USAID
FROM THE AMERICAN PEOPLE

USAID Health Finance and Governance Activity

Public Health Insurance and PHC: Community Awareness and Perceptions

September 2018

Table of Contents

Acronyms

CIP	Civil Insurance Program
HFG	Health Finance and Governance
GOJ	Government of Jordan
HCAD	Health Communications and Awareness Directorate
HCs	Health Centers
HIA	Health Insurance Administration
IEC	Information, Education and Communication
IRB	Institutional Review Board
JOHUD	The Jordanian Hashemite Fund for Human Development
MCH	Maternal and Child Health
MOH	Ministry of Health
MOSD	Ministry of Social Development
PHC	Primary Healthcare
RMS	Royal Medical Services
UHC	Universal Health Coverage
USAID	Unites States Agency for International Development

Acknowledgments

The USAID Health Finance and Governance (HFG) would like to thank the Ministry of Health (MOH) for their support in facilitating the focus group discussions which included the smooth processing of the Institutional Review Board (IRB) approval and providing the venues for the discussions at their hospitals and health centres in Irbid, Karak and Amman governorates.

HFG also extends its thanks to the MOH Health Communications and Awareness Directorate (HCAD) and the Health Insurance Administration (HIA) for their valuable input into the development of the focus group questions.

HFG is especially grateful for JOHUD, whose staff were instrumental in ensuring the logistics of the focus group sessions, note taking and transcribing of the focus group sessions and ensuring quality of the transcription.

Extended thanks go to USAID Takamol for training note takers and assisting in the most complex methodology of analysing data.

HFG highly appreciates the Jordanian people, who continue to exhibit hope, as well as to the numerous men and women in Amman, Irbid and Karak who gave their time to answer questions about their lives and provide so many valuable insights during the focus group discussions.

Executive Summary

USAID HFG conducted six focus group sessions in the Northern, Central and Southern regions to understand the level of awareness within the community on civil health insurance entitlements, barriers to gender equality in insurance regulations/laws and the primary healthcare (PHC) centers services in order to develop communication messages supporting the Activity's interventions.

The main purpose of this study was to support and provide HFG and its counterparts with recommendations that will support HCAD and HIA in enhancing the services of PHC and increasing the level of community awareness regarding public providers of health insurance alongside with focusing on community understanding of PHC centers services and coverage.

Fifty Jordanian individuals participated in the focus group discussions. They were asked a range of open-ended questions intended to explore the level of community engagement within the civil insurance program (CIP) and PHC. These questions focused on six overarching areas of interest including:

- The importance of health insurance subscriptions, coverage and services,
- Satisfaction
- Information resources about public health insurance
- Perception of royal court exemptions
- Primary healthcare.

The results showed that there is a substantial knowledge gap around the different types of civil health insurance, enrolment, insurance coverage, benefits and the administrative procedures as well as a lack of awareness among participants concerning their insurance rights and packages.

Following are highlights of the main findings of the discussions:

- The perception for PHC; choosing to access PHC is linked to non-emergency cases, participants complained about the manners and communication skills of PHC providers and hospital staff, perceptions around nepotism and favouritism at PHC loom large.
- Gender issues showed that young men perceive that they are disadvantaged when it comes to insurance as they are thrown out of their parent's insurance at 18, or 25 if they are university students. Women in general confuse maternal child health free services with pregnancy insurance.
- Participants' emphasized the need for community participation in the process of amending health insurance regulations whereas it should be participatory and transparent, using the website and social media for feedback.
- PHCs must ensure the transparency of information and focus on standardization of services to eliminate negative perceptions of nepotism and corruption. There is information of priority that needs to be posted such as:
    1. Times of specialist clinics days for immunization
    2. Opening hours and a hotline (or process for complaints)
    3. Ensure that PHCs commit to the working hours

4. List of medications and prices, in addition to the list of co-payments for white-card holders and for insured individuals

- PHC staff should be trained on customer service and a helping attitude
- The need for an immediate information campaign regarding contentious issues such as:

    - Cancer treatment
    - Insurance for those over 60
    - Insurance for children under 6
    - Voluntary insurance (especially targeting young men)
    - Pregnancy insurance

- Almost all participants are aware of the details for accessing Royal Court Exemptions but perceived it to be "for granted" or "given", where wasta could only speed up the process.

The HFG Activity will collaborate with the MOH to use these findings to improve PHC services and awareness on CIP entitlements through social media platforms and development of information, education and communication (IEC) materials.

Introduction

The five-year USAID HFG Activity aims to improve health sector sustainability and resilience in Jordan, including moving towards universal health coverage (UHC). This goal supports Jordan's commitment to UHC declared in its National Health Strategy 2016 - 2020 ("to provide health, financial and social protection to the entire population on a fair basis") and as a 2030 Sustainable Development Goal. In alignment with the NHS which calls for increased community participation, accountability and information disclosure, HFG works with JOHUD to increase civic engagement for improved health sector accountability.

HFG's community engagement framework supports the Activity's objectives by amplifying the voice of the community towards collective action through evidence-based advocacy for equity of health coverage and efficiency in public funds for health. HFG's community activities also focus on strengthening formal and informal social accountability through platforms of interaction and communication between the people and decision makers in the health sector.

The main purpose of this report is to capture the perceptions and attitudes of the women and men to guide recommendations that will help in two main areas: first: direct policy makers to develop IEC material around health insurance, and second, help policy makers to enhance the services of PHC.

Methodology

Focus Group Scope

During August 2018, HFG conducted six focus group sessions in the Northern, Central and Southern regions to understand the level of awareness of the community on civil insurance entitlements, barriers to gender equality in insurance regulations/laws and PHC services in order to develop communication messages. A total of 50 participants were involved in the discussions.

Recruitment Process

HFG used the following criteria for the recruitment of all the focus group participants. Graph 1 shows the number of participants who are insured and uninsured.

- Age: 19-55
- Living close to a public health center and a public hospital
- Including both insured and uninsured participants

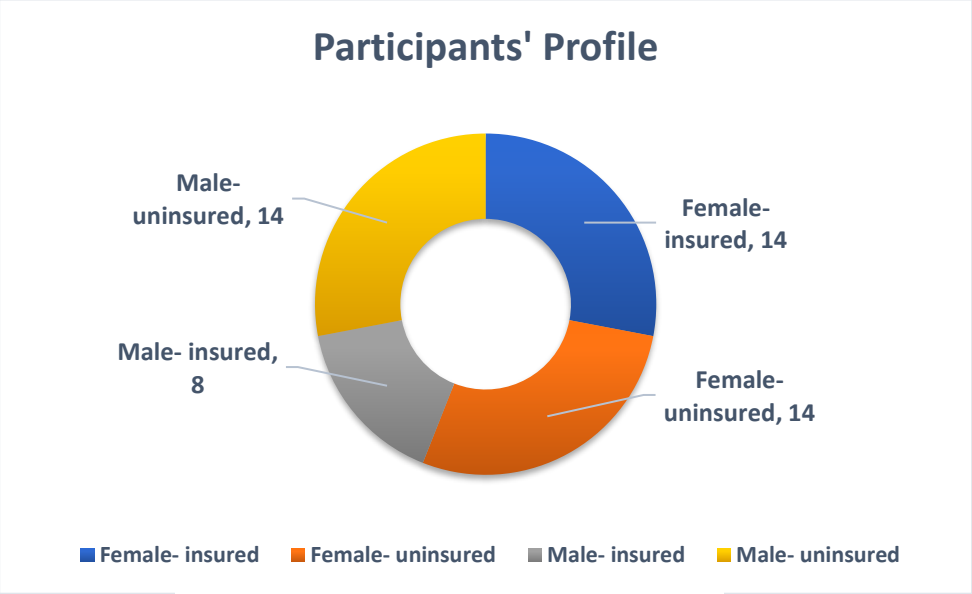

Figure 1: Focus groups participants profile

JOHUD, HFG's partner, recruited 50 participants (28 females and 22 males) through their vast database. The following table shows the number of participants disaggregated by age and gender;

Table 1: Classification of participants by age and gender

Gender	Age Category	Number of Participants
Females	19	1
	20 - 29	12
	30 - 39	6
	40 – 49	9
Males	19	1
	20 - 29	14
	30 – 39	4
	40 – 49	2
	52	1

Focus Group Geographic Distribution

HFG held six focus group sessions; three for each gender at MOH facilities in three governorates as shown in Table 2.

Table 2: Focus groups geographic distribution and locations

Date	Location	Governorate	Number of Participants
August 1	Princess Basma Hospital	Irbid	11(Females)
August 1	Princess Basma Hospital		7 (Males)
August 6	Karak Government Hospital	Karak	10 (Females)
August 6	Karak Government Hospital		7 (Males)
August 12	Amman Comprehensive Health Center	Amman	7 (Females)
August 12	Amman Comprehensive Health Center		8 (Males)

Focus Group Moderation

The focus group discussions were moderated by HFG with assistance from JOHUD, the moderation protocol is in Annex 1.

Focus Group Tools

HFG used a qualitative research approach for an in-depth understanding of the issue of insurance and PHCs. While this methodology is not designed for representative data, it explores an issue and cultivates interpretive information from the perspectives of individuals. HFG developed the focus group questions in consultation with several stakeholders; JOHUD, HIA, HCAD and USAID Takamol. The questions were tested in a small focus group internally from different non-technical departments at HFG and were finalized based on the feedback.

The interview and focus group guides were developed to answer the broad research questions. Questions for the focus groups were deliberately focused to encourage responses from all participants and to set up enough time to discuss each theme.

The main policy questions addressed by this study are in Box 1.

Box 1: Focus Group Questions

1. **Subscription Mechanism:** Who has health insurance? What do you know about health insurance? How did you register? For those who have health insurance, what were the required documents for registration? What were the papers that you provided? How much did you pay? Did any of HIA staff explain to you how to use it?
2. **Coverage & Services:** Tell me about your experience, when was the last time that you used your insurance? Did the insurance cover all the treatment? If not, why?
3. **Satisfaction:** Tell me about your opinion concerning the insurance? To what level are you satisfied?
4. **Exemptions:** What do you know about exemptions? Who benefits from exceptions, and how? Do you know anybody how has experience in this? Tell me about this experience.
5. **Information Resource:** Did you hear about cancer patient's insurance? If yes, what do you know? And what was your resource?
6. **PHC:** Do you know about the white card (PHC centers card), what is that? So, you go to the health centers (HC), why? When was the last time that you went to the HC? Why? (give example X ray, medical tests, taking medicine, vaccination etc.…, for those who don't go, why?
7. **PHC continued:** For those who prefer to go to the hospital, not to the HC, please share the reasons behind your preference? What kind of recommendations would you like to share with HC staff? What is your favourite communications' tool to receive about the HC services?

HFG obtained an IRB approval from the MOH IRB committee, where the six focus group sessions were conducted at MOH facilities see Annex 3.

Focus Group Analysis

HFG used an adaptation of the Glaser and Strauss grounded theory method to analyse the data. Grounded theory is a research method concerned with the generation of theory, which is

'grounded' in data that has been systematically collected and analyzed.[1] It is used to uncover such things as social relationships and behaviors of groups, known as social processes.[2]

The analysis process comprised three steps: transcription of audio-recordings and session notes, quality assurance of transcription was provided by JOHUD, and final analysis of the focus group and interview results.

Focus Group Discussions Results

The following six themes capture the areas of discussion. Many of the comments crosscut with each other. Positive debate with the occasional divergent opinion was a part of the discussion. All perspectives were encouraged. Some people had concrete suggestions for improvement, criticism and feedback. Many of the feasible recommendations have been included. Participants used a competency-based model where they talked about their own personal experience which indicates more reality and honesty on the direct comments, recommendations and feelings.

Perceptions on the Importance of Health Insurance

Understanding the participants' perception on health insurance in general is helpful when designing health insurance awareness campaigns. Most respondents explained that having health insurance provides psychological safety to people.

> *"Health insurance means that if you get sick you know you will not worry about paying for your treatment" Woman, Irbid*

Most respondents perceive health insurance as a necessity to feel secure and ensure good health especially amongst the female participants. There **is also a perception that one can subscribe to health insurance at any time even when ill**. For example, one female from Amman explained that she had enrolled her mother while she was an inpatient at the hospital and the insurance covered her case. *"Health insurance is security for the whole family, when my mother was in patient at the hospital insured her. She stayed at the hospital 14 days, we paid for the first two days only and the rest was covered by the insurance and it was expensive".* Female, Amman.

Health insurance, white cards and royal exemptions

From the perspective of respondents, **health insurance should be provided to all citizens "with a national ID number"** irrespective of their employment status, age, or gender. "*Why should I lose my insurance when I turn 18?"* Female, Karak. Male respondents highlighted how they lose their insurance after they turn 18. "Yes, I was insured when I was a university student. After graduation I became uninsured. Through my employment, I was insured but not all jobs provide insurance" Male, Karak.

[1] *See, generally*, Barney Glaser and Anself Strauss, THE DISCOVERY OF GROUNDED THEORY: STRATEGIES FOR QUALITATIVE RESEARCH (1967) https://www.mheducation.co.uk/openup/chapters/9780335244492.pdf

[2] https://ebn.bmj.com/content/19/2/34

The majority of respondents asserted that having health insurance requires having either a card or a paper. This is due to the confusion of people between insurance and royal court exemptions.

There is also confusion between the insured and white card holders. Most respondents were not aware that the differences in the copayments for medication was due to confusion between the insured versus what is paid through the "white card". "Twenty piasters…sometimes two or two and half JDs, even if five JDs, the insurance covers around 80%, even if we pay 50 or 100 JDs. . . with insurance it is still better, one would pay 50 or 100 JDs in one visit to a private clinic" Male, Irbid.

> *"I do not have health insurance, if I get sick I would go to Al-Hamaydeh Hospital, a hospital in Eastern Amman, and would pay 100 JDs, or I use my brother's card" Male, Amman.*

Uninsured respondents, predominantly males, complained about not being insured whereas they abuse the system by using their relative's insurance.

Perceptions on subscribing to health insurance

This theme aims to understand the communities understanding the mechanism of registration in the CIP, the documents needed and subscription fees.

Most participants are aware of some of the categories for health insurance, with varying knowledge on eligibility and services covered. Participants identified the different types of insurance such as; CIP (especially above the age of 60 and children under 6), pregnant women insurance, insurance for poor people covered by the Ministry of Social Development (MOSD), and blood donation insurance and exemptions. One out of fifty respondents did not know any information about any type of health insurance, on the other hand, one participant was not aware of the difference between life and health insurance "Insurance is life insurance to save your health and body".

Most confusion was around the safety net insurance

Four participants (2 females and 2 males) discussed the MOSD health insurance. While most of the participants heard about it or had a previous experience with this kind of insurance, all of them called it "Poor people insurance". Additionally, the last type of insurance mentioned was the blood donation health insurance. Two out of 40[3] went through this experience, getting six-month health insurance after blood donation.

Some participants reported their inability to be covered by the safety net due to the assumption that they are working or making money. For example, an unemployed male participant from Irbid was rejected by the MOSD insurance because he has a truck driving license where the governmental officials assumed that he makes a good monthly income. *"I went to the MOSD to subscribe in the insurance for poor, they refused it because I have a truck driving license, so they asked me to provide them with job contract with salary less than 250 JOD"*, male, Irbid.

[3] The numbers of the participants responding to each question may vary, in some cases only 6 people answered while in others 40 people answered. This is taken into account during the analysis.

There were individual experiences between the respondents that showed mixed satisfaction. For example, a female participant from Amman tried to apply for the poor insurance (safety net) and was told she needs to go to several government entities to prove that she is unemployed. But because she gets a pension, the Insurance Unit in Jabal Hussein told her she is not eligible. Meanwhile another female participant from Amman applied through the MOSD office and was accepted, *"all my information appeared on the screen immediately and I was able to insure myself and my children" . . .* the employee saw that we own a land in the desert and my husband's car, I then paid one JD for each card".

Discontinuation of health insurance for males and females

Males who lose their health insurance after they turn18 was also a heavy discussion in Karak and Amman. One young male from Karak said, *"I was covered by my father's health insurance, but after his retirement it was cancelled, I could pay for a new one, but I need better services to enroll".*

A female participant from Amman mentioned that she was informed that her daughter will lose her insurance when she turns 18. Meanwhile other participants clarified that daughters over 18 can remain as a beneficiary but this requires yearly renewal until they are married.

Health insurance through blood donation is utilized by unemployed young men

Under the CIP, any Jordanian can have health insurance for six months every time they donate blood in governmental facilities. Blood donation health insurance was highly mentioned where people donate blood and get health insurance for six months. Respondents from Irbid are the most aware of this and knew the details of this benefit. One participant from Irbid said that she tried to get a Royal Court exemption for her son but couldn't since her husband was covered through blood donation. *"The person at the Royal Court advised me to cancel my husband's insurance before giving me the exemption."* Woman, Irbid.

> *"We, as uninsured young men, find no way but to donate blood to be insured, they say it is for 6 months but in reality, it lasts for 5 months only. We have to donate blood to get insurance. This insurance is not comprehensive and often the medicine is not available at MOH facilities. If I need something more serious, I use someone else's insurance*." Male, Irbid

A young male participant in Irbid mentioned that most of his friends donate blood to be covered in any kind of health insurance.

Pregnancy Insurance

The lack of awareness concerning pregnant women health insurance was obvious during most of the discussions, only 5 out of 36 (16 male participants and 20 female participants discussed this topic and/or had an experience with pregnant women health insurance. Moreover, only one married male had subscribed for pregnancy insurance for his wife.

Six participants out of 36 were satisfied with the pregnant women insurance, since it covers all their examinations and delivery. Directly, after women know about their pregnancy, they subscribe to this insurance.

Those who were aware of the pregnancy insurance commended the speed in which they attain this insurance. An insured male from Amman recommends the pregnancy insurance, especially if a cesarean section is involved

> *"My wife needed a c-section, if you want to pay for it, it would be costly especially if there were side effects. For pregnant women this is an excellent insurance and the service is very good."* Male, Irbid

Having said that, women recognize that a delivery at an MOH hospital is affordable and does not exceed JD150. There was confusion about the premium of the pregnancy insurance. One male participant from Irbid noted that it was 52 JDs, while a female respondent from Amman stated that the premium is JD55. In reality the pregnancy insurance is for JD50 and covers the whole pregnancy up to 42 days after delivery.

There was lack of awareness about the services offered under the insurance for pregnant women. One female respondent from Amman noted that "both my sisters in law used the pregnancy insurance, one of them has thalassemia and the insurance covered all her tests and treatment. The blood tests would usually cost JD89-100, but the insurance covered it and she did not pay anything". Another respondent from Amman noted that her daughter used the pregnancy insurance and she has a blood type that is negative. The insurance covered the injection which normally costs JD70.

In order not to lose her private health insurance, one of the female participants from Irbid mentioned that she had to pay a copayment of JD130 for her delivery but if she had subscribed with the pregnant women insurance she wouldn't have paid anything.

Children under 6 years

Almost every participant was aware of the free coverage for children under 6. Most parents were explicit about their agony once their children complete their sixth year.

> *Both my daughter and son are above 6, it has been very expensive to treat them without health insurance, I even avoid taking them to the doctor unless it's an emergency." Female, Karak*

Coverage and Services

This theme sheds light on the participants' experience concerning health insurance coverage, quality of services, copayments and subscription fees.

Nine participants out of 34 who discussed the question of coverage, mentioned that they prefer to pay a specific monthly deduction from their income for health insurance instead of paying more money for one hospital entry or private doctor clinic visit. A male participant from Karak said "When I see the quality of public health services, I'd

> *"Wherever you go they deduct from you, even the military employees pay JD20 monthly for health insurance." Female, Irbid*

rather stay with my private health insurance and pay JD250 – 300 annually and get better health services."

Some of the retired military participants complained that they are now paying JD1 for examinations as part of their military health insurance while they hadn't paid it previously and had received all their medical services free of charge.

While others commented that paying a medical fee to a private doctor is the same as health insurance subscriptions, this shows low awareness of the benefits of being insured.

Perception of Wasta and Bribes

Many participants perceive that *wasta* is prevalent. One male participant from Irbid mentioned that during his wife's delivery he paid JD265 at a government hospital, while another man paid JD45 because they considered the other man's wife's case as an emergency one.

Favoritism was mentioned several times in different themes during these focus group sessions, it shows the social cultural factors that interfere with health insurance and medical processes in Jordan. *"A friend of mine has no health insurance, they asked him to pay JD40 for X ray, through favoritism (Wasta) he didn't pay, and they dealt with him like an insured person"* Male, Irbid.

The quality of services and the attitude of the medical staff play a strong role in encouraging people to use their health insurance. One female participant from Karak used her CIP insurance just one or two times due to the negative attitude of the medical staff.

It's worth mentioning that the quality of services was perceived differently from a participant to another, especially during the female session in Karak. *"Five days before my baby delivery I went to the governmental hospital and the staff dealt with me in a good way."* Female, Karak.

Satisfaction

This theme aims to measure the overall participants' feedback concerning the services that health centers and public hospitals provide. Some participants mentioned the negative attitude among medical staff, while others spoke about the lack of the quality services at both health centers and public hospitals. In addition, participants mentioned the long waiting hours to go for the appointment with the specialist in the public hospitals.

Participants discussed in detail the negative attitudes among health centers and public hospitals staff, such as not answering patients' questions or being tough in communicating with people. On the other hand, a female participant from Karak mentioned the negative attitudes toward some patients who don't respect their role and don't want to wait their turn. Furthermore, due to the pressure on the medical staff, the process of communication between patients and staff becomes difficult,

> *"I choose the doctor by name and when I go, I wait for a long time. When I finally get my turn, the doctor doesn't examine me properly due to the rush at the clinic. We also see a negative attitude from both the staff and the patients who refuse to wait in line and are impatient." Female, Karak*

This leads to the explanation of why some of public insured people don't go to the public health facilities due to the negative attitude and the "bad" health services. *"I will speak about the lack of integrity among some pharmacists at the health centers, when the doctor request 30 drugs for you the pharmacist gives you only 10."* Female, Karak.

Waiting for a long time was a big concern among participants especially in Amman and Karak, where some of them were not interested to go to the hospital because of the long waiting time while it requires less waiting time at the health centers, *"We wait for a long time, a patient could die while waiting"* Male, Amman. Participants were more satisfied with Royal Medical Services (RMS) health facilities, due to the hygiene, positive staff attitudes and the high quality of the specialists.

Perceptions Concerning Royal Court Exemptions

Under this theme, participants were asked about their knowledge about exemptions for health cases. 28 out of 30 participants knew about Royal Court exemptions. From all the items of discussion, this was the area that both the male and female participants from the three governorates were most familiar with. The level of details around the process and requirements for royal exemptions were meticulous but combined with sarcasm concerning how connections and "wasta" speed up approval. The simplicity of the process makes it very attractive to pursue Royal Court exemptions.

> *"In the past, the royal court exemption process was complicated, but they simplified it. There is no Wasta now, you take your medical report and wait for a few hours." Male, Amman*

One male participant who was in need of insurance for surgery was advised to attain a Royal Court exemption, in relation to documents he elaborated *"I took my father's insurance card to prove that I am not a dependent, the family book, my ID, my hospital medical report from the hospital I want to have the surgery in, and I got it. I did not pay a penny." Male, Amman.*

A woman from Amman, said that she paid 8 JDs for the medical report and 2 JDs for photocopying and received the exemption. *"Many respondents are aware of what the Royal Court exemption can address and the duration of it. They specifically mentioned that it does not cover dentistry at all, for example. Moreover, Royal Court exemptions focus on the specific medical cases like cancer, heart surgery, to name a few. Royal Court exemptions is confined with the case itself, if you get the exemption for a liver condition, you cannot use it to treat for bones"* Male, Irbid.

Participants from Karak focused on the link between Royal Court exemptions and *wasta*:

"It is all about vitamin "w" [wasta], if I need an exemption, I will go to the hospital and search for the wasta. I know a case of a young man who went to a Brigadier who got him an exemption to be treated at the RMS, after two years this young man was forced to elect this Brigadier as many of the people did when he ran for elections. This is how things are. . . the guys here know who I am talking about" Male, Karak.

Information Resource

This theme aims to explore the participants' information about resources concerning cancer patient's insurance and exemptions. The main two information resources are the former cabinet decision of cancelling the cancer patient's exemption (this decision was cancelled by the new prime minister) and the second resource is the action that has been taken by one of the Parliamentarians in Irbid who argued that cancer patients don't need health insurance or exemption due to their known end which is death.

Knowledge about these resources shed light on the politics involved when people receive controversial messages that lead to a public debate on the different social media platforms. This could give both positive and negative communication messages at the national level.

> *"They made it for free, Razzaz cancelled the decision of not insuring cancer patients, I knew through Facebook not newspapers, I usually search on Google then ask experienced people since laws and regulations are sometimes vague, because sometimes you go to governmental employees and they don't provide you with the right procedures, even social media is not always the right resource." Female, Irbid*

Six out of 31 participants who answered this question knew about the cancer patient's insurance and exemptions after the governmental decision. This doesn't necessarily mean that have detailed information. The majority of participants had only a general idea about the issues.

TV as also another important resource for the participants where some of them receive information through TV especially after the governmental decision. TV was considered similar to social media platforms where people also search for information and exchange ideas. However, participants were most satisfied with getting information by social networks and by life stories from neighbors, friends and relatives. At some point, they trust listening to life stories more than regulations. *"I hear from TV and from people, my relative had a back pain and was suffering for a longtime with a wrong diagnosis, but once she received an exemption she went to Al- Hussein Medical City through Wasta, then they gave her a right diagnoses, she stayed there for 15 days covered by the exemption"* Female, Karak.

Participants perceive that parliamentarians are a source of information, whether positive or negative. Participants view parliamentarians as the second source of information at the political level. A number of some participants mentioned *"When one parliamentarian said a negative word against cancer patients, Princess Ghaida' criticized him on Twitter and King Hussein Cancer Center issued a statement against him."* Female, Irbid.

One last important resource is the health directorates, where people call to ask for information regarding public health insurance procedures and mechanisms, cancer exemptions and health centers services.

Primary Healthcare

The aim of this theme is to know about the participants knowledge concerning health center services, the reasons behind visiting these centers, the preference for hospitals or health centers

and the factors that influence choice. Participants were also asked for recommendations for health centers staff and the preferred method to get information about PHC services.

The big finding concerning this theme is the large conversation and dialogue regarding PHC services and health center among participants. Fourty eight participants out of 50 discussed and answer questions regarding PHC services.

The main factors influencing those who chose to visit health centers are:

- Mother and child care
- Non-emergency cases (cold and flu)
- The services provided by the centers (if the center is comprehensive or primary)
- There is no long waiting time
- Getting medicine
- Hospital required referral from the health center
- Health center location (if it's close to the residency or not)
- The location is close to markets and shops
- Dentistry.
-

In addition, there are several main reasons for not visiting heath centers which include:

- Lack of medicine
- The health center staff leave early
- Unavailable services
- Lack of specialty service
- Poor access.

As an example, the responses from 16 female participants who chose health centers emphasizes the following:

- One visits health centers because of the Wasta that she has there.
- 5 visit health centers for non-emergency cases.
- 6 visit health centers for child and mother care.
- 3 visit health centers for comprehensive health services.
- 2 visit health centers for the purpose of taking medicine.
- For 5 female participants that don't visit health centers, they do so for the following: One doesn't visit health centers because it closes early.
- 3 don't visit health centers because of the lack of medicine and services.
- One prefers to go directly to the emergency at the hospital because of the availability of services.

A female participant from Irbid commented with regards to health centers services for pregnant women *"they follow up with me from the beginning of my pregnancy until delivery"* while another commented *"I have health insurance, but I prefer to go to the health center not to the hospital due to the accessibility and it's easy going to a health center"*.

It's worth mentioning that females in Karak don't prefer going to health centers while the majority of females in Irbid and Amman go to health centers.

As for the male participants, 8 male participants visit health centers because of the following reasons:

- Low cost especially with the white card.
- Location and accessibility of the health center because it is close to the neighborhood and markets.
- Good dental services.
- Hospital requires a referral from the health center to accept the case.

6 male participants don't visit health centers because of the following reasons:

- Medicine unavailability at the center.
- Going to the hospital because of his Wasta there.
- Participants who are insured prefer to go directly to hospitals.
- The unavailability of good services and specialists.

> *"Every time I go there, I don't find the medicine I need, then I go to Amman to get the rest of the medicine from Al Hussein Medical City. It's impossible to find heart medication at health centers. It's also very expensive, it should be available at the centers." Male, Irbid*

What pushes people to skip PHCs?

The other part of community awareness regarding PHC is exploring the reasons of going to hospitals directly without passing the health center. To do so, there are social, cultural, procedural, economic and practical reasons of visiting hospitals (emergency).

Timing is an important factor to why participants visit hospitals. During the night while HCs are closed patients visit the hospital emergency rooms. On the other hand, for dental, taking diabetes or blood pressure medicine, checkup and first aid people prefer to visit HCs. Also, some participants mentioned wasta as a major reason of visiting a health center or hospital,

> *"For first aid, we go to the health center, then we are referred to the hospital. We also visit King Abdullah Hospital if we have insurance, the only issue to the hospital is the long waiting period. I also prefer to visit the hospital because I want to hear from the emergency doctors since they are well experienced"* Female, Irbid

It's worth mentioning that participants don't know that they pay penalties if they don't get a referral form from the health center to the hospital.

The attitude of the medical staff in both the centers and hospitals depend on the individual experiences of the participants and on the geographic area. For instance, in Irbid, male participants were not satisfied with health center staff attitudes while in Karak they provide positive feedback regarding the attitude of staff. *"I don't go to Totanji Hospital, I told my family if I die, not to send me there, one time a lady went there to deliver a baby and died from sepsis, they should respect people and fear God, we are human beings not animals"* Male, Amman.

The reason of visiting the hospital in Karak for female participants was the delivery of babies. For prenatal care they go to the health center. Another reason for young males to visit hospitals is car accidents, because in any accident case the passenger will be insured for public hospitals,

Other reasons for visiting hospitals include:

- Location
- Wasta and connections at the hospitals
- The staff attitude and patients' previous experience
- The timing of emergency cases
- The patient's insurance status
- Gender perception among women and men for example, women visit hospitals for pregnancy issues while men think of hospitals when accidents happened
- The waiting period to see the specialist
- Cost.

Recommendations to medical staff

Participants were asked to provide their advice to the medical staff at hospitals and health centers. They provide the following recommendations:

- Improve staff performance and increase their efficiency
- Better attitudes, patients care about communications and positive attitudes more than the service itself, one female participant from Irbid mentioned the pressure on the medical staff and patients should appreciate the long hours that the staff put in.
- Also, one participant recommended that doctors need to spend more time with patients to explain for him/her the situation and provide full medical examination.

Conclusion

This study yielded important findings regarding the civil health insurance and the potential for its impact on the lives of people. Given the potential for positive impact of expanding health coverage with respect to young men and women, it would be important for the HIA to engage with civil society to devise creative, more effective means of educating specific populations (e.g., women, men, employers) and the general public about both the social and economic benefits of enrolling in health insurance. The main findings include:

- Complexity of health insurance regulations and categories resulted in confusion and lack of consistency in implementation. Citizens interpret this inconsistency as "nepotism and wasta."
- While HIA has a myriad of categories for insurance, participants are aware of only a few. Moreover, there is significant confusion between insurance and the PHC white card.
- People will prefer seeking royal court exemptions because it is "clear," "simple," and is perceived to be fair.
- There are some significant gender gaps facing women and men regarding CIP and PHC services and procedures on both regulatory and practical levels.
- The quality of services and the attitude of the HCs staff play a strong role of people's decision in not visiting HCs.

Annex1: Focus Groups Moderation

These six sessions were moderated by HFG staff with assistance from JOHUD. JOHUD provided note takers and assistants who set up audio recording equipment in order to effectively capture participants' feedback during the focus groups. Tapes were then reviewed to accurately capture comments from participants. The focus group moderation guide follows:

- Introducing the Session.
- Welcome the participants.
- Introduce the moderator: My name is [….] and I will be facilitating the focus group session. My colleague here is [….] and s/he will be taking notes to make sure we do not miss anything important that you are saying.
- Explain the purpose: We are here to discuss health insurance in general. Please feel that you can speak freely and openly – there are no right or wrong answers. Through this, we hope to have a better understanding of the main issues for you
- The moderator starts off by introducing him/herself and explaining why the focus group has been gathered. The moderator should give a brief outline of how the focus group will be run, then invites participants to introduce themselves.
- Anonymity: All comments will be confidential, and notes will capture the ideas and not who said them. Names will not be mentioned in the report and all feedback will remain anonymous.
- Participant Introductions: Before we start with the discussion, I would like to ask you to all introduce yourselves to each other for this session. Please tell us your name, your governorate. Also, please use the paper in front of you to write your names and fold it as a tent. The attendance form will also be circulated around.
- General Information. In order to be time efficient and cover all we have to talk about, I would like your cooperation in noting the following:

- Respect others' right to speak and ensure only one person is talking at a time. Please do not interrupt each other and please signal if you have something to say.
- Feel free to address one another, not just me. Both positive and negative comments are welcome.
- Everyone will have the opportunity to talk. I may interrupt some of you to allow others to participate, if necessary.
- The session will go on no longer than 2 hours, with one very short break.
- If you need to use a rest room, they are located [where?].
- Please turn your cell phones off or on silent so we can all focus on the topic.

Annex2: Focus Group Protocol

Before conducting the focus group sessions:

- Identify the overall purpose and outcomes for the focus group.
- Define the questions and the discussion points, based on the purpose and goals of the focus group, identify no more than ten questions
- Determine the number of participants in each group. Each focus group should have between six and ten participants
- Identify names and contact information and send invitations
- Coordinate arrangements with the proposed counterparts

During the focus groups sessions:

- Prepare stationery and materials
- Give a brief introduction
- Welcome and thank everyone for volunteering to participate
- Hand out the consent form
- The time of each session between 60-90 minutes
- Give a very brief overview of the project and goals for the focus group sessions
- Give participants information about the process, times, breaks, and so forth
- Provide basic guidelines for the sessions, review them with participants, and consider posting them for everyone to see
- Everyone's ideas will be respected. Do not comment on or make judgments about what someone else says, and do not offer advice
- There are no right or wrong answers, participants have the right to speak freely
- An opening question can help break the ice and should be easy to answer. A first question can be as simple as "How did you find out about this focus group"?
- Facilitator is responsible to keep the discussion focused on the objectives of the session

After the focus group sessions:

- Summarize the collected data after each session directly
- Transcribe the notes or audio recording of the focus group. This should be done as soon as possible after the focus group has been conducted
- Read the notes and look for themes/trends. Write down any themes which occur more than once
- Context and tone are just as important as words. If comments are phrased negatively or triggered an emotional response, this should be noted in the analysis
- Identify the major findings and recommendations
- Schedule a meeting with HIA team to discuss the implications
- Highlight the main themes, issues, or problems that arose in the focus groups
- Prioritize the results and make action plans for the most important priorities
- Write and submit the final report that includes the purpose, outcomes, process, findings, and recommendations

Annex 3: IRB Approval

وزارة الصحة

الرقم .....
التاريخ ..... م ب ا / لجنة اخلاقيات / ٨٤ ١٠٩
الموافق ٢٠١٨/٧/٢٣

مديرتطوير الموارد البشرية/المكلف

تحيه طيبه وبعد ،،،

اشاره لكتابكم رقم تطوير /خطط / 5816 تاريخ 2018/7/18 بخصوص البحث المقدم من قبل مشروع التمويل الصحي والحوكمة

ارفق بطيه قرار لجنة اخلاقيات البحث العلمي والمتضمن الموافقة على إجراء البحث العائد للجهات أعلاها .

للتكرم بالاطلاع واجراءاتكم لطفا .

واقبلوا الاحترام

مدير إدارة مستشفيات البشير

الدكتورعمار نعيم الشرفا

ص ب

خطط

المملكة الأردنية الهاشمية
هاتف: ٥٦٢٠٠٢٣٠ ٦ ٩٦٢+ فاكس: ٥٦٨٨٢٧٣٠ ٦ ٩٦٢+ ص.ب ٨٦ عمان ١١١١٨ الأردن . الموقع الإلكتروني: www.moh.gov.jo

وزارة الصحة

الرقم ..... CODE : MOH REC 180099

التاريخ .....

الموافق .....

قرار لجنة اخلاقيات البحث العلمي

اجتمعت لجنة اخلاقيات البحث العلمي بتاريخ18/ 7 / 2018 لمناقشة و دراسة البحث العلمي المقدم من مشروع التمويل الصحي والحوكمة **بعنوان :**

"توعية المجتمع ببرنامج التأمين الصحي المدني"

وقد قررت اللجنه بالاجماع الموافقه على اجراء البحث المشار اليه اعلاه.

وعليه تم التوقيع من قبل اعضاء اللجنه حسب الاصول .

عضو اللجنه **المساعد لشؤون التمريض** **الدكتور/ هاني القطاه**	**عضو اللجنه** **رئيس قسم الجراحة العامة** **الدكتور/ فايز الحمود**	**عضو اللجنه** **رئيس قسم الاشعة العلاجية** **الدكتور / رسمي مبيضين**
عضو اللجنه **رئيس قسم الاطفال** **الدكتوره/باسمه مرار**	**عضو اللجنه** **رئيس قسم الباطني** **الدكتور /عباس منصور**	**عضو اللجنه** **رئيس قسم النسائية والتوليد** **الدكتور /عبد المانع البليمات**

رئيس اللجنه
مدير إدارة مستشفيات البشير

الدكتورعمار نعيم الشرفا

وزارة الصحة

الرقم تطوير/ضغط/٥٨٦
التاريخ
الموافق ١٢/٧/٢٠١٨

مدير ادارة مستشفيات البشير
رئيس لجنة اخلاقيات البحث العلمي

تحية طيبة وبعد ،،،

ارفق طيا صورة عن كتاب مدير مشروع التمويل الصحي والحوكمة رقم ١١٠ /O /HFG ٢٠١٨ تاريخ ٢٠١٨/٧/٤ ، بخصوص نية المشروع وبالتعاون مع وزارة الصحة وكافة الجهات المعنية اجراء دراسة بعنوان :

" توعية المجتمع ببرنامج التأمين الصحي المدني "

وذلك بعقد ست جلسات عمل مركزة تهدف لمعرفة اتجاهات الناس ومدى توفر المعلومات لديهم فيما يتعلق ببرنامج التأمين المدني ، بالاضافة الى العمل على فهم مدى رضى الناس عن الخدمات التي تقدمها مراكز الرعاية الصحية الاولية في كل من :

- مستشفى الاميرة بسمة التعليمي/ اربد
- مستشفى الكرك الحكومي
- مركز صحي عمان الشامل .

وستكون الدراسة من خلال اخذ عينة عشوائية من المراجعين للمستشفيات والمراكز الصحية المؤمنين في صندوق التأمين الصحي المدني وغير المؤمنين ، علما بأن جلسات التركيز ستعقد خلال الفترة من ١٥-٣٠ تموز ٢٠١٨ .

ارجو التكرم بالاطلاع واعلامي رأيكم حول امكانية الموافقة على اجراء البحث اعلاه .

وتفضلوا بقبول فائق الاحترام ،،،

مدير تطوير الموارد البشرية / المكلف

الدكتورة سوسن جبارات