

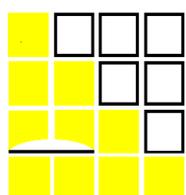
Primary Health Care Facility Survey

Final Report

Submitted to

**Primary Health Care Initiatives (PHCI)
Implemented by Abt Associates, Inc.**

Amman



المجموعة الاستشارية للتنمية والاعمار

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Preface

This study was prepared for Abt Associates, Inc. under the USAID-supported Primary Health Care Initiative (PHCI) Program by a CDG team composed of architects and engineers, survey specialists, and logistics coordinators.

CDG would like to thank Mr. Hussein Al-Heeh, the Ministry of Health Coordinator, whose assistance was invaluable. In addition, CDG acknowledges the assistance of MOH governorate directors and coordinators and all the medical and supervisory staff at the clinics visited. The meticulous work of our field and office survey and data entry staff is much appreciated.

Supported by USAID Jordan, the study benefited greatly from the input and cooperation of the following individuals at PHCI whose insight and expertise proved to be major contributions to the work:

Mr. Gabriel Abraham, Senior Associate, *Abt Associates, Inc.*
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EXECUTIVE SUMMARY

PPrimary Health Care Initiatives (PHCI) is a program funded by the U.S. Agency for International Development (USAID) and implemented by Abt Associates, Inc. As part of the initiative, this Health Clinics Survey Project, aimed to investigate the physical condition of the Primary Health Care Centers (PHC) and the provision of services at the PHCs as well as the Comprehensive Health Care (CHC) facilities. Two outcomes of the survey were desired and obtained: the creation of a baseline database of the condition, staffing, equipment and services of all PHCs and CHCs, and the provision of comprehensive information that will allow the Ministry of Health and PHCI to choose PHCs for renovation and rehabilitation, upgrading, and improvement to provide optimal health care. This report presents the final survey instrument that was adopted, discusses the translation aspects of training module and instrument, identifies the planning and logistics that culminated in the survey of 332 primary health care centers (PHCs) and 45 comprehensive health care centers (CHCs), and discusses data issues and results of the survey.

The survey constituted of two parts: an interview with the PHC/CHC Director and the evaluation of the PHCs facilities and their architectural map. The first part that compiled, for each center, information about the available services, staffing and training, equipment, work load, outreach and other quality issues for the center, while the second indicated the physical condition of the exterior and the interior of the center's building and evaluation of its rooms. This accumulated information will be the basis for the selection of the centers that will be targeted for physical renovation and upgrade by the PHCI project and thus serving towards meeting its goals of improving health care resources and access to them.

The initial questionnaire received from PHCI was translated prior to training sessions. During the sessions, some changes were made in line with discussions by the groups and a revised questionnaire developed. This revised questionnaire was then used in the pilot testing, after which, it was revised once more in keeping with the results of the survey, and a final questionnaire was developed.

The survey project was a done in two phases, the first was a survey of the PHCs and the second was a survey of the CHCs. The following were assigned resource:

First Phase Survey of PHCs

- No. of Teams = 6 teams of 2 individuals each. One social surveyor and one engineer/architect.
- No. of vehicles = 6
- Survey start date was June 26, 2000 and end date was July 25, 2000.

Second Survey of CHCs

- No. of Teams = 6 teams of 1 social surveyor.
- No. of vehicles = 6
- Survey start date was July 25, 2000 and end data was July 30, 2000.

As part of the overall plan, a broad schedule was presented to Engineer Hussein Al-Hieh, MOH Coordinator, and packages were prepared that included a formal letter, a revised Arabic questionnaire, and the broad schedule. All were delivered to the health Directorates by City

Express courier service. The assumption was that the Directorates would deliver the same to its centers.

Data Collection Process - The data collection process was built around one main pillar: constant communication with the centers and the surveyors. The Table below presents a summary list of the final 332 PHCs and 45 CHCs surveyed, along with notes on clinic integration or closure.

Summary of PHC Numbers

Governorate	No. of PHCs Completed	Notes
Ajloun	11	
Balqa'a	34	
Amman	51	Swaqa Prison Clinic was dropped
Irbid	86	Rasheed and Ibn Sina Clinics were combined; Razi and Hai Shamali Clinics were combined.
Jerash	13	
Karak	38	
Madaba	11	
Mafraq	34	Mukhayam Al-Reisha Center is a military clinic now.
Zarqa	24	
Tafileh	10	
Ma'an	10	
Aqaba	10	
TOTAL	332	

Summary of CHC Numbers

Governorate	No. of CHCs Completed	Notes
Amman	13	
Madaba	1	
Zarqa	3	
Balqa	4	
Mafraq	6	
Irbid	6	Yarmouk CHC will become a hospital next year.
Karak	5	
Ajloun	2	
South	5	
TOTAL	45	

Data Entry – This process involved coding of Centers and several questionnaire fields, designing a data entry program using Ms-ACCESS database, and the actual physical data entry and checking.

Coding of Questionnaire Fields – Apart from the standard coding for the questions in the different sections of survey instrument, specific coding was done to input such parameters as “problems”, “staffing”, “room types”, “Medications and equipment”, “furniture”, etc. Some of these additional coding devices included, for example, room types. This was handled in the following way: room type = type code- serial #, e.g., 20-1 would imply bathroom, first. In the case where rooms had multiple functions, room type = type 1 code + type 2 code, e.g. 20 + 13 would signify bathroom and storage. The actual code book is included in the Annex to this report.

Center Coding – The following codes were used for centers:

- The MOH Center ID was adopted for defining each center.
- In case one or more clinics from one center were in different buildings, the following code was used: Center ID – MCH for maternal/child health center, DEN for dental clinics, RES for residence, and VHC for village health care center.

Program – The program was designed to handle proper validation of entry and allowed for consistency checks (e.g., if an answer to a question was NO, then according to the specific design of the question, all related fields are closed for entry). The program allowed for a standard screen design that is used throughout the program and a quick filtering and searching of data.

Quality Control – This process involved both field and office verification of information received on a daily basis.

Field Verification – The process of field verification was begun early on in the survey by PHCI and CDG personnel, who visited sites (i) at the same time a survey was going on; and (ii) after some sites were completed to check on consistency of responses. This continued throughout the survey work, where one engineer was sent to two sites on a weekly basis.

Office Verification - Data checking in the office took place according to exacting detail and included engineering and social survey checks.

Lessons Learned - are presented from a number of perspectives, namely, the survey itself, the results, human resource issues, and bureaucracy.

Database and Future Applications - The data and information collected through this survey are categorized into five different types of meta-data:

- 1- Contents of the PHCs / CHCs
- 2- Services of the CHCs/PHCs
- 3- Physical structure information of PHCs
- 4- Physical structure layout in ACAD for PHCs
- 5- Geographical position and spacial relationship to surrounding area for PHCs/CHCs

Such meta-data form the basis of several possible future uses of the baseline database elements. The most significant is the possible integration of the geographic and spatial information and the non-geographic information tabulated in the ACCESS database. A **GIS-**

based Data Mining and Knowledge Database can be setup where the database can be easily loaded to a Geographic Information System application (e.g. mapinfo, arcinfo/arcview) and thus enabling spacial access to centers' information, another future application is the use of centers' information in **Facilities Management Tools** such as Computer-Aided Facilities Management and Computer-Integrated Facilities Management (CAFM and CIFM) which enable MOH to organize and access information that is critical to managing assets, from office space to furniture and equipment, and from human resources allocations to utility services, this in turn can streamline the operation of its clinics and assign assets as required by the customer – the patient - and the Clinic itself, thus allowing for easy access and update of continuous monitoring information and inventory. In addition MOH can also optimizes the use of its PHC space and utilization and can better control the assignment of its human and other resources to centers. MOH can also join the **e-Government** initiative, with this current baseline survey, MOH is far ahead than any other governmental organization to applying e-government. A simple web-enabled application can provide secure on-line access to PHCs and CHCs staff and allow, for example, internal transactions to be conducted over the internet, for example, request/delivery orders for furniture/equipment/drugs may be done through the intranet cutting down on time and effort, and keeping an up-to-date inventory of each center's contents. Same applies for request for maintenance of building where the room and problem may be specified on the web-enabled ACAD drawing. Another static examples would be publishing the centers location and addresses on the Web, the services it offers, etc.,

Web-enabling the baseline database might be the core building block of a future where people may be able to apply for their health insurance cards on the web among many other things.

Based on the experience that CDG has accumulated over the years whether when working on computerizing health related processes, or developing of GIS-based systems or designing and constructing buildings, all of the above can be easily obtained once the main ingredient of a baseline database is present and the availability of continuous data building upon the baseline set.

The baseline set of data for MOH is in this survey. The next step is clear.

ACRONYMS

A/E	Architect/Engineer
Abt	Abt Associates, Inc.
CAD	Computer Aided Design
CDG	Community Development Group
CHC	Comprehensive Health Center
GP	General Practitioner
m²	Square Meters (area)
m³	Cubic Meters (volume)
MCH	Maternal Child Health Center
MOH	Ministry of Health
PHC	Primary Health Center
PHCI	Primary Health Care Initiative
USAID	U.S. Agency for International Development

DESCRIPTION OF FIRM

CDG engineering + management associates (Community Development Group), established in 1979, is one of Jordan's leading professional firms in Information Technology, Management Consulting, Market Survey Studies, Research, Architecture/Engineering, and Environmental and Cultural Resource Management. The strategically located offices in Amman and the West Bank city of Bethlehem provide multidisciplinary specialist services in above areas, based on the power of information as the pillar for decision making and the optimal use of new technologies.

CDG began its history as an Architecture/Engineering firm that employed and continues to use the newest technology of the times in engineering and drafting. It has successfully implemented several projects in Jordan and the West Bank.

Since 1984, CDG has conducted numerous consulting services, research, studies and survey activities in various economic, social, cultural, housing and environmental disciplines. CDG has documented experience in conducting surveys and studies at the national and sector levels, efficiently and professionally, and has been instrumental in providing key information forming the basis for critical governmental decision making. CDG continues to play an important role in the Jordanian community as studies specialists.

Backed with its multi-sector experience, CDG has been successful since 1987 in integrating its Information Technology services into each of the above areas providing unique services that combine cumulative knowledge of two or more of its core competencies. In 1994, CDG emphasized its cultural and environmental resource management approach and principles through the creation of its Environmental Division to provide resource management and quality support for the water, environment, agriculture, and health sectors.

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MAIN REPORT

1**SURVEY PREPARATION AND PLANNING**

PPrimary Health Care Initiatives (PHCI) is a program funded by the U.S. Agency for International Development (USAID) and implemented by Abt Associates, Inc. As part of the initiative, this Health Clinics Survey Project, aimed to investigate the physical condition of the Primary Health Care Centers (PHC) and the provision of services at the PHCs as well as the Comprehensive Health Care (CHC) facilities. Two outcomes of the survey were desired and obtained: the creation of a baseline database of the condition, staffing, equipment and services of all PHCs and CHCs, and the provision of comprehensive information that will allow the Ministry of Health and PHCI to choose PHCs for renovation and rehabilitation, upgrading, and improvement to provide optimal health care. Community Development Group was selected as the local consulting firm to provide the survey and logistical services.

This chapter presents the final survey instrument that was adopted, discusses the translation aspects of training module and instrument, and identifies the planning and logistics that culminated in the survey of 332 primary health care centers (PHCs) and 45 comprehensive health care centers (CHCs).

1.1 Final Survey Instrument

Two types of survey instruments were used; one administered at the PHCs and another at the CHCs. The survey instrument implemented at the PHCs encompasses the social-studies dimension and the engineering and architectural dimension.

The survey compiled, for each center, information about the available services, staffing and training, equipment, work load, outreach and other quality issues for the center. For the PHCs, the survey also indicated the physical condition of the exterior and the interior of the center's building and evaluation of its rooms. This accumulated information will be the basis for the selection of the centers that will be targeted for physical renovation and upgrade by the PHCI project and thus serving towards meeting its goals of improving health care resources and access to them.

The initial questionnaire received from PHCI was translated prior to the training sessions described below. During the sessions, some changes were made in line with discussions by the groups and a revised questionnaire developed. This revised questionnaire was then used in the pilot testing, after which, it was revised once more in keeping with the results of the survey, and a final questionnaire was developed.

1.2 Translation of Training Module and Instrument

After firming up the broad schedule of the survey (discussed in section 1.4), a one-day training session was held at PHCI offices on June 21, 2000. The session included presentations of a module prepared by PHCI specialists and a translation of the module prepared by CDG managers on the details of the survey work and the survey instrument. CDG teams consisting of the surveyors and engineers attended the sessions.

The training session included work with electronic distance measuring devices, GPS, and time management issues during the actual survey. When the group was divided into two sub-groups comprising Architects/Engineers and Surveyors, the rationale behind each question of their respective questionnaires, was presented. Discussions ensued that benefited everyone present. In sum, the instrument was thoroughly discussed in all of its dimensions.

The pilot testing procedure was later outlined to the trainees in preparation for next day work in the field. The training itself was divided into three sessions:

- ◆ General Information session
- ◆ Detailed Questionnaire review
- ◆ Final Recap and GPS use

The general information session included an overview presentation by the PHCI team of the aims and objectives of the project and its linkage with the Ministry of Health (MOH). General issues were discussed pertaining to how the survey is to be conducted in terms of time, sequence of questions, and logistics. The CGD survey managers reviewed the questionnaire sections broadly before dividing the team into two groups.

The detailed questionnaire review for the surveyors included a discussion of the purpose of each question, problems that may be faced while asking the question, possible answers, methods of collecting information, and possible sources of information. Suggestions were received from the trainees on all these issues. The detailed questionnaire review for the architects/engineers (A/E) included a discussion of each of the questions as well as suggestions from the trainees.

The final recap session included a presentation of the typical photos that the survey includes in the equipment and furniture sections, as well as training on the GPS and measuring equipment by all. During the review of the logistics, the teams, and the schedules, emphasis was placed on the importance of accurate information and thoroughness of work.

The CDG staff present included Ramzi Kawar, Linda Kawar, Dr. Maher Abu-Taleb, Abdul-Hakim Dweik, Ala'a Abu-Sha'ar, Jumana Kawar, Khawla Ayyad, and the surveyors/engineers teams. The PHCI team present included Cari Clark and Gabriel Abraham of Abt Associates, Inc.

The direct translation of the instruments was conducted by CDG and shown in the Annexes to this report.

1.3 Back-Translation of Instrument

The Arabic questionnaire was back translated to English to ascertain the accuracy of the intended questions and the information to be supplied.

The final set of questionnaires are presented in the Annexes of this report along with their Arabic translation and back translation into English.

1.4 Planning and Logistics

This section presents the results of a detailed and thorough analysis to produce an optimal configuration of teams and durations for the survey work. The overall plan is presented first, followed by a detailed site visit schedule.

1.4.1 Overall Plan - The overall plan incorporates the required number of teams on the two surveys as well as vehicles and mobile telephone access by all surveyors to complete the work within the prescribed time limits.

First Phase Survey of PHCs

- No. of Teams = 6 teams of 2 individuals each. One social surveyor and one engineer/architect.
- No. of vehicles = 6
- Survey start date was June 26, 2000 and end date was July 25, 2000.

Second Survey of CHCs

- No. of Teams = 6 teams of 1 social surveyor.
- No. of vehicles = 6
- Survey start date was July 25, 2000 and end data was July 30, 2000.

As part of the overall plan, a broad schedule was presented to Engineer Hussein Al-Hieh, MOH Coordinator, and packages were prepared that included a formal letter, a revised Arabic questionnaire, and the broad schedule, were delivered to the health Directorates by City Express courier service. The assumption was that the Directorates would deliver the same to its centers.

1.4.2 Site Visit Schedule - The detailed site visit schedule was developed by the management and logistics teams to provide maximum flexibility and effectiveness. The schedule included, for each governorate, the team, the names and ID numbers of clinics to be visited, telephone numbers, contact persons, the date of planned visit, and the exact address. The site visit schedule for each of the governorates, presented in the Annex, has gone through a number of amendments. Also, the schedule was continuously modified as a result of the daily feedback during fieldwork.

1.4.3 Appointments - As an integral part of the site visit schedule, all centers were called and appointments scheduled with the director of the clinic prior to the team beginning work in the governorate to ensure maximum cooperation with the team. Daily calls to confirm appointments with the centers to be visited over the following

two days were also made to confirm appointments and schedule changes, if any, and to ensure the presence of the Director.

1.4.4 Communication – Two levels of communication took place. First level was the continuous communication with the MOH Coordinator and the assigned liaison officer at each of the Health Directorates of each governorate. This level was considered important to ensure assistance when needed and has been very effective in keeping the survey schedule on track and in overcoming all obstacles met during fieldwork. Second communication level was with the teams working in the field. Each team was called at least twice during the day: At 8:30 am to ensure their arrival at the first center to be surveyed, and around noon to ensure that the teams is on schedule and have sufficient time to complete the assigned centers to be surveyed. This communication helped in modifying the appointments with the centers when needed and in utilizing the team's time to its fullest. It also helped in identifying problems as soon as possible and thus solving them efficiently. Last communication with the team happened at CDG offices when the teams returned to deliver their daily work.

1.4.5 Teams - The teams were confirmed and assigned identifying colors, sites to visit, and schedules prior to initiation of work. Every team had a kit of all needed stationary, equipment and questionnaires.

1.4.6 CDG Logistical Forms Used - Typical forms used include: Daily Team Communication forms, Schedule forms, Receipt of Daily Work forms, and forms for Receipt of Films.

1.4.7 Supplies - Supply requirements were coordinated with PHCI for films, batteries, cameras, stationery, etc.

1.4.8 Interview Staffing Plan - This subsection presents the recruitment principles adopted by CDG. The staffing plan by area, and a listing of identified surveyors. The recruitment principles for **surveyors** involved the following: CDG has been working in research and surveys since 1987. During that time it has employed many surveyors and tested, first-hand, their work quality and dedication. From this database of surveyors, CDG usually selects the needed expertise and experience and staffs its teams. When the need arises to recruit persons that CDG has not been working with in the past, it is usually done in two ways: by advertisement in the newspaper, and by word-of-mouth. The latter usually provides better recruiting results. The applicants are then interviewed.

Criteria for Selection of Surveyors:

Applicants were evaluated according to their previous experiences in research, their comprehension of the research they have performed, their educational degree, their familiarity of the area where the survey is to be conducted, and their communication skills. It was usually a plus if the surveyor has conducted similar research in the same field.

The recruitment principles for **Architect/Engineer Surveyors** involved the following: CDG has also been in the engineering/architecture field since 1979. It is continuously recruiting new talents to add to its already developed database of architects/engineers from which it can withdraw the needed experience. Similarly, when the need arises to recruit

architects/engineers that CDG has not been working with in the past, it is usually by word-of-mouth through CDG architecture/engineering associates, current employees, and ex-employees.

Criteria for Selection of A/Es:

Intelligence and communication skills are the underlying criteria for selecting a CDG worker. Beyond that, applicants are evaluated according to their previous experiences in architectural or engineering design, supervision expertise, the type of projects they have been responsible for, and for Architects in specific, in terms of their talent. AutoCad knowledge and computer literacy is a must. Graphic design knowledge is a plus. Another criteria for selection are the University they have graduated from and their educational degree. References are important and are usually contacted by CDG.

A listing of the names of the surveyors and architects/engineers is shown below for completeness.

Table 1-1 - Survey and A/E Teams

Surveyor Team	Architect/Engineer Team
Sultan Abu-Mahfouz	Majdi Rousan
Ali Nashah /	Ahmad Rawash
Sameer Al-Jundi	Ra'ed Bawwab
Majdi Theeb	Khaldoun Sawalha
Fawwaz Abu-Halawa	Lutfi Zagharit
Atef Al-Zaghal	Basem Momani
Tayseer M. Salameh and Yaseen Za'atra, <i>substitutes in case of problems</i>	

2

DATA COLLECTION AND ENTRY

This chapter (i) presents the results of the pilot testing of the initial survey instrument revisions and examines the obstacles faced and the actions taken to remedy certain situations; (ii) outlines the data collection process; (iii) discusses the data entry procedures; and (iv) reviews the quality control mechanisms employed throughout the survey.

2.1 Pilot Test and Revisions

The questionnaires supplied by the PHCI was translated into Arabic, and formatted in a way that clarifies for the enumerator the different sections and answer options of the instrument, and facilitates data checking, coding and data entry.

The survey instrument used in the pilot-testing was the Arabic translation of the latest PHCI English version questionnaire emanating from the training session.

2.1.1 Pilot Test Sites Visited - CDG worked closely with PHCI to determine the Centers to be visited in this pilot test. It was anticipated that this in turn will determine the time-line and the logistics of the pilot survey and will prepare for their scheduling and contact. A table listing the 6 sites visited is shown below.

Table 2-1 - Pilot Test Locations

ID #	Center name	Names of Survey Team
11933	Jabal Al-Natheef	Basem Momani, Sultan Abu-Mahfouz
11915	Marj el-Hamam	Ahmad Rawash, Ali Nashah, Ala'a Abu-Sha'ar
11903	Marka	Khaldoun Sawalha, Sameer Al-Jundi
11936	Dahiat Al-Hussein	Abdul-Hakim Dweik, Sultan Abu-Mahfouz, Khawla Ayyad
11906	Jabal Al-Taj	Ra'ed Bawwab, Majdi Ali
11945	Bader Al-Jadeeda	Lutfi Zagharin, Fawwaz Abu-Halawa, Ala'a Abu-Sha'ar

The 6 teams conducted their first site visit on June 22, 2000 and after the visits, the teams met together with CDG management and PHCI experts to review the details of the pilot testing. The meeting allowed all surveyors to present the obstacles faced and their time considerations for the survey at each clinic. Based upon meeting minutes, an exposition is presented below. All incomplete centers were completed upon revisiting them on June 23, 2000.

2.1.2 Obstacles Encountered During Pilot Test and Solutions - The observations made by the survey team concerning the instrument were discussed by all concerned in a joint session at CDG offices on the same day of the pilot testing. The results are presented in a table format below, where for each obstacle or "issue" encountered, a solution was found and incorporated into the questionnaire. This questionnaire was then finalized by PHCI and set for translation by CDG in anticipation of final implementation. Table 2-2 below identifies the

major obstacles encountered grouped together under four basic themes: Time, Equipment and Furniture, Land Area and External Evaluation, and General Editing.

Table 2-2 - Obstacles and Solutions

Obstacles or “issues”	Solutions
Time	
Surveyors generally completed their work before architects/engineers.	Surveyors were instructed to assist A/Es.
Measurements by A/E took longer than expected, especially when measuring every door and window.	Doors and windows will not be accurately measured; but rather just indicated as openings on the drawings.
External evaluation by A/Es took longer than planned.	Surveyors will assist A/Es in simple external evaluations.
Workers at centers usually leave by 1 pm especially on Thursdays.	A revision of the schedule had to be made to accommodate 2 centers per day within these time constraints.
Equipment and Furniture	
A survey of furniture and equipment room by room involved too many forms to keep track of, notwithstanding the fact that furniture was mostly mobile, so that they could be shifted from room to room.	Medical equipment will be tallied room by room into one form relating to the center vs a different form per room. All furniture included into the room evaluation conducted by the A/E were included in a form to be filled by the surveyor for each room.
Land Area	
Land areas were not always defined, or had incomplete boundaries	Measure setbacks from each side of the building only.
Fuel and Water Tanks	
In some cases, water tanks and fuel tanks were inaccessible to the team; their volumes could not be determined.	Note the inaccessibility
In some cases, water and fuel tanks were shared with others, so that direct use volume by clinic could not be determined.	In such a case, A/Es were instructed to note “sharing” of these services.
General Editing	
One or two questions were difficult to comprehend by survey team	Words were simplified
Because of time issues (discussed above) changes were needed.	Changes were made in the allocation of tasks between surveyors and A/Es.

2.2 Data Collection Process

Four types of data were collected: The PHC questionnaire, the sketched floor plan of the PHCs, photographs of problem areas in PHCs and the CHC questionnaire.

The data collection process was built around one main pillar: constant communication with the centers and the surveyors. Once the surveyors returned to the office on a daily basis, the supervisor would receive their forms and file the documents along with photos and room classifications. The teams in Aqaba sent their documents for initial filing through courier and the team in Kerak sent their documents once per week to the supervisor.

2.2.1 PHC Survey by Date of Visit – The Tables below presents a summary list of the final PHCs surveyed, along with notes on clinic integration or closure.

Table 2-3 - Summary of PHC Numbers

Governorate	No. of PHCs Completed	Notes
Ajloun	11	
Balqa'a	34	
Amman	51	Swaqa Prison Clinic was dropped
Irbid	86	Rasheed and Ibn Sina Clinics were combined; Razi and Hai Shamali Clinics were combined.
Jerash	13	
Karak	38	
Madaba	11	
Mafraq	34	Um-Reisha Center is a military clinic now.
Zarqa	24	
Tafileh	10	
Ma'an	10	
Aqaba	10	
TOTAL	332	

Table 2-4 - Summary of CHC Numbers

Governorate	No. of CHCs Completed	Notes
Amman	13	
Madaba	1	
Zarqa	3	
Balqa	4	
Mafraq	6	
Irbid	6	Yarmouk CHC will become a hospital next year.
Karak	5	
Ajloun	2	
South	5	
TOTAL	45	

Table 2-5 identifies the list of PHCs visited all over the Kingdom during the project period categorized by governorate and date of visit.

Table 2-5 - PHCs Visited from June 25 to July 25, 2000

Date of Visit	Center ID	Center Name	Governorate
6/25	11902	Al-Hilal	Amman
6/21	11903	Tatwear Hadari Marka	Amman
6/25	11905	Al-Manara	Amman
6/22	11906	Jabel Al Taj	Amman
6/25	11908	Al-Dra'a	Amman
6/25	11910	Al-AWDAH (UM Teeneh)	Amman
6/28	11912	Hamza	Amman
6/22	11915	Marj Al-Hamam	Amman
6/28	11917	Al-Mahatta	Amman
6/26	11920	Um Al-Basateen	Amman
6/26	11921	Al-Rawdah	Amman
7/26	11923	Al-Rabweh	Amman
6/25	11925	Jabal Amman	Amman
6/26	11926	Wadi Al-Srouer	Amman
6/27	11927	Um-Alousoud	Amman
6/26	11930	Jabal Al-Nuzha	Amman
6/22	11933	Al-Natheef	Amman
6/28	11934	Shafa Badran	Amman
6/27	11935	Al-Bassa	Amman
6/22	11936	Dahiat al Hussein	Amman
6/28	11937	Tabarbour	Amman
6/26	11939	Al-Qusour	Amman
6/27	11940	Al-Adassiyah	Amman
6/26	11942	QAIA (Al-Matar)	Amman
6/26	11943	Al-Hashimiyah	Amman
6/25	11944	Jabal Al-Jofeh	Amman
6/22	11945	Bader	Amman
6/26	11946	Al-Zuhour	Amman
6/28	11947	Al-Marqab	Amman
6/27	11950	Hisban	Amman
6/25	12904	Nuzhat Sahab	Amman
6/25	12905	Al-Lubban	Amman
6/27	12907	Al-Faisailiyah	Amman

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
6/27	12908	Nuqairah	Amman
6/24	12909	Al-Rama	Amman
6/24	12910	Al-Jmail	Amman
6/26	12911	Daba'a & Dubai'a	Amman
6/28	12912	Um Al-Amad	Amman
6/28	12913	Huleileifa	Amman
6/25	12914	Rujm Al-Shami	Amman
6/25	12916	Al-Khashafiyah Al-Dabaybeh	Amman
6/27	12926	Al-Zmaileh	Amman
6/28	12934	Abu Alanda	Amman
6/26	12935	Khraibet Al-Souk	Amman
6/26	12936	Al-Quwaismeh	Amman
6/26	12937	Al Muqablain	Amman
6/27	12938	Um Nuwwara	Amman
6/27	12939	Al-Jweideh	Amman
6/27	12942	Rmail	Amman
6/27	12949	Al-Taybeh	Amman
6/28	12950	Al-Mustanada	Amman
7/1	41901	Madaba Al-Sharqi	Madaba
7/2	41902	madaba Al-Gharby	Madaba
7/2	41903	Mukhayam Madaba	Madaba
7/4	41905	Maleeh	Madaba
6/29	41906	Jreinah	Madaba
7/3	41907	Ma'een	Madaba
7/3	41908	Haneena	Madaba
7/28	41909	Al Areed	Madaba
6/29	41910	Al-Faisalieh	Madaba
7/1	41912	Madaba Al-Janoubi	Madaba
7/4	41915	Lub	Madaba
7/6	71901	Shabeeb	Zarqa
7/5	71902	Wadi Al-Hajar	Zarqa
7/10	71903	Zawahreh	Zarqa
7/8	71904	Al-Amir Mohammad	Zarqa

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/8	71905	Al-Amir Abdallah	Zarqa
7/1	71906	Iskan Al-Amir Talal	Zarqa
7/4	71907	Al-Amir Hashem Housing	Zarqa
7/3	71908	Jabal Al-Amir Faysal	Zarqa
7/2	71909	Rseifa Al Shamali	zarqa
6/29	71910	Al-Tatweer Al-Hadari /Yajouz	Zarqa
7/4	71911	Al-Tatweer Al-Hadari	Zarqa
7/12	71912	Al-Dleil	Zarqa
6/29	71914	Bereen	zarqa
7/11	71915	Al-Sukhna	Zarqa
7/9	71916	Al-Hashimiya Housing	Zarqa
7/9	71917	Al-Hashimiya	Zarqa
7/2	71919	Al-Rasheed	Zarqa
7/11	71930	Um Al-Sleih	Zarqa
7/20	71934	Ruseifa Al Janoubi	Zarqa
7/12	71936	Al-Hallabat Al-Sharqy	Zarqa
7/1	71937	Awajan	Zarqa
7/6	71938	Zarqa Al-Jadida	Zarqa
7/1	71939	Al Falah	Zarqa
7/5	71942	Jabal Tarek	Zarqa
7/8	A1901	Salt	Balqa
7/10	A1902	Wadi Al Akrad	Balqa
7/10	A1902-MCH	Wadi Al Akrad-MCH	Balqa
7/11	A1903	Al-salalem Center	Balqa
7/12	A1904	Al-Manshieh	Balqa
7/9	A1905	Mahes	Balqa
7/2	A1906	Mudari and Zaatari and Hudaib Center	Balqa
7/1	A1907	Abu-Nsseir	Balqa
7/1	A1907-MCH	Abu-Nsseir - MCH	Balqa
7/9	A1910	Fuhais	Balqa
7/2	A1911	Um Jozeh	Balqa

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/2	A1911-MCH	Um Jozeh-MCH	Balqa
6/29	A1912	Yazeediya	Balqa
7/13	A1913	Eira	Balqa
7/13	A1913-MCH	Eira - MCH	Balqa
7/13	A1914	Eiy & Yarqa	Balqa
7/1	A1915	Salhoub	Balqa
6/29	A1916	Armeimeen	Balqa
7/1	A1917	Safout	Balqa
7/3	A1918	Asbeihi	Balqa
7/3	A1919	Allan	Balqa
7/4	A1920	Bayoudat Al -Sharqieh	Balqa
7/4	A1920-MCH	Bayoudat Al -Sharqieh - MCH	Balqa
7/1	A1921	Al-Sleihi	Balqa
7/11	A1922	Al-Salalem Al-Ulwi	Balqa
7/12	A1941	Al Maghareef wa Al-Zaytoun	Balqa
7/4	A2902	Deir Alla	Balqa
7/4	A2902-MCH	Deir Alla	Balqa
7/5	A2903	Twal Al-Shamali	Balqa
7/5	A2904	Twal Al-Janoubi	Balqa
7/6	A2905	Dirar	Balqa
7/6	A2906	Al-Balawneh	Balqa
7/4	A2907	Khazma	Balqa
7/15	A3901	Al-Shounch Al-Janoubieh	Balqa
7/15	A3902	Al-Jofeh	Balqa
7/16	A3903	Al-Rawdah	Balqa
7/15	A3904	Al-Karama	Balqa
7/17	A3905	Sweimah	Balqa
7/16	A3911	Al-Rama	Balqa
7/17	A3912	Musherfeh	Balqa
6/29	D1901	Al Rasheed	Irbid
6/29	D1902	Dahiat Al Hussein	Irbid

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/2	D1904	Al-Barha	Irbid
7/1	D1905	Turkman	Irbid
7/3	D1907	Hanina	Irbid
7/2	D1908	Zahrawi	Irbid
7/5	D1909	Al-Mwathafeen	Irbid
7/8	D1910	Hakma	Irbid
7/10	D1911	Elaal	Irbid
7/10	D1912	Bait Ras	Irbid
7/6	D1913	Sal	Irbid
7/8	D1914	Magheir	Irbid
7/6	D1915	Bushra	Irbid
7/9	D1916	Kufur Jayez	Irbid
7/17	D1918	Katam	Irbid
7/16	D1919	Aydoun	Irbid
7/2	D1920	Habka	Irbid
7/22	D1921	Samad & Zatari	Irbid
7/22	D1922	Arhaba	Irbid
7/18	D1923	Deir Yousef	Irbid
7/19	D1925	Al-Mazar	Irbid
7/19	D1926	Anbah	Irbid
7/18	D1928	Beit Yafa	Irbid
7/11	D1929	Dair Al-Saanah	Irbid
7/13	D1931	Samma	Irbid
7/1	D1932	Kufur A'an	Irbid
7/15	D1933	Kamaim	Irbid
7/12	D1934	Kufur Asad	Irbid
7/13	D1935	Al-Kharaj	Irbid
7/23	D1936	Soum	Irbid
7/12	D1937	Dogara	Irbid
7/9	D1938	Foara	Irbid
7/17	D1948	Al-Nuaimh	Irbid
10/16	D1949	Al-Husson	Irbid

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/16	D1949-MCH	Al-Husson- MCH	Irbid
7/5	D1953	Hawara	Irbid
7/11	D1954	Zahar	Irbid
7/15	D1955	Hofa	Irbid
7/20	D1956	Jheifeh	Irbid
7/23	D1957	Jijeen	Irbid
7/4	D1959	Al Razi	Irbid
7/4	D1963	Twal	Irbid
7/3	D1964	Al-Tatweer Al-Hadari	Irbid
7/20	D2901	Sheikh Hussein	Irbid
7/20	D2902	Waqass	Irbid
7/23	D2903	Al-Shouneh Al-Shamalieh	Irbid
7/23	D2904	Al-Manshieh	Irbid
7/24	D2905	Al-Masharea	Irbid
7/24	D2906	Wadi Al-Rayyan	Irbid
7/8	D2908	Abu-Sido	Irbid
7/8	D2909	Kraymeh	Irbid
7/9	D3901	Ramtha	Irbid
7/23	D3902	Al-Ramtha Al-Gharby	Irbid
7/10	D3903	Ramtha Al-Shamali	Irbid
7/10	D3904	Al-Ramtha Al-Janobi	Irbid
7/8	D3905	Al-Shajarah	Irbid
7/11	D3906	Al-Buwaidah	Irbid
7/8	D3907	Amrawa	Irbid
7/11	D3908	Turrah	Irbid
7/8	D3909	Thuneibeh	Irbid
7/11	D3911	Al-Turah Al-Janoubi	Irbid
7/17	D4901	Dair abi Saed	Irbid
7/13	D4902	Kufur Al-Maa'	Irbid
7/12	D4903	Al-Ashrafieh	Irbid
7/12	D4904	Kufur Rakeb	Irbid
7/19	D4905	Beit Idis	Irbid

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/18	D4906	Kufur Awan	Irbid
7/19	D4907	Kufur Abeel	Irbid
7/24	D4908	Samou'e	Irbid
7/18	D4909	Jdeita	Irbid
7/24	D4910	Janine Al-Safa	Irbid
7/13	D4911	Tabnah	Irbid
7/17	D4912	Jiffein	Irbid
7/24	D4913	Zmal	Irbid
7/3	D5902	Al Rafeed	Irbid
7/24	D5903	Hreima	Irbid
7/4	D5904	Al-Mansoura	Irbid
7/2	D5906	Hibrass	Irbid
7/3	D5908	Yabla	Irbid
7/24	D5909	Kufur Soum	Irbid
7/6	D5911	Um Qais	Irbid
7/5	D5912	Mukhayba Al-Fouka	Irbid
7/2	D5914	Hartha	Irbid
7/24	D5915	Samar	Irbid
7/24	D5917	Kharja	Irbid
7/4	D5919	Hatem	Irbid
7/4	D5920	Malka	Irbid
7/2	D5921	Agraba	Irbid
7/19	G1903	Anjara	Ajlun
7/20	G1904	Sakhra	Ajlun
7/18	G1905	Al-Hashimieh	Ajlun
7/19	G1906	Ein Jana	Ajlun
7/22	G1907	Arajan	Ajlun
7/18	G1908	Wahdaneh	Ajlun
7/18	G1908-MCH	Wahdaneh -MCH	Ajlun
7/19	G1909	Rajeb	Ajlun
7/22	G1910	Rasoun	Ajlun
7/22	G1911	Ba'oun	Ajlun
7/18	G1912	Halawa	Ajlun

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/20	G1919	Abeen	Ajlun
6/29	J1901	Jarash	Jarash
7/1	J1902	Souf	Jarash
7/3	J1903	Sakeb	Jarash
7/1	J1904	Al-Razi	Jarash
6/28	J1905	Burma	Jarash
7/2	J1906	Qafqafa	Jarash
7/2	J1907	Baleela	Jarash
6/29	J1908	Al-Mastaba	Jarash
6/28	J1909	Jubba	Jarash
6/29	J1910	Kufr Khal	Jarash
7/1	J1911	Marsa'a	Jarash
7/3	J1912	Nahla	Jarash
6/29	J1923	Al-Qadissiah	Jarash
7/21	M1901	Mafrag	Mafrag
7/21	M1901-MCH	Mafrag-MCH	Mafrag
7/21	M1902	Al-Hai Al-Janoubi	Mafrag
7/10	M1903	Al-Hussein	Mafrag
7/13	M1905	Mughayar Al-Sarhan	Mafrag
7/9	M1907	Al-Mansoura	Mafrag
7/8	M1910	Al-Ba'ej	Mafrag
7/11	M1911	Fa'a	Mafrag
7/4	M1914	Za'atari	Mafrag
7/9	M1916	Al-Hamra'	Mafrag
7/11	M1917	Al-Hursh	Mafrag
7/18	M1918	Hayan Al Rweibdeh Al Gharbi	Mafrag
7/17	M1922	Manshiat Bani Hasan	Mafrag
7/18	M1926	Thagret Al-Joub	Mafrag
7/13	M1929	UM Al-Sarb	Mafrag
7/16	M1930	Dajniah	Mafrag
7/16	M1931	Nadera	Mafrag
7/18	M1932	Khaled Bin Al-Waleed	Mafrag

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/10	M1937	Hosha	Mafraq
7/7	M1959	Um Al -Naam Al-Sharkieh	Mafraq
7/20	M1980	Hdoud Jaber	Mafraq
7/5	M2906	Sabha	Mafraq
7/19	M2908	Safawi	Mafraq
7/2	M2912	Al-Riefaciat	Mafraq
7/6	M2913	Amra & Umaira	Mafraq
7/13	M2920	Rweished	Mafraq
7/8	M2921	Al-Koam Al-Ahmar	Mafraq
7/15	M2924	Al-Ashrafieh	Mafraq
7/12	M2925	Deir Al-Kahaf	Mafraq
7/14	M2927	Rawdat Al-Amira Basma	Mafraq
7/6	M2928	Um Al-Jmal	Mafraq
7/19	M2934	Mekeifteh	Mafraq
7/5	M2935	Al-Dafyaneh	Mafraq
7/15	M2938	Al-Bishriya	Mafraq
7/13	M2962	Hdoud Ruwaished	Mafraq
7/11	P1901	Al-Yarout	Karak
7/18	P1905	Joza	Karak
7/18	P1905-MCH	Joza- MCH	Karak
7/8	P1908	Ariha & Abu Traba	Karak
7/22	P1910	Muhie	Karak
7/19	P1915	Husseinya	Karak
7/19	P1915-MCH	Al-Husseiniya-MCH	Karak
7/12	P1926	Al-Marj	Karak
7/17	P1935	Ghor Al-Safi	Karak
7/8	P1938	Talal	Karak
7/9	P1939	Umra'a	Karak
7/22	P1940	Mouab	Karak
7/16	P1941	Majra	Karak
7/25	P1942	That-Ras	Karak
7/19	P1943	Mouta	Karak

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/5	P1944	Ader	Karak
7/16	P1945	Taybeh	Karak
7/10	P1946	Al-Qaser	Karak
7/10	P1946-MCH	Al-Qaser-MCH	Karak
7/13	P1947	Samakiah	Karak
7/9	P1948	Fakou'	Karak
7/9	P1948-DEN	Fakou'	Karak
7/10	P1949	Jada'a	Karak
7/20	P1950	Ghor Al-Mazra'a	Karak
7/10	P1951	Al-Thania	Karak
7/15	P1952	Al-Qhweir	Karak
7/18	P1953	Kathraba	Karak
7/6	P1954	Rakeen	karak
7/18	P1955	Al-Iraq	Karak
7/19	P1956	Al-Adnaniah	Karak
7/13	P1957	Jdaidah	Karak
7/5	P1958	Manshiat Abu-Hamour	Karak
7/12	P1959	Al-Shahaibeh	Karak
7/6	P1960	Bateer	Karak
7/9	P1961	Sarfa	Karak
7/12	P1962	wadi al kark	karak
7/11	P1963	Damnah	Karak
7/22	P1964	Soul	Karak
7/15	P1965	Mroud	Karak
7/17	P1968	Al Mamoura	Karak
7/8	P1975	Masa'ar	Karak
7/20	P1975-VHC	Salhiyeh	Karak
7/15	S1902	Tafila	Tafila
8/15	S1902-MCH	Tafilah	Tafila
7/15	S1903	Al Eiss	Tafila
7/16	S1904	Al Kadissiah	Tafila

Table 2-5 – continued

Date of Visit	Center ID	Center Name	Governorate
7/17	S1905	Al Hassa	Tafila
7/16	S1907	Ein Al Bayda	Tafila
7/16	S1908	Ayma	Tafila
8/3	S1909	Sanfahah	Tafila
7/16	S1910	Gharandal	Tafila
7/16	S1921	AL Mansoura and Teen	Tafila
7/15	S1922	Wadi Zeid	Tafila
7/17	W1902	Al-Manshiya	Ma'an
7/17	W1902-MCH	AL Manshiya - MCH	Ma'an
7/17	W1910	Muthalath Beir khadad	Ma'an
7/19	W1912	Al Taybeh al Janoubieh	Ma'an
7/18	W1919	Eil	Ma'an
7/23	W1925	Alhusseinya	Ma'an
7/17	W1928	Ithruh	Ma'an
7/19	W1929	Magari'yah	Ma'an
7/18	W1932	Mreigha	Ma'an
7/25	W1942	Mdawara	Ma'an
7/23	W1945	Al-Amira Rahma	Ma'an
7/21	Z1901	Aqaba	Aqaba
7/24	Z1902	Qweira	Aqaba
7/24	Z1902-RES	Qweira-Residence	Aqaba
7/21	Z1903	Rahma	Aqaba
7/25	Z1904	Deesah	Aqaba
7/21	Z1906	Al-Reesha	Aqaba
7/21	Z1906-RES	Al Reesha-Residence	Aqaba
6/20	Z1911	Al-Khazan	Aqaba
7/23	Z1912	Qraiqira	Aqaba
7/23	Z1912-RES	Qraiqira-Residence	Aqaba
7/24	Z1913	Rum	Aqaba
7/22	Z1916	Amira Basma	Aqaba
7/20	Z1919	Al-Balda Al-Kadima	Aqaba

2.2.2 PHC Obstacles and Solutions

The major obstacles identified below were solved mainly through timely communication between the field and CDG offices, as well as daily contacts with MOH officials and the PHCI Task Managers.

Table 2-6 - Obstacles and Solutions by Locality

Obstacles or “issues”	Solutions
Irbid	
West Ramtha Clinic will become a comprehensive health care center in the future.	The team surveyed the clinic as a PHC on 23 of July.
Soom health clinic was scheduled for 12 July survey, but was undergoing major painting works.	The center was surveyed on July 23, 2000.
Team 4 visited Rasheed Health Clinic on June 29, only to find that Ibn Sina Health Clinic, which was scheduled for July 1, had been integrated with Rasheed Clinic to become one.	The team surveyed the clinic under the name Ibn Sina Primary Health Clinic.
Hai Shamali Clinic was integrated with Razi Clinic, according to Ali Rawabdeh, Irbid Coordinator.	Schedule was rearranged so that 3 clinics on July 9 and none on July 10 by doing the following: Tatweer Hadari Clinic (scheduled for the 10 th) and Haneena Clinic were completed on July 3. Moved Beit Ras Clinic from 10 to 9 July.
On July 3, Team 4 visited Haneena Clinic only to find out that the Director was asking for a formal letter (nothing had reached him by then). Irbid Coordinator Ali Rawabdeh was contacted, but he had not received a letter yet.	CDG explained the situation to both people, and the surveyors completed their work.
It was determined that Mukheiba Fawka clinic was farther than thought.	It was decided that Team 5 would conduct the work of surveying Mansoura, Hatem and Malaka Centers on July 4. This left Mukeiba for one complete day and Um Qais for one complete day because of its size.
Mafrq	
Mafrq health center had major maintenance being conducted on the day of the survey, to continue until the end of July.	The A/E component could not be completed on that day and the database will only show the surveyor’s work.
Mukhayyam Al-Reesheh was not surveyed.	The center had been allocated to the military.
Telephone service is not available at all remote centers in Mafrq governorate.	MOH Liaison officer, Dr. Awni Qudah proved to be a very helpful individual and was able to repeatedly contact doctors and send word to the centers of surveyor arrival.

Obstacles or “issues”	Solutions
Tafleh	
The personnel at Sanfaha center could not be located.	Center was not surveyed (see notes on centers in this report).
Ma’an	
Abu-Makhtoob center was closed down.	Not surveyed.
Aqaba	
Reisha, Rahma, and Qureiqura centers do not have telephone connections.	Scheduling was difficult, but the MOH liaison officer was able to contact the nearest police station and inform the centers of surveyor arrival.
Jerash	
On June 29, while Team 5 was surveying Qadisiya Clinic, a second floor for natural treatment and rehabilitation was found. This floor was apparently under the control of Jerash Health Clinic.	The additional floor was only covered by the engineering component.
Zarqa	
On June 29, Team 6 visited Yajouz Clinic and were told by the Director (Dr. Ibrahim Al-Kouz) that an adjacent building used for Chest Specialties is not part of his clinic.	After contacting Engineer Heeh at MOH, the surveyors were asked to survey the building from the engineering side only (since the Chest section will be moved away in the future).
Amir Talal Clinic was not surveyed on June 29 as scheduled.	It was moved to July 1 and completed.
Amir Hashim Clinic was scheduled for July 3, but the survey did not materialize, because the director was not present at 2:30 pm, even though he was told that the team would be late.	This clinic, along with Naqab Clinic (to be surveyed June 4) were postponed to a later date.
On June 3, Engineer Rashed Elaimat from MOH called to ask about the status of Zarqa schedule.	CDG thanked the engineer for his cooperation and assistance.
Amman	
On June 27, just prior to visiting Swaqa Prison Clinic, it was dropped by Engineer Hussein at MOH from the survey.	Team 4 surveyed Areed Clinic in Madaba instead and Abu Halilefa Clinic. Swaqa Prison officials requested a formal letter from MOH, which is still pending.
Madaba	
During Team 1 survey of Madaba Camp Clinic, the PHCI and CDG management teams arrived and assisted the team in the survey.	Team 1 responses on that day were rendered even more accurate than usual.

Obstacles or “issues”	Solutions
Balqa	
Two clinics (Sleghi and Salhoub) were removed from July 3 schedule, since the Team had conducted the survey on July 1 with Marsa clinic.	Three clinics were completed that day (July 1).
It was determined on July 4 that the distance between the just completed Bayooda Health Clinic and Mashrafa Health Clinic was too far.	CDG decided to postpone Mashrafa to the next day, and add Deir Alla and Khazma clinics that same day.
On July 4, the PHCI team accompanied Team 2 to Khazma Shoneh Junoubia Clinic in Deir Alla. The team was unable to finish their work on tht day.	It was decided that the team complete their work on the next day.
Karak	
When CDG called one of the Karak clinics (Eder Health Clinic), its director had not heard of the survey.	CDG contacted Dr. Atef Ja’afreh, the MOH coordinator for Karak Governorate, and he proceeded with informing all clinics in the governorate of the arrival dates of CDG survey staff.
The Team responsible for Karak is finding it very hard and tiring to drive down to Karak and back to Amman every day.	Although it was not budgeted for or accounted for in terms of time, CDG arranged that the team will sleep over two nights and on the third day drives back to Amman (every Monday and Thursday).

The subsection that follows further outlines specific major points discovered for some of the centers visited.

2.2.3 Notes on PHC Centers – The following information pertains to specific issues at most of the centers visited. The presentation is categorized by Governorate.

Primary Health Care Centers

AMMAN

Centers with unspecified room types: Following Centers were surveyed before decision of specifying room types on the table 11.2 was required. Therefore room types are not specified in the following clinics:

- Al-Taybeh
- Al-Zohour
- Um Qusaie (Al-Mqablain)
- Al-Awdeh (Um Teeneh)
- Abu-Ayoub AL-Ansari
- Al-Thira’a
- Al-Jweideh

General comments on MOH prototype buildings:

- 1- Electricity : the light switches are not good and there is no alternative for them
- 2- Windows: The vertical section is used as a system which when window is not closed it falls vertically
- 3- Exterior walls: Made of red (calcium based) brick which does not hold with cement leading to cracks from the inside.

Marj-Al-Hamam Center

- 1- Has been upgraded to a CHC three months ago officially but practically it is still operating as a PHC Marj Al-Hamam Center
- 2- Center has been upgraded officially to a CHC three months ago (visit date = June 22, 2000), but practically it is still operating as PHC.
- 3- There is a secondary clinic in Um-Abhara associated with this center. It accounts for 68 of GP patients during month of May.

Al-Rujm Al-Shami Center

- 1- An ambulance is provided once a week for the center from the health directorate.
- 2- Storage room has medical equipment. Some are functional.
- 3- The water-bath in center is functional but its thermometer is not.
- 4- The garbage can is a barrel.
- 5- The dental equipment has not been functional for the last four months.
- 6- Ms. Cari Clark room evaluation is considered. Only the storage room has been added from the team evaluation because it was not evaluated by Ms. Clark.

Al-Jmail Center

- 1- Land is large and there is lot of room for expansion
- 2- The center is partly encircled within a wall.
- 3- The front setback is open as well as that of the second façade
- 4- Two rooms were completely empty
- 5- Director was not present – On leave. Then On 25/6/2000. Director Mahmoud Dobobash has been transferred to Al-Bashir since July 1 and so could not get training information.

Al-Marqab Center

- 1- Most of the equipment present are not used
- 2- X-ray equipment found
- 3- Lab Room: Contains lab equipment that are all brand new and all have transfer forms to other centers. This Lab room is not used.
- 4- There were 2 bathrooms and 7 rooms that were also not used.
- 5- The Storage Room could not be accessed (13D).

Daba'a Center

- 1- Pharmacy at this center is being managed by a person who is not a pharmacist or a pharmacist assistant.
- 2- Environment is bad. Lots of rodents and flies inside and outside center. Surveyor saw rats outside.
- 3- Septic tank is shared.

Queen Alia Airport Center

- 1- All services (Central heating, air-conditioning, electricity, emergency generator, water supply) are provided through the airport building.
- 2- Center is within the airport building
- 3- Four referral centers were reported (codes 1,2,3,6). For the purposes of this survey only 1, and 2 were considered.

Al-Mahatta Center

- 1- Surveyor found cartons filled with needle disposal units. Apparently they are acquired in bulks. Surveyor could not count. For the purposes of the survey 10 were reported since 10 units were not within the carton boxes.

Al-Juwaideh Prison Center

- 1- Center is located on a 12,000 sqm land. Room for expansion space.
- 2- Director is currently taking a training course. He has not been trained before.

Al-Jofeh Center

- 1- Ms. Clark evaluation was adopted
- 2- A store room was found under the stairs but it was not clear to which floor it belongs.
- 3- Center is in the basement.

Al-Misdar/Wadi Srou Center

- 1- Center is in basement.

Huleilifa Center

- 1- The septic tank is a well, which was closed, and its capacity was not known and could not be determined.
- 2- The Director is the same as that of Rmail Center.

Al-Rmail Center

- 1- The setbacks vary in distances from 4 – 7 meters.
- 2- Some rooms were empty. Type of rooms were debatable among staff, as well as their future use.

Khashafiyat Al-Dabaybeh and Um Al-Basateen

- 1- New Centers exactly alike. Some rooms are completely empty.

Al-Rabwa Hamlan

- 1- Very New Center. Most rooms are completely empty. Type of rooms as well as their future use, was debatable among staff.

Al-Taybeh

- 1- Reference Quality section, the Director reports no problems, while the other staff in center reported problems noted on questionnaire. For the purpose of the survey, the Director's opinion is only taken.
- 2- The center was surveyed before decision of specifying room types on the table 11.2 was required. Room types are not specified.

Al-Nukaira Center

- 1- Reference the Utilization section. The Nurse responsible for the records was on leave and nobody knows where her home is. She also has the key to the room which was locked at the time. Therefore the room could not be evaluated or the utilization determined. These numbers were later obtained by phone from the Director.
- 2- The nurse of the Center was on an unpaid leave. Nobody knows if she is a staff nurse or not. For the purpose of the survey, she is noted as a practical nurse full time.

Abu-Ayoub Al-Ansari (Al-Hilal)

- 1- The Director was not present. The training information was later obtained by Phone.
- 2- The center is within the Mosque.
- 3- The corridor is outside the building (between the storage and the building) and open with no roof.
- 4- Pharmacy was closed
- 5- Storage closed on first visit.

Al-Muqablain Center

- 1- The number of visits for the maternity includes that for children @ 1020. The number of MCH and family planning visits are combined.
- 2- X-ray machine is that for dental

Al-Faisaliyah Center

- 1- Director was not present. Training information was later obtained by phone from director. The attended training was in cooperation with UNICEF.
- 2- No wastebaskets are present. Cartons are used.
- 3- There is storage under the balcony (basement).
- 4- There is a 16 sqm water well and water tanks on roof.

Al-Hashmiyyah Center

- 1- The center is on the second floor of a two-storey building.
- 2- The Kitchen at the center has been designed as a bathroom originally.

Al-Rawdah Center

- 1- There is a whole section that has empty rooms
- 2- The center is located within the Rawdah Municipality building. The basement has been dedicated for the MOH use by the municipality.

Al-Rama Center

- 1- Director was not present. Training was obtained by phone.

Al-Mustanada Center

- 1- The adult scale is the same equipment used for measuring child height. The number for child height measure is considered as three also.

Abu-Alanda Center

- 1- One of the MCH rooms (IUD room) is used as storage.
- 2- The Lab is inadequately small.

Al-Awdeh Center

- 1- Center is on ground and first floors.
- 2- The visits of mother and child patents (3.4, 3.5) are included in the GP patients. Could not detail.
- 3- Director refused to answer questions of section 7 and second part of section 8.
- 4- Doctor could not answer about existence of uterine sound.

Al-Lubban Center

- 1- Form 11.1: Refrigerator, Forceps, Scissors, are not in good condition and all scales are not accurate.
- 2- There is a hen house on the roof.
- 3- The Landscaping consists of thick forest trees with lots of reptile-like and lizard animals.

Khraibet Al-Souk

- 1- Center occupies the second and third floors of the building.

Jabal Taj Center

- 1- Home visits depend on car availability. It comes once every two weeks sometimes once a month.
- 2- Car park is tiled terrazzo.
- 3- Center garbage is a barrel

Um-Al Amad Center

- 1- A stretcher in good condition in storage.
- 2- Three rooms not used at all.
- 3- Center on second floor and stairway is old and steep
- 4- Major maintenance needed for building.

Al-Tatweer Alhadari Marka Center

- 1- Psychiatry clinic once a week.
- 2- MCH visits are grouped in one number = 600.

Bader Center

- 1- Perimeter wall is common with municipality
- 2- There are two fire extinguishers but one is good.

BALQA

Al-Salalem Al-Ulwi

- 1- The center has labs belonging to the directorate.
- 2- Hot water available only in winter
- 3- The electricity generator is far away from center
- 4- Fuel tank is a tank and a barrel of 160 liters.

Abu-Seedo Center

- 1- The center is located in an agricultural area

Um Jozeh Center

- 1- The MCH center was preparing to move to a different location. Furniture was being moved around.
- 2- The MCH clinic is in a different building than the center
- 3- There are many needle disposal units
- 4- Fuel tank is gallons of kerosene

Al-Mudari Center

- 1- There are many needle disposal units

Dirar Center

- 1- Fuel tank is gallons of kerosene

Al-Balawneh Center

- 1- No Director was assigned to the center at the time. The training information obtained for the Doctor that was covering the center at the time, Dr. Amal Balawneh.
- 2- There are many needle disposal units
- 3- The municipality garbage container is a barrel.
- 4- Fuel tank is gallons of kerosene
- 5- There is a water lab for the directorate

Deir Alla Center

The team was informed by Dr. Mohammad Hadeetha that Deir Alla Center is to move to a different building but did not know when. This was later checked by the liason on July 25 who confirmed that only the MCH clinic is to move to a different building but date is still unknown.

- 1- The MCH clinic is in a different building than the center
- 2- The center is directly connected to a different building from its first side facade.
- 3- Fuel tank is gallons of kerosene
- 4- Bathroom used as kitchen and storage
- 5- The Dental visits apply to only 12 days of month May because Dr. was on leave
- 6- The working nurses perform the accountant and clerk duties.
- 7- The perimeter wall is shared among different buildings
- 8- There is a separate conditioning unit which is not functioning.

Fuhais Center

- 1- The boiler is not installed yet.
- 9- The Dental visits apply to part of month May because Dr. was on leave
- 2- In addition to the four entered stocked-out medical equipment is an illuminated reflecting eye-chart.

Al-Yazeediya Center

- 1- the Center is suffering from water leakage which caused room functions to be shifted to different rooms. MCH moved to Emergency room, Emergency room moved to Waiting room.

Al-Misherfeh Center

- 1- The Director is on leave. All information about center was obtained from the accountant and nurse.
- 2- Training information could not be obtained by phone. Director Dr. Yousef Al-Qadi is on leave.
- 3- The municipality garbage container is a barrel.
- 4- Pharmacy room is being used as an accounting room as well as records and health inspection. This room also has 2mm cracks along walls and roof, interior and exterior. The same applies for the many of the center rooms.
- 5- Kerosene barrel in kitchen
- 6- The emergency room has a wooden partition to divide it from the waiting room.
- 7- The floor of room 18, a storage room, is dirt.

Al-Jofeh Center

- 1- They have a garbage incinerator in the form of a barrel.
- 2- There is no CHC in the area. Nearest private PHC is in Amman.
- 3- The training done for the director was by the government in cooperation with the USAID project for family planning
- 4- There are many needle disposal units
- 5- There is a water lab that belongs to the Jordan valley Authority

Al-Suweimeh Center

- 1- There are three rooms (13, 14, 15 on plan) that belong to Nour Al-Hussein Foundation. Only the fixed furniture in room 13 was evaluated since all rest belonged to NHF. Room 115 was closed and its door allows access from outside the center.
- 2- The center has many outreach activities. Besides the considered four:
 - i. Monitor the dead sea shore, the water springs and the sewerage
 - ii. Health inspection for the commercial stores and restaurants and government building
 - iii. MCH home visits
 - iv. Issuing the medical certificates and hotel licenses.
- 3- There are no private PHC or an MOH CHC in the vicinity.
- 4- Regarding faced problems
 - i. during work: The unavailability of air conditioning in center
 - ii. public health: Poverty, shortage of medical staff especially GPs
- 5- There are many needle disposal units
- 6- The municipality garbage container is Two barrels

Al-Karama Center

- 1- The Dental clinic is new.
- 2- There is no CHC in area.
- 3- There are many needle disposal units

- 4- The municipality garbage container is a barrel
- 5- There is an empty room and a meeting room that is not used. Another room has 30 chairs in it

Eira Center

- 1- The MCH clinic is in a different building than the center and 2km away..
- 2- The center's building is
- 3- There are many needle disposal units

Al-Salt Center

- 1- Room number 21 on plan has not been evaluated since it belongs to the directorate and could not be accessed.
- 2- The fuel tank is a barrel of kerosene
- 3- Building is 50 years old.
- 4- There are many needle disposal units

Al-Manshiyah Center

- 1- The Director is on leave and could not be contacted. Training information is missing.
- 2- The water tanks could not be evaluated since it was hard to reach the roof, but they could be viewed from the ground.
- 3- The center is in a residential building on the ground floor.
- 4- The fuel tank is a barrel of kerosene

Al-Shouneh Al-janoubieh

- 1- Referrals: The nearest private PHC is in Amman. Km could not be determined as well as that for the CHC.
- 2- The center is near the MOH hospital
- 3- There are many needle disposal units
- 4- The center is a floor below the health directorate (second floor). It is on the first floor.
- 5- The generator room is below room number 9 on plan.

Al-Subeihi Center

- 1- Staffing: The working nurses (7), two perform as clerks, one as an assistant pharmacist. One of the guards work as the operator during the day.
- 2- There are many needle disposal units
- 3- There are two oxygen cylinders inside the ambulance car that the center has.
- 4- The lab room is used as the guard room
- 5- Bathroom is used as Kitchen
- 6- The center has the facility of taking x-rays only but do not have the specialty of a radiologist who performs the diagnosis and writes the report.

Wadi Al-Akrad

- 1- The MCH is in a different building than center.
- 2- There are many needle disposal units
- 3- The Director has been working in the center for 3 days only
- 4- Old electricity fuse box

Allan Center

- 1- The provided car is considered to be for the center, but it serves 6 centers during the week.
- 2- There are many needle disposal units
- 3- The hot water is provided through diesel heating. There are solar units but are not functional.
- 4- Central heating units are rusted
- 5- There are outside corridors with a width of 2 meters. Some has a tent like cover an some open.

Safout Center

- 1- The center is in a three story building. It occupies the ground floor and the Mezzanine. (considered as 2nd floor)
- 2- Hot water only in winter

Al-Maghareeb and Um Al-Zaitounah Center

- 1- The municipality garbage container is a barrel
- 2- The sewerage line is for all of the housing complex

Abu-Nseir Center

- 1- The MCH clinics of the center is within a different building 700m away from the center's building.
- 2- The fuel tank at MCH is a barrel of kerosene
- 3- The center occupies the second floor of a two storey building. First floor is a bakery

Al-Salalem Center

- 1- the building is of three floors. The center is on the third floor.
- 2- The center is within the outpatients clinics building of the Al-Hussein Hospital.
- 3- The electricity box is used for the center and the outpatient clinics.
- 4- The electricity generator is also for the Hospital as well
- 5- Hot water is only available in winter.
- 6- The Diesel fuel tank belongs to the hospital. Also found are gallons of 20 liters for Kerosene.

Al-Rawdah Center

- 1- There are many needle disposal units
- 2- There is an incubator and a machine to measure sugar in blood (diabetic patients)
- 3- Electricity cut happens due to extra load.
- 4- Water is weak in summer.
- 5- Bathroom used as storage and has broken aluminum windows.
- 6- In lab room there are wiring across walls

Al-Sleghi Center

- 1- The position of clerk/Secretary and accountant is occupied by the same person

Mahe Center

- 1- Water ponding on roof
- 2- There is hot water in winter only and is out of order.

Rama Center

- 1- Windows in Doctor room do not close properly. Also the spaces between the air conditioning unit and the walls need to be repaired
- 2- Dental room: screens of windows are torn. There is an opening for an air conditioning unit covered with a block of wood.
- 3- Records room: wiring is obvious towards the roof
- 4- Electrical wiring is evident in MCH room
- 5- Many needle disposal units
- 6- Municipality garbage container is a barrel.
- 7- The perimeter wall is a wall from the back façade and a fence from the rest.

Ermaimeen Center

- 1- The operator acts as the recorder
- 2- Room no. 2 on plan is waiting, records, and accounting.

Al-Bayoudat Al-Sharqiah

- 1- The center currently does not have a Director since he has resigned three days before July 4, 2000 (date of visit). Dr. Abadi, the director of Subeihi, covers this center.
- 2- All information was obtained from the nurse and the pharmacist.
- 3- The center is located in two buildings. The main center and the MCH building.
- 4- Section 11.1 equipment Totals include center and MCH buildings
- 5- The center is under utilized by patients since the Subehi center is nearer to patients and so they all go there.
- 6- There are many needle disposal units.

Eira & Yarga Center

- 4- Electricity : the light switches are not good and there is no alternative for them
- 5- Windows: The vertical section is used as a system which when window is not closed it falls vertically
- 6- Exterior walls: Made of red (calcium based) brick which does not hold with cement leading to cracks from the inside.

Khazma Center

- 7- Director was not present. Training information obtained by phone.
- 8- There is no central air-conditioning but there are split units in two rooms.
- 9- There are no setbacks for ventilation, the center location is not healthy, it is close to residential houses where there is a lot of dirt.
- 10- The roofs of the waiting room and emergency room are made of zinc with false ceiling as an underlining, therefore there is water leakage.
- 11- Ventilation is very bad especially in the emergency room.

Al-Twal Al-Janoubi

- 1- Generator is 300m away from Center
- 2- There are many needle disposal units
- 3- Municipality garbage container is a barrel
- 4- Fuel is kept in gallons of 20 liters
- 5- The storage room was closed and no key. Engineer evaluation was only done.

Twal Al-Shamali Center

- 1- Many needle disposal units.
- 2- The nurse is the clerk
- 3- The roof top is not easily accessible
- 4- Garbage of municipality is a barrel
- 5- Fuel is kept in gallons of 20 liters each

JERASH

Jerash Center

- 1- The space is very small compared to the number of patients and services required of the center.
- 2- The center oversees and covers the surrounding village health centers. It also covers the primary health centers of some villages and provides them with medical supplies and staff.
- 3- The center performs medical checks for those requesting driving licenses which continuously adds to the daily work load.
- 4- The center is responsible for the issuance of the Health certificates to foreigners.
- 5- The center provides the function of coronary medicine in some legal cases. It also issues all legal reports in cases of quarrels and fights, accidents, poisoning etc..)
- 6- The center follows on tuberculosis cases at homes
- 7- There is a bathroom used as storage

Marsa' Center

- 1- Fuel container is a barrel of Kerosene.
- 2- Lots of problems. Not fit to be a health Center.

Jubba Center

- 1- The Accountant is also the clerk.

Al-Qadisiyah Center

- 1- The second floor of the center is a physiotherapy clinic that is under the jurisdiction of Jerash Hospital. The building itself is an annex to the PHC. Therefore, the survey included the engineering aspect of the floor but no social evaluation of the clinic and its furniture took place.
- 2- The Director is currently not in Jordan.

Balila Center

- 1- The MCH clinic is in a separate building of 56 sqm.

MADABAMadaba Al-Gharby Center

- 1- Director was on leave. Training info obtained by phone.
- 2- Hot water in dental only
- 3- Center under painting and maintenance
- 4- Bathroom 16 not used. Used as storage

Madaba Al-Sharqi Center

- 1- Center is on the second floor of a car garage building
- 2- Some Exam rooms are not used.
- 3- Electricity box does not have a main switch but has long fuses.

Madaba Al-Janoubi Center

- 1- One fridge belongs to doctor – personal
- 2- Fuel tank is barrels

Juraineh Center

- 1- The center is on the ground floor. An extension has been added. Center is rented.

Al-Areed Center

- 1- There are empty rooms in center.
- 2- Bathroom no. 13 not used

Lubb Center

- 1- There two cars, one of which is an ambulance, that is shared with Maleeh Center and are present three time a week. For the purpose of the survey they were not considered.
- 2- Center needs electricity generator

Ma'een Center

- 1- Municipality garbage container is a barrel
- 2- There are two fire extinguisher. One is not functional and one in good conditions. Evaluation was given for the functional one as 4.
- 3- Hot water only in winter
- 4- Boiler room and Lab room has an additional electrical outlet for a three-phase
- 5- Bathroom 21 and exam 6 room are not used

Mukhayam Madaba (camp) Center

- 1- The training was done by the government in cooperation with USAID
- 2- Suction equipment are manual and electrical.
- 3- Vaginal speculum is not used
- 4- In MCH room there are cheese cans and accessories for sale.
- 5- Hot water in Dental clinic only thru an electrical heater.
- 6- Center has been maintained a month ago

Hanena Center

- 1- Director was not present. Training info obtained later by phone.
- 2- Fuel tank is two barrels and two small tanks.

Maleeh Center

- 1- There two cars, one of which is an ambulance, that are shared with Al-Lub Center and are present three time a week. For the purpose of the survey they were not considered.
- 2- The municipality garbage container is a barrel
- 3- The center is one floor that is elevated 1.5 meters from ground
- 4- Regarding hot water: There is a separate solar heater.
- 5- In bathroom no. 21 on plan there is a urinary for men of condition 2.
- 6- Storage no. 22 was closed and key with the guard who was on leave. The room contains his personal belongings. Storage no. 24 contains non-functional chairs and many other broken things that could not be accessed properly to evaluate.

Mafrq

PHCI team check visited Al-Kome Al-Ahmar center.

The liaison officer of Mafrq, Dr. Awni Qudah was extremely cooperative. He was instrumental in notifying the North Badia centers, which do not have phones, of the visit dates by sending a special car to the centers.

Al-Ruwaished Border (Al-Karameh) Center

- 1- The nurse does the work of the accountant, pharmacist, emergency and clerk.
- 2- The storage has broken chairs and broken sinks an drawers and many other things that are over each other.
- 3- Room 8 on plan is in the form of a bathroom. It has a zinc roof covered with polystyrene.
- 4- The director does not know the distance to the nearest RMS hospital or private hospital.

Al-Mansoura

- 1- Window in Staircase which is used as a storage room (no.4 on plan) is blocked.
- 2- The Kerosene tank is within the same room.

Fa'a Center

- 1- No easy access to roof

Al-Dafyaneh Center

- 1- The center uses the unified form for number of visits (utilization)
- 2- Kitchen and bathroom share same entrance.

Kufr Khal Center

- 1- Referrals to CHC is mainly for lab tests
- 2- The dental clinic is in a different building

Al-Ba'ej Center

- 1- The MCH clinic is found in a separate building away from the center. It total area is 75 sqm of ground floor.

- 2- Fuel tank is kept in Center's staircase
- 3- There is a bathtub in the bathroom
- 4- There is a water pump in the bathroom of the MCH.

Hai Al-Hussein Center

- 1- The Director was not present. Training info was taken by phone.
- 2- Cold water is found but not good condition
- 3- Fuel tank is a barrel in storage

Hosha Center

- 1- The lab room is not operational and is being equipped

Kafkafa Center

- 1- There are two office boys doing the work of maid.
- 2- The electricity generator is found near dental clinic. It is a source of noise especially since electricity cuts are often.

Al-Za'atry Center

- 1- The lab room is fully equipped as a lab but is used as storage.

Al-Hashmiyah Center

- 1- Fuel tank is a barrel.
- 2- There are many needle disposal.

Al-Mafraq Center

The first scheduled visit for the center was on July 22, 2000. The team reached the center on time and found it to be in total chaos since they were undergoing maintenance at the time. All furniture was removed, rooms were being painted or has maintenance workshops in them. The engineer could not perform his work, as for the surveyor, he did what could be done. The Director was contacted and CDG was informed that the center will be continue to be under maintenance 10 more days.

- 1- The center was revisited on Aug. 3, because during first visit center was under heavy maintenance
- 2- The MCH clinic is in a separate building 150 m away from center.
- 3- Electricity box was being maintained
- 4- Fuel tank is a barrel

Hayyan Ruwaibedh Al-Gharbi Center

The center has 8 empty rooms. One has gas cylinders in it the other is supposed to be a lab. The rest cannot be determined.

Al-Risha Center

- 1- Center has been dropped from survey since it has been given by MoH to the military services and is no longer under its jurisdiction

Al-Ruwaished Center

- 1- The center uses two rooms from the MOH hospital. These rooms were evaluated by the surveyor but not by the engineer. They are the waiting room and the dental.
- 2- The roof of the building is in a Zig-Zag shape of zinc with cement poured over it and an additional layer of soil of more than 50cm
- 3- There are many needle disposal units
- 4- The ECG equipment was loaned to the Hospital and not returned
- 5- The director does not know the distance to the nearest RMS hospital or private hospital. Noted as “.” In database.

Hdoud Jaber Center

- 1- The electricity generators, the fuel tank, and the water tanks are common with the civil defense center
- 2- Lab is empty
- 3- There are bedrooms and restrooms for staff.

Al-Safawi Center

- 1- There are bathrooms with only showers and no toilets, also bathroom equipped as a bathroom for males, there is no toilet.
- 2- There are bedrooms and restrooms for staff.

Thagrat Al-Jubb Center

- 1- The director was not present. Training information was obtained by phone.

Khaled Bin Al-Waleed Center

- 1- Lab is empty. Dental is empty
- 2- Director covers Hayyan Al-Ruweibedh Center also.

Mughayar Al-Sarhan Center

- 1- The staircase is used as storage and kitchen

Al-Bishriya Center

- 1- Director covers the Al-Ashrafiyah Center also
- 2- Pharmacy is used for accounting and records

ZARQA

Al-Rasheed Center

- 1- One of the bathroom has a window to fit a suction fan. (no. 13)
- 2- Fuel tank is a kerosene barrel

Al-Ruseifa Al-Janoubi

- 1- There are many needle disposal units.
- 2- The boiler was not accessible.
- 3- The storage room (no. 24 on plan) was not easily accessible and is in a bad condition as per surveyor and architect.
- 4- Storage room (no. 26 on plan) was full with things that were over each other and could not be accessed for evaluation. Of these, there were goose neck

lamp (2), bed, cupboard, fire extinguishers, child scale, telephones, fans (4), privacy curtain (2) and chairs (4).

- 5- Storage room under stairs (no. 33 on plan) as above. It was full with things that were over each other and could not be accessed for evaluation. Of these, there were items that could not be evaluated such as a metal cabinet and chairs, and some other things that were evaluated and noted in the evaluation of the surveyor (11.2).

Al-Ruseifa Al-Shamali

- 1- The midwife was not present at the time of the visit. All equipment were later evaluated, by phone and in cooperation with the midwife, on July 3, 2000.
- 2- Fuel tanks are barrels located in bathrooms.
- 3- The center may be entered from two streets. From the lower street, the center will be viewed as the fourth floor of the building, and from the upper street it will be viewed as the first floor of the building.
- 4- The doors of Room no. 2 (GP exam) are both metal and wood. The metal door is in very good condition (5) while the wooden door is evaluated at (3). For the purpose of data entry 3 was considered.
- 5- The accounting room is also used as kitchen.
- 6- There is a wooden partition between rooms 3 and 2 as on plan.

(Al-Amir) Prince Hashem Housing Center

- 1- The emergency service provided at the center is very very minimal.
- 2- The needle disposal units are many
- 3- The fuel tank is a barrel and is located in bathroom.
- 4- The doors of the center are made of a material similar to enforced carton or of ply wood with a plastic frame. For the purpose of the survey the carton-like type of such doors is left empty (not entered)
- 5- The floors are artificial tiles that had not been properly cemented and are not even (settlement exists)
- 6- The bathroom walls and floor are very damp, and the windows need repair. The walls are made of melamine plastic.
- 7- The emergency room doors are plywood with plastic frame. Water leakage exists.

Um-Sleih Center

- 1- Staircase is for owner and not center.
- 2- There are many needle disposal units
- 3- Fuel tank is a barrel in kitchen
- 4- The pharmacy has dampness, the storage has drainage like bathroom

(Al-Amir) Prince Mohammad Center

- 1- Center is on second floor
- 2- The midwife was on leave but was called in for the survey.
- 3- The floor of the stairs is cracked
- 4- The stairs has a zinc roof
- 5- There was a sink in the waiting room and is now removed
- 6- The electricity main box is old and the ampere are not clear.
- 7- There are eight broken chairs (grade 1) on roof . Also there are two barrels of kerosene in an unsound environmental state, metal windows and garbage.

Al-Sukhna Center

- 1- There are many needle disposal units

Jabal Al-Amir Faisal Center

- 1- The center is located on the second floor of a 3 storeys building.
- 2- There are many needle disposal units.
- 3- The fuel tank is a barrel

Al- Hashimiyah Housing Center

- 1- There are many needle disposal units
- 2- Some rooms were locked and others had no function
- 3- Boiler room could not be opened. It is located beneath room no. 2 on plan.

Al-Amir Abdullah Center

- 1- Fuel tank is a barrel.

Al-Dleil Center

- 1- Fuel tank is a barrel in bathroom
- 2- Bathroom used as Kitchen
- 3- Many needle disposal units

New Zarqa (Al-Zarqa Al-Jadeedah) Center

- 1- The Director was on leave till July 8, 2000. All information was obtained from Dr. Jehan Allan except for the Director training.
- 2- Many needle disposal units
- 3- The building is five floors including basement. Center is in basement and ground floor.
- 4- Fuel tank is a barrel.
- 5- Room 6 on plan – Kitchen- has water leakage in winter and is damp
- 6- There is a bathroom used as kitchen and storage. In the storage, things were not easily accessible to count and evaluate, but it contains broken chairs and a bath tub, as well as the kerosene barrels and garbage.
- 7- There is a bathroom removed and used as storage.

Wadi Al-Hajar center

- 1- Director was not present. Training information was later obtained by phone.
- 2- Many needle disposal units
- 3- Taste of water at center is not good
- 4- Fuel tank is a barrel
- 12- The health inspector room is used as accounting room and records room.
- 13- Some rooms need painting

Shabib Center

- 1- fuel tank is a barrel
- 2- Some bathrooms were locked and could not be opened. Room no. 13 and 18 on plan,
- 3- Building is not fit to be a Health Center.

- 4- Exam room no.6 on plan : The roof is damp and leaks water from upper floor, electrical wires attached to walls. Room 17-kitchen has damp walls.
- 5- Semi room at entrance is in bad condition. Similarly the storage room which has three barrels for water

Berene Center

- 1- The central heating has not been tried yet.
- 2- The air conditioning is not used.
- 3- The center is large and it is in a non-densely populated area. It should have been in an area with a more potential for utilization and greater number of patients. Across
- 4- There are empty rooms.

Al-Zawahreh Center

- 1- Kerosene tank in waiting room
- 2- Many needle disposal units

Awajan Center

- 1- Space underneath the staircase is used as storage. It could not be accessed due to obstacles and darkness.

Al-Hallabat Al-Sharki Center

- 1- The perimeter wall that surrounds three sides of the center (166 m) is for the neighbours and not the center.
- 2- Director was not present. Training information was obtained by phone on July 21,2000.
- 3- Fuel tank is a barrel.

Al-Tatweer Al-Hadari / Al-Naqab

- 1- Room no. 2 on plan used as storage but is basically a doctors room
- 2- The Laboratory Technicain/Staff was on leave and surveyor is not sure if there were equipment in te lab that he did not capture and record.
- 3- In a storage room there were broken chairs. Their number could not be determined
- 4- An MCH room needs fixing of window screen.
- 5- Room number 30 on plan, a storage, could not be evaluated from engineer or surveyor because there where obstacles in the way and no lighting.
- 6- Room number 31 on plan is created by a partition in room 7.

Al-Tatweer Al-Hadari / Yajooz

- 1- There is a separate section for Chest Diseases that belongs to the center in terms of rooms but not in terms of service. Engineer evaluation only was done. Room 20 till 24
- 2- Room number 26 is divided out from room 13 on plan by partitions
- 3- Xray room (19) is empty

Iskan Al-Amir Talal

- 1- Doctor could not identify all equipment as per questionnaire, therefore the surveyor wrote down all equipment found in the emergency room on a separate paper. Please refer to file for equipment list.

AJLUN

Halawa Center

- 1- the generator room is for municipality. Access was impossible.
- 2- Fuel tank is gallons
- 3- Perimeter wall is one sided
- 4- No screen on windows
- 5- Waiting room and records are in the corridor
- 6- Director not present. Training info obtained later by phone

Ein Janna Center

- 1- Staircase : the wires are all uncovered, the ceiling is damp
- 2- Dentist: The wires are showing on the walls
- 3- The storage area is within the staircase, there is a wooden partition at the end that could not be opened.
- 4- There is no private PHC in area
- 5- Kitchen is in staircase

Anjara Center

- 1- Very bad Center. It will move to third floor within a month. Now it is in basement floor with nearly 20 stair steps going downwards.
- 2- The center is very bad and staff cannot do their work.
- 3- A lot of medication is not available in center. Please refer to list in file.
- 4- Entrance is very bad it is like a long corridor with commercial shops and directorate storage rooms. At the end of the corridor there are steps leading down to center.

Al-Wahadneh Center

- 1- The MCH clinic is in a different building 2 Km away.
- 2- Fuel tank is a barrel

Al-Hashimiyah Center

- 1- Could not access boiler room since it is common with municipality.
- 2- No screens on windows – lots of mosquitoes.

Sakhra Center

- 1- The Director is on leave and is in Spain with Family. No training information
- 2- There are two incubators in center
- 3- Perimeter wall is one-sided – front facade

Rajeb Center

- 1- Entrance to the center is common with the residence entrance of the owner of the building entrance.
- 2- There is no private PHC in area.
- 3- In addition to the entered two public health problems:
 - a. Failure and improper use of the instructions given to the health sector and the people.

- b. The governorates directorates should be more powerful in taking decisions in order for it to perform its duties efficiently.
- 1- There are many needle disposal units.
 - 2- Some electrical boxes in roofs of some rooms need minor maintenance. Also some rooms have minor cracks in the walls.
 - 3- Fuel tank is a kerosene barrel

IRBID

Notes: Al-Rasheed Center and Ibn-Sina Center were merged into one center under the Rasheed name. The Al-Hai Alsh mali center was merged with the Al-Razi center into one center under the AL-Razi name.

Hartha Center

- 1- The perimeter wall is low

Um Qais Center

- 1- There is an unclear drug that is in shortage “ mycohel” or myconel”.
- 2- The private cars of the staff are used in emergency cases.
- 3- The perimeter wall is half wall half fence
- 4- The handicapped passage is very steep

Al-Ashrafiya Center

- 1- The dental clinic is newly equipped but no service is provided

Haneena Center

- 1- The Director has been appointed two days before survey.
- 2- There are three fire extinguishers. One has a condition of 1 and two have a condition of 5.

Kufraan center

- 1- Landscaping is for the house within the building

Malka Center

- 1- Hot water is only for dental clinic – electric heater.
- 2- Fuel barrel in bathroom
- 3- Storage used to be kitchen
- 4- Room 13 is not used.

Al-Barha Center

- 1- There is a bathroom that is used as storage. It also has an attic above it

Dahiat Al-Hussein Center

- 1- There is a nutritionist in center
- 2- Car park is tiled
- 3- There is storage and kitchen counter in staircase

Agraba Center

- 1- Main road is slightly paved.
- 2- Fuel tank is barrel. One in waiting room
- 3- Accounting is done in emergency room

Samar Center

- 1- There is thermometer outside of the fridge – not counted in total number.
- 2- There are three water tanks (4 cubic meters) on roof but not used.
- 3- Fuel tank is 3 barrels

Kharja Center

- 1- The electricity box could not be checked because it was closed and key not in center (with electricity company)
- 2- Niagara boxes in bathrooms are not functioning properly

Janeen Al-Safa Center

- 1- Fuel Tank is 3 barrels of kerosene

Al-Manshiya Center

- 1- Bathroom 7 was closed – not used. Surveyor got evaluation from director room 20-1
- 2- Rooms 18, 19, 20, 21 were closed and used as drug storage for directorate.
- 3- Rooms 14,15,16 not used.

Deir Abi-Said Center

- 1- Perimeter wall is three sided only
- 2- In corridore no. 5 there are x-ray equipment. Please refer to surveyor evaluation sheet 17-1 in file. Also note that the X-ray rooms are under maintenance
- 3- Bathroom no. 7 was closed. Evaluation by staff.
- 4- Bathroom no. 8 was closed. No Evaluation
- 5- Room no. 10 and 11- x-ray rooms, and room 12 – changing room are under maintenance
- 6- Dental room no. 31 closed. No evaluation
- 7- There are two unusable children scales in store no. 43

Tabnah Center

- 1- The Director uses his own car in case of emergency.
- 2- The boiling sterilizer is not used
- 3- Fuel Tank is 5 barrels of kerosene

Beit Idis Center

- 1- Fuel Tank is 5 barrels of kerosene in staircase
- 2- “Poxidin” is a drug that is in shortage. Could not be coded since name is not that clear. Please refer to file.
- 3- The center has had an extension added to it.
- 4- Staircase used also as storage and kitchen

Al-Mwathafeen Center

- 1- It is part of a complex of health departments.
- 2- The water tanks are common between all departments. On average 2 cubic meters of water per department.
- 3- Boiler is common with all departments and is found in a different building than the center's.

Sal Center

- 1- The car park is tiled.
- 2- There are two external signs one for center and one for MCH

Al-Shouneh Al-Shamaliya Center

- 1- The dental service is only for schools
- 2- In addition to the 2637 visits to GP, there are 162 visits for eyesight-check and 93 for forensic medicine
- 3- Fuel Tank is 11 gallons of kerosene

Mukhaiba AL-Fouka Center

- 1- "Izodryl" is a drug that is in shortage. Could not be coded since name is not that clear. Please refer to file.
- 2- Fuel Tank is 2 barrels of kerosene

Jdeita Center

- 1- Fuel tanks is 4 barrels

Al-Rasheed Center

- 1- This center has been merged with Ibn-Seena Center
- 2- Center is on first floor while the ground floor is used for commercial shops
- 3- The kitchen used to be a bathroom

Huwwara Center

- 1- The emergency room is designed as a lab

Al-Masharee Center

- 1- Fuel tank is 4 gallons of kerosene
- 2- There is a dental lab in Center.
- 3- A Dental xray machine is found in the Health Inspector room (#16)
- 4- Kitchen used to be only sinks alcove.

Kufr Jayez Center

- 1- The vaccination held at center is done through the national campaign and not from center
- 2- Accountant is also the clerk.
- 3- There is no private perimeter wall but only a one-side wall.
- 4- The sewerage tank size could not be determined.
- 5- Fuel tank is two kerosene barrels.
- 6- The fire extinguisher condition could not be determined.

Bait-Ras Center

- 1- The Lab is not used
- 2- The electricity box is common with neighbors and could not be accessed
- 3- Room 11- Bathroom has only an opening in the wall and no window
- 4- The back are of the center is open space.
- 5- Director was not present. Contacted by phone at a later date to get training info.
- 6- Room #5 is also used for clerk and records.
- 7- Fuel tank is a barrel

Fo'ra Center

- 1- Fuel tank is a barrel
- 2- Electricity box is not found only Fuses.
- 3- The perimeter wall is a fence in bad condition (1) and a wall of condition 3.

Wadi Al-Rayyan Center

- 1- Bathroom #9 is not used

Kufr Awwan Center

- 1- The fuel tank is a barrel in bathroom
- 2- The balcony has a roof

Mansoura Center

- 1- Staircase is used as storage and kitchen
- 2- The fuel tank is two barrel

Hatem Center

- 1- The fuel tank is three barrels
- 2- There is an exam table for children in MCH

Jiffein Center

- 1- The fuel tank is three barrels

Al-Rafeed Center

- 1- The fuel tank is three barrels
- 2- ER is in a room designed as a kitchen
- 3- MCH room is in corridor

Hibrass Center

- 1- Center is on ground floor of a two floor building. The first floor does not have a roof.
- 2- The fuel tank is barrels
- 3- Bathroom is part of corridor #5

Yabla Center

- 1- The fuel tank is barrels

Kufr Abeel center

- 1- The fuel tank is 5 barrels
- 2- There is no Fridge in the pharmacy

- 3- The children exam room used to be a kitchen

Thunaibeh Center

- 1- The fuel tank is barrels

Al-Razi Center

- 1- The Al-Hai Al-Shamali Center has been merged with the Al-Razi Center as confirmed by the liaison officer.
- 2- Medical equipment at this center will be soon changed due to the fact that Al-Hai Al-Shamali Center will bring in its equipment soon but according to the respondent most of it will be not functional.

Zmal Center

- 1- The setback from the north is more than five meters
- 2- Fuel tank is a barrel in bathroom

Abu Seedo Center

- 1- The center is located in an agricultural land and suffers from rats especially during summer. Rats come into the center.
- 2- There are many needle disposal units.
- 3- Fuel tank is a barrel

Al-Kreimeh Center

- 1- There are many needle disposal units.
- 2- Fuel tank is a barrel

Al-Shajara Center

- 1- An ambulance passes for one hour daily to the center.

Al-Torra Al-Janoubi

- 1- Fuel tank is a barrel

Al-Ramtha Alshamali Center

- 1- Center is in a commercial center building
- 2- Fuel tank is a barrel

Al-Ramtha AlJanoubi Center

- 1- Fuel tank is a barrel

Al-Ramtha Algharbi Center

- 1- Center will be upgraded to a CHC on August 14, 2000. Currently (july23,2000) it is under maintenance and redesign. Rooms 28,8,3,4,5, could not be evaluated since they were being maintained.
- 2- Generator is movable
- 3- Windows open vertically down towards floor, occupying space and obstructing circulation. They do not close properly

Ramtha Center

- 1- Electricity box is common

Ma'bar Al-Hodoud Al-Shamali

- 1- The center is a part of a pre-fab L-shaped structure.
- 2- The electricity box, water, sewerage is common with the border buildings.
- 3- Common municipality Garbage container.
- 4- Water tank is common with borders.

Saham Center

- 1- Entrance has an opening towards stairs with no window
- 2- There is an opening in the corridor roof for the chimney of the stove. It is closed and tiled from the second floor.
- 3- Fuel tank a barrel in bathroom

Malka Center

- 1- MCH room not used
- 2- Hot water only for Dental.

Hakma Center

- 1- Not known if PHC or CHC. Area nearly 1150 sqm
- 2- Dental clinic started in June 2000
- 3- Most of the second floor of center has rooms that have no specified usage for them.
- 4- Comment from staff: Center is supposed to be CHC, all rooms ready but no staff assigned.

Deir Yousef Center

- 1- Attic in bathroom 8.
- 2- Fuel tank is a barrel.

Kufr Rakeb Center

- 1- Fuel tank is 3 barrels

Al-Mughayar

- 1- Dental clinic started in June 2000.
- 2- Privacy curtain has three partitions.

Al-Mazar Center

- 1- Training by Government in cooperation with USAID
- 2- There is water tank 1 m³, on ground not usable

Ela'al Center

- 1- Fuel tank is 2 barrels

Samma Center

- 1- The number of visits of MCH includes family planning
- 2- Director not present, training info obtained by phone
- 3- Fuel tank is 2 barrels
- 4- Part time GP when full time GP not present as was the case upon visiting center.

Anba Center

- 1- Fuel tank is 2 barrels

Habka Center

- 1- Fuel tank is 2 barrels

Aydoun Center

- 1- Director not present, training info obtained by phone on July 29, 2000
- 2- Water tank in Attic
- 3- Fire extinguisher's condition unknown
- 4- Fuel tank 2 barrels
- 5- Electricity box could not be evaluated properly re amperes since it was painted all over.

Nu'aimeh Center

- 1- Electricity box closed.
- 2- There is on a path for handicapped.

Jijeem Center

- 1- Fuel tank 1 barrel
- 2- Electricity box inaccessible

Samad and Za'atara

- 1- Fuel tank is barrel.

Soum Center

- 1- Kitchen previously used as bathroom
- 2- Center was visited twice. First visit the center was under painting.

Al Husson Center

- 1- The MCH clinic is in a separate building
- 2- Fuel tank is a barrel

Kufr Asad

- 1- The Director of the center has served for 6 years 1988-1994. Now he has been appointed since 4 months to the center.
- 2- Good landscape towards the back of center
- 3- Fuel tank is a barrel
- 4- Water well inside pharmacy room

Dogara Center

- 1- Fuel tank is a barrel
- 2- Attic in bathroom 11 used as storage

Hofa Center

- 1- Fuel tank is a barrel

Jheifeh Center

- 1- Director not present. Information obtained by phone.
- 2- Fuel tank is barrels

- 3- Bathroom not used. It is used as storage.

Arhaba Center

- 1- Dental clinic started on June 11, 2000

Kammem Center

- 1- IUD is not offered now but it was offered 2 months ago.
- 2- Director not present. Information obtained by phone.

Deir Sa'anah Center

- 1- Fuel tanks is barrel

TAFILEH

Sanfaha Center

Could not be visited on its scheduled date of July 16, 2000. The center was fully notified of the visit two days before and confirmed one day before. CDG team reached the center at 12:45pm to find it closed. The team contacted the directorate and the municipality (located in the floor above the center). An employee of the municipality rode with the team in search of the center guards to get the keys to open the center. Only one guard could be located at his home but he did not have the keys and lied about him being on leave. In search of the keys an attempt was made to locate the male nurse and the team found him at the "coffee shop", and then visited the female nurse at her home. Both did not have the keys. The team then drove to the Ruwaim Center where Dr. Bassam (also Director of Sanfaha center) was covering at the time, to inform him of the problem. Apparently there are 14 employees at the center, 2 were on leave. They close the center right after the Doctor leaves. The team left Tafileh at 2:45 pm.

- 1- Storage has broken furniture cannot be evaluated.

Al-Hasa Center

- 1- The center is not well designed and divided. It has up to one third of its area wasted.
- 2- The environment is very bad. A lot of flies.
- 3- Room 25, 26 store xray are closed

Qadissiyah Center

- 1- Solar heater out of order. Hot water in winter only
- 2- New generator not connected yet

Al-Tafileh Center

- 1- MCH clinic in a separate building in basement of a commercial building
- 2- Director could not be contacted. Missing training info.
- 3- Center is in a commercial building

Al-Eiss Center

- 1- Basement is used as a drug storage for the Health Directorate.
- 2- The number of visits for family planning could not be obtained since midwife was on leave

Ayma Center

- 1- Ultrasound machine not used in MCH
- 2- Fuel barrels in generator room.

KERAK

That-Ras Center

- 1- Considered as a CHC but practically offers PHC services.
- 2- The lab is used as storage
- 3- Guard sleeps in generator room

Faqou'o Center

- 1- The central has a dental clinic in a separate building.
- 2- Fuel tank is barrels of kerosene in bathroom
- 3- Center was visited twice to get dental section

Al-Thania Center

- 1- Fuel tank is barrels of kerosene in bathroom

Adar Center

- 1- Center on ground floor
- 2- Garbage incinerator is a barrel
- 3- Perimeter wall is a fenced wall
- 4- Electricity box is 100Amp while added up switches is 112 Amp.
- 5- Fuel tank is two barrels
- 6- Stairs only used by owner of building

Al-Marj Center

- 1- Fuel tank is a barrel of kerosene
- 2- There is a stirrup for an exam table.

Majra Center

- 1- Storage in bathrooms that are not used.

Kathrub Center

- 2- Dental clinic is equipped but not used – no doctor.
- 3- Municipality garbage is a barrel
- 4- Hot water in winter only
- 5- Lab not used.

Joza Center

- 1- MCH in a different building. It is 84 Sqm.

Al-Husseiniya Center

- 1- The MCH clinic is in a different building

Al-Iraq Center

- 1- In Storage room 2 there is a Boiling Sterilizer that is not used of condition 2.
- 2- Center is in basement

Bateer Center

- 1- Solar heater is out of order.

Al-Taybeh Center

- 1- Bathrooms very dirty. All center is very dirty
- 2- Generator in lab

Rakeen Center

- 1- Generator is in waiting room.
- 2- Telephone exchange operator in accounting room

Al-Ma'moura Center

- 1- Director not present. Dr. Salman was tracked to Ghor Al-Safi center and Training Info was obtained.
- 2- Waiting room is also use for presentation and kitchen. It has 27 chairs one is broken and 26 brand new.

Al-Mroud Center

- 1- Same doctors as that of Al-Adnaniyah
- 2- Center occupies half of ground floor of a two-storey building, second half is a rented apartment. Not enough space.
- 3- In pahrmacy-Boiler sterilizer of condition 1.
- 4- Fuel tank barrel

Al-Salhiyah Center

- 1- It is a secondary (village) Center. It refers to Masaar PHC.
- 2- No Director assigned.
- 3- Center was visited twice.

Al-Qaser Center

- 1- MCH clinic is in a different building 3 Km away
- 2- Fuel tank is barrel of kerosene
- 3- Lab used as storage

Umra'a Center

- 1- Two urinary in corridor/bathroom

Al-Yarout Center

- 1- Garbage of center is two barrels
- 2- Center occupies only part of ground floor not all of it
- 3- Fuel tank is 6 barrels kerosene

Areeha and Abu-Trabah Center

- 1- This center is a secondary (Village) health center and not PHC
- 2- garbage of center is two barrels
- 3- Fuel tank is 1 barrel kerosene

Wadi Karak Center

- 1- Garbage of center is barrel
- 2- Perimeter wall is 100m fence and 24 m wall
- 3- Storage has broken furniture. It could not be evaluated
- 4- Generator in staircase
- 5- Bathroom 12 not used, same as lab and waiting room
- 6- Solar heater out of order
- 7- Staircase of entrance needs fixing

Damneh Center

- 6- The rooms of records, GP and accounting are one area originally but divided by cupboards to create space.
- 7- The perimeter wall encircles a school, the village council and center.
- 8- Garbage of center is barrel
- 9- Storage in nurses room has broken things could not be counted.

Sarfa Center

- 1- Municipality garbage is barrel
- 2- Solar heater heating water in summer is out of order. Hot water in winter only.
- 3- Kerosene barrel in boiler room.
- 4- Lab not used

Manshiyat Abu-Hammour Center

- 1- Director not present. Training info obtained by phone on July 8, 2000
- 2- Fuel tank is 3 barrels

Mou'ta Center

- 1- Worm medicines are in shortage
- 2- Hot water in winter only
- 3- Generator in lab/storage

Al-Shahaibeh Center

- 1- Fuel tank is 3 barrels
- 2- There is an attic in the kitchen

Muheyee Center

- 1- Boiler out of order since a month
- 2- Lab is used as storage
- 3- Bathroom in waiting area room. Very dirty and not used
- 4- Telephone exchange is not used

Ghor Al-Safi

- 1- Generator battery is bad

Talal (Al-Mughaier) Center

- 1- Additional medical equipment missing: Laryngoscope, “intubation” set, DC shock with monitoring device.
- 2- Sewerage are partly closed
- 3- Bathroom transformed into storage room. It could not be opened since door was jammed by things behind it. Most things stored are broken.
- 4- Fuel tank is a barrel in corridor
- 5- The window screens and panes are broken. Floor needs fixing, main door is rusty, cracks in walls, painting is ebbing and dampness in walls.

Samakiah Center

- 1- Municipality garbage is a barrel
- 2- Lab used as storage

Jdaideh Center

- 1- Post office is within the front setback of center
- 2- Fuel tanks is 2 barrels

Masa’ar Center

- 1- This center has been recently officially promoted to a PHC from being a secondary center (Village Center) but in practice it is still not performing its services as a PHC.
- 2- The center shares a car with 5 other centers
- 3- Fuel tank is 6 barrels kerosene 20 liters each

MAAN

Mqariyah Center

- 1- Center is on the most upper floor
- 2- Many needle disposal units

Al- Manshiyah Center

- 1- MCH and Dental clinics in a separate building
- 2- Fuel tank is a barrel.

Al-Mudawara Center

- 1- Director not present. Could not get in touch. Training info is missing.
- 2- Room 12 is closed and belongs to the ministry of religious affairs

Ithruh Center

- 1- No director assigned.

Eil Center

- 1- Hot water in winter only. Solar system is out of order.
- 2- Heavy electricity load (around 582 amp). Generator is not sufficient and will be changed
- 3- There are two septic tanks 30 and 80 m3.

Mreigha Center

- 1- There are two septic tanks. 30 and 50 cubic meters
- 2- Generator room was closed. No key. There is 1.5m³ diesel tank for generator use.
- 3- Room 23 has plastic door

Al-Taybeh Aljanoubiyah Center

- 1- There is a separate storage outside center
- 2- There is an external tent of 24 SQM

Beir Khidad (al-Abdaliya) Center

- 1- The MCH clinic started in July, 2000.
- 2- There are no private PHC or private hospital in area
- 3- Many needle disposal units
- 4- Fuel tank barrel

Al-Husainiyah

- 1- Director not present. Training info obtained by phone.
- 2- Municipality garbage is a barrel
- 3- Room 36 is a protected area for ambulance car to park. Floor is asphalt. Room 35 is open, floor is cement tiles

Wadi Zeid Center

- 1- Center in a commercial building second floor
- 2- Director was not present. There is no phone at center. Training info is missing.
- 3- There is no hospital, MOH or Private in area.
- 4- Fuel tank is barrel
- 5- Window in room 17 is emptied bricks.

AQABAAl-Khazzan (Al-Shallaleh) Center

- 1- There is a parking lot with a bench - not usable.
- 2- Director could not specify the latest training subject. He reported it as comprehensive training.
- 3- Many needle disposal units
- 4- The center has an outside tent of 9 sqm. Not included in center's area
- 5- There are split and window air conditioning units
- 6- GP exam room not used

Qreiqra Center

- 1- The center has a separate building for staff residence.
- 2- Utilization: The only record for visits is the GP record book. It includes the nursing visits. All coming up to 1046 visit. The MCH records could not be obtained since the responsible person was not found. The director of the center was called on Aug 1, 2000 to get the figures by phone but he could not

provide them. It was agreed with him that once he has them he will call CDG back. He never did.

- 3- Director Dr. Maher Mahmoud is on temporary basis.
- 4- There is no CHC in area
- 5- Many needle disposal units
- 6- In the storage room 7 there are solar heating units 12 total 9 operational) belonging to the RSS.
- 7- One room belonging to NHF. (near room 16)

Staff Residence

- 8- Fuel tank is gallons of 20 l of undetermined number. Nobody knows which are used or not.

Al-Balda Al-Kadeema Center

- 1- The center has an outside tent of 9 sqm. Not included in center's area
- 2- No CHC or MOH hospital in area
- 3- Many needle disposal units
- 4- There are split air conditioning units

Al-Amira Basma Center

- 1- No CHC or MOH hospital in area
- 2- Many needle disposal units
- 3- Garbage incinerator, municipality and center containers are barrels
- 4- Storage room 15 contains medical consumables and equipment that will be distributed to other centers. They do not belong to center

Al-Reesheh Center

- 1- The center has a separate building for staff residence.
- 2- Folic Acid is a missing drug
- 3- Electricity is being fed by a generator that supplies many surrounding villages, therefore it is not steady and frequently cut off
- 4- There are split air conditioning units
- 5- there are solar heating units belonging to the RSS.

Aqaba Center

- 1- No CHC or MOH hospital in area
- 2- Many needle disposal units
- 3- There are split air conditioning units
- 4- Room 24 closed. Contains sink. Evaluated by staff.

Qweira Center

- 1- The center has a separate building for staff residence.
- 2- Hot water in winter only
- 3- Storage room has lots of furniture that is not usable
- 4- Kitchen is underneath the stairs

Rum Center

- 1- Director was on leave. Information obtained by phone on July 29, 2000.
- 2- There are air conditioning split units.
- 3- Lab not used
- 4- Exam, dental and MCH rooms empty

Deeseh Center

- 1- Director was on leave. Information obtained by phone on July 29, 2000.
- 2- There are air conditioning split units.
- 3- Generator in waiting room 13

Rahmeh Center

- 3- Garbage incinerator is a barrel
- 4- There are air conditioning split units.
- 5- Fuel tank is gallon 20 l
- 6- Storage has kerosene gallon

2.2.4 CHC Survey - Table 2-6 below identifies the list of PHCs visited all over the Kingdom during the project period.

Table 2-6 - Comprehensive Health Care Clinics (CHCs) Visited

Visit Date	Center ID	Center Name	Governorate
26 July	P1913	Chc Al- Rabe	Kerak
26 July	P1936	Chc Al- Qatrana	Kerak
27 July	P1934	Chc Al- Mazar	Kerak
27 July	P1937	Chc Ay	Kerak
29 July	W1901	Chc Ma'an	Ma'an
30 July	W1904	Chc Al- Shobaq	Ma'an
30 July	W1915	Chc Wady Mosa	Ma'an
23 July	G1901	Chc Ajlun	Ajlun
23 July	G1902	Chc Kfranga	Ajlun
25 July	A1923	Chc Zay	Balqa
25 July	A2901	Chc Mady	Balqa
25/7-26/7	A1908	Chc Al - Baqe'e	Balqa
26 July	11904	Chc Iskan Abu- Nsseir	Amman
27 July	11928	Chc Swilh	Amman
27 July	11914	Chc Wadi Al- Seir	Amman
29 July	11918	Chc Naour	Amman
29 July	A1909	Chc Aeen Al- Basha	Balqa
25 July	M1919	Chc Al- Khaldia	Mafraq
25 July	M2963	Chc Al- Badia Al-Shmali	Mafraq
25-26 July	M2964	Chc Um- Al- Qtin	Mafraq
26 July	71913	Chc Al- Azraq	Zarqa
27 July	M1904	Chc Sma Al- Sarhan	Mafraq
27 July	M1915	Chc Rahab	Mafraq
29 July	M1909	Chc Balama	Mafraq
29 July	71941	Chc Al- Batraw	Zarqa
30 July	P1932	Chc Kerak	Kerak
25 July	D1917	Chc Al- Sarih	Irbid
25 July	D1924	Chc Al- Farouq	Irbid

Visit Date	Center ID	Center Name	Governorate
26 July	D1927	Chc Kufr Youba	Irbid
26 July	D1960	Chc Yarmouk University	Irbid
27 July	12902	Chc Al- Jiza	Amman
27/7-30/7	12903	Chc Nitr	Amman
26/7-29/7	D1930	Chc Al- Taiba	Irbid
29 July	D5901	Chc Yarmouk	Irbid
30 July	41904	Chc Diban	Madaba
24 July	11907	Chc Al- Webdeh	Amman
24/7-30/7	11916	Chc Al- Nasir	Amman
25 July	S1901	Chc Tafila	Tafila
25 July	S1906	Chc Bsira	Tafila
26 July	12901	Chc Sahab	Amman
26 July	12906	Chc Al- Muwaqar	Amman
27 July	11932	Chc Al-Amira Basma	Amman
29 July	11931	Chc Al- Hashmi Al- Shamali	Amman
29 July	71935	Chc Al- Msherfe	Zarqa
30 July	11909	Chc Jabal Al- Hessein	Amman

2.2.5 Notes on CHC Centers

Comprehensive Health Care Centers

General Notes

All rooms that have the code 6 is reported as “doctor’s room”.

The following centers did not have their Director present at the time of the visit, consequently training information is not recorded.

- 1- Ajlun – Director attending a course
- 2- Al-Farouk – Director on leave Home Tel: 7033700
- 3- Dhiban - Director on leave Home Tel: 3250045
- 4- Shobak - Director on leave till Aug. 5
- 5- Bla’ama – Director not present.
- 6- Rahab – Director not present
- 7- Hashimi Shmalai - Director on leave
- 8- Suweileh - Director on leave

Wadi Al-Seer Center

- 1- No Computers found

Al Rabbeh Center

- 1- There is an storage room.
- 2- No Computers found

Zay Center

- 1- No Computers found

Amira Basma Center

- 1- There is a dental lab found on roof of center
- 2- There is a bathroom which was closed and therefore not evaluated.
- 3- There is a storage found on roof with many cluttered unusable items – not evaluated.
- 4- Computer found. Please refer to file.
 - a. Computers = 3
 - b. Printers = 2

Kufr Youba Center

- 1- Computer found. Please refer to file.
 - a. Computers = 2
 - b. Printers = 2

Al Yarmouk Center

- 1- No Computers found

Al Taybeh Center

- 1- No Computers found

Al Msheirfeh Center

- 1- Computer found. Please refer to file.
 - c. Computers = 1
 - d. Printers = 1
- 2- There is a bathroom that is not being used

Sahab Center

- 1- No Computers found
- 2- There is a storage room that belongs to East Amman Directorate

Muwaqqar Center

- 1- No Computers found
- 2- There is a closed storage on roof. Not evaluated.
- 3- There is a closed drug storage. Not evaluated.
- 4- There are unusable chairs and benches scattered on roof. Number unknown.

Shobak Center

- 1- No Computers found
- 2- There is a room assigned for the center director that is not used.
- 3- There are three room that are assigned as doctors' residence. Not evaluated.
- 4- There is a room assigned as a mosque. Empty and not evaluated.
- 5- All storage rooms in center contain cluttered furniture that could not be evaluated.
- 6- There is an external guard room used as storage. Not evaluated.

Sama Al Sarhan

- 1- No Computers found
- 2- Dental room is closed. Not evaluated.

Al Batrawi

- 1- No Computers found
- 2- There are a neurologist and psychiatrist full time in center
- 3- There are 5 closed room, 3 of which belong to the Zarqa Directorate, and 6 empty rooms that are not evaluated.
- 4- There are 4 GP exam rooms that are empty. Not evaluated.

Yarmouk University (Jamiat Alyarmouk) Center

- 1- This center is within the Yarmouk campus. All of its furniture and building and some medical equipment are given from university to MOH as a gift and is not owned by the Center itself.
- 2- The center has computer terminals that are connected to the main frame of the center.
- 3- Some of the center's staff is common with the University such as the security guard, maintenance technician, servants, typist, chefs, and administrative staff (clerks, administrative assistant director)
- 4- Some required exams are done at the labs of the Science School.
- 5- Heater is connected to that of university.
- 6- The center is so much integrated within the university structure such that the staff of the center considers themselves as university employees, and are reporting as a problem the fact that they are not being treated accordingly. For the purpose of this survey. This problem was not reported or coded as a problem affecting the staff work.

Maan Center

- 1- No Computers found
- 2- There is a meeting hall with furniture belonging to the health directorate of Maan. Not evaluated.
- 3- The orthopedics and surgery clinic was closed. Not evaluated.
- 4- There is a Water Lab under development (construction).
- 5- There are 13 rooms used as drug storage.
- 6- There are storage room that has cluttered furniture. No evaluated.

Al Hashimi Al Shamali Center

- 1- No Computers found
- 2- There are 4 storage rooms, one on roof, one external to the center and two internals.

Karak Center

- 1- No Computers found
- 2- There is a nursing room and two bathrooms under construction. All evaluated.
- 3- There is one closed bathroom. Not evaluated.
- 4- The MCH section belongs to the health directorate and not the center. There is only one room for family planning and AIDS test that has been evaluated (7-1).

- 5- Section 11 has been very hard to compile since a lot of the equipment is shared between the center and the directorate. Ownership is not clear. Note that this center has been visited twice by two different surveyors. Same problem reported by both.

Al Farouk Center

- 1- No Computers found

Al Amir Hasan Center

- 1- No Computers found

Alwaibdeh Center

- 1- No Computers found
- 2- There is one room external to the center having unusable furniture
- 3- There is a storage room on roof and a shelter room. Empty not evaluated.
- 4- There is a closed storage room. Not evaluated.
- 5- The inventory officer room was closed. Evaluated with staff.

Ay Center

- 1- Computer found. Please refer to file.
 - a. Computers = 1
 - b. Printers = 1

Dhiban Center

- 1- No Computers found

Bsaira Center

- 1- No Computers found
- 2- The Dental clinic was closed. Not evaluated.
- 3- There is one room not belonging to center

Um Al Quttain Center

- 1- No Computers found
- 2- One bathroom not used.

Wadi Musa Center

- 1- No Computers found
- 2- The center has a children nursery under construction

Tafileh Center

- 1- No Computers found
- 2- One storage room was closed. Not evaluated.

Ajlun Center

- 1- No Computers found

Jeeza Center

- 1- No Computers found

Al Hussein Center

- 1- No Computers found
- 2- One X-Ray room closed. Not evaluated.

Ein Al Basha Center

- 1- No Computers found

Khaldiyah

- 1- No Computers found

Iskan Abu Nsair Center

- 1- No Computers found

Al Badiyah Al Shamaliyah Center

- 1- No Computers found
- 2- The pharmacy, Nursing and MCH rooms belong to the health directorate.

Nittel Center

- 1- No Computers found

Ma'addi Center

- 1- No Computers found
- 2- Dental room clinic of the center is located in Al Iman Hospital because there is no space at the center. The surveyor went to this hospital and evaluated the room.

Qatraneh Center

- 1- No Computers found

Bala'ama Center

- 1- No Computers found
- 2- Bathroom and lab were closed. Not evaluated.

Sweileh Center

- 1- No Computers found

Baqei' Center

- 1- No Computers found

Azraq Center

- 1- No Computers found
- 2- There is a gynecology clinic that is not used.
- 3- There is an X-ray room not used.

Nao'ur Center

- 1- No Computers found

Sareeh Center

- 1- No Computers found
- 2- One Bathroom closed. Not evaluated

Mazar Al Janoubi Center

- 1- No Computers found
- 2- There are two lecture rooms and two offices that do not belong to the center. Not entered in database but evaluated by surveyor. Please refer to file.
- 3- One bathroom used as storage.

Nasser Center

- 1- No Computers found
- 2- Bathroom not used.

Rihab Center

- 1- No Computers found
- 2- There are 5 empty rooms. Two rooms were closed. Not evaluated.

2.3 Data Entry

This section begins with a presentation on the coding of questionnaire fields (both standard and additional), followed by details of the Access 2000 program developed for data presentation.

2.3.1 Coding of Questionnaire Fields – Apart from the standard coding for the questions in the different sections of survey instrument (shown below), specific coding was done to input such parameters as “problems”, “staffing”, “room types,” etc. Some of these additional coding devices included, for example, room types. This was handled in the following way: room type= type code- serial #, e.g., 20-1 would imply bathroom, first. In the case where rooms had multiple functions, room type = type 1 code + type 2 code, e.g. 20 + 13 would signify bathroom and storage. A code-book was kept per section, as shown below, by one dedicated person responsible for the coding process.

Section 1	General Health Center Information	Coded
Section 2	Health Services Available at the PHC	
Section 3	Utilization	
Section 4	Staffing	Coded
Section 5	Outreach	Coded
Section 6	Referral	
Section 7	Quality	Coded
Section 8	Barriers to Quality Care	Coded
Section 9	Training of the PHC Director	Coded
Section 10	Vehicles	
Section 11	Medical Equipment and Furniture	Coded
Section 12	Exterior Evaluation	
Section 13	Measurements	
Section 14	Floor and Site Plan Sketch (roadway)	
Section 15	Interior Evaluation	
Section 16	Room Evaluation	Coded

The actual code book is included in the Annex to this report.

2.3.2 Center Coding – The following codes were used for centers:

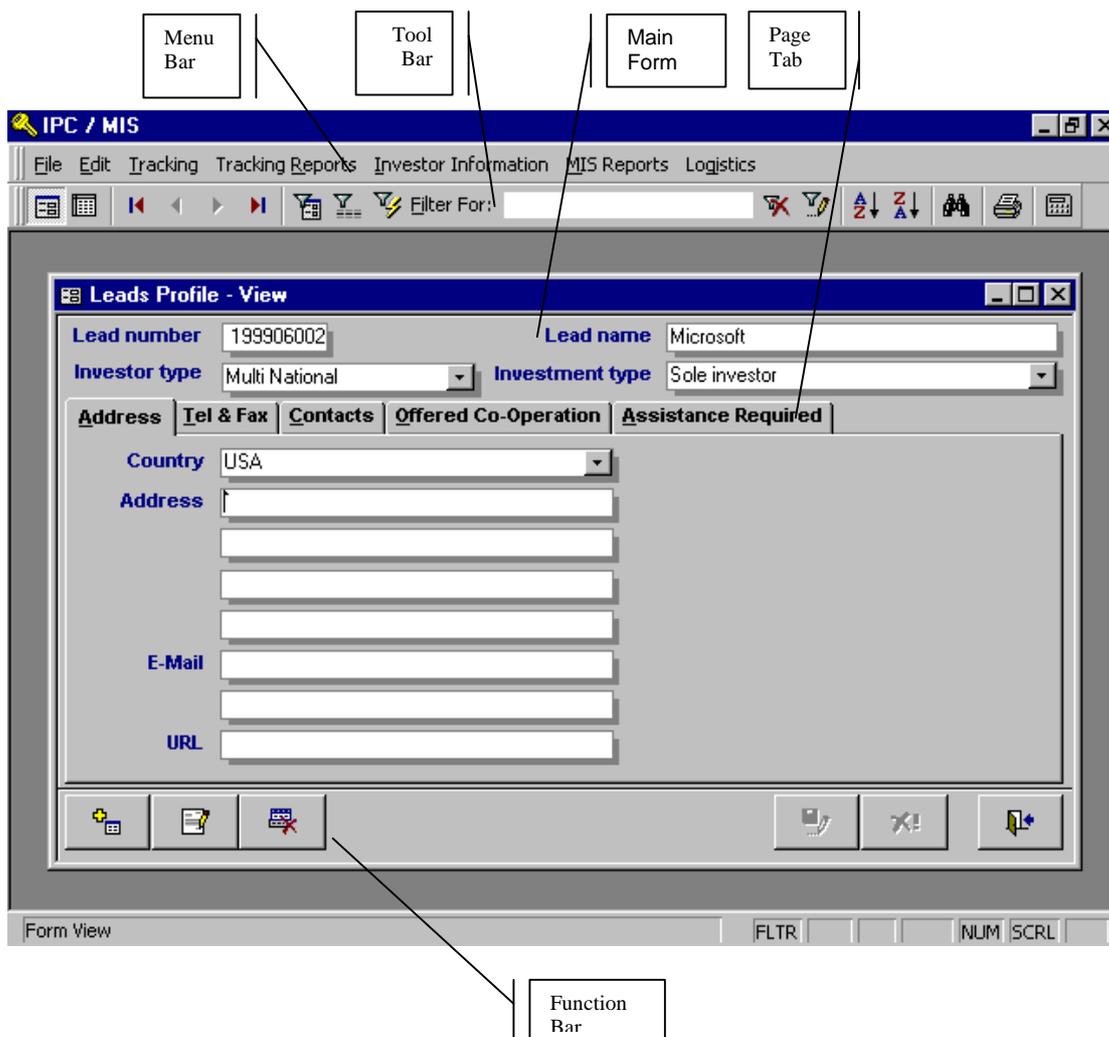
- The MOH Center ID was adopted for defining each center.
- In case one or more clinics from one center were in different buildings, the following code was used: Center ID – MCH for maternal/child health center, DEN for dental clinics, RES for residence, and VHC for village health care center.

2.3.3 Program – The program was designed to handle proper validation of entry and allowed for consistency checks (e.g., if an answer to a question was NO, then according to the specific design of the question, all related fields are closed for entry).

The program allowed for a standard screen design that is used throughout the program. The display is divided into:

- The Menu Bar
- The Tool Bar
- The Main Form
- The Page Tabs
- The Page View Form
- The Functions Bar

An Example of a typical screen section is shown below.



The Menu Bar

The menu bar consists of the drop down menu items of the systems. The File and Edit items relate to the general system functions as follows:

File Item includes the following standard options:

- Change Password
- Print
- Page Setup
- Repair Database
- Compact Database
- Spelling
- Exit System

Edit Item includes the following options:

- Undo (field changes)
- Cut
- Copy
- Paste
- Filter
 - Filter By Selection
 - Filter By Excluding Selection
 - Filter By Form (explained below)
 - Apply Filter/Sort
- Sort
 - Sort Ascending
 - Sort Descending
- Freeze/Unfreeze Columns

Filter By Form

This tool acts on the values of the filled field within a form. It filters the records related to the form such that a subset of the records that match the inputted criteria of selection is produced using the AND function for the specified conditions.

The Tool Bar

The following standard tools are used on all displays

The Form View and Sheet View Tools

The form view displays all the information related to the input form in a form format while the Sheet view tool displays the information in a columnar format whereby all the records related to the input form file are displayed in the sheet.

Direction Tools

The direction tools display the previous, next, first and last records of the specified input form.

Filter by Selection Tool

This tool acts on the selected field within the specified form such that all records related to the input forms and that have similar value of the chosen field are filtered. Filtered records are a subset of the total records of the form that satisfy the filter condition, they can be displayed in a sheet or form view. This tool maybe used consecutively such that a newly specified filter condition will act only on the previously filtered (selected) records to further sub-select the

records matching the new filter condition; i.e. an AND condition is executed in each filtering action.

Filter by Exclusion Tool

Similar to the Filter by Selection Tool, except that the filtered records satisfy the negation of the selected field value (i.e. not equal condition).

Filter For: Tool

This tool allows the user to enter the desired filter value and condition of the selected field. Conditions such as > , < , <> , >=, <=, between, *xxx*, etc.. certain specified values of the field are valid in addition to an OR/AND combination of conditions.

Remove Filter Tool

This tool deletes the active filtering action of the records and re-displays all of the available records related to the form file.

Show Filter Tool

This function displays the currently active filter or nested filters of the displayed records.

Sort Ascending/Descending Tools

Both of these tools sorts all the records related to the form whether in an ascending or descending manner according to the selected field.

The Find Tool

This tool acts on the value entered in a specified field on the form. It searches all the records related to the form either by matching that value with the chosen field values or by locating that value inside any field of the records related to the form. The matched record is displayed. The search may be continued in an upward or downward direction.

The Print Tool

This tool displays a list of reports that can be generated by the user for the chosen form. The user may select a report to either view its result or print it out.

The Summation Tool

This tool sums up the value of the chosen field across all of the records related to the form or the filtered subset of them, e.g. Cost of Action.

The Calculator Tool

This tool displays the calculator for the user.

The Main Form View

This view displays and allows the manipulation of the fields of the form selected from the main menu options. These fields may be displayed directly on the main form or within a page structure as explained below.

The Page Tabs

These page tabs act as bookmarks of the information related to a specified form. Each page tab will display the fields related to the main form either as a one-to-one relation or a one-to-many relation. This page structure serves the purpose of consolidating related information fields in one view, making it easier for the user to manipulate the information.

The Page View Form

Each page tab displays the fields it describes either in a form view or in a sheet view. The page may display for manipulation in a form view the information that is uniquely identified by the main form key, or may display in a sheet view, several records of information that are related to the main form in a one to many relation.

The Functions Bar

Similar to the tool bar except the displayed icons activates functions that operate as data manipulation of the records of the form. This bar includes standard functions, and in some views, specialized functions that relate to the chosen form only. The following are the standard functions:

Add Function: Activates the Add Mode and clears the fields displayed in the form in preparation for the new entry of a record in the database.

Edit Function: Activates the Edit Mode and allows the displayed fields to be modifiable in preparation for editing the information within the record of the database.

Delete Function: Deletes from the database the record displayed the View Mode. Deletion is performed according to the specified deletion rules. This function is inactive while in the Add or Edit Mode.

Following page shows the entity relation diagram of the database.

2.3.4 Data Entry Process - After quality control measures are taken, the data entry supervisor receives the checked/Ok'd survey file for each clinic. The file then gets distributed to the data entry team for entry. After completing entry the file is checked as entered and sent for re-checking entry. A different data entry person checks the file as entered. The supervisor then marks the file "checked". The survey manager/office then reviews the database for (i) logic error checking; and (ii) completeness of data entry per field per section.

2.3.5 ACAD Entry – A/Es recorded their drawings digitally on AutoCAD 14 on a daily basis, whenever possible. CDG retained two of these engineers to complete the ACAD work and finalize checking of the drawn plans. The procedure followed involved initially checking formats, center name, ID, room types, and the drawn plan against the original engineer's sketches in the field.

2.4 Quality Control

2.4.1 Field Verification – The process of field verification was begun early on in the survey by PHCI and CDG personnel, who visited sites (i) at the same time a survey was going on; and (ii) after some sites were completed to check on consistency of responses. This continued throughout the survey work, where one engineer was sent to two sites on a weekly basis.

2.4.2 Office Verification - Data checking in the office took place according to the following steps:

- 1- The office architects made sure that:
 - All rooms on the plan are numbered correctly, their types indicated and the Plan Legend is complete.
 - Site plan exists where possible.
 - Every room has an evaluation form by the Architect (section 16) and one by the surveyor (section 11.2). If there is no evaluation by the surveyor it should either be empty or has not been accessible or evaluation could not be conducted for some reason. Section 11.2 gets coded as mentioned in the data entry coding process.
 - The number of floors reflects those of the building and that the correct floors used by the center are indicated.
 - Any discrepancy is noted and gets reviewed by the architect or surveyor of the team to correct or complete the information. This might entitle another visit to the center if needed.
- 2- The architect on the team is responsible for drawing the AutoCAD floor and site plan. This sketch is then checked against the original by the office architects and standardized when it is not. All room areas are checked.
- 3- The survey supervisors then checked all the questionnaire in terms of:
 - Data completeness, i.e. all fields are filled and that no number, condition, etc., is missing.
 - Inconsistency of answers.
 - Any discrepancy is reviewed again with the surveyor and architect of the team.

- 4- The survey supervisor then coded the elements of the questionnaire and kept the code books used in order. All room evaluation forms of section 11.2 were given codes that corresponded to the room type.
- 5- If the file of the center is completely checked and reviewed with the team, it is marked as such and sent to the survey technical manager for final checking and approval to proceed to data entry. The file gets OK'd and proceeds to data entry.
- 6- Once data entry is completed, the file passes for checking of the data entry as mentioned above. Afterwards it is considered as completed file.

3 DISCUSSION

This chapter presents the context of the data, lessons learned, and a review of the database and future applications.

3.1 Data and Context

The Access database produced from the survey work is presented in hard and soft formats for use by the PHCI and MOH teams. The data serves the needs for which it was required, namely to ascertain the strengths and weaknesses of clinics all over the Kingdom and prepare a listing of ones in dire need for improvement. A detailed baseline database is generated for all of the following mentioned information that can also be reported out. The database is divided into two, one for the PHCs and the other for the CHCs information. A comprehensive report can be generated for each center and presents the following information:

- 1- Center's general information
- 2- Available health services
- 3- Utilization of center
- 4- Staffing of center
- 5- Outreach activities of center
- 6- Patients referral processes
- 7- Quality issues at center
- 8- Barriers to quality care
- 9- Training of the PHC director
- 10- Vehicles use
- 11- Numbers of medical equipment
- 12- Average condition of furniture in center (obtained from the detail information in database)
- 13- Exterior evaluation of center
- 14- Measurements of center building
- 15- Interior evaluation of the structures, equipment, and systems in center
- 16- Room average condition evaluation categorized by room type
- 17- Center Whole average condition of walls, ceiling and floor
- 18- Architect / Engineer's opinion of center's structure

Annex D includes a sample of the printout available through the provided reporting program for all PHCs and CHCs Surveyed.

3.2 Lessons Learnt

Lessons learned are presented from a number of perspectives, namely, the survey itself, the results, human resource issues, and bureaucracy.

Lessons Learned From Survey

In comparison to other surveys implemented, this survey was a “tough” survey. Several issues had to be continuously balanced such as distance vs. time, number of people involved vs. proper management, and communication and schedule adjustment. Careful planning and continuous feedback were keys to its eventual success, in addition to diplomacy in dealing with all concerned parties ranging from MOH staff to centers staff and liaison officers.

The Survey Itself

Because the survey was so complex and comprehensive, care was taken at the beginning to produce a detailed, well thought-out survey instrument. Such details might have slightly burdened the instrument with information gathering that was probably unnecessary and might not be important in decision making. Also a more dicotomic collection of information would have been more helpful in analysing the information.

Human Resources

Most of the people dealt with in the work were truly cooperative. Outside of Amman this was even more evident.

Bureaucracy

The centers were generally open in the mornings to a short time after 12 noon. This was contrary to official working hours, hampering the survey work. This might be taken into consideration when upgrading of staff center is considered.

3.3 Database and Future Applications

As discussed previously, the detailed data is all in an easy to use Access 2000 database and in AutoCad 14. Both are easily accessible applications and allow for easy data exchange among other types of applications.

The data and information collected through this survey can be categorized into five different types of meta-data:

- 1- Contents of the PHCs / CHCs
- 2- Services of the CHCs/PHCs
- 3- Physical structure information of PHCs
- 4- Physical structure layout in ACAD for PHCs
- 5- Geographical position and spacial relationship to surrounding area for PHCs/CHCs

Such meta-data form the basis of several possible future uses of the baseline database elements. The most significant is the possible integration of the geographic and spatial information and the non-geographic information tabulated in the ACCESS database. Following are some ideas for future applications.

3.3.1 GIS-based Data Mining and Knowledge Database

The database can be easily loaded to a Geographic Information System application (e.g. mapinfo, arcinfo/arcview) and thus enabling spacial access to centers' information. Through visual maps of Jordan, a GIS can provide information about the centers contents, services geographical position and spacial relationship to surrounding area, roads, population concentration, and other health clinics. It enables spacial analysis and can provide a room by room accessibility to the PHC through its drawn ACAD layout, and connect the rooms to their contents and condition information.

Such a system can be a live system given proper update of each PHCs information.

3.3.2 Facilities Management Tool

Computer-Aided Facilities Management and Computer-Integrated Facilities Management (CAFM and CIFM) are new technologies that are being used by major organizations in charge of operating numerous component segments. CAFM enables one to organize and access information that is critical to managing assets, from office space to furniture and equipment, and from human resources allocations to utility services. CIFM goes a step further, offering strategic information for policy decisions. The bottom line is increased efficiency and productivity.

Such a CAFM system can be tailored to the needs of the health community, with control at MOH headquarters. MOH can streamline the operation of its clinics and assign assets as required by the customer – the patient - and the Clinic itself. This in turn enables an easy access and update of continuous monitoring information and inventory, MOH can explore inventories, issue orders for distribution of assets (furniture, medical equipment, and clinical resources) around its PHCs and CHCs for optimum performance, and in a more cost effective, streamlined, and efficient manner, all the time keeping an updated status of its centers.

MOH can also optimize the use of its PHC space and utilization and can better control the assignment of its human and other resources to centers.

Follow up on maintenance and structural problems at each PHC building becomes easy, more focused, up to date and streamlined. Cost can be monitored and allocated more productively.

3.3.3 MOH joining Jordan's e-Government Initiative

With this current baseline survey, MOH is far ahead than any other governmental organization to applying e-government. A simple web-enabled application can provide secure on-line access to PHCs and CHCs staff and allow, for example, internal transactions to be conducted over the internet, for example, request/delivery orders for furniture/equipment/drugs may be done through the intranet cutting down on time and effort, and keeping an up-to-date inventory of each center's contents. Same applies for request for maintenance of building where the room and problem may be specified on the web-enabled ACAD drawing. Another static examples would be publishing the centers location and addresses on the Web, the services it offers, etc.,

Web-enabling the baseline database might be the core building block of a future where people may be able to apply for their health insurance cards on the web among many other things.

Based on the experience that CDG has accumulated over the years whether when working on computerizing health related processes, or developing of GIS-based systems or designing and constructing buildings, all of the above can be easily obtained once the main ingredient of a baseline database is present and the availability of continuous data building upon the baseline set.

The baseline set of data for MOH is in this survey. The next step is clear.

Annex A

Final English Questionnaire

Annex B

Final Arabic Questionnaire

Annex C
Code Book

Annex D

Sample Printout of Report