



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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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

- 1) 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 Mafrq 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% |

| | 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% | 19 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 4.5% | 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% |
|-------|---------------|--------------|---------------|---------------|--------------|---------------|

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 Method) | 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 9.9% | 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 | | Total |
|--|--------------|-------------|--------------|
| | Intervention | Comparison | |
| 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 | Intervention | Comparison |
| Yes | 23 7.6% | 2 1.9% | 24 7.3% | 9 8.3% |
| No | 279 92.4% | 105 98.1% | 306 92.7% | 99 91.7% |
| Total | 302 100.0% | 107 100.0% | 330 100.0% | 108 100.0% |

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 | Intervention | Comparison |
| Yes | 187 61.9% | 64 59.8% | 231 70.0% | 64 59.3% |
| No | 107 35.4% | 43 40.2% | 98 29.7% | 44 40.7% |
| Don't know | 8 2.6% | 0 0.0% | 1 0.3% | 0 0.0% |
| Total | 302 100.0% | 107 100.0% | 330 100.0% | 108 100.0% |

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 | Intervention | Comparison |
| None | 224 74.2% | 77 72.0% | 301 73.6% | 76 70.4% |
| Hypertension | 36 11.9% | 14 13.1% | 50 12.2% | 10 9.3% |
| Cardiovascular disease | 7 2.3% | 4 3.7% | 11 2.7% | 4 3.7% |
| Diabetes | 35 11.6% | 13 12.1% | 48 11.7% | 9 8.3% |
| Chronic respiratory | 13 4.3% | 9 8.4% | 22 5.4% | 6 5.6% |
| Thyroid disease | 6 2.0% | 2 1.9% | 8 2.0% | 8 7.4% |
| Cancer | 1 0.3% | 1 0.9% | 2 0.5% | 1 0.9% |
| Joint pain | 34 11.3% | 3 2.8% | 37 9.0% | 10 9.3% |
| Total | 302 100.0% | 409 100.0% | 330 100.0% | 438 100.0% |

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 | Contact Mobile Number |
| | رقم هاتف الزوج في حال عدم الاستجابة | |

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) |
|--|--|--|

| | | |
|-------------------------|-------------|--------------|
| 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 | 1 302 |
| 302 | Do you have any problem to get permission to go for medical care? | Yes No | 1 303 |
| 303 | Do you have any problem to get money needed for treatment? | Yes No | 1 304 |
| 304 | Do you have any problem in distance for the health facility? | Yes No | 1 305 |
| 305 | Do you have any problem to find means of transportation? | Yes No | 1 306 |
| 306 | Do you have any problem to access to health facility in terms of finance? | Yes No | 1 307 |
| 307 | Do you need someone with you to go to health facilities? | Yes No | 1 308 |
| 308 | Do you have any concern that there may not be a female health provider regarding RH services? | Yes No | 1 401 |

Section 4: Woman's Characteristics

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| | <Age> | | |
| 401 | 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 |
| | <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? | 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? | | 405 |
| | <Husband situations> | | |
| 405 | 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 |
| | <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 1 No 2 | 409 |
| 409 | How old were you at the birth of your first child? | () years old Don't know 98 | 410 |
| 410 | How many children, whom you have given birth and who are alive? | Son () Daughter () | 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/amenorrhea Method (LAM) 10 Female Sterilization 11 Male Sterilization 12 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 96 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 | 1 2 3 4 5 6 7 8 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 | Don't want to answer Don't know 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:) | 99 98 1 2 3 4 5 6 7 8 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 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) |
|------------------------------|---|

| | | |
|-------------------------|-------------|--------------|
| 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 الـ 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) أو في أي عمل آخر | نعم لا | 106 |
| 106 | ما هي وظيفة زوجك الحالية؟ (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. رايدو 2. تلفزيون 3. طبق لاقط (ستالايت) 4. تلفزون أرضي 5. تلاجة 6. غسالة 7. جلاية صحون | 108 |
| 108 | كم تقدرين مجموع دخل الأسرة الشهري من جميع المصادر ؟ | 1. نعم 2. لا | 201 |
| 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 |

| | | | | |
|--|---|----------------|-----|--|
| 307 | هل لديك أي مشكلة تتعلق في الحصول على المال لا | نعم لا | 306 | هل لديك أي مشكلة تتعلق في الحصول على المال لا |
| 308 | هل أنت بحاجة لوجود مرافق معك الذهاب للمرافق الصحية؟ لا | نعم لا | 307 | هل أنت بحاجة لوجود مرافق معك الذهاب للمرافق الصحية؟ لا |
| 401 | هل لديك أي مشكلة من أن يكون مقدم الخدمة الطبية ذكر فيما يتعلق بخدمات الصحة الإنجابية؟ لا | نعم لا | 308 | هل لديك أي مشكلة من أن يكون مقدم الخدمة الطبية ذكر فيما يتعلق بخدمات الصحة الإنجابية؟ لا |
| القسم الرابع: خلفية عامة عن السيدات | | | | |
| الرقم | | الاسئلة | | |
| 402 | العمر () الشهور () السنة إذا لم تعرف المرأة الشهور إذا لم تعرف المرأة السنة الرجاء الامتناع بذكر العائنة قدر الإمكان | نعم لا | 401 | تاريخ ميلادك (الشهر والسنة) ؟ نعم لا |
| 403 | العمر بعد السنوات المكتملة لا اعرف | نعم لا | 402 | ما هو عمرك في آخر عيد ميلاد لك ؟ نعم لا اعرف |
| 404 | الدرجة التعليمية للمرأة ابتدائي اعدادي ثانوي العلم الحديث (الحالي) اساسي ثانوي العلوم المتوسطة بكالوريوس دراسات عليا لم التحق بالمرسة الصف () / السنوات | نعم لا | 403 | ما هي أعلى مرحلة دراسية التحقت بها: هل هي ابتدائي، اعدادي، ثانوي قديم، أساسي، ثانوي جديد، بلوم متوسط، بكالوريوس، دراسات عليا؟ نعم لا اعرف |
| 405 | وضع الزوج يعيش معها | نعم لا | 404 | ما اعلى صف اكتمله بنجاح في هذه المرحلة؟ نعم لا اعرف |
| 406 | هل سبق لك الانجاب في مكان آخر؟ نعم لا | نعم لا | 405 | هل سبق لك الانجاب في مكان آخر؟ نعم لا اعرف |
| 407 | هل لدى زوجك زوجة / زوجات بالإضافة لك؟ نعم لا اعرف | نعم لا اعرف | 406 | هل لدى زوجك زوجة / زوجات بالإضافة لك؟ نعم لا اعرف |
| 408 | خصوبة المرأة نعم لا | نعم لا | 407 | خصوبة المرأة نعم لا |
| 409 | ما هو عددك عندما لم الزواج لأول مرة؟ نعم لا | نعم لا | 408 | ما هو عددك عندما لم الزواج لأول مرة؟ نعم لا |
| 410 | ما هو عددك عندما انجاب الطفل الاول ؟ نعم لا اعرف | نعم لا اعرف | 409 | ما هو عددك عندما انجاب الطفل الاول ؟ نعم لا اعرف |
| 411 | ما هو عددك ولدك وبناتك ؟ نعم لا | نعم لا | 410 | ما هو عددك ولدك وبناتك ؟ نعم لا |
| 501 | هل لديك أطفال متوفاين ؟ نعم لا | نعم لا | 411 | هل لديك أطفال متوفاين ؟ نعم لا |

| | | | | |
|-------------------|--|---|-----|--|
| صحة المرأة | | القسم الخامس: العناية أثناء الحمل وبعد الولادة | | |
| الرقم | | الاسئلة | | |
| 501 | متى كانت آخر ولادة لك؟ نعم لا | لم انجب انا حامل الآن، بطنى الأول انا حامل الآن، بطنى لىب الأول لى متى كانت آخر ولادة لك، سنة () نعم : فى أى سنة () | 501 | متى كانت آخر ولادة لك؟ نعم لا |
| 502 | خلال حملك الأخير، هل راجت اى أحد تلقى الرعاية الصحية؟ (اجابة واحدة) نعم لا | نعم لا | 502 | خلال حملك الأخير، هل راجت اى أحد تلقى الرعاية الصحية؟ (اجابة واحدة) نعم لا |
| 503 | إذا كانت الاجابة نعم فى السؤال السابق 502 هل هناك أشخاص آخرون ؟ (اخترا اجابة واحدة، المكان الاساسي والاكثر زيارة) نعم لا | مستشفى حكومي / وزارة الصحة (قطاع عام) مستشفى الجامعة مركز صحي شامل / مركز صحي اولي مركز صحي فرعي مستشفى عسكري عيادة صحية متنقلة تابعة لهجة حكومية أخرى (حدد) مستشفى خاص اطباء / عيادة خاصة مستشفى تابع لمنظمات غير حكومية عيادة تابعة لمنظمات غير حكومية الجمعية الاندية للتنظيم وحملة الامرة عيادة صحية متنقلة تابعة لمنظمات غير حكومية مراكز خاصة أخرى (حدد) | 503 | إذا كانت الاجابة نعم فى السؤال السابق 502 هل هناك أشخاص آخرون ؟ (اخترا اجابة واحدة، المكان الاساسي والاكثر زيارة) نعم لا |
| 504 | اول رعاية صحية حصلت عليها خلال حملك الأخير كانت فى الشهر ؟ ما هي عدد مرات تلقي خدمة رعاية الحامل أثناء الحمل ؟ نعم لا اعرف | شهر الحمل () لا اعرف لا اعرف منزلك / منزل آخر (قطاع عام) مستشفى حكومي مستشفى الجامعة مستشفى عسكري أخرى علم (حدد) مستشفى خاص (قطاع خاص) | 504 | اول رعاية صحية حصلت عليها خلال حملك الأخير كانت فى الشهر ؟ ما هي عدد مرات تلقي خدمة رعاية الحامل أثناء الحمل ؟ نعم لا اعرف |
| 505 | هل اجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ نعم لا اعرف | نعم لا اعرف | 505 | هل اجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ نعم لا اعرف |
| 506 | هل اجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ نعم لا اعرف | نعم لا اعرف | 506 | هل اجري لك فصصا بعد الولادة من قبل مقدم الرعاية الصحية؟ نعم لا اعرف |

| الرقم | الاسئلة | البدايل والترميز |
|-------|--|---|
| 508 | هل اجري لطفاك فحصا بعد الولادة من قبل مقدم الرعاية الصحية؟ - اختيار من متعدد للإجابة (إزاني جميع الخيارات) | لا 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 لا اعرف |
| 601 | | لا اعرف |

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 تستخدمين 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 النفاس الريد العزيب من الأطفال الخوف من فقد القدرة على الحمل انقطاع المعطره /معيثره /منظفه اسباب مرتبطة بعدم الخصوبة |
| 605 | (قراءة جميع الخيارات) | توقف الطمث / استعمال الرحم الغفم معارضة الاستعمال معارضه السيده معارضه الزوج معارضه الآخرين اسباب دينيه الأعراض الجانبية تؤثر على وظائف الجسم تغيرات على المزاج زيادة الوزن والانتفاخ 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 اسباب مرتبطة بالاستعمال تسبب تغيرات مخاطر فشل استعمال الوسيلة 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 تستعملونها حاليا؟ (أقرأ الإجابات كافة لتميز السيدة الوسائل الحديثة من التقليدية) | الدب حقن منع الحمل الغرسه الحبوب الوفاي الذكري الوفاي الانثوي عطاء عنق الرحم البرعرة / الحليم/التحاميل الرضاعة الطبيعية المطلقة التعليم الانثوي وسائل حديثة أخرى أخرى (حدد) الامتناع الدوري الغذف الخارجى/العزل الرضاعة الطبيعية (تقليدية) وسائل تقليدية أخرى أخرى |
| 604 | من هي الجهة التي اقتنك باستخدام وسيلة تنظيم الأسرة التي تستخدمونها حاليا ؟ (اختر من متعدد، ضعى صح بجانب جميع ما ذكرته السيدة) | قرارك لوحدك كادر العيادة الصحية المتناقلة الطبيب الممرضه القبيلة القبلية الزوج الأم / ام الزوج قارب اخرون اصدقاء جيران العاطلين في مجال التوعية المجتمعية /المرشدة الصحة إحصائي اجتماعي أخر (حدد) |

| 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 الامور الحديثة أقل فعالية من الوسائل الحديثة نفس الفعالية تنظيم الامور التقليدية أكثر فعالية من الوسائل الحديثة أكثر فعالية؟ (دائرية 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 خدمات الصحة الاجابية وتنظيم الامور؟ اختر اجابة واحدة (الباحث لا يتور الخيارات) | 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؟ الباحثة: 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؟ ثبوت الاعضاء التناسلية | 1 فيروس الهيريس التناسلي 2 قيروس التناسلي/ قيروس الورم الحليمي البشري أو ثبوت الاعضاء التناسلية | 803 |

| الرقم | الاسئلة | البيانات والترميز | الانقلا ت |
|-------|--|---|-----------|
| 803 | هل تعرف الى أين يمكن اللجوء للذهاب لإجراء فحص للأمراض التي تنتقل عن طريق الاتصال الجنسي؟ | 3 التهاب الكبد 4 المبتدأة (الكلاميديا) 5 مرض الزهري 6 الإنزير/ قيروس نقص المناعة المكتسبة 7 داء المشعرات 8 الفريجة 9 التهاب المهبل الخميري 96 اخرى () 98 لا اعرف | 901 |
| 803 | هل تعرف الى أين يمكن اللجوء للذهاب لإجراء فحص للأمراض التي تنتقل عن طريق الاتصال الجنسي؟ | 1 نعم 2 لا 98 لا اعرف | 902 |

| 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 الامراض 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 بالامراض المنقولة اعلاه، هل تراجع أي من أفراد الأسرة مرافق صحية خلال الأشهر الست الماضية؟ إذا كانت اجابة نعم، يرجى تحديد المرفق الذي تم استخدامه؟ (اجابات متعددة) (اختر جميع الخيارات) | 1 مستشفى حكومي / وزارة الصحة (قطاع عام) 2 مستشفى الجامعة 3 مستشفى تابع لمنظمات غير حكومية 4 مركز صحي شامل / مركز صحي أولي 5 مركز صحي فرعي 6 مستشفى عسكري 7 عيادة صحية متنقلة تابعة لجهة حكومية 8 اخرى (حدد) 9 مستشفى خاص 10 أطباء / عيادة خاصة 11 مستشفى تابع لمنظمات غير حكومية 12 عيادة تابعة للمنظمات غير حكومية 13 عيادة صحية متنقلة تابعة لمنظمات غير حكومية 96 مراكز خاصة اخرى () 98 لا يمكنني تأمين تكلفة مقدم الخدمة 99 وقت الانتظار لتلقي الخدمة طويل | 903 |
| 903 | لماذا لم تتلقى الرعاية الصحية؟ (اختر جميع الخيارات) (اختر جميع الخيارات) | 1 عدم جودة الخدمات المقدمة 2 عدم التي بحاجة أو الكادر الطبي غير متوفر 3 عدم إمكانية تحمل التكاليف 4 عدم إمكانية تحمل التكاليف 5 عدم إمكانية تحمل التكاليف 6 عدم إمكانية تحمل التكاليف 7 عدم إمكانية تحمل التكاليف 8 عدم إمكانية تحمل التكاليف 9 عدم إمكانية تحمل التكاليف 10 عدم إمكانية تحمل التكاليف 11 عدم إمكانية تحمل التكاليف 12 عدم إمكانية تحمل التكاليف 13 عدم إمكانية تحمل التكاليف 96 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 () 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. | 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 Total: () persons Male: () Female: () | 96 98 104 105 |
| 104 | How many persons living with you in your house? (Including yourself) | Yes | 1 106 |
| 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 | 1 2 107 |
| 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) | 1 2 3 4 5 6 7 8 9 10 11 96 108 |
| 107 | What would you estimate is your total monthly household income from all sources? | _____JD Don't know | 98 |
| 108 | Please count all income from all household members? Does your house own the following functioned 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 | 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 Staying elsewhere | 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 Does your husband have another wife (other wives) besides you? | | 1 2 |
| 406 | | Yes No Don't know | 1 2 98 |
| 407 | <Women's marital and fertility> 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: _____) Number of months () months Don't know | 4 5 6 7 8 9 10 11 12 13 96 505 |
| 504 | How many months pregnant were you when you first received antenatal care for the last pregnancy? | | 98 |
| 505 | How many times did you receive antenatal care during the last pregnancy? | Number of times () times Don't know | 98 |
| 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 | <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>requested</p> <p>Requested methods not available</p> <p>Inadequate counseling</p> <p>Negative experience with FP provider</p> <p>Other (Specify)</p> <p>Don't know</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>34</p> <p>35</p> <p>36</p> <p>96</p> <p>98</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>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> <p>1</p> <p>2</p> <p>98</p> <p>1</p> <p>2</p> <p>3</p> <p>98</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> <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> <p>1</p> <p>2</p> <p>3</p> <p>98</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 Saliidiyyah 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 | | 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 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 الإجاب (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 القبلان | 4: الحسينية |
| 5: قاسم | |

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

استبيان مسح السكان والمساكن

| | |
|---|--|
| عدد النساء المتزوجات الموجودات في المنزل أثناء الزيارة (15 - 49 سنة) | |
|---|--|

| | | |
|---|-------------|--------------|
| تاريخ الزيارة Date of visit | First visit | Second 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 | البيان والتميز | البيان | البيان |
|-------|---|--------|----------------|--------|--------|
| 301 | هل لديك أي مشكلة لسفرة ابن تذهب لتلقي الرعاية الصحية؟ | نعم | 1 | 302 | البيان |
| | | لا | 2 | | |
| 302 | هل لديك أي مشكلة في الحصول على إذن الذهاب لتلقي الرعاية الصحية؟ | نعم | 1 | 303 | البيان |
| | | لا | 2 | | |
| 303 | هل لديك أي مشكلة في الحصول على المال اللازم للعلاج؟ | نعم | 1 | 304 | البيان |
| | | لا | 2 | | |
| 304 | هل لديك أي مشكلة في الحصول على المرافق الصحية من حيث المسافة؟ | نعم | 1 | 305 | البيان |
| | | لا | 2 | | |
| 305 | هل لديك أي مشكلة في إيجاد وسيلة نقل؟ | نعم | 1 | 306 | البيان |
| | | لا | 2 | | |
| 306 | هل لديك أي مشكلة تتعلق في الحصول على المال اللازم للتعليم؟ | نعم | 1 | 307 | البيان |
| | | لا | 2 | | |
| 307 | هل أنت بحاجة لوجود مرافق منك الذهاب للمرافق الصحية؟ | نعم | 1 | 308 | البيان |
| | | لا | 2 | | |
| 308 | هل لديك أي مشكلة من أن يكون مقدم الخدمة الطبية ذكر فيها يتعلق بخدمات الصحة الإنجابية؟ | نعم | 1 | 401 | البيان |
| | | لا | 2 | | |

| الرقم | البيان والتميز | البيان | البيان والتميز | البيان | البيان |
|-------|--|--|----------------|--------|--------|
| 401 | تاريخ ميلادك (الشهر والسنة) ؟ | () الشهر () السنة | | 402 | البيان |
| | | إذا لم تعرف المرأة الشهر إذا لم تعرف المرأة السنة الرجاء الامتناع بذكر العنق قدر الإمكان | | | |
| 402 | ما هو عمرك في آخر عيد ميلاد لك ؟ | لا أعرف | 98 | 403 | البيان |
| | | البيان | | | |
| 403 | الدرجة التعليمية للمرأة ما هي أعلى مرحلة دراسية التحقت بها: هل هي ابتدائي، إعدادي، ثانوي قديم، أساسي، ثانوي جديد، دبلوم متوسط، بكالوريوس، دراسات عليا؟ | البيان | | 404 | البيان |
| | | ابتدائي (1-6) إعدادي (7-9) ثانوي (10-12) البيان الجيد (الحالي) | | | |
| | | أساسي (1-10) ثانوي (11-12) الدبلوم المتوسط بكالوريوس دراسات عليا لم التحق بالمرحلة | | 405 | البيان |
| | | () السنوات | | | |
| 404 | ما هو عدد السنوات التي اكتبتها بنجاح؟ | | | 405 | البيان |
| | | وضع الزواج | | | |
| 405 | هل يعيش زوجك عدة معك في هذا المسكن أم في مكان آخر؟ | يعيش معها | 1 | 406 | البيان |
| | | | | | |
| | | البيان: إذا كان الزوج يعيش خارج الأردن، تعتبر الإجابة يعيش في مكان آخر إذا كان يعيش داخل الأردن حتى لو كان يعمل في محافظة أخرى، تعتبر الإجابة يعيش معها | | 407 | البيان |
| | | يعيش في مكان آخر | | | |
| | | نعم | 1 | | |
| | | لا | 2 | | |
| | | لا أعرف | 98 | 408 | البيان |
| | | | | | |
| | | () سنوات | | 409 | البيان |
| | | نعم | 1 | 501 | البيان |
| | | لا | 2 | | |

| الرقم | البيان والتميز | البيان | البيان والتميز | البيان | البيان |
|-------|---|--|----------------|--------|--------|
| 101 | ما هي جنسيتك؟ | أردنية | 1 | 103 | البيان |
| | | سورية | 2 | | |
| 102 | هل تم تسجيل عائلتك في وزارة الداخلية؟ | أخرى (حدد) | 96 | 102 | البيان |
| | | نعم | 1 | | |
| | | لا | 2 | 103 | البيان |
| | | () الشهر () السنة | | | |
| 103 | جميع السيدات < في أي شهر وسنة بدأت العيش في مسكنك الحالي ؟ | أخرى (حدد) | 96 | 104 | البيان |
| | | لا أعرف | 98 | | |
| 104 | كم شخص يعيش معك في المنزل؟ (بما فيهم أنت) | () الأشخاص | | 105 | البيان |
| | | () ذكور () إناث | | | |
| 105 | هل كان لديك عمل خلال الـ 12 شهر الماضية حتى ولو ساعة واحدة؟ | نعم | 1 | 106 | البيان |
| | | لا | 2 | | |
| | | في أي عمل مقابل أجر - أو في مصلحة خاصة تملكها أو تملكون جزءا منها - أو في مصلحة للأسرة دون أجر (مثال: كالمعلم في مزرعته، بقالة) | | | |
| 106 | ما هي وظيفة زوجك الحالية؟ | البيان | | 107 | البيان |
| | | البيان | | | |
| | | قطاع التعليم الادخلة المهنية والعامة والتقنية قطاع الصناعة والتصنيع قطاع الزراعة تربية المواشي الخدمات الفندقية والإقامة والخدمات الغذائية | | 108 | البيان |
| | | قطاع الجيش لا يعمل سائق أعمال أخرى، حدد () | | | |
| | | المبلغ | 98 | | |
| | | لا أعرف | 99 | | |
| | | لا تزيد الإجابة | | 301 | البيان |
| | | 1. راتب | 1. نعم | | |
| | | 2. تلقزيون | 2. نعم | | |
| | | 3. طبق لافط (مطاليت) | 3. نعم | | |
| | | 4. تلقون أرضي | 4. نعم | | |
| | | 5. تالاجة | 5. نعم | | |
| | | 6. غسالة | 6. نعم | | |
| | | 7. جلاية صحنون | 7. نعم | | |
| | | 8. سخان شمسي | 8. نعم | | |
| | | 9. مكيف | 9. نعم | | |
| | | 10. مروحة | 10. نعم | | |
| | | 11. مبرد مياه (كولر) | 11. نعم | | |
| | | 12. ماكغروف | 12. نعم | | |
| | | 13. كالمبر راقسية | 13. نعم | | |
| | | 14. هاتف نقال/ موبيل | 14. نعم | | |
| | | 15. كمبيوتر ثابت، كمبيوتر محمول | 15. نعم | | |
| | | 16. اشتراك الانترنت | 16. نعم | | |
| | | 17. سيارة خاصة للاستخدام الشخصي | 17. نعم | | |

| الرقم | الاسئلة | البيانات والترميز | الانقلاط |
|-------|------------------------------------|-------------------------------|----------|
| 409 | ما هو عمرك عند انجاب الطفل الأول ؟ | (سنوات) لا اعرف | 410 |
| 410 | ما هو عدد اولادك وبناتك ؟ | () الولد () البنات | 411 |
| 411 | هل اجبتك امك متزوجين ؟ | اطفال متزوجين | |
| | هل اجبتك امك متزوجين ؟ | لا | |

صحة المرأة
القسم الخامس: العناية أثناء الحمل وبعد الولادة

| الرقم | الاسئلة | البيانات والترميز | الانقلاط |
|-------|--|--|----------|
| 501 | متى كانت اخر ولادة لك؟ | لم انجب انا حامل الان يعطى الأول انا حامل الآن، بطلت نيس الأول لي متى كانت اخر ولادة لك، سنة () نعم : في اى سنة () | 601 |
| 502 | خلال حملك الاخير، هل رجعت اى احد لتلقى الرعاية الصحية؟ (اجابة واحدة) | لا | 503 |
| 503 | انا كانت الاجابة نعم في السؤال السابق 502 هل هناك اشخاص آخرون ؟ (اختر اجابة واحدة، المكان الاساسي والاكثر زيارة) | مستشفى حكومي/وزارة الصحة مستشفى الجامعة مركز صحي شامل / مركز صحي اولى مركز صحي فرعي مستشفى عسكري عيادة صحية متنقلة تابعة لجهة حكومية اخرى (حدد) مستشفى خاص عيادة خاصة مستشفى تابع لمنظمات غير حكومية عيادة تابعة لمنظمات غير حكومية الجمعية الازدية لتنظيم وجمعية الامرة عيادة صحية متنقلة لمنظمات غير حكومية مراكز خاصة اخرى | 504 |
| 504 | هل رعية صحية حصلت عليها خلال حملك الاخير كانت في الشهر ؟ | شهر الحمل () لا اعرف | 505 |
| 505 | ما هي عدد مرات تلقي خدمة رعية الحامل أثناء الحمل ؟ | (عدد المرات) لا اعرف | 506 |
| 506 | اين انجبتك مولودك الاخير ؟ (اختر اجابة واحدة) | منزل / منزل اخر (قطاع عام) مستشفى حكومي مستشفى الجامعة مستشفى عسكري اخرى عام (حدد) مستشفى خاص مستشفى تابع لمنظمات غير حكومية عيادة تابعة لمنظمات غير حكومية اخرى (حدد) | 507 |
| 507 | هل اجري لك فحصا بعد الولادة من قبل مقدم الرعاية الصحية؟ - اختبار من متعدد للباحثة (اقراني جميع الخيارات) | في المستشفى (خلال 24 ساعة بعد الولادة) اليوم الثالث بعد الولادة (48 - 72 ساعة) ما بين اليوم الرابع والسابع ما بين 7-14 يوم بعد الولادة في الاسبوع السادس بعد الولادة | 508 |

| الرقم | الاسئلة | البيانات والترميز | الانقلاط |
|-------|---|--|----------|
| 508 | هل اجري لطفاك فحصا بعد الولادة من قبل مقدم الرعاية الصحية؟ - اختبار من متعدد للباحثة (اقراني جميع الخيارات) | لم اتلقى اى خدمة لا اعرف في المستشفى (خلال 24 ساعة بعد الولادة) اليوم الثالث بعد الولادة (48 - 72 ساعة) ما بين اليوم الرابع والسابع ما بين 7-14 يوم بعد الولادة في الاسبوع السادس بعد الولادة لم اتلقى اى خدمة لا اعرف | 601 |

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

| الرقم | الاسئلة | البيانات والترميز | الانقلاط |
|-------|--|--|----------|
| 601 | اسئلة لجميع السيدات (وسائل منع الحمل) في الوقت الحالي هل تستخدمين شيئا أو تستخدمين اى وسيلة لتأخير أو تجنب الحمل ؟ | نعم لا | 603 |
| 602 | ما هي اهم ثلاثة اسباب /مخاوف التي تمنعك من استعمال اية وسائل حديثة لتنظيم الأسرة ؟ الاجابات المقترحة بالتسلسل: الارلى و الثانية و الثالثة (قراءة جميع الخيارات) | حمل في فترة النفاس أريد المزيد من الأطفال الخوف من فقد القدرة على الحمل انقطاع الممارسة /معاينة منقطعة اسباب مرتبطة بعدم الخصوبة توقف الطمث / استئصال الرحم عقم اولي/ عقم ثانوي معارضة الاستعمال | 605 |
| 605 | معارضة السيدة معارضة الزوج معارضة الآخرين اسباب دينية الأعراض الجانبية تؤثر على وظائف الجسم تغييرات على المزاج زيادة الوزن والانتفاخ اوجاع الراس والصداع نزيف أو عدم انتظام الحيض خطر الإصابة بالسرطان خطر على الصحة لا تستطيع الاستعمال بسبب مخاطر صحية سابقة الخوف من الاعراض الجانبية اسباب مرتبطة بالاستعمال نسيان تناولها مخاطر فشل استعمال الوسيلة/عدم الفعالية صعوبة الاستعمال عدم المتابعة (تعارض مع المعالجة) ضعف المعرفة عدم المعرفة بالي وسيلة عدم معرفة اى مصدر للخدمة اسباب ترتبط بالوصول ضعف الوصول/ بعد المسافة للحصول على الخدمة الوقت اللازم طويلا للحصول على الوسيلة التكلفة عالية اسباب ترتبط بمزودة الخدمة/المرافق عدم وجود نساء مزودات الخدمة عدم وجود خصوصية الوسائل المتوفرة لدى مزود الخدمة محدودة | 1 2 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 27 28 29 30 31 32 | 602 |

| 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 | الواقى الاثري | |
| 7 | عشاء عرق الرحم | |
| 8 | الرغوة / الجيلي/التحاميل | |
| 9 | الرضاعة الطبيعية المطلقة | |
| 10 | التعقيم الاثري | |
| 11 | التعقيم للذكوري | |
| 12 | أخرى (حدد) وسائل حديثة أخرى | |
| | 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 القابولية | |
| 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 نفس التقليدية ، فكر فعالية من وسائل تنظيم الأسرة الحديثة أكثر فعالية ؟ | |
| 1 | الوسائل الحديثة نفس التقليدية | |
| 2 | الوسائل الحديثة أكثر فعالية | |
| 3 | الوسائل الحديثة أقل فعالية | |
| 98 | لا أعرف | |
| 608 | قرارك لوحدك | |
| 1 | الزوج | |
| 2 | قرار مشترك بينك وبين زوجهك | |
| 3 | أفراد العائلة الذكور (الكبار) | |
| 4 | أفراد العائلة الإناث (الكبار) | |
| 5 | أفراد أخرى | |
| 96 | لا أعرف | |

| 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 القوي | |
| 3 | موظفي المركز صحي شامل، موظفي المركز الصحي الأولي | |
| 4 | مشورة من قبل طبيب خاص | |
| 4 A | 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 /مصح | |
| 14 | العائلة أو الاقارب | |
| 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 وشيا على الأقدام، سيراً... 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 روعي | 1. نعم | 2. لا | 1. مشياً على الأقدام | 1. أقل من 98 | لا | 1. نعم | 202 |
| 202 | أقرب (أو المستخدم عادة) | 1. نعم | 2. لا | 2. سيارة خاصة | أعرف | لا | 1. نعم | 203 |
| 203 | مركز صحي شامل | 1. نعم | 2. لا | 3. سيارة مستأجرة | أعرف | لا | 1. نعم | 204 |
| 204 | مركز صحي شامل | 1. نعم | 2. لا | 4. مواصلات | أعرف | لا | 1. نعم | 205 |
| 205 | عيادة صحية خاصة | 1. نعم | 2. لا | 5. سرفيس (سيارة أجرة) | أعرف | لا | 1. نعم | X1 |
| | أقرب مستشفى | 1. نعم | 2. لا | 96. أخرى ، حدد | أعرف | لا | 1. نعم | X2 |

*ملاحظة: إذا كانت وسيلة المواصلات "مشياً 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 مطبخاً اليانية الشمالية منذ شهر 10، 2017 | نعم لا |
| X2 | وتقدم خدمات الصحة الأجنبية؟ أين كان اصطفاك العيادة المتنقلة؟ (اختيار من متعدد) | جميعاً رعية الطفل في منطقة السويدية بالقرب من السويد مار كاك على الطريق العام، بجانب مدرسة المستاة الثانوية للبنات جميعاً منسوبة القبائل 5 أخرى ، حدد 96 98 |
| X3 | هل تلتفتي أي خدمات من العيادة الصحية المتنقلة منذ شهر 10، 2017؟ | نعم كمر مرة () لا |
| X3A | > للتساءل عما إذا كانت العيادة الصحية المتنقلة التي تعمل منذ شهر 10، 2017؟ | نعم، إذا كانت لإجابة نعم أين كان مكان اصطفاك العيادة عندما تلتفتي للخدمة؟ لا |
| | | 1 2 |

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

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

| الرقم | الإسئلة | البدايل والترميز |
|-------|--|--|
| X4 | ما هي الخدمات التي تلقيناها؟ <الباحثة: أقرني جميع الخيارات> | 1 اختيار من متعدد |
| X5 | كم استغرقت من الوقت للوصول إلى العيادة الصحية المنتقلة؟ | 96 لا أعرف |
| X6 | ما هي وسيلة التنقل التي استخدمتها للوصول إلى العيادة المنتقلة؟ | 1 مشيا على الأقدام. 2 سيارة خاصة. 3 سيارة مستأجرة / تاكسي 4 مرافقات عامة (ياص أو سيزفيس) 96 أخرى ، حدد |
| X7 | هل تعتقد أنك غيرت بعض أو أكثر من أفكارك، معتقداتك تجاه أسلوب الحياة الصحية بعد تلقي الخدمات من العيادة الصحية المنتقلة؟ | 1 نعم 2 لا |
| X8 | الراي بالعبارة الصحية المنتقلة هل تعتقد أن الخدمات التي تقدمها العيادة المنتقلة لا أوافق بشدة 2، لا أوافق 3، محايد 4، أوافق 5، أوافق بشدة | 96 لا أعرف |

| الرقم | الإسئلة | البدايل والترميز |
|-------|---|-----------------------------|
| 701 | هل أجريت فحص سرطان الثدي للكشف عن سرطان الثدي بتمسك خلال الـ 12 شهرا الماضية؟ | 1 نعم 2 لا 98 لا أعرف |
| 702 | هل أجريت فحص سريري لسرطان الثدي للكشف عن سرطان الثدي في الـ 12 شهرا الماضية؟ | 1 نعم 2 لا 98 لا أعرف |

| الرقم | الإسئلة | البدايل والترميز |
|-------|--|---|
| 801 | هل سمعتي من قبل من الأمراض المنقولة جنسيا؟ | 1 نعم 2 لا 98 لا أعرف |
| 802 | ما هي الأمراض المنقولة جنسيا التي سمعت عنها؟ اختر كل ما ذكرته السببة الباحثة (لا تقراً الخيارات) | 1 فيروس الهربس التناسلي 2 الفيلقيل التناسلي/ فيروس الورم الحليمي البشري أو فيروس الأعضاء التناسلية 3 التهاب الكبد 4 المندثرة (الكلاميديا) 5 مرض الزهري 6 الإنزير/ فيروس نقص المناعة المكتسبة 7 داء المشعرات 8 القوبحة 9 الإلتهاب المهبلي الخميري 96 أخرى، حدد () 98 لا أعرف 901 نعم 2 لا |
| 803 | هل تعرف إلى أين يمكن للناس الذهاب لإجراء فحص للأمراض التي تنتقل عن طريق الاتصال الجنسي؟ | 1 نعم 2 لا |

| الرقم | الإسئلة | البدايل والترميز |
|-------|---|---|
| 901 | هل يعاني أي من أفراد الأسرة أي من الأمراض التالية؟ (الجذبات متعددة) <أقرأ جميع الإجابات> | 1 لا 2 ارتفاع ضغط الدم 3 امراض القلب والأوعية الدموية 4 السكري 5 الأمراض التنفسية المزمنة 6 امراض الغدة الدرقية 7 السرطان 8 ألم المفاصل 98 لا أعرف 99 التهاب 902 لا أعرف 903 لا التبابة |
| 902 | فيما يتعلق بالأمراض المنكورة أعلاه، هل راجع أي من أفراد الأسرة مرافق صحية خلال الأشهر الست الماضية؟ إذا كانت الإجابة نعم، يرجى تحديد المرفق الذي تم استخدامه؟ (خيارات متعددة) (أقرأ جميع الخيارات) | 1 مستشفى حكومي/ وزارة الصحة (قطاع عام) 2 مستشفى الجامعة 3 مستشفى خاصة 4 مركز صحي شامل / مركز صحي أولي 5 مركز صحي فرعي 6 مستشفى عسكري 7 عيادة صحية منتقلة تابعة لجهة حكومية 8 أخرى (حدد) (قطاع خاص) 9 مستشفى خاص 10 أطباء / عيادة خاصة 11 مستشفى تابع لمنظمات غير حكومية 12 عيادة تابعة لمنظمات غير حكومية 13 عيادة صحية منتقلة تابعة لمنظمات غير حكومية 96 مراكز خاصة أخرى حدد () |

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

مرحباً أنا باحثة من خلال مركز الدراسات الاستراتيجيه في الجامعة الأردنية ووزارة الصحة الأردنية. نقوم 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 أخبرني 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 يمكنك 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, Mafrq. 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% |
| zamet/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% | 98.1% | 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=10Flis)

| | 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=10Flis)

| | 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 | 33 | 13 | 46 | 67 | 38 | 105 |
| Yes | 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?

| | 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?

| | 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 | 0 | 0 | 0 |
| | 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 |
| Average | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Sample standard deviation | 21.64 | 22.27 | 21.80 | 21.02 | 22.85 | 21.48 |
| | 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 |
| Average | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Sample standard deviation | 1.81 | 1.91 | 1.83 | 1.83 | 1.91 | 1.85 |
| Male | 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 | 9 |
| | 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> (Circle one)

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 >

| | Baseline | | | Endline | | |
|-------|--------------|------------|--------|--------------|------------|--------|
| | Intervention | Comparison | Total | Intervention | Comparison | Total |
| Yes | 151 | 68 | 219 | 169 | 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 | 9 |
| | 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 primary 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 |
| | 9.8% | 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% |
| Saiediyah 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% | 22 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



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- Operational Trial in Mafraq Governorate



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.

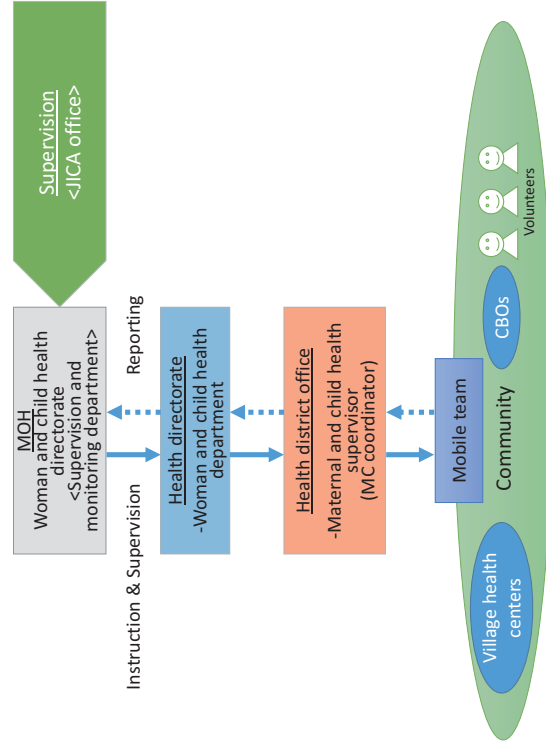


Figure 1 Operation Systems

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).

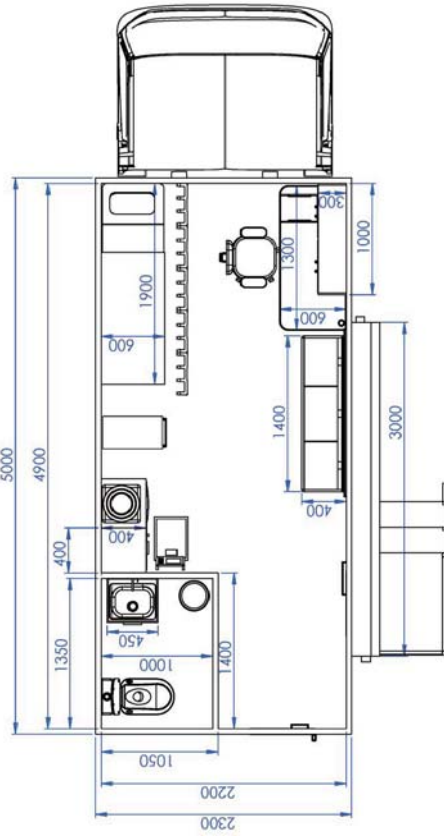


Figure 2 Inside the Medical Box

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.

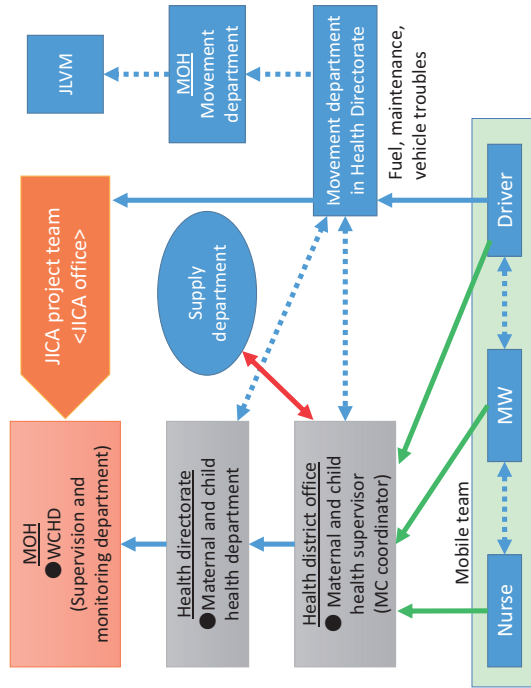


Figure 3 Daily Operational Mechanisms

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 |

| | | |
|--------------|--|---|
| | | - 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) | |
| | • Reporting | - MA system |
| Day 2 | • 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.) |

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: _____


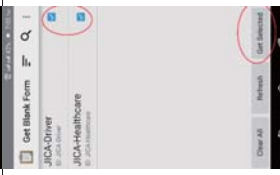


Name of the Supervisor: MCH supervisor/ Northern Badia Health district office

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 | | | | | | | | | | | | |
| 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 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:

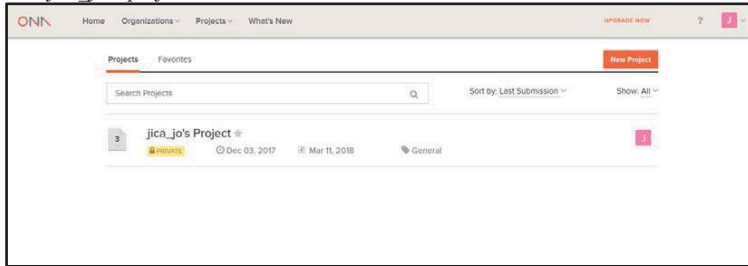
| Date | start Time | Staff name | | | Number of clients | | | | | | | | | | Health Education | | | Remarks | |
|------|------------|------------|----|--------|-------------------|---------------|----------------|-----|-----|------------|--------------|-------------------------|---------------|-----------------|------------------|----------------------|----------------|---------|--|
| | | 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 | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | |

Annex 3-2: Server part manual

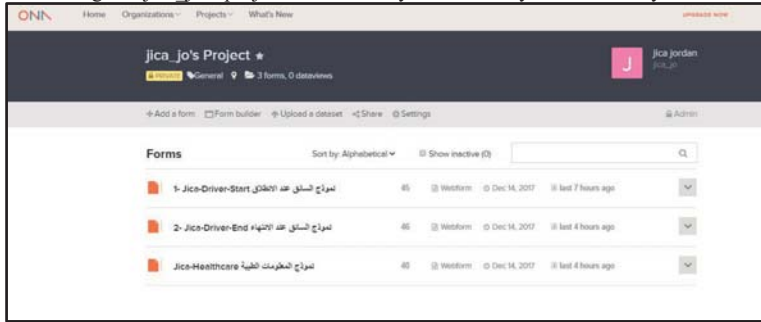
Open ONA website and enter Username and Password.

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”.

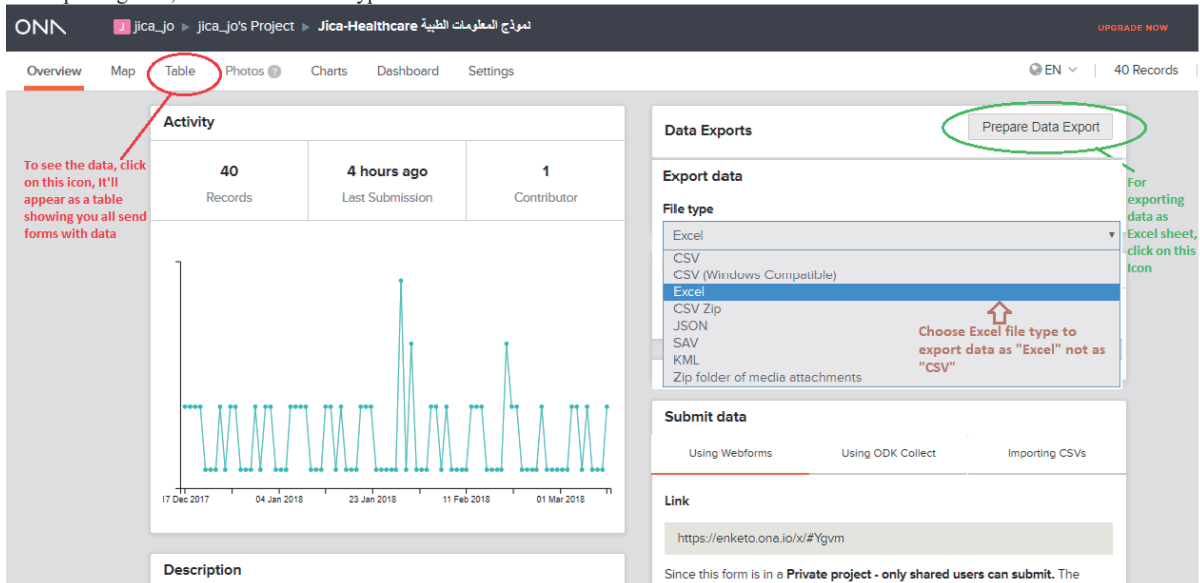


2- Clicking on “jica_jo’s project” will show you all forms you have. And you can double click any form you want to see the data.

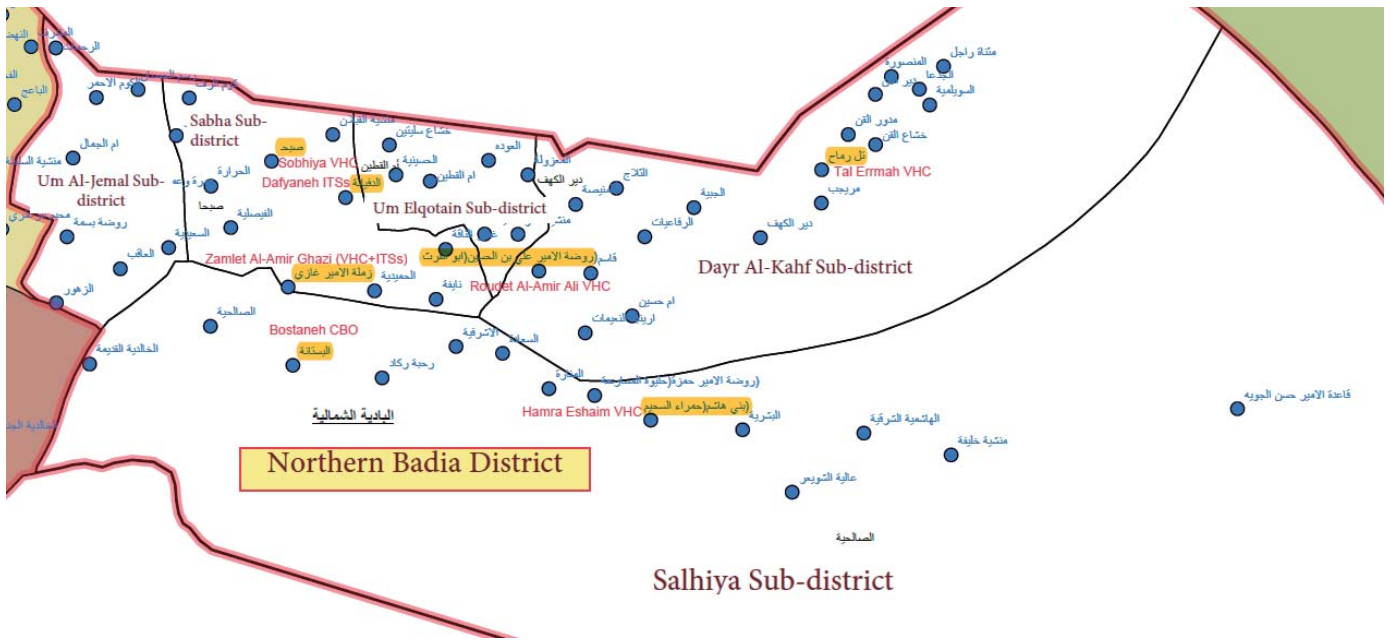


3- Choosing any form, will open a page like this, the main important Icons are “Table, to show the data” and “Prepare Data Export, to export data as an Excel sheet”

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 | Roudet Basmah PHC | 10,376 | 5,018 | 2,624 | 262 | 1,422 | 1,040 | 17 | 30 | Roudhet Basmah women charity and Alyosor Charity |
| | 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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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 واللاجئين السوريين الذين يعيشون في المجتمعات المستضيفة للاجئين السوريين في شمال الأردن.

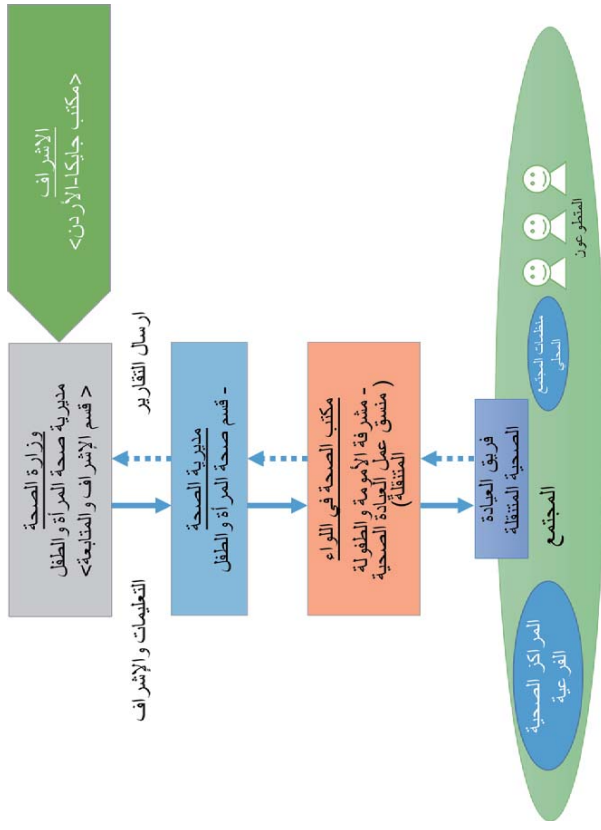
وتعرف العيادة الصحية المتنقلة بأنها قسم أمومة وطفولة في مركز صحي، وقد تم إدخالها على نظام المعلومات في وزارة الصحة وحصلت على الكود التعريفي (ID/ Identification Number)

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 تقود 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.

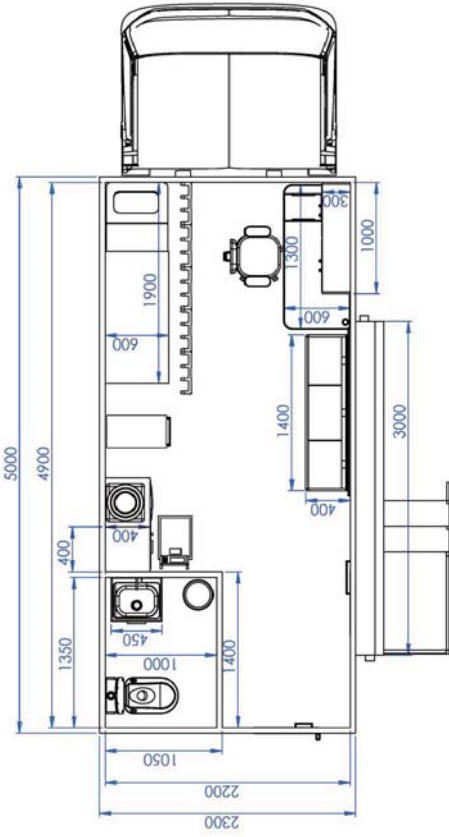
خمس مبادئ

- 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 للمراجعيين. هناك ثلاثة مقاعد للانتظار للمراجعيين 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 للمقدّم الموقع بين الطرفين، فإن أي خلل في العيادة يقع ضمن كفاءة 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 للقابلة
- 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 للمراجعيين 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 والمعادن>
- - مجموعة فيتامينات ب.
- - حمض الفوليك.
- - الحديد
- <مضادات الحموضة>
- <أدوية الحرارة>
- - (شراب وتحاميل)
- <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، القائبة 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.

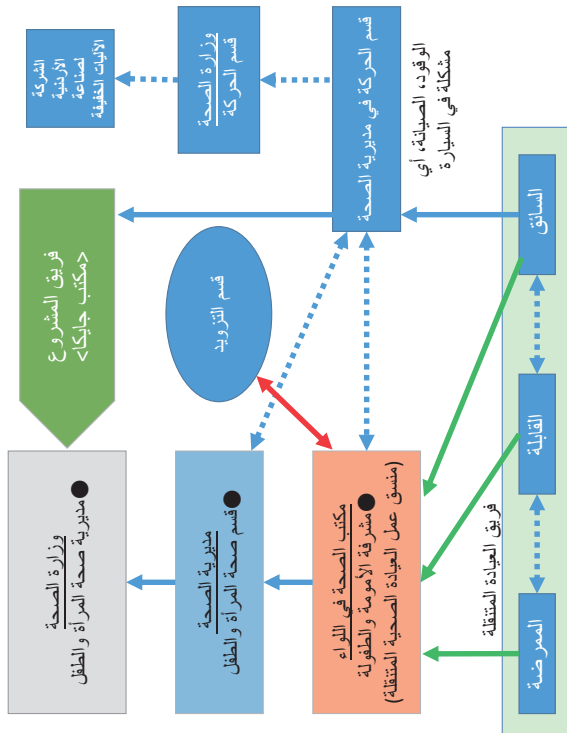
| الوقت | مهام أ <التدريب والتنسيق> | مهام ب <القابلة + الممرضة> | مهام ج <القابلة + الممرضة> |
|-------|--|---|---|
| 9:00 | - التوصل - التواصل مع الشخص المعني في المنطقة | تقديم الخدمات | أنشطة تعزيز الصحة |
| 9:30 | - البدء بتقديم الخدمات من قبل الفريق الطبي | - ترتيب مكان الاستقبال - تحضير الملفات والسجلات - التأكد من جاهزية المعدات الطبية | - استناداً 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، يتعين 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 إجازة، 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 وتقديم 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/ مشرفة 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، ومشرفة 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 العام المقبل وطلب الموازنة.
 وفي نهاية كل ربع سنة، يتعين على منسق العيادة المتقلة مشرفة 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 تلقائياً 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.

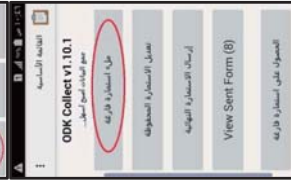


6- اختر النموذج الذي تريد تنزيله على الجهاز، يوضع علامة صح في المربع، ثم اضغط على "الحصول على الاستمارات الجديدة"

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

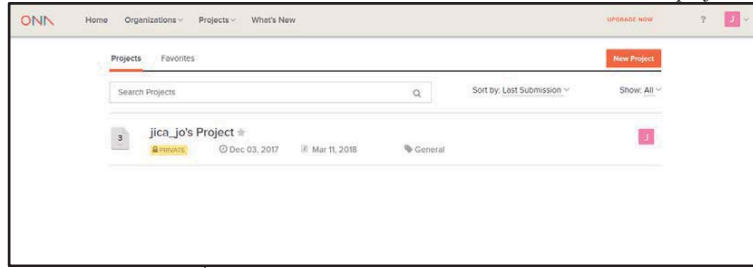
ملحق 3-2: دليل استخدام الخادم، لتطبيق الهاتف الذكي.

افتح موقع ONA، وادخل اسم المستخدم وكلمة المرور.

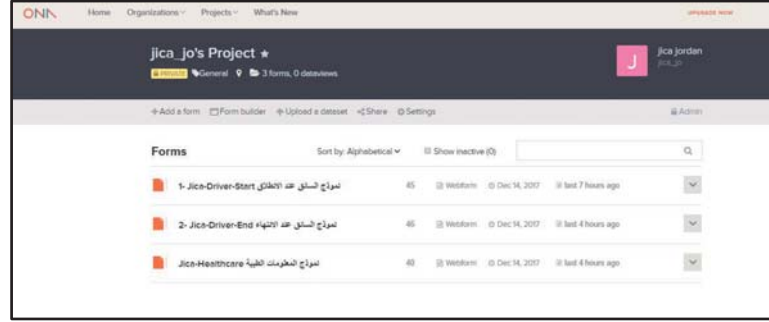
الموقع: <https://ona.io/login>

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".



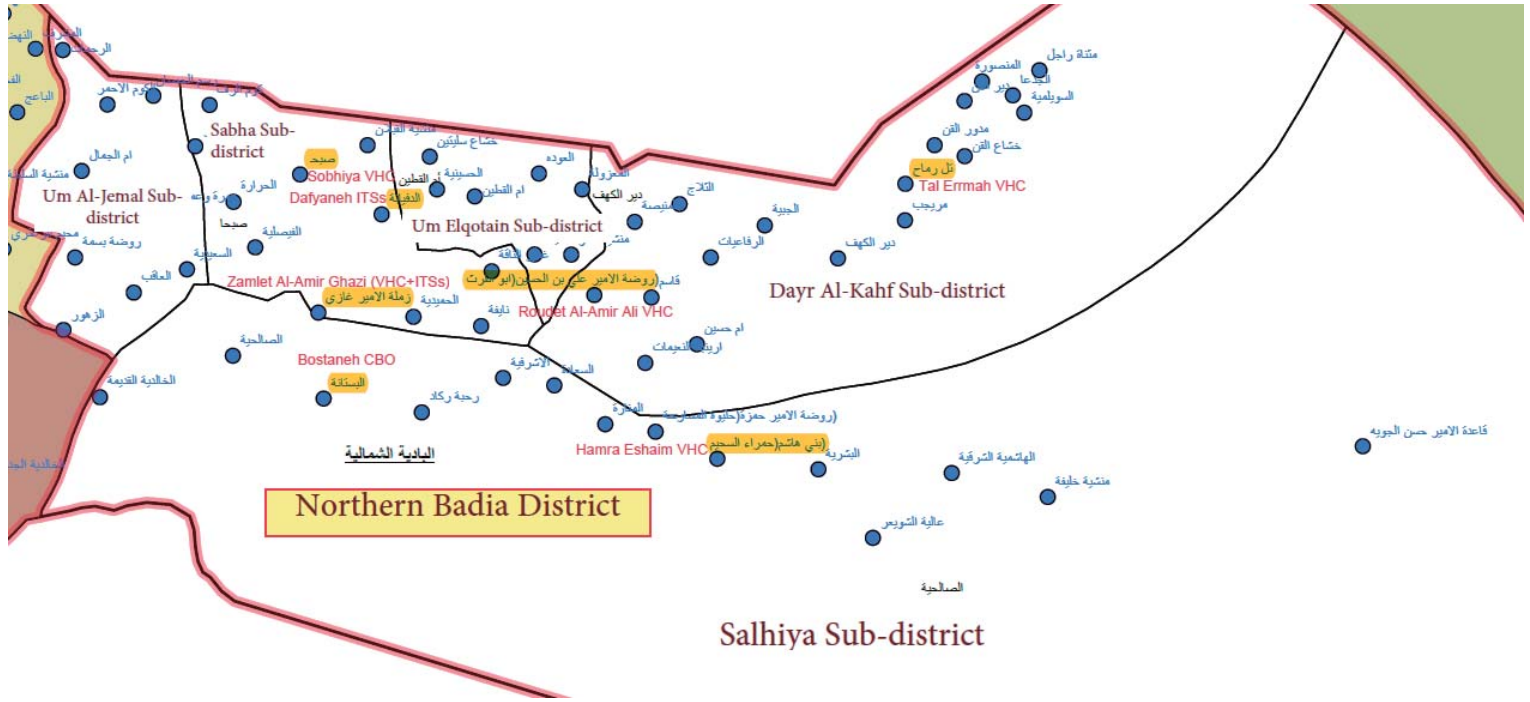
2- بالضغط على "jica_jo's project" سيظهر لك جميع النماذج كما هو موضح أدناه. اضغط على النموذج الذي تريده ليتم عرض بياناته.



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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 | 84 | 18 | 175 | 335 | 616 | تل الرماح الفرعي | تل رماح | | |
| | 45 | 35 | 15 | 15 | 3 | 29 | 55 | 113 | | ارثية نعيمات | | |
| | 70 | 60 | 48 | 48 | 9 | 92 | 175 | 353 | مدور الفن الفرعي | مدور الفن | | |
| | 35 | 30 | 26 | 26 | 5 | 47 | 89 | 192 | | الثلج | | |
| | 40 | 35 | 20 | 42 | 9 | 87 | 166 | 310 | | خشاع الفن | | |
| الرحمات للاحتياجات الخاصة | 70 | 60 | 17 | 17 | 3 | 31 | 60 | 122 | | المنصورة | | |
| | 45 | 40 | 11 | 11 | 2 | 18 | 34 | 77 | | مرجيب | | |
| | 40 | 35 | 18 | 53 | 9 | 88 | 168 | 389 | | ام حسين | | |
| | 40 | 35 | 79 | 79 | 15 | 149 | 285 | 579 | | 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 القبلان | | 656 | 335 | 175 | 18 | 90 | 44 | 11 | 15 | جمعية منشية القبلان |
| | 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

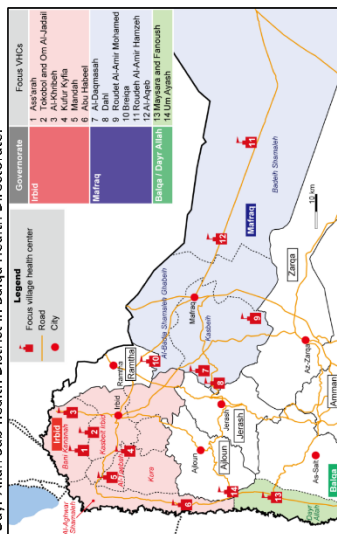
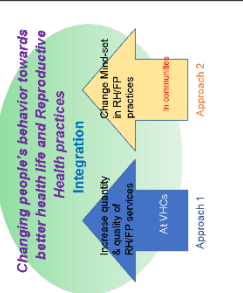
Project Overview

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

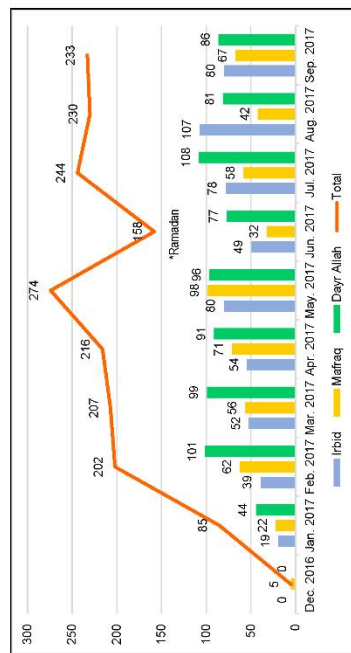
- Health workers of focus VHCs received in-service training on FP, ANC, PNC, and child care services.
- The VHC Health workers received on-the-job training at upper level health facilities.
- Supervisory visits to focus VHC have been routinely conducted.
- Experienced midwives expanded coverage of RH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



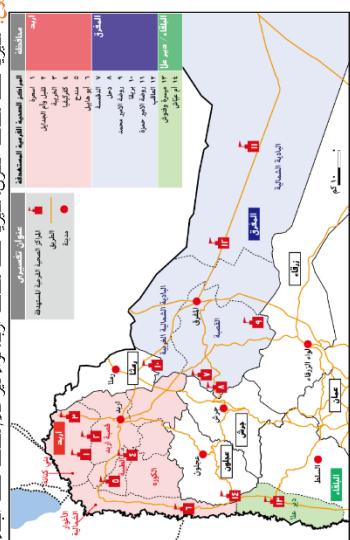
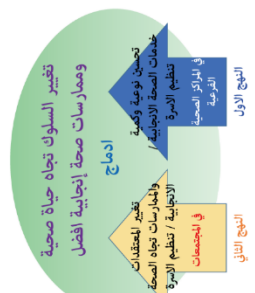


المملكة الأردنية الهاشمية

موجز عن المشروع

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

- مدة المشروع: من نيسان ٢٠١٦ ولغاية آذار ٢٠١٨.
- الجهة الماندة للمشروع: مديرية صحة المرأة والطفل/ وزارة الصحة.
- **هدف المشروع:** تحسين الخدمات المقدمة في المراكز الصحية القرية في المناطق المستنقفة. وحتى يتحقق الهدف، تم تحديد ثلاث مخرجات ونشاطات وهي كالتالي:
 - **المخرج الأول:** تأمين بيئة مواتية في المراكز الصحية القرية المستنقفة من قبل المشروع.
 - **تحديث الدلائل التشغيلية للمراكز الصحية القرية:**
 - التزويد بعبوات صحية متنقلة وشغلها.
 - التزويد باللائات 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)
- **مواقع المشروع:** مديرية صحة محافظة المشرق، مديرية صحة محافظة إربد، أبراء دير، عملا محافظة صحة البلقاء.



إنجازات المشروع

- المخرج الأول:** تأمين بيئة مواتية في المراكز الصحية القرية
- تم تحديث وإصدار الدلائل التشغيلية لخدمات الصحة الإيجابية/ تنظيم الأسرة للمرأة الصحية القرية/مستنقفي الأردنية والإجانبية
 - تم تحديث وإصدار الوثيقة التوجيهية لوسائل تنظيم الأسرة لجميع مراكز الأهمية والخطورة والمرکز الصحية القرية التي تقدم خدمات الأهمية والخطورة وتنظيم الأسرة
 - تم تقييم المعدات الطبية الأساسية من قبل المشروع ووزارة الصحة
 - تم تقييم العبوات الصحية المتنقلة 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 لاستحداث خدمات الصحة الإيجابية في المراكز الصحية القرية المستنقفة تم عقد تدريبات على مواضيع الصحة الإيجابية وتوفير فلاتل لتغطية المراكز الصحية القرية، كما وتم تنفيذ تدريب في مهام العمل للتأهيل والممرضات العاملات في المراكز الصحية القرية المستنقفة من قبل المشروع
- تم تنفيذ زيارات إشرافية ل ١٤ مركز صحي فرعي مستهدف

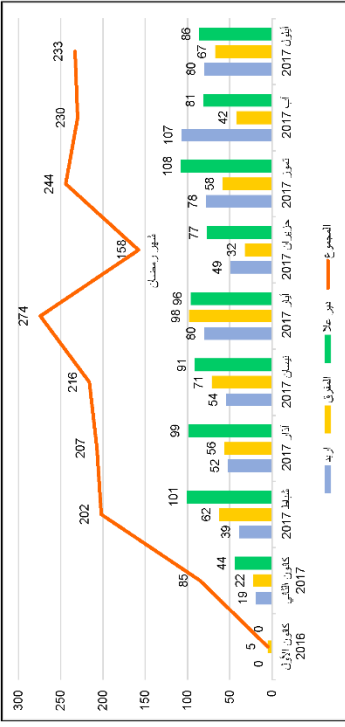


المخرج الثالث: تغطية أنشطة تعزيز الصحة في المراكز الصحية القرية

- تم عقد ورشات تدريبية على مواضيع تعزيز الصحة في المحافظات الثلاث المستنقفة
- تشكل لجان صحة المجتمع في ١٤ قرية مستنقفة وعقد حفل لإطلاق أنشطة تعزيز الصحة في ١٤ قرية مستنقفة
- تم عقد ١٠٤ نشاط تعزيز صحي، وبلغ عدد الحضور الكلي ٢٣٣٧ شخص في ١٤ قرية مستنقفة، خلال الفترة ما بين نيسان إلى أيلول ٢٠١٧.



الإنجازات بشكل عام: زيادة عدد متلقي 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



Dr. Mohammed Tarawneh

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.

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



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@dmh.gov.jo

Snapshots of Achievements in 2016


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.



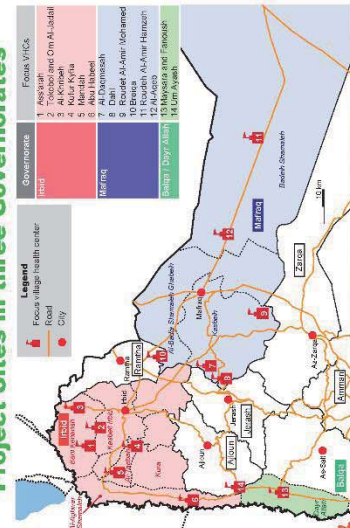
Training for Health Staff

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.



at Balqa

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
- Balqa

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.: Open house meeting

Aug.: 1st JCC meeting

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

Sep.-Nov.: Household survey

Oct.: Training on FP and counselling and Training on FP logistic

Nov.: Training on Reproductive Health services at VHCs

Dec.: 2nd JCC 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 Refresh workshops for nursing staff

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

Dec.: Preparation for the endline survey.



لقطات من الانجازات خلال عام ٢٠١٦

حفل الافتتاح
تم عقد حفل افتتاح المشروع في الثالث من شهر ابريل لعام ٢٠١٦ في عمان ، وبحضور ٤٦ مشارك من الأخصائيين المعنيين، وتضمن الاحتفال عرض الخطوط العريضة للمشروع ومناقشة النقطة التشغيلية مع الأخصائيين المعنيين. المبادرات في الاحتفال هم من المبادرات المركزية /وزارة الصحة (٣٦) ، مشاركة من مندوبات الصحة ، (٣٧) من المجلس الأعلى للسكان (١٠) من شركة التنمية ، (٢) من مكتب الوكالة اليابانية للتعاون الدولي - الأردن وفريق المشروع ، وكانت أهم ملاحظات المتحضر هي تحديد مهام ومسؤوليات المراكز الصحية الفرعية ، تعديل الإجراءات التنظيمية وتقديم واستمرارية المشروع وما إلى ذلك من ملاحظات أخرى.

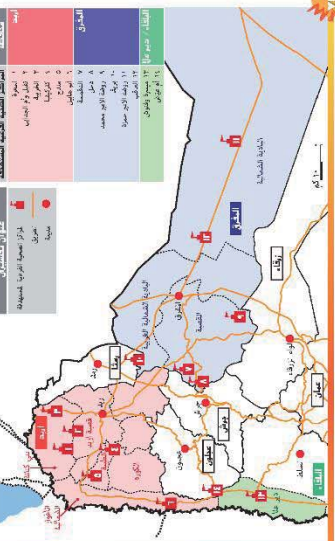


تدريب الكوادر التمريضية

عقد المشروع ٢٥٧ دورة من المحاضرات التدريبية ، التدريب الأول على مواضيع الصحة الإنجابية (رعاية الحمل والتماس الثاني على نظم التزويد الأولي لوسائل تنظيم الأسرة وثالث على خدمات الصحة الإنجابية (رعاية الحمل والتماس ورعاية الطفلة) في مراكز الصحة الفرعية. وبعد الانتهاء من هذه التدريبات ستكون الكوادر التمريضية العاملة في المراكز الصحية الفرعية المستهدفة من قبل المشروع قادرين على تقديم خدمات تنظيم الأسرة (التزويد بحبوب منع الحمل ووسائلها) والأدوية ومشورة تنظيم الأسرة) والخدمات الأساسية للصحة الإنجابية.



مواقع المشروع في الثلاث محافظات



مدير مديرية صحة إربد وأطفال ، د. ميثاق العوي

نوع الاكترون للمشروع
<https://www.jica.or.jp/project/english/hodan001/index.html>

عنوان
خطه العمل ووظيفة فريق المشروع
مؤسسة
رؤساء وحدة اجنابات الصحة الإنجابية من قبل وزارة الصحة
يهدف فريق العمل لتطوير المراكز الصحية الفرعية
مخبر - إربد - مع المخبر الصحية الفرعية
لبن - إربد - مع المخبر الصحية الفرعية
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لبن - إربد - مع المخبر الصحية الفرعية
لبن - إربد - مع المخبر الصحية الفرعية

الانشطة المنبثقة في عام ٢٠١٦

- كورس الأخصائين الطبيين في الصحة الإنجابية
- كورس الأخصائين الطبيين في الصحة الإنجابية
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- كورس الأخصائين الطبيين في الصحة الإنجابية



نشرة المراكز الصحية الفرعية

من اجل حياة وممارسات صحة انجابية صحية
العدد الأول، آذار ٢٠١٧

مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستهدفة بالمشروع

كلمة المدير الترحيبية

فتتح هذه النشرة بكلمة ترحيبية للأدوية محمد الطرارة مدير مديرية الرعاية الصحية الأولية بصفتها فيما عن قوتها تجاه هذا المشروع.

على مدى السنوات القليلة الماضية، أدى تدفق أعداد كبيرة من اللاجئين السوريين إلى الأردن إلى زيادة العبء على قدرة الدولة في توفير الخدمات الصحية. ووفقاً لإحصائيات تعداد العام للسكان ٢٠١٥، هناك ١.٧٧ مليون سوري يقيم في المملكة الأردنية الهاشمية، ٤٤٪ منهم يقعون في محافظتي إربد والفرافرة، ووفقاً للمعلومات التي جمعها الوكالة اليابانية للتعاون الدولي من خلال زيارات ميدانية في آب ٢٠١٤ فإن معدل إقبال أسرة التوليد لبعض المستشفيات في إقليم الشمال من الأردن تجاوزت نسبة ١٠٠٪ وكان أكثر من نصفهم من اللاجئين السوريين.

وتبعاً لذلك، من أجل المحافظة على نوعية وكفاءة الخدمات الصحية المقدمة للأردنيين في المجتمعات المستهدفة بالمشروع، فإننا بحاجة إلى تحسين المرافق الصحية لتحسين كمية ونوعية الخدمات المقدمة.



الدكتور محمد الطرارة

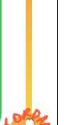
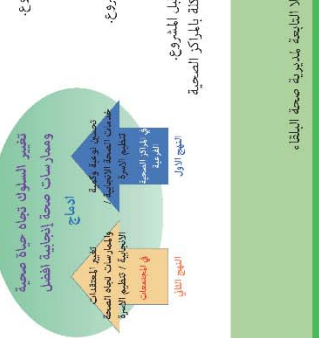
نبذة عن مشروع "لمركز الصحية الفرعية"

تم اطلاق المشروع في شهر نيسان من عام ٢٠١٦ كعمل مشترك ما بين وزارة الصحة الأردنية والوكالة اليابانية للتعاون الدولي (جاكا). بهدف هذا المشروع إلى تحسين نوعية الخدمات المقدمة في المراكز الصحية الفرعية في المناطق المستهدفة من قبل المشروع من خلال تحسين كفاءة المراكز الصحية الفرعية والتشجيع على اتباع نماذج حياة صحية وممارسات صحية إنجابية أفضل للأردنيين واللاجئين السوريين.

هدف المشروع هو : تحسين الخدمات المقدمة في المراكز الصحية الفرعية في المناطق المستهدفة من قبل المشروع ، وتم تحديد ثلاث مخارج ووظائف وهي كالتالي:

- المخرج الأول:** تأمين بيئة مواتية في المراكز الصحية الفرعية المستهدفة من قبل المشروع،
 - تحديث البنايات المتدهورة للمراكز الصحية الفرعية
 - التزويد باللائحة والاصوات الكهربائية الأساسية
 - توفير مياه شرب نظيفة
- المخرج الثاني:** رفع كفاءة تقديم الخدمات في المراكز الصحية الفرعية في مواقع المشروع،
 - عقد الدورات التدريبية
 - زيارات التوعية للمراكز الصحية الفرعية
- المخرج الثالث:** تفعيل أنشطة تعزيز الصحة في ١٤ مركز صحي فرعي مستهدف من قبل المشروع،
 - أنشطة تعزيز الصحة (من خلال تفعيل لجان صحة المجتمع المشكلة بالمراكز الصحية الفرعية المستهدفة)

مدة المشروع: نيسان ٢٠١٦ – ونهاية نيسان ٢٠١٨
الجهة المنظمة: مديرية صحة إربد وأطفال /وزارة الصحة
موقع المشروع: مديرية صحة إربد، مديرية صحة إربد وأطفال /وزارة د. علا التايبة - مديرية صحة إربد وأطفال



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

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 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.

MOH continuously works to improve the quality and coverage of RH/FP services which are provided in health centers. Therefore, the Ministry of health has always sought to make cooperation agreements with partners, including JICA, to develop reproductive health and family planning services in health centers in rural areas where these services were not available. This cooperation makes it easier for citizens, especially women and children, to obtain reproductive health and family planning services from village health centers located in the same areas of their homes.

I hope that in the next stages of cooperation with JICA the remaining VHCs in remote communities will be included in order to contribute the achievement of universal health coverage throughout the Kingdom.



MCH supervisors,
Amal Abu-Shawwash

Key counterparts from Woman and Child Health Directorate

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.

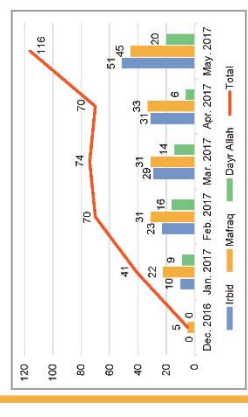


Fig. 1: Increased FP clients at the 14 focus VHCs

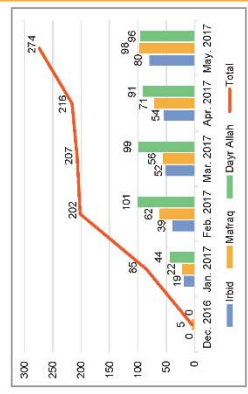


Fig. 2: Number of RH (ANC, PNC, Child care and FP) services provided at the 14 focus VHCs

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.



Irbid
5-6 April

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).



Mafrqa
12-13 April

Dr. Malak Al-Ouri, director of WCHD and representatives from the JICA Jordan office joined this event in Mafrqa governorate. Senior local leaders as members of CHCs actively participated in the discussion. At the workshop the frequently reported health issues in the community were lack of FP awareness, anemia, and head lice and so on. (22 participants).



Dayr Allah
3-4 April

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 April 18 - May 10, 2017 and implemented the various ceremonies based on their resources and experiences

| | | | | | |
|---|--------------------------------------|--|---|-------------------------------------|---|
|  | 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). |  | Dahi May 1 | The ceremony was held under the tent near the VHC. The head of the Mafrqah 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). |
|  | Takhal and Om Al-Jadali May 4 | The CHC members helped children to perform a short skit about the importance of RFI services and made a speech on RFI services in the VHC. The health promoter collaborated with the CHC well. (50 participants). |  | Baitqa 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). |
|  | 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 (86 participants). |  | Roundeh Al-Amr Hamzah May 10 | The ceremony was took place under a 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). |
|  | Kufur Kyifa 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). |  | Al-Ageeb May 4 | The CHC members were highly committed since they joined for the project and many female leaders joined the event and stressed their health issues, such as shortage of health services and lacking of human resources for health in their communities (76 participants). |
|  | Mandah May 1 | The CHC members conducted a health promotion activity to raise awareness about the importance of RFI services and the health promoter have extensive experience and great resources in the health promotion field (66 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 community involvement (100 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 opening ceremony (98 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). |
|  | 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 health directorate, the representative of Mafraq made a speech on the CHC's role and the importance of health promotion activities (68 participants). |  | Dayr Allah, Balqa | |

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.



Supervisors from the target Health Directorates

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



From Irbid

Work together to enhance "healthy community"

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



From Mafrq

Working together makes greater achievements

Photo from right to left: Dr. Amal Abdel Kareem, former Head of MCH department, Ms. Souad Shidefat, MCH supervisor, Ms. Sawas 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

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 members 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

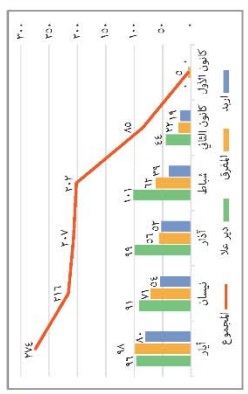
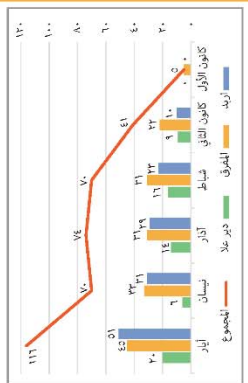


If you have any comments, questions, suggestions, please contact us at: VHC Project Office, JICA/Jordan Health Promotion Project, P.O. Box 927000, Amman, Jordan. Email: vhc@jica.go.jp/jproject/cap/ishj/cordam00/index.html



انجازات عظيمة في بداية السنة الثانية للمشروع

وبعد انهاء 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 الإرشادية 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 خدمة تنظيم الأسرة في ١٤ مركز صحي فرعي مستهدف
شكل ٢: عدد المراجعين الذين يطلبون خدمات الصحة الإنجابية رعاية الطبيب



ورشات عمل تعزيز الصحة في المحافظات الثلاث

عقد المشروع ومديرية صحة المرأة واطفال وطفة تعزيز صحة حياتها يومين في كل من المحافظات المستهدفة وتم دعوة أعضاء مجالس المجتمع خلال هذه الورشة فلم أعضاء المجالس يتقبلون القضايا الصحية الزائدة في مجتمعاتهم المحلية ووضع خطط عمل اجل هذه القضايا.



نيساب ٦-٥ نيسان
عُقد ورشة عمل من الذكاء من الدكتور ملك العوي، مدير مديرية صحة المرأة واطفال، وممثلين من مكتب جارك الأردن، تم عقد ورشة تعزيز الصحة في محافظة المفرق، كما وكان هناك حضور بارز لكبار القادة المحليين الذين شاركوا في النقاش والحوار كأعضاء في اجان صحة المجتمع وعند القضايا الصحية المتعلقة بالوعي ببرامج تنظيم الأسرة، فقر التزم واطفال، في أبرز المشاكل التي تعترض أهل القرية، (بلغ عدد الحضور ٢٢ مشارك)



المفرق ٤-٣ نيسان
تشكلت اجان صحة المجتمع من مختلف الأقرار من مزارع ومدارس ومعلمين ورؤساء جمعيات ومعمري الصحة في لواء دير علا، ومن أهم المشاكل الصحية الرئيسية التي تم تحديدها هي عدم الوعي بأهمية المساعدة بين الأهل، وسوء المراهقين غير الصحي، والناطقة الشخصية، والأمراض المزمنة. (بلغ عدد الحضور ١٨ مشارك)



الربيد
أعده اجنة صحة المجتمع المكتوبة من العاملين في المراكز الصحية الفرعية، وممثلين من الجمعيات المحلية، وطلبي المدارس، ومعززي الصحة من المديرية والأوعية، لاثثة من أصل ستة اجان صحة المجتمع لنيلهم 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)



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



نشرة المراكز الصحية الفرعية

العدد الثاني، أيلول ٢٠١٧
مشاريع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المسقطية للجنوب السوري
بداية السنة الثانية من المشروع!!!

تم إطلاق المشروع في نيسان ٢٠١٦، وبدعم لمشروع المراكز الصحية الفرعية المستهدفة في المناطق النائية في ثلاث محافظات: اربد، المفرق وديرعلا /البلقاء. ويهدف المشروع الى تحسين نوعية الخدمات المقدمة في المراكز الصحية الفرعية في مجالات رعاية صحة المرأة واطفال، والرعاية الصحية 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 بالإضافة الى ذلك فإن ٦٤% من المراكز الصحية الفرعية المستهدفة أصبحت تقدم خدمات رعاية الحمل، وخدمات رعاية النطاس، ورعاية الطفل، ومع استحداث خدمات المطاعيم في بعض المراكز الصحية الفرعية التي لم تكن تقدمها سابقاً، كما وتم تغطية ٩ مراكز صحية فرعية من أصل ١٤ مركز صحي فرعي مستهدف بقائيات قنويات، إما بدوام كامل أو جزئي.

وعلاوة على ذلك، قامت وزارة الصحة والمشروع بتوفير لخدمات الطبية والأثاث اللازم لتقديم خدمات الصحة الإنجابية لجميع المراكز الصحية الفرعية المستهدفة بهدف تحسين بيئة تقديم الخدمات هناك، وستقوم ببناء جهد

النظراء الرئيسيين من مديرية صحة المرأة واطفال
فصوة جدا بالعمل المتواصل مع الكوادر النيابية بالتعاون الدولي/جاكراكا منذ عام ٢٠٠٦ "مشروع إندماج صحة وكفك في المرأة" في إقليم الجنوب من تسمى دائما إلى تقديم أفضل الخدمات الصحية للمواطنين الأردنيين ومن يقطن أرض المملكة الأردنية الهاشمية من غير الأردنيين، ورسالي كطفر لمشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستهدفة للجنوب السوري، هي العمل على تعزيز قدرة مقدمي الخدمات الصحية في الإمبراطورية والاعتماد بالتمويل بالخدمات الصحية المقدمة للإجارية وتنظيم الأسرة في جميع المناطق لإذاحة الفرصة لجميع اثنتي عشر خدمات ذات جودة عالية.



رئيس قسم الإبراق والناسية، فاديا الجرار

تعمل وزارة الصحة واستمرار على تحسين خدمات الصحة الإنجابية وتنظيم الأسرة وزيادة التغطية بها لضمان حصول الفئات المستهدفة في كافة أنحاء المملكة على خدمات صحية إنجابية متكاملة. لذلك تسعى الوزارة دائما إلى عقد اللقاءات التعاونية مع الشركاء ومنها الكوادر النيابية بالتعاون الدولي وتنظيم الأسرة في المراكز الصحية في المناطق الريفية والاطفال الحصول على خدمات الصحة الإنجابية وتنظيم الأسرة من المراكز الصحية

مشرقة الأوعية والطفولة، أمل أبو شاربوش

وأقيم في مزارع الصالح، المتكثفي مع الكوادر النيابية بالتعاون الدولي، شعور باقي المراكز الصحية الفرعية في المناطق الريفية لتكتمها من تقديم خدمات صحة إنجابية وتنظيم أسرة للمواطنين القاطنين في هذه المناطق.



مدير مديرية صحة المرأة واطفال: د. هديل الحادي



المشرفات من مديريات الصحة المستهدفة

تحت إشراف وتوجيهات إدارة الصحة العامة (إدارة صحة المرأة) - أيلول ٢٠١٧



معا للارتقاء بجتمع صحي

العودة من الجهد إلى اليسار: طرق الأحمول والطرق المسبقة عبر العيون، رئيسة قسم صحة المرأة وإطفال سبأ، الدكتورة لطيفه المشي مشرفة الأمومة والطبولة السيدة هيام عبيدات، والسيدة غلاديا أجوراني مشرفة في قسم الأمومة والطبولة.

من الفرق



الرئيسة السيدة هيام عبيدات، مشرفة الأمومة والطبولة، السيدة غلاديا أجوراني، والسيدة لطيفه المشي مشرفة صحة المرأة وإطفال.

لأنا كعقرو، كل منا يحقق المزيد من الإنجازات
العودة من الجهد إلى اليسار: رئيسة قسم صحة المرأة وإطفال سبأ، الدكتورة أمل عبد الكريم، مشرفة الأمومة والطبولة السيدة هيام عبيدات، مشرفة الأمومة والطبولة، السيدة غلاديا أجوراني، والسيدة لطيفه المشي مشرفة صحة المرأة وإطفال.

من دير علا / البلقاء



أيد بليد لتحسين الخدمات

العودة من الجهد إلى اليسار: مشرفة الأمومة والطبولة السيدة غلاديا أجوراني، مشرفة صحة المرأة وإطفال السيدة هيام عبيدات، رئيسة قسم صحة المرأة وإطفال السيدة هيام عبيدات، والسيدة غلاديا أجوراني، والسيدة لطيفه المشي مشرفة صحة المرأة وإطفال.

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

- إقرار اجتماع اللجنة الفنية
- إقرار برنامج تنفيذي لـ ١٤ مركز صحي
- استهداف
- تزيين ونشاط عمل الأنشطة تعزيز الصحة في
- مديريات الصحة الثلاث المستهدفة
- نيسان - إقرار احتفالات الأمانة تعزيز الصحة في ١٤ قرية مستهدفة
- إقرار تنظيم الموائد الطبية والأكلات لـ ١٤ مركز صحي
- عرض من قبل وزارة الصحة والشروع
- هوزة اجتماع حول آية تشغيل العيادة للبيئة
- هوزة اجتماع حول متابعة أداء العاملين في تقديم
- الخدمات في المراكز الصحية القرية المستهدفة من قبل المشرفين في المحافظات الثلاث
- إقرار اللجنة المشغولة من مكتب عرابيا الرئيسي، وإنتاج خطة التنفيذية للمشروع
- إقرار، وإنتاج عمل تشغيلية لتكوير الجمعية في المراكز الصحية القرية
- إقرار خطة العمل الثلاثة لتنظيم الأسرة و زواجها
- عمل المراكز الصحية
- إقرار خطة العمل التشغيلية للخدمات الصحية
- الإجابة، تنظيم الأسرة المشغولة القرية
- ٢٠١٧ وتوزيعه على المراكز الصحية القرية

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

- تشرين الأول، زيارات الترويجية إلى ١٤ مركز صحي
- عرض مسبق
- عرض من قبل المراكز الصحية
- إقرار خطة العمل التشغيلية للخدمات الصحية
- الإجابة، تنظيم الأسرة المشغولة القرية
- ٢٠١٧ وتوزيعه على المراكز الصحية القرية
- كانون الأول، تحضير وإعداد المسح النهائي



كلية الشروع
الطاقم السباح، وزارة الصحة
المركز الصحي، دير علا
المركز الصحي، دير علا
المركز الصحي، دير علا
المركز الصحي، دير علا

<https://www.vmo.gov.jo/prostretgofla/index.html>



حفل انطلاق أنشطة تعزيز الصحة في ١٤ قرية - نيسان ٢٠١٧

قام أعضاء لجنة صحة المجتمع بالتعاون مع موظفي المراكز الصحية القرية بتنظيم وتنفيذ احتفالات مختلفة فيما إلى عزابهم وموادهم بنظام.

| | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|---|
|  |  |  |  |  |  |  |  |  | |
| سدر أقيم الاحتفال في ديوان الرسام وتم عرض مسرحية تتعلق بالصحة الإنجابية والأمومة عن أهمية التغذية من قبل طابقت مدرسة صحة الأسرة للبيئة النبات. | أبر بلغ عدد الحضور ٧٤ مشارك، ألقاهم من الأثر. | تشرين وتم الجليل أقيم الاحتفال في مضافة أبو زيدان وتم عرض مسرحية من صحة ونظافة الجسم، فدورها الطيار من القرية. | القرية أقيم الاحتفال في ديوان العجينة وتم تقديم عرض مسرحي حول التغذية وأثر التغذية السليمي من أجل أطفال القرية. | كفر كلب أقيم الاحتفال في ديوان كفر كلبيا، وقدم إحدى ربات القرية كلمة شكرت فيها ربات القرية وإنتسالة الشبان لتعلمها في تحسين صحة المجتمعات. | بلد بلغ عدد الحضور ٧٧ مشارك. | بلد أقيم الاحتفال في جمعية منحة الخيرية وبعد انتهاء من فعاليات الحفل، قام أعضاء لجنة صحة المجتمع بتقديم تشارت تعريضي صحي شمل على تقديم فحوصات طبقات الدم وفحص سكر الدم بالحضور. | بوا أقيم الاحتفال في مدرسة أبو هائل الأساسية وتم تقديم مسرحية عن تنظيم الأسرة و لم عرض أمثلة من أهمية التغذية. | البلد بلغ عدد الحضور ٩٨ مشارك. | البلد أقيم الاحتفال في قرية بالقرب من المركز الصحي في حضور ممثلين من صحة المرأة وإطفال من قبل اللجنة المنظمة والأنشطة المترواح بطريقة العرض التفاعلي (PowerPoint) من قبل عدد الحضور ١٠٦ مشارك، ألقاهم من الأثر. |
| دح أقيم الاحتفال في خيمة بجانب المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | زوسه لأبر أقيم الاحتفال في قرية الأقطار التابعة للمركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | بوا أقيم الاحتفال في قرية بالقرب من المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | زوسه لأبر أقيم الاحتفال في قرية بالقرب من المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | البلد أقيم الاحتفال في قرية بالقرب من المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | بوا أقيم الاحتفال في قرية بالقرب من المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | بوا أقيم الاحتفال في قرية بالقرب من المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | بوا أقيم الاحتفال في قرية بالقرب من المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | بوا أقيم الاحتفال في قرية بالقرب من المركز الصحي القرية، وعرض مدير صحة المنارة هذا الاحتفال وأصبح إلى مطالب أهل القرية فيما يتعلق بتحصين المرافق الصحية. | |

تحت إشراف وتوجيهات إدارة الصحة العامة (إدارة صحة المرأة) - نيسان ٢٠١٧



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 medical doctor is providing a newborn check-up.



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



The interior of the clinic



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

فريق العيادة الصحية المتنقلة



مختبرة تقديم خدمات رعاية الحامل

مختبرة تقديم خدمات رعاية الحامل

العيادة من الداخل

الطبيب يقوم بالفحص الطبي

تطبل حديث الولادة،

- إذا كان لديك أي ملاحظات، أسئلة أو اقتراحات الرجاء التواصل معنا
- مكتب المشروع الطابق السابع، وزارة الصحة
- البريد الإلكتروني: vhc@vhc.gov.jo
- الموقع الإلكتروني للمشروع: <https://www.vhc.gov.jo/projects/english/toronto/000/index.html>



نشرة المراكز الصحية الفرعية

العدد الثالث، تشرين الثاني ٢٠١٧



مركز العيادة

من أجل حياة وممارسات صحة انجابية صحية
مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين

استلمت وزارة الصحة الأردنية عمارة صحنه منظمة من الوكالة اليابانية للتعاون الدولي (جاكا) خلال حفل أقيم تحت رعاية معالي وزير الصحة الأكرم بتاريخ ٩ تشرين الثاني ٢٠١٧. وقدمت العيادة خدمات الصحة الانجابية وتنظيم الأسرة والمطعمهم كجزء من مشروع "تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين".



حفل إطلاق وتشغيل العيادة الصحية المتنقلة لخدمات الصحة الانجابية المقدمة من مشروع "تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين/ جاكا"

مخت راعامة معالي وزير الصحة الأكرم
الاستاذ الدكتور محمود الشهاب

أمد عطوفة الدكتور ليل الفاي، أمين عام وزارة الصحة في كلمته الافتتاحية بالتقدم للبراز الذي حققه قطاع الصحة الأردني خلال السنوات القليلة الماضية، كإنخفاض معدل وفيات الأمهات والأطفال وارتفاع معدل العمر المتوقع عند الولادة والنقص من العديد من الأمراض السارية.

كما ونحن ندعم 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 تسونومو كويياشي، الممثل الإقليمي الإقليمي مكتب جاكا - الأردن على إنجاز المشروع في تعزيز فرص الحصول على خدمات الصحة الانجابية وتنظيم الأسرة على خدمات الصحة الانجابية لكل من الأردنيين والأجانب السوريين من خلال الجهود المتواصل التي يبذلها فريق المشروع/ مديرية صحة البراز والطفل في وزارة الصحة.





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 Villages |
|----------------|
| 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



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



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



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

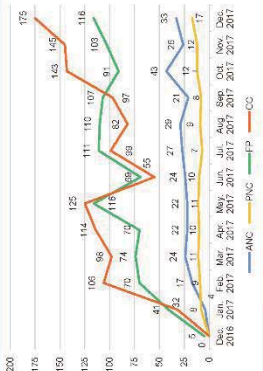


Fig. 4: Increased number of RH (ANC, PNC, Child care and FP) services provided at the 14 focus VHCs

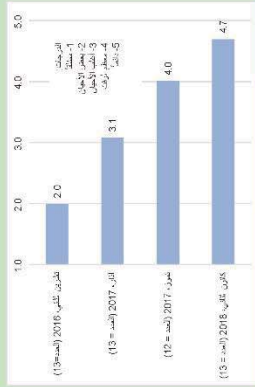


If you have any comments, questions, suggestions, please contact us at:

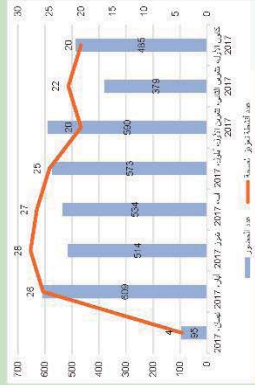
- VHC Project Office: 7th floor, Ministry of Health
- Email: vhcproj@gmail.com
- Project Website: <https://www.jica.go.jp/project/english/jordan/001/index.html>



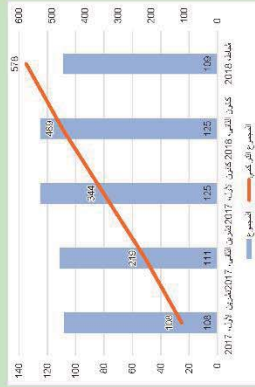
الصور أدناه توضح إنجازات المشروع 2018-2016



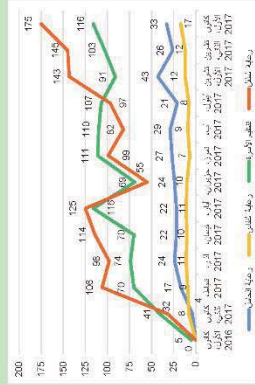
شكل 1: تحصل نتائج تقييم الأداء، الذي يصوره بصورة مستمرة من قبل حاملي المراكز الصحية الفرعية في 14 مركز صحي فرعي.



شكل 2: تحقيق إنجاز كبير ببناء 14 وحدة صحية والمشاركة فيها في 14 قرية مستهدفة.



شكل 3: زيادة مستمرة في الحصول التركمي لخدمات القيادة الصحية المنظمة.



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: rchp@jordan.gov.jo
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 في الأردن
من أجل حياة وممارسات صحية انجابية صحية

ملحة عن المشروع

نيسان 2016 إلى نيسان 2018

هدف المشروع: تحسين خدمات الرعاية الصحية في المراكز الصحية الفرعية في المناطق الريفية المتخلفة في الأردن.

مديرية صحة إربد، مديرية صحة المفرق ولواء ديرعلا التابعة لمديرية صحة البلقاء.

الهدف العام: تمكين الأريكين واللاجئين السوريين الذين يعيشون في المناطق الريفية في مواقع المشروع من الحصول على خدمات ذات نوعية وكفاءة عالية الجودة في مجال الصحة الانجابية، تنظيم الأسرة والخدمات الصحية الأولية.

غاية المشروع: تحسين نوعية وكفاءة الخدمات المقدمة في المراكز الصحية الفرعية المستهدفة من قبل المشروع.

| المنطقة | عدد المراكز الصحية |
|----------------------|--------------------|
| الريف | 2.0 |
| الريف - منطقة الأردن | 3.1 |
| الريف - منطقة العراق | 4.0 |
| الريف - منطقة سوريا | 4.7 |

الأدشطة الرئيسية

- ▶ التخرج الأول: تأمين بيئة مواتية في المراكز الصحية الفرعية لتدريب وطباعة وتوزيع الدليل التشغيلي للمراكز الصحية الفرعية
- ▶ تصويت وطباعة وتوزيع النشرة التوعوية لوسائل تنظيم الأسرة
- ▶ تقديم بعض المبادرات الأساسية
- ▶ تقديم القيادة الصحية لتنظمة
- ▶ التخرج الثاني: رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية
- ▶ عقد تدريبات لكوادر المراكز الصحية الفرعية
- ▶ التدريب الأول للممرضات: تنظيم الأسرة والمهنية (تشرين الأول، 2016)
- ▶ التدريب الثاني للممرضات: نظام التزويد الأيدي 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
- ▶ ثلاث مرات (شهر كانون الأول، 2016، تموز 2017، كانون الثاني، 2018)
- ▶ إجراء تدريبات في مواقع العمل (تشرين الأول - كانون الأول، 2017)
- ▶ إجراء زيارات إشرافية من قبل مديريات الصحة/ وزارة الصحة للمراكز الصحية الفرعية.
- ▶ التخرج الثالث: تعزيز الصحة
- ▶ تشكيل ايمان صحة المجتمع في 14 قرية.
- ▶ عقد ورشات عمل على مواضيع تعزيز الصحة
- ▶ دعوة عمل حول أنشطة تعزيز الصحة لاجان صحة المجتمع (نيسان - أيار، 2017)
- ▶ دعوة عمل حول المبادرات الأساسية لتنظيم وإدارة الممرضات المتخلفات في المجتمعات الريفية، (تشرين الثاني، 2017)
- ▶ عقد اجتماعات لاطلاق أنشطة تعزيز الصحة في 14 قرية
- ▶ تنفيذ أنشطة تعزيز الصحة في المراكز الصحية الفرعية والمجتمعات.
- ▶ جولات دراسية لاجان 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-Saaida
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
Dr. Lutfieh Al Shalabi
Ms. Hyaim Obidat
Dr. Sabbah Ahmad Madi
Ms. Nuha Hatamlah
Ms. Helwa Alisa
Ms. Bothina Zaqqoq
- 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)
(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-Qorum | 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 Department | Capital Health Directorate |
| 19 | Dr. Khaled Arabiat | Director of Balqa Health Directorate | Balqa Health Directorate |
| 20 | Dr. Amal Khader | Head of WCH Department | 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 Department | 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 Director for PHC | Mafraq Health Directorate |
| 33 | Dr. Ashraf Mohamed Najj | Assistant Director for services | Mafraq Health Directorate |
| 34 | Dr. Mohammed Abu- Jijaa | Head of WCH department | 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 Komasawa | Chief Advisor | JICA Jordan office |
| 68 | Ms. Miho Sato | Training management | VHC project |
| 69 | Ms. Kaina Honma | Project coordinator | VHC project |
| 70 | Mr. Yutaka Komasawa | 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 Shamaleh Affairs | Badia Shamaleh 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. Sawsan Tamimi | MCH Supervisor | Badia Shamaleh 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-Ghoshsh | 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. Bothina Zaqqouq | MCH supervisor | Balqa HD |
| 41 | Ms. Noha Hatamieh | 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 Komasawa | Researcher | JICA/VHC Project |
| 69 | Mr. Yutaka Komasawa | 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 لمتكيب جايبكا السيد تستومو كويباشي | 15 | 10:40-10:25 |
| الكلمة الافتتاحية لمعالي وزير الصحة الأستاذ الدكتور محمود الشيباب | 30 | 11:10-10:40 |
| عرض تقديمي حول إنجازات المشروع | 30 | 11:40-11:10 |
| توزيع الدروع | 20 | 12:00-11:40 |
| أخذ الصورة الجماعية | 12:00 | 12:00 |
| الغداء | | |

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.

Output 1: Enabling environment **Output 2: Capacity development** **Output 3: Health promotion**

Project Achievement

Approach 1:

Strengthening the VHC capacity for better service delivery

1

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)

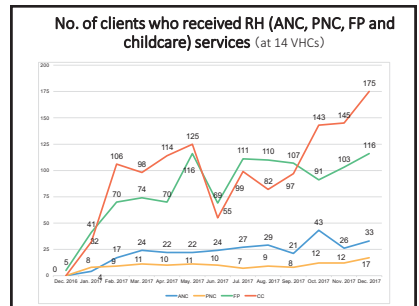
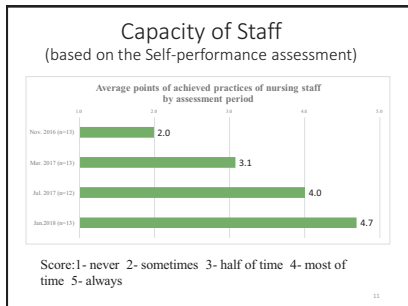
| No. | Director area | VHC name | Availability of MWs | Services | | | |
|-----|---------------|------------------------|---------------------|----------|-----|-----|------------|
| | | | | FP | ANC | PNC | Child Care |
| 1 | Irbid | Asarrah | Full time | ✓ | ✓ | ✓ | ✓ |
| 2 | | Tokbol and Om Al-Jadal | Part time | ✓ | ✓ | ✓ | ✓ |
| 3 | | Kufur Kyfa | Part time | ✓ | ✓ | ✓ | ✓ |
| 4 | | Mandah | Once a month | ✓ | ✓ | ✓ | ✓ |
| 5 | | Al Khirbah | Part time | ✓ | ✓ | ✓ | ✓ |
| 6 | | Abu Habel | Part time | ✓ | ✓ | ✓ | ✓ |
| 7 | Mafraq | Al-Diqmah | Full time | ✓ | ✓ | ✓ | ✓ |
| 8 | | Dah | Part time | ✓ | ✓ | ✓ | ✓ |
| 9 | | Roudeh Al-Amir Hamzeh | Once a month | ✓ | X | X | ✓ |
| 10 | | Al-Aqab | Once a month | ✓ | X | X | ✓ |
| 11 | | Braqa | Part time | ✓ | ✓ | ✓ | ✓ |
| 12 | | Roudeh Al-Amir Mohamed | Full time | ✓ | ✓ | ✓ | ✓ |
| 13 | Diyar Al-Amir | Mansara and Fanouh | Part time | ✓ | ✓ | ✓ | ✓ |
| 14 | | Uta Ajayh | Once a month | ✓ | X | X | X |

✓ = The service started after the VHC project. X = 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



2

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)

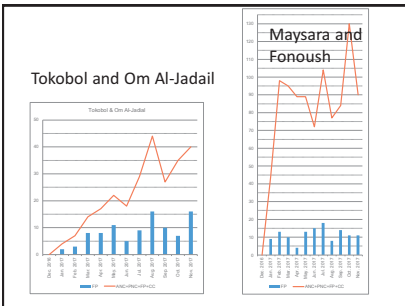
1. AL-Khribeh (Irbid)
2. Kufur Kyfia (Irbid)
3. Tokobol and Om Al-Jadail (Irbid)
4. Maysara and Fanoush (Dayr-Allah)
5. Assarah (Irbid)

AL-Khribeh (Irbid)




Kufur Kyfia, Irbid



Mobile Health Clinic Operation



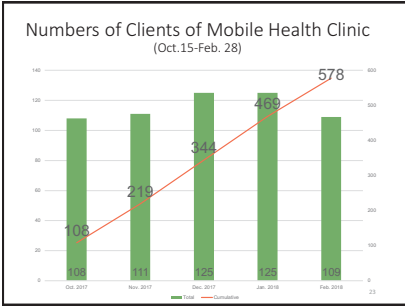
Mobile Health Clinic

- 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

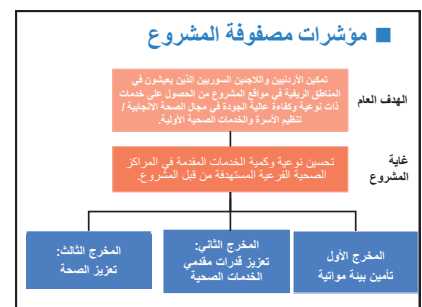
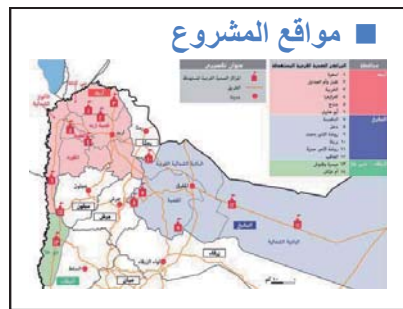
| | Intervention Site | | P-value (Statistically significant differences) |
|-------------------------------------|-------------------|---------|--|
| | Baseline | Endline | |
| Sample size | 510 | 508 | |
| Husband agreement of usage of FP | 90.0% | 96.1% | *** |
| Usage VHC: FP counseling | 0.2% | 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



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 | العريفة | دورا حجازي | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 6 | أبو عفاش | دورا حجازي | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 7 | القبسة | دورا كاش | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 8 | المنزل | دورا حجازي | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 9 | روضة الأميرة حمودة | مروة الششير | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 10 | المنقب | مروة الششير | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11 | بريحا | دورا حجازي | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12 | روضة الأمير محمد | دورا كاش | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 13 | مسودة وقرش | دورا حجازي | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 14 | أبو عفاش | مروة الششير | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

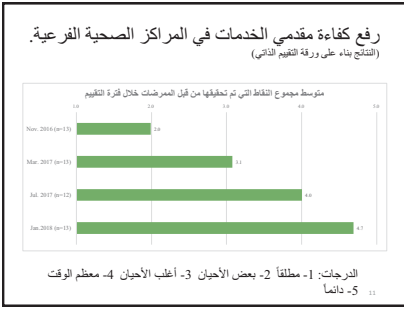
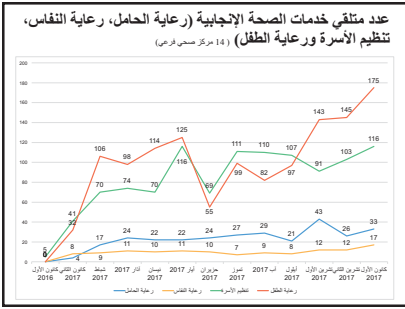
المخرج الأول: الدليل التشغيلي للمراكز الصحية الفرعية واللوحة القلابة لوسائل تنظيم الأسرة

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 (الخصم الثاني) |
| (6) ستارة منحرفة | (14) خزافة مطفاة |
| | (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 تعلم الأسرة والصورة (تشرين الأول، 2016)
- التدريب الثاني للممرضات تعلم التوعية الأرشيد لوسائل تنظيم الأسرة (تشرين الأول، 2016)
- التدريب الثالث للممرضات تعلم الصحة الإيجابية (تشرين الثاني، 2016)

- تقديم 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.



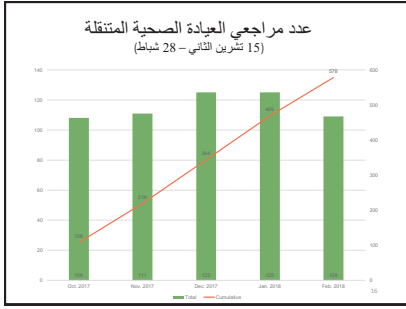
أهم الأنشطة

المخرج الثالث: تعزيز الصحة

- تشكيل لجان صحة المجتمع في 14 قرية.
- سعد ورشات عمل على مواضيع تعزيز الصحة
- «ورش عمل حول أنشطة تعزيز الصحة للجان صحة المجتمع» (بسان - لير، 2017)
- «ورش 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 الخبرات (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)

| 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 الحضور | 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 الحضور | 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 الحضور | 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 الحضور | 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)

النهاية،،،
شكراً لكم ولحسن استماعكم
😊

| مجموعة الترخّل | | |
|-------------------------|---------|---------|
| P-value (الوقوع ذاتياً) | الأساسي | النهائي |
| | 510 | 508 |
| *** | 90.0% | 96.1% |
| *** | 0.2% | 4.9% |
| *** | 1.4% | 8.9% |
| | 1.2% | 2.2% |
| *** | 0.8% | 8.7% |
| *** | 2.9% | 18.9% |

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 Mafrq, 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 | Mafrq | 10 | Nurses | 2 | Mafrq 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 Mafrq 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 Mafrq.

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%).

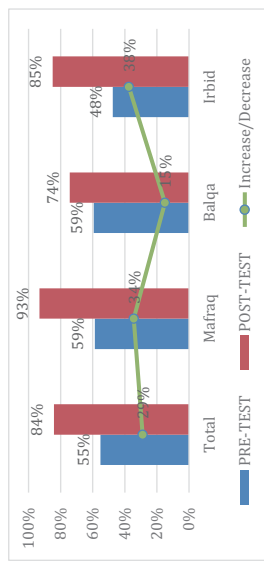


Figure 1. Results of the pre- and post-test (All+Directorate)

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.

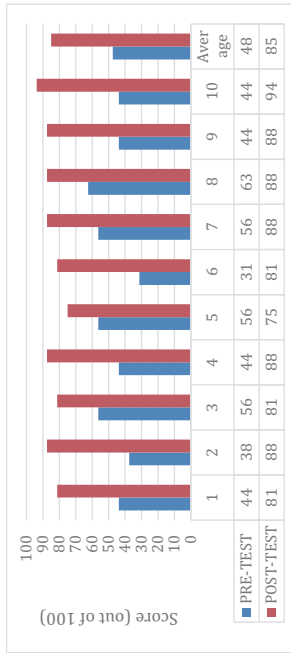


Figure 2. Results of the participants (Irbid)

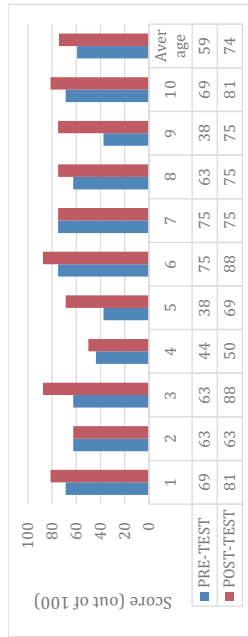


Figure 3. Results of the participants (Balqa)

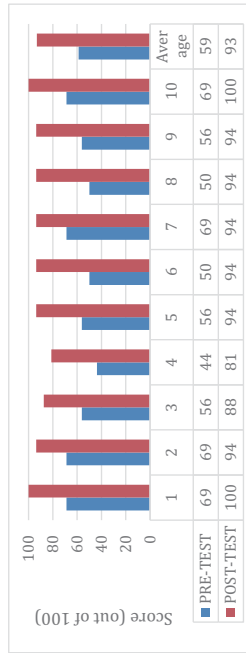


Figure 4. Results of the participants (Mafraq)

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.

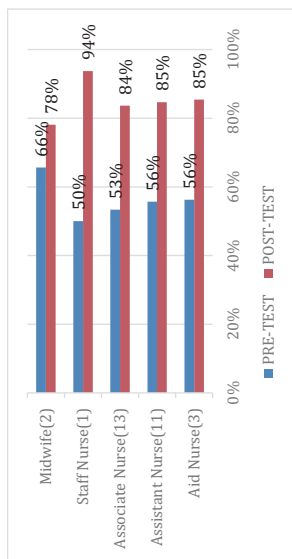


Figure 5. Results of the participants (By qualification)

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 غزوي 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 | سونس 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-Mafraq PHC |

Appendix 2: Trainers list

| No. | Name | Position | Location |
|-----|------------------------------|---------------------------------|----------|
| 1 | Ms. Fadia Aljaber | Nursing Supervisor, FP division | MOH |
| 2 | Ms. Amal Abu Shaaweeh | 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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8

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.A |
| | 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 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 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 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 Provide information and talking about side-effect | Fadia | Aml |
| | 1:30 – 2:30 | <ul style="list-style-type: none"> Decision-making 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 الزاوي | 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

| 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 سعود 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 Mafrag (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 | Breiqah 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.

| | |
|--|--|
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| | |

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.

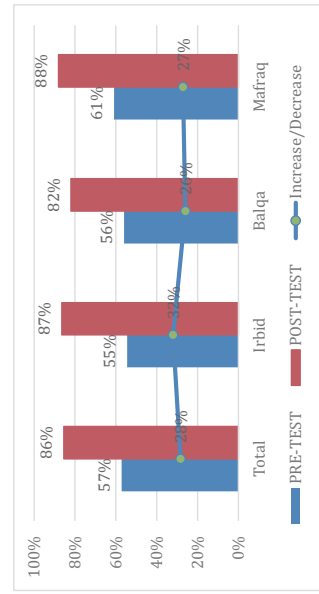


Figure 1. Results of the pre- and post-test (All Directorates and each Directorate)

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.

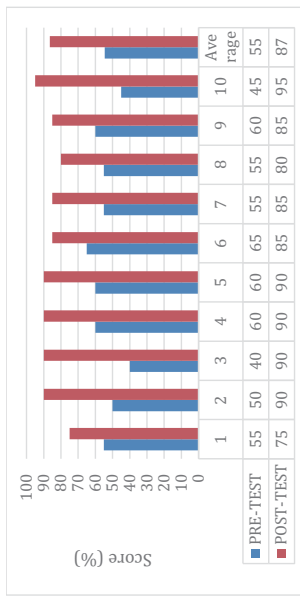


Figure 2. Results of the pre- and post-test for each participants (Irbid)

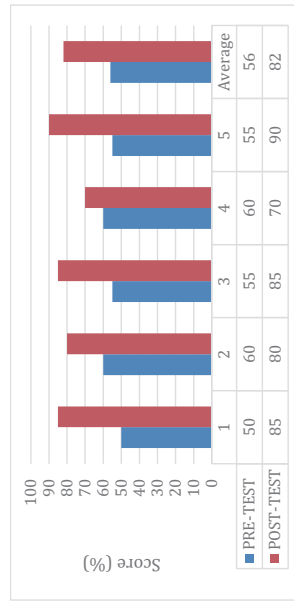


Figure 3. Results of the pre- and post-test for participants (Balqa)

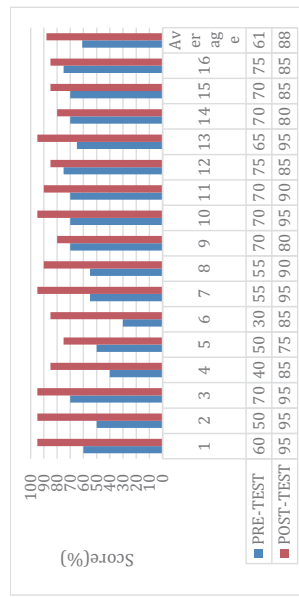


Figure 4. Results of the pre- and post-test for each participants (Mafraq)

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.

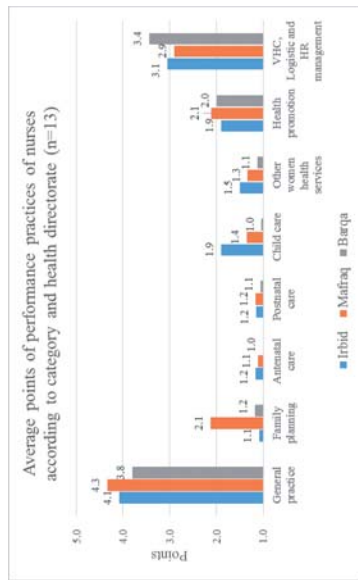


Figure 6. Results of average points of practices of nursing staff (by performance category and districts)

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 محمد الشريدة | Assistant Nurse | Tabket Fahel VHC |
| 9 | Ms. Sameeha Deef'allah Ahmed Dagsamseh | سميحة صديف الله احمد الدقاسمة | Nurse | Al-Khribeh VHC |
| 10 | Ms. Suha Abdullah Mansour Shkhatreh | سهي عبدالله منصور شحاترة | Associate Nurse | Alslih VHC |

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 |

| | | | | |
|----|----------------------------|--------------------------|------------------|---------------------------|
| 7 | Ms. Hend Ali Maloh Bakteet | هند علي ملح بختيت | 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 العنق الموالى | 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 |

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

1. 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.

2. 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

3. 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 |

4. 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 shamaleh 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. Majeeda Alzoubi | ماجدة محمود أحمد الزبيبي | 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. Majeeda Al-Takrori | ماجدة 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 البختيار | Assistant nurse | Roudeh 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

- 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.

- 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.
- 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

- Date: Nov. 30, 2016
- 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.

- 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.

- 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. Khloud Salem Zyadneh | Midwife, Support Ass'arah VHC | Fo'araa PHC (Irbid) |
| 14 | Ms. Khloud 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. Khloud 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 Albkoorn | 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. Fadla 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 Rahahleh | 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-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 | Madi 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

- 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

- Mafrag

| No. | Name (English) | Position | Organization (Location) |
|-----|---------------------------|---|---|
| 1 | Dr. Malak Al Ouri | Director of WCHD | MOH (Amman) |
| 2 | Dr. Hani Olimat | Director of Mafrag Health Directorate | Mafrag Health Directorate |
| 3 | Dr. Salameh Al-Sarhan | Director assistant for Northern Bedia | Mafrag Health Directorate |
| 4 | Mr. Mohamed Al-Khalidi | Director Administrative Assistant | Mafrag 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 | Mafrag Health Directorate |
| 8 | Dr. Mohammed Abu Al-Hijaa | Head of MCH, Mafrag health directorate | Mafrag Health Directorate |
| 9 | Dr. Hisham Al-Najjar | Head of Awareness Department | Mafrag Health Directorate |
| 10 | Dr. Amal Abdel-Karim | MCH supervisor | Mafrag Health Directorate |
| 11 | Ms. Souad Shdeifat | MCH supervisor | Mafrag Health Directorate |
| 12 | Ms. Sawzan Tamimi | Health district coordinator | Badia Shamsaleh district |
| 13 | Ms. Majeida Al-Takrori | Health district coordinator | Kasbah Al-Mafrag District |
| 14 | Ms. Hanadi Shdefat | Nurse, MCH Department | Mafrag Health Directorate |
| 15 | Mr. Jamal Rawajfeh | Health promoter | Mafrag Health Directorate |
| 16 | Eng. Rima Al-Jahham | Health promoter | Mafrag Health Directorate |
| 17 | Ms. Maram Waleed | Health promoter | Mafrag Health Directorate |
| 18 | Ms. Eman Mohamad Khalil | Health Promoter / school Health | Mafrag 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

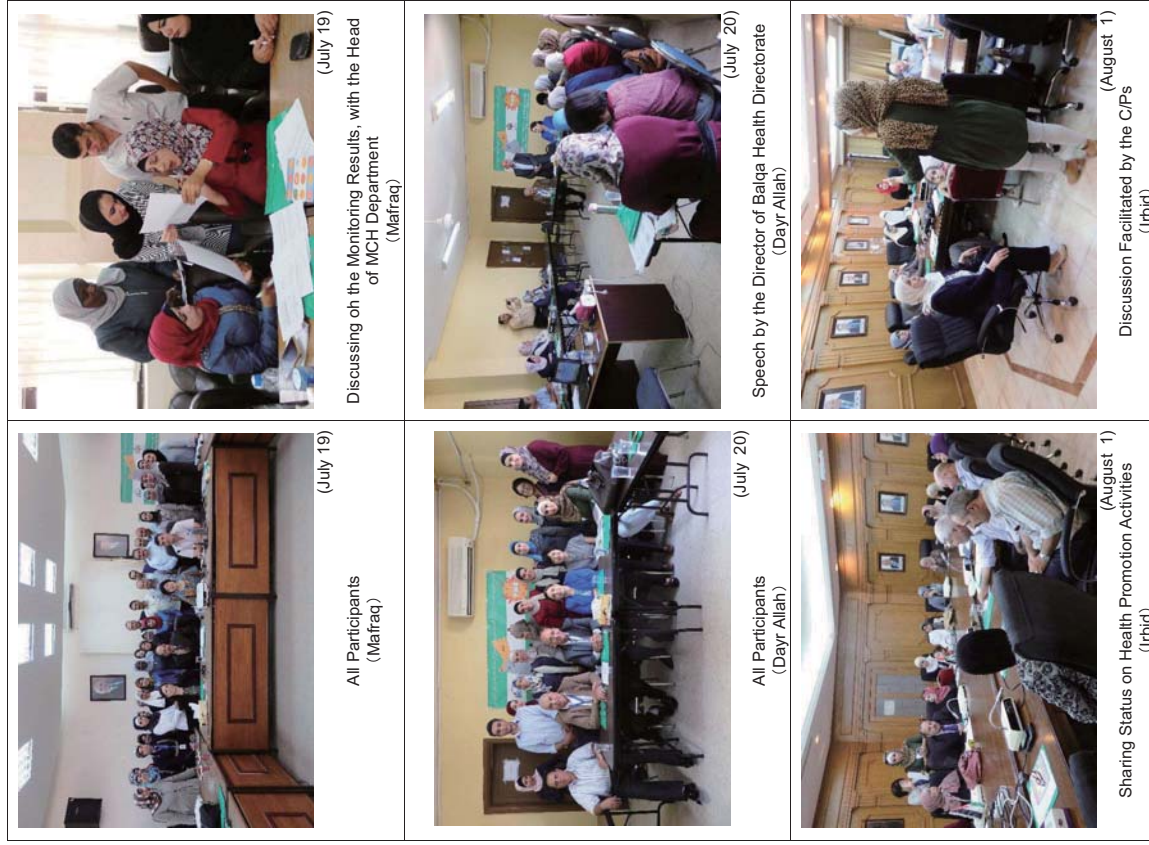
| No. | Name (English) | Position | Organization (Location) |
|-----|---------------------------|---|------------------------------------|
| 1 | Dr. Malak Al Ouri | Director of WCHD | MOH (Amman) |
| 2 | Dr. Khaleh Arabiat | Director of Balqa Health Directorate | Balqa Health Directorate |
| 3 | Dr. 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. Anani 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 Nakhteh | 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 Abdulllah 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 Nakhteh | 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

- Date: January 29, 2018
- Venue : Training room of Health District, Dayr Allah/Balqa
- 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.

- 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.

- 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

- Date: January 30, 2018
- Venue : Hall, Department of Agriculture, Irbid
- Participants: 41 person (See Annex 2)

The meeting started by the opening speech by Dr. Qasem, the director for Irbid Health Directorate.

- 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. Mnawer 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 Rahhalteh | خاتم رححله | 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 قزوق | MCH supervisor, District | Dayr Allah District |
| 11 | Eng. Maram Daradkeh | م. مرام درادكة | Health promotion supervisor | Balqa Health Directorate |
| 12 | Eng. Fayz Kabha | م. فايز كبا | 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 Obceid | هيام عبيدات | MCH supervisor | Irbid Health Directorate |
| 10 | Ms. Tamam 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 | Al-Aghwar shamaaleh |
| 18 | Mr. Ousama Al-Maqbel | عيسى ماقل | Health Promoter | Al-Faabah |
| 19 | Mr. Ali Khalifeh Daloula | علي خليفة دلوع | Health Promoter | Kasib Irbid |
| 20 | Mr. Nazeer Rashied | نذير علي الرشيد | Health Promoter | Al-khribeh VHC |
| 21 | Ms. Sulha Shakarneh | سولح شكارنه | Health Promoter | Ass'arah VHC |
| 22 | Dr. Mwafaq Dahadha | دموق دهادحه | Physician cover Ass'arah VHC | Forra 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 تلافحة | MW | Al-khribeh VHC |
| 29 | Ms. Samech Dagamsch | سميحة الدامسة | Assistant nurse | Al-khribeh VHC |
| 30 | Ms. Sana'a | سناه أبو غربية | 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 متلقية | CHC Member | Mandah Village |
| 36 | Ms. Amal Hassan | أمل حسن | MW | Abu Habeeb VHC |
| 37 | Ms. Kholoud Al-Rowatae | خلود الروتمي | 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: Mafrag Participants

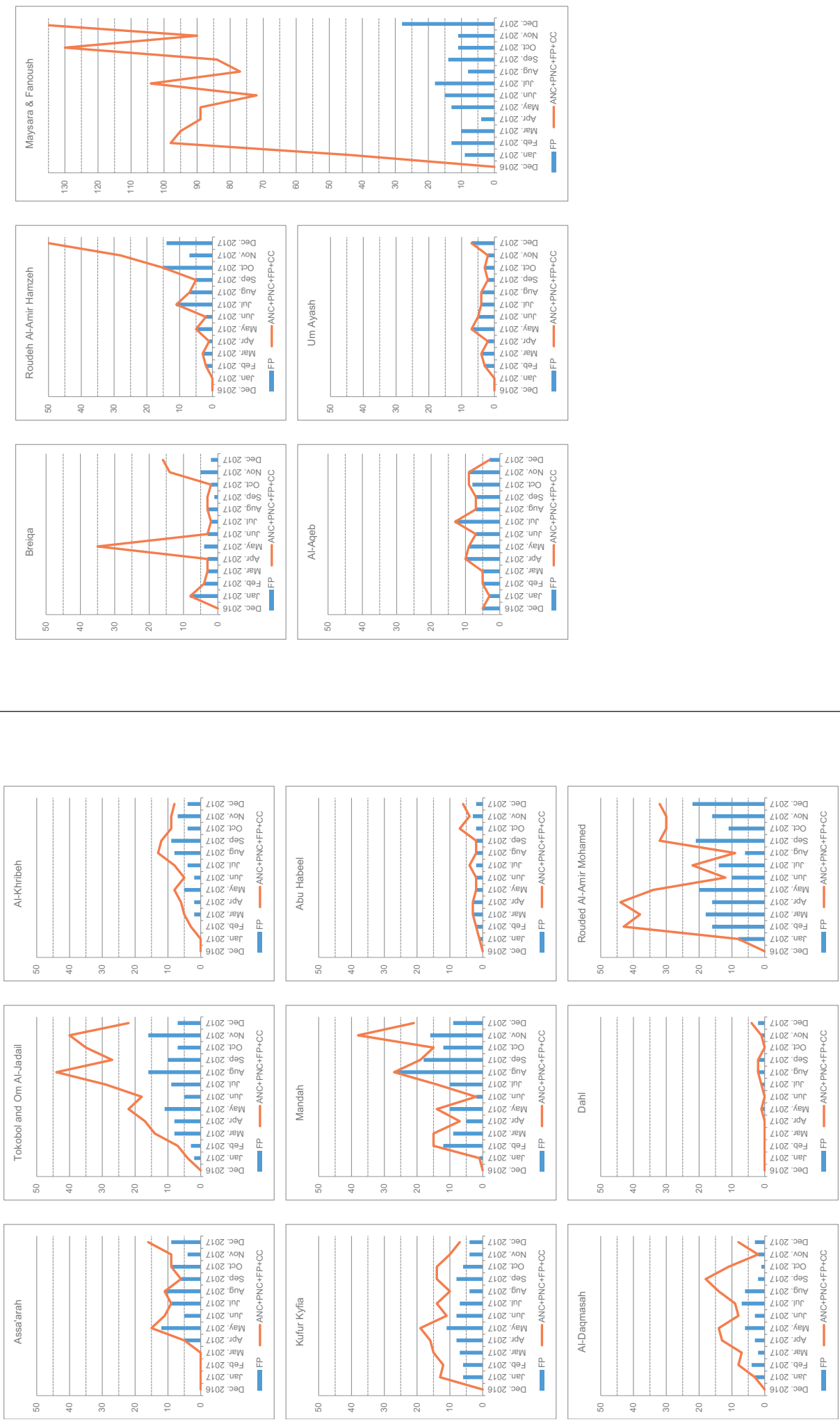
| No. | Name (English) | Name (Arabic) | Position | Organization (Location) |
|-----|---------------------------|--------------------|---|-----------------------------|
| 1 | Dr. Malak Al Ouri | د. ملك العوري | Director of WCHD | MOH (Amman) |
| 2 | Mr. Naeif Shdefat | نايف شديفات | GM of Mafrag Chamber of Commerce | Mafrag Chamber of Commerce |
| 3 | Dr. Munther Al-Nasser | د. منظر الناصر | Director assistant of PHC | Mafrag Health Directorate |
| 4 | Dr. Ashraf Man'aa | د. أشرف مناع | Director assistant of Services | Mafrag Health Directorate |
| 5 | Mr. Mohamed Al-Khalidi | محمد الخالدي | Director Administrative Assistant | Mafrag 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 | السرفية الحجل | Director Assistant of Nursing and Midwifery Affairs | Mafrag 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 | Mafrag Health Directorate |
| 10 | Dr. Ali Khwaledeh | د. علي خوالدة | Head of Awareness Department | Mafrag Health Directorate |
| 11 | Ms. So'ad Shehab | سواد شهاب | Head of Nursing Department | Mafrag Health Directorate |
| 12 | Ms. Amal Ahmad | أمل أحمد | Head of Quality Department | Mafrag Health Directorate |
| 13 | Mr. Marzoug Shdefat | مرزوق شديفات | Head of Transport Department | Mafrag Health Directorate |
| 14 | Dr. Amal Abdel-Karim | د. أمل عبدالكريم | MCH supervisor | Mafrag Health Directorate |
| 15 | Ms. Souad Shdefat | سواد شديفات | MCH supervisor | Mafrag 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-Mafrag District |
| 18 | Ms. Hanadi Shdefat | هندى شديفات | Nurse, MCH Department | Mafrag Health Directorate |
| 19 | Mr. Jamal Rawajfeh | جمال الرواجة | Health promoter | Mafrag Health Directorate |
| 20 | Eng. Rima Al-Jahham | م. ريمه الجهم | Health promoter | Mafrag Health Directorate |
| 21 | Ms. Mar'am Waleed | إيمان محمد خليل | Health Promoter / school Health | Mafrag Health Directorate |
| 22 | Ms. Emnan Mohammad Khalil | د. فؤاد صبيح | Physician cover Al-Daqmasah and Dahl VHC | Nadera CHC |
| 23 | Dr. Fu'ad Subaih | د. فؤاد صبيح | Physician cover Breiqia VHC | Al-Harsh PHC |
| 24 | Dr. Jameel Ahmed Onmari | جمال أحمد العمري | Physician cover Breiqia VHC | Al-Daqmasah VHC |
| 25 | Ms. Amal Al-Zyoud | أمل الزويد | MW | Dahl / Nadra VHC |
| 26 | Ms. Fadah Ulmat | فاده عليمات | MW | Dahl VHC |
| 27 | Ms. Hudra 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 Badiia Shamaleh affairs | Mafrqa Health Directorate (HD) |
| 6 | Dr. Amal Abdel-Kareem, | د.أمل عبدالكريم | MCH supervisor | Mafrqa HD |
| 7 | Ms. Souad Shdefat | سعاد شديفات | MCH supervisor | Mafrqa HD |
| 8 | Ms. Hanadi Shdefat | هنادي شديفات | MCH supervisor | Mafrqa HD |
| 9 | Ms. Sawsan Tamimi | سوسن تميمي | MCH supervisor | AL-Badia Al-Shamaleh District |
| 10 | Dr. Yolia Youri | د.يوليا يوري | Family physician | Mafrqa HD |
| 11 | Ms. Ahd Al-Masaed | عهد المساعد | MW | Mafrqa HD |
| 12 | Ms. Mai Al-Qaan | مي القان | MW | Mafrqa HD |
| 13 | Ms. Etaf Khafaf | عتاف خفاف | Nurse | Mafrqa HD |
| 14 | Ms. Eman Habarneh | يمان هبارنة | Nurse | Mafrqa HD |
| 15 | Mr. Hasan Al-Shera'a | حسن الشرعة | Driver | Mafrqa 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 خطاب | Admin Coordinator | VHC project |
| 19 | Ms. Asai Nakhliah | اصال نخله | Project assistant/ Public health | VHC project |
| 20 | Mr. Mohammed Masadeh | محمد مسعدة | 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

| | |
|---|---|
|  |  |
| Opening speech by Director of WCHD | Discussion of operation procedure details |
|  |  |
| Mobile health clinic team | Training on Smart phone Application |
|  |  |
| practical training on Mobile clinic | Simulation inside medical box |
|  |  |
| Instructions inside the medical box | Practical training for drivers |

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

Training for Mobile Health Clinic Operation in Mafrag

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

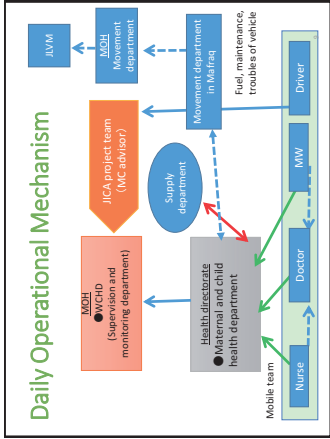
- Doctor: Head of the team
- MW
- Nurse
- Driver

Caution !!: Fixed one main team, and one substitute team during the trial period

DAY 1

1. Purpose and Aims of MC in Mafrag

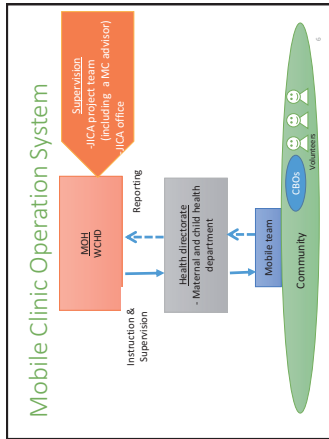
- The MOH/JICA mobile health clinic aims to deliver basic Maternal and Child Health (MCH) and family planning (FP) services in remote and underserved areas where people are hard to access necessary health services.
- Its target is both Syrian refugees and Jordanian who live in host communities of Syrian refugees in the North region of Jordan.
- This operation mechanism was designed for establishing the Mafrag Model during JICA project period.



Target 8 villages

| Sub-district | Villages | Local CBO |
|--------------|---------------------|---|
| Um Al-Jamal | السليبية / Saliyyah | The children charitable association |
| Sahiya | السليبية / Saliyyah | Cooperative Badia developmental association |
| | السليبية / Saliyyah | Al-Muhtareem women charity association |
| | نابية / Nayfeh | Mukhtar Home association |
| | السليبية / Saliyyah | Northern Badia solidarity association |
| | بيسانية / Bisanah | Female secondary school |
| Sabha | منشيه / Manshiyah | Manshiyah Qubbin association |
| | السليبية / Saliyyah | Morath bin Jabal Mosque |

2. Outline of MC Operation



Timeline during the trial period

| Timing | Activity |
|----------------|---|
| September | Training and start operation |
| End of October | Monitoring meeting |
| Every month | At the end of month, sharing performances and discussions |
| February, 2018 | Supervision by the project team |
| March, 2018 | Evaluation meeting with JICA |
| | Decision on way forward after the project-termination with JICA and MOU |

3. Our Mobile Clinic

-Lecture by JLVM



Maintenance

-Lecture by JLVMI

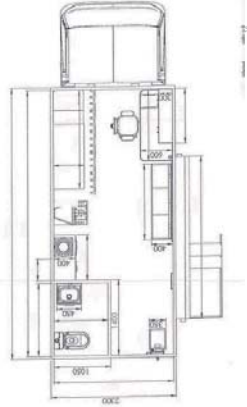
4. Management of mobile health clinic



Extension tent for reception/ waiting space/ health education

15

Blue Print of the Clinic



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 maintenance
 - Registration and insurance procedures

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

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

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)

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

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

Daily Operation Procedure - 3 steps

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

1. Daily Operation Procedure - 3 steps

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, MW and a white nurse. |
| 8:30 | -Traveling to the appoint site | -Maid under the MCH supervisor's responsibility |

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

On the site



The doctor: Arrangement with CBO and Volunteers
The nurse: Sorts clients based on priority of need and call clients inside

2) On the site_1

| Time | Task A | Task B | Task C |
|------|--|---|--|
| 9:30 | Arrangement and coordination ->Nurse ->IC-Staff->-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 | |

End of day

- Installation of mobile phone application to all participants by Mr. Hussam Al-Khalili

5. October's monthly plan

-Please see the hand-out



DAY 2



Doctor, MW and Nurse inside

Entrance of the MC




Collaboration with CBOs

Working with volunteers at reception Room for health education

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, and remarks (filling 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

| Time | Task A Arrangement and coordination <Nurse = MC advisor> -End of service provision | Task B Service provision <Doctor, Midwife, Nurse> | Task C Health promotion activities |
|-------|--|---|---------------------------------------|
| 12:30 | Checking that all registration are well recorded and supplies balance are correct -Travelling back to the station (the Health directorate office) | | Recording the session results by form |

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

| Wrap-up | Doctor, Midwife, Nurse | Driver | MC advisor |
|------------|--|---|---|
| | Checking that all registration book are well recorded -Supplies balance book -Request to the MCH supervisor to fill with necessary vaccine, drugs, generator contraceptives if needs | Checking the vehicle's conditions; - Engine, oil, generator -Water tank -Toilet 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- Recording | 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

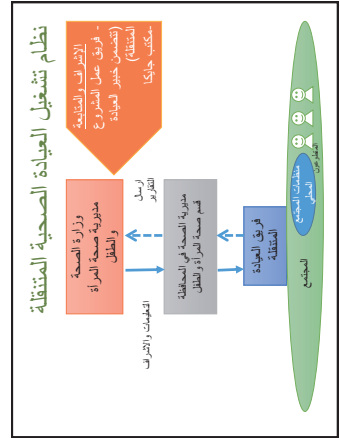
تدريب حول آلية تشغيل العيادة الصحية المتنقلة في المرفق

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



2. مخطط تشغيل العيادة الصحية المتنقلة

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.

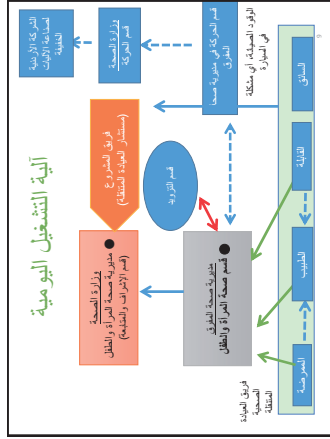
- خدمات الرعاية الصحية الأولية
- رعاية حديثي
- رعاية الفئات
- رعاية الطفل
- خدمات تنظيم الأسرة (الحبوب، الواقي الذكري والسفن الاحادية، وعقور)
- خدمات التطعيم

★ العيادة متنقلة تعمل بمحاكاة المراكز الصحية

★ تقدم كافة الخدمات مجاناً للجميع

الفقرى الثمانية المستهدفة

| القضاء | التجمع | موقع العيادة |
|-----------|----------|-------------------------------------|
| أم الجمال | السويدية | جمعية الأطفال الخيرية |
| الصلحية | الصلحية | جمعية تنمية البادية الخيرية |
| | الحمدية | جمعية سيئات 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

| الزمن | الأنشطة |
|--|---|
| قريب على العيادة المتنقلة وأبدء بالتشغيل | اجتماع تقييمي |
| نهاية تشغيل الأول | اجتماع تقييمي |
| كل شهر | <ul style="list-style-type: none"> بداية كل شهر يتم مشاركة الإحصائيات ما بين مشرفات الأمومة والطفولة، فريق العيادة المتنقلة وفريق المشروع زيارات لمتابعة العيادة المتنقلة من قبل فريق المشروع |

شباط 2018

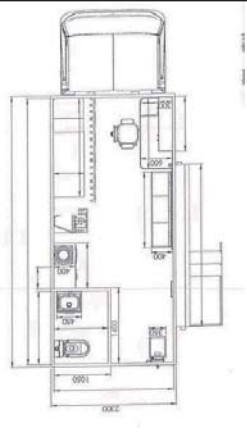
اجتماع تقييمي مع فريق العمل في العيادة المتنقلة

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 عن افعال خدمات الأمومة و الطفولة المقدم لغير الإختصاص
- 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، يقوم بخدمات الرعاية الصحية الأولية وبخدمات الأمومة والطفولة، الاحتفاظ بسجلات ساعات العمل.
- القبيلة: (تلقف تدريب على نظام التزويد الأرنطي لمساند تنظيم الأسرة) تقديم خدمات رعاية الحامل، ورعاية الطفل وتنظيم الأسرة، القيام بعد محاضرات تثقيفية، وتقديم التقارير، وفقاً لنظام وزارة الصحة.
- الممرضة: مساعده الدكتور والقبيلة في تقديم خدمات التطعيم، القيام بالتلقيح الإحصائي، (الخ) الأجهز الرجعية (مستلزمات خدمات تنظيم الأسرة، الأدوية).
- 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 |
| | - استلام التوازم الضرورية (المطاعم والأدوية ووسائل منع الحمل وغيرها) والمقاييس والبطاقات | - مشرفة الأسرة والطولاء، القبيلة والممرضة |
| | - فحص الحالة العامة للعودة المنتقلة بما يتضمن: ثلثه خزان الماء، تزويد لمرور الطاقة وضخامة العيادة والتأكد من حالة البطارية | - السائق |
| | احتفاظ بالمخلفات والتخلص منها | عائلة الطاقة، تحت مسؤولية قسم خدمة عملاء |

| الوقت | مهمة أ | مهمة ب | مهمة ج |
|-------|--|--|--|
| 9:30 | التدريب والتشويق الطبي - خبير العيادة (المنتقلة) | التحضير لتقديم الخدمات الممرضة | أنشطة تعزيز الصحة |
| | الوصول | تدريب مع - التواصل مع الشخص الصحي في المنطقة والمجتمعات - التأكيد من جاهزية - الأجهز مع موظفي المجتمعات والمنظر عن | حسبنا إلى عدد المراجعين - تطهير المكان، المكان، يمكن تحديد فطرية تعزيز الصحة |

في الموقع تقديم الخدمة



الطبيب: التشويق مع منظمات المجتمع المحلي والمنظر عن في الموقع الممرضة: تزويد 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 المنظر عن في مكتب الاستقبال →



الدور للعودة المنتقلة

صينية خارجية →

القبيلة، الطبيب، الممرضة داخل العيادة المتنقلة

1. إجراءات التشغيل اليومية للعيادة الصحية المتنقلة - 3 خطوات

| القبيلة | السائق |
|--------------------------------------|---|
| تحديد اسماء فريق العودة المنتقلة. | تحذية نموذج « السابق - قبل الاطلاق» و المتخصص تحضير وقت الاطلاق، قراءة خطة السيارة (كيلومتر) قبل التعرف، القضاء، والقرية تحديد احداثيات الموقع (GPS) واسم السائق وأي ملاحظات أخرى مثل تعبئة البنزين |
| تحديد احداثيات الموقع (GPS) | في موقع العمل |


3. أنشطة تعزيز الصحة

أنشطة تعزيز الصحة

- إعداد الموقع
- المنهجية
- المواضيع (رعاية الحامل، رعاية الفأس، رعاية الطفل، التطعيم، الأمراض المزمنة... الخ)
- كيفية التعاون مع منظمات المجتمع المحلي والمطوعون.

لعب الألوار

- تشكيل فريقين (طبيب، قابلة، ممرضة، سائق) ، مستشار العيادة المتقنة، مشرفات الأمومة والطفولة، والمطوعون
- 1. البدء على 8:00
- 2. التخضير من 8:00 – 8:30
- 2. في الموقع من 9:30
- 3. التوقف عن تقديم الخدمات 12:30
- 4. الوصول إلى مكتب مديرية صحة العفرق الساعة 1:30



الممرضة:

- دعوة المراجعين لدخول العيادة المنتقلة وأحد تلو الأخر.
- إعطاء محاضرات تثقيف صحي

تقديم الخدمات الطبية

- فحص مرارحي خدمات
- رعاية الفأس
- تنظيم المراجعين خدمات
- استدعى الأمر
- تقديم وصفة طبية لخدمات
- رعاية الحامل
- تقديم خدمات تنظيم الأسرة
- والطعيم.
- مساعدة الطبيب والقابلة

2- في الموقع-2

| مهام ج | مهام ب | مهام ا | الوقت |
|---------------------------------|---|----------------------------|--|
| تسجيل نتائج نشاطات | تقديم الخدمات > الطبيب، القبيلة <«الممرضة» القبيلة» | التدريب والتثقيف | 12:30 |
| تحضير الصحة على النموذج المتخصص | الطبعة تعزيز الصحة | حياطة خبز العيادة المنتقلة | التحقق من تسجيل جميع الممرضة والبيانات شكل جيد، إجراء الجرد للقطر لوسائل تنظيم الأسرة. |
| | | | التقاء من تقديم الخدمات |

3) بعد الرجوع إلى مكتب مديرية صحة العفرق - 1

| مستشار العيادة المنتقلة/ جينا | السائق | القبيلة والممرضة | الطبيب، القبيلة والممرضة | الرجوع إلى | 13:30 |
|-------------------------------|--------|------------------|--------------------------|---|-------|
| | | | | نشطة | |
| | | | | صحة المرأة والطفل في مديرية صحة العفرق، وقرق المشرع | |

3) بعد الرجوع إلى مكتب مديرية صحة العفرق-2

| مستشار العيادة المنتقلة/ جينا | السائق | القبيلة والممرضة | الطبيب، القبيلة والممرضة |
|-------------------------------|--------|------------------|---|
| | | | التحقق من دقة التسجيل والتدريب من طرف على سجلات الأمومة والطفولة المنتقلة: - الحركة، زيت - الطلب من مشرف صحة المرأة، الحملات و الأمومة، والطفولة تجهيز المطابع مواد الكهوية، اللازمنة، والأمومة، ووسائل منع - خزان المياه العمل اليوم التالي إذا لزم الأمر - خزان الفضلات |
| | | | التحقق من دقة التسجيل والتدريب من طرف على سجلات الأمومة والطفولة المنتقلة: - الحركة، زيت - الطلب من مشرف صحة المرأة، الحملات و الأمومة، والطفولة تجهيز المطابع مواد الكهوية، اللازمنة، والأمومة، ووسائل منع - خزان المياه العمل اليوم التالي إذا لزم الأمر - خزان الفضلات |

2. محاضرة عن تطبيق الهاتف الذكي

في نهاية كل يوم يجب أن يتم التأكد من كمية النزل والتعبئة في حالة الحاجة

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 | Ms. Fadia |
| | 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 Roudeh 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 depositions. 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.

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 Iliyan |
| | 12/27 | Tokobol and Om Al-Jadail | FP, ANC | Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Heyam |
| | 11/1 | Al-Khribeh | FP, ANC | Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Iliyan |
| | 12/28 | Kufur Kyfia | FP, ANC | Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Iliyan |
| | 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 Iliyan |
| | 10/19 | Al-Daqmasah | FP, ANC | Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Iliyan |
| | 12/14 | Dahl | FP, ANC | Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Iliyan |
| Maifraq | 10/31 | Roudeh Al-Amir Mohamed | FP, ANC | Ms. Fadia, Ms. Amal, Ms. Maisa Abu-Sa'dah, Ms. Maisa Iliyan |
| | | Breiqa | | Note done |
| | 12/3 | Roudeh Al-Amir Hamzeh | FP | Ms. Fadia, Ms. Amal |
| Balqa | 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 Iliyan |
| | | Um Ayash | | Not done |

Comments from Ms. Maisa Abu Sa'dah and Ms. Maisa Eliyan

- 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.

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'iqah | 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 | <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 |
| | Ass Sarah | 0 | 1 | 0 |
| | Kufur Kyifa | 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 |
| | Breiga | 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 | Health education sessions in Communities | |
| Irbid | Kufur Kyifa | Esmou'a CHC, Der Abu Saed HC staff | 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 |
| | | | Taebah CHC | VHC staff Home visits for vaccination |
| | | | Tokobol and Om Al-Jadail VHC | Health education sessions in the community |
| Mafraq | Dahl | Nadera CHC | VHC staff | Home visits |
| | | | IRD (International Relief and Development) | CHVs |
| | | | White Hand and Zainab Azbidi (Charities) | ? |
| | | | 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 Mafraq 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 |
| | 2) Roudah Al-Amir Hamzeh | |
| | 3) Um Ayash | |
| Health Committee | 1) Roudah Al-Amir Hamzeh | 2 |
| | 2) Um Ayash | 2 |
| Outside organizations | 1) Kufur Kyfia | 2 |
| | 2) Roudah Al-Amir Hamzeh | 2 |
| Other community resources | 1) Kufur Kyfia | 2 |
| | 2) Roudah Al-Amir Hamzeh | 2 |

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 | |

| | | | | | |
|---|---|--------|--------|--------|--|
| Criteria for selection of HH/beneficiaries | | | | | |
| No. of beneficiaries | Approximately 4,000 | 15,500 | 15,500 | 15,500 | |
| Until when: (length of project) | End of July 2014 and possibly till end of 2014 with additional funding | | | | |
| Comments | 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 | Nil | Nil | Nil | |

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- Ashrafe h 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 | IYCF (Infant & Young Child | | April 2014: Initial 5 day IFRC CBHFA | | | | | |

| | | | | | |
|---|--|---|--|--|--|
| | Feeding CMAM (Community Based Management of Acute Malnutrition) <u>Outbreak Prevention</u> | Included topics on being a community health worker, community mobilisation and community assessment. June 2014; 1 day workshop on health topics | | | |
| Health Topics | IYCF, immunisations, personal hygiene | Immunisations; NCDs; nutrition; ARIs; care of a newborn; personal hygiene; water and sanitation | | | |
| Activities | Household visits; group meetings | Household visits; group meetings; health committees; school groups; community campaigns | | | |
| Beneficiaries | Syrians | Syrians and Jordanians (populations affected by the Syrian crisis) | | | |
| Criteria for selection of HH/beneficiaries | | | | | |
| No. of beneficiaries | Minimum of 44,640 over 9 months | Target of 4000 but should reach many more | | | |
| Until when: (length of project) | | Mid November 2014 with plans to seek funding to continue activities | | | |
| Comments | Nil | If the budget allows we would like to train an additional 30 Syrians CHVs in August 2014 | | | |

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】

- 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.
- 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.
- 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 rd -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-Daqmashah women charity association (1) Assistant for the Head of Al-Breiqah 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-Daqmashah women charity association (1) Assistant for the Head of Al-Breiqah school (1) Nurse (5) Midwife (2) Retired Nurse (1) Housewife (1) Service worker at Roudet Al-Amir Hamzeh VHC (1) | Mafrag CHC |

- Facilitators from MOH Women and Child Health Department
Ms. Fadia Al Jaber, MOH
Ms. Amal Abu Shaweesh, MOH

- 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.

- 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 Habeel: 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 | - Lectures (general) - Lectures (by Quran) - Cooking class - Distribution of brochures - Conduct sports activity | Schools |
| | - FP | - Announcement in Mosques - Lectures - Distribution of brochures - Conduct group discussions - Follow-up women who concern about FP | Mosque School |
| Tokobol and Om Al-Jadail | - Home accident | - Lectures for parents/ students - Home visit - Nursery visit | Charity association Schools Nursery |
| | - Misconception on vaccination | - Awareness campaign | Schools Homes Mosques |
| Al-Khribeh | - FP | - Lectures - Home visit - Distribution of FP brochures - Focus group discussion | Homes VHC |
| | - New born care | - Make announcement - Educational session - Distribution of brochures | 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 Habeel | - 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 |

2. Irbid

| No. | Name (English) | Name (Arabic) | Position | Organization (Location) |
|-----|----------------------------|--------------------|--|---|
| 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 |
| 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 Abdulllah 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 غربية | 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 شديقات | 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 شديقات | Staff Nurse | Al-Aqeb VHC |
| 10 | Mr. Abdullah Khalaf Al-Masac | عبدالله خلف المساعد | 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 | سهي 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-Rowaiae | خلود الرواعي | 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 معقل | 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 القروية في المناطق المستهدفة للإجنزات السوريين

ورشة عمل لأعضاء لجنة الصحة المجتمعية لبلدة لاذقية، اليوم الأول



مشروع تحسين الخدمات في المراكز الصحية القروية في المناطق المستهدفة للإجنزات السوريين

ورشة عمل حول أنشطة تعزيز الصحة للجان صحة المجتمع

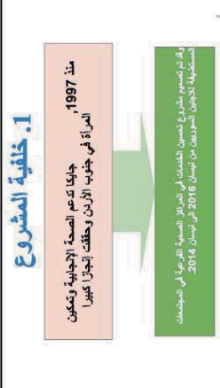
فرد علاء 4-3 2017 نيسان



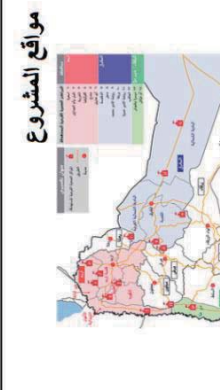
1. خلفية المشروع

منذ 1997، جينا دعم الصحة الإيجابية ويمكن المرأة في جناب الأمان وحقق إنجازا كبيرا

في دعم مشروع تحسين الخدمات في المراكز الصحية القروية في المجتمعات المستهدفة للإجنزات السوريين من نيسان 2016 إلى نيسان 2014



مواقع المشروع

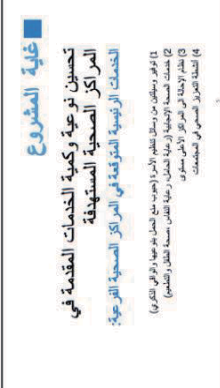


غاية المشروع

تحسين نوعية وكفاءة الخدمات المقدمة في المراكز الصحية المستهدفة

الخدمات الرئيسية المتوقعة في المراكز الصحية القروية:

1. توفير مستلزمات ومعدات طبية وأدوية مع ضمان توفيرها في الوقت المناسب
2. زيادة جودة الخدمة المقدمة من قبل الكوادر الصحية (تدريب وتأهيل)
3. زيادة الوعي الصحي لدى المجتمع المحلي
4. تنفيذ أنشطة تعزيز الصحة في المجتمعات



الأنشطة الرئيسية

من أجل تأمين تلبية احتياجات المجتمع القروية

تعزيز توفير خدمات الرعاية الصحية الأولية

تعزيز توفير خدمات الرعاية الصحية الأولية

تعزيز توفير خدمات الرعاية الصحية الأولية

تعزيز توفير خدمات الرعاية الصحية الأولية

تعزيز توفير خدمات الرعاية الصحية الأولية



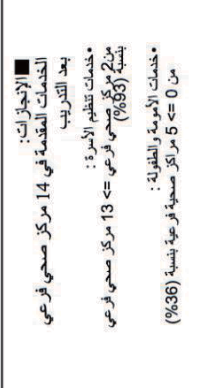
الإنجازات:

الخدمات المقدمة في 14 مركز صحي فرعي بعد التدريب

خدمات تنظيم الأسرة: 13 مركز صحي فرعي

مركز موزع صحي فرعي (88%)

خدمات الأمومة والطفولة: 5 مراكز صحية فرعية بنسبة (36%)



منهجية تغيير السلوك

تغيير السلوك تجاه حياة صحية

وتعزز صحتهم الإيجابية أفضل


المنهجية

تعزيز الوعي الصحي

تعزيز المشاركة المجتمعية

تعزيز المسؤولية المجتمعية

تعزيز المسؤولية المجتمعية




معايير إختيار الأداة الأصل


| معايير | الدرجة |
|--|--------|
| 1. مدى سهولة فهم محتوى الأداة | 1 |
| 2. مدى إمكانية تطبيق الأداة في المجتمع | 2 |
| 3. مدى إمكانية تقييم الأداة في المجتمع | 3 |
| 4. مدى إمكانية تقييم الأداة في المجتمع | 4 |
| 5. مدى إمكانية تقييم الأداة في المجتمع | 5 |

الهدف من إختيار الأداة الأصل والأفضل لأشطة تعزيز الصحة:

1. فهم تجربة الأداة من قبل الأداة الأصل
2. فهم تجربة الأداة من قبل الأداة الأصل
3. فهم تجربة الأداة من قبل الأداة الأصل
4. فهم تجربة الأداة من قبل الأداة الأصل
5. فهم تجربة الأداة من قبل الأداة الأصل

أهداف ورشة العمل


1. اكتساب مهارات حول أنشطة الرعاية الصحية في المجتمع
2. إعداد خطة عمل لأشطة الرعاية الصحية



محتوى المشروع

اليوم الأول

- تعريف مفهوم وتاريخ الصحة
- الخدمات الصحية لتعزيز الصحة
- نشاط المجموعة (1) عرض تقديمي
- اليوم الثاني
- الخدمات الصحية لتعزيز الصحة
- نشاط المجموعة (1) عرض تقديمي



فترة استراحة




نشاط المجموعة الأولى

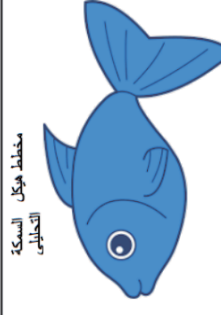
تحديد احتياجات وموارد المجتمع

العرض التقديمي للمجموعة (خمس دقائق)

الانتهاء من العروض التقديمية

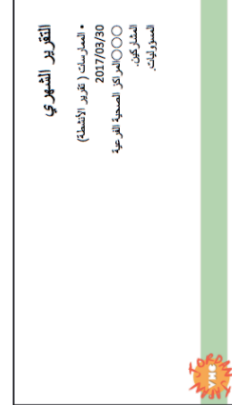
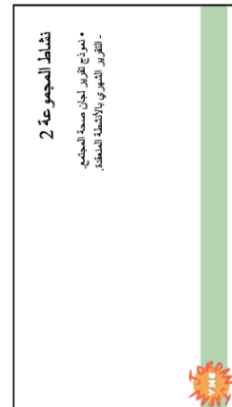
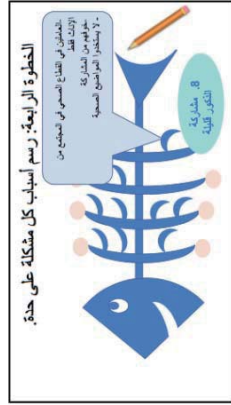
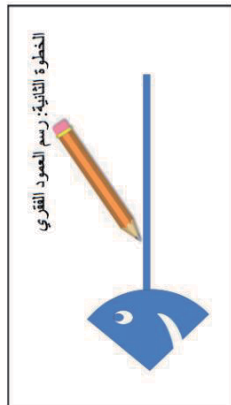
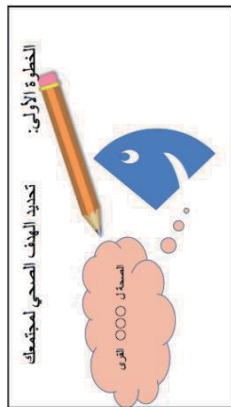


مخطط هيكل الشبكة التكاملية



الخطوة الأولى: ارسام رأس السمكة





خطة العمل

| الرقم | الوصف | الوقت | المسؤول | المتابعة | تاريخ |
|-------|-------|-------|---------|----------|-------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Directorate of awareness and Education Health Department

مفهوم تعزيز الصحة

إعداد الدكتورة رند بلالين
وزارة الصحة بعمرة القرية والإعلام الصحي

تعريف الصحة

- الصحة : هي حالة من اكتمال السلامة بدنياً وقلبياً وروحياً وذهنياً، لا مجرد انعدام المرض أو العجز.
- الطبيعة : فهم الجسم والعوامل الحيوية ووظائف الجسم بشكل سليم.
- النفسية : هو عراياك ومشاركة المختلفة مثل الشعور بالحراف والنفس إلى الشعور بالسبح والفرح.
- العقلية : وهي تعني القدرة على التفكير بوضوح، والتعلم على كيفية اتخاذ القرارات السليمة وحل المشكلات.
- اجتماعي : القدرة على القيام بالأدوار الاجتماعية وبناء علاقات إنسانية مع الآخرين.
- روحاني : ارتباط النفس بالعبادة والقسم الإيمانية التي تجلب الراحة والسعادة والاستقرار الوجداني.

الصحة النفسية

- هي حالة من العافية يستطيع فيها كل فرد أداءه إمكاناته الخاصة والتكيف مع حالات التوتر العادية والعمل بشكل منتج ومفيد والإسهام في مجتمعه المحلي.

مفاهيم صحية

- العادات الصحية : هي ما يؤدي الفرد بلا تفكير أو شعور نتيجة كثرة تكراره .
- العارضة / الطوبى الصحية: هي ما يؤدي الفرد عن قصد فاع من تمكنه فوج منته . ويمكن أن تتحول العادات الصحية السليمة إلى عادات يفرى بالاشعور نتيجة كثرة التكرار .
- الوعي الصحي :
- هو العلم بالمشكلات والمخاطر الصحية وإسهامهم بالسلوكية نحو صحتهم وصحة غيرهم وهو الهدف الذي نسمى إليه لا أن نبقى العاطرات، وصحة كقناة صحية فقط .

- التعزيز : عملية تعين الأفراد من زيادة التحكم بصحتهم وتحسينها .
- التكثيف : عملية تطوير الفرد/الجماعة لمعلوماتهم ومهاراتهم وتقييمهم لأنفسهم ليصبحوا قادرين على صنع قرار واتخاذ إجراءات من شأنها جعلهم يسيطرون على مجريات حياتهم ."

عناصر تعزيز الصحة

- الاتصال والتواصل : هو حاجة إنسانية أساسية وضرورية لتبادل المعلومات أو الأفكار من شخص إلى آخر بقصد التأكيد فيه وإحداث استجابة .
- التثقيف الصحي: يهدف التثقيف الصحي إلى رفع الوعي الصحي للاستفادة العظمى من الخدمات الصحية على مستوى المركز الصحي والمجتمع .
- تنمية المجتمع المحلي وتمكينه: تنمية المجتمع المحلي هو عملية تغيير ارتقائي مخطط للتبويض الشامل المتكامل لجميع نواحي الحياة .



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 الصفات أو الصور .
- معلومات الاتصال غير اللفظي :
 - حركات اليدين .
 - حركات الجسم .
 - التعبيرات الوجهية .
 - الاسترخاء .
 - التعجب .

المجتمع المحلي

- هو مجموعة من الأفراد يعيشون في مكان محدد ، ويصهرون في حياة واحدة ، ويتحذرون عادة بالمعاشقات المباشرة وبالتدبير في أسلوب المعيشة والتجانس في القيم والمبادئ وفي التفكير الشاملة للحياة .

- مؤسدة المجتمع تعني 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 ومؤسسية تتطلب إيماناً ببناء المشاركة ومعرفة ذات وفهم نقاط القوة والضعف الشخصية عند كل فرد من المجتمع المحلي ومؤسسته .

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 .
 - التكرار .
 - الجمالية والتشويق والتعجب .
 - التقوية الراجعة .

بعض ملاحظات لفظية للتطوير مدى ل ك

أهداف تنمية المجتمعات المحلية

- إحداث تقدم اقتصادي واجتماعي وثقافي وصحي وبيئي 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 النظر عن الوسيط .
- 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 لطرفي 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

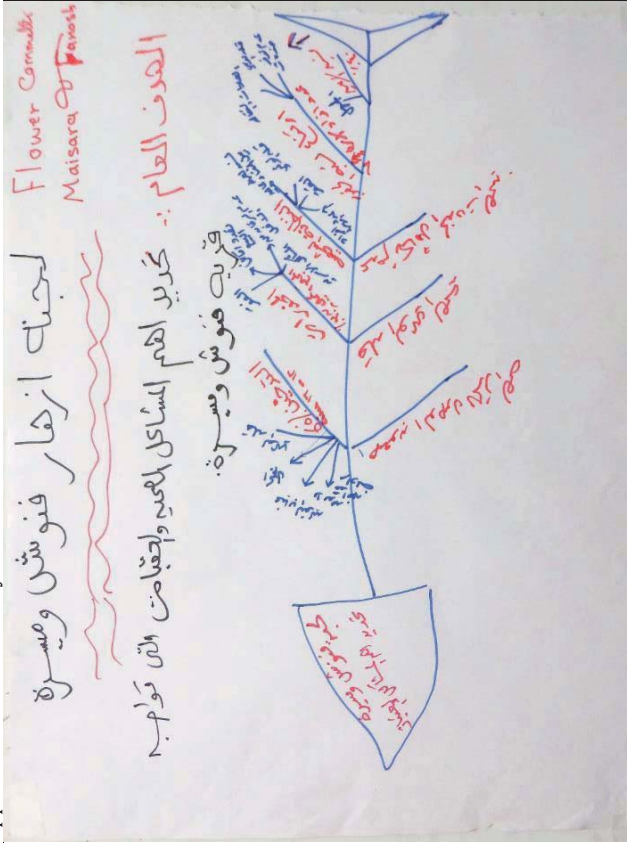
- التشبيك: هو بناء علاقات مع أفراد/مجموعات/هيئات حسب الاهتمامات والحاجات والأهداف ، تحقيق مصالح مشتركة .
- كسب التأييد: يعني زيادة وعي أفراد المجتمع وكسبهم القدرة على إدراك المشاكل في مجتمعهم وكيفية الوصول إلى أصحاب القرار المساهمة في تذليل هذه المشاكل .

تغيير السلوك

- الهدف: المقصود به الغرض من الاتصال ، أو الغرض من نقل الرسالة المستقبلي ، ويجب أن يكون الهدف واضحاً ومصاعاً يأسلوب يجعل المرسل يوافق عليه ويتقبله .
- المرسل: هو الشخص الذي يحدد الهدف من الاتصال وله حاجة للاتصال من أجل التأثير على الآخرين . وهناك مهارات يجب أن يتصف بها المرسل وهي :
 - سيرة واضحة للغة .
 - تغيير عن أهداف بنية .
 - تغيير أسلوب عرض منضم .
 - تصوير الجهد والاهتمام بالجمهور .
 - التوجه إلى ردود الفعل ومحاولة ما يراه على المستقبل من تغيرات .
 - الاهتمام بأهم المستقبل وتشجيعه وتلقينه بقلته بالتفصيل .

- قناة الاتصال: هي حلقة الوصل بين المرسل والمستقبل والتي ترسل عبرها الرسالة ، لذا يجب أن تكون قناة الاتصال خالية من التشويش ومناسبة لطرفي الاتصال .
- التقوية الراجعة: هي المعلومات الراجعة من المستقبل والتي تسمح للمرسل بتكوين حكم نوعي حول فاعلية الاتصال .

Appendix 5: Fish born analysis



Maysara and Fanoush, Dayr Allah



الغرض من تشكيل لجان صحة المجتمع

- تعبئة وتنظيم جهود جميع أفراد المجتمع وقتله وتوجيهها
- العمل المشترك مع كافة الهيئات العاملة في المنطقة بالهدف
- تشارك في لوقوف على الاحتياجات الصحية لهذا المجتمع
- والعمل عليها من خلال برامج وأنشطة وذلك لرغ وتحسين
- المستوى الصحي لأفراد ومكثبه بالسلوكيات الصحية
- السليمة التي تعمل على رفع سوية

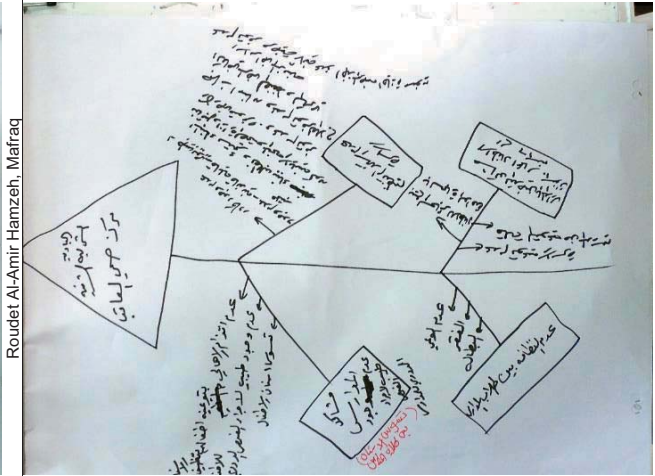
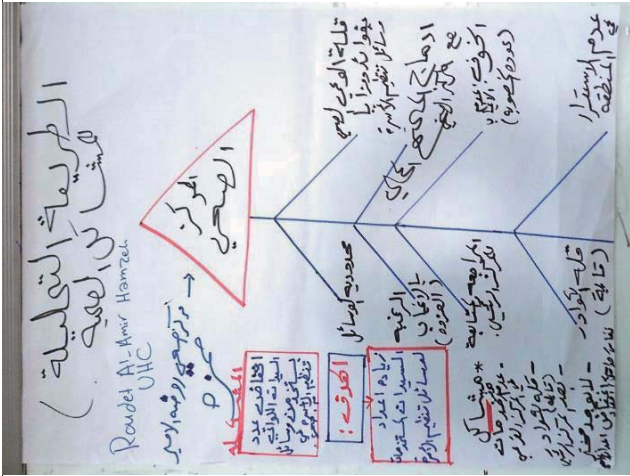
شكراً لاستماعكم

كسب التأييد

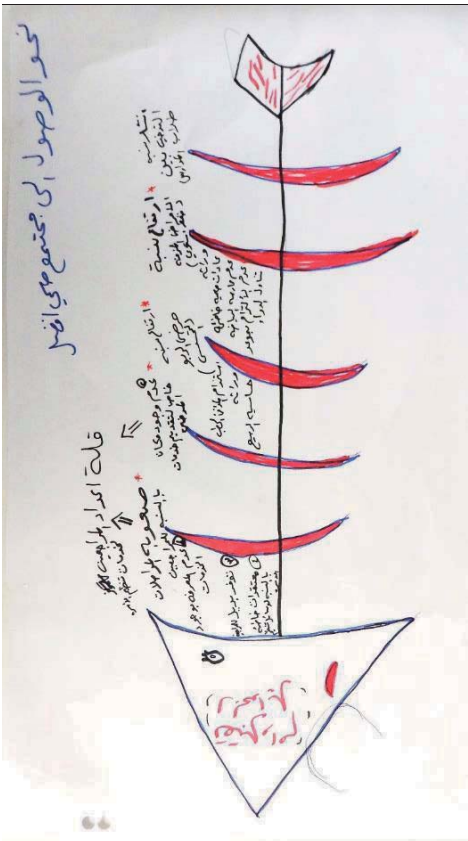
- زيادة وعي أفراد المجتمع وإكسابهم القدرة على إدراك
- المشاكل في مجتمعهم وكيفية الوصول إلى أصحاب القرار
- للمساهمة في تآكل هذه المشاكل - تحقيق هذا الهدف ينبغي:
- الوصول إلى القاعدة الشعبية (أفراد، أسر، مؤسسات)
- توظيف الإعلام (مسموع، مقروء، مرئي) لتحقيق الأهداف
- الوصول بقوة إلى صانعي القرار وقناعهم بقضايانا .

مهام لجان صحة المجتمع

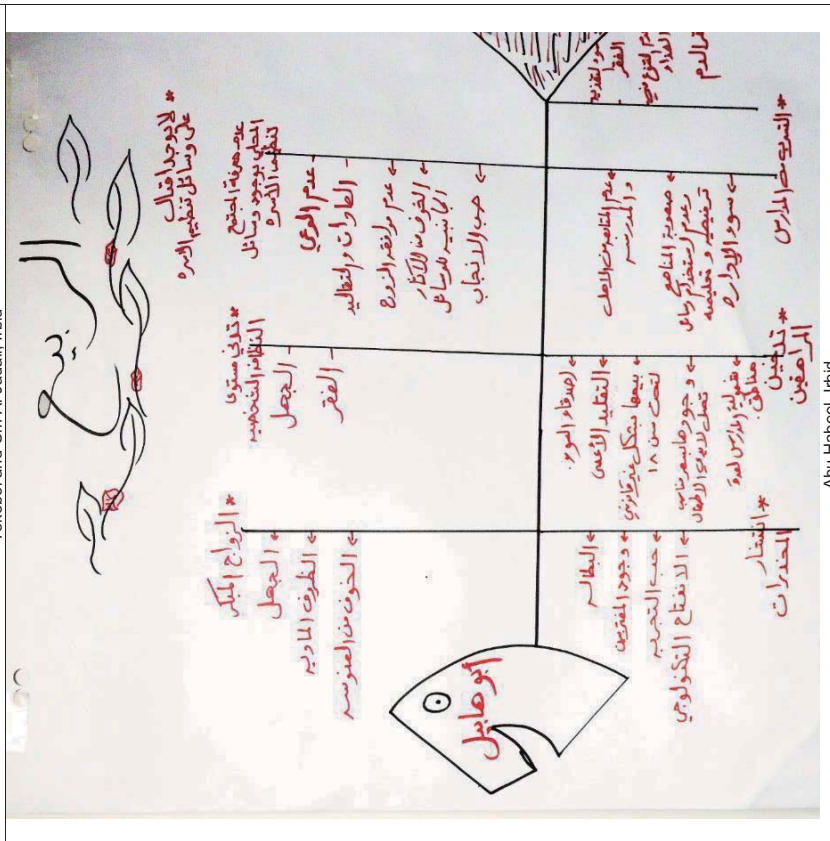
- تعريف المجتمع بأهداف اللجنة وآلية العمل.
- العمل على كسب تأييد اصحاب القرار.
- جمع البيانات والمعلومات لتحديد احتياجات المجتمع.
- تحديد اهم الاحتياجات وترتيبها حسب الأولويات.
- وضع وتطوير خطط عمل.
- التنسيق مع الجهات الرسمية وغير الرسمية في المنطقة
- وخارجها للمساهمة في تلبية احتياجات المجتمع.



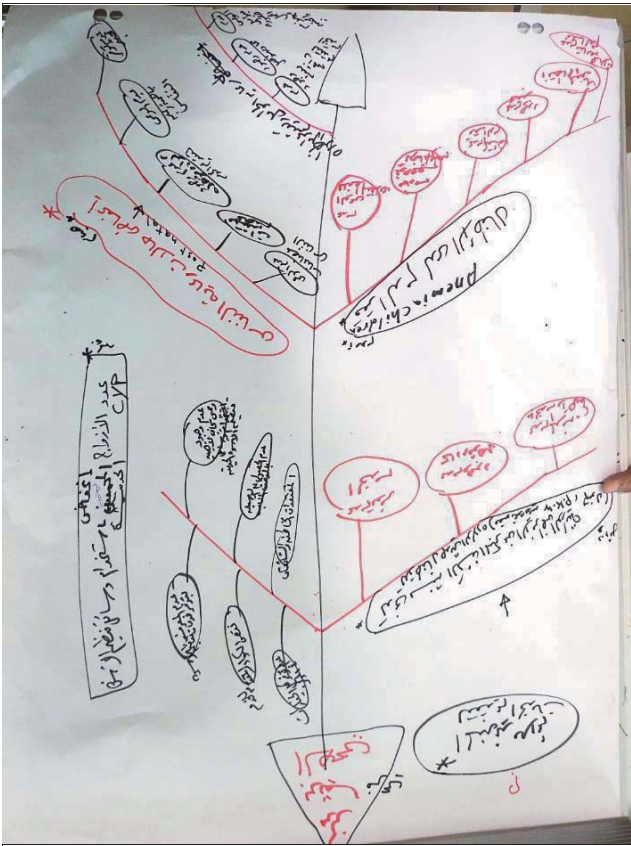
Al-Ageb, Mafrag



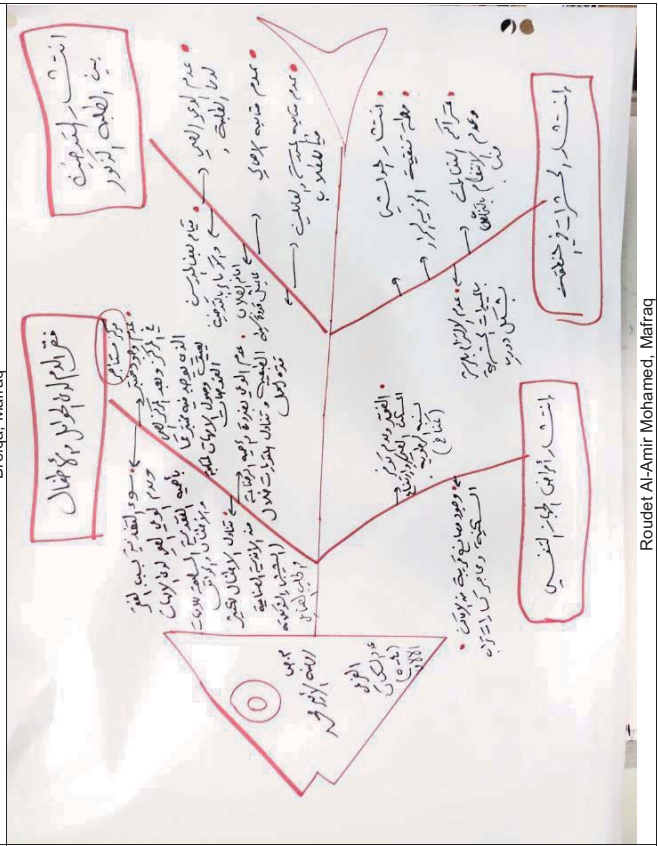
Tokobal and Om Al-Jadali, Irbid



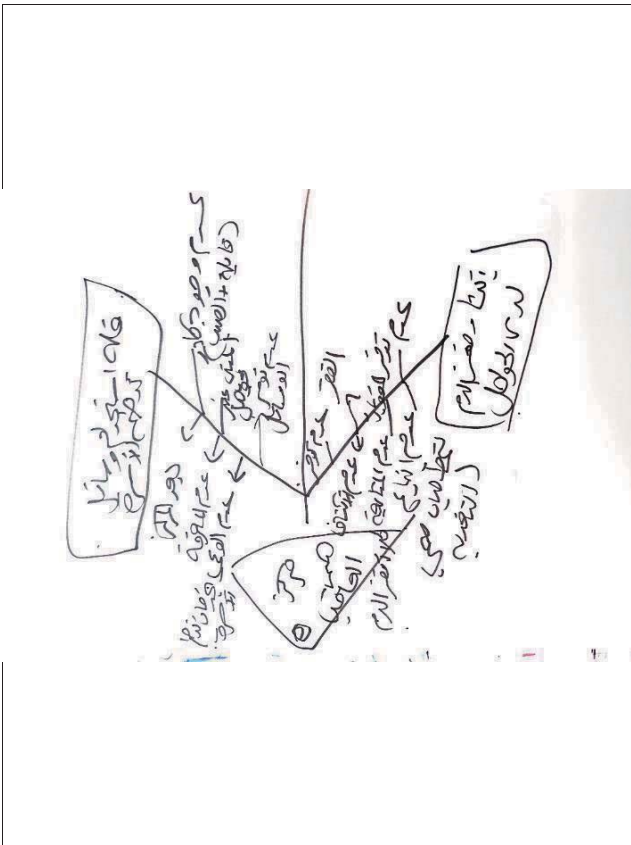
Abu Habeel, Irbid



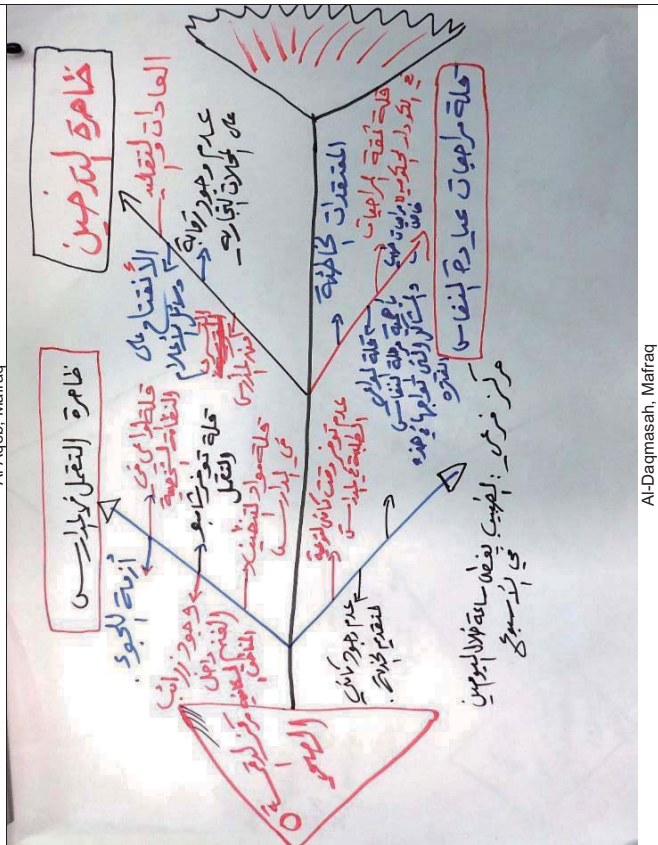
Breiqqa, Mafrqa



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-Sahyoun |
| 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-Sahyoun |

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 |
|----------------------------|-------------------------|------------|--|

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: Breiga

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 | - Breiga 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) |
|--|--|--|-----------------------------------|

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 الريحانة | 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 | Roudheh Al-Amir Hamzeh VHC |
| 8 | Ms. Huda Olimat | هدى سالم عبدالله عليجات | 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 Sarthan CHC |
| 12 | Ms. Ahd Msaeced | 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 Sarthan 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



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.

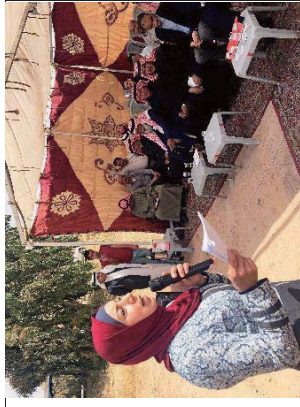

| | |
|---|--------------------------------------|
|  | School girls dram on family planning |
|  | Songs about fruits intake |

❖ 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)

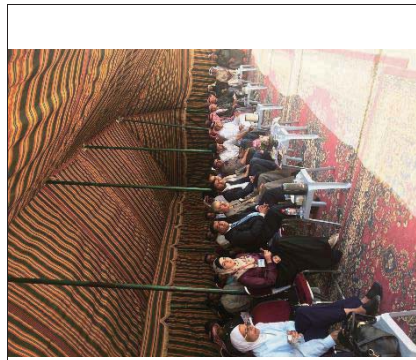
Tent near the VHC

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 الحارات | 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 | كختم رحاحلة | Head of MCH Department | Balqa Directorate |
| 7 | Ms. Helwa Al-Issa | حلوة العيسى | MCH Directorate supervisor, | Balqa Directorate |
| 8 | Ms. Bothina Zaqzouq | بثينة زقروق | MCH supervisor, District | Dayr Allah |
| 9 | Ms. Noha Hatamleh | نهي حاتملة | Midwife Supervisor | Balqa Directorate |
| 10 | Eng Fayez Kabha | م. فايز كبا | HP supervisor | Dayr Allah Health district |
| 11 | Ms. Bayan Odeh | بيان عودة | Nursing Supervisor | Balqa Directorate |
| 12 | Riad Mahmoud Swalha | رياض محمود صواحله | 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 حورات | 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 |
| 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 | كوتثر النبريسى | 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 الحجى | 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 المرآت | 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 المرآت | Trader | Ass'arah |
| 14 | Mr. Yaseen Fakhri | ياسين فخرى | 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 الحجي | 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 السري | Teacher/ CHC member | Tokobol coeducational primary school |
| 7 | Ms Saja AlSbahat | سجي الصبيحات | House-wife/ CHC member | Tokobol and Om Al-Jadail |
| 8 | Ms. Dema Ibrahim | ديما ابراهيم | House-wife/ CHC member | Tokobol and Om Al-Jadail |
| 9 | Mr. Mohamed Mansor Al-Sardi | محمد منصور السري | 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 صبيحات | Accountant | Tokobol and Om Al-Jadail VHC |
| 14 | Mr. Khadab | 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 | سميحة غازي الدقاسمه | Nursing Supervisor | Bani Kenanah Health District |
| 5 | Ms. Sawsan Wasfi Mahmud | سوسن وصفي محمود | Pharmacist | Bani Kenanah Health District |

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| 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 | سميحة دقاسمه | 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 Shaweech | امل ابوشاوش | 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 |

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| 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 | احمد العمري | Kufur Kyfia |
| 12 | Ms. Sana'a Abu-Gharbeiah | MW | سناه ابو 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. Hama Abu Hatab | حنان ابو 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 |

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| 11 | Mr. Tamim Snagleh | تميم سناجلة | Artist | Mandah village |
| 12 | Mr. Faisal Dawagreh | فيصل دواغرة | Association Assistant | Mandah association |
| 13 | Mr. Ibrahim Ahmad Alawneh | ابراهيم احمد علاونه | Head of Mandah school for boys | Mandah school |
| 14 | Mr. Naser Mahmoud Alawneh | ناصر محمود علاونه | 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 | امل ابوشاويش | 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 | ايمان الربيع | MW supervisor, District | Al-Aghwar shamaiah directorate |
| 4 | Mr. Osama Meqbel | اسامة 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 ابو 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 ابو 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 | شوكات الصور | Former Head of municipality | Al-Aghwar Shamaiah district |
| 15 | Mr. Mohamed Alsaket | محمد الساکت | 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 | عبدالرؤف ابداح | Head of Wadi Al-Rayyan CHC | Wadi Al-Rayyan |

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| 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 | قاضي جمعة ابداع | 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 ابداع | 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 ابداع | 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 عليما | 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 | Kasbeih 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. Amal 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 |

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| 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 عليما | Director of Mafrag Health Directorate | Mafrag Health Directorate |
| 2 | Dr. Ashraf Mana' | د. اشرف منا | Director assistant for services affairs, Mafrag Health Directorate | Mafrag Health Directorate |
| 3 | Ms. Amal Abu Shaweesh | أمل 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 | Kasbeih Al-Mafrag District |
| 7 | Dr. Khalaf Al-Khwaldeh | د. خلف الخوالة | Health Promotion supervisor | Kasbeih Al-Mafrag District |
| 8 | Eng. Rima Aljuham | م. ريم الجم | 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 عليما | Assistant nurse | Dahl village |
| 11 | Ms. Hamda Ulimat | حمدة عليما | 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 عليما | Head of Dahl charity association | Dahl village |
| 14 | Mr. Rezek Ulimat | رزق عليما | Retired man from the Ministry of Education | Dahl village |

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| 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) |

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|----|----------------------------------|-------------------------|---|----------------------------|
| 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 |

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| 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 |

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| 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-Qdah | 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. منذر 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 |

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|----|-------------------------------------|-----------------------|--|--|
| 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 |

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|-------------|------------------------------|----------------------|--|-------------------------------|
| 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, Mafraq health directorate | Mafraq Health Directorate |
| 3 | Dr. Ashraf 'Manna' | د. اشرف مناع | Director assistant for services affairs, Mafraq Health Directorate | Mafraq Health Directorate |
| 4 | Dr. Mounther Farhan Al-Naser | د. منذر فرحان الناصر | Director assistant for PHC, Mafraq Health directorate | Mafraq Health Directorate |
| 5 | Ms. Souad Shdefat | سعاد شديفات | MCH supervisor | Mafraq Health Directorate |
| 6 | Ms. Majeda Al-Takrori | ماجدة التكروري | Coordinator | Kasbeih Al-Mafraq District |
| 7 | Ms. Sawsan Tamimi | سوسن تميمي | Coordinator | AL-Badia Al-Shamaleh District |
| 8 | Dr. Khalaf Khawaldeh | د. خلف الخوالدة | Head of health Promotion department | Kasbeih Al-Mafraq 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 | Mafraq 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 |

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| 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 |

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| 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 | دينا إبراهيم | CHC Member | Tokobol and Om Al-Jadail VHC |
| 19 | Mr. Ibrahim Sbaitat | إبراهيم صبيحات | 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 | دينا إبراهيم | CHC Member | Tokobol and Om Al-Jadail VHC |
| 10 | Mr. Ibrahim Sbaitat | إبراهيم صبيحات | CHC Member | Tokobol and Om Al-Jadail VHC |
| 11 | Ms. Makiko Komasaawa | ماكيكو كوماساوا | Chief Advisor | VHC project |
| 12 | Ms. Rumi Iwata | رومي اوتا | Project assistant | VHC project |
| 13 | Ms. Ola Hattab | علا حطاب | Administration Coordinator | VHC project |
| 14 | Ms. Asal Nakhleh | أصال 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 دقاسمة | Assistant Nurse | Al-Khribeh VHC |
| 11 | Ms. Nojood Ababneh | نجد عابنة | CHC Member | Al-Khribeh Village |
| 12 | Ms. Mervat Shafecq | ميرفت شفيق | CHC Member | Al-Khribeh Village |
| 13 | Ms. Ola Hattab | علا خطاب | 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 Altamimi | سوسن التميمي | MCH Supervisor | Northern Badia |
| 21 | Ms. Maram Salahat | مرام الصلاحات | Health promoter | Mafrag Health Directorate |
| 22 | Ms. Eman Ghawaameh | يمان غوانمة | 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 الخضر | Head of WCH Dep. | Balqa Health Directorate |
| 32 | Ms. Helwa Al-Issa | حلوة العيسى | MCH Supervisor | Balqa Health Directorate |
| 33 | Ms. Noha Hataimleh | نهي حاتمليه | 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'ekher | ملاك 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 عابنة | 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 Homma | كاينا هومما | Project Coordinator | VHC project |
| 19 | Ms. Ola Hattab | علا خطاب | 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 دقاسمة | Assistant Nurse | Al-Khribeh VHC |
| 24 | Ms. Mervat Shafecq | ميرفت شفيق | CHC Member | Al-Khribeh Village |
| 25 | Ms. Nojood Ababneh | نجد عابنة | 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 | لعيبي 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 Keftiya, Irbid)
(February 18)



Blood sugar test in Free Medical Day
(Kufur Keftiya, Irbid)
(February 18)