Amal Abdel-Karim	د. أمل عبدالكريم	MCH supervisor	Maifraq Health Directorate
15	Ms. Souad Shdefat	سواد شديفات	MCH supervisor	Maifraq Health Directorate
16	Ms. Sawwan Tamimi	سوسن تميمي	Health district coordinator	Badia Shamaaleh district
17	Ms. Maleda Al-Takrori	ماجدة التكروري	Health district coordinator	Kasbah Al-Maifraq District
18	Ms. Hanadi Shdefat	هندى شديفات	Nurse, MCH Department	Maifraq Health Directorate
19	Mr. Jamal Rawajfeh	جمال الرواجه	Health promoter	Maifraq Health Directorate
20	Eng. Rima Al-Jahham	م. ريمه الجهم	Health promoter	Maifraq Health Directorate
21	Ms. Mar'am Waleed	مريم محمد خليل	Health Promoter / school Health	Maifraq Health Directorate
22	Ms. Emnan Mohammad Khalil	إيمان محمد خليل	Health Promoter	Maifraq Health Directorate
23	Dr. Fu'ad Subaih	د. فؤاد صبيح	Physician cover Al-Daqmasah and Dahl VHC	Nadera CHC
24	Dr. Jameel Ahmed Onmari	د. جميل أحمد العمري	Physician cover Breiqia VHC	Al-Harsh PHC
25	Ms. Amal Al-Zyoud	أمل الزيود	MW	AL-Daqmasah VHC
26	Ms. Fadah Ulmat	فاده عليمات	MW	Dahl / Nadra VHC
27	Ms. Huda Ulmat	هدى عليمات	Assistant nurse	Dahl VHC
28	Ms. Isra'a Al-Masri	إسراء المصري	MW	Roudet Al-Amir Mohamed VHC
29	Ms. Nawal Mohammed	نوال محمد	Associated Nurse	Roudet Al-Amir Mohamed

Annex 4: Photos



30	Ms. Waed Naser Khashab	ارعد ناصر خشاب	MW	VHC
31	Ms. Fatimah Al-Qadi	فاطمة القاضي	Assistant Nurse	Al-Hersh CHC/ Breiqa VHC
32	Ms. Souad Bani Melhm	سواد بني ملحم	MW	Breiqa VHC
33	Ms. Hind Bakhet	هند بخت	Assistant Nurse	Ashrafiya CHC/ Roudet Al-Amir Hamzeh VHC
34	Ms. Mai Al-Qatfan	ماي القطان	MW	Roudet Al-Amir Hamzeh VHC
35	Ms. Sinam Shdeirat	سنام شديرات	Staff Nurse	Al-Aqeb VHC/ Al-Bardia CHC
36	Ms. Ahd Al-Masae'ed	عهد المساعد	MW	Al-Aqeb VHC
37	Ms. Etaf Khalaf	عطاف خالف	Nurse	Mobile Clinic
38	Mr. Hussien Sharaf'a	حسين الشرفعة	Driver	Mobile Clinic
39	Mr. Hassan Masa'eed	حسن مساعد	Driver	Mobile Clinic
40	Ms. Makiko Komasaawa	ماتيكو كوماساوا	Chief Advisor	VHC project
41	Ms. Rumi Iwata	رومي اواتا	Project Assistant	VHC project
42	Ms. Ola Hattab	علا حطاب	Administrative Assistant	VHC project
43	Ms. Asal Nakhleh	اصل نخله	Junior Program Officer	VHC project

Annex 5: Clients' Numbers by VHC





Report on Mobile Health Clinic Training

Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

1. Date: September 19 and 20, 2017
2. Time: 9:00 – 2:00 pm
3. Venue : Conference room, JLVM/ KADDB, Mafraq
4. Purpose:
 1. Sharing the aim and purpose of Mobile Health Clinic (MC)
 2. Train the MC staff on the management of MC and how to operate it.
 3. Introduce the smartphone application.
 4. Practice training on the operation procedure of MC
5. Participants: Ministry of Health (3), Transportation Directorate (1), Mafraq Health Directorate (5), MC team (6) and Project team. (25 in total; see Annex 1)

6. Agenda for the training

	Contents	Responsible person	
Day 1	9:00 Registration		
	9:30 Opening	Woman and child health directorate (WCHD), Director of Mafraq health (HD) directorate	
	9:45 Purpose and aims of the Mobile health clinic	Woman and child health directorate, Project team	
	10:00 Outline of MC operation	Project team	
	10:30 Break		
	11:00 -Design of our MC -Maintenance -Planning (Monthly plan) -Logistics (supply management) - Reporting *Mobile phone application installation	JLVM	
	12:30 -Management of mobile health clinic -Planning (Monthly plan)	WCHD, Project team	
	02:00 pm Lunch		
	Day 2	9:30 Registration	WCHD, project team
		9:45 Daily operating (3 steps) -Before travelling -On the site -After returning back to the Health directorate office	
11:00 Break			
11:30 Mobile recording system		Project team	
12:00 Health promotion activities		WCHD, project team	
12:30 Role Play for daily operation by two teams		WCHD, project team	
02:00 pm Lunch			

7. Program:

- ❖ **First day training:**
 - The training started by the opening speech by Ms. Fadia Al-Jaber, Head of Monitoring and Supervision department/ WCHD on behalf of the Director of WCHD.
 - She gave a brief explanation about the project and MC. As she mentioned that after the project and WCHD were held a meeting with the three focus health directorate (Irbid, Mafraq and Balqa/ Dayr Allah), it's agreed to operate the MC on Mafraq/ Northern Badia, then the WCHD and the project held another meeting with Mafraq HD, during which the mechanism of operating the MC and the areas to be covered by the MC was determined.
 - Jordan Light Vehicle Manufacturing Company (JLVM), the company that manufactured the MC, present a PowerPoint show about their company.

- A presentation about the MC; purpose and aims, operation system and daily operation mechanism, management of MC, logistic procedure, reporting and supervision procedures, was presented by project counterparts; Ms. Fadia Al-Jaber and Ms. Amal Abu Shawweesh.

- At the end of the first day, all participants take a round on the real MC and an engineers from JLVM gave a lecture for all participants about internal and external parts MC, how to run the MC, using of electricity and generator, component of MC from inside and how to use each part.

❖ Second day training:

- Started by the opening and welcome speech from Dr. Malak Al-Ouri, Director of WCHD.
 - A quick overview and a brief summary were given by Ms. Fadia Al-Jaber to remind all participants of what was done in the first day. Then IRC's experience of running their MC and their collaboration with community based organizations (CBOs) was shared with all participants so that they could take a full and realistic view of the operation of the clinic in communities.
 - She also explain about the role and responsibilities of each member of MC team.
 - Smartphone application has been introduced to all participants, which has been explained by the consultant Mr. Hussam Al-Khalili; who developed the application, and installed it to the targeted participants (MC team). The team also tried to use the application.
 - Training the participants on daily operation procedure was done by Ms. Amal Abu Shawweesh, a MCH supervisor of WCHD. She showed to them the tasks of each member of MC team on the day of MC operation, what they should do before travelling, their role in the recipient site and after they going back to the parking place.
 - At the end of the day a role play for both team (Main and substitute) was made, with facilitation from JLVM's engineers and project counterparts.
8. Observations, comments and recommendations
- It's highly recommended to conduct a refresher training for MC staff and other responsible people on MC operation from time to time.
 - It's highly recommended to train other medical staff; Doctors, Midwives and nurses as well as other drivers on MC operation.
 - It's observable that the participants are highly motivated and listen carefully for trainers' explanation.
 - At the practical training by using real MC all participants shown their interests, and MW's motivated to actively learning.
 - All participants eager to learn the smart phone application session.

End of report

Annex 1: Attendances sheet (English)

Annex 2: Photos

Annex 3: PowerPoint presentation (English and Arabic)

Annex 1: Attendances sheet

No.	Name (English)	Arabic Name	Position	Organization
1	Dr. Malak Al-Ouri	د.ملك العوري	Director of WCHD	MOH (Amman)
2	Ms. Fadia Al-Jaber	فادي الجبر	Head of supervision and monitoring department	MOH (Amman)
3	Ms. Amal Abu Shaweesh	أمل أبو شويش	MCH supervisor, WCHD	MOH (Amman)
4	Eng. Assad Al-Keilani	م.أسعد الكيلاني	Transportation directorate	MOH (Amman)
5	Dr. Salameh Al-Surhan	د.سلامة السرحان	Director assistant for Badiaa Shamaleh affairs	Mafraq Health Directorate (HD)
6	Dr. Amal Abdel-Kareem,	د.أمل عبدالكريم	MCH supervisor	Mafraq HD
7	Ms. Souad Shdefat	سعاد شديفات	MCH supervisor	Mafraq HD
8	Ms. Hanadi Shdefat	هنادي شديفات	MCH supervisor	Mafraq HD
9	Ms. Sawsan Tamimi	سوسن تميمي	MCH supervisor	AL-Badia Al-Shamaleh District
10	Dr. Yolia Youri	د.يوليا يوري	Family physician	Mafraq HD
11	Ms. Ahd Al-Masaed	عهد المساعيد	MW	Mafraq HD
12	Ms. Mai Al-Qaan	مي القان	MW	Mafraq HD
13	Ms. Etaf Khalf	عتاف خلف	Nurse	Mafraq HD
14	Ms. Eman Habarneh	يمان هبارنة	Nurse	Mafraq HD
15	Mr. Hasan Al-Shera'a	حسن الشرعة	Driver	Mafraq HD
16	Ms. Makiko Komasaawa	ماتيكو كوماساوا	Chief Advisor	VHC project
17	Ms. Kiyoe Ito	كيو ايو	Training Management	VHC project
18	Ms. Ola Hattab	علا حطاب	Admin Coordinator	VHC project
19	Ms. Asai Nakhleh	اصال نخله	Project assistant/ Public health	VHC project
20	Mr. Mohammed Masadeh	محمد مساعده	Mobile clinic advisor	VHC project
21	Mr. Hossam Al-Khalili	حسام الخليلي	Consultant	VHC project
22	Mr. Akram Abu Sofa	أكرم أبو صوفة	Driver	VHC project
23	Mr. Mohammed Assad	محمد اسعد	Driver	VHC project
24	Mr. Akram Al-Natooor	أكرم الناطور	Driver	VHC project
25	Mr. Abdullah Suliman	عبدالله سليمان	Driver	VHC project

Annex 2: Photos



Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees

Training for Mobile Health Clinic Operation in Mafraq

September 19-20, 2017

Program

- DAY 1
 - Purpose and aims
 - Outline of the MC operation
 - Design of our MC
 - Management of MC
 - Monthly plan for October
- DAY 2
 - Daily MC operation procedure
 - Health promotion activities
 - Role play with the MC by 2 teams

Services

Main purposes: Providing basic primary health care, MCH and FP services in underserved and remote areas, with focus on Syrian refugees

- Primary health care
 - ANC
 - PNC
 - Child care
 - FP (Pills, condom, injectable, and so on)
 - Vaccination for children and women

★ Mobile clinic can be defined as one health center
★ All services are free of charge for everyone

Staffing

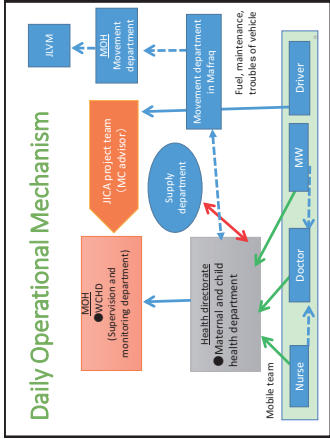
- Doctor: Head of the team
- MW
- Nurse
- Driver

Caution !!: Fixed one main team, and one substitute team during the trial period

DAY 1

1. Purpose and Aims of MC in Mafraq

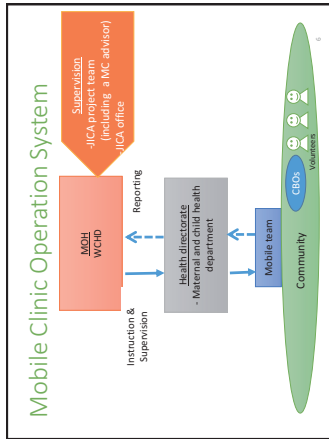
- The MOH/JICA mobile health clinic aims to deliver basic Maternal and Child Health (MCH) and family planning (FP) services in remote and underserved areas where people are hard to access necessary health services.
- Its target is both Syrian refugees and Jordanian who live in host communities of Syrian refugees in the North region of Jordan.
- This operation mechanism was designed for establishing the Mafraq Model during JICA project period.



Target 8 villages

Sub-district	Villages	Local CBO
Um Al-Jamal	السليبية / Saliyyah	The children charitable association
Sahiya	السحبية / Sahbiya	Cooperative Badia developmental association
	السحبية / Hamidiyyah	Al-Muhsireen women charity association
	نابية / Nayfeh	Mukhtar Home association
	السحابة / Salajah	Northern Badia solidarity association
	بيسانية / Bisanah	Female secondary school
Sabha	مناشيهات / Manshiyat al-Ma'n	Manshiyat Qubbin association
	السليبية / Saliyyah	Morath bin Jabal Mosque

2. Outline of MC Operation



Timeline during the trial period

Timing	Activity
September	Operation period: September 23–Mar. 2018, 6 months
End of October	Training and start operation
Every month	Monitoring meeting
February, 2018	At the end of month, sharing performances and discussions
March, 2018	Supervision by the project team
	Evaluation meeting with JICA
	Decision on way forward after the project-termination with JICA and MOU

3. Our Mobile Clinic

-Lecture by JLVM

4. Management of mobile health clinic

Maintenance
-Lecture by JLVMI



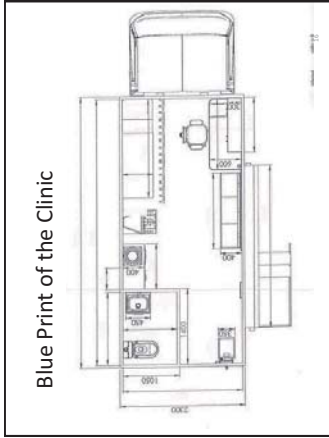
2) Logistics

- Logistic procedures followed by MOH regulation
- Health Directorate/MCH department/Supply department should be responsible to provide all necessary materials (contraceptives, vaccine, and other supplies)

1) Planning (Monthly Plan)

- Using MC Monthly Plan form
- Site
- Target population
- Estimating traveling time
- Recipient (collaboration) organization
- Contact persons
- Staff
- Health promotion

=> To be shared the September's plan in DAY 2



Extension tent for reception/ waiting space/ health education

3) Reporting_2

- Daily reporting
- Mobile Health Clinic Daily Record (by paper and smart phone)

=> Brief explanation of the smart phone application

- Monthly reporting (by villages)
- Doctors and MM should submit all reports to HD, and then HD should submit all to MOH

3) Reporting_1

- The following reports has to filled in and submitted to appropriate sections:
- Working record for staff
- Car record
- MCH Registration books (ANC, PNC, child care, FP)
- Registration book for vaccination for children
- MOH Monthly reports
- MCH Syria report for non-Jordanian
- Health promotion a ctivity report

Design of MC and How to use it -with MC (observation)

- Outside
 - Design
 - Stairs
 - Tent
 - Generator
- Inside
 - Design
 - Furniture and Equipment
 - How to use
- How to use

Design of MC and How to use it -by lecture

- Outside
 - Design
 - Stairs
 - Tent
 - Generator
- Inside
 - Design
 - Furniture and Equipment
 - How to use
- How to use
- How to maintenance
 - Registration and insurance procedures

5. October's monthly plan
-Please see the hand-out

End of day
• Installation of mobile phone application to all participants by Mr. Hussam Al-Khalili

1. Daily Operation Procedure - 3 steps

Daily Operation Procedure - 3 steps

1. Before traveling
2. On the site
3. After returning back to the Health Directorate Office

DAY 2



Responsibilities - Beside the regular their tasks

- **Doctor:** Head of the team, Provision of MCH services, keeping staff working records
- **MW:** Provision of ANC, PNC, child care, FP, health education (HE) session, and reporting based on regular MOH system
- **Nurse:** Assisting Doctor and MW, and provision of vaccination, HE, the logistic matter (contraceptives, drugs, vaccine, other supplies, so on
- **Driver:** Driving the vehicle and keeping the car record, daily and periodical maintenances under the responsibility of HD transportation department

1) Before traveling

Time	Tasks	Responsible persons
8:00	-Showing up at the parking spot -Preparation of necessary supplies (vaccine, drugs, contraceptives, etc.) -A and 4 kinds of registration books, MW and mother's files, children files, white nurse cards, etc.) -Checking all condition of car, including water, benzene for generator and cleanliness -Cleaning inside of the clinic	-All MCH supervisor, a MW and a white nurse.
8:30	-Traveling to the appointment site	-Maid under the MCH supervisor's responsibility



2) On the site_1

Time	Task A	Task B	Task C
9:30	-Arrangement and coordination of staff -Nurse -> IC support -Arrival -Contact to a focal person on the recipient site	-Service provision -Doctor, Midwife, Nurse -Setting the recording table, all registration materials	-Health promotion activities -Based on the clients numbers and site setting, interventions and health promotion can be decided -Setting with CBOs staff and volunteers
9:40	-Ask the focal person to announce the community people of arrival of the clinic -Start service provision		



2. Mobile recording system

Mobile recording system

	Driver	MW
Before start	Fill "Driver- before start" form, which includes starting time, starting km, subject, air tag, GPS, subject, air tag, GPS, remarks like (filling gasoline)	Enter the staff information into smartphone application
On the site		Enter GPS data
After returning back	Fill "Driver- after returning back" form, which includes starting time, starting km, subject, air tag, GPS, and remarks like (filling gasoline)	Enter No. of clients for all RH services and health education part



The Nurse:

- Calling clients to enter the clinic one by one
- if there are no busy, providing health education session



The Nurse at the reception

- Preparing all registration books, files.
- Finding the client files

3. Health promotion activities

- ### Health promotion activities
- Site setting
 - Methodology
 - Topics (ANC, PNC, child care, FP, NCDs, etc.)
 - How to collaborate with CBOs and volunteers in the community

2) On the site_2

	Task A	Task B	Task C
Time	Arrangement and coordination <Nurse + MC advisor> -End of service provision	Service provision <Doctor, Midwife, Nurse>	Health promotion activities
12:30	Checking that all registration are well recorded and supplies balance are correct	-Request to the MCH supervisor to fill with necessary vaccine, drugs, contraceptives if needs	Recording the session results by form
	-Travelling back to the station (the Health directorate office)		

Service provision

Doctor

- Examination of the maternal service clients, and first examination of FP clients
- Prescription for ANC

MW

- Providing services for ANC, PNC, FP, and child care clients
- Refer the clients if they need doctor's examination

Nurse

- Providing FP services and vaccination
- Assisting the doctor and MW

Role play with the MC

■ **Players:**

- Two teams (Doc., MW, nurse, driver) and the head of MCH department, MCH supervisors, CBO, volunteers

1. Show-up from 8:00
2. Preparation 8:00-8:30
3. On the site during 9:30-12:30
-Including health education by volunteers
4. End of service at 12:30
5. After traveling, at health directorate office around 1:30 PM

END

3) After returning back to the Health Directorate Office_2

	Doctor, Midwife, Nurse	Driver	MC advisor
Wrap-up	Checking that all registration book are well recorded -Supplies balance book -Request to the MCH supervisor to fill with necessary vaccine, drugs, contraceptives if needs	Checking the vehicle's conditions; - Engine, oil, generator -Water tank	
End =14:00	-Report to the head of MCH dep., and MC advisor and the PPF	At the end of the week, discard the manure of the toilet tank and clean it.	-Confirmation of the staff for following service days

3) After returning back to the Health Directorate Office_1

	Midwife, Nurse	Driver	MC advisor
13:30	Coming back to the parking site -Send all information to the head of MCH dep., MC advisor, and the project focal person (PPF)		

الأجندة

- اليوم الأول
 - الهدف من العيادة الصحية المتنقلة
 - مخطط تشغيل العيادة الصحية المتنقلة
 - تصميم العيادة الصحية المتنقلة
 - إدارة العيادة المتنقلة
 - الرحلة الشهرية لعمل العيادة المتنقلة لشهر 10
- اليوم الثاني
 - إجراءات التشغيل اليومية لعيادة الصحة المتنقلة
 - أنشطة تعزيز الصحة
 - لعب الأدوار من قبل فرقي العيادة الصحية المتنقلة

مشروع تصحيح الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين

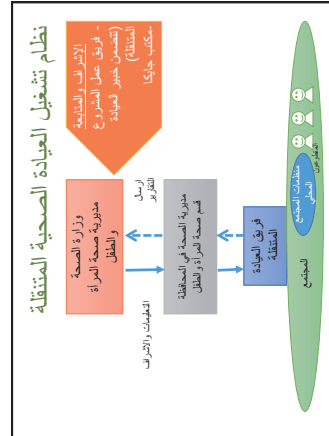
تدريب حول آلية تشغيل العيادة الصحية المتنقلة في المرفق

20 & 19 أيلول، 2017

1. هدف العيادة الصحية المتنقلة

- تهدف العيادة الصحية المتنقلة التابعة لوزارة الصحة المقدمة من الوكالة اليابانية للتعاون الدولي إلى تقديم الخدمات الأساسية للصحة الإنجابية وتنظيم الأسرة في المناطق النائية، حيث يصعب على الناس الحصول على الخدمات الصحية الضرورية.
- وتهدف إلى تقديم الخدمات لكل من الأرامل والألاجئين السوريين الذين يعانون في المجتمعات المحلية للاجئين السوريين في الجزء الشمالي من الأردن.
- صممت آلية التشغيل ليم تنفيذها في محافظة المفرق خلال فترة عمل المشروع.

اليوم الأول



فريق عمل العيادة الصحية المتنقلة ومسؤولياتهم

- الطبيب:** رئيس الفريق
- القابلة**
- الممرضة**
- السانق**

ملاحظة: فريق واحد يصل و فريق يبدل خلال فترة التشغيل التجريبية.

الخدمات

الهدف العام: تقديم خدمات الرعاية الصحية الأولية الأساسية وخدمات الأمومة والطفولة وتنظيم الأسرة في المناطق النائية.

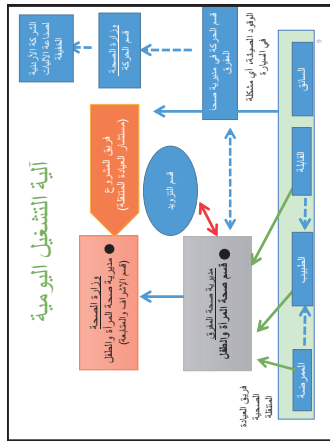
- خدمات الرعاية الصحية الأولية
- رعاية حديث
- رعاية الفطس
- رعاية الطفل
- خدمات تنظيم الأسرة (الحبوب، الرقي التكري والحقن الاخوية، وعقور)
- خدمات التطعيم

★ العيادة متنقلة تعمل بمحاكاة المراكز الصحية

★ تقدم كافة الخدمات مجاناً للجميع

الفقرى الثمانية المستهدفة

القضاء	التجمع	موقع العيادة
أم الجمال	السويدية	جمعية الأطفال الخيرية
الصلاحية	الصلاحية	جمعية تنمية البادية الخيرية
	الحمدية	جمعية سيدات المشرق الخيرية
	ناهية	بيت البركة
	السعادة	جمعية تضامن البادية الشرقية الخيرية



4. عيادتنا المتنقلة JLVM من قبل

الجدول الزمني خلال الفترة التجريبية

■ فترة التشغيل: 24 أيلول 2017 - آذار 2018، 6 أشهر

الوقت	الأنشطة
أيلول	قترب على العيادة الصحية المتنقلة وأبدء بالتشغيل
تالية تشرين الأول	اجتماع تقييمي
كل شهر	بداية كل شهر يتم مشاركة الأبحاث ما بين مشرفات الأمومة والطفولة، فرق العيادة المتنقلة وفرق المشروع زيارات لبر الأية العيادة المتنقلة من قبل فرق المشروع

شباط 2018

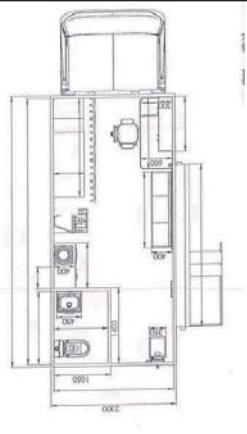
اجتماع تقييمي مع فرق العمل العيادة المتنقلة

الصيانة

-محاضرة من قبل JLVLM

4. إدارة العيادة الصحية
المتنقلةالعيادة المتنقلة
من الداخلمظلة خارجية
للاستقبال/
منطقة انتظار/
للتقييم الصحي

مخطط العيادة المتنقلة

تصميم العيادة الصحية المتنقلة وكيفية الاستخدام
- من خلال محاضرة

- من الخارج
- الترخيص
- التأسيس
- المظلة
- مواد التجهيز
- من الداخل
- السجلات والادوية
- كيفية الاستخدام
- كيفية الصيانة
- إجراءات التسجيل والتأمين

تصميم العيادة الصحية المتنقلة وكيفية الاستخدام
- من خلال جولة على العيادة المتنقلة

- من الخارج
- الترخيص
- التأسيس
- المظلة
- مواد التجهيز
- من الداخل
- السجلات والادوية
- كيفية الاستخدام
- كيفية الصيانة
- إجراءات التسجيل والتأمين

(2) التزويد

- جميع الاجراءات اللوجستية والتزويد تتبع نظام وزارة الصحة
- مديرية الصحة/ قسم صحة المرأة والطفل وقسم التزويد مسؤولة عن تزويد جميع المواد (وسائل تنظيم الأسرة، المطاعيم وغيرها..).

(1) التخطيط (الخطة الشهرية)

- باستخدام نموذج خطة العمل الشهرية للعيادة الصحية المتنقلة
- تحديد الموقع
- عدد السكان المستهدف
- الوقت المتوقع لمدة التنقل/ الرحلة
- الجهة المستهدفة (بالتعاون مع الجمعيات)
- الشخص المعني
- فريق العيادة الصحية المتنقلة
- تعزيز الصحة

<= سيتم مشاركة خطة شهر 10 في اليوم الثاني من التدريب

(3) ارسال التقارير-2

- التقارير اليومية
- السجل اليومي للعيادة الصحية المتنقلة (نسخة ورقية وعلى تطبيق الهاتف الذكي)
- <= شرح مبسط عن تطبيق الهاتف الذكي

- التقارير الشهرية
- يجب على الطبيب والقابلة تسليم كافة التقارير إلى مديرية الصحة، ثم تقوم مديرية الصحة بتسليمها لوزارة الصحة

(3) ارسال التقارير- 1

- يجب أن يتم تعبئة التقارير التالية وإرسالها إلى القسم المعني
- سجل نوم المولودين
- سجل لمرأة
- سجلات اليومية لخدمات صحة الأمومة و الطفولة (رعاية الحامل، رعاية القابض، رعاية الطفل وتنظيم الأسرة)
- سجل المطاعيم للأطفال
- التقرير الشهري عن افعال خدمات الأمومة و الطفولة و التقويم الإحصائي الشهري لخدمات الأمومة و الطفولة المقدم لغير الإذنيين
- تقرير أنشطة تعزيز الصحة

إجراءات التشغيل اليومية -3 خطوات

1. قبل الانطلاق
2. في الموقع
3. بعد الرجوع إلى مكتب مديرية صحة المفرق

مسؤوليات فريق عمل العيادة الصحية المتنقلة

- وفقاً لنظام وزارة الصحة

- الطبيب: رئيس الفريق، تقيم خدمات الرعاية الصحية الأولية وتقديم الخدمات الأخرى والطوارئ، الاحتفاظ بسجلات ساعات العمل.
- القبيلة: (تقتطع تدريب على نظام التوزيع الأحدث لمساند تنظيم الأسرة) تقديم خدمات رعاية الحامل، ورعاية الطفل وتنظيم الأسرة، القيام بعدد محاضرات تثقيفية، وتقديم التقارير، وفقاً لنظام وزارة الصحة.
- الممرضة: مساعده الدكتور والقبيلة في تقديم خدمات التطعيم، القيام بالتلقيح الإحصائي، (الخ) الأجراس، (مستأجرة) خدمات تنظيم الأسرة، الأولية
- السائقون: تشغيل السيارة والاحتفاظ بسجل السيارة، الصيانة اليومية والدورية تحت مسؤولية قسم النقل في مديرية الصحة.

3

الوقت	المهمة	الشخص المسؤول
8:00	- الوصول إلى نقطة اصطاف العودة المنتقلة	جميع طاقم العمل
	- تسليم التوزيع الضرورية (المطاعم والأدوية ووسائل منع الحمل وغيرها) والمقاييس والبطاقات	- مشرفة الأسرة والطوارئ، القبيلة والممرضة
	- فحص الحالة العامة للعودة المنتقلة بما يتضمن: ثلثه خزان الماء، ديزل، إمداد الطاقة وضخامة العيادة والتأكد من حالة البطارية	- السائق
	تخطيط الملاحظات والتعليقات	عائلة الطاقة، تحت مسؤولية قسم النقل

الوقت	مهمة أ	مهمة ب	مهمة ج
9:30	>التدريب والتشويق الطبيب- خبير العيادة (المنتقلة)	التحضير لتقديم الخدمات الممرضة	أنشطة تعزيز الصحة
	الوصول		
	- التواصل مع الشخص الصحي في المنطقة	- ترتيب مكان الاستقبال	حسبنا إلى عدد المراجعين
	- التحضير للمحلات والتأكد من المعدات الطبية	- طهيها، المكان، يمكن تحديد	فقط تعزيز الصحة
	- التأكيد من جاهزية -الإجتماع مع ممثلي المجتمعات والمطور عن		

في الموقع تقديم الخدمة



الطبيب: التنسيق مع منظمات المجتمع المحلي والمطور عن في الموقع الممرضة: ترتيب المراجعين حسب الأولوية والدور.



الممرضة في منطقة الاستقبال:

- تحضير ملفات المرضى وجميع السجلات

نهاية اليوم الأول

- تحميل تطبيق العيادة الصحية المتنقلة على الهاتف الذكي للمسعفين من قبل السيد حسام الخليلي.

اليوم الثاني



التعاون مع منظمات المجتمع المحلي (CBOs) →

العمل مع المطور عن في مكتب الاستقبال →



الدور للعودة المنتقلة
صينية خارجية
القبيلة، الطبيب، الممرضة داخل العيادة المتنقلة

1. إجراءات التشغيل اليومية للعيادة الصحية المتنقلة - 3 خطوات

Achievement of On-the-Job-Training (Oct.- Dec.2017)

	Date	VHC	Services	Supervisors	
Irbid	10/25	Ass'arah	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Ilian	
	12/27	Tokobol and Om Al-Jadail	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Heyvam	
	11/1	Al-Khribeh	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Ilian	
	12/28	Kufur Kyfia	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Ilian	
	11/7	Mandah	FP	Ms. Fadia, Ms. Amal	
	10/26	Abu Habeel	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Ilian	
	Maifraq	10/19	Al-Daqmasah	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Ilian
		12/14	Dahl	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Ilian
		10/31	Roudeh Al-Amir Mohamed	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Ilian
			Breiqa		Note done
Balqa	12/3	Roudeh Al-Amir Hamzeh	FP	Ms. Fadia, Ms. Amal	
	12/7	Al-Aqeb	FP	Ms. Fadia, Ms. Amal	
	10/8	Maysara and Fanoush	FP, ANC	Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Ilian	
		Um Ayash		Not done	

Comments from Ms. Maisa Abu Sa'dah and Ms. Maisa Elian

- Among Aid nurse, it is hard to be responsible all tasks required. One of them is going to retired and no room to obtain new things.
- Some VHCs are very good to provide services by nurse and/or MWs.
- Regular and intensive supervision by the HD supervisor are necessary for all HDs.
- Nurse of Dahl is good in terms of technic.
- Breiqa cannot be done due to the nurse's sick leave. It needs to be followed after her return.

Difficulties:

- No suitable room for RH service provision in some VHCs
- No ability work to provide appropriate services among a few senior aid nurses.
- No demand in community, easy to access to PHC or even hospital, especially in Irbid.
- Some staff are thinking these services are only during the project period.

Overall:

- Supervision.
- Practice for technic, no chance to learn,
- Community awareness.

Achievement of Supervision (Feb. 2018)

Governorate	Date	VHC	Check Points	Supervisors
Irbid	2/21	Ass'arah	FP, ANC/PNC, Child Care	Ms. Amal
	2/21	Tokobol and Om Al-Jadail	FP, ANC/PNC, Child Care	Ms. Amal
	2/25	Al-Khribeh	FP, ANC/PNC, Child Care, Vaccination	Ms. Fadia
	2/14	Kufur Kyfia	FP, ANC/PNC, Child Care	Ms. Fadia
	2/14	Mandah	FP, Child Care	Ms. Fadia
	2/22	Abu Habeel	FP, ANC/PNC, Child Care	Ms. Amal
	2/19	Al-Daqmasah	FP, ANC/PNC, Child Care	Ms. Fadia
	2/19	Dahl	FP, ANC/PNC, Child Care, Equipment	Ms. Fadia
	Maifraq	2/15	Roudeh Al-Amir Mohamed	FP, ANC/PNC, Child Care
2/15		Breiqa	FP, ANC/PNC, Child Care	Ms. Amal
2/14		Roudeh Al-Amir Hamzeh	FP, Child Care	Ms. Amal
2/14		Al-Aqeb	FP, Equipment	Ms. Amal
Balqa	2/20	Maysara and Fanoush	FP, ANC/PNC, Child Care	Ms. Fadia
	2/20	Um Ayash	FP, Vaccination	Ms. Fadia

Results of Supervision:

- Midwives were not available to provide services at VHC in Mandah and Roudet Al-Amir Hamzeh, which limits the center's capability to cover services, especially ANC and PNC.
- All VHCs were covering family planning services with provision of contraceptive methods, including pills, condoms, and depots. However, there were not suitable rooms for RH service provision in most of the VHCs.
- Most of files and records, except for that of women health, sentinel surveillance and training needs, were available at almost all VHCs. While there are still needs to supervise or conduct follow-ups for nurses and midwives at some VHCs on how and what to write on the records in specific cases, supervisors were pleased to see changes in the attitude of staff toward keeping the record overall, understanding its importance to keep track of patients' health conditions.

Outcomes of Supervision:

- Supervisors' visits turned to be a good opportunity for VHC staff, with the advice from supervisors, to review their daily tasks, contents of OJT, and the quality of services they provide.
- Supervisors were educating VHC staff by following up the staff who missed the previous training sessions and also leaving some notes of tips to the nurse or midwife who were not at the center during the visit.
- Through the supervisors' visit, the relationship and the connection between VHC staff and MOH officials were strengthened and improved. Nurses and midwives got motivated in general by their visit because of the sense of being cared, supervised and supported when they need help.

Difficulties/ Points to Improve in Supervision:

- The standards and criteria for the supervisors to make evaluations were not fixed, showing some differences in results depending on supervisors.

Status of Immunization program
(as of February 2018)

*Coloured indicates VHCs which started its program by efforts of WCHD and the project.

VHC	No. of Months	Data we have since
Assarah	22 months	April 2016
Tokobol and Om Al-Jadail	22 months	April 2016
Khribeh	1 month	Jan. 2018
Kufur Kyfia	12 months	Jan. 2017
Mandah	21 months	April 2016
Abu Habel	21 months	April 2016
Doqmosah	21 months	April 2016
Dahl	3 months	Oct. 2017
Roodet Al-Amir Mohamed	22 months	April 2016
Bre'iqqa	21 months	April 2016
Rodhet Al-Amir Hamzah	3 months	Oct. 2017
Al-Aqeb	22 months	April 2016
Maysara and Fanoush	12 months	Jan. 2017
Um Ayyash	Still not providing	

Basic Information of Health Promotion Activities

<Concept Note on Health Promotion Activities>

1. Purpose of Health Promotion Activities

- 1) Advertising VHC services to community people
- 2) Delivering information of RH/FP and healthy life style messages to community people including Syrian people
- 3) Building community mechanism for sustainable health promotion activities

2. Two Approaches for Health Promotion

Approach	Activities	Responsibility
1) Education approaches	<ul style="list-style-type: none"> • Counselling at VHC (for women and married couple) • Group education session at VHCs • Group education sessions in school (to both girls and boys) • Adolescent education session at junior high school or high school • Group education sessions in communities (for women, men and married couple) 	<ul style="list-style-type: none"> • Nursing staff • Nursing staff • Nursing staff, school teachers • Schools • VHC staff (e.g. Collaboration with other organizations, NGOs) • Nursing staff, religious men, charities, NGO
2) Community approaches	<ul style="list-style-type: none"> • Setting-up or strengthening health committees • Conduct campaign about Healthy Life style in committees • Campaign by Mobile Clinic • Home visits 	<ul style="list-style-type: none"> • Health directorate and health district office (e.g. Collaboration with other JCAP) • VHC staff • Schools • Mosques • (e.g. collaboration with existing NGOs in the area) • Mobile clinic staff • Health directorate staff • Other organization (charity and NGOs) • VHC staff (e.g. collaboration with existing NGOs in the area)

3. How to Support by the Project

- 1) Training for VHC nursing staff:
 - To identify their own local resources and health needs in their communities
 - To make action plan for their health promotion activities
- 2) Holding community meeting (at 14 VHCs)
- 3) Providing mobile clinic
- 4) Sharing tour to learn from other VHCs
- 5) Providing IEC materials
- 6) Sing board for VHCs

4. Current Situations of the Health Promotion Activities in the Areas of Focus VHCs

1) Health Promotion Activities by the VHC Staff

The survey team also collected information on current health promotion activities. Table 1 demonstrates the provision of health education activities by VHC staff. Only four VHCs (approximately 30 %) conduct outreach health education sessions in communities. Remarkably, Dahl VHC in Mafraq carries out home-visits. However, none of the VHCs provides any health education sessions at VHCs.

Table 11 : Health Promotion Activities at VHCs and in Communities

Health Directorate	VHC Name	Health education sessions	Health education sessions in Communities	Home-visit
Irbid	Abu Habeel	0	0	0
	Al-Khribbeh	0	0	0
	Assarah	0	1	0
	Kufur Kyfia	0	1	0
	Mandah	0	0	0
Mafraq	Tokobol and Om Al-Jadail	0	1	0
	Al Aqeb	0	0	0
	Al-Daqmasah	0	0	0
	Breiqia	0	0	0
	Dahl	0	0	1
Dayr Alla	Roudeh Al-Amir Hamzeh	0	0	0
	Roudeh Al-Amir Mohamed	0	0	0
	Maysara and Fanoush	0	0	0
	Um Ayash	0	1	0
	Total	0	4	1
	%	0%	29%	7%

2) Health Promotion Activities in Their Areas

Table 2 summarized the health promotion activities in and out of the focus VHCs.

VHC	Table 2: Summary of Health Promotion Activities			Activities
	Under CHC/PHC	Responsible Organizations	Responsible Organizations	
Irbid	Kufur Kyfia	Esmou'a CHC, Der Abu Saed HC	MOH, Health directorate, VHC staff	Healthy Village Program
	Mandah	Taebah CHC	Jordan River Foundation	Seminar for child care and obesity
			JRCS/GRC (Jordan Red Crescent Society / German Red Cross)	CHVs Home visits Focus Group Discussions
			VHC staff	Home visits for vaccination
	Tokobol and Om Al-Jadail	Hour CHC	Tokobol and Om Al-Jadail VHC	Health education sessions in the community
Mafraq	Dahl	Nadera CHC	VHC staff	Home visits
	Roudeh Al-Amir Hamzeh	Al-Ashrafah PHC	IRD (International Relief and Development)	CHVs
		Al-Ashrafah PHC	White Hand and Zainab Azbidi (Charities)	?
		Al-Ashrafah PHC	Saad Al Ramathan (NGO)	Health Committee

Balqa	Um Ayash	Balama PHC/CHC Albalawneh PHC Dayr Allah CHC	IRD (International Relief and Development) VHC staff	CHVs
		Albalawneh PHC Dayr Allah CHC	(No information)	Health education sessions in the community CHVs, Health Committee

3) Community Resources
Table 3 describes the any community resources in line of health promotion activities based on the VHC survey. Three VHC staff recognize available community resources to support health promotion activities. Roudah Al-Amir Hamzeh VHC in Maifraq enjoys four kinds of resources, namely health workers/volunteers, health committee, and outside organizations, and other community resources. Kufur Kyfia VHC has noted three kinds of resources, and Um Ayash VHC notes that there are community health workers/volunteers and a health committee in their communities. Kufur Kyfia VHC is implementing the Healthy Village program. Roudah Al-Amir Hamzeh VHC and Um Ayash VHC might receive supports from a USAID-funded project.

Table 3 : Community Resources

Community Resource	VHCs noted resources		
	Name of VHCs	n	
Health workers /volunteers	1) Kufur Kyfia	3	21%
	2) Roudah Al-Amir Hamzeh		
	3) Um Ayash		
Health Committee	1) Roudah Al-Amir Hamzeh	2	14%
	2) Um Ayash		
Outside organizations	1) Kufur Kyfia	2	14%
	2) Roudah Al-Amir Hamzeh		
Other community resources	1) Kufur Kyfia	2	14%
	2) Roudah Al-Amir Hamzeh		

BOX Good Practice 1: Health Promotion Activities in Kufur Kyfia
(Interview by Rima over phone, on 4th of September, 2016)

1) Healthy Village Program
2013-2014
Holding workshops
-4 days for free General Medical check-up for adults and children brought by Zain Company
-3 days for Free Eye check-up for children and providing free glasses for students

Seminars
-Topics of abuse and drugs as Charity organization
-Outreach seminar, Topic on General health at Schools
2) Jordan River Foundation
2-3 weeks ago, Jordan River Foundation conducted seminar about child care and obesity
The health directorate has been coordinated these activities.

Health Promotion Activities by Other Partners

Organization	JRCS/GRC - updated 25 May 2016		IRD - updated 24 Jan 2016		IRC - updated 25 May 2016		IOCC- updated June 2016	
	Sub Locations	CHVs	Sub Locations	No. of CHVs	Sub Locations	No. of CHVs	Sub Locations	No. of CHVs
Irbid	Irbid City, South District	25	Ebin Sina CHC	3	All areas	44	All areas	8
	Kaferyo Sub	2	Nuaima CHC	1				
	Bait Bas	2	Dahyeh Al Hussain	4				
	Bushra	2	Al-Sareeh CHC	3				
	Sal	2						
	Maghier Al	2						
	Sareeh Al	2						
	Al Taybeh	2						
TOTAL NUMBER OF CHVs	TOTAL	39	TOTAL	11	TOTAL	44	TOTAL	8
Nationalities	59% Jordanian, 41% Syrians		11 Syrian refugees		50% Syrians and 50% Jordanians		Health educators are Jordanian + CBRWs = 4 Syrian and 4 Jordanian	
Training Received	May 2014: Initial 5 day IFRC CBHFA training. Included topics on being a community health worker, community mobilisation and community assessment.		Sept 2013: 3 day community health worker training		Sept 2013: 3 day community health worker training		Sept 2013: 3 day community health worker training	
Health Topics	Immunisations; NCDs; nutrition; ARI's; personal hygiene; water and sanitation		Reproductive health, family planning, nutrition, health lifestyles; breast cancer; GBV		Reproductive health, family planning, nutrition, health lifestyles; breast cancer; GBV		Reproductive health, family planning, nutrition, health lifestyles; breast cancer; GBV	
Activities	Household visits; focus group discussions		Household visits, health sessions		Household visits, health sessions		Household visits, health sessions	
Beneficiaries	Syrians and Jordanians (populations affected by the Syrian crisis)		Iraqi & Syrian refugees		Iraqi & Syrian refugees		Iraqi & Syrian refugees	

<p>Criteria for selection of HH/beneficiaries</p>	<p>15,500</p>	<p>15,500</p>	<p>15,500</p>	<p>15,500</p>
<p>No. of beneficiaries</p>	<p>Approximately 4,000</p>	<p>15,500</p>	<p>15,500</p>	<p>15,500</p>
<p>Until when: (length of project)</p>	<p>End of July 2014 and possibly till end of 2014 with additional funding.</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>
<p>Comments</p>	<p>This is the 1st pilot phase of CBHFA running from April to July 2014. An extension has already been requested. Additional Basic Life Support 1st Aid Training has been offered to 380 Syrian refugees and 100 Jordanians during May & June 2014</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>

Mafrag

Organization	MEDAIR - updated 25 May 2016		JRCS/IFRC - updated Feb 2016		IRD - updated 24 Jan 2016		IRC - updated 25 May 2016	
	Sub Location	No. of CHVs	Sub Locations	No. of CHVs	Sub Locations	No. of CHVs	Sub Locations	No. of CHVs
	whole Mafrag	20	Hai Al zohor Hai Al janobi	2 1	Mafrag CHC Al Mafrag primary HC	2 1	All areas	56
			al sooq	3	Sama Al Sarhan Promar y HC	2		
			Al mansheh	4	Bala'ma Primary HC	2		
					Al-Ashrafah Primary HC	1		
TOTAL NUMBER OF CHVs	TOTAL	20	TOTAL	10	TOTAL	8	TOTAL	56
Nationalities	Syrian and Jordanian, females and males	5 Jordanians & 5 Syrians	8 Syrian Refugees	50% Syrians and 50% Jordanians				
Training Received	IYCE (infant & Young Child	April 2014: Initial 5 day IFRC CBHFA						

<p>Feeding) CMAM (Community Based Management of Acute Malnutrition) <u>Outbreak Prevention</u></p>	<p>training. Included topics on being a community health worker, community mobilisation and community assessment. June 2014; 1 day workshop on health topics</p>	<p>Minimum of 44,640 over 9 months</p>	<p>Target of 4000 but should reach many more</p>
<p>Health Topics</p>	<p>IYCF, immunisations, personal hygiene</p>	<p>Mid November 2014 with plans to seek funding to continue activities</p>	<p>If the budget allows we would like to train an additional 30 Syrians CHVs in August 2014</p>
<p>Activities</p>	<p>Household visits; group meetings</p>	<p>Household visits; group meetings; health committees; school groups; community campaigns</p>	<p>Syrians and Jordanians (populations affected by the Syrian crisis)</p>
<p>Beneficiaries</p>	<p>Syrians</p>	<p>Nil</p>	<p>Nil</p>
<p>Criteria for selection of HH/beneficiaries</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>
<p>No. of beneficiaries</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>
<p>Until when: (length of project)</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>
<p>Comments</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>

Balqa

Organization	IRD - updated 24 Jan 2016		PU-AMI - updated Jan 2016		Save the Children updated 24 Jan 2016		IOCC - Updated Jan 2016	
	Sub Locations	No. of CHVs	Sub Locations	No. of CHVs	Sub Locations	No. of CHVs	Sub Locations	No. of CHVs
	Al Fuhais	2	No data	0	Salt			8
	Ein Al Basha	4						
TOTAL NUMBER OF CHVs	TOTAL	6		0	TOTAL		TOTAL	8
Nationalities	2 Iraqi and 4 Syrian Refugees		No data		covered by Amman team		1 Syrian and 7 Jordanians	

Report of Health Promotion Workshop

【Summary of Output】

1. The Workshop was successful in developing action plans for each community's health promotion activities and making linkage between VHC workers and community members who are working mainly in their communities. In order to make the activity solid and sustainable involving Health Promoter was meaningful.
2. Active participation was observed for all workshop in three directorates. They showed their interest toward activities and presentations. Practical health promotion activity plans were made as results. Community representatives were collected from each village and they were in harmony with nurses and midwives during the workshops.
3. Community Health Promotion action plans were made in 14 villages, and the opening ceremony will be led by Community Health Committee (CHC) members. CHC members will conduct health promotion activities aiming at sustainable and community oriented action.

1. Introduction

Community health promotion activity is one of the key action to deliver essential health messages as well as make linkage between community members and VHC staffs. Nurses and midwives in community play an important role in improving community health and take responsible for all the community members health status. However, since MOH consolidated instruction of health promotion activity was not in place there is huge gap of capacity among CHCs. In some villages CHCs have been established through donors supports that can affect community members' behavior. This is allocated various places in Jordan, however the only one village was covered for our focus village site. In order to make the activity sustainable and effective, the project offered formulating a CHC group in each village to be a pillar of the Health Promotion activities. The position of health promotion supervisors has observed in both directorate and district levels as a coordinator for village activities and activate community activities.

The 2-days health promotion workshop was designed to gain knowledge about general idea of health promotion and assess and develop action plans for their own village activities.

2. Workshop sites and participants

Date	No. of Participants	Target Health Directorates	Position of Participants (No.)	Places
3 th -4 th April 2017	18	Dayr Allah	Assistant director, Balqa health directorate (1) Head of MCH department (1) MCH supervisor (2) Midwife supervisor (1) Health Promotion supervisor (1) Nurses (2) Midwives (2) School Health teacher (1) Head of Um Ayash School (1) Head of Fanoush Association (1) Head of Um Ayash association (1) Assistant of head of Um Ayash association (1) Head of Maysara and Fanoush association (1) Secretary at Valley Youth association	Health directorate in Dayr Allah meeting room

5 th -6 th April 2017	35	Irbid	(1) Volunteer at Valley Youth association (1) Head of MCH department (1) Head of awareness department (1) MCH supervisor (6) Health Promotion supervisor (3) Doctor (1) Nurses (5) Midwives (6) Head of Kufr Kefiah association (1) Health supervisor (1) Municipality employee (1) Head of Mandah charity association (1) Teacher (1) Head of nursery (1) House-wife (3) Previous member of municipal council (1) Farmer (1) Retired (1) Head of WCH Directorate (1) MCH supervisor (3) Health Promotion supervisor (2) Health promoter (2) Head of Al-Aqeb association (1) Member of Al-Aqeb charity association (1) Head of Al-Daqmasah women charity association (1) Assistant for the Head of Al-Breiq school (1) Nurse (5) Midwife (2) Retired Nurse (1) Housewife (1) Service worker at Roudet Al-Amir Hamzeh VHC (1)	Jordanian commerce chamber
12 th -13 th April 2017	22	Mafrag	Head of WCH Directorate (1) MCH supervisor (3) Health Promotion supervisor (2) Health promoter (2) Head of Al-Aqeb association (1) Member of Al-Aqeb charity association (1) Head of Al-Daqmasah women charity association (1) Assistant for the Head of Al-Breiq school (1) Nurse (5) Midwife (2) Retired Nurse (1) Housewife (1) Service worker at Roudet Al-Amir Hamzeh VHC (1)	Mafrag CHC

4. Facilitators from MOH Women and Child Health Department
Ms. Fadia Al Jaber, MOH
Ms. Amal Abu Shaweesh, MOH

5. Workshop content
See appendix 3

The workshop includes two types of group work which are Fish-born analysis and developing action plan for Health Promotion activity. The aim of the exercise is to provide opportunity for dialogue with community members and develop their own health promotion activity plans.

6. Observations, results, comments and recommendations

(1) Dayr Allah
Observations

- All participants from each directorate were actively participated in the workshop. Two days program was fairly managed by the project member and MCH counterpart.

- Two group activities in each day were very interactive and well presented by group representatives. In each group, there were at least one male participant and they cooperate well while discuss about reproductive health topics.
- A representative from Directorate of Awareness Department and Health promotion supervisor provided practical examples and methods to develop effective plans in their community activity.
- In Dayr Allah district there is a district Health promotion supervisor assigned and he has rich experiences in health promotion through various supports by the outside partners.

Result

- Fish born analysis (See Appendix 5 for the original)
- 2) Maysara and Fanoush VHC: The group developed 8 community problems which are problem of the health facility (far distance, unequipped health center), 2 adolescent related topics (smoking, drug abuse), 2 health problems (hygiene, lack of health awareness), 1 RH topic (fecundity) and 1 social problem (literacy). They assessed the smoking and drug abuse among the youth are due to poverty and lack of education in the home.
- 2) Um Ayash VHC: They named their CHC as “Flower committee” and developed 8 topics in the community which are 3 school related topics (head lice, drop out, violence), 2 chronic disease (obesity, hypertension), 1 RH topic (fecundity) and other health problem (disability). They set an overall goal for raising health awareness among the community.

- Action Plans in Dayr Allah (See Appendix 6 for the original)

VHC name	Topics	Activities	Venue
1) Maysara and Fanoush	Hygiene	- Lectures	- Boys and girls school - Women's association VHC
	Birth spacing	- Awareness campaigns through media - Awareness and education session	- VHC - Association building in the community
	Smoking	- Meeting with head of schools and parents - Lectures	- Primary boys/ girls school - Women's association
2) Um Ayash	FP	- Awareness lectures - Group discussions - Distribution of brochures - Ask collaboration with mosque leaders	- Association - Schools - Mosque - VHC
	Head lice	- Awareness lectures - Discussion with mothers - Conduct head examinations - Distribute anti-lice shampoos	- Schools
	Chronic disease	- Lectures for follow-up patients and for people free from diseases	- Association - Schools - VHC

Comments on outcomes of the group activities

- Both group have developed three specific action plans and formulated comprehensive plans. They targeted not only the RH services but also social and NCDs topics.
- Maysara and Fanoush VHC raised the issues on adolescent health as a social problem and planned to collaborate with teachers and parents.
- The unique media camping was mentioned in order to deliver the health messages quickly and widely.

General comments and Recommendations

- The coordination between the project and MCH supervisor in Dayr Allah district was well established so that all the process was smoothly managed.
- There was a misunderstanding regarding to the participants' selection from the community. One participant invited her acquaintance without any permission.
- The budgeting for community activity looked very essential topic in the communities. The health directorate has been seriously looking forward donors who supporting their community associations.

(2) Irbid

Observation

- The directorate Head of awareness department, 3 MCH supervisors and a Health Promotion supervisor were participated through the two-day workshop. Although the communication between the health promotion supervisor and MCH supervisors were limited. We found some of the participants were not suitable to be CHC members, which indicates that the directorate's health promotion supervisor is not fully aware of local personnel resources.
- In General, all the participants were actively involved in the workshop. Performance difference was observed due to the member of the group, however MCHD counterpart assisted well in order to make them understand the workshop and presentation. Some MCH supervisors were not involved enough as a facilitator in the group.
- The workshop was well controlled by facilitators despite having a lot of participants. More active discussion was observed in day two because extra community representatives were added. About one third of participants were male. This might be a reason of existed community activities developed by Health Service Delivery (HSD). The group dynamics were observed in their group activities.
- Most of the VHC staffs played an important role for the group activities and gave their group presentation as a representative from the group.

Result

- Fish born analysis (See Appendix 5 for the original)
- 1) Ass'arah: The group pointed out some issues about VHC which are poor facility and lack of announcement for their activities. Two environmental issues were mentioned regarding to water access in some area and lack of public transportation in the area. Head lice and unhealthy life style topics were suggested as health-related subjects.
- 2) Tokobol and Om Al-Jadail: The group pointed out 4 health –related topics (FP, Respiratory diseases, NCDs, Smoking) and one topic on logistic issues in VHC. The fish born tells only the topics and no mentioning about cause and reasons.
- 3) Al-Khribeh: The group assessed 3 topics on RH (breast feeding practice, FP, genetic disorders due to consanguineous marriage), hygiene and obesity among the children. They mentioned about their social habit of marriage system as well as the unhygienic condition

among Syrian refugees.

4) Kufur Kyfia: The group pointed out 2 RH topics (low PNC rate, low awareness of FP), NCDs topic and oral hygiene. It was noted although Kufur Kyfia is highly educated areas and has been carried out community activities, there is still lack of experiences in effective community approaches.

5) Mandah: The group assessed 2 topics on RH (FP, ANC), 2 health related topics (hygiene, smoking) and social issues on early marriage in the community. The group mentioned about less physician's visit to the community.

6) Abu Habel: The group assessed the community situation very well on the fish born. 3 topics focused on adolescent problems (drug abuse, smoking, drop out from schools), 2 topics are RH related topics about FP and early marriage in the community. Personal hygiene topics was mentioned due to poverty and lack of education.

- Action plan
(See Appendix 6 for the original)

VHC name	Topics	Activities	Venue
Ass'arah	- Healthy life-style - FP	- Lectures (general) - Lectures (by Quran) - Cooking class - Distribution of brochures - Conduct sports activity - Announcement in Mosques - Lectures - Distribution of brochures - Conduct group discussions - Follow-up women who concern about FP	Schools Mosque School
Tokobol and Om Al-Jadail	- Home accident - Misconception on vaccination	- Lectures for parents/ students - Home visit - Nursery visit - Awareness campaign	Charity association Schools Nursery Schools Homes Mosques
Al-Khribeh	- FP - New born care	- Lectures - Home visit - Distribution of FP brochures - Focus group discussion - Make announcement - Educational session - Distribution of brochures	Homes VHC VHC
Kufur Kyfia	- FP	- Lectures - Distribution of brochures - Counseling - Meeting with women's association members	Charity association Mosques VHC

	- Oral health	- Awareness lectures	Schools Charity association
Mandah	- Anemia - Menopause	- Lectures on nutrition - Follow-up for those who are suffer from the symptoms - Distribution of nutritious fruits	Charity association
	- Hygiene	- Lectures - Distribution of personal hygiene goods	Schools
Abu Habel	- Anemia among children - FP	- Free medical day - Awareness lectures - Awareness lectures - Home visit - Distribution of brochures - Couple counseling	Schools Nursery Mosque VHC Home

Comments on outcomes of the group activities

- In general, all the groups were able to capture their community health situations and diagnosed well on the fish born.
- The group from Al-Khribet mentioned about their social issues about consanguineous marriage and Syrian refugee topics.
- The group from Abu-Habeel presented well on the fish born analysis, focusing on the adolescent health issues.
- The group from Tokobol and Om Al-Jadail had poor assessment on the fish born analysis, this might be the reason of lack of intervention by facilitator and group leadership.

Comments and Recommendations

- Selection of the representative from the community was out of control by the project, and there was a miss understanding among the directorate MCH supervisors who should be involved in CHC member. Not appropriate persons were chosen for some communities.
- It was strongly recommended that the coordination between Health promotion supervisor in directorate and MCH supervisor in directorate should be improved for more activating health promotion activities. However, it was the first attempt to collaborate with this two health sections that we hope further developed collaborations between them.
- Despite having miscommunication with the MOH C/Ps and MCH supervisor in the directorate, the venue was appropriated in terms of size, tables and chairs and the workshop was well-organized generally.

(3) Mafrag

Observations

- The head of health promotion department, one directorate health promotion supervisor and two district health promoters participated in the workshop. They were called to join the program by the directorate MCH supervisors. Active participation was observed for most of the health promoters, however individual differences in motivation and participation were recognized.
- The starting time of the workshop were delayed due to the participant late arrivals. Most of the participants arrived in the second half of the workshop because a MCH supervisor misunderstood the purpose of the workshop and no call for the workshop in advance.
- On the first day, no one participated from Dahl VHC due to misunderstanding of the MCH directorate supervisors and no-calling them. They participated in day two activity and the WCHD counterparts and MCH supervisors helped them to catch up the workshop.

- It is recommended more close relationship with the project and MCH supervisors in the directorate. The lack of communication has been created misunderstanding and lack of interest for the project. MCH supervisors play an important role in supporting the activities in their communities.
- Active discussion was observed in day 2, Dr. Malak, a director of WCHD, and two representatives from JICA Jordan office could be able to see the field work and encourage the community leaders to make efforts on developing a sustainable organization. The head of association and a women charity association were joined from the community.

Result

- Fish born analysis
(See Appendix 5 for the original)
- 1) Al-Daqmasah: The group raised limitation of the facility regarding to human resource and RH services. Head lice and smoking among students were mentioned for school health.
- 2) Dahl: No one attend for day 1
- 3) Roudet Al-Amir Mohamad: The group mentioned about their unfortunate environment issues on air pollution and unhygienic conditions. Smoking among male students and anemia were suggested as problems in the community.
- 4) Breiqa: The group presented all topics about RH which are FP, PNC/ANC low usage, anemia among pregnant women and early detection of birth defects.
- 5) Roudet Al- Amir Hamzeh: The group assessed only the situation on RH service provision in the community which are low usage of ANC/ PNC and FP method. Additionally, they mentioned about unfortunate VHC facility.
- 6) Al- Aqeb: The group assessed 3 health-related topics on low usage of FP, hygiene and smoking among adolescent. They also mentioned about absence of school health responsible person in the area.

Action plan

(See Appendix 6 for the original)

VHC name	Topics	activities	Venue
Al-Daqmasah	- Head lice	- Conduct awareness lectures for students/ parents - Distribution of the brochure	Schools
	- RH services in VHC	- Awareness lectures on PNC - Awareness lectures for pregnant women - Individual counseling for pregnant women - Awareness lectures during vaccination	Charity association VHC
Dahl	- FP	- Awareness lectures - Distribution of FP brochures - Distribution of FP tools	School Community VHC
	- Vaccination	- Awareness announcement - Distribution of the brochure	School VHC
Roudet Al-Amir Mohamad	- Anemia	- Awareness sessions - Blood sampling/ follow-up - Distribution of the brochure	VHC

	- Head lice	- Group discussion - Awareness lectures for students and parents - Distribution of the brochure - Distribution of anti-lice shampoo	Schools Association
Breiqa	- FP	- Lectures for reproductive health generation/ community member - Distribution of the brochure	Homes VHC School
	- Anemia	- Lectures on BF, healthy life style - Distribution of the brochure - Distribution of iron supplementation	Nursery Schools VHC
Roudet Al- Amir Hamzeh	- Vaccination	- Awareness lectures for women and students - Distribution of the brochure - Follow-up for defaulters - Group work for mothers	Schools Association VHC
	- Breast cancer	- Lectures - Distribution of the brochure - Self-examination campaign	Schools Association VHC
Al- Aqeb	- Anemia	- screening campaign - Awareness lectures	VHC

Comments on outcomes of the group activities

- The fish born assessment in Mafrag in general was not well-presented compared to other two directorates. They identified few health – related topics and did not provide cause and reason for them. They pointed out topics but could not able to present well in the papers.
- Setting of aims in action plans were few and action were quite simple and easy to implement.
- The group from Roudet Al-Amir Hamzeh was the only group planned on prevention for breast cancer.

Comments and Recommendations

- It was strongly recommended that the coordination between the project and Mafrag health directorates should be improved more for better organization of the activities and gain right information from the project.
- In order to gain VHC staffs confidence and initiative, closer intervention and follow-up by the project is required. Ultimate goal is to be given the sense of achievement and make them think “We did it”.

Appendix 1: Attendance list

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Kitam Rahalheh	كتام رحاحلة	Head of MCH Department	Balqa Health Directorate (Balqa)
2	Ms. Helwa Al-Issa	حلوة العيسى	MCH supervisor, Directorate	Balqa Health Directorate (Balqa)
3	Ms. Bothina Zaqzouq	بثينة زقزوق	MCH supervisor, District	Balqa Health Directorate (Dayr Allah)
4	Ms. Noha Hatamleh	نوه حطاملة	Midwife Supervisor	Balqa Health Directorate (Dayr Allah)
5	Eng. Fayez kabha	المهندس فايز كبا	HP supervisor, District	Balqa Health Directorate (Dayr Allah)
6	Ms. Anwa Diab	اروى دياب	Maysara and Fanoush VHC, Associate Nurse	Balqa Health Directorate (Dayr Allah)
7	Ms. Nada Abu-Sarhan	نادى ابو سرحان	Maysara and Fanoush VHC, Midwife	Balqa Health Directorate (Dayr Allah)
8	Ms. Samaher AL-Balawi	سماهر البلوي	Head of Fanoush Association	Balqa Health Directorate (Dayr Allah)
9	Mr. Laith Salibe	ليث صليبي	School Health Teacher	Balqa Health Directorate (Dayr Allah)
10	Ms. Kawthar Nabresi	كوثر النبرصي	Associated Nurse	Um Ayyash VHC (Dayr Allah)
11	Ms. Amami Khriesat	اماني خريسات	Midwife	Um Ayyash VHC (Dayr Allah)
12	Ms. Roqayah Suliman Balawneh	رقية سليمان بلاونة	Head of Om Ayash School	Um Ayyash
13	Ms. Feryal Mohamad Falah	فريال محمد فلاح	Head of Um Ayash Association	Um Ayyash
14	Ms. Ameneh Eid Saeed	امنة عيد سعيد	Assistant of Head of Om Ayash association	Um Ayyash
15	Dr. Hamdan Ma'adat	د. حمدان معاد	Balqa health directorate	Balqa health directorate
16	Ms. Amenah Ahmad	امنة احمد	Head of Maysara and Fanoush association	Maysara and Fanoush

17	Ms. Sojoud Jameel	سجود جميل	secretary at Valley Youth association	Valley Youth association / Dayr-Allah
18	Mr. Zayed Mohammad	زايد محمد	Volunteer at Valley Youth association	Valley Youth association / Dayr-Allah
2. Irbid				
No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Lutfeeh Al-Shalabi	د. لطيفة الشلبي	Head of MCH department	Irbid Health Directorate
2	Dr. Bilal Al-Hmood	د. بلال الحمود	Head of awareness department / Healthy village coordinator	Irbid Health Directorate
3	Ms. Mariam Alomari	مريم العمري	MCH supervisor, Directorate	Irbid Health Directorate
4	Ms. Heyam Obaidat	هيام عبيدات	MCH supervisor, Directorate	Irbid Health Directorate
5	Ms. Khlood Hasan Al-Horani	خلود حسن الحوراني	MCH supervisor, Directorate	Irbid Health Directorate
6	Ms. Fatimah Bani Irshid	فاطمة بني ارشيد	MCH supervisor, Alkora District	Irbid Health Directorate
7	Ms. Intesar Malaabah	انتصار ملاعبه	MCH supervisor, Bani-Kenanh District	Irbid Health Directorate
8	Ms. Eman Abdulliah Khaled	ايمان عبدالله خالد	MCH supervisor, Northern JV district.	Irbid Health Directorate
9	Mr. Qasim Al-Hajji	قاسم الحجى	HP supervisor, district	Irbid Health Directorate
10	Ms. Monerah Bataineh	منيرة بطاينة	Asaarah VHC, MW	Irbid Health Directorate (Asa'arah)
11	Ms. Nour Badarneh	نور بدارنه	Teacher / Local community	Asa'arah
12	Ms. Bayan Mohammad	بيان محمد	House-wife / local community	Asa'arah
13	Dr. Mohammad Al-Zubi	د. محمد الزعبي	Kufri-Kefiah VHC	Irbid Health Directorate (Kufri-Kefiah)
14	Ms. Sana'a Abu-Gharbeiah	سناه ابو عربية	Kufri-Kefiah VHC and Samoua' PHC, MW	Irbid Health Directorate (Kufri-Kefiah)
15	Mr. Ahmad Al-Omari	احمد العمري	Nurse, Kufri-Kefiah VHC	Irbid Health Directorate (Kufri-Kefiah)
16	Mr. Abdel-Rahman Al-Omari	عبدالرحمن العمري	Head of Kufri-Kefiah association	Kufri-Kefiah

3. Mafrag

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Amal Abdel- Karim	د. أمل عبدالكريم	Head of WCH, Mafrag health directorate	Mafrag Health Directorate
2	Ms. Souad Shdefat	سعاد شديفات	MCH supervisor	Mafrag Health Directorate
3	Ms. Majeda Al-Takrori	ماجدة التكروري	MCH Supervisor	Kasbeh Al-Mafrag District
4	Ms. Sawsan Tamimi	سوسن تميمي	MCH supervisor	AL-Badia Al-Shamaleh District
5	Dr. Khalaf Khawaldeh	د. خلف الخوالدة	Health Promotion supervisor	Kasbeh Al-Mafrag District
6	Dr. Ali Khawaldeh	د. علي الخوالدة	Health Promotion supervisor	AL-Badia Al-Shamaleh District
7	Eng. Rima Aljuham	م. ريم الجهم	Health promoter	Health Media department/ Mafrag
8	Jamal Mahamed Arowajfeh	جمال محمد الرواجفة	Health promoter	Health Media department/ Mafrag
9	Ms. Seham Shdefat	سهام شديفات	Staff Nurse	Al-Aqeb VHC
10	Mr. Abdullah Khalaf Al-Masac	عبدالله خلف المساعيد	Representative of Al-Aqeb charity association	Al-Aqeb
11	Mr. Saleem Qarqot Salameh	سالم قرقوط سلامة	Member of public board od Al-Aqeb charity association	Al-Aqeb
12	Ms. Amal Al-Zyoud	أمل الزويد	MW	AL-Daqmasah VHC
13	Ms. Heyam Radi Al-Zhon	هيام راضي الزبون	Head of Al-Daqmasah women charity association	Al-Daqmasah VHC
14	Ms. Fatimah Al-Qadi	فاطمة القاضي	Assistant Nurse	Breiqia VHC
15	Ms. Heyam Abdullah Mansor	هيام عبدالله منصور	Retired Nurse/ was work at Breiqia VHC	Breiqia
16	Ms. Ahlam Atef Abdel-Karim	احلام عاتف عبدالكريم	Assistant for the head of Al-Breiqia school	Breiqia
17	Ms. Huda Olimat	هدى عليمات	Assistant Nurse	Dahl VHC

17	Ms. Sahar Moh'd	سحر محمد	Tokbol and Um Aljadayel VHC, Associated Nurse	Irbid Health Directorate (Takbol and Um Aljadayel)
18	Mr. Nather Rashed	نادر رشيد	Tokbol and Um Aljadayel VHC, Health supervisor	Irbid Health Directorate (Takbol and Um Aljadayel)
19	Ms. Kholoud Al-Hor	خلود الهور	Tokbol and Um Aljadayel VHC and Al-Hoor PHC, MW	Irbid Health Directorate (Takbol and Um Aljadayel)
20	Ms. Dima Ibrahim Abdullah	ديما ابراهيم عبدالله	House-wife / local community	Takbol and Um Aljadayel
21	Ms. Nour Zidan Ibrahim	نور زيدان ابراهيم	House-wife / local community	Takbol and Um Aljadayel
22	Ms. Suha Shakatreh	سهى شحاترة	Alkrabeh VHC, Associated nurse	Irbid Health Directorate (Alkrabeh)
23	Ms. Mai Talafah	مي طلافحة	Alkrabeh VHC, MW	Irbid Health Directorate (Alkrabeh)
24	Ms. Azizah Al-Omari	عزيزة العمري	Head of Nursery	Al-Mekhabeh
25	Ms. Hamdah Mohammad	حمدة محمد	previously member of municipality council	Al-Mekhabeh
26	Mr. Abdel-Hakeem Ali	عبدالحكم علي	employee in the municipality	Al-Mekhabeh
27	Ms. Majedah AlZoubi	ماجدة الزوبي	Mandah VHC, Associated Nurse	Irbid Health Directorate (Mandah)
28	Ms. Hanan Abu Hatab	حنان ابو حطب	Mandah VHC, MW	Irbid Health Directorate (Mandah)
29	Mr. Ali Dalou	علي دلوع	HP supervisor, Manadah and Al-Taybah	Irbid Health Directorate (Mandah)
30	Mr. Ziyad Dawagreh	زيد دواغرة	Head of Mandah Charity association	Mandah
31	Ms. Kholoud Al-Rowaia	خلود الرويحي	Abu-Habeel VHC Associated Nurse	Irbid Health Directorate (Abu-Habeel)
32	Ms. Hala Al-Qarwaneh	هالة القروانه	Abu-Habeel VHC MW	Irbid Health Directorate (Abu-Habeel)
33	Mr. Ali Hussien Al-Shouth	علي حسين الشوح	Farmer	Abu-Habeel
34	Mr. Mohammad Abu-Dames	محمد ابو دامن	Retired	Abu-Habeel
35	Mr. Osama Meqbel	اسامة مقل	Head of education department in Al-Aghwar shamaleh, HP supervisor and founder of Wadi-Alrayyan Association.	Al-Aghwar shamaleh, Irbid

Appendix 3: Training program

Health Promotion Workshop

Date: 3rd-4th/ April/ 2017 (Dayr Allah), 5th-6th/ April/ 2017 (Irbid), 12th-13th/ April/ 2017 (Mafraq)

Date	Time	Topics	Responsibility
Day 1	9:30-10:00	• Registration	Project team
	10:00-10:30	• Opening • Opening speech	WCHD
	10:30-11:00	• Project outline • Aims and goals • Good Practice at the end of the project	WCHD/ FP section
	11:00-11:30	Break *group picture	
	11:30-12:15	• The concept of Health Promotion • Good Practice Health Promotion talk	Dep of Awe and Health Promoter from the district
	12:15-13:00	• Group activity - Make 2 groups - Community assessment	WCHD/ FP section
	13:00-14:00	• Presentation by groups 5min • Discussion with all participants • Wrap-up for a day	
	14:00-	Lunch	
Day 2	9:30-10:00	• Review of the first day - Split by group	WCHD/ FP section
	10:00-10:30	• Good Practice Health Promotion talk	Community representative
	10:30-11:00	• Explanation of action plan • Explanation of report form	WCHD/ FP section
	11:00-11:30	Break	
	11:30-13:00	• Group activity - Build Action Plan by group	
	13:00-13:30	• Presentation of Action Plan - 5 minutes in each group - Discussion	CHC members
	13:30-14:00	• Closing	WCHD/ FP section
	14:00-	LUNCH	

18	Ms. Nasrah Meflah Al-Omoush	House-Wife	Dahl
19	Ms. Hind Bakhet	Assistant Nurse	Roudet Al-Amir Hamzeh VHC
20	Ms Safa'a Al-Asceed	Service worker at Roudet Al-Amir Hamzeh VHC	Roudet Al-Amir Hamzeh VHC
21	Ms. Esra'a Al-Masri	MW	Roudet Al-Amir Mohamed VHC
22	Ms. Nawal Mohammed	Associated Nurse	Roudet Al-Amir Mohamed VHC

Appendix 2: facilitators list

No.	Name	Position	Location
1	Ms. Fadia Aljaber	Head of monitoring and supervise department	MOH
2	Ms.Amal Abu Shaweesh		MOH
3	Dr.Randa Baqeem	Directorate of awareness and Education Health Department	MOH
4	Dr. Ibrahim Kanaan	Head of Geriatric Department	MOH

Appendix 4: Power Point Presentation

1. Presentation by the Project and the MOH Awareness and Education Health Directorate

مشروع تحسين الخدمات في المراكز الصحية القرية في المناطق المستهدفة لإجرائين السوربين

ورشة عمل أعضاء لجنة الصحة المجتمعية لبلدة لطفين، اليوم الأول



مشروع تحسين الخدمات في المراكز الصحية القرية في المناطق المستهدفة لإجرائين السوربين

ورشة عمل حول أنشطة تعزيز الصحة للجان صحة المجتمع

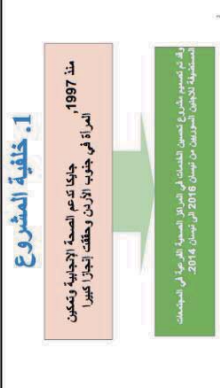
فرد علاء 4-2017 نيسان



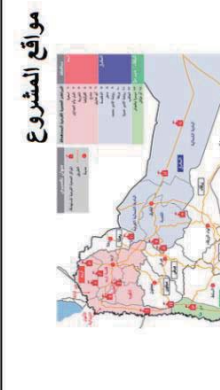
1. خلفية المشروع

منذ 1997، جينا دعم الصحة الإيجابية ويمكن المرأة في جيبه الآن وحقق إنجازا كبيرا

في دعم مشروع تحسين الخدمات في المراكز الصحية القرية في المجتمعات المستهدفة لإجرائين السوربين من نيسان 2016 إلى نيسان 2014



مواقع المشروع

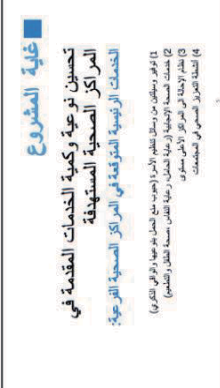


غاية المشروع

تحسين نوعية وكفاءة الخدمات المقدمة في المراكز الصحية المستهدفة

الخدمات الرئيسية المتوقعة في المراكز الصحية القرية:

1. توفير مستلزمات ومعدات طبية وأدوية مع ضمان توفيرها في الوقت المناسب
2. زيادة جودة الخدمات الصحية المقدمة في المراكز الصحية القرية (تدريب وتأهيل)
3. زيادة جودة الخدمات الصحية المقدمة في المراكز الصحية القرية (تدريب وتأهيل)
4. زيادة جودة الخدمات الصحية المقدمة في المراكز الصحية القرية (تدريب وتأهيل)



الأنشطة الرئيسية

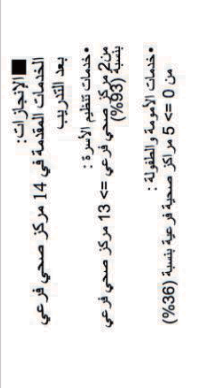
منذ بداية العمل على تحسين الخدمات الصحية في المراكز الصحية القرية:

- تم توفير مستلزمات طبية وأدوية مع ضمان توفيرها في الوقت المناسب
- تم توفير تدريب وتأهيل للموظفين في المراكز الصحية القرية
- تم توفير تدريب وتأهيل للموظفين في المراكز الصحية القرية
- تم توفير تدريب وتأهيل للموظفين في المراكز الصحية القرية



الإنجازات:

- الخدمات المقدمة في 14 مركز صحي فرعي بعد التدريب
- خدمات تنظيم الأسرة: 13 مركز صحي فرعي
- خدمات الأمومة والطفولة: 5 مراكز صحية فرعية بنسبة (36%) من 0 < 5

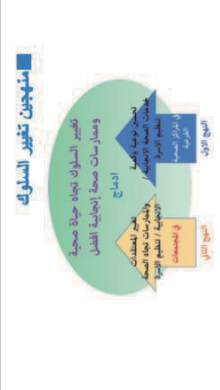


منهجية تغيير السلوك

تغيير السلوك تجاه حياة صحية وعادات صحية إيجابية أفضل

المنهجية:

- تقييم الاحتياجات
- تحديد الأهداف
- تصميم الرسائل
- اختيار القنوات
- تنفيذ البرنامج
- تقييم النتائج





معايير إيجار الأداء للأفضل

معايير	الهدف
1. زيادة نسبة مستفيدين	1. فهم تجربة التقييم من قبل اللجنة التقييمية في كل منطقة
2. زيادة نسبة مستفيدين	2. تحقيق أداء عالية للتقييم والتركيز الفعالة في تحسين الخدمات الصحية في مستهدفهم
3. زيادة نسبة مستفيدين	3. تحقيق أداء عالية للتقييم والتركيز الفعالة في تحسين الخدمات الصحية في مستهدفهم
4. زيادة نسبة مستفيدين	4. تحقيق أداء عالية للتقييم والتركيز الفعالة في تحسين الخدمات الصحية في مستهدفهم
5. زيادة نسبة مستفيدين	5. تحقيق أداء عالية للتقييم والتركيز الفعالة في تحسين الخدمات الصحية في مستهدفهم


أهداف ورشة العمل

1. اكتساب مهارات حول أنشطة التوعية الصحية في المجتمع
2. إعداد خطة عمل الأنشطة التوعية الصحية



محتوى المشروع

- اليوم الأول
- تعريف مفهوم وتاريخ الصحة
- الممارسات الصحية لتعزيز الصحة
- نشاط المجموعة (1) العرض التثقيفي
- اليوم الثاني
- الفحص عن الممارسات الصحية لتعزيز الصحة
- نشاط المجموعة (1) العرض التثقيفي




فترة استراحة

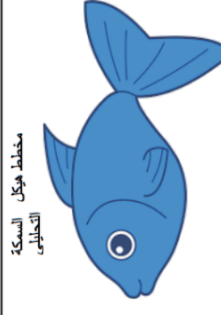


نشاط المجموعة الأولى

- تحديد احتياجات وموارد المجتمع
- العرض التثقيفي المجموع (خمس دقائق)
- الانتهاء من العروض التثقيفية

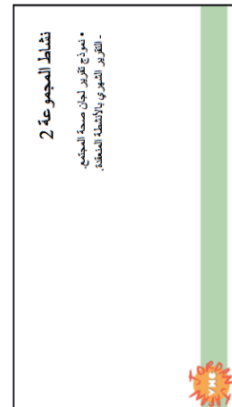
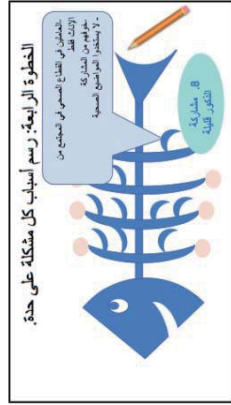
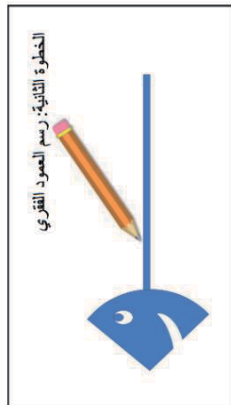
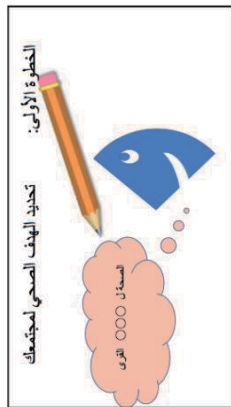


مخطط هيكل الشبكة التثقيفية



الخطوة الأولى: ارفع رأس السمكة





خطة العمل

الرقم	الوصف	الوقت	المسؤول	الرقم
1				
2				
3				

2. Directorate of awareness and Education Health Department

تعريف الصحة

- الصحة : هي حالة من اكتمال السلامة بدنياً و نفسياً و اجتماعياً و روحياً ، لا مجرد انعدام المرض أو العجز.
- الطبيعية : فهم الجسم وعمليات الحيوية ووظائف الجسم بشكل سليم.
- النفسية : هو عرايتك و مشاعرك المختلفة مثل الشعور بالفرح و الحزن.
- العقلية : وهي تعني القدرة على التفكير بوضوح ، و التعلم على كيفية اتخاذ القرارات السليمة و حل المشكلات.
- اجتماعياً : القدرة على القيام بالأدوار الاجتماعية و بناء علاقات إنسانية مع الآخرين.
- روحياً : ارتباط النفس بالعبادة و القيم الإيمانية التي تجلب الراحة و السعادة و الاستمرار الوجداني.

مفهوم تعزيز الصحة

إعداد الحكومة و بناء بياضين
وزارة الصحة بعمارة القرية و الإعلام الصحي

الصحة النفسية

- هي حالة من العافية يستطيع فيها كل فرد إدارته إمكاناته الخاصة و التكيف مع حالات التوتر العادية و العمل بشكل منتج و مفيد و الإسهام في مجتمعه المحلي.

مفاهيم صحية

- العادات الصحية : هي ما يذنب الفرد بلا تفكير أو شعور نتيجة كثرة تكراره .
- العوارض / الظواهر الصحية: هي ما يذنب الفرد عن قصد فاع من تمكنه فهم معناه و يمكن أن تتحول الممارسات الصحية السيئة إلى عادات يذنب بالاشعور نتيجة كثرة التكرار .
- الوعي الصحي : هو العلم بالمشكلات و الحقائق الصحية و إسهامهم بالمسؤولية نحو مجتمعهم و صحة غيرهم و هو الهدف الذي نسمى إليه لا أن نبقى الممارسات الصحية كقذارة صحية فقط .

عناصر تعزيز الصحة

- الاتصال و التواصل : هو حاجة إنسانية أساسية و صليبة تداخل الممارسات أو الأفكار من شخص إلى آخر بقصد التأثير فيه و إحداث استجابة .
- التثقيف الصحي: يهدف التثقيف الصحي إلى رفع الوعي الصحي للاستفادة العظمى من الخدمات الصحية على مستوى المركز الصحي و المجتمع .
- تنمية المجتمع المحلي و تمكينه: تنمية المجتمع المحلي هو عملية تغيير أنماطى مخطئ للظواهر السامكة المتكامل لجميع نواحي الحياة .

- التعزيز : عملية تعين الأفراد من زيادة التحكم بصحتهم و تحسينها .
- التمكين : عملية تطوير الفرد/الجماعة لمعلوماتهم و مهاراتهم و تقويتهم لأنفسهم ليصبحوا قادرين على صنع قرار و اتخاذ إجراءات من شأنها جعلهم يسيطرون على مجريات حياتهم .



الاتصال غير اللفظي

- الاتصال غير اللفظي :
- هو الاتصال الذي لا يتخذ فيه الألفاظ والكلمات ، ولكن تستخدم فيه الحركات اليدوية أو الجسم وتعبيرات الوجه والعيون .
- ويستخدم فيه الوسائل البصرية مثل المصفاة أو الصور .
- معلومات الاتصال غير اللفظي :
- حركات اليدين .
- حالات الجسم .
- التعبيرات الوجهية .
- حالات الأقدام .
- حالات الأيدي .
- حالات العينين .
- حالات الأصابع .
- حالات الأصابع .
- حالات الأصابع .

المجتمع المحلي

- هو مجموعة من الأفراد يعيشون في مكان محدد ، ويصهون في حياة واحدة ، ويتحيزون عادة بالمعاشات المباشرة وبالتقارب في أسلوب المعيشة والتجانس في القيم والمبادئ وفي التفكير الشاملة للحياة .

- مؤامرات المجتمع تعكس بناء علاقات مع أفراد/مجموعات/هيئات حسب الاهتمامات والحاجات والأهداف ، لتحقيق مصالح مشتركة ، وترتكز فاعلية الهيئات التوعوية على مشاركة الأهل وعمل الجماعة .
- تعزيز العمل الجماعي هو مسؤولية قيادية ومؤسساتية تتطلب إيماناً ببناء المشاركة ومعرفة ذات وفهم نقاط القوة والضعف الشخصية عند كل فرد من المجتمع المحلي ومؤسساته .

مستويات التشبيك

الاتصال اللفظي

- الاتصال اللفظي هو الاتصال الذي يتخذ فيه الألفاظ والكلمات ، وتستخدم اللغة المستخدمة ودرجة الصوت ومخارج الألفاظ دوراً كبيراً في إيصال معاني أخرى للرسالة .
- معلومات الاتصال اللفظي :
- وضوح الصوت .
- التهجئة .
- الجملة والتشجيع والتجاوب .
- التفكير الراجحة .

بعض ملاحظات لفظية للتطوير مدى ل ك

أهداف تنمية المجتمعات المحلية

- إحداث تقدم اقتصادي واجتماعي وثقافي وصحي وخدمي وعمراني في المجتمع من خلال رفع المستوى المعيشي للأفراد وتوزيع مستويات أفضل لهم من التغذية والسكن والرعاية الصحية والتعليم .
- استخدام أمثل للمصادر الطبيعية والبشرية .
- تحسين الخدمات وزيادة الإنتاجية .
- ضمان توزيع المنافع بعدالة وعرض روح التعاون بين أفراد المجتمع المحلي .

مستويات التشبيك

- الفرد / الأسرة
- المؤسسة
- المجموعة / المجتمع (داخل وخارج المجتمع)

تغيير السلوك

- ما هو التغيير الذي نريد أن نراه على الجمهور المستهدف ؟
- مراحل تعديل السلوك :

 - الوعي (المعرفة)
 - المعرفة
 - النية
 - الممارسة
 - الدعوة

مكونات دائرة الاتصال

- المستقبل: هو الشخص الذي يستقبل الرسالة من المرسل .
- الرسالة: هي الناتج الذي ينقل المرسل ، ويشتمل وصول الرسالة بشكل جيد إلى المستقبل بغض عن تصفها بالتي .
- كان تكون الرسالة بسيطة وواضحة ومختصرة .
- لا تحمل أكثر من معنى .
- معرفة ترتيباً منطقياً .
- قناة الاتصال: هي حلقة الوصل بين المرسل والمستقبل والتي ترسل عبرها الرسالة ، لذا يجب أن تكون قناة الاتصال خالية من التشويش ومناسبة لطرق الاتصال .

- بنية الاتصال: تقصد ببنية الاتصال هو الوسط الذي يتم فيه حدوث الاتصال بكل عناصره المختلفة .
- الاستجابة: هو ما يُقرر أن يفعله المستقبل تجاه الرسالة إما سلباً أو إيجاباً ، الحد الأعلى للاستجابة هو أن يقوم المستقبل بما هدف المرسل ، كما أن الحد الأدنى للاستجابة هو قرار تجاهل الرسالة أو أنه لا يفعل أي شيء حول الرسالة .

عناصر تعزيز الصحة

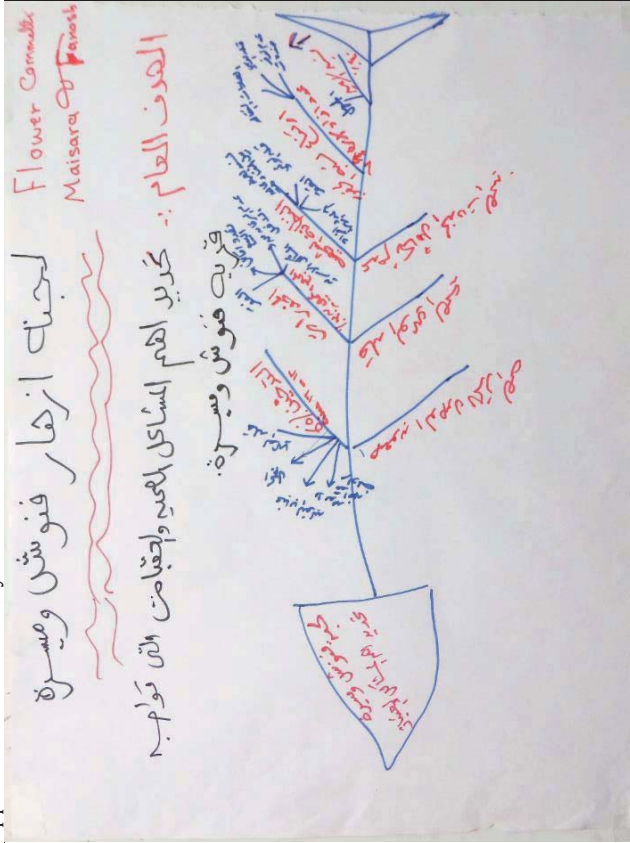
- التشبيك: هو بناء علاقات مع أفراد/مجموعات/هيئات حسب الاهتمامات والحاجات والأهداف ، تحقيق مصالح مشتركة .
- كسب التأييد: يعني زيادة وعي أفراد المجتمع وكسبهم القدرة على إدراك المشاكل في مجتمعهم وكيفية الوصول إلى أصحاب القرار المساهمة في تذليل هذه المشاكل .

تغيير السلوك

- الهدف: المقصود به الغرض من الاتصال ، أو الغرض من نقل الرسالة المستقبلي ، ويجب أن يكون الهدف واضحاً ومصاعاً يسلو به يجعل المرسل يوافق عليه الاستجابة .
- المرسل: هو الشخص الذي يحدد الهدف من الاتصال وله حاجة للاتصال من أجل التأثير على الآخرين . وهناك مهارات يجب أن يتصف بها المرسل وهي :
- سعة ووضوح اللغة .
- تغيير عن أهداف بنية .
- تغيير أسلوب عرض منضم .
- تغيير النهج والادب بالمرسوع .
- التوجه إلى ردود الفعل ومحاولة ما يراه على المستقبل من تغيرات .
- الاهتمام بأهم مستقبل وتوجيهه وفق اللغة بالتفصيل .

- قناة الاتصال: هي حلقة الوصل بين المرسل والمستقبل والتي ترسل عبرها الرسالة ، لذا يجب أن تكون قناة الاتصال خالية من التشويش ومناسبة لطرق الاتصال .
- التفكير الراجحة: هي المعلومات الراجحة من المستقبل والتي تسمح للمرسل بتكوين حكم نوعي حول فاعلية الاتصال .

Appendix 5: Fish born analysis



الغرض من تشكيل لجان صحة المجتمع

- تعبئة وتنظيم جهود جميع أفراد المجتمع وقتها وتوجيهها للعمل المشترك مع كافة الهيئات العاملة في المنطقة بالتعاون والتكاتف مع كافة الهيئات العاملة في المنطقة لهذا المجتمع والعمل عليها من خلال برامج وأنشطة وذلك لرعاية وتحسين المستوى الصحي لأفرادها وتمكينه بالسلوكيات الصحية السليمة التي تعمل على رفع مستوى

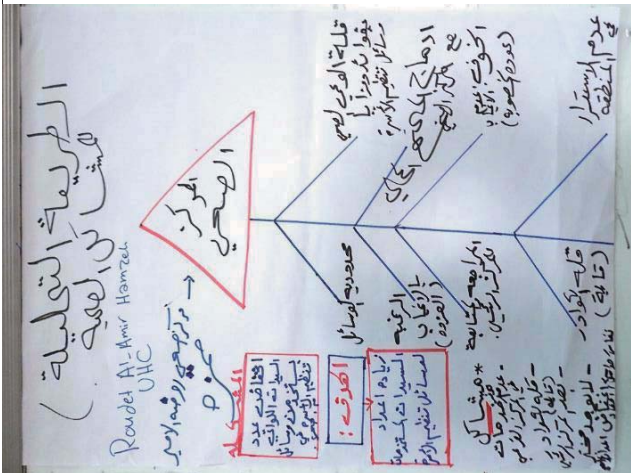
شكراً لاستماعكم

كسب التأييد

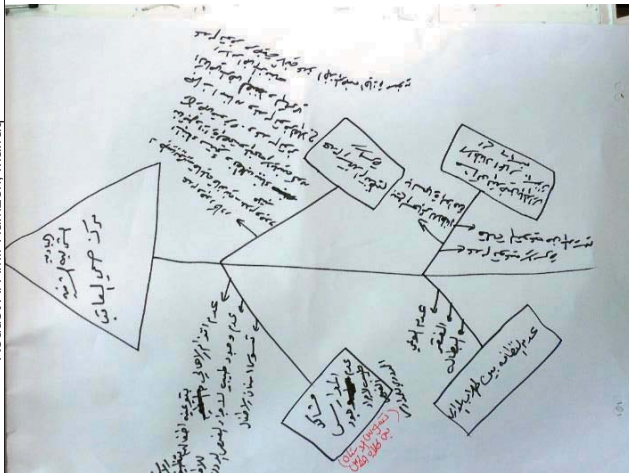
- زيادة وعي أفراد المجتمع وإكسابهم القدرة على إدراك المشاكل في مجتمعهم وكيفية الوصول إلى أصحاب القرار للمساهمة في تآكل هذه المشاكل. لتحقيق هذا الهدف ينبغي الوصول إلى القاعدة الشعبية (أفراد، أسر، مؤسسات) وتوظيف الإعلام (مسموع، مقروء، مرئي) لتحقيق الأهداف الوصول بقوة إلى صانعي القرار وإقناعهم بقضايانا.

مهام لجان صحة المجتمع

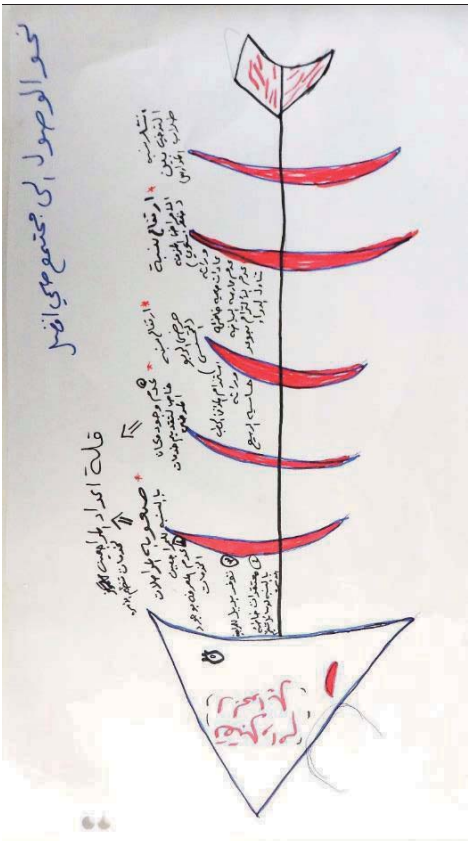
- تعريف المجتمع بأهداف اللجنة وآلية العمل.
- العمل على كسب تأييد أصحاب القرار.
- جمع البيانات والمعلومات لتحديد احتياجات المجتمع.
- تحديد أهم الاحتياجات وترتيبها حسب الأولويات.
- وضع وتطوير خطط عمل.
- التنسيق مع الجهات الرسمية وغير الرسمية في المنطقة وإخراجها للمساهمة في تلبية احتياجات المجتمع.



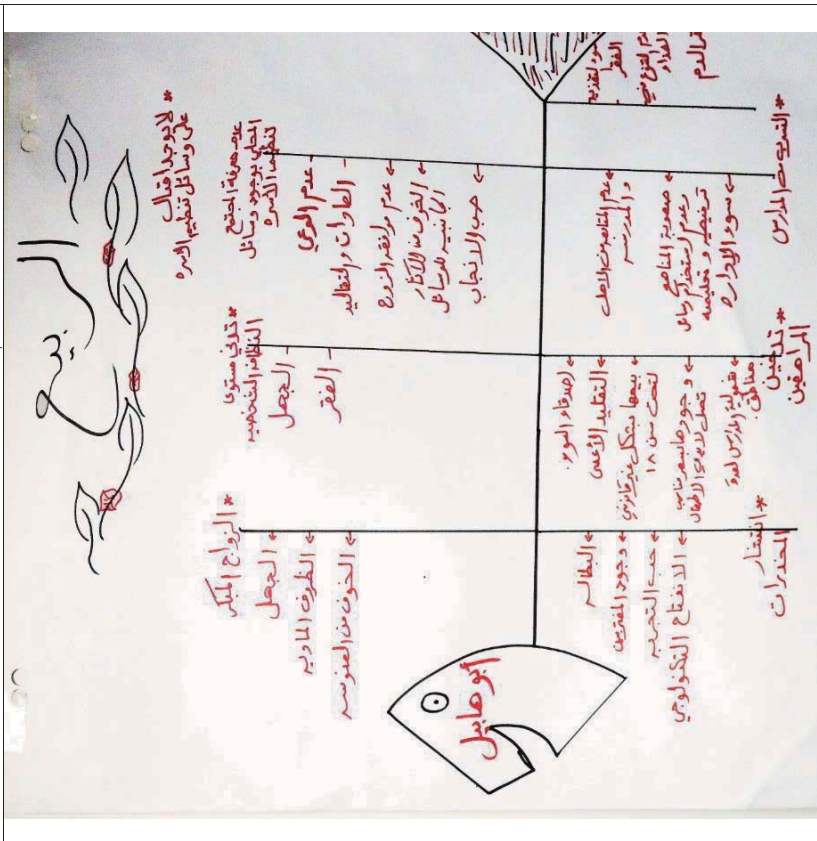
Roudel Al-Amir Hamzeh, Mafraq



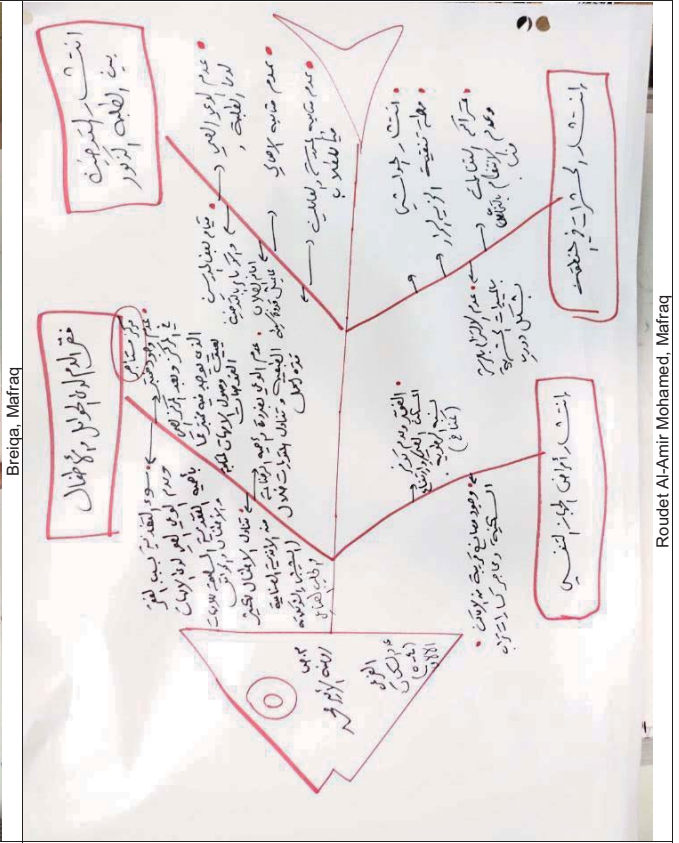
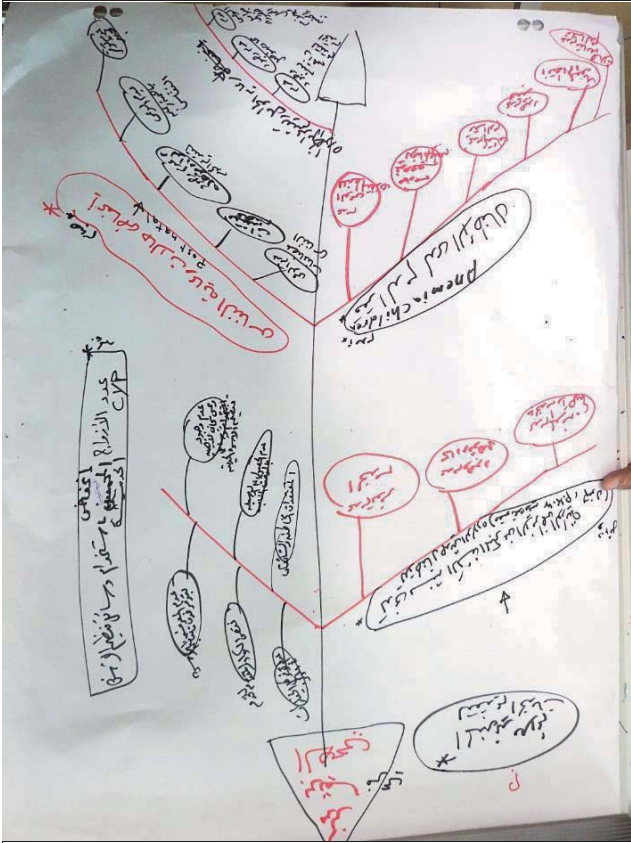
Al-Ageb, Mafraq



Tokobal and Om Al-Jadali, Irbid

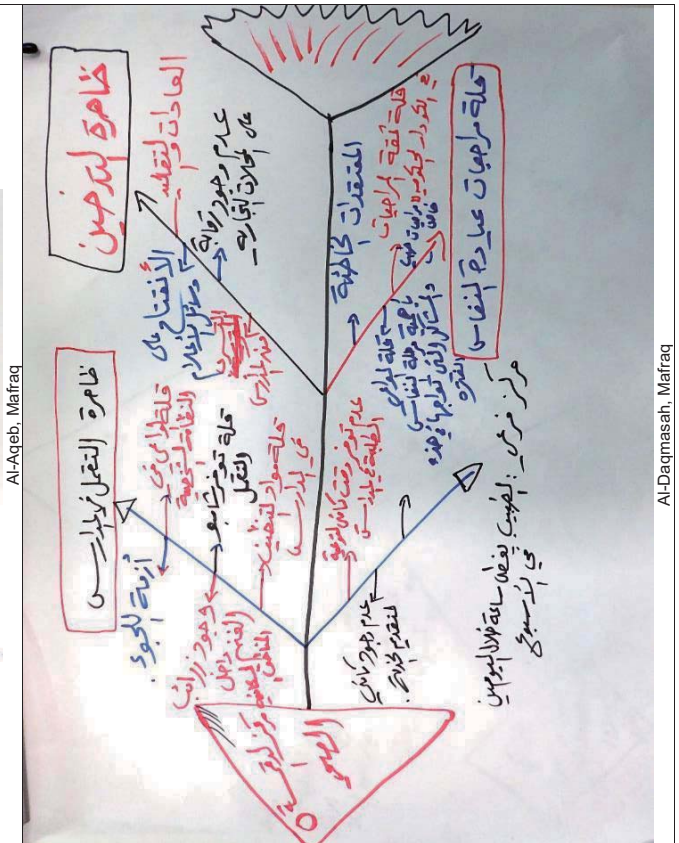
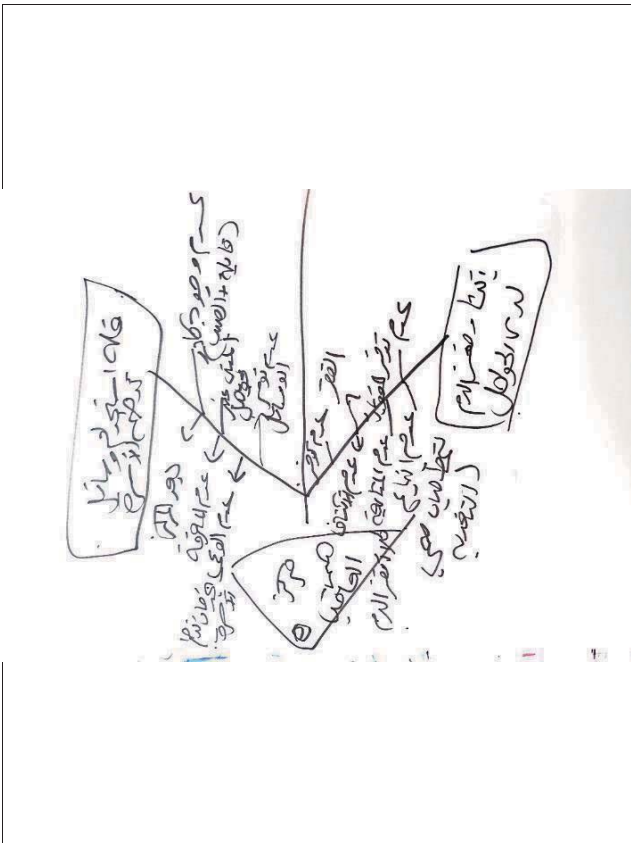


Abu Habeel, Irbid



Breiqqa, Mafrqa

Roudet Al-Amir Mohamed, Mafrqa



Al-Aqeb, Mafrqa

Al-Daqmasah, Mafrqa

Appendix 6: Action Plans translated in English

Dayr Allah
Group 1: Maysara and Fanoush Flowers Group
Health problem 1: Personal Hygiene

Activities	Day/Date	Location	Responsibility
Aim: Increasing personal hygiene level among Maysara and Fanoush community and introduce the healthy habits.			
1. Holding awareness lectures targeting students from 1 st class till 10 th class in Abu-Alhool Primary school for girls.	- Apr. 17, 2017 (Monday) - Apr. 4, 2017 (Thursday) - Apr. 24, 2017 (Monday)	Abu-Alhool Primary school for girls.	- Ms. Arwa Diab (Nurse) - Ms. Nada Abusarhan (MW)
2. Holding 2 lectures in Fanoush women association and Alhaseeb association.	- Apr. 29, 2017 (Saturday) - Apr. 30, 2017 (Sunday)	Fanoush women association and Alhaseeb association/ Maysara.	- Ms. Samaher - Ms. Amenah
3. Holding awareness lectures targeting students from 1 st class till 10 th class in Abu-Alhool Primary school for boys.	- May 7, 2017 (Sunday) - May 11, 2017 (Thursday) - May 14, 2017 (Sunday)	Abu-Alhool Primary school for boys	Eng. Fayz
4. Holding a lecture in VHC	- May 23, 2017 Tuesday	Maysara and Fanoush VHC	- Ms. Arwa Diab (Nurse) - Ms. Nada Abusarhan (MW)

Health problem 2: High number of births, between (6-7) capita per family)

Activities	Day/Date	Location	Responsibility
Aim: Decrease number of births from (6-7) to 5 capita per family among Maysara and Fanoush community at the end of 12/2017			
1. Media campaign about the availability of FP services and birth-spacing in Maysara and Fanoush VHC through internet, Websites, Mosque and association.	- Apr. 15, 2017 (Saturday)	Starting from Maysara and Fanoush VHC to the local community.	-Eng. Fayz
2. Holding awareness and educational sessions for women (to recruit women to use FP methods to protect them from dangerous pregnancies)	- Apr-Dec. 2017 One lecture every two weeks	Maysara and Fanoush VHC	- Ms. Arwa Diab (Nurse) - Ms. Nada Abusarhan (MW)
3. Holding awareness lectures in Maysara and Fanoush and Al-Naseeb associations.	- one lecture on Saturday monthly	Association	- Ms. Samaher - Ms. Arwa Diab (Nurse) - Ms. Nada Abusarhan (MW)

Health problem 3: Smoking

Activities	Day/Date	Location	Responsibility
Aim: Decrease number of smoker students among Abu-Alhool primary school for boys in age group (12-16) in Maysara and Fanoush by the end of May, 2017, on average 100 students.			
1. Holding a meeting with the head of the school, teachers and others who are responsible for students among this age, and explain the action plan.	Apr. 16, 2017	Abu-Alhool primary school for boys	- Teacher Laith - MCH supervisor: Ms. Buthina
2. implementing 5 awareness lectures for students among the focused group age.	- Apr. 18, 2017 (Tuesday)		- Ms. Arwa Diab (Nurse)
	- Apr. 23, 2017 (Sunday)		- Ms. Nada Abusarhan (MW)
	- Apr. 26, 2017 (Wednesday)	Abu-Alhool primary school for boys	- Eng. Fayz
	- May 10, 2017 (Wednesday)		Mosque leader
3. Holding a meeting with parents explaining the dangerous of smoking.	- May 15, 2017 (Monday)		- Ms. Arwa Diab (Nurse) - Ms. Nada Abusarhan (MW)
	May 21, 2017 (Sunday)	Fanoush women association	- Ms. Samaher - Ms. Amenah - Ms. Khetam (Head of MCH Department) - Ms. Noha Hatamleh (Midwife Supervisor)

Group 2: Um Ayash

Health problem 1: Low using of FP methods

Activities	Day/Date	Location	Responsibility
Aim: Increase number of women who are in reproductive age using FP methods, in Um Ayash area.			
1. Holding health awareness lectures in the association and school for women to discuss the importance of using FP methods in coordination with local community (30 women).	- May 4, 2017 (Thursday)	Al-Makarem association	-Ms. Amami Khiriesat (MW)
	-May 5, 2017 (Tuesday)	Um Ayash school	- Ms. Bothina Zaqrzouq (MCH supervisor)
	- May 13, 2017 (Saturday)	Um Ayash VHC	- Ms. Kawthar Nabresi
2. Holding group discussion for women to discuss the benefit of using FP methods for mother, child and family, and present educational videos, (10 women).	May 17, 2017 (Wednesday)	Um Ayash VHC	- Ms. Bothina Zaqrzouq - Ms. Kawthar Nabresi
	May 24, 2017 (Wednesday)	Um Ayash VHC	- Ms. Bothina Zaqrzouq -Ms. Amami Khiriesat (MW)
3. Lecture and distributing brochures.	May 27, 2017 (Saturday)	School	- Ms. Roqayah Balawneh -Ms. Amami Khiriesat (MW)
	May 5, 2017 (Friday)	Mosque	Mosque leader.

Health problem 2: Lice among students

Activities	Day/Date	Location	Responsibility
Aim: Decrease number of students who suffer from lice among Um-Ayash school			
1. Increase awareness about the importance of personal hygiene by giving a lecture through school broadcasts	May 18, 2017 (Thursday)	Um-Ayash school	-Ms. Amami Khiriesat

2. Holding lecture for mother to discuss how they can deal with their children who suffer from lice and	May 20, 2017 (Saturday)	Um-Ayash VHC	- Ms. Kawthar Nabresi
3. Doing examination for the students every year and treat the infected students by distributing shampoo.	May 22, 2017 (Monday)	Um-Ayash school	- Ms. Bothina Zaqqouq

Health problem 3: Chronic diseases

Activities	Day/Date	Location	Responsibility
Aim: Increase awareness about therapeutic and preventive ways of chronic disease			
1. Educational lecture about the importance of disease prevention and explain the risk factors for chronic disease (DM, HTN)	May 16, 2017 (Tuesday)	Um-Ayash school	- Ms. Bothina Zaqqouq
2. Educational lecture about the importance of follow-up and treatment of people with chronic diseases. (Attendance = 30 person)	May 18, 2017 (Thursday)	Um-Ayash VHC	- Dr. Mohamed Dojan
3. Holding educational lecture to investigate people with chronic diseases early and follow them up	May 26, 2017 (Friday)	Um-Ayash association	- Ms. Kawthar Nabresi

Irbid

Group 1: Mandah

Health Problem 1: High incidence of anaemia in pregnant and menopause women

Activities	Day/Date	Location	Responsibility
Aim: Decrease number of women (Pregnant and menopause) with anaemia during 2017.			
1. Giving awareness lectures about nutrition during pregnancy and menopause stage	May 17, 2017 Wednesday	Mandah Charity association	1. Majeda Al-Zoubi 2. Hanan Abu-Hatab 3. Ali Dalou 4. Mohamed Nserat.
2. Follow-up for pregnant and menopausal women by doing periodic medical examination		Mandah Charity association	1. Majeda Al-Zoubi 2. Hanan Abu-Hatab 3. Ali Dalou 4. Mohamed Nserat.
3. Doing a package contains: 1) Orange and lemon. 2) 3 piece of Dates. 3) Little of raisin. 4) Brochure about high iron food.		Mandah Charity association	1. Majeda Al-Zoubi 2. Hanan Abu-Hatab 3. Ali Dalou 4. Mohamed Nserat.

Health problem 2: Personal Hygiene

Activities	Day/Date	Location	Responsibility
Aim: Increase awareness about the importance of personal hygiene during 2017			
1. Giving awareness lectures about Personal hygiene	May 3, 2017 Wednesday	Mandah Primary school	1. Majeda Al-Zoubi 2. Hanan Abu-Hatab 3. Ali Dalou 4. Mohamed Nserat.
2. Distributing packages contain: 1) Hygiene 2) Tooth brush 3) Toothpaste Tissue. 4) comb 5) Shampoo		Mandah Primary school	1. Majeda Al-Zoubi 2. Hanan Abu-Hatab 3. Ali Dalou 4. Mohamed Nserat.

Group 2: Al-Khribeh

Health problem 1: The number of women using FP methods decreased in Al-Khribeh VHC

Activities	Day/Date	Location	Responsibility
Aim: Increase the number of women who use FP methods from 2 to 10 women during Sep. 2017			
1. Giving lectures about the importance of FP methods.	May 10, 2017 (Wednesday)	Al-Khribeh VHC	MW and Nurse
2. 10 home visits to encourage using of FP methods.	July 15-31, 2017 (Wednesday)	Home visit	MW and Nurse
3. Distribute brochures about FP methods	When needed		
4. Focus group discussions for 10 women in reproductive age.	July 19, 2017 (Wednesday)	Al-Khribeh VHC and during home visit	MCH supervisor, MW and Nurse

Problem 2: The number of new children registered in maternity department is decreased

Activities	Day/Date	Location	Responsibility
Aim: Increase the number of registered children from 0 to 10 during September 2017			
Make announcement about the availability of child care in VHC.	June 14, 2017 (Wednesday)	Al-Khribeh VHC	MW and Nurse
Provision of equipment (Wt. scale, Ht. scale and meter)			JICA
Doing educational workshop about the importance of child care.	June 14, 2017 (Wednesday)	Al-Khribeh VHC	MW and Nurse
Distribute brochures	When needed	Al-Khribeh VHC, during workshops	MCH supervisor, MW and Nurse

Group 3: Ass'arah

Health problem 1: Not following healthy habits (Behavioral and nutritional habits)

Activities	Day/Date	Location	Responsibility
Aim: Giving a health habits (Behavioral or nutritional habits) for adolescents and parents			
Holding educational lectures about the most important health habits they must follow and view the potential risk for not following them.	Apr. 18, 2017 (Wednesday) at 11:00 am.	School	HP/ CHC
Doing activity about how to prepare healthy meals, focusing on the type of meals.	May 2, 2017 (Tuesday) at 11:00 am.	School	
Doing lectures about healthy habits from The Holly Quran and Sunnah ceremony day	May 18, 2017 (Sunday)	School	
Doing brochures about healthy food and the nutritional value, focusing on the importance of doing exercise, walking at least.	June 12, 2017 (Monday)	Ass'arah VHC	
Activities in the school like doing a play that encourage on following a healthy life style.	May 28, 2017 (Sunday)	School	

Health problem 2: The service of providing FP methods is not activated

Activities	Day/Date	Location	Responsibility
Aim: To activate the service of providing FP methods for women in reproductive age from 0 to 10 women monthly, during April to September, 2017			
Make announcement about the availability of FP services in VHC.	Apr. 8, 2017 (Saturday) at 9:00 am.	Ass'arah VHC or Mosque	MW

Doing lectures about FP methods (types, advantages, side effects) and how to deal with it, and show a presentation about these methods.	Apr. 13, 2017 (Thursday) at 10 :00 am.	Ass'arah VHC	CHC
Distribute brochures about FP methods	During April	Ass'arah VHC	MW
Doing group discussions that show the views of religion on the use of FP methods	May 3, 2017 (Wednesday)	School or Mosque	CHC + religion advisor
Follow-up women who use FP methods as a supportive group for women who want to use FP methods.	During May	Ass'arah VHC	MW

Group 4: Tokobol and Om Al-Jadail
Health problem 1: Home accidents/ children aged from 0 till 8 years

Activities	Day/Date	Location	Responsibility
Aim: To reduce the injuries percentage that resulting from home accidents.			
Holding lectures for parents	May 2, 2017 (Tuesday)	Tokobol and Om Al-Jadail charity association	MW, Nurse and HP supervisor
School awareness	May 7, 2017 (Sunday) « According to HP supervisor program »	Al-Dorou primary school	CHC
Doing home visits repeatedly	May 7, 2017 (Sunday) « According to HP supervisor program »	Tokobol and Om Al-Jadail school	CHC
Doing repeatedly visits to public and private nurseries school	Starting from May 10, 2017 (Wednesday)	Abbas Al-Aqad Nursery	CHC

Health problem 2: Rumors (Related to Vaccination)

Activities	Day/Date	Location	Responsibility
Aim: eliminate rumors.			
Awareness campaigns for parents	At the beginning of the school year Sep. 10, 2017 (Sunday)	Om Al-Jadail school, House of the community leader and Mosque	MW, Nurse, CHC and HP supervisor

Group 5: Kufur Kyfia

Health problem 1: The low rate of FP utility

Activities	Day/Date	Location	Responsibility
Aim: Increase No. of women who using FP methods from 5 to 20 women during 2017			
Holding awareness lectures about FP methods and their importance.	During April	Kufur Kyfia Charity association	MW
Distributing awareness brochures about modern FP methods	Continuously	VHC	MW, Nurse
Holding counseling sessions targeting newly married couples.	During May	Kufur Kyfia Charity association	MW, HP supervisor

Communicate with women's health committees and the religion advisors to raise awareness among women esp. from religion sense.	From April till the end of year.	Kufur Kyfia Charity association, Mosque	HC doctor, HP supervisor and MW
counsel pregnant women in the third trimester about FP and the importance of BF within the first hour after delivery.	Continuously	VHC	MW

Health problem 2: Dental carries among children

Activities	Day/Date	Location	Responsibility
Aim: Decrease No. of dental carries cases among students from 140 to 10 during 2017			
Holding awareness lectures about Oral and tooth hygiene.	monthly	School	HP supervisor
Holding awareness lectures about Junky food e.g. chips and candies	periodically	Kufur Kyfia Charity association	Dentist
Emphasis on the allowed food items to buy from canteens	periodically	School	HP supervisor

Group 6: Abu Habeeb

Health problem 1: Anemia among children aged less than 5 years

Activities	Day/Date	Location	Responsibility
Aim: Decrease anemia percentage among children aged less than 5 years from 5 to 0			
Holding an open day to do free laboratory tests for children from the focus group.	May 2, 2017 (Tuesday)	Abu Habeeb school and nursery	Eman Al-Rabeca' Osama Al-Meqbel Ana'am Abu-Sahyoum
Holding awareness lectures about anemia.	May 9, 2017 (Tuesday)	Abu Habeeb VHC	Eman Al-Rabeca' Osama Al-Meqbel
Holding awareness lectures about good nutrition for both children and mothers	May 14, 2017 (Sunday)	Abu Habeeb primary school	Hala Al-Qrawneh Kholoud Rowayae
Doing laboratory test	May 23, 2017 (Tuesday)	Abu Habeeb school and nursery	Eman Al-Rabeca' Osama Al-Meqbel Ana'am Abu-Sahyoum

Health problem 2: Low demand on using modern FP methods

Activities	Day/Date	Location	Responsibility
Aim: Increase the demand percentage on using modern FP methods from 4-20 women			
Awareness lectures about the benefits of birth spacing and FP	Apr. 11, 2017 (Tuesday)	HC	Eman Al-Rabeca'
Doing 20-30 home visits to introduce modern FP methods and their benefits.	Apr. 8-13, 2017	House	Hala Al-Qrawneh
Distribute brochures related to the topics.	Apr. 8-13, 2017	HC	Kholoud Rowayae
Awareness and educational sessions for the couples.	Apr. 18, 2017	Mosque	Osama Al-Meqbel

Mafrag

Group 1: Al-Daqmasah

Health problem 1: Lice problem in Al-Daqmasah primary school

Activities	Day/Date	Location	Responsibility
Aim: Decrease the prevalence of lice among students in Al-Daqmasah primary school			
1. Holding awareness sessions for students	May 9, 2017 (Tuesday) May 16, 2017 (Tuesday)	- Al-Daqmasah primary school	- Ms. Amal Al-Zyoud

2. Holding awareness sessions for parents.	Aug. 15, 2017 (Tuesday)	- Al-Daqmasah women Charity association.	- Ms. Heyam Al-Zbon
3. Distributing brochures about lice problem to students	During sessions	- Al-Daqmasah Primary school - Al-Daqmasah women Charity association. - Al-Daqmasah VHC	- Ms. Amal Al-Zyoud - Ms. Heyam Al-Zbon
4. provide Lice shampoo to students.	May 2, 2017 (Tuesday)	- Al-Daqmasah VHC	- Ms. Amal Al-Zyoud

Health problem 2: Number of PNC clients are low

Activities	Day/Date	Location	Responsibility
Aim: Increase the number of PNC clients.			
1. Holding awareness sessions about PNC services in the VHC.	May 6, 2017 (Saturday)	- Al-Daqmasah VHC - Al-Daqmasah women Charity association.	- Ms. Amal Al-Zyoud
2. Holding awareness sessions for pregnant women in the association.	Jul. 15, 2017 (Monday)	- Al-Daqmasah women Charity association.	- Ms. Amal Al-Zyoud - Ms. Heyam Al-Zbon
3. Activate counseling during the third trimester of pregnancy.	Throughout the year	- Al-Daqmasah VHC	- Ms. Amal Al-Zyoud
4. Seize opportunities to talk about PNC during BCG vaccination.	Throughout the year	- Al-Daqmasah VHC	- Ms. Amal Al-Zyoud

Group 2: Dahl

Health problem 1: Lack of FP usage among the community people

Activities	Day/Date	Location	Responsibility
Aim: Increase number of women using FP methods from 0 to 10			
1. Increase the awareness of the benefits of FP methods.	Apr. 19, 2017 (Wednesday)	- Dahl school for girls.	- Ms. Huda Olimat
2. Distribute FP brochures.	Apr. 19, 2017 (Wednesday)	- Community	- Ms. Nasrah Me'flah Al-Omouh
3. Providing family planning methods	Apr. 1, 2017 (Saturday)	- Dahl VHC	- Ms. Huda Olimat
4. Take advantage of opportunities for mothers of children during vaccination sessions.	Apr. 1, 2017 (Saturday)	- Dahl VHC	- Ms. Huda Olimat

Health problem 2: Absence of Vaccination service in the VHC

Activities	Day/Date	Location	Responsibility
Aim: Provision and introduction of vaccination service			
1. Send an official letter	Apr. 6, 2017 (Thursday)	- Dahl VHC	- Head of Dahl VHC
2. Provision the equipment necessary for vaccination. (Refrigerator, icebox, vaccination manual, records, vaccines, syringe, cotton, thermometer, and vaccination cards)	Apr. 30, 2017 (Sunday)	- Dahl VHC	- Ms. Huda Olimat
3. Declaration the availability of vaccination service by education and awareness for the importance of vaccination.	May, 2017 (Sunday)	- Dahl VHC - School	- Ms. Huda Olimat - Ms. Nasrah Al-Omouh

4. Distributing brochures.	Apr. 1, 2017 (Saturday)	- Dahl VHC	- Ms. Huda Olimat - Ms. Nasrah Al-Omouh
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Group 3: Roudet Al-Amir Mohamed

Health problem 1: Anemia among children and mothers

Activities	Day/Date	Location	Responsibility
Aim: Decrease anemia percentage among children and mothers from 10% to 5%.			
1. Holding awareness and educational lectures.	Apr. 26, 2017 (Wednesday)	Roudet Al-Amir Mohamed VHC/ WCH department	
2. Do a blood test and for mothers and children and follow up them.	Periodically	Khaled Bin Alwaleed PHC	
3. Coordinate with the PHC to which this center is belonged to provide feedback on results	Periodically		
4. Distributing brochures about anemia, proper nutrition and breastfeeding	Periodically	Roudet Al-Amir Mohamed VHC	
5. Present a successful story of some mothers and children who have recovered from anemia and explain how to adhere to health education to solve this problem	Monthly	Roudet Al-Amir Mohamed VHC/ WCH department	- MW - Nurse - Health promoter - Doctor
6. To provide mothers with laboratory tests for children when they receive the third dose vaccine so that they have time to bring it with the measles vaccine.	Periodically	Roudet Al-Amir Mohamed VHC/ Vaccination	
7. Work to provide supplements permanently	Periodically	Roudet Al-Amir Mohamed VHC/ Pharmacy department.	

Health problem 2: Lice among students

Activities	Day/Date	Location	Responsibility
Aim: Decrease number of students who suffer from lice problem from 30% to 10%			
1. Coordinating visits to the school and holding awareness lectures for students and parents regarding the lice problem	May 15, 2017 (Wednesday)	- School	
2. Providing pamphlets for the phenomenon of tolerance	Periodically	- School - VHC	- MW - Nurse - Health promoter - Doctor
3. Provide adequate amounts of lice shampoo	Periodically	- VHC	
4. Holding awareness lectures regarding personal hygiene.	May 24, 2017 (Wednesday)	- Associations	

Group 4: Breiqia

Health problem 1: Low number of couple using modern FP methods

Activities	Day/Date	Location	Responsibility
Aim: Increase number of couples using modern FP methods			
1. Holding educational sessions for women among reproductive ages about the importance of using FP methods. (Inside the VHC)	2 sessions monthly on Saturdays	- Breiqia VHC	- Doctor of VHC - MW - Nurse
2. Holding lecture for the local	Jul.	- House of	- MW

community about the importance of using FP methods.	CHC member.	- Nurse
3. Distributing brochures and posters.	- School	-MW
4.provision of FP methods in VHC and refer clients to another HC in case the method is not available.	- Breiqqa VHC	-Nurse - MW - Nurse

Health problem 2: Anemia among children

Activities	Day/Date	Location	Responsibility
Aim: Early detection for anemia cases among children and follow-up those cases.			
1. Holding educational sessions about breastfeeding and complementary feeding.	Every Tuesday	- Breiqqa VHC	- MW - Nurse
2. Holding lectures about healthy lifestyle for children.		- Nursery	- MW
3.Distributing brochures about breastfeeding and complementary feeding.			
4. Provision of supplements for children freely.			
5. Follow-up anemia cases	Continuously		- Doctor
6. Holding seminar for parents to explain the importance of following-up children with anemia		- School	- Doctor - MW

Group 5: Roudet AL-Amir Hamzeh

Health problem 1: Number of children who retarded from vaccine is increased

Activities	Day/Date	Location	Responsibility
Aim: To decrease the number of children who retarded from vaccine from 15% to 10%.			
1. Holding educational session for women who visiting the center about the necessity to comply to vaccination program, importance of vaccination and the risk of left it.	Jul. 17, 2017 (Thursday)		- Ms. Hind Bakhet
2. Holding lectures for students about the importance of vaccination.	Sep. 27, 2017 (Wednesday)		- Ms. Hind Bakhet
-Establish a team for vaccination in each region.		- Roudet Al-Amir Hamzeh VHC	- Ms. Hind Bakhet
3.Distributing brochures about vaccination	Every month	- School	- Ms. Hind Bakhet
4. Documenting the names of those who are retarded from vaccination and communicating with the parents and informing them about the need to follow up the vaccination		-Associations.	- Ms. Hind Bakhet
5. Make a training for a group of women about the importance of vaccination to be a link with mothers in the community.			- Ms. Hind Bakhet

Health problem 2: Low numbers of women who are screened for early detection of breast cancer

Activities	Day/Date	Location	Responsibility
Aim: To increase the number of women who are screened for breast cancer.			
1. Holding educational session about the importance of early detection of breast cancer	Nov. 2, 2017 (Thursday)	- School -Associations.	- Ms. Hind Bakhet

2. Holding lectures in schools and associations about the importance of early detection of breast cancer.	Nov. 9, 2017 (Thursday)	- School -Associations.	- Ms. Hind Bakhet
3.Distributing brochures about the importance of early detection of breast cancer	Oct. 31, 2017 (Tuesday)	- Roudet Al-Amir Hamzeh VHC	- Ms. Hind Bakhet - Ms. Sawsam Tamimi
4. Make announcements about a clinical examination of breast cancer days and self-examination training days.	Nov. 1, 2017 (Wednesday)	- Roudet Al-Amir Hamzeh VHC	- Ms. Hind Bakhet - Ms. Sawsam Tamimi

Group 6: AL-Aqeb

Health problem 1: Anemia among children

Activities	Day/Date	Location	Responsibility
Aim: Decrease number of anaemic children cases.			
1. Coordinate with mobile clinic for doing anemia examination for children	July. 15, 2017 (Saturday)		
2. Holding awareness lectures for parents about food types and the environment type where they live.			
3. Holding lectures about the importance of the obligation to give children supplements like iron, and continue doing the required medical examination.		- Al-Aqeb VHC	-Nurse - Mobile clinic staff

Appendix 7: Pictures from Health Promotion workshop

	
Dayr Allah	Dayr Allah
	
Irbid	Irbid
	
Mafrraq	Mafrraq

Report on Workshop on “Skill for Conducting Group Health Education Sessions”

【Summary of Output】

1. Participants become more clear about the role and responsibility of the Community Health Committee (CHC).
2. Some of the participants were proud of their efforts and eager to show their achievements in health promotion activities in their communities.
3. The experiences, skills and degree of acceleration of health promotion were varied among each villages and between health directorates.
4. The degree of commitment of the health promoters varies and it led big different atmosphere to CHC activities.
5. In general, the participants were encouraged to accelerate health promotion activities.

1. Introduction

The Project observed that many Village Health Center (VHC) health staff were facing challenged how to conduct the health education session for local people. In addition some of community health committee (CHC) raised the issue that they did not clearly understand the CHC roles and responsibilities. Furthermore, the Woman and Child Health Directorate (WCHD) and Awareness and Education Health Directorate (AEHD) at MOH central level have not instructed clear mechanism of health promotion activities in consolidated way. Thus the WCHD and the Project decided to conduct this workshop for both VHC health staff and CHC members, as well as all health promoters at governorate level and health coordinators at district level.

2. Objectives

- Participants will be able to:
- To understand the terms of reference of CHC and roles of CHC members
 - To gain skills for group health education sessions
 - To be encouraged to promote health promotion activities in your community

3. Training Schedule and Participants

Date	Training Site	No. of Participants	Qualifications (No.)	No. of Trainers	Place
Nov.20, 2017	Balqa / Dayr Allah	15	Health staff (4), CHC members (5), Health promotor (1), MCH supervisors (5)	3	Dayr Allah health district office
Nov. 21, 2017	Mafraq	Group 1: 20	Health staff (7), CHC members (6), Health promotor (2), MCH supervisors (5)	3	Mafraq CHC
Nov. 22, 2017	ditto	Group 2: 22	Health staff (6), CHC members (7), Health promotor (3), MCH supervisors (6)	2	ditto
Nov. 26, 2017	Irbid	Group 1: 17	Health staff (6), CHC members (5), Health promotor (2), MCH supervisors (4)	2	Arbell hall
Nov. 27, 2017	ditto	Group 2: 25	Health staff (5), CHC members (4), Health	2	ditto

			promotor (4), MCH supervisors (6)
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4. Facilitator and Trainers

Facilitator:
Ms. Fadia, Ms. Amal, WCHD and Dr. Randa, Awareness and Education Health Directorate (AEHD)
Trainer:
Dr. Abdullah Akayleh (11/20), and Dr. Shereen Hamadneh (11/21)

5. Program

Time	Subject	Responsible	Remarks
9:00	Registration		
9:30	-Opening -Ground rules -Brief of the project achievement	WCHD facilitator, MOH	
9:45	TOR of Community Health Committees'	WCHD facilitator, VHC proj.	PPT & handout of TOR
10:00	Skills of group health education sessions in rural context -Discussion: Challenges VHC staff are facing now	Facilitator	PPT
11:00	Break		
11:15	Discuss on challenging for carrying out the health educations and health promotion activities in your village -ANC, PNC, teenager's RH, nutrition for NCDs	WCHD Facilitator/trainer	PPT
12:00	Role Play -Preparation by group (by 2 groups) (15 min.) -Role play for group education sessions (10 min.) -Discussion (30 min.)	WCHD facilitator, MOH	PPT(rule) and group allocation
13:15	Planning, reporting, and Follow-up Mechanism	AEHD facilitator, MOH	Handout (plan, report forms)
13:25	Sharing HP good practices -Presentation on good practice (By CHCs/VHCs staff, 3 min. each) -Criteria and scoring of HP good practice	CHCs/VHC staff	A time keeper, Handout
13:50	Announcement -Collection of Good Practices	VHC proj. VHC proj	Handout
14:00	Closing and Lunch		

Material distributed were: Brief TOR for Community health committee (CHC), Results of achievement by Governorate, Criteria and rating for good practices, Announcement on collection of self-evaluated good practice, Reference on RH education contents developed by The Jordan RH donor community.

6. Results

6-1 Terms of References for Community Health Committees

The representative from the Awareness and Education Health Directorate (AEHD) and the VHC project team introduced the Terms of References (TOR) for Community Health Committees (CHC) which was developed AEHD with the supports of HSD project funded by the USAID.

The contents of TOR are, Objective of the CHC, Roles and Responsibilities, CHC Memberships, Committee Meetings, Planning and Reporting, Assessment, Code of Conduct. In this opportunities the both parties clarifies the mechanism of health promotion activities at four levels, starting from AEHD, MOH, health promoter at health directorate level, health coordinator at district level. The planning and reporting system were also confirmed. In addition, the CHCs were asked to strengthening their membership, expecting to increased numbers up to 7 with consisting of representatives from local organizations/leaders. The CHC were asked to submit to updated member lists if you will do by the 29th of November.

6-2 Communication Skills

For Dayr Allah workshop, Dr. Abdullah Akayleh led this session, and for the first day of Mafrag Dr. Shereen Hamadneh led this session. For the rest of days, Ms. Fadia and Ms. Amal, MCH supervisor of WCHD conducted this session.

The session contents were: Definition of communication skills (Verbal and non-verbal skills), and especially non-verbal skills including physical appearance, social distance, smiling, body language, body moving, eye contacts. Regarding verbal skills, importance of voice tone, speaking speed were mentioned. Furthermore, building good relationship between an educator and audience was stressed. Then the communication cycle was introduced.

6-3 Role Play

In the role play section, the participants were divided into two groups and asked to prepare the education session by group members, in terms of Topic of session, targets, venue, using methods/ materials, time of duration, educators. The results are summarized as follows.

Dayr Allah (11/20)

Topic/Target	Educator	Observation/Comments
Personal Hygiene/ Children at school	Nurse, Um Ayash VHC	<ul style="list-style-type: none"> Generally friendly attitude and body language are good. Too much asking and not providing right answers Using VIDEO is good mean
FP/women and male	Nurse, Maysara and Fanoush VHC	<ul style="list-style-type: none"> Seeming narbus with tension Sometimes, asking only particular audiences. Physical distance is OK. No caring the male attendances. Not using "I", should use "We!" Facing difficulties with audience who raising too much difficult questions

Mafrag Group 1 (11/21)

Topic/Target	Educator	Observation/Comments
Vaccination/ Mothers at school	Nurse, Roudh Al-Amir Mohamed VHC	<ul style="list-style-type: none"> Generally friendly attitude and body language are good. Too much asking and not providing right answers While moving around, don't show her back Using VIDEO is good mean
Nutrition/ Mothers	Nurse, Dahl VHC	<ul style="list-style-type: none"> Too much direct eye contact to particular person

Mafrag Group 2 (11/22)

Topic/Target	Educator	Observation/Comments
Newborn care and delivery/ Mothers and grand mothers	Nurse, Roudh Al-Amir Hamzeh VHC	<ul style="list-style-type: none"> There are so many misconception for newborn care. By receiving difficult questions, she change her messages and providing wrong messages She asked mainly questions and not providing right messages (She needs more knowledge and information in this areas. She must respond she wants to check and bring back later once she is asked unknown contents) Generally friendly attitude and nice smiling are good
Home accidents/ Mothers and father at VHC	MW, Dahl VHC	<ul style="list-style-type: none"> Too much direct eye contact to particular person This topic is very needy one, including first aid at home (The project needs to provide good education materials)

Irbid Group 1 (11/26)

Topic/Target	Educator	Observation/Comments
ANC in the second semester/ RH age women at the VHC	MW, Tokobol and Om Al-Jadail VHC	<ul style="list-style-type: none"> Too much moving While moving back, don't show her back to the audience After asking to audience, she sometimes no feedbacks. In all trimester of pregnancy, importance of PNC and FP after delivery needs to be mentioned
Personal hygiene/ Students and mothers at the school	Nurse, Tokobol and Om Al-Jadail VHC	<ul style="list-style-type: none"> Generally friendly attitude is good She seems nurse and no smiling Bringing hygiene kit is nice idea She was facing problems when the audience raised different opinions or topics

Irbid Group 2 (11/27)

Topic/Target	Educator	Observation/Comments
Hand wash/ Mothers at school	Nurse, Mandah VHC	<ul style="list-style-type: none"> Her performance are great, interns of content, attitude, body language, personal contacts, 2 way communication. Sometimes directly communication with particular audience were observed
No breakfast among children/ Children at School	MW, Kufur Kyfia VHC	<ul style="list-style-type: none"> Considering the topic, it might be included mothers, not only children Her attitude and body movement and communication with children are generally good.

6-4 Challenges Facing Regarding Health Promotion Activities

Dayr Allah

- Local people were not aware of importance of health issues
- Health staff don't have enough knowledge of particular health topic to deliver messages
- Efforts: in Maysara and Fanoush VHC, when many clients are waiting the health staff conduct health education session (HE) flexibly.
- The health promoter does not deeply commit the CHC activities

Mafrag

Appendix 1: Attendance list

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Shefaa Hussien Farris Abu Leil	شفاة حسين فارس أبو ليل	Associate Nurse	Ass'arah VHC
2	Ms. Sahar Mohamed Mohamed Ali	سحر محمد علي	Nurse Assistant	Tokobol and Om Al-Jadail VHC
3	Ms. Eman Mahmood Ghzawi Masoud	يمان محمود غزوي مسعود	Nurse Assistant	Jamha VHC
4	Ms. Shefaa Mohamed Ahmed Abu Abta	شفاة محمد أحمد أبو عطة	Associate Nurse	Makhrabrah VHC
5	Ms. Majeda Mahmoud Ahmed Alzoubi	ماجدة محمود أحمد الزعبي	Associate Nurse	Mandah VHC
6	Ms. Umamah Soud Ahmed Alryahneh	أميمة سواد أحمد الراحنة	Associate Nurse	Saydoor VHC
7	Ms. Kholoud Ahmed Alrwee	خلود أحمد خلف الروعي	Nurse Assistant	Abu Habeel VHC
8	Ms. Bothima Mahmood Al-Shraideh	بثينة محمود محمد الشريدة	Nurse Assistant	Tabket Fabel VHC
9	Ms. Sameeha Deef Allah Ahmed Dagamseh	سميحة صنيف الله أحمد الدقاسمة	Nurse Assistant	Al-Khribeh VHC
10	Ms. Suha Abdullah Mansour Shkhatreh	سهي عبدالله منصور شحاترة	Associate Nurse	Aiselih VHC

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Fatima Suliman Al-Balawi	فاطمة سليمان البلوي	Nurse Assistant	Maysara and Fanoush VHC
2	Ms. Khaawther Al-Saied Al-Nabressi	كوثر السيد النبرصي	Associate Nurse	Um Ayash VHC
3	Amani Raje Abdullah Khrisat	أماني راجي عبدالله خريسات	Midwife	Al-Balawneh PHC
4	Ms. Nahedah Ahmad Al-Naemat	ناهدة أحمد النعميات	Nurse Assistant	Abu Zeghan VHC
5	Nada Mohamed Ahmad Abu-Sarhan	ندى محمد أحمد أبو سرحان	Midwife	Maade PHC

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Saosan AlShra'a	سوسن حسين محمد الشريعة	Assistant Nurse	Al-Akydar VHC
2	Ms. Hiam Ibrahim Shihab	هيام ابراهيم شهاب هوشل	Practical Nurse	Raba Al Sarhan VHC
3	Ms. Fatima Alqadi	فاطمة نواف غالب القاضي	Practical Nurse	Breiqqa VHC
4	Ms. Hamdh Alzyood	حمدة سليمان سعود الزويد	Aid Nurse	AL-Daqmasah VHC
5	Ms. Nora Alimat	نوره علي فريج العليمات	Aid Nurse	Roulet Al-Amir Mohamed VHC
6	Ms. Siham Shdefat	سهام هلال رشيد شديفات	Staff Nurse	Al-Aqeb VHC

- Local people were not commit appointment
 - Local women are not interested in the topics which the HE session provided
 - Only same participants joined the HE sessions.
 - Timing 10-11AM at VHCs is convenient for local women
 - Men should be convinced to health issues
 - There are many misconceptions ,such as ways of newborn care
 - Health promoters at health directorate level are not functioned well
 - Since In the North Badia area a MCH supervisor covers the HP activities, it is hard to supervise due to long distance from the office
- Irbid
- People are not interested in coming to receive health messages (efforts: making phone call=>home visit=>changing time/days, picking-up the participants from homes)
 - A Head of health promotion office urged that it is difficult to supervise all health centers in Irbid by one person
 - There are many conflicts found between the health promoters at district level and VHC staff.
 - To conduct HE session refreshment is required, but budget for that, most of VHC staff used their pocket money, such as refreshment, nutrition packages, even transportation for participants
 - To raise funds from company donation, one health promoter insisted on the necessary of official letter from the MOH central
- End

7	Ms. Henda Ali Maloh Bakeet	هند علي بلوح بخيت	Associated Nurse	Roudh Al-Amir Hamzeh VHC
8	Ms. Huda Olimat	هدى سالم عبدالله عليمت	Practical Nurse	Dahl VHC
9	Ms. Doaa Abu Amira	دعاء عيسى مندوح آخر عميرة	Associated Nurse	Albaej CHC
10	Ms. Sabah Almwali	صباح فهد العنق الموالى	Associated Nurse	Al-Mafraq PHC
11	Ms. Racha Mshagbeh	رشا محمد سليمان مشاقبة	Midwife	Moghayer Al Sarhan CHC
12	Ms. Ahd Masaeed	عهد سعد فراع المساعد	Midwife	Al Beshriah CHC
13	Ms. Khloud Mshagbeh	خلود بسام سعد المشاقبة	Midwife	Al Mazra'a PHC
14	Ms. Israa Al Refai	اسراء حسين نهار الرفاعي	Midwife	Al Koom Al Amar PHC
15	Ms. Bayan Adnan	بيان عدنان حسين سليمان	Midwife	Al dafyanah PHC
16	Ms. Baraa Eshdooh	براء طارق محمود شندوح	Midwife	Sama Sarhan CHC

Appendix 1: Photos from the Workshop



Dayr Allah (December 20)

Participatory communication skill session

Non-verbal communication-Shaking hands

Preparation for Role Play by group

Preparation for Role Play by group

Discussion after the Role Play

All Participants

Mafrqa (December 21-22)



Discussion with Health Promoters (Day1)



Preparation for Role Play (Day1)



Discussion with the Head of Awareness Department (Day2)



Group Health Education as Role Play (Day2)



All Participants (Day1)



All Participants (Day2)

Irbid (December 26-27)



Introduction of Workshop (Day1)



Group Health Education as Role Play (Day1)



Discussion on Challenges of Conducting Health Promotion Activities (Day2)



Discussion after the Role Play (Day2)



All Participants (Day1)



All Participants (Day2)

Report of Health Promotion Opening Ceremonies

【Summary of Output】

1. The health promotion opening ceremonies were successful in formulating a linkage among VHC staff, Community Health Committee (CHC) members, and community members. Village Health Center's (VHC) staffs played important role in organize the ceremonies and health promotion activities.
2. Some of the villages have been engaged in the community health activities supported by other donors, and have rich experiences and community networks. Utilizing the existing resources and experiences will be asset to develop CHCs and establish sustainable health promotion mechanism in communities.
3. Many CHC successfully collected key local leaders in their communities.
4. The opening ceremonies achieved increasing awareness of VHC reproductive health services newly introduced among community people.

1. Introduction

The health promotion opening ceremonies were conducted in 14 focus VHC's sites in order to announce health promotion activities supporting by the project and advocate engaging community health activities and changing RH practice. Prior to the ceremony, the project conducted 2 days workshops in each three directorates and provided opportunity to collaborate with health promoter, community leaders and VHC staffs and gain ideas of health promotion activities. The ceremonies were initiated, prepared and implemented by CHCs, having various kind of people from community and VHC staff. The contents were depended on their organization and different unique characteristics were observed. The details of the achievements are summarized as follows.

2. Achievement of the Ceremonies in 14 villages sites and participants

Date	Target Health Directorates	Target Health VHC	No. of Participants	Venue
18 th April 2017	Dayr Allah Irbid	Um Ayash	106	Um Ayash school for girls
25 th April 2017	Irbid	Kufur Kyfia	67	Kufur Kyfia Divan
25 th April 2017	Irbid	Abu Habeel	98	Abu-Habeel school for girls (Tent)
26 th April 2017	Dayr Allah	Maysara Fanoush	100	Abu Al-houl school for girls
26 th April 2017	Mafrag	Al-Daqmasah	63	Outside of the VHC (Tent)
27 th April 2017	Mafrag	Roudet Al-Amir Mohamed	41	Outside of the VHC (Tent)
1 st May 2017	Irbid	Mandah	66	Mandah charity association
1 st May 2017	Mafrag	Dahl	56	Outside of the VHC (Tent)
2 nd May 2017	Irbid	Ass'arah	72	Al-Rousan Divan
4 th May 2017	Mafrag	Al-Aqeb	76	Outside of the VHC (Tent)
4 th May 2017	Irbid	Tokobol Om Al-Jadail	50	At abu-Zaidan Divan
9 th May 2017	Mafrag	Breiqa	52	Breiqa school for girls (Tent)
10 th May 2017	Irbid	Al-Khribeh	86	Ababneh Divan
10 th May 2017	Mafrag	Roudeh Al-Amir Hamzeh	56	Outside of the VHC (Tent)

3. Coordinator of the ceremony

Governorate	District	VHC	Contact person	
Irbid	Kasbeit Irbid	1) Ass'arah	Mr. Nazeer	
	Bani Kenamah Kura	2) Tokobol and Om Al-Jadail	Mr. Nazeer	
		3) Al-Khribeh	Ms. Suha	
		4) Kufur Kyfia	Mr. Abdel-Rahman	
Mafrag	Al-Taabah	5) Mandah	Mr. Ali	
	AL-Aghwat shamaleh	6) Abu Habeel	Mr. Osama	
	Kasbeih	7) Al-Daqmasah	Dr. Fouad	
		8) Dahl	Dr. Fouad	
		9) Roudet Al-Amir Mohamed	Mr. Jamal	
		10) Breiqa	Dr. Jameel	
	Balqa	Al-Badia shamalah Chabeih	11) Roudeh Al-Amir Hamzeh	Ms.Sawsan
		Badeih Shamaleh	12) Al-Aqeb	Ms.Sawsan
		Dayr Allah	13) Maysara and Fanoush	Mr. suliman
			14) Um Ayash	Mr. suliman

4. Observations, comments, recommendations and pictures



❖ Irbid

1) Ass'arah
The ceremony was fairly organized by the health promoter, Mr. Nazeer in the district - who also covers Tokobol and Om Al-Jadail district- and by community members in Al-Rosan Divan. Under his coordination, various speeches and children's activities on RH topics were delivered. School teacher and girls played key roles of these performances. There were many female participants more than male community members and they showed their interest in each speeches and programs. Dr. Malak, director of Women and Child Health Directorate, joined the ceremony and emphasized the importance of contentious health promotion activities in the community.



At Al-Rosan Divan

Children's skit on family planning

2) Tokobol and Om Al-Jadail

The district health promoter, Mr. Nazeer, took in charge for this ceremony. The divan was provided by a local leader to hold the ceremony. The VHC nurse and midwife cooperated well in organizing the event. The VHC staffs made their speeches about RH services at their VHC and their responsibilities. They also distributed the RH brochure. Girl students

performed a skit on oral hygiene with song and dances. There are more female participants than male.



At abu-Zaidan divan

Children's skit on oral hygiene

3) Al-Khribeh

The ceremony was well-organized by the VHC nurse and midwife and CHC members at the divan. They well presented the project aim and a ways for improving the health status among the community by using slid show. In collaboration with the school teacher, the VHC staff and CHC member prepared several children's skit about health messages, such as family planning and healthy eating habits. They also prepared a simple slide show about smoking, which were paid attention from the audience.



At Ababneh Divan



Handmade food sample for nutrition education

4) Kufur Kyfia

The ceremony took place at the Kufur Kyfia hall (Divan) where located in a great landscape. The CHC members have rich experiences and human resources to conduct such event. The VHC male nurse made his speech on RH activities and present their efforts on community activities. They collected various kind of people from the community, such as school teachers, association members, private medical doctors/pharmacist, and female volunteers. Many female participants were observed. The speeches were delivered in both English and Arabic by community members, which indicated the community's high education level. The VHC staff increased trust and good relationship with the local people.



At Kufur Kyfia Divan



Female volunteers

5) Mandah

The ceremony was well-organized by Mr. Ali, the coordinator/ health promoter. He has a rich experience in community health activities and has a strong connection with the Mandah charity association as well as by the other CHC members who formulated all the event neatly where no one from the health directorate attend the ceremony. After the ceremony, the CHC also conducted a health check-up session including hypertension and hyperglycemia screening for health promotion purpose. A Taybah CHC member under USAID program's support.





The head of Mandah charity association



Measuring blood pressure

6) Abu Habeel

The ceremony was formulated well under the coordination of Mr. Osama who was a health promoter in the district. Mr. Osama has been working as a health promoter for a long time and he already established a great relationship with community members. The school teachers and CHC members established strong connection and prepared two children's dramas about family planning. The song and dance on nutritious diet were also played by the little children. Nearly 100 attendance varied from community leaders, school teachers, students, male and female community members. The ceremony was very attracted and fascinated. In addition, it was reported in Saraya and Watan news websites on the next day.



	School girls dram on family planning
	Songs about fruits intake

❖ Mafrag

7) Al-Daqmasah
The ceremony was carried out under a tent near the VHC, on site overlooking whole view of the village. The director of Mafrag health directorate attended as well as many participants from Mafrag directorate joint the ceremony. A village leader dressed traditional cloth and made his welcome-speech. Dr. Faud, a head of comprehensive health center/VHC doctor, and the MCH supervisors from health directorate coordinated well on the ceremony. Voices from public received at the end of the ceremony. Dr. Hani, the director of Mafrag health directorate, made a visit after the ceremony. The participants well mixed half male and half female.

	A speech by the CHC member
	Project introduction

8) Dahl
Dr. Faud, a head of comprehensive health center/VHC doctor, coordinated with the Mafrag MCH supervisors, and successfully invited many community male representatives. The ceremony was held under a tent near the VHC. The director of the Mafrag health directorate attended the ceremony as well as an assistant director and two health promoters from the health directorate. The director allowed to open hearing on health issues from the public. The MCH supervisor led the ceremony in collaboration with CHC members. In general it was very welcoming and well-coordinated ceremony.

	A speech by Ms. Amal (counterpart)
	At outside, near the VHC

9) Roudet Al-Amir Mohamed

The Venue was in waiting room of the VHC and decorated nicely with balloons and flowers by the VHC staff. Director assistant of Mafrag health directorate attended as well as one health promoter from the district. Most of the participants were male representative from the village due to male dominant community. The director assistant made the VHC visit after the event and received a public hearing from the community members.

	At the VHC waiting room
	Tape cut for new services celebration

10) Breiqa

The ceremony was well-organized by the head of the comprehensive health center/VHC doctor, nurses and CHC members. Invitation cards were delivered invitation to the community members in advance. The venue was prepared under a tent and proceeded in the order. The director of Mafrag health directorate joined and made speech. He also made VHC visit after the ceremony. Nurses and pharmacists from neighboring Al-Hersh comprehensive health center attended and helped to organize the ceremony.



A speech by Ms. Fadia's (counterpart)

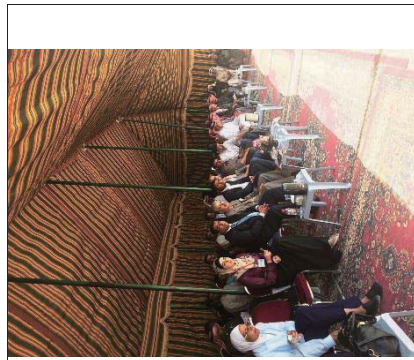
Tent near the VHC

11) Roudet Al-Amir Hamzeh

The ceremony was led by one of the community male member. Due to male-dominated society majority of participants were males and most of them have his own special position/task in the community. Only a few female teachers participated to the ceremony. The director assistant and a head of Awareness and health media department of Mafrag joined the ceremony and made their speeches. The district MCH supervisor/coordinator made a great speech about importance of girl's education. In general, it was noted that there was some difficulties to get the health promoter's understanding and corporation.



Male participants in front and female in back



Traditionally decorated tent

12) Al-Aqeb

The ceremony was arranged by one of the CHC male member in the community. He joined the project health promotion workshop and well-committed to the activities. Due to their cultural background all male sit in the front and female sit in back side separately. Many male village leaders (some were old Bedouin and retired men) and their families (some are Bedouin mothers) attended the community. The great collaboration between VHC staff and CHC members was observed. The Mafrag MCH supervisor led the ceremony well and director assistant for Badia affairs and the health promoter from the health directorate and VHC nurse made speeches. The director assistant of Mafrag health

directorate allowed to receive the community issues from the participants. After the ceremony, representatives of Mafrag health directorate and health district and the project team visited the district health office and discuss their health issues and the project activities including the mobile clinic operation.



Next to the VHC

Male community leaders

❖ Dayr Allah

13) Maysara and Fanoush

The ceremony was well-planned by the MCH district supervisor and CHC members. The ceremony was carried out in girl's school. The two guests from JICA office expressed their gratitude towarded the organizers. A male district health promoter (picture in right below) gave a presentation on his previous experiences on health promotion and shared CHC's purpose and goal to the community members. Many women and school students attended to the event. Great commitment was observed from the CHC members and community people.



At Abu-houl school for girls



Health Promoter Mr. Fayez Kabha

14) Um Ayash

The ceremony was well-organized and many kinds of people from the community participated in the event. The ceremony was carried out in girl's school. From the directorate level, an assistant director of health directorate, a head of MCH department, and all the MCH supervisors joined and made their speeches. From the community, a head of women's association and a male district health promoter made their presentations about the health promotion workshop and up-coming health promotion activities in communities. The great leadership was observed by the district MCH supervisor and the coordinator.

Since they have a strong tied with the community members, they could successfully collaborate with association members and school teachers.



At Um Ayash school for girls Presentation by Health Promoter

5. Conclusions and Recommendations

 - Most of the ceremonies were successful in gathering the participants from their communities and involving community leaders into the health promotion activities. The ceremonies gave opportunities to the VHC staffs to encourage their efforts on daily activities and newly introduced RH services. Most of VHC staff, nurses and midwives, had chances to make their speech to their community people, and they looked confident and proud of themselves. It is expected that their capabilities and enthusiasm will make a significant contribution to their community.
 - It was observed that the health promoters are assigned at health directorate level and district level in all directorates. Some of them have experiences as health promoter/coordinators for many years. They have certain level of ability to organize health events and interests towered the project. Most of them have great relationships with community leaders, community organizations and villagers. It is recommended to utilize their rich experiences to enhance community health activities.
 - The project technical committee members, mainly heads of MCH department and MCH supervisors, were highly involved in organizing the ceremonies, especially in Mafraq and Dayr Allah. They supported the VHC staffs to organize the events in renting the facilities, purchasing refreshments and facilitating the ceremony. However, Irbid MCH supervisors from directorate level had not attended any ceremonies due to no transportation or other duties.
 - Most of the MCH supervisors at governorate and district levels well communicated with VHC staff and community people in assisting organization of the ceremonies. Most of them showed their commitment towered the project activities, but degree of commitment in MCH supervisors are varied
 - The reporting system of health promotion activities should be strengthened by using the project report format. It might be better to follow up by the project for the first several months.
 - We found there are many possibility to collaborate with community based organization (CBOs) or community leaders. Some of them have been received support from other partners/NGOs. It can be share the information about Syrian refugees and vulnerable families with them and formulate the community health activities together. Although the project sent invitation letter for the opening ceremonies to other partners/NGOs, no reply was found. It is recommended to promote the project more actively to other donors/NGOs and to seek further collaborations with them for accelerating community health promotion in communities.

Annex 1: VIP Attendance lists

1. Maysara and Fanoush

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Amal Abu- Shawesh	امل ابوشاويش	MCH supervisor, WCH	MOH (Amman)
2	Dr. Khalid Hiare	د. خالد الحباري	Head of Balqa health directorate	Balqa Directorate
3	Dr. Hamdan Ma'adat	د. حمدان المعتاد	Head of Dayrallah District	Dayr Alla District
4	Dr. Ahmad Hawarat	د. احمد الحوارات	Head of princess Eman hospital	Dayr Allah
5	Dr. Radwan Deafleh	د. رضوان ضيفالة	Director of Technical Affairs	Dayr Allah Health district
6	Ms. Khitam Rahahleh	كثام رحاحلة	Head of MCH Department	Balqa Directorate
7	Ms. Helwa Al-Issa	حلوة العيسى	MCH supervisor, Directorate	Balqa Directorate
8	Ms. Bothina Zaqqouq	بثينة زقروق	MCH supervisor, District	Dayr Allah
9	Ms. Noha Hatamleh	نهي حاتملة	Midwife Supervisor	Balqa Directorate
10	Eng Favez Kabha	م. فافز كبا	HP supervisor	Dayr Allah Health district
11	Ms. Bayan Odeh	بيان عودة	Nursing Supervisor	Balqa Directorate
12	Riad Mahmoud Swalha	رياض محمود صوالحة	Community police	Dayr Allah
13	Ms. Arwa Diab	اروي دياب	Staff Nurse	Maysara & Fanoush VHC
14	Ms. Nada Abu Sarhan	ندى ابو سرحان	Midwife	Maysara & Fanoush VHC
15	Ms. Samaher Al-Balawi	سماهر البلوي	Head of fanoush association	Maysara & Fanoush Village
16	Dr. Faleh Sukkar	د. فلاح السكر	Head of Maysara & Fanoush VHC	Maysara & Fanoush VHC
17	Dr. Ayman Nuaimat	دايمن نعيمات	Head of Ma'adi PHC	Ma'adi Village
18	Mr. Laith Al-saliebe	ليث الصليبي	Teacher	Maysara school for boys
19	Mr. Mahmoud Hwarat	محمود حوارات	Health employee	DayrAllah Health district
20	Mr. Tareq Hiasat	طارق الحياصات	Health employee	DayrAllah Health district
21	Mr. Abd Al-Rahman	عبدالرحمن	Health employee	DayrAllah Health district
22	Mr. Suliman Abu Siam	سليمان ابو صيام	Coordinator	DayrAllah Health district
23	Ms. Megumi Shuto	سونو ميغومي	Project formulation advisor	JICA
24	Ms. Shereen Abu-Hweij	شيرين ابو حويج	Project coordinator	JICA
25	Ms. Kiyoe Ito	كيو ايو	Training Management	VHC project
26	Ms. Ola Al-Hattab	علا الحطاب	Program officer	VHC project

2. Um Ayash

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Fadia Al Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
2	Ms. Amal Abu Shaweesh	أمل أبو شويش	MCH supervisor, WCH	MOH (Amman)
3	Dr. Hamdan Ma'adat	د. حمدان معدات	Assistant director, Balqa health directorate	MOH (Amman)
4	Ms. Khitam Rahahleh	ختام رحاحلة	Head of MCH Department	Balqa Health Directorate
5	Ms. Helwa Al-Issa	حلوة العيسى	MCH supervisor, Directorate	Balqa Health Directorate
6	Ms. Bothina Zaqqouq	بثينة زقروق	MCH supervisor, District	Dayr Alla Health District
7	Ms. Noha Hatamleh	نوهى حاتملة	Midwife Supervisor	Dayr Alla Health District
8	Eng Fayez Kabha	م. فايز كبا	HP supervisor, district	Dayr Alla Health District
9	Dr. Ahmad Al-Howari	د. احمد الحوراني	Community Medicine Consultant	Dayr Allah District
10	Dr. Monawer Al-Ghoshah	د. منار الغوشة	dentist	Albalawneh HC/Dayr Allah
11	Dr. Badir Suliman	د. بدر سليمان	General doctor	Albalawneh HC/Dayr Allah
12	Mr. Mohamed Yousef	محمد يوسف	Head of Amir bin Aljarah school	Dayr Allah
13	Mr. Mohamed Suliman	محمد سليمان	Head of Dayr-Allah primary school	Dayr Allah
14	Ms. Roqayya Al-Balawneh	رقية البلاونة	Head of Abu-Obaidah primary school	Dayr Allah
15	Mr. Sarhan Atah Abu-Sarhan	سرحان عطا أبو سرحان	School Health Officer/Teacher	Dayr Allah
16	Mr. Ali Mohamed Ali	علي محمد علي	Teacher at Amir bin Aljarah school	Dayr Allah
17	Ms. Rania Ahmad Al-Faqeer	رانيا احمد الفقيير	Head of Al-Basmalah Association	Dayr Alla Health District
18	Ms. Samaher Al-Balawi	سماهر البلوي	Head of Fanoush Association	Dayr Alla Health District
19	Ms. Feryal Mohamad Falah	فريال محمد فلاح	Head of Um Ayash Association	Um Ayyash
20	Ms. Ameneh Eid Saeed	امنة عيد سعيد	Assistant of Head of Om Ayash association	Um Ayyash
21	Ms. Kawthar Nabresi	كوتر النبرصي	Associated Nurse	Um Ayyash VHC
22	Ms. Amami Khriesat	امامي خريسات	Midwife	Um Ayyash VHC
23	Ms. Asami Ueno	اسامي وينو	Project Coordinator/Health Promotion	VHC project
24	Ms. Ola Al-Hattab	علا الحطاب	Program officer	VHC project
25	Ms. Asal Nakhleh	اصال نخله	Public Health assistant	VHC project
26	Mr. Suliman Abu Siyam	سليمان ابو صيام	Coordinator	Dayr-Allah Health district

3. Ass'arah

No.	Name (English)	Arabic Name	Position	Organization
1	Dr. Malak Al-Ouri	د. ملك العوري	Director of WCHD	MOH (Amman)
2	Ms. Fadia Al Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
3	Mr. Qasim Al-Hajji	قاسم الحجي	HP supervisor, district	Irbid Health Directorate
4	Mr. Nather Rashed	نثير رشيد	Health supervisor	Irbid Health Directorate
5	Dr. Mowafaq Dahadha	د. موفق دحادحه	Head of Ass'arah VHC	Ass'arah VHC and Fa'ra PHC
6	Ms. Monerah Batameh	منيرة بطاينة	MW	Ass'arah VHC
7	Mr. Mohamed Suliman	محمد سليمان	Military retired employee	Ass'arah
8	Mr. Abdullh Ahmad	عبدالله احمد	Trader	Ass'arah
9	Mr. Ahmad Falah Saleh	احمد فلاح صالح	Herbal Doctor	Ass'arah
10	Mr. Ali Faraj Al-Amrat	علي فرج العمرات	Retired	Ass'arah
11	Mr. Zakaria Mohamad Al-Kateb	زكريا محمد الخطيب	English teacher	Ass'arah primary school
12	Mr. Ahmad Sharari	احمد شراري	English teacher	Ass'arah primary school
13	Mr. Mohamed Faraj Al-Amrat	محمد فرج العمرات	Trader	Ass'arah
14	Mr. Yaseen Fakhri	ياسين فخري	Employee	Water Authority of Jordan
15	Mr. Emad Hekmat	عماد حكمت	Military retired employee	Ass'arah
16	Mr. Mohamed Ali Al-Rosan	محمد علي الروسان	Military retired employee	Ass'arah
17	Mr. Muslem Al-Rosan	مسلم الروسان	Military retired employee	Ass'arah
18	Mr. Nour Al-Badarneh	نور البدارنة	Teacher	Ass'arah primary school
19	Mr. Jamal Al-Qatanbi	جمال القطني	student/ Volunteer	Jordan University
20	Ms. Izumi Yano	ايزومي	student/ Volunteer	Jordan University
21	Ms. Asami Ueno	اسامي وينو	Project Coordinator/ Health Promotion	VHC project
22	Ms. Ola Hattab	علا حطاب	Program officer	VHC project
23	Ms. Asal Nakhleh	اصال نخله	Public Health Assistant	VHC project

4. Tokobol and Om Al-Jadail

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Fadia Al Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
2	Mr. Qasim Al-Haji	قاسم الحجى	HP supervisor, district	Irbid Health Directorate
3	Mr. Nather Rashed	نذير رشيد	Health supervisor	Irbid Health Directorate
4	Ms. Sahar Moh'd	سحر محمد	Associated Nurse	Tokobol and Om Al-Jadail VHC
5	Ms. Kholoud Al-Hor	خلود الهور	MW	Tokobol and Om Al-Jadail VHC and Al-Hoor PHC
6	Ms. Samaher Al-Sardi	سماهر السردى	Teacher/ CHC member	Tokobol coeducational primary school
7	Ms Saja AlSbahat	سجى الصبحات	House-wife/ CHC member	Tokobol and Om Al-Jadail
8	Ms. Dema Ibrahim	ديميا ابراهيم	House-wife/ CHC member	Tokobol and Om Al-Jadail
9	Mr. Mohamed Mansor Al-Sardi	محمد منصور السردى	Tokobol and Om Al-Jadail village headman/ Head of Healthy and development village council	Tokobol and Om Al-Jadail
10	Mr. Sulman Ali Al-Hori	سليمان علي الحوري	Al-Hoor Village head man	Tokobol and Om Al-Jadail
11	Mr. Zayed Ibrahim	زايد ابراهيم	Military retired employee	Tokobol and Om Al-Jadail
12	Mr. Emad Abu Khaled	عماد ابو خالد	Employee	Al-Yarmook water company
13	Mr. Ibrahim Sbahat	ابراهيم صبحات	Accountant	Tokobol and Om Al-Jadail VHC
14	Mr. Khdab	خضاب	Military retired employee	Om Al-Jadail Al-Shamaleh
15	Ms. Kiyoe Ito	كيو ايتو	Training Management	VHC project
16	Ms. Asal Nakhleh	اصل نخله	Public Health assistant	VHC project

5. Al-Khribeh

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Fadia Al Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
2	Dr. Jamal Obidat	د. جمال عبيدات	HP / school Health supervisor	Bani Kenanah Health District
3	Ms. Intesar Mala'beh	انتصار ملاعبه	MCH Supervisor	Bani Kenanah Health District
4	Ms. Sameeha Ghazi Dagamseh	سميه غازي الداغمة	Nursing Supervisor	Bani Kenanah Health District
5	Ms. Sawsan Wasfi Mahmud	سوسن وصفي محمود	Pharmacist	Bani Kenanah Health District

6	Ms. Hala Adnan Bataineh	هالة عدنان بطاينة	clerk, Insurance Department	Bani Kenanah Health District
7	Ms. Suha Shakatreh	سهي شحاترة	Associated nurse	Alseleh VHC
8	Ms. Mai Talafhah	مي طلافحة	MW	Alkhribeh VHC
9	Ms. Sameeha Dagamseh	سميه داغمة	Assistant Nurse	Alkhribeh VHC
10	Ms. Ansam Obidat	انسام عبيدات	Head of Al-Seleh school for girls	Al-Seleh school for girls
11	Mr. Baker Obidat	بكر عبيدات	Journalist	Al-Doustar Newsletter
12	Ms. Mervat Sahfeq Dabour	ميرفت شفيق دبور	Housewife/ CHC Member	Alkhribeh
13	Ms. Najah Ali Abbas	نجاح علي عباس	computer Lab technician	Al-Seleh school for girls
14	Mr. Mohamed Suliman	محمد سليمان	Retired director of bank	Alkhribeh
15	Mr. Hussien Ali Ababneh	حسين علي	Military retired employee	Alkhribeh
16	Mr. Ahmad Mohamed Ababneh	احمد محمد عباينة	Retired	Alkhribeh
17	Mr. Hussien Ibrahim Ababneh	حسين ابراهيم عباينة	Military retired employee	Alkhribeh
18	Mr. Omar Mahmoud Ababneh	عمر محمود عباينة	Retired	Alkhribeh
19	Mr. Hasan Ali Ababneh	حسن علي عباينة	Military retired employee	Alkhribeh
20	Mr. Radi Mahmud	راضي محمود	Retired employee of Oil Refinery	Alkhribeh
21	Ms. Ola Hattab	علا حطاب	Program officer	VHC project

6. Kufur Kyfia

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Fadia Al Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
2	Ms. Amal Abu Shaweesh	امل ابوشايش	MCH supervisor, WCH	MOH (Amman)
3	Mr. Immad Al-Rawashdeh	عماد الرواشدة	District provincial	Kura District
4	Dr. Adnan Abu-Jaber	د. عدنان ابو جابر	Head of Kura health district	Kura Health District
5	Mr. Rakan Masa'adeh	راكان مساعده	Head of Kura municipality	Kura District
6	Ms. Fatimah Bani Irshid	فاطمة نبي ارشيد	MCH supervisor	kura Health District
7	Dr. Mohammad Al-Zubi	د. محمد الزعبي	physician	Kufur Kyfia VHC
8	Dr. Mowafaq Bani Younis	د. موفق نبي يونس	Head of Kufur-Kefiya school for boys	Kufur Kyfia

9	Ms. Feda'a Al-Qasem	Head of Kufur Kyfia school for girls	فداء القاسم	Kufur Kyfia
10	Mr. Abdel-Rahman Al-Omari	Head of Kuf Kyfia association	عبد الرحمن العمري	Kufur Kyfia
11	Mr. Ahmad Al-Omari	Assistant Nurse	أحمد العمري	Kufur Kyfia
12	Ms. Sana'a Abu-Gharbeiah	MW	سناه أبو غربية	Kufur Kyfia VHC & Samou'a PHC
13	Dr. Enas Barakat	Pharmacist	د. ايناس بركات	Al-Kura health district
14	Ms. Monera Shradqah	MW	منيرة الشراذقة	Al-Zmal PHC
15	Dr. Rezeq Ali Shraedeh	Pharmacist	د. رزق علي الشريدة	Kura health district
16	Mr. Nizar Melhem	clerk	نزار ملحم	Kura health district
17	Dr. Adel Al-omari	English Teacher	د. عادل العمري	Kufur Kyfia school for boys
18	Ms. Hafifa Al-Omari	Teacher	هيفاء العمري	Kufur Kyfia school for girls
19	Ms. Wesal Al-sadi	Teacher	وصال السعدي	Kufur Kyfia school for girls
20	Ms. Kiyoe Ito	Training Management	كيو اتو	VHC project
21	Ms. Ola Al-Hattab	Program officer	علا الحطاب	VHC project

7. Mandah

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Fadia Al Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
2	Dr. Abdel Jalil Meqdadi	د. عبد الجليل مقداي	Director assistant of Irbid Health Directorate	Irbid Health Directorate
3	Mr. Qasim Al-Haji	قاسم الحجى	HP supervisor, district	Irbid Health Directorate
4	Dr. Abdel-Hadi Aljarah	د. عبد الهادي الجراح	Head of Al-Taybah CHC	Al-Taybah district
5	Mr. Ali Dalou	علي دلوع	Health Promoter	Mandah village
	Mr. Ziyad Dawagreh	زيد دواغرة	Head of Mandah Charity association	Mandah village
6	Ms. Haman Abu Hatab	حنان أبو حطاب	MW	Mandah VHC
7	Ms. Majedah AlZoubi	ماجدة الزعبي	Associated Nurse	Mandah VHC
8	Ms. Sajeda Qur'an	ساجدة القرعان	Association secretary	Mandah association
9	Ms. Laila Qur'an	لبنى القرعان	Sewer	Mandah association
10	Ms. Rasmieh Al-Khaldi	رسمية الخالدي	Head of Mandah school for girls	Mandah school

11	Mr. Tamim Snagleh	تميم سناجلة	Artist	Mandah village
12	Mr. Faisal Dawagreh	فيصل دواغرة	Association Assistant	Mandah association
13	Mr. Ibrahim Ahmad Alawneh	إبراهيم أحمد علاونة	Head of Mandah school for boys	Mandah school
14	Mr. Naser Mahmoud Alawneh	ناصر محمود علاونة	Teacher	Mandah school
15	Ms. Kiyoe Ito	كيو اتو	Training Management	VHC project
16	Ms. Ola Al-Hattab	علا الحطاب	Program officer	VHC project

8. Abu Habeeb

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Amal Abu Shaweesh	أمل أبو شوايش	MCH supervisor, WCH	MOH (Amman)
2	Dr. Mohamed Ebdah	د. محمد ابداح	Assistance director, Al-Aghwar shamaiah directorate	Al-Aghwar shamaiah directorate
3	Ms. Eman Al-Rabea	إيمان الربيع	MW supervisor, District	Al-Aghwar shamaiah directorate
4	Mr. Osama Meqbel	أسامة ماجد مقبل	HP supervisor	Al-Aghwar shamaiah, Irbid
5	Mr. Mohamed Khalaf	محمد خلف	Public health supervisor/CHC member	Abu-Habeel
6	Mr. Muawiyah Qaddah	معاوية القصة	Al-Aghwar Shamaiah provincial leader	Al-Aghwar Shamaiah district
7	Ms. Reham	رهام	Head of Department in Abi-Obida hospital	Abi-Obida hospital
8	Ms. Rasmeyah Abu Saleh	رسمية أبو صالح	Assistant director, Abi Obidah Hospital	Abi-Obida hospital
9	Dr. Majdi Bashawi	د. مجدي بشتاوي	Technical Assistant	Abi-Obida hospital
10	Mr. Waleed AbuHeras	وليد أبو هريس	Head of Department in Education Directorate	Mafraq Education Directorate
11	Mr. Zuhair Al-Zubi	زهير الزعبي	Administrative officer	Mafraq Education Directorate
12	Mr. Saleem Hsein	سليم حسين	Village headman	Wadi Al-Rayyan
13	Mr. Mohamed Fehily	محمد فحيلي	President of Anti-Smoking-Northern Jordan Valley Association	North Shuna
14	Mr. Shawket Al-Soor	شوكت الصور	Former Head of municipality	Al-Aghwar Shamaiah district
15	Mr. Mohamed Alsaket	محمد السaket	President of the Leading Environment Association	Al-Mashare' / Al-Aghwar Shamaiah
16	Mr. Rebbi Mohamed Al-Asi	ربحي محمد العاصي	Manager assistant for Wadi Al-Rayyan school	Wadi Al-Rayyan school
17	Mr. Abdel-Raouf Ebdah	عبد الرؤوف ابداح	Head of Wadi Al-Rayyan CHC	Wadi Al-Rayyan

18	Dr. Hazem Ebdah	General doctor	Wadi Al-Rayyan
19	Dr. Dua'a Attar	General doctor	Abu-Habeel VHC
20	Ms. Kholoud Al-Rowate	Nurse	Abu-Habeel VHC
21	Mr. Fathi Jumal'ah Ebdah	فتحي جمعة ابداح	Abu-Habeel
22	Mr. Faisal Al-Sqour	فيسال الصقور	Abu-Habeel
23	Mr. Nasr Mohamed AL-Khateb	ناصر محمد الخطيب	Wadi Al-Rayyan Community leader
24	Abdel-Mo'ati Ebdah	عبد المعطي ابداح	Retired from the Ministry of Education
25	Mr. Emran Mohamed Hussien	عمران محمد حسين	Retired man from the Ministry of Education
26	Mr. Ali Sa'ad Al-Khateb	علي سعد الخطيب	Retired man from the Ministry of Education
27	Mr. Abdel-Salam Ebdah	عبد السلام ابداح	Military retired employee
28	Ms. Asami Ueno	اسامي وينو	Project Coordinator/ Health Promotion
29	Ms. Asal Nakhleh	اصل نخله	Public Health assistant

9. Al-Daqmasah

No.	Name (English)	Arabic Name	Position	Organization
1	Dr. Hani Hussien Ulimat	د. هاني حسين عليمت	Director of Mafrag Health Directorate	Mafrag Health Directorate
2	Ms. Fadia Al-Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
3	Dr. Amal Abdel-Karim	د. أمل عبدالكريم	Head of WCH, Mafrag health directorate	Mafrag Health Directorate
4	Dr. Khalaf Al-Khwaldeh	د. خلف الخوالة	Health Promotion supervisor	Kasbeh Al-Mafrag District
5	Dr. Mounther Fathan Alnaser	د. منذر فرحان الناصر	Director assistant for PHC, Mafrag Health directorate	Mafrag Health Directorate
6	Ms. Souad Abdela of Shehab	سعاد عبدالرؤف شهاب	Head of Nursing department	Mafrag Health Directorate
7	Ms. Souad Shdeifat	سعاد شديفات	MCH supervisor	Mafrag Health Directorate
8	Dr. Fouad Alsubaihi	د. فؤاد الصبيحي	Head of Nadera CHC	Mafrag Health Directorate
9	Ms. Anan Al-Zyoud	أمل الزويد	MW	AL-Daqmasah VHC
10	Ms. Heyam Radi Al-Zhon	هيام راضي الزبون	Head of Al-Daqmasah women charity association	Al-Daqmasah

11	Mr. Eid Mohamed Al-Zyoud	عبد محمد الزويد	CHC member, Retired military	Al-Daqmasah
12	Mr. Abdullah Al-Zyoudi	عبد الله الزويدي	Military retired employee	Al-Daqmasah
13	Dr. Hussien Al-Zyoud	د. حسين كريم الزويد	Retired man from the Ministry of Education	Al-Daqmasah
14	Mr. Abdel-Hammed slem	عبد الحميد سليم	Military retired employee	Al-Daqmasah
15	Ms. Asami Ueno	اسامي وينو	Project coordinator/ Health Promotion	VHC project
16	Ms. Asal Nakhleh	اصل نخله	Public Health assistant	VHC project

10. Dahl

No.	Name (English)	Arabic Name	Position	Organization
1	Dr. Hani Hussien Ulimat	د. هاني حسين عليمت	Director of Mafrag Health Directorate	Mafrag Health Directorate
2	Dr. Ashraf Mana'	د. اشرف مناع	Director assistant for services affairs, Mafrag Health Directorate	Mafrag Health Directorate
3	Ms. Amal Abu Shaweesh	امل ابو شويش	MCH supervisor, WCH	MOH (Amman)
4	Dr. Amal Abdel-Karim	د. أمل عبدالكريم	Head of WCH, Mafrag health directorate	Mafrag Health Directorate
5	Ms. Souad Shdeifat	سعاد شديفات	MCH supervisor	Mafrag Health Directorate
6	Ms. Majeda Al-Takrori	ماجدة التكروري	MCH Supervisor	Kasbeh Al-Mafrag District
7	Dr. Khalaf Al-Khwaldeh	د. خلف الخوالة	Health Promotion supervisor	Kasbeh Al-Mafrag District
8	Eng. Rima Aljuham	م. ريماء الجهم	Health promoter	Health Media department/ Mafrag
9	Dr. Fouad Alsubaihi	د. فؤاد الصبيحي	Head of Al-Daqmasah CHC	Mafrag Health Directorate
10	Ms. Huda Ulimat	هدى عليمت	Assistant nurse	Dahl village
11	Ms. Hamda Ulimat	حمدة عليمت	Assistant nurse	Dahl village
12	Mr. Nasel Al-Zyoud	ناصر الزويد	President of the Mafrag Union Associations	Dahl village
13	Mr. Fayz Mohamed Ulimat	فايز محمد عليمت	Head of Dahl charity association	Dahl village
14	Mr. Rezek Ulimat	رزق عليمت	Retired man from the Ministry of Education	Dahl village

15	Mr. Hussien Abdel-Razaq	حسين عبدالرازق	Military retired employee	Dahl village
16	Mr. Hamd Salem Abdullah	حمد سالم عبدالله	Farmer	Dahl village
17	Mr. Ahmad Hamd Ulimat	احمد حمد عليمت	Military retired employee	Dahl village
18	Mr. Ali Brakat Ulimat	علي بركات عليمت	Military retired employee	Dahl village
19	Mr. Abdullah	عبدالله	Military retired employee	Dahl village
20	Mr. Abdel-Hafaz Abdullah	عبدالحافظ عبدالله	Military retired employee	Dahl village
21	Mr. Mekhled	مخلد	Farmer	Dahl village
22	Mr. Gaseb Ulimat	غاصب عليمت	occupational therapist	Al Khozama Center for Rehabilitation of Special Cases
23	Mr. Hamdan Ulimat	حمدان عليمت	Military retired employee	Dahl village
24	Mr. Abdullah Ayyesh Ulimat	عبدالله عيش عليمت	Former head of municipality/ Lawyer	Dahl village
25	Mr. Marzoq Ulimat	مرزوق عليمت	Retired man from the Ministry of Education	Dahl village
26	Mr. Ahmad Salem Ulimat	احمد سالم عليمت	Farmer	Dahl village
27	Ms. Nasra Mefleh Al-Omash	نصرة مفتح العموش	House-wife	Dahl village
28	Mr. Wasef Al-Anzi	واصف العنزي	Driver	Mafrag Health Directorate
29	Ms. Asami Ueno	اسامي وينو	Project Coordinator/ Health Promotion	VHC project
30	Ms. Asal Nakhleh	اصل نخله	Public Health assistant	VHC project

11. Roudet Al-Amir Mohamad

No.	Name (English)	Arabic Name	Position	Organization
1	Dr. Mounther Farhan Al-Naser	د. منذر فرحان الناصر	Director assistant for PHC, Mafrag Health directorate	Mafrag Health Directorate
2	Ms. Amal Abu Shaweesh	امل ابو شاوريش	MCH supervisor, WCH	MOH (Amman)

3	Dr. Amal Abdel-Karim	د. امل عبدالكريم	Head of WCH, Mafrag health directorate	Mafrag Health Directorate
4	Ms. Souad Shdeifat	سعاد شديفات	MCH supervisor	Mafrag Health Directorate
5	Mr. Jamal Mohamed Al-Rawajfeh	جمال محمد الرواجفة	Health promoter	Mafrag Health Directorate
6	Ms. Esra'a Al-Masri	إسراء المصري	MW	Roudet Al-Amir Mohamed VHC
7	Ms. Nawal Mohammed	نوال محمد	Associated Nurse	Roudet Al-Amir Mohamed VHC
8	Dr. Akram Ibrahim	د. اكرم ابراهيم	General Doctor, Head of Roudet Al-Amir Mohamed VHC	Roudet Al-Amir Mohamed VHC
9	Mr. Mohamed Al-Daghami	محمد الدغمي	Village headman	Roudet Al-Amir Mohamed
10	Mr. Mekhled Al-Mashaqbeh	مخلد المشاقبه	Head of Charity association	Roudet Al-Amir Mohamed
11	Mr. Hani Mohamed Al-Mashaqbeh	هاني محمد عزام المشاقبه	Former Municipal Member	Roudet Al-Amir Mohamed
12	Mr. Samer Farhan	سامح فرحان	former administrative manager of the district	Roudet Al-Amir Mohamed
13	Mr. Faisal Mashaqbeh	فيصل مشاقبه	Head of Al-Faysalyeh school for boys	Al-Faysalyeh
14	Ms. Myassar Mohamed Al-Khawaldeh	ميسر محمد الخوالة	Head of Roudet Al-Amir Mohamed school for girls	Roudet Al-Amir Mohamed
15	Ms. Islah Khalaf Al-Mashaqbeh	إصلاح خلف المشاقبه	Director Assistant, Roudet Al-Amir Mohamed school for girls	Roudet Al-Amir Mohamed
16	Ms. Tawfeq Ali Al-Mashaqbeh	توفيق علي المشاقبه	Director of the railway station	Roudet Al-Amir Mohamed
17	Ms. Areej Saleh Mohamed	اريج صالح محمد المشاقبه	Assistant pharmacist	Roudet Al-Amir Mohamed
18	Ms. Amenah Suliman Ali	امنة سليمان علي	Reporter	Roudet Al-Amir Mohamed
19	Ms. Asami Ueno	اسامي وينو	Project Coordinator/ Health Promotion	VHC project
20	Ms. Asal Nakhleh	اصل نخله	Public Health assistant	VHC project

12. Breita

No.	Name (English)	Arabic Name	Position	Organization
1	Dr. Hani Hussien Ulimat	د. هاني حسين عليمت	Director of Mafrag Health Directorate	Mafrag Health Directorate
2	Ms. Fadia Al Jaber	فاديا الجبر	Head of supervision and monitoring department	MOH (Amman)
3	Dr. Mounther Farhan Al-Naser	د. منذر فرحان الناصر	Director assistant for PHC, Mafrag Health directorate	Mafrag Health Directorate

4	Ms. Souad Shdeifat	سمعة شديفات	MCH supervisor	Mafraq Health Directorate
5	Mr. Jamal Mahamed Al-Rwajfeh	جمال محمد الرواجفة	Health Promotion supervisor	Mafraq Health Directorate
6	Ms. Eman Mohamed Khalil	ايمان محمد خليل	Health educator	School health and health media department/ Mafraq health directorate
7	Ms. Fatimah Al-Qadi	فاطمة القاضي	Assistant Nurse	Breiqa VHC
8	Ms. Hanyya Al-Sardia	هنية السربية	Assistant Nurse	Breiqa VHC
9	Ms. Ekram Al-Sqour	اكرم الصقور	Service worker	Breiqa VHC
10	Dr. Mahmoud Flah Al-Quda	محمود فليح القضاة	professor doctor	AL- AlBayit university
11	Ms. Waed Naser Khashab	وعد ناصر خشاب	MW	Al-Hersh CHC
12	Ms. Ahlam Ali Al-Wali	احلام علي الوالي	Pharmacist	Al-Hersh CHC
13	Ms. Etaaf Ali Sleyrn	عطاف علي سليم	Associated Nurse	Al-Hersh CHC
14	Ms. Hadeel Fozat Al-Showha	هديل فوزات الشوحة	Associated Nurse	Al-Hersh CHC
15	Mr. Awad Khlaef Sleyrn	عوض خليف سليم	staff nurse	Al-Hersh CHC
16	Mr. Khatar Khelif	خطار خليف	Accountant	Al-Hersh CHC
17	Ms. Mayyada Mohamed	ميانة محمد	Clark	Al-Hersh CHC
18	Mr. Ibrahim Al-Jraida	ابراهيم جرايدة		Mafraq Health Directorate
19	Dr. Zakaria Gharaibah	د. زكريا غرايبة	Head of Mafraq PHC	Mafraq PHC
20	Mr. Khalid Hussien	خالد حسين	Employee at Mana'a health center	Mana'a health center
21	Mr. Hani Odeh	هاني عودة	Police man	Hosha Village
22	Mr. Mohamed Abdel-Aziz	محمد عبد العزيز	Police man	Hosha Village
23	Ms. Sahar Al-Qadi	سحر القاضي	Clark	Breiqa VHC
24	Mr. Ra'ad Al-Khrasha	رعد الخريشة	Teacher	Breiqa secondary school
25	Mr. Nayyei Ghasab Al-Sleem	نايل غصاب السليم	Military retired employee	Al-Haresh Village
26	Mr. Hani Salem Al-Jbour	هاني سالم الجبور	local community	Breiqa Village
27	Mr. Falah Mlaeh Al-Khrisha	فلاح ملاح الخريشة	local community	Breiqa Village

28	Mr. Mohamed Hussien Al-Tligeey	محمد حسين الطليعي	local community	Breiqa Village
29	Mr. Ali Eyadeh	علي عياده	local community	Breiqa Village
30	Mr. Ahmad Kasab Saleh Al-Hreisha	احمد كساب صالح الخريشا	local community	Breiqa Village
31	Mr. Akram Al-Fayz	اكرم الفايز	local community	Breiqa Village
32	Mr. Sabhan Al-Qadah	سبهان القضاة	local community	Breiqa Village
33	Mr. Methqal Al-Fayez	مثنى الفايز	local community	Breiqa Village
34	Mr. Mekkled Al-Qdah	مكهد القضاة	local community	Breiqa Village
35	Mr. Hasan Al-Khreisha	حسن الخريشة	local community	Breiqa Village
36	Mr. Mohamed Al-Khreisha	محمد الخريشا	local community	Breiqa Village
37	Ms. Asami Ueno	اسامي وينو	Project Coordinator/ Health Promotion	VHC project
38	Ms. Asal Nakhleh	اصال نخله	Public Health assistant	VHC project

13. Roudeh Al-Amir Hamzeh

No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Amal Abu Shaweesh	امل ابو شلويش	MCH supervisor, WCH	MOH (Amman)
2	Dr. Amal Abdel-Karim	د. امل عبدالكريم	Head of MCH, Mafraq health directorate	Mafraq Health Directorate
3	Dr. Mounther Farhan Al-Naser	د. منثر فرحان الناصر	Director Assistant, Mafraq Health Directorate	Mafraq Health Directorate
4	Dr. Khalaf Khaawaldeh	د. خلف الخوالدة	Head of health Promotion department	Kasbeh Al-Mafraq District
5	Ms. Souad Shdeifat	سمعة شديفات	MCH supervisor	Mafraq Health Directorate
6	Ms. Sawsan Tamimi	سوسن تميمي	MCH supervisor	AL-Badia Al-Shamaleh District
7	Ms. Eman Mohamed Khalil	ايمان محمد خليل	Health educator	School health and health media department/ Mafraq health directorate
8	Ms. Maram Waied Abdel-Rahman Salah	مرام وليد عبدالرحمن صلاح	In charge of school health work/ clerk	School health and health media department/ Mafraq health directorate
9	Ms. Hind Bakhet	هند بخيت	Assistant Nurse	Roudet Al-Amir Hamzeh VHC
10	Mr. Ali Malah	علي ملاح	teacher	Roudet Al-Amir Hamzeh school
11	Mr. Mohamed mefleh Al-Ramthan	محمد مفلح الرمthan	Police man	public security of AL-Badia Al-Shamaleh District

12	Mr. Ali Salameh	علي سلامة	Military retired employee	Roudet Al-Amir Hamzeh village
13	Mr. Roshdi Mohamed Al-Shakh Hussien	رشدي محمد الشيخ حسين	Head of Municipality council	Bani Hashem municipality
14	Mr. Falah Salameh Al-Msarha	فلاح سلامة المسارحة	village headman	Al-Masarha village
15	Mr. Omar Saleem	عمر سليم	Head of Hamra'a Al-Sahem school	Roudet Al-Amir Hamzeh village
16	Ms. Alia Al-Masa'eed	عالية المساعيد	Head of Roudet Al-Amir Hamzeh secondary school	Roudet Al-Amir Hamzeh secondary school for girls
17	Ms. Fatima Soteym Al-Shorfat	فاطمة سويلم الشرفات	Liberian	Roudet Al-Amir Hamzeh secondary school for girls
18	Ms. Samah Khaled Bani Khaled	سماح خالد بني خالد	Sport teacher	Roudet Al-Amir Hamzeh secondary school for girls
19	Dr. Mohamed Ali	د. محمد علي	Head of Al-Ashrafyyah health center	Al-Ashrafyyah comprehensive Health center
20	Mr. Hussien Ali	حسين علي	Teacher	Roudet Al-Amir Hamzeh school
21	Mr. Mahmoud meflah Al-Ramthan	محمود مفلح الرمضان	Head of A company	Roudet Al-Amir Hamzeh village
22	Mr. Mehsan Ali Awwad Al-Ramthan	محسن علي عواد الرمضان	civil defense engineer	Roudet Al-Amir Hamzeh village
23	Mr. Ali Elyyan Al-Ramthan	عمر عليان الرمضان	Architect	Roudet Al-Amir Hamzeh village
24	Mr. Awwad Salameh Siman	عواد سلامة سلمان	social activist	Roudet Al-Amir Hamzeh village
25	Mr. Shofan	شوفان	Military retired employee	Roudet Al-Amir Hamzeh village
26	Mr. Hammour Al-Zoubidi	حمور الزبيدي	Former village headman	Roudet Al-Amir Hamzeh village
27	Mr. Awwad Metahawer	عواد منحور	Former village headman	Roudet Al-Amir Hamzeh village
28	Mr. Khaled Mohamed	خالد محمد	farmer	Roudet Al-Amir Hamzeh village
29	Mr. Faisal Ahmad	فيصل احمد	Employee at the municipality	Roudet Al-Amir Hamzeh village
30	Mr. Mohamed Awdeh Al-Shorofat	محمد عوده الشرفات	Employee at the municipality	Roudet Al-Amir Hamzeh village
31	Mr. Kamal Awad	كمال عواد	Employee at the municipality	Roudet Al-Amir Hamzeh village
32	Mr. Hamad Allah Al-Shrefat	حمد الله الشرفات	farmer	Roudet Al-Amir Hamzeh village
33	Al-Rashed Al-Ramthan	الرشيد الرمضان	farmer	Roudet Al-Amir Hamzeh village
34	Ms. Safaa Al-Asced	صفاء الاسب	service worker/ CHC member	Roudet Al-Amir Hamzeh village
35	Ms. Asami Ueno	اسامي وينو	Project Coordinator/ Health Promotion	VHC project

36	Ms. Asal Nakhleh	اصل نخله	Public Health assistant	VHC project
14. Al-Aqeb				
No.	Name (English)	Arabic Name	Position	Organization
1	Ms. Amal Abu Shaweesh	امل ابوشاويش	MCH supervisor, WCH	MOH (Amman)
2	Dr. Amal Abdel-Karim	د. امل عبدالكريم	Head of MCH, Mafrag health directorate	Mafrag Health Directorate
3	Dr. Ashraf 'Manna'	د. اشرف مناع	Director assistant for services affairs, Mafrag Health Directorate	Mafrag Health Directorate
4	Dr. Mounther Farhan Al-Naser	د. منذر فرحان الناصر	Director assistant for PHC, Mafrag Health directorate	Mafrag Health Directorate
5	Ms. Souad Shdefat	سعاد شديفات	MCH supervisor	Mafrag Health Directorate
6	Ms. Majeda Al-Takrori	ماجدة التكروري	Coordinator	Kasbeih Al-Mafrag District
7	Ms. Sawwan Tamimi	سوسن تميمي	Coordinator	AL-Badia Al-Shamaleh District
8	Dr. Khalaf Khawaldeh	د. خلف الخوالدة	Head of health Promotion department	Kasbeih Al-Mafrag District
9	Dr. Ali Khawaldeh	د. علي الخوالدة	Health Promotion supervisor	AL-Badia Al-Shamaleh District
10	Eng. Rima Aljuhah	م. ريماء الجهام	Health Promotion supervisor	Mafrag Health Directorate
11	Ms. Siham Shdefat	سهام شديفات	Staff Nurse	Al-Aqeb VHC
12	Eng. Salem Qarqout Slameh	م. سالم قرقوط سلامة	Member of Public Board	Al-Aqeb Charity Association
13	Mr. Khamees Al-Farraj	خميس الفراج	Village headman	Al-Aqeb Village
14	Mr. Hussien Al-Msa'eed	حسين المساعيد	Employee	Defense ministry
15	Mr. Diab Al-Masa'eed	دياب المساعيد	Community leader	Al-Aqeb Village
16	Mr. Zaid Al-Dahbia	زيد الدحبية	Manager of Al-Badia Al-Shamaleh District	Al-Badia Al-Shamaleh District
17	Dr. Rateb Jameel Al-Hmoud	د. راتب جميل الحمود		Al-Aqeb Village
18	Mr. Eid Al-Farraj	عيد الفراج	Community leader	Al-Aqeb Village
19	Mr. Ibrahim Mohamad	ابراهيم محمود	Retired military employee	Al-Aqeb Village
20	Mr. Hameed Al-Fraj	حميد الفراج	Retired military employee	Al-Aqeb Village

21	Mr. Ahmad Al-Msa'ed	احمد المسعيد	Retired military employee	Al-Aqeb Village
22	Mr. Mohamad Salem Msa'ed	محمد سالم المسعيد	Retired military employee	Al-Aqeb Village
23	Mr. Zaed Al-Msa'ed	زايد المسعيد	Retired military employee	Al-Aqeb Village
24	Mr. Shofan Qarqot Slameh	شوفان قرقوط سلامة	Retired military employee	Al-Aqeb Village
25	Mr. Abdullah Salem Qarqout	عبدالله سالم قرقوط	Muezzin	Al-Aqeb Village
26	Mr. Abdullah Hazza'a Al-Farraj	عبدالله هزاع الفراج	Teacher	Al-Aqeb school for boys
27	Mr. Waled Mohamad al-Hasan	وليد محمد الحسن	Nothing (Syrian Refugees)	Al-Aqeb Village
28	Ms. Makiko Komasawa	ماكيكو كوماساوا	Chief Advisor	VHC project
29	Mr. Yutaka Komasawa	يوتكا كوماساوا	Researcher	VHC project
30	Ms. Asami Ueno	اسامي ونيو	Project Coordinator/ Health Promotion	VHC project
31	Ms. Ola Hattab	علا حطاب	Program officer	VHC project

Report on the Study Tour

【Summary of Output】

- 1) Study tours were as an award for the winning Community Health Committee (CHC) aimed to exchange experiences and share good practices of health promotion (HP) activities.
- 2) CHCs members were enabled to identify new ways, ideas and skills in holding of HP activities, and to know how to use all available resources to raise awareness in the community.
- 3) Study tours gave the opportunity to open channels of communication between 14 CHC in the three governorates (Irbid, Mafrqa and Balqa/ Dayr Allah), as well as the opportunity to identify the possibilities of each committee.

1. Introduction

The second approach of the project focus on health promotion activities in VHCs and communities which aims to promote healthy life styles and to enable easy access to health services for the community. The project has set up community health committees in 14 focus villages. It has also held two training workshops that familiarized members with the concept of health promotion and how to identify the community's health needs and knew them the tasks of the CHCs and the responsibility of each member.

As a means of sharing good practices and experiences in HP field, four study tour were conducted.

The Project developed the criteria to help achieve a better performance in health promotion activities, and according to the final scoring four study tours were conducted at the best four good performance villages (3 in Irbid and 1 in Balqa/ Dayr Allah). The 14 CHCs were distributed in 4 sites, the four winning committees were once hosted by another committees and once attended other study tour. A nominated and representative people from each CHCs were attended the study tour.

2. Objective

- To share the good practices of the HP activities
- To motivate Village Health Center (VHC) staff and CHC members for organizing the health education sessions

3. Date, venue and participants

Date	Sites	Participants	Venue
31 Jan	Maysara and Fanoush VHC, Dayr Allah/ Balqa	Dayr Allah and Balqa supervisors, Dayr Allah and Balqa health promoters, Maysara and Fanoush VHC staff and CHC members, Irbid supervisors, Tokobol VHC/CHC, Ass'arah VHC/CHC, Mandah VHC/CHC, Ass'arah health promoter, Ministry of Health (MOH) and the project team	1. Abu Al-Houl school for girls 2. Ma'adi Municipality
7 Feb	Tokobol VHC, Irbid	Irbid supervisors, Irbid health promoters, Tokobol VHC staff and CHC members, Mafrqa supervisors, Mafrqa health promoters, Al-Doqmasah VHC/CHC, Dahl VHC/CHC, MOH and the project team	1. Abu Ziedan Divan 2. Tokobol VHC
12 Feb	Al Khribeh	Irbid supervisors, Irbid health promoters, Al	1. Al-Ababneh

VHC, Irbid	Khribeh VHC staff and CHC members, Mafrqa supervisors, Mafrqa health promoters, Dayr Allah supervisors, Dayr Allah health promoters, Roudah Al Amir Hamzeh VHC/CHC, Al Aqeb VHC/CHC, Maysara and Fanoush VHC/CHC, Kufur Kyfia VHC/CHC, MOH and the project team	Divan 2. Al-Khribeh VHC	
18 Feb	Kufur Kyfia VHC, Irbid	Irbid supervisors, Irbid health promoters, Kufur Kyfia VHC staff and CHC members, Mafrqa supervisors, Mafrqa health promoters, Dayr Allah supervisors, Dayr Allah health promoters, Roudah Al Amir Mohamed VHC/CHC, Breiga VHC/CHC, Um Ayash VHC/CHC, Al Khribeh VHC/CHC, Abu Habel VHC/CHC, MOH and the project team	1. Al-Omari Divan

4. Program

The Study Tour is consisted with 2 programs; one is health education (HE) session organized by the selected VHC/CHCs and the second one is discussion session for the invited VHC/CHCs.

The topics for the health education sessions were chosen by the VHCs who are holding the sessions. At the same time, inviting participants from the community and organizing logistics were taken care by the CHC members.

The discussion session was chaired by the officers from Women and Child Health Directorate (WCHD) in MOH, to share the tips of success and brain storm on how to solve any problems they are facing.

The tour was conducted as follows;

1. Health Education Session
 - ◆ Opening by the Director of WCHD
 - ◆ Health Education Session by the assigned VHC/CHC
 - ◆ Closing
2. Discussion Session
 - ◆ Opening by the Director of WCHD
 - ◆ Discussion chaired by WCHD
 - ◆ Closing and distribution of appreciation cards

5. Health education session

a. Maysara and Fanoush VHC, Dayr Allah/ Balqa

A health education lecture about "Chronic diseases: Hypertension and Diabetes" for women and men was given by the Nurse of Maysara and Fanoush VHC at girls school.

The nurse made a Power-point presentation and distributed brochures about chronic diseases. She explained in details about the etiology, symptoms and treatments of hypertension and diabetes. After finishing the lecture, both nurse and madwife (MW) made a health check-up; testing blood sugar level and blood pressure for some women and men.

The nurse was highly confident from her information and she respond to most of questions, other questions she requested doctors to answer, which need doctor's intervention. As well as the way of her interaction with women and men was very great.

The audience expressed their interest in this kind of sessions, which was observable through their interaction with the nurse.

b. Tokobol and Om Al-Jadail VHC, Irbid

A health education session about "Antenatal care and safe pregnancy" given by the midwife of the village health center, in a big divan belonging to the family of one CHC's member.

They're planning to present PowerPoint presentation, but due to technical issue they couldn't do it, then the member redress this situation and distributed brochures for all audience about safe pregnancy.

The MW explain about medical examination for pregnant women during each stage of pregnancy, needed supplement, health problem might face during pregnancy, signs of risk pregnancy and nutrition for pregnant women.

The project manager/ Director of WCHD attend this study tour, who took this opportunity to talk about expanding VHC services to include reproductive health and family planning services. As well as to talk about the importance of preventive services. At the end she asked the all women to work on spreading the health messages they received in the awareness sessions to reach the largest possible people of society.

The attendees showed a good interaction with the midwife and project manager during the lecture. Among the attendees were women who attended awareness lecture in their communities for the first time and they expressed their hope that this kind of lecture would continue.

c. Al-Khribeh VHC, Irbid

In a well organized divan, the MW of village health center gave education session about "Child Care", for men and women. She started her lecture talking about improvement of VHC services and the new services which became available at VHC. Then she began to talk briefly about the importance of medical examination through pregnancy and childbirth.

In detail, the midwife talked about the care of the child from birth until the age of five years, and the services provided by the VHC for the care of children, she brought the height and weight scale and a doll as a model to explain on it about the importance of monitoring child's growth and development. She also brought the child's medical files and vaccination card for children, and explained in details about their contents. She concluded her lecture by talking about family planning and its importance.

Most of attendees are women among reproductive age, who really showed interest in this kind of lectures. The men who attended seemed uninterested in this kind of lectures, as it focuses on a subject that does not concern them primarily.

d. Kufur Kyfia VHC, Irbid

CHC members in collaboration with Joradan University for Science and Technology"JUST" and Zain company held a free medical day at Al-Omari divan in the village. Targeting children less than 12 years and people who suffer from chronic diseases.

This includes measuring blood sugar, blood pressure, height and weight, BMI, eye examination and health education session about breast cancer self-examination by JUST volunteers students. Also there was medical-caravan from Zain company consists of 2 rooms, one for providing general check-up for children less than 12 years by doctor and pharmacists, while the other room for pediatric dentistry.

One the other hand, an awareness video was shown for children about oral hygiene at the end of this medical day.

Most of people knew about this medical day through FaceBook page, announced about it, and after receiving the services they expressed their gratitued feeling for having such a day.

6. Discussion session on Health promotion activity

a. Maysara and Fanoush VHC, Davr Allah/ Balqa

Discussion session started with photo presentation by the MW who cover Maysara and Fanoush VHC, about HP activities they made in their communities. Photos showed that they made different kinds of health promotion activities and covered various kinds of health topic.

Most of CHC members who attended this event form other villages, agreed that the nurse had a good communication skills, great way in delivering information and giving a very excellent examples. And they liked the idea of distributing brochures for attendees. On the other hand, some of them mentioned that the PowerPoint presentation missed for info-graph and pictures, where the visual things are better to remember and keep in client's mind.

They also pointed out, it's much better to focus on one health issue in one session, and for this kind of activity its recommended to do focus group discussion, with small number of attendees, so they can hear each other well and share experiences. And to share people's experience with others is one of best approaches in changing people's health behaviour.

b. Tokobol and Om Al-Jadail VHC, Irbid

It's began with a photo presentation for some health promotion activities, which implemented by CHC members in their communities such as pictures of HP ceremony, health education lectures at schools and devans.

All of people agreed that it was observable the good interaction and relationship between the nurse and all attendees, where good relationships with others is one of the most important ways to succeed health promotion activities and to let people to change their behaviours toward healthy lifestyle. As well as all of them liked the idea of distributing brochures to attendees as a source of information they and reference to them later on, but they preferred to distributed them at the end of the lecture, not at the beginning.

Some of them mentioned that the lecturer should give the people more space to talk and express their thoughts to have better idea about their needs, way of thinking and to share experiences between them each other. And they suggested to make some activities for children, so less noise and more benefit for attendees.

c. Al-Khribeh VHC, Irbid

The sequence of ideas in the presentation of the lecture, from pregnancy to childbirth and then child care, as well as the use of visual samples that have the role of delivering ideas to the audience in better way and solidify the idea in their minds, is one of the most admired thing in this lecture by all CHC members who attended this session and praised by everyone, which made this session different than other health education sessions they attended, and most of them planned to adopt this approach during their activities.

All of CHC members who attended this study tour stressed the importance of selecting the target group of the lecture accurately and focus on it, so that the lecture will go more smoothly.

d. Kufur Kyfia VHC, Irbid

Most of CHC members who attended this event, like the idea of doing small medical day utilizing all limited available resources. And they will try to do some event like this in their villages. And they gained some benefits and new information they didn't have before. On the other hand, one note that there is a huge gap between target groups.

As all agreed there is no involvement of Kufur Kyfia VHC's staff, only organizing and coordination without any intervention with services, and they hoped some involvement of staff in service provision, at least mentioning about new services in their VHC like MCH services and FP.

Other thing, there was no explanation about event services, so people must go and expoler services by themselves, as well as there was no good separation between children and older services, as all participants agreed.

As Kufur Kyfia CHC members said, collaboration with other agencies and companies go through personal relationship.

7. Discussion session on sharing experiences

Each CHC share one of their best health promotion activities with all others, is one of the aims for this tour.

a. Maysara and Fanoush VHC, Dayr Allah/ Balqa

- Assarah CHC: The Health promoter talked about their experiences in Irbid in giving lectures in schools for children about healthy eating and personal hygiene, and it was very useful way to educate children about nutrition and hygiene. He added also that they gave lectures in girls' school about hypertension and in boy's school about smoking using short videos.

- Mandah CHC: The school principal who is CHC member said that the nurse had visited the school twice lecturing about personal hygiene and distributed personal hygiene kits, which was very effective and the children now washes their hands all the time.

- Tokobol and Om Al-Jadail CHC: The nurse said that their best activities were in schools where they gave lectures about personal hygiene and asked the school principal to work on selling only healthy food for children in canteen.

b. Tokobol and Om Al-Jadail VHC, Irbid

Due to the lack of time this part was canceled from this study tour.

c. Al-Khribeh VHC, Irbid

- Maysara and Fanoush CHC: The MW talked about home visits activity they did, to educate people about personal hygiene and distribute personal hygiene kits, and from her point of view it was unique because it was different and more private than lectures were people accept the talking about head lice because it wasn't done publicly and they weren't ashamed of it.

- Roudheh Al-Amir Hamzeh CHC: The most successful activity according to them was the first activity in the VHC where many people attended and it was about vaccination. And they collaborate with school in announcing about this lecture. As they said this activity was very useful because women were informed about the available services at the VHC, especially vaccination. As well as according to them, one of the most successful factors in male involvement in CHC membership which allowed them to have several activities in the boys' school.

- Al-Aqeb CHC: A health education session in girls' school about personal hygiene during menstrual period, because the school principal and the students were very happy about it and asked her to do more activities.

d. Kufur Kyfia VHC, Irbid

- Roudheh Al-Amir Mohamed: Health education lecture about adolescence and winter diseases in school. CHC collaborated with municipality and Khaled Ibn Al-Walid comprehensive HC's staff.

- Breiqa CHC: Health education session at school about breast cancer, targeting teachers and students among 8th – 12th class. To cover this lecture financially, each teacher bring with her some kind of refreshments.

- Um Ayash CHC: Since licing is one of the most common problem among students, especially in Dayr-Allah area, CHC members did an activity in the school for each class, they inspects all the lady's hair. They distributed hair cover "Hijab" to all students and in private way, they gave Lice Shampoo for who suffer from Licing.

- Al-Khribeh CHC: In A divan they made health education lecture about maternal and childcare and breastfeeding. They covered this event from their pockets. As an outcome after this session the number of clients for Al-Khribeh VHC has been increased.

- Abu Habeel: As anemia one of common disease among children and women in this area, CHC member did "Healthy Kitchen" in Abu Habeel VHC, to explain for women how with minimum available resources, they can create a health dish. An creative idea to give women practical ways to face diseases.

8. Conclusions and Recommendations

All study tours have achieved the desired goal of sharing experiences among the 14 CHCs. The study tours gave an opportunity to some CHC to gain new ideas, which will help them in implementing their HP activities.

It was noted that the people of all villages need to increase their awareness to various health issues and they are very enthusiastic and have a desire to hold more lectures and awareness lectures in their villages.

Community Health Committee members have a strong motivation to serve their communities and continue to promote health even if their work is voluntary

Its recommended to strengthen the mechanism of monitoring and follow-up of the community health committees work and always work to help them and link them with other outside resources and other CHCs. As well as to hold a periodic meeting for all CHCs in the same governorate, which helps in sharing experiences.

Also to provide educational materials on various common health issues to the midwife and nurse, to be a source and reference when giving lectures. And provide different teaching aids that help them to lecture differently each time.

Appendix 1: Attendance list

1. Maysara and Fanoush (held on 31 Jan)

1.1 Organizer and invited participants from HD, VHC, CHC and the project team

No	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Amal Abu Shaweesh	أمل أبو شويش	MCH supervisor, WCHD	MOH (Amman)
2	Ms. Lubna Al-Thaher	لبنى الطاهر	MCH Supervisor	MOH (Amman)
3	Dr. Amal Khaddar	د. أمل خضر	Head of WCH Department	Balqa Health Directorate
4	Ms. Helwa Al-Issa	حلوة العيسى	MCH supervisor	Balqa Health Directorate
5	Ms. Buthina Zaqzouq	بثينة زقزوق	MCH supervisor, District	Dayr Allah District
6	Eng. Maram Daradkeh	مرام درادكة	Health Promotion Supervisor	Balqa Health Directorate
7	Eng. Fayz Kabha	م. فايز كبا	Health promoter	Dayr Allah District
8	Dr. Mohammad Abu Jaq	د. محمد أبو جق	Physician cover Maysara and Fanoush VHC	M'adi PHC
9	Ms. Nada Abu-Sarhan	ندى أبو سرحان	Midwife	Maysara and Fanoush VHC/ M'adi PHC
10	Ms. Arwa Diab	أروى دياب	Associate Nurse	VHC
11	Ms. Samaher Al-Balawi	سماهر البلوي	Head of Fanoush women association	Maysara and Fanoush Village
12	Ms. Makiko Komasaawa	ماكيكو كوماساوا	Chief Advisor	VHC project
13	Ms. Ola Hattab	علا حطاب	Administration Coordinator	VHC project
14	Ms. Dena Ghunaim	دنيا غنيم	Researcher Assistant	VHC project
15	Mariam Al-Omari	مريم العمري	MCH supervisor	Irbid Health Directorate
16	Mr. Qasem Al-Haji	قاسم الحجى	Health Promoter	Irbid Health Directorate
17	Ms. Sahar Mohammad	سحر محمد	Associated Nurse	Tokobol and Om Al-Jadail VHC
18	Ms. Dena Ibrahim	دنيا إبراهيم	CHC Member	Tokobol and Om Al-Jadail VHC
19	Mr. Ibrahim Sbaitah	إبراهيم صبايتاح	CHC Member	Tokobol and Om Al-Jadail VHC
20	Ms. Majedah Al_Zoubi	ماجدة الزعبي	Associated Nurse	Mandah VHC
21	Ms. Enas Matalqa	إناس مطالقة	CHC Member	Mandah CHC
22	Mr. Ali Khalifeh Dalou'a	علي خليفة دالوع	Health Promoter	Al-Taybeh
23	Mr. Nazzer Rashied	نذير علي الرشيد	Health Promoter	Kasbit Irbid
24	Ms. Wa'ed Al-Rousan	وعد الروسان	CHC Member	Ass'arah CHC

1.2 Health education session attendants from the community

- ✧ (31) total participants from local community (24 Females and 7 Males)
- ✧ (2) females from school (1 from supplies department and 1 made)
- ✧ (3) females from association (2 secretary and 1 member)
- ✧ (1) male from a private company

2. Tokobol and Om Jadail (held on 7 Feb)

2.1 Organizer and invited participants from HD, VHC, CHC and the project team

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Malak Al-Ouri	مكتورة ملك العوري	Director of WCHD	MOH (Amman)
2	Ms. Amal Abu Shaweesh	أمل أبو شويش	MCH supervisor, WCHD	MOH (Amman)
3	Ms. Mariam Al-Omari	مريم العمري	MCH supervisor	Irbid Health Directorate
4	Ms. Hiyam Obidat	هيام عبيدات	MCH supervisor	Irbid Health Directorate
5	Mr. Qasem Al-Haji	قاسم الحجى	Health Promoter	Irbid Health Directorate
6	Mr. Nazzer Rashied	نذير علي الرشيد	Health Promoter	Kasbit Irbid
7	Ms. Kholoud Al-Hour	خلود الهور	MW	Tokobol and Om Al-Jadail VHC and Al-Hour PHC
8	Ms. Sahar Mohammad	سحر محمد	Associated Nurse	Tokobol and Om Al-Jadail VHC
9	Ms. Dena Ibrahim	دنيا إبراهيم	CHC Member	Tokobol and Om Al-Jadail VHC
10	Mr. Ibrahim Sbaitah	إبراهيم صبايتاح	CHC Member	Tokobol and Om Al-Jadail VHC
11	Ms. Makiko Komasaawa	ماكيكو كوماساوا	Chief Advisor	VHC project
12	Ms. Rumi Iwata	رومي اوكا	Project assistant	VHC project
13	Ms. Ola Hattab	علا حطاب	Administration Coordinator	VHC project
14	Ms. Asal Nakhleh	أسال نخله	Junior Program officer	VHC project
15	Ms. Dena Ghunaim	دنيا غنيم	Researcher Assistant	VHC project
16	Ms. Hamadi Shdefat	هنادي شديفات	Nurse, MCH Department	Mafraq Health Directorate
17	Mr. Jamal Rawajfeh	جمال الرواجفة	Health promoter	Mafraq Health Directorate
18	Eng. Rima Al-Jahham	م. ريماء الجهم	Health promoter	Mafraq Health Directorate
19	Ms. Amal Al-Zyoud	أمل الزيود	MW	AL-Daqmasah VHC
20	Ms. Hiyam Raddi Z'boun Zyoud	هيام راضي الزيود	CHC Member	AL-Daqmasah Village
21	Ms. Rahmeh Khltief Al-Zyoud	رحمة خليفة الزيود	CHC Member	AL-Daqmasah Village
22	Ms. Fadah Olimat	فداه عليمات	MW	Dahl / Nadra VHC
23	Ms. Huda Olimat	هدى عليمات	Assistant nurse	Dahl VHC
24	Ms. Nasra Al-Omoush	نصرة العموش	CHC Member	Dahl Village
25	Ms. Muntaha Salman	منتهى سلمان	CHC Member	Dahl Village

2.2 Health education session attendants from the community

- ✧ (15) Total participants from local Community all of them was female.
- ✧ All participants were Housewife.

3. Al-Khribeh (held on 12 Feb)

3.1 Organizer and invited participants from HD, VHC, CHC and the project team

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Ms. Fadia Al-Jaber	فاديا الجبر	Head of Monitoring and Supervision Department	MOH (Amman)
2	Ms. Amal Abu Shaweeh	أمل أبو شويش	MCH supervisor, WCHD	MOH (Amman)
3	Ms. Mariam Al-Omari	مريم العمري	MCH supervisor	Irbid Health Directorate
4	Ms. Intisar Mala'beh	انتصار ملاعبة	MCH supervisor	Bani Kenanah Health District
5	Mr. Qasem Al-Haji	قاسم الحجي	Health Promoter	Irbid Health Directorate
6	Ms. Sameha Dagamsseh	سميحة دقاسمة	Nurse Supervisor	Bani Kenanah Health District
7	Ms. Sawisan Wasfi	سوسن وصفي	Pharmacist	Bani Kenanah Health District
8	Ms. Suha Shakhateh	سهي شخاتة	Health Promoter	Al-Khribeh VHC
9	Ms. Mai Talafha	مي طلافحة	MW	Al-Khribeh VHC
10	Ms. Sameha Dagamsseh	سميحة الدقاسمة	Assistant Nurse	Al-Khribeh VHC
11	Ms. Nojood Ababneh	نجد عباينة	CHC Member	Al-Khribeh Village
12	Ms. Mervat Shafeeq	ميرفت شفيق	CHC Member	Al-Khribeh Village
13	Ms. Ola Hattab	علا حطاب	Admin Coordinator	VHC project
14	Ms. Asal Nakhleh	اصال نخله	Junior Program officer	VHC project
15	Ms. Dena Ghunaim	دينيا غنيم	Researcher Assistant	VHC project
16	Ms. Sana'a Abu-Gharbeiah	سناه أبو غربية	MW	Kufur Kyfia VHC
17	Mr. Ahmad Rahman Al-Omari	احمد العمري	Nurse	Kufur Kyfia VHC
18	Mr. Abdel Rahman Al-Omari	عبد الرحمن العمري	CHC Member	Kufur Kyfia Village
19	Mr. Adnan Al-Omari	عبدان العمري	CHC Member	Kufur Kyfia Village
20	Ms. Sawsan Al-Tamimi	سوسن التميمي	MCH Supervisor	Northern Badia
21	Ms. Maram Salahah	مرام الصلاحات	Health promoter	Mafrag Health Directorate
22	Ms. Eman Ghawaameh	يمان غوانسة	Health promoter	Mafrag Health Directorate
23	Ms. Sihan Shidefat	سيهام شديقات	Staff Nurse	Al-Aqeb VHC/Al-Badia CHC
24	Ms. Mai Al-Qat'an	مي القطان	MW	Al-Aqeb VHC
25	Ms. Leena Al-Qnees	لينا القنيص	CHC Member	Al-Aqeb Village
26	Ms. Abeer Al-Qnees	عبير القنيص	CHC Member	Al-Aqeb Village
27	Ms. Souad Bani Melhem	سعاد بني ملحم	MW	Ashrafia CHC/ Roudet Al-amir Hamzeh VHC
28	Ms. Hind Bakhet	هند البخت	Associated nurse	Roudet Al-Amir Hamzeh VHC
29	Ms. Noor Tahat	نور طاهات	CHC Member	Roudet Al-Amir Hamzeh Village
30	Ms. Safi'a Al-Shalal	صفاء الشلال	CHC Member	Roudet Al-Amir Hamzeh Village
31	Dr. Amal Khader	د. أمل الخضمر	Head of WCH Dep.	Balqa Health Directorate
32	Ms. Helwa Al-Issa	حلوة العيسى	MCH Supervisor	Balqa Health Directorate
33	Ms. Noha Hataimeh	نهي حاتميه	Midwife Supervisor	Balqa Health Directorate
34	Eng. Maram Daradkeh	مرام درادكة	HP supervisor	Balqa Health Directorate
35	Ms. Nada Abu Sarhan	نادي أبو سرحان	Nurse	Maysara and Fanoush VHC
36	Ms. Arwa Diab	اروي دياب	Nurse	Maysara and Fanoush VHC
37	Ms. Samaher AlBalawi	سماهر البلوي	CHC Member	Maysara and Fanoush Village
38	Ms. Malak Al'ecker	ملك العكر	CHC Member	Maysara and Fanoush Village

3.2 Health education session attendants from the community

- ✧ (15) the total participants from local community.
- ✧ (13 females, (1) female from municipality and others (12) were housewife).
- ✧ (2 Males, (1) male from municipality and the other one retired employee).

Kufur Kyfia (held on 18 Feb)

4.1 Organizer and invited participants from HD, VHC, CHC and the project team

No.	Name (English)	Name (Arabic)	Position	Organization (Location)
1	Dr. Adnan Abu Jaber	د. عبدان أبو جابر	Director Assistant	Kura Health District
2	Fadia Al-Jaber	فاديا الجبر	Head of Monitoring and Supervision Department	MOH (Amman)
3	Ms. Amal Abu Shaweeh	أمل أبو شويش	MCH supervisor, WCHD	MOH (Amman)
4	Dr. Rezeq Al-Shraideh	د. رزق الشريدة	Head of Logistic Department	Kura Health District
5	Ms. Mariam Al-Omari	مريم العمري	MCH supervisor	Irbid Health Directorate
6	Ms. Fatima Bani Irshied	فاطمة بني الرشيد	MCH supervisor	Kura Health District
7	Mr. Qasem Al-Haji	قاسم الحجي	Health Promoter Supervisor	Irbid Health Directorate
8	Dr. Enas Barkat	د. إناس بركات	Health Promoter Supervisor	Kura Health District
9	Mr. Nizar Qasem	نزار قاسم	Patients Affairs Officer	Kura Health District
10	Ms. Sana'a Abu-Gharbeiah	سناه أبو غربية	MW	Kufur Kyfia VHC
11	Mr. Ahmad Al-Omari	احمد العمري	Nurse	Kufur Kyfia VHC
12	Mr. Abdel Rahman Al-Omari	عبد الرحمن العمري	CHC Member	Kufur Kyfia Village
13	Mr. Adnan Al-Omari	عبدان العمري	CHC Member	Kufur Kyfia Village
14	Ms. Nojood Ababneh	نجد عباينة	CHC Member	Al-Khribeh Village
15	Ms. Makiko Komasaawa	ماكيكو كوماساوا	Chief Advisor	VHC project
16	Mr. Yutaka Komasaawa	يوتاكوا كوماساوا	Researcher	VHC project
17	Ms. Rumi Iwata	رومي اواتا	Project assistant	VHC project
18	Ms. Kaina Honma	كاينا هونما	Project Coordinator	VHC project
19	Ms. Ola Hattab	علا حطاب	Administration Coordinator	VHC project
20	Ms. Asal Nakhleh	اصال نخله	Junior Program officer	VHC project
21	Ms. Intesar Mala'beh	انتصار ملاعبة	MCH Supervisor	Bani Kenanah HD
22	Ms. Mai Talafha	مي طلافحة	MW	Al-Khribeh VHC
23	Ms. Sameha Dagamsseh	سميحة الدقاسمة	Assistant Nurse	Al-Khribeh VHC
24	Ms. Mervat Shafeeq	ميرفت شفيق	CHC Member	Al-Khribeh Village
25	Ms. Nojood Ababneh	نجد عباينة	CHC Member	Al-Khribeh Village
26	Ms. Eman Abdullah Khaled	إيمان عبدالله خالد	MCH supervisor	Al-Aghwar shamaleh district
27	Mr. Osama Al-Moqbel	أسامة المقبل	Health Promoter	Al-Aghwar shamaleh
28	Ms. Amal Hassan	أمل حسن	MW	Abu Habel VHC
29	Ms. Kholoud Al-Rowaite	خلود الرويعي	Associated Nurse	Abu Habel VHC
30	Ms. Wejdan al-Sayyed	وجدان السيد	CHC Member	Abu Habel Village
31	Mr. Abdul Ra'ouf Ibdah	عبد الرؤوف ابداح	CHC Member	Abu Habel Village
32	Ms. Bothina Zaqzuq	بوثينة زقزوق	MCH supervisor, District	Dayr Allah District
33	Ms. Amani Khriesat	أماني خريسات	Midwife	Um Ayash VHC / Al-Balawneh
34	Ms. Kawther Al-Nabresi	كوثر النبرصي	Nurse	Dayr Allah CHC
35	Ms. Roqia Al-Balawneh	رقية البالونة	CHC Member	Um Ayash Village
36	Mr. Laith Al-Sulby	لايث الصلبي	CHC Member	Um Ayash Village
37	Ms. Rima Al-Jaham	ريما جهام	Health Promoter	Mafrag HD
38	Ms. Miarum Waleed	ميرام وليد	Health Promoter	Mafrag HD
39	Ms. Isra'a Al-Masri	إسراء المصري	MW	Roudet Al-Amir Mohamed VHC
40	Ms. Nawal Mohammed	نوال محمد	Associated Nurse	Mohamed VHC
41	Ms. Waed Naser Khashab	وعد ناصر خشاب	MW	Al-Hersh CHC/ Breiqa VHC

42	Ms. Fatima Al-Qadi	فاطمة القاضي	Assistant Nurse	Breiqia VHC
43	Ms. Hiyam Al-Qadi	هيام القاضي	CHC Member	Breiqia Village
44	Ms. Ahlam Al-Wali	احلام والي	CHC Member	Breiqia Village
45	Mr. Sahim Alawneh	سهم علاونه	Journalist	A'amen FM
46	Mr. Safwan Rahahleh	صفوان رحاحلة	Journalist	A'amen FM
47	Mr. Mohamed Al-Tamimi	محمد التميمي	Teacher	JUST
48	Ms. Isra'a Snadi	اسراء الصمادي	Midwifery students	JUST
49	Ms. Toqa Qudisat	تقي القديسات	Midwifery students	JUST
50	Ms. Ghosoun Al-O'roud	غصون العرود	Midwifery students	JUST
51	Ms. Wejdan Maqableh	وجان مقابلة	Midwifery students	JUST
52	Ms. Isra'a Omizat	اسراء عنيزات	Nursing student	JUST
53	Ms. Saja Mohamed	سجي محمد	Nursing student	JUST
54	Mr. Sohaib Khalid	صهيب خالد	Nursing student	JUST
55	Ms. Ola Momani	علا المومني	Nursing student	JUST
56	Mr. Khalis Juma'a	خليل جمعة	Nursing student	JUST
57	Ms. Lami Ghraibeh	لعيص غرايبة	Nursing student	JUST
58	Ms. Dana Al-Jarrah	دانا الجراح	Nursing student	JUST
59	Ms. Manar Al-Jobani	منار الوباني	Nursing student	JUST

4.2 Health education session attendants from the community

- ✧ (84) The total participants from local community.
- ✧ (29) females including: school students, housewife, health staff and preacher).
- ✧ (55) males including: retired employee, school students, farmer and Imam).

Appendix 2: Agenda

Study Tour

Program

Time	Topics	Responsible persons
8:00-10:00	Participants from different locations start to move	
10:00-10:30	Registration	
Health Education Session		
10:30-10:35	Opening and welcoming remarks	Director of WCHD
10:35-11:15	Health education for the community	VHC nurses and midwives
11:15-11:30	Closing	Director of Health directorate
11:30-12:00	Move to the next venue for the discussion	
Discussion Session		
12:00-12:05	Opening	Director of WCHD
12:05-13:05	Discussion	WCHD
13:05-13:10	Closing	Director of Health directorate
13:10-13:30	Awarding certificates cards	
13:30-15:00	Lunch	
15:00-17:30	Participants go back	

Appendix 3: Pictures



Education session at a school
(Dayr Allah, Balqa)
(January 31)



Blood sugar test session
(Dayr Allah, Balqa)
(January 31)



Participants for education session
(Dayr Allah, Balqa)
(January 31)



Discussion session at the health district office
(Dayr Allah, Balqa)
(January 31)



Education session in Devan
(Tokobol and Om Al-Jadail, Irbid)
(February 7)



Discussion session at the VHC
(Tokobol and Om Al-Jadail, Irbid)
(February 7)



Education session in Devan
(Al Khribeh, Irbid)
(February 12)



Discussion session in Devan
(Al Khribeh, Irbid)
(February 12)



Education session for boys in Free Medical Day
(Kufur Kefiya, Irbid)
(February 18)



Blood sugar test in Free Medical Day
(Kufur Kefiya, Irbid)
(February 18)