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Standards of Care for Health Centers

Volume I

Health Center Management

Health Center Management

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Introduction

Health for all is an achievable goal for the citizens of the Hashemite Kingdom of Jordan where primary care focuses on providing high quality preventive, promotive, and curative care in a cost-effective manner. The Jordanian Ministry of Health and USAID-funded Primary Health Care Initiatives Project (PHCI) have formed a partnership to reach this goal.

The Standards of Care for Health Centers described here represent a milestone in the road towards better health. They are tangible evidence of the considerable thought and effort that has been devoted to promoting quality of care by the Ministry of Health.

The purpose of the “Standards” is to ensure that health center staff members have the basic and essential guidance required for safe, effective, and humane service delivery. The Standards are contained in five volumes, each addressing a distinct aspect of health center services. A sixth volume of performance checklists is included with the Standards to facilitate self-assessment and performance review. As a set, the Standards are intended to serve as a convenient reference, a guide for service delivery, and a tool to support performance improvement. When following the guidelines set forth in the Standards, members of health center staff are assured that services meet the accepted standard of care required by their communities. The volumes and contents are described below.

Volume 1: Health Center Management

The Management Standards are organized in four sections. The first section contains job descriptions for staff providing direct and supportive care at health centers. The descriptions are meant to serve as a job aid for those who hold the positions and their supervisors rather than a model for staffing. The second section conveys the expected values and norms for health center services through a description of patient and provider rights and responsibilities. The third section contains the MOH guidance for managing health center accounting procedures and records. The fourth section contains instructions for procurement of drugs, contraceptives, vaccines, and supplies for laboratory and dental services.

Volume 2: Case Management

The five clinical problems addressed in the Case Management guidelines are: diabetes mellitus type II, hypertension, acute respiratory infection, asthma, and diarrhea. These conditions represent a significant percentage of the common medical problems encountered at health centers. Detailed guidance for diagnosis and management of each clinical problem is given, including recommendations for drug management, health education, referral, and follow-up care. Algorithms accompanying each clinical problem inform critical diagnostic or management decision-making. Together, these tools provide reference options for both quick and comprehensive review. Performance checklists complete the package for facilitating self-assessment and peer review.

Volume 3: Reproductive Health

This volume contains guidance for the reproductive health care services typically performed by doctors, nurses, and midwives at primary health centers. Antenatal care focuses on initial assessment and continuing support for pregnant women. The postnatal care section guides follow-up care for new mothers and their infants. Family planning includes guidance for counseling and information on the full range of contraceptive methods available in Jordan. A brief section on HIV/AIDS provides general information, basic education, and prevention messages for the community. All procedures described in the volume are accompanied by performance checklists, which reinforce and highlight the essential skills required for high quality reproductive health services.

Volume 4: Preventive Services

This volume addresses two different but complementary aspects of prevention, which are of great importance to the communities served by health centers. The first section covers prevention of childhood diseases through immunization; the second addresses the prevention of infection transmission within the health facility and among clients, staff, and the communities they serve. Immunization guidelines describe management of the cold chain and vaccines, immunization procedures and schedules, roles of staff, recordkeeping, and supervision. Infection prevention includes guidelines for maintaining protective barriers through handwashing, use of gloves and antiseptics, and procedures for decontamination, cleaning, sterilization, and waste disposal. Performance checklists are provided for all important procedures as a guide for self-assessment and performance review.

Volume 5: Nursing Care

Nursing procedures influence the care of most patients who visit the clinic by supplying the medical information that forms the basis for higher-level medical decisions about care and follow-up. This volume gives special attention to the procedures that are commonly called nursing care, but which are frequently performed by other members of the health center team. Guidance for home visits, child growth and development, immunizations, general care, and first aid is presented. As in the other volumes, performance checklists are included.

Volume 6: Performance Checklists

The performance checklists presented in each of the five volumes have been compiled in this final volume. These compiled checklists are a convenient tool and job aid for refreshing knowledge, guiding self-assessment, and standardizing performance assessment at the health centers.

List of Acronyms and Terms Used

CHC: *Comprehensive Health Center*

CVA: *Cerebral Vascular Accidents*

ER: *Emergency Room*

FIFO: *“First In, First Out”*

GP: *General Practitioner*

IV: *Intravenous*

JD: *Jordanian Dinar (currency of the Kingdom of Jordan)*

LMIS: *Logistics Management Information System*

MCH: *Maternal and Child Health*

MOH: *Ministry of Health*

PHC: *Primary Health Center*

Capable Patients: *uninsured patients who can afford to pay for services at the health center.*

Incapable Patients: *uninsured patients who cannot afford to pay for services at the health center.*

General Guidelines for the Workplace

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General Guidelines for the Workplace

Mission Statement

The mission of the health center is to provide comprehensive, high quality, integrated and continuous health services to clients. The health center staff members respond to the needs of clients within the context of the family health care model and with emphasis on health promotion, prevention of disease, and effective curative treatment.

Health center services comply with Ministry of Health standards and procedures to ensure high quality, cost effective services. An efficient, qualified health team directs health services in cooperation with the local community.

Professional Ethics

Professional ethics are principles that guide professional conduct and protect the rights of staff and their clients. Professional ethics define the relationship between health team members and their clients within the context of the values, principles, beliefs and traditions of the Jordanian community.

Professional Conduct

The following personal ethics enhance professional development:

- Application of modern medical sciences and practices in patient care.
- Pursuit of continuous medical learning.
- Maintenance of a professional appearance.
- Participation in advanced scientific research to advance knowledge of medical sciences.
- Maintenance of personal behavior that complies with community values.
- Maintenance of professional standards when providing care.
- Respect for the rights of each health team member.
- Avoidance of actions that disgrace the profession, such as:
 - *Exploiting a professional relationship for personal interests*
 - *Promoting special advertisements or medical products*
 - *Abusing drugs or alcohol*
 - *Losing self-control*
 - *Taking advantage of one's position to obtain and sell medical products*

- *Using a colleague's position for personal advantage*
- *Involvement in illegal practices*

Client Relationships

The following ethical behaviors guide the relationship between health care providers and clients:

- Provision of appropriate health care services.
- Attention to priorities based on professional evaluation when providing health care for clients.
- Equality of care for all clients without discrimination on the basis of sex, age, religion, race, tribe, education, social category, economical level, political beliefs, diagnosed disease or any other characteristics.
- Involvement of clients and/or their named relatives in decisions about health care alternatives.

Note: In circumstances where the client is unable to make a decision—such as being underage, unconscious, or mentally incapacitated—it is preferable to involve the client's relatives in decision-making.

- Attention to preserving the client's dignity, privacy, concerns, confidences, and rights.
- Support for the client's rights, concerns and interests.
- Cooperation with colleagues to ensure that the client's interests and needs are addressed.

Community Relationships

The following ethical behaviors promote positive relationships between the health team and the community:

- Identifying and addressing preventable community health problems.
- Consideration of the local community's habits, beliefs, and traditions when developing community interventions.
- Protection of the community from unqualified professionals (those without at least the minimum level of technical competency).
- Promotion of health awareness to change unhealthy practices among all segments of the community's population.
- Use of professional knowledge only for legal matters.

Health Professional Rights and Responsibilities

Rights of the Health Care Provider

The Ministry of Health endorses and supports the following employee rights:

- Respect from community members, managers, clients and their relatives.
- Justice and equity in privileges and distribution basis.
- Personal rights, provided this does not infringe upon the rights of others.
- A healthy and secure working environment.
- Honor for the dignity and humanity of all employees.
- Access to information needed for performance of duties.
- Access to transfers and transportation systems.
- Right to express opinions or complaints concerning employment through formal channels.
- Fair implementation of Civil Service Regulation number (1) for 1998, which guarantees employees the following:
 - *Coverage by the Retirement System.*
 - *Coverage by the Health Insurance system.*
 - *Access to training courses and scholarships.*
 - *Opportunities for advancement within the health system.*

- *Access to the various forms of leave: annual leave, study leave, maternity leave, emergency leave, sick leave, Hajj leave, leave without pay.*
- *Access to an annual performance review system that includes expression of opinion and grievance through approved channels.*
- *Adherence to MOH rules and regulations concerning transferring, delegating, mandating, and seconding without discrimination and with equal application;*
- *Awareness of disciplinary procedures in case of violations of the rules.*

Responsibilities of the Health Care Provider

In Arab culture, general job duties are a responsibility and an ethical commitment governed and directed by religious and social values and beliefs. The health care service provider assists the country in upholding this ethical commitment. For that to be achieved, the provider must:

- Perform the duties of the job and adhere to working a full schedule, as well as more hours (including holidays) that may be required.
- Act respectfully during contact with superiors, employees, and colleagues, as well as in dealing with the public; and preserve the honor of the job at all times.
- Perform the duties of the job accurately, efficiently, and with enthusiasm; follow superiors' orders and guidelines; and observe the managerial hierarchy.
- Maintain government money and property and inform a direct superior about anything that might jeopardize the department's status.
- Present suggestions that he or she feels might improve department procedures and performance.
- Improve team spirit by contributing to the management of the work.

Client Rights and Responsibilities

Rights of the Client

The following guidelines will assist health professionals in protecting client rights:

- Treat all clients with kindness and respect (even when unconscious).
- Protect clients' privacy at all times (during and after they receive care at the health center).
- Provide safe, timely, and appropriate health care services.
- Assist clients in understanding all information concerning their health status.
- Involve clients in decision-making about their treatment plans, including the right to agree or disagree.
- Document all information about client's health status and provide access to all documentation and information related to clients' health status, treatment plan, and results of treatment.
- Share information on appropriate medication and diet with explanation about possible side effects.
- Provide health education programs and materials to develop awareness about healthy lifestyles and maintaining health.
- Provide information about the health center's rules and policies, such as office hours and existing services. Rules and policies should be clearly displayed in an appropriate location in the health center.
- Share information on appropriate channels for grievances or complaints and how to obtain responses to complaints.
- Protect clients from unqualified practitioners.
- Whenever possible, offer clients a choice of health care providers.
- Protect clients from transmission of diseases and dangers inside the health center.
- Provide appropriate and effective health services.

Rights of Dying Patients and their Families

- Compassionate assistance with adjusting to the process of death.

- Medical services equivalent to those given to any other patient, as well as considering additional needs.
- Honor for the sanctity of the dead person in accordance with religious beliefs and community traditions.

These key principles will assist health care providers in maintaining their focus on client rights.

<p style="text-align: center;">Every client has the right to:</p> <p style="text-align: center;">DIGNITY</p> <p style="text-align: center;">To be treated with respect and dignity</p> <p style="text-align: center;">INFORMATION</p> <p style="text-align: center;">To be informed of his or her condition and the benefits and possible risks of any treatment, method, or medication</p> <p style="text-align: center;">UNDERSTANDING</p> <p style="text-align: center;">To be listened to and understood as a unique individual</p> <p style="text-align: center;">CONFIDENTIALITY</p> <p style="text-align: center;">To know that their problems, condition and privacy will be protected</p> <p style="text-align: center;">QUALITY</p> <p style="text-align: center;">To receive the highest quality care possible</p>

Responsibilities of Clients

Clients have the following responsibilities:

- Commitment to following the medical plan agreed upon with the provider.
- Respectful treatment of the provider and other health center staff.
- Respectful treatment of health center property.

- Respect and adherence to laws and regulations established by the Ministry of Health.
- Sharing full and accurate health and medical information with the provider.
- Informing the service provider about any side effects or health problems.
- Accompanying children when they visit the center.

Health Center Staff Job Descriptions

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Health Center Staff Job Descriptions

Health Center Manager

General Objective

The health center manager guides the health team in implementing integrated family health care. In addition to managing and coordinating clinical care, the manager provides oversight and support for financial, technical and human resource activities at the center. The manager also ensures that health center operations are conducted in accordance with Ministry of Health policies.

Administrative Duties and Responsibilities

Supervision and Management

- Supervises the implementation of technical, administrative and financial rules and regulations.
- Supervises organization and management of the medical, financial and administrative records in the center.
- Supervises preparation of reports and submits them to the appropriate parties.
- Assures that technical procedures are correct and comply with rules and standards.
- Supervises the safe use of medical equipment and other supplies.
- Supervises the supply of medical and non-medical supplies.
- Assures that the services provided by the health center comply with its mission.
- Conducts studies, research and field surveys of technical, administrative and financial problems and initiates problem-solving mechanisms.

Planning and Implementation

- Participates in developing and monitoring the health center's annual plan.
- Participates in regularly scheduled meetings at the health directorate.

- Conducts regular meetings with the health center staff.

Responsibilities Towards the Staff

- Supervises all health center staff.
- Continuously works to improve staff performance and workplace procedures.
- Assures the comfort and safety of all employees and the effectiveness of the workflow.
- Considers employees' complaints and suggestions and takes appropriate action.

Responsibility Towards the Community

- Considers clients' complaints and suggestions and takes necessary actions.
- Coordinates work to assure the comfort and safety of all clients and the effectiveness of the workflow.
- Cooperates with the local community to develop and work toward the common goals of the health center and the community.

Technical Duties and Responsibilities

Curative Responsibilities

- Treats patients and provides primary health care services that comply with approved medical protocols and standards.

Reporting and Supervisory Responsibilities

- Reports to the Health Director.
- Supervises all health center staff.

Qualifications

- First university degree in medicine or dentistry
- Three years experience in the same field
- Demonstrated management and leadership skills; ability to foster team spirit

Experience and Courses

- Completion of mid- or high-level administration course
- Demonstrated ability and interest in management and leadership
- At least three years experience as a physician in a health center

Recommended Additional Training

- Courses in primary health care standards and protocols
- Courses in management, planning and supervision
- Courses in teamwork and communication

Health Center Physician

General Objective

The health center physician is a general practitioner who is responsible for providing all health care services at the health center, in the context of an integrated family health care model, and in compliance with approved technical standards and guidelines of care.

Administrative Duties and Responsibilities

Supervision and Management

- Supervises preparation of reports and records at the health center.
- Prepares medical and forensic reports as requested by clients or official authorities, in accordance with instructions.
- Completes physician's daily record and patient files according to current rules and regulations.
- Assures the accuracy of financial procedures related to patients according to approved rules and regulations.
- Assures the accuracy and appropriateness of procedures for referrals to CHCs and hospitals.
- Obtains feedback on each patient's condition and treatment after referral.

- Supervises the safe usage of medical equipment and public property at the health center.
- Follows all rules, regulations, and instructions.
- Participates in defining and monitoring quality improvement activities at the health center.
- Participates on local community committees and develops plans and activities that have a positive effect on the community's health.

Technical Duties and Responsibilities

Curative Responsibilities

- Treats patients and provides health care services according to the latest standards and protocols.
- Provides health care services inside and outside of the health center, such as public health activities, immunization programs, school health, and health education.
- Supervises the implementation of technical procedures at the health center.

Reporting and Supervisory Responsibilities

- Reports to the health center manager.

Qualifications

- First university degree in medicine

Recommended Additional Training

- Courses in primary health care
- Courses in protocols and medical standards
- Courses in communication and teamwork

Staff/Registered Nurse

General Objective

The staff/registered nurse is responsible for providing direct nursing care and supervising nursing services under the overall guidance of the health center manager.

Administrative Duties and Responsibilities

Supervision and Management

- Arranges the daily work schedule for associate nurses, assistant nurses, and midwives.
- Supervises the primary health care nursing services provided at the health center and in the community, and regularly evaluates staff.
- Supervises home nursing activities for special cases like chronic diseases in accordance with the health center's policy for home visiting.
- Prepares and submits regular reports about nursing services to the health center manager and other concerned authorities.
- Conducts performance evaluations for associate nurses, assistant nurses and midwives in coordination with the health center manager.
- Conducts regularly scheduled meetings for nurses at the health center and participates in meetings outside the center.
- Documents all information on cards and records and keeps accurate records of nursing procedures.
- Conducts performance evaluations of nurses following MOH guidance, nursing procedures and standards of care (e.g., immunizations, infection prevention).
- Participates in problem solving and decision-making related to PHCs and CHCs, especially comprehensive nursing care for individuals, families and the community.
- Participates on nursing committees as needed.

Planning, Implementation and Supply

- Participates in planning for nursing-related programs at the health center in coordination with the health center manager and other staff.
- Prepares supply request forms and monitors and maintains supplies.
- Participates in quality improvement and monitoring activities at the health center.

Technical Duties and Responsibilities

Nursing Tasks

- Provides general nursing care.
- Performs specific nursing duties such as dressing wounds, venous catheterization, IV injections, urinary catheterization, and conducts other nursing services as necessary.
- Manages and coordinates immunization services for mothers and children according to the MOH National Vaccination Program, and assures the safe storage of vaccines in the center.
- Provides first aid for emergency cases under the direction of the physician.
- Evaluates and triages serious patients and establishes treatment priorities.
- Evaluates and manages non-serious conditions, such as common colds, diarrhea, slight temperature rise, before transferring them to a physician.
- Prepares the emergency room and maintains emergency and curative equipment, medications, and supplies.

Training Tasks

- Assesses the training needs of all staff nurses, associate nurses, midwives and assistant nurses at the health center.
- Arranges and, as necessary, conducts in-service training for nursing staff at the health center.

Health Education and Cooperation with the Community

- Participates in health education activities at the health center and in the community.
- Supervises home visits for women, pregnant women and children.
- Prepares and coordinates plans for teaching patients with special needs including diabetes, hypertension and cerebral vascular accidents (CVA).
- Participates in planning and cooperates with the local community to organize and conduct community health activities.
- Assists other members of the health team in implementing school health activities.

Reporting and Supervisory Responsibilities

- Reports to the health center manager.
- Supervises nursing staff at the health center.

Qualifications

- Baccalaureate degree in nursing (four years) or nursing diploma (three years)

Recommended Additional Training

- Courses in management, supervision, and managing supplies
- Courses in primary health care
- Courses in counseling, communication and effective interaction with clients

Associate Nurse

General Objective

The associate nurse provides holistic nursing care to clients, their families and the community, and cooperates with other health team members in health promotion, disease prevention and providing secondary and tertiary level care.

Administrative Duties and Responsibilities

Assessment and Supervision

- Prepares the daily working schedule for assistant nurses working at the health center, under the direction of the nursing supervisor and the health center manager.
- Supervises the nursing care activities provided by assistant nurses at the health center.
- Participates in health assessment for clients, families and the community.
- Supervises home care services provided for patients with chronic illness by assistant nurses.
- Contributes to the monthly report of nursing services prepared for the health center director.
- Participates in nursing meetings and committees.
- Maintains records of nursing interventions and related information.
- Participates in assessing compliance with nursing procedures.
- Participates in decision-making related to nursing care for clients, families and the community.
- Participates in data collection for research and evaluation purposes.
- Practices within the national, ethical, legal and regulatory framework of nursing.
- Monitors the use of medical and non-medical supplies by the assistant nurse and other staff.

Planning and Logistics

- Participates in planning health center programs related to primary health care in nursing with the cooperation of the center director and health team members.
- Prepares the necessary supplies and logistics list.
- Participates in quality improvement activities at the health center.

Technical Duties and Responsibilities

Nursing Tasks

- Provides direct nursing care to clients including: dressing, catheterization, vital signs, and medications.
- Follows guidelines and standards in providing first aid to emergency cases
- Prepares the first aid room and maintains the equipment.
- Immunizes children and mothers according to the national immunization program standards.
- Evaluates minor illnesses, such as diarrhea, influenza, and moderate fever, before referring to a physician.
- Monitors health center cleanliness and availability of supplies.
- Maintains storage and handling of health center equipment.

Reporting and Supervisory Responsibilities

- Reports to the staff/registered nurse.
- Supervises the assistant nurse.

Qualifications

- Associate Degree in Nursing from an approved two-year university program

Recommended Additional Training

- Courses in primary health care

- Courses in counseling
- Courses in reproductive health
- Courses in health education and communication

Assistant Nurse

General Objective

The assistant nurse provides basic nursing care at the health center and in the community with supervision from the registered nurse, the associate nurse or the midwife.

Administrative Duties and Responsibilities

- Documents information related to nursing activities.
- Keeps records clean and well organized.
- Assists the midwife during home visits.
- Performs any other tasks as necessary.
- Adheres to professional ethics and to all rules, regulations, and instructions.

Technical Duties and Responsibilities

Nursing Tasks

- Assists the physician, nursing supervisor and midwife as requested during patient examinations and treatments.
- Measures patients' vital signs and records information on the appropriate form.
- Assists with monitoring and documenting children's growth and development measurements.
- Vaccinates women and children following National Vaccination Program standards.

- Gives intramuscular and subcutaneous injections.
- Prepares simple surgical dressings.
- Follows infection prevention standards.
- Participates in providing first aid to emergency cases.

Maintaining Facility, Material, Instruments and Equipment

- Prepares instruments and medical equipment according to standards.
- Monitors the cold chain and temperature, records information on appropriate forms and reports any unusual events to the midwife.
- Prepares medical solutions.
- Works with other staff members to keep the health center and the ER well organized.
- Sterilizes instruments according to infection prevention standards.
- Cleans instruments and equipment in the health center.

Health Education Tasks

- Cooperates with the health team in providing and recording health education activities.

Reporting and Supervisory Responsibilities

- Reports to the nursing supervisor or midwife.

Qualifications

- Nursing certification from a recognized 18-month or two-year nursing program

Recommended Additional Training

- Courses in nursing skills and procedures
- Courses in reproductive health

Health Center Midwife

General Objective

The health center midwife provides primary reproductive health and childcare services for women and their families in the health center and the community while complying with national standards for the practice of midwifery.

Administrative Duties and Responsibilities

Supervision and Management

- Compiles maternal and child care service statistics.
- Completes records on contraceptive method use following Jordanian Contraceptive Logistics System guidance (see “Medical Procurement System” for more information on the Contraceptive Logistics System).
- Participates in planning for maternal and childcare services.
- Regularly supervises and evaluates the services received by mothers and children in the MCH section of the health center.
- Monitors the operation of equipment in the MCH section.
- Orders supplies and monitors distribution according to MOH directorate criteria.
- Maintains the cold chain and reports defects or problems.

Contraceptive Logistics Supply

- Distributes contraceptives to clients and records quantities dispensed in the Daily Activity Register (see “**Attachment 2: Sample Medical Procurement Forms**”).
- Conducts monthly physical inventories of contraceptives, records losses and adjustments on prescription forms and reports losses and adjustments on the Health Center Monthly Contraceptive Order and

Report Form (see “**Attachment 2: Sample Medical Procurement Forms**”).

- Calculates each month’s contraceptive order using physical inventory results and average monthly usage (calculated from the most recent three months).
- Completes the Health Center Monthly Contraceptive Order and Report Form and assures that it reaches the Directorate Midwifery Supervisor by the end of the first full week of each month, following the reporting month.
- Ensures the monthly receipt of contraceptive supplies from the Directorate when delivering the Monthly Contraceptive Order and Report Form.

Planning and Implementation

- Assists medical staff in developing, implementing, and evaluating health education programs for mothers and children.
- Participates in continuous quality improvement and monitoring activities.
- Organizes, coordinates and supervises the implementation of the daily work plan for nursing and midwifery staff.
- Monitors and assesses the performance of nursing staff and midwives assigned to the MCH service.
- Participates on health center committees as required.

Technical Duties and Responsibilities

- Provides antenatal and postnatal health care services defined in MOH policies and standards of care.
- Provides health care services for children younger than five years including; general examination, growth monitoring and treatment.
- Immunizes mothers and children according to the National Immunization Program,

- Monitors the cold chain and follows proper procedures for storing vaccines.
- Evaluates pregnant women for symptoms of acute diseases and high-risk pregnancies and refers those at risk to the health center physician.
- Completes referral documentation.
- Performs home delivery when needed.
- Provides counseling and family planning services and refers patients for contraceptive methods not available at the center.

Reporting and Supervising

- Reports to the staff/registered nurse.
- Supervises nursing staff assigned to maternal and childcare services.

Qualifications

- Diploma in Midwifery

Recommended Additional Training

- Courses in primary health care
- Courses in counseling
- Courses in reproductive health and logistics

Pharmacist

General Objective

The pharmacist is responsible for supervising all pharmacy work and medical supply logistics within the context of the current rules and regulations and in compliance with accepted standards of pharmaceutical practice.

Administrative Duties and Responsibilities

Supervision and Management

- Assures the safe implementation of procedures, regulations and instructions for medicines.
- Supervises technical and administrative functions of pharmacy employees.
- Evaluates the performance of pharmacy employees.
- Trains pharmacy employees.
- Supervises and organizes pharmacy records, ensuring accuracy and completeness.
- Participates in developing a yearly plan for the health center.

Supply and Storage of Drugs

- Supervises the process of supplying the health center with drugs, supplies and equipment.
- Monitors the supply quantity and expiration dates of all medicines and medical supplies.
- Ensures that medicines are not misused.
- Assures that drugs are stored according to standards.
- Provides physicians with a list of medications approaching their expiration dates.
- Recognizes changes in stored medications (color, smell, precipitation).

Technical Duties and Responsibilities

- Monitors prescriptions for compliance with regulations and notifies physicians of incomplete or inaccurate prescriptions.
- Monitors the dispensing of drugs and medical supplies.
- Performs studies and prepares yearly statistical reports on the quantity of medications used.
- Keeps informed of recent developments in the field of pharmaceutical science.

- Educates clients about the side effects of medications and the negative effects of drug abuse.
- Ensures that instructions on drug labels are written in clear language that patients can understand.

Reporting and Supervisory Responsibilities

- Reports to the health center manager.
- Supervises pharmacy staff.

Qualifications

- Baccalaureate degree in Pharmacology

Recommended Additional Training

- Courses in supply systems
- Courses in communication and teamwork

Assistant Pharmacist

General Objective

The assistant pharmacist manages and dispenses pharmaceuticals in the health center in compliance with MOH rules and regulations and following accepted standards of pharmaceutical practice.

Administrative Duties and Responsibilities

- Completes and maintains pharmaceutical records and vouchers in accordance with regulations.
- Prepares and submits forms for disposing of damaged materials according to MOH guidelines.
- Follows all safety measures and rules in the pharmacy.

Supply, Storage, and Organization

- Orders medicines and medical supplies using appropriate forms, according to the health center's needs and under the supervision of the pharmacist or the health center manager.
- Receives medications, medical supplies and equipment from the stores in the Directorate of Health, counting them and checking their validity and expiration date before receiving them.
- Adheres to standards for storing medications.
- Monitors the supply quantity and expiration dates of medicines and medical supplies.
- Stores drugs according to instructions and standards.
- Distributes lists of medications available in the health center and those nearing expiration to health center physicians.

Technical Duties and Responsibilities

Handling Medical Prescriptions

- Arranges and files drug prescriptions according to standards.
- Maintains daily records of prescriptions and monthly reports of prescriptions.
- Ensures that prescriptions are completed according to standards and notifies physicians of incomplete or inaccurate prescriptions.

Dispensing Medications

- Dispenses insulin for diabetic patients in accordance with regulations.
- Dispenses drugs, instructs patients on drug use.
- Properly organizes and dispenses drugs and medical supplies at the health center.
- Educates patients about the side effects of medications and the negative effects of drug abuse.

- Recognizes changes in medications (color, smell, or precipitation).
- Prepares clear and detailed labels for dispensed drugs written in language that patients can understand.

Reporting and Supervision

- Reports to the pharmacist, if available; otherwise to the health center manager.

Qualifications

- Diploma in Pharmacology or Certificate of practice from the Ministry of Health

Recommended Additional Training

- Courses in supply systems
- Courses in communication and dealing with clients

Accountant

General Objective

The accountant supervises accounting procedures in the health center and prepares routine financial reports following MOH rules and regulations.

Duties and Responsibilities

- Implements accounting procedures according to MOH rules and regulations.
- Creates and maintains records and accounting books used in the health center.
- Ensures that established accounting procedures are followed.

- Assures and monitors procedures relating to the management of public money in accordance with financial rules and regulations.
- Prepares and audits the health center's petty cash books, financial invoices, and copies of supply orders, and submits them to the appropriate parties.
- Prepares and audits received financial invoices and submits them to the appropriate parties.
- Prepares monthly accounting reports using the forms approved by the Ministry and submits them to the appropriate parties.
- Provides the health center with fixed assets (e.g., furniture, supplies, stationery, financial forms) and non-medical consumables and maintains related records.
- Keeps all financial documents in special files.
- Keeps records, documents and accounting books according to regulations.
- Presents routine financial reports to the health center manager.
- Presents suggestions for simplifying and facilitating accounting procedures.
- Participates in preparing the center's yearly work plan.
- Conducts regular inventories and monitors accounting storage procedures.
- Participates on the continuing quality improvement and monitoring team.

Reporting and Supervisory Responsibilities

- Reports to the health center manager.
- Supervises assistant accountants.

Qualifications

- Baccalaureate degree in accounting (4 years or equivalent)

- Financial guarantee

Recommended Additional Training

- Courses in governmental accounting procedures
- Courses in recordkeeping

Assistant Accountant

General Objective

The assistant accountant implements accounting procedures according to financial rules and regulations.

Duties and Responsibilities

- Understands and adheres to financial systems, rules, regulations, and is aware of any amendments that occur.
- Organizes receipt vouchers and prepares used bank vouchers to document the provision of public funds.
- Transfers information from receipt vouchers in accounting books.
- Prepares and submits MOH monthly accounting reports.
- Places orders for fixed assets and non-medical consumables and maintains related records.
- Keeps all records, accounting books and financial documents according to regulations.
- Participates on the quality improvement and monitoring team in the health center.

Reporting and Supervision

- Reports to the accountant, if available; otherwise to the health center manager.

Qualifications

- High school diploma or degree in accounting from a community college
- Obtaining financial guarantee

Recommended Additional Training

- Courses in governmental accounting procedures
- Courses in bookkeeping

Accounting Procedures

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Accounting Procedures

Accountant Description

The accountant is responsible for issuing and receiving public money as well as receiving, posting, depositing, and maintaining records according to official financial rules and regulations. For additional details, please refer to the job descriptions in the “Health Center Staff Job Descriptions” section.

Both the accountant and the assistant accountant must submit money guarantees sealed by a notary republic, as per the following regulations:

1. Article (11) of the financial system instruction number (3) for 1994.
2. Article (47) of the financial system instruction number (1) for 1995.
3. Article (61) of the guarantees system.
4. Procurement system number (32) for 1993 and its instructions number (5) for 1994
5. Financial system number (3) for 1994 and its instruction number (1) for 1995
6. Medical insurance system number (10) for 1983 including amendments

Accounting Records used at the Health Center

These are the records used for accounting at the health center. Specific descriptions can be found in the table that follows. For a sample of each form, see “*Attachment 1: Sample Accounting Forms.*”

- Receipt Voucher Ledger
- Cash Ledger
- Licenses and Receipts Ledger
- Form #81: External/Dispatch Voucher
- Inventory Ledger
- Local Purchase Order
- Petty Cash Ledger
- Record of Income from Medical Insurance by Patient Category:
Capable Patient Record
- Army Personnel Reimbursement Records

Table 1. Accounting Records used at the Health Center

Record Name	Description and Procedures for Use	Legal Reference
Receipt Voucher Ledger	<p>Used for receiving revenue, regardless of their category as main or divisional vouchers. Receipt Vouchers are financial receipts, printed at the Ministry of Finance according to each government department's specifications.</p> <p>Each ledger contains 50 sequentially numbered vouchers with three copies per voucher:</p> <ul style="list-style-type: none"> • First copy (white): given to patient • Second copy (red): accompanies receipt order (e.g., prescription, lab form, dental treatment, change, 2nd copy of medical reports) • Third copy (blue): retained in booklet <p>Verify each ledger's accuracy before using. If a mistake is discovered in sequence or number of vouchers, return the book to its source.</p> <p>Use each ledger in sequence.</p> <p>Complete each Receipt Voucher in full.</p> <p>To minimize voided or changed information on Receipt Vouchers, advise patients of the price for a required service before executing any accounting procedures.</p> <p>Before collecting fees, confirm that each patient has an insurance card and a white treatment card issued from</p>	<p>Article (7) of the financial system instruction number (3) for 1993</p> <p>Article (12) of the financial system instruction number (1) for 1995</p> <p>Article (22) of the financial system instruction number (1) for 1995</p> <p>Article (10) of the financial system instruction number (1) for 1995</p> <p>Article (28B) of the financial system instruction number (1) for 1995</p> <p>Articles (55A) and article (28A), section (3) of the financial system</p>

	<p>the same health center.</p> <p>Neither the accountant nor any other employee may use money received from patients. Funds must be deposited immediately to the medical insurance department's account at the authorized bank.</p> <p>Before receiving money and issuing a Receipt Voucher, verify the amount according to the services rendered and the preset price.</p> <p>After Receipt Voucher Ledgers are closed, file them sequentially in a safe location where they can be revised and audited as required by the proper authorities.</p> <p>Vouchers may be scrapped after 7 years, following an audit by authorized personnel.</p>	<p>instruction number (1) for 1995</p> <p>Article (5A) of the financial system instruction number (3) for 1994</p> <p>Article (17B) of the financial system instruction number (1) for 1995 and article (14) of the same instruction</p>
Record Name	Description and Procedures for Use	Legal Reference
Cash Ledger	<p>Used to post information from financial vouchers (full name, Receipt Voucher number, monetary value and date of receipt).</p> <p>Each Cash Ledger contains 50 sequentially numbered vouchers with carbon copies.</p> <p>Post values for each service in proper columns in the Cash Ledger.</p> <p>Add monetary values in each column according to service type (e.g., examination, treatment, dental treatment, dressing, or as otherwise specified). Write the final total for each column at the end of the page.</p> <p>Classify values according to type of service (e.g., treatment, dental, dressing) so that each category can be totaled separately. Enter the final total for the actual collection at the end of the page. This total must equal the total actual value of the Receipt Vouchers.</p> <p>Verify the daily actual amount received against the values posted in the Cash Ledger.</p> <p>Record the actual collection date of due amounts in the Cash Ledger.</p> <p>The accountant's name and signature must appear on the Cash Ledger.</p> <p>Keep Cash Ledgers in a safe place where they may be audited as necessary.</p>	<p>Article (24) of the financial system instruction number (1) for 1995</p> <p>Article (24) of the financial system instruction number (1) for 1995</p>

	Cash Ledgers may be scrapped after 20 years according to legal requirements.	Article (17A) of the financial system instruction number (1) for 1995
Record Name	Description and Procedures for Use	Legal Reference
Licenses and Receipts Ledger	<p>All financial forms are entered in this ledger, including those from warehouse directorate.</p> <p>The record contains 100 pages.</p> <p>Write the number of both the Internal (receiver) Voucher and the External Voucher from the supplier in the column next to supplier. Refer to specific forms in Attachment 1.</p> <p>Upon receipt of financial forms, the accountant must enter all forms as a group (i.e., the first page number of the first ledger and last page number of last register) and individually in the same register.</p> <p>The accountant must make a note after the completion of each ledger to indicate it is finished, to avoid loss if it is sent to another location and to facilitate scrapping by the Scrapping Committee.</p> <p>Use every line in the register during posting to utilize the full page.</p> <p>When scrapping financial forms, write the External Voucher number and date on each form.</p> <p>During audits by the accounting department, the Medical Insurance Directorate, or any other authorized auditing party, it is common practice to revise this file to show the number of forms received according to Receipt and Dispatch Vouchers. The file must show afterwards that it was audited, so that it may be scrapped using proper procedures.</p> <p>Keep records of licenses in a safe place for reference as needed. It is not permissible to scrap these records except after seven years, provided the proper party audits them.</p>	
Record Name	Description and Procedures for Use	Legal Reference
Form #81: External/	Used to dispatch materials and must be signed by the employee responsible for delivering	Article (49) of the material system

<p>Dispatch Voucher</p>	<p>by the employee responsible for delivering the materials.</p> <p>Each External Voucher ledger is comprised of 50 sequentially numbered pages with five copies per page.</p> <p>Audit each External Voucher before receiving goods.</p> <p>Fill out External Voucher completely, entering all required information.</p> <p>The receiver's name and signature must appear on the External Voucher. Give the first copy of the voucher to the patient.</p> <p>Record the External Voucher number and date in the Inventory Ledger, and deduct the dispatched materials from the book balance.</p> <p>If a mistake is made on the External Voucher, draw two red parallel lines over the mistake. Write corrections in black or blue ink. The person making the correction must sign beside it.</p> <p>No empty lines may be present on the External Voucher. Record the total materials received in writing at the end of each voucher.</p> <p>Record the page number for each material on the External Voucher, as shown in the warehouse records, for ease in auditing.</p> <p>External Vouchers must be stored for seven years and may not be scrapped prior to the audit by the accounting department.</p>	<p>material system instruction number (32) for 1993</p> <p>Article (65) of the material system for 1993</p>
Record Name	Description and Procedures for Use	Legal Reference
<p>Inventory Ledger</p>	<p>Used to document all materials being received and dispatched.</p> <p>The Ledger is comprised of 500 sequentially numbered pages with an appendix for all recorded materials.</p> <p>Record each material on a separate page. Record non-consumable materials separately from consumables. Do not record similar materials on the same page.</p> <p>Enter only one material and balance on each line.</p> <p>Use an External Voucher for materials sent to other health centers, and deduct the material from the book balance. The dispatcher must document the voucher</p>	<p>Article (44) of the material system number (32) for 1993</p>

	<p>number and date.</p> <p>If a decision has been made to scrap consumable or non-consumable materials, use an External Voucher and adjust the balance accordingly. Document the voucher number and date and write/stamp the word “SCRAP” on the voucher. Keep a copy of the Scrapping Request Form.</p> <p>Dispatch consumables from the Inventory Ledger using an External Voucher, which the health center manager must sign. Deduct materials from the book balance using an External Voucher, ensuring that the voucher number, date, and health center manager’s authorization appear on the voucher.</p> <p>Ensure that the actual balance on hand matches the book balance.</p> <p>If a mistake is made, draw two red parallel lines over the mistake and write the correction in black or blue ink. The person making the correction must sign beside it.</p> <p>Enter all received materials into the Inventory Ledger and document the Internal Voucher number and date. Inventory Ledgers must be maintained for 4 years.</p>	<p>Article (65) of the material system number (32) for 1993</p>
Record Name	Description and Procedures for Use	Legal Reference

<p>Local Purchase Order</p>	<p>Used only for purchasing kerosene, diesel, butane gas, or gasoline from the local market.</p> <p>The Local Purchase Order Ledger is comprised of 50 sequentially numbered pages with five copies per page. Each Purchase Order must be addressed to the agent of the oil refinery company or to the procurement center, according to instructions on hand.</p> <p>Record the material number and quantity in numbers and letters. The responsible employee must sign the Purchase Order and record his/her position and the date of receipt.</p> <p>If a mistake is made, draw two red parallel lines over the mistake and write the correction in black or blue ink. The person making the correction must sign beside it.</p> <p>After receiving the invoice for purchasing diesel, kerosene or gas, give the first two copies of the Purchase Order and the first copy of the Internal Voucher to the company's agents.</p> <p>For gasoline, record the last kilometer reading, the vehicle number, and the name and signature of the person filling up the vehicle. Give the first two copies of the Local Purchase Order and the first copy of the Internal Voucher to the company's agents. Stamp the document with the official health center stamp and give it to the agent.</p> <p>A committee of three employees from the health center or from the Health Directorate must be present to receive diesel. The committee must issue a receipt letter signed by all members. Committee members must sign the Local Purchase Order as well as the Internal Voucher for the quantity received. Committee members must change quarterly.</p>	<p>Article (65) of the material system number (32) for 1993</p>
Record Name	Description and Procedures for Use	Legal Reference
<p>Local Purchase Order (continued)</p>	<p>According to the Internal Voucher for combustibles it must be entered into the inventory ledger by adding the amount of combustibles to the inventory balance directly.</p> <p>If the quantity of kerosene or diesel exceeds the volume of the tank, the committee who signed the documents bears full responsibility and will be charged for the excess amount after a new committee is formed for the</p>	

	<p>purpose of reviewing the disputed amount.</p> <p>For quantities used inside the health center or by the health center's cars, use an External Voucher marked "Combustibles." The responsible employee must sign the voucher and the health center manager must authorize it. Deduct the quantity used from the balance, and write the voucher number and date on the page for that material.</p> <p>Keep Local Purchase Orders in a safe place for reference during auditing. Scrapping these documents is not permissible until after seven years.</p>	<p>Article (17B) of the financial system instruction number (1) for 1995</p>
Record Name	Description and Procedures for Use	Legal Reference
Petty Cash Ledger	<p>Used to record materials not available in procurement management warehouses and bought at local markets. This procedure is carried out using invoices, which are paid as cash advances (in the form of checks) to the responsible employees.</p> <p>No single invoice may exceed 10 JD. Petty cash is renewed whenever it is depleted.</p> <p>Cash advances are paid whenever there are allocated amounts and may only be used for designated purposes and designated amounts.</p> <p>Each Petty Cash Ledger is comprised of 25 pages with two copies per page.</p> <p>Complete all information in the Petty Cash Ledger in full, including the name and signature of both the employee receiving the cash advance and the department manager.</p> <p>After all information is complete and audited against invoices, add the total values and record them at the end of each page.</p> <p>When a cash advance is depleted, the accountant must present the first copy of the Petty Cash Ledger, accompanied by all supporting invoices, to the Health Directorate. An official letter stating the advance is depleted must be delivered to the Financial Management and Accounting Directorates.</p> <p>Petty Cash Ledgers may be scrapped after seven years, provided accounting and any other authorized parties audit them first.</p>	<p>Article (23) of the financial system instruction number (3) for 1994</p> <p>Article (90) of the financial system instruction number (1) for 1995</p> <p>Article (17B) of the financial system</p>

	audit them first.	instruction number (1) for 1995
Record Name	Description and Procedures for Use	Legal Reference
Record of Income from Medical Insurance by Patient Category: Capable Patients	<p>Statistical records prepared by the Medical Insurance Directorate and provided to health centers, listing capable patients treated in the health center, dates of treatment, and funds received.</p> <p>Record all services immediately on the "Capable" line of on the Record of Income from Medical Insurance form.</p> <p>The accountant must add the amounts at the end of each page and audit all records monthly to determine the monthly amounts received from capable patients.</p> <p>At the end of each month, send the first copy of the record to the Health Directorate with an official letter. The Health Director then sends the record to the Medical Insurance Directorate. The accountant must keep the second copy in a special file in a safe location at the health center.</p>	
Record Name	Description and Procedures for Use	Legal Reference
Army Personnel Reimbursement Record	<p>Used in preparing medical insurance for army personnel and beneficiaries. Health center employees record the names and costs of treatment (diagnosis fees, treatment, lab, dental work, X-rays, etc.) for all subscribers, retired army personnel, and beneficiaries treated at the center.</p> <p>Prepare two copies of each record. Send the first copy to the Health Directorate for review and then to the Medical Insurance Directorate for reimbursement.</p> <p>Retain the second copy at the health center for auditing.</p> <p>Record each case on a separate record, as per the agreement between the MOH and medical services. Add totals on each page. At the end of each month, all tables must be accounted for and the total value should appear.</p> <p>Arrange all forms by category (working army personnel, retiree, or beneficiary). The employee preparing monthly final totals must use a separate form for submitting the total concerning the amount of reimbursement for army personnel and sign each form.</p> <p>Record all amounts immediately.</p> <p>The accountant must stamp and sign the prescription</p>	

	<p>after the amount on the invoice is recorded.</p> <p>Each patient record, prescription or lab form must have a serial number and be signed by the accountant. Record all services rendered to army personal or beneficiaries.</p> <p>Employees working in the health center must have access to army personnel records, to ensure that services provided to subscribers, retirees, beneficiaries, and non-army personnel are recorded immediately. The accountant must receive copies of these records on a daily basis, for posting.</p>	
Record Name	Description and Procedures for Use	Legal Reference
<p>Army Personnel Reimbursement Record (continued)</p>	<p>Categorize records according to patients' status (e.g., record #1 for army personnel, record #2 for retired/beneficiary). For all services, record the amount, value, date, and patient's medical card number.</p> <p>Please refer to "<i>Attachment 1: Sample Accounting Forms</i>" for record and treatment cost for different groups of patients, specifically, the following forms:</p> <ul style="list-style-type: none"> • Record of Treatment Costs for Insured Working Non-Military Patients • Record of Treatment Costs for Insured Working Military Patients • Record of Total Treatment Costs for Insured Military <p>Keep these records in special files in a safe place for reference as needed</p>	

Health Center Accounting Procedures

Health center accounting procedures facilitate the receipt of funds from patients in exchange for medical services provided to them. Accounting procedures at the health center are performed in five stages:

- Receipts
- Posting/Auditing
- Depositing
- Maintaining Financial Records

- Scrapping Financial Records

Receipts

1. Each accountant or assistant accountant must record his/her name in the Receipt Voucher Ledger before using it and after auditing it, as per article (10) of the financial system instruction number (1) for 1995.
2. If mistakes are found in the number of ledgers or in serial sequence, the ledgers may not be used. Instead, the health center manager must send an official, signed letter to the Health Directorate and return the ledgers to their source, along with documentation of the letter number and date. Returned ledgers must be recorded in the Licenses and Receipts Ledger. In addition, the party to whom the ledgers are sent must document the operation using an External Voucher in exchange for an Internal Voucher.
3. Public funds received must be audited, as per article number (18) of the financial system instruction number (1) for 1995.
4. The accountant or assistant accountant must use either main or divisional Internal Vouchers to receive funds, giving the first copy of each voucher to the patient. Use vouchers in sequence, as per article number (19) of the accounting system number (1) for 1995 and article number (7) of the financial system instruction number (3) for 1993.
5. Create an Internal Voucher for all funds received.
6. Verify each patient's medical insurance category, to ensure that payments made match services provided.
7. Fill out Internal Vouchers completely. Give the first copy to the patient, and attach the second copy to the receipt order. Retain the third copy in the Internal Voucher ledger as per article (22) of the financial system instruction number (1) for 1995.
8. The accountant must verify that all information is accurately recorded and write his/her name and signature on the Internal Voucher.
9. Do not void Internal Vouchers unless an error is made when writing the amount. To void an Internal Voucher, draw two parallel lines on the voucher and stamp or write the word "VOID" on every copy of the voucher. Write the reason for voiding the voucher on all copies and obtain a signature from the accountant or

the health center manager. Retain all voided copies, as per article (55A) of the financial system instruction number (1) for 1995.

10. The accountant is responsible for maintaining all used and unused Internal Voucher ledgers. If a ledger is missing, the accountant must inform the manager.
11. It is not permissible to provide any services to patients without receiving fees, except in emergency cases or on the advice of the responsible physician. In such cases, the physician must sign.
12. A serial number and date of usage must appear on the outer cover of each ledger.
13. The total amounts received must match the total value of all Internal Vouchers recorded on the outer cover of the ledger.
14. Keep all funds received in the safe using Internal Vouchers, as per article (46D) of the financial system for 1995.
15. All funds received must be posted immediately.
16. If the accountant gives the External Voucher to another accountant while it still contains open (usable) vouchers, funds received must also be transferred to the new accountant, after the first accountant audits the voucher, signs and prints his/her name, and enters the amount received on the last voucher.

Posting/Auditing

1. Before using an External Voucher, audit both copies and the serial number. If a mistake is found in any page at any time before or after usage, keep both copies and write or stamp the word "VOID" on both copies, write the reason for voiding the voucher on all copies, and obtain a signature from either the accountant or the health center manager.
2. Post complete information for each service provided to patients on an Internal Voucher.
3. Values received must be balanced against values posted in the External Voucher. If the balances do not match, all copies must be audited.
4. Record actual receipt dates on a daily basis.
5. Record the first and last serial number of each ledger on each page of the Licenses and Receipts Ledger.
6. Total the balances for each category recorded in the External Voucher Ledger and for each type of service. Calculate the total balances daily.

7. Actual amounts and book values must match for all balances.
8. Record total balances in numbers and letters in the External Voucher Ledger on a daily basis.
9. The accountant's name and signature must appear on both pages of the External Voucher Ledger.
10. For used External Voucher Ledgers, send the first page to the receipts accountant for a monthly audit, along with the first page of bank vouchers to the Health Directorate. Issue a receipt for the values recorded on the vouchers.
11. Record the ledger number, serial number, and date on the outer page of the External Voucher ledger after usage for reference as needed.
12. Record each Receipt Voucher number and date in the monthly receipts column on each closed page. All funds received must be deposited at the official bank.

Deposits

1. Record the medical insurance box account number on deposit slips whenever a deposit is made.
2. The bank employee's stamp and signature must appear on all deposit slips.
3. Deposit funds received from patients immediately to the medical insurance account at the official bank, as per article (28A) section (4) of the financial system instruction number (1) for 1995. Use of these funds is not permitted for any purpose, as per article (5A) of the financial system.
4. Money received from patients may not be kept back from deposit or used in any way under legal responsibility, as per article (43) of the financial system instruction number (1) for 1995.
5. If the accountant cannot deposit funds on the same day they are received, s/he must inform a direct supervisor, and the money must be placed in the safe, provided it does not exceed the allowable amount. The supervisor must ensure that the money is deposited the following day.
6. Keep a record of deposits in a special file/ledger. At the end of each month, total all amounts in the deposits record and check the final value against the Internal Voucher issued by the accountant, for reference as necessary. Enter this information regularly. The deposits record must include the following for each transaction:

- Amount of deposit
 - Name of bank
 - Date of deposit
 - Name and signature of employee making the deposit
7. Retain a second copy of each deposit slip with the page where it is recorded in the External Voucher.
 8. At the end of each month, send the first page of each deposit slip to the accountant.

Maintaining Financial Records

Internal and External Vouchers and other financial forms must be maintained in an organized fashion and kept in a safe place for reference during audits by the accounting department, the Medical Insurance Directorate or any other auditing party according to article (14) of the financial system instruction number (1) for 1995.

Financial forms must be kept for the periods of time listed below, as per article (17A) sections (3) and (5) and article (17B) of the financial system instruction number (1) for 1995:

Record Name	Keep for:
Receipt Voucher:	7 years
Licenses and Receipt Ledger:	7 years
Internal Voucher for Supplies:	7 years
External/Dispatch Voucher:	7 years
Inventory Ledger:	4 years
Local Purchase Order:	7 years
Petty Cash Ledger:	7 years
Purchase Request Form:	7 years

1. Keep all records, ledgers and vouchers in a safe place, in sequence and in groups of 20 ledgers after they are used.
2. Maintain ledgers in sequence and record dates as used.
3. Each health center employee holding an Internal Voucher, an External Voucher, or a Local Purchase Order must keep a copy of the voucher in addition to the External Voucher or a copy from the supplying party (or vice versa).
4. If a voucher or ledger is lost, the accountant must record the number of the letter sent to the Health Directorate on the Licenses and Receipts Record.

Note: When sending Internal Vouchers or other financial forms to another location, they must be recorded on an External Voucher and against an Internal Voucher. The person creating the record is responsible for ensuring that all details are recorded.

Scrapping Financial Records

1. Organize records, vouchers, and ledgers for scrapping in separate groups and in sequence, as per article (17) of the financial system instructions.
2. Match available records, vouchers, and ledgers noted on the Licenses and Receipts Record as prepared for scrapping at the health center with the group ready for scrapping.
3. Create a duplicate record that contains information about records, vouchers or ledgers to be scrapped.
4. Send the first copy of this record with an authenticated letter from the health center manager to the Health Directorate, requesting the formation of a scrapping committee. This committee must include personnel from accounting, the Medical Insurance Directorate and the Ministry of Finance.

5. The committee must match the records, vouchers and ledgers for scrapping with original records, and perform a physical check of the ledger and vouchers—including those in the license records—by date of usage, quantity, and series.
6. Receipts Voucher ledgers must be recorded on an External Voucher. The number of the MOH letter, which specifies the committee, must be specified on the first and last vouchers.
7. The committee must audit External Vouchers against original scrapping records. After matching each record, every member of the committee must sign the External Vouchers and other records and write or stamp the word “SCRAP” on the licenses record for each group.
8. The scrapping committee must prepare a Scrapping Request Form and give copies to the health center accountant, keeping one copy at the health center.
9. Following approval, records, vouchers and ledgers to be scrapped should be placed in bags and burned away from residential areas.
10. There are no filing systems or scrapping procedures for military or statistical information.

Table 2. Parties Responsible for Auditing, Filing,
and Scrapping Financial Records

Responsible Party	Auditing Party	Minimum Storage Period	Record Name
Accounting Department Medical Insurance Ministry of Finance	Accounting Department Medical Insurance	7 years	Receipt Voucher Ledger
Accounting Department Ministry of Finance Procurement Management	Accounting Department	7 years	Licenses and Receipts Ledger
Accounting Department Medical Insurance Ministry of Finance	Accounting Department Medical Insurance	7 years	Internal Voucher for Supplies
Accounting Department Medical Insurance Ministry of Finance	Accounting Department Medical Insurance Procurement Management	7 years	External/Dispatch Voucher

Accounting Department Ministry of Finance Procurement Management	Accounting Department Procurement Management	4 years	Inventory Ledger
Accounting Department Ministry of Finance Procurement Management/ Fuel Division Accounting and Financial Management	Accounting Department	7 years	Local Purchase Order
Accounting Department Ministry of Finance Accounting and Financial Management	Accounting Department	7 years	Petty Cash Ledger
N/A	Collections/Medical Insurance Statistics/ Health Management	N/A	Collection Records and Statistics

Attachment 1: Sample Accounting Forms

The forms appearing on the following pages are samples of actual forms used for health center accounting procedures.

- Receipt Voucher
- Cash Ledger
- Licenses and Receipts Ledger
- Form #81: External/Dispatch Voucher for Supplies
- Inventory Ledger*
- Local Purchase Order: Accountant's Copy
- Petty Cash Ledger
- Record of Income from Medical Insurance by Patient Category
- Army Personnel Reimbursement Records:

- *Record of Treatment Costs for Insured Working Non-Military Patients*
- *Record of Treatment Costs for Insured Working Military Patients*
- *Record of Total Treatment Costs for Insured Military*
- Scrapping Request Form

*Also used in the Medical Procurement System.

Performance Checklist 1: Auditing Health Center Accounting Procedures

Performance Checklist 1: Auditing Health Center Accounting Procedures

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	

Records, Vouchers, and Forms			
1. All records, vouchers, and forms are available and stored in a suitable manner.			
2. The information required on Receipt Vouchers is filled in completely, including: <ul style="list-style-type: none"> • Patient's full name • Treatment card number • Medical insurance card number • Value in numbers • Date • Name and signature of the accountant preparing the receipt 			
3. Before receiving payment, the accountant ensures that the patient has a medical insurance card or a white treatment card issued by the same health center.			
4. Receipt Vouchers are kept in a safe place in correct serial order after use, and are well arranged.			
5. The accountant copies information from the Receipt Vouchers to the daily dispatch book.			
6. The accountant balances the amounts in the dispatch book and matches them with the totals of actual money received on a daily basis.			
7. A Receipt Voucher is used and filled out according to instructions.			
Task	Achieved?		Comments
	Yes	No	

8. An External/Dispatch Voucher is used and filled out according to instructions.			
9. The Inventory Ledger is used, with a separate page being used for different materials. Fixed materials are separated from consumables.			
10. The Petty Cash Ledger is filled in and maintained according to instructions.			
11. All records are returned and categorized for military personal and capable patients, and a monthly statement is prepared.			
Accounting Procedures			
1. Patients are asked about the type of service required and the insurance category before money is received from them.			
2. A safe is available for keeping receipts and moneys received.			
3. All amounts in the Dispatch Booklet are totaled and a grand total is computed.			
4. A copy of the Dispatch Booklet is sent monthly with bank deposit slips to the Health Directorate.			
5. All amounts are deposited daily and deposits slips are kept.			
6. A special record of vouchers received is prepared and kept in a file.			
7. All financial forms are kept for the period specified for each type.			

Medical Procurement System

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Medical Procurement System

Definition

The medical procurement system is the basic system for filling the health center's requirements for medical and non-medical materials. The procurement system also includes measures for ensuring continuous supply and proper storage, so that the needs of all health center patients are met.

Medical Procurement Laws

1. Procurement system number (32) for 1993 and instruction number (5) for 1994.
2. Financial system number (3) for 1994 and instruction number (1) for 1995.
3. Medical insurance number (10) for 1983 with amendments.

Procurement Records used at the Health Center

These are the records used for procurement at the health center. Specific descriptions can be found in the table that follows. For a sample of each form described here, see *“Attachment 2: Sample Medical Procurement Forms.”*

- Materials Acquisition Order Form L-10
- Material Requisition Form: Procurement, Management and Purchasing
- Procurement and Purchasing Department Computer Supply Order Form
- Receipt Voucher
- Licenses and Receipts Ledger

- Internal Voucher for Supplies
- External Voucher for Supplies
- Inventory Ledger*
- Medicines List Ledger**
- Serial Booklet Request Form

* A sample Inventory Ledger is found in “Attachment 1: Sample Accounting Forms.”

** The Medicines List Ledger is not available for inclusion in Attachment 2.

Table 3. Procurement Records used at the Health Center

Record Name	Description and Procedures for Use	Legal Reference
Materials Acquisition Order Form L-10	An official Ministry of Finance form used to request materials for the health center and comprised of two copies. The employee ordering materials must sign the form after obtaining authorization and a stamp from his/her direct supervisor. Use Material Requisition Forms in sequence. Following authorization by a supervisor, send the first copy to the warehouse clerk for processing.	Article (48) of the procurement system number (32) for 1993
Material Requisition Form: Procurement, Management and Purchasing	Used for ordering medicines and medical supplies from the warehouse of the Health Directorate.	
Procurement and Purchasing Department Computer Supply Order Form	Computer form to used by Procurement and Purchasing Department to order medicines and medical supplies from the warehouse of the Health Directorate.	
Receipt Voucher	Used to enter materials supplied to the health center. The receiver must sign each Receipt Voucher and ensure that the material is added to the balance in the Inventory Ledger. Audit Receipt Vouchers before receiving goods. The booklet is comprised of 50 sequentially numbered pages with five copies per page. Complete each Receipt Voucher in full. The supplier receives the first copy of the voucher and	Article (7) analysis and procurement supply section/ procurement system number (32) for 1993 Article (17B) of the financial system

	adjusts the book value. The receiver enters the material in the Inventory Ledger.	financial system instruction number (1) for 1995
Record Name	Description and Procedures for Use	Legal Reference
Receipt Voucher (continued)	<p>If a mistake is made, draw two red parallel lines over the mistake and write the correction in black or blue ink. The person making the correction must sign beside it.</p> <p>Close each Receipt Voucher ledger when it is full. A closed Receipt Voucher shows the total materials received in writing and contains no empty lines.</p> <p>Record the Inventory Ledger page number for each material on each Receipt Voucher to ease the auditing process.</p> <p>Receipt Vouchers must be kept for seven years and audited prior to scrapping.</p>	Article (65) of the procurement system for 1993
Licenses and Receipts Ledger	<p>Used to document all incoming financial forms.</p> <p>Record all financial forms received at the health center and check the forms received against the vouchers, including numbers and dates.</p> <p>Prepare External Vouchers and Receipt Vouchers for any ledgers or forms ordered for any party, to ensure the accuracy of records.</p>	Article (13) of the financial system instruction number (1) for 1995
Record Name	Description and Procedures for Use	Legal Reference
Internal Voucher for Supplies	<p>Used for supplies received at the health center. The receiver must sign Internal Vouchers and add them to the balance in the stock records.</p> <p>Audit Internal Vouchers before receiving goods.</p> <p>Each Internal Voucher Ledger contains 50 sequentially numbered pages with five copies per page.</p> <p>Fill out the Internal Voucher completely, entering all required information. Give the first copy of the voucher to the supplying party and deduct it from the value in the Internal registry book. The receiving party must enter materials received in the warehouse record.</p>	Article (7) and the section for the examination and material delivery of the material system number (32) for 1993

	<p>If a mistake is made, draw two red parallel lines over the mistake. Write corrections in black or blue ink. The person making the correction must sign beside it.</p> <p>Mark the end of the voucher and write the number of materials received on the Internal Voucher.</p> <p>Record the page number for each material on the Internal Voucher as it is shown in the warehouse records, to facilitate auditing.</p> <p>Keep Internal Vouchers for seven years. The accounting department must audit them before they may be scrapped.</p>	<p>Article (65) of the material system for 1993</p> <p>Article (17B) of the financial system instruction number (1) for 1995</p>
Record Name	Description and Procedures for Use	Legal Reference
External Voucher for Supplies	<p>Used to dispatch materials. The supplier must sign each External Voucher.</p> <p>Audit External Vouchers before receiving goods.</p> <p>The External ledger is comprised of 50 sequential pages with five copies per page.</p> <p>Complete all required information on each External Voucher in full. Obtain the receiver's signature on the voucher and give the first copy of the voucher to the supplier. Adjust the book value and record the External Voucher number and date on the Inventory Ledger.</p> <p>If a mistake is made, draw two red parallel lines over the mistake and write the correction in black or blue ink. The person making the correction must sign beside it.</p> <p>Record the page number for each material from the Inventory Ledger on the Receipt Voucher to ease the auditing process.</p> <p>Close each External Voucher Ledger when it is full. A closed ledger shows the total materials received and contains no empty lines.</p> <p>Keep External Vouchers for seven years and audit prior to scrapping.</p>	<p>Article (49) of the procurement system number (32) for 1993</p> <p>Article (65) of the procurement system for 1993</p>
Inventory Ledger	A serialized record used to create an index for all recorded materials. Entries and dispatches for	Article number (44) of the procurement

	<p>recorded materials. Entries and dispatches for medical and non-medical requirements are recorded in the Inventory Ledger.</p> <p>The ledger is comprised of 500 pages.</p> <p>Record each material on a separate page. Separate non-consumable/fixed materials from consumables. Do not list materials with similar usages on the same page. Note medicine concentrations and list each category of medicine on a separate page.</p> <p>Each line may contain only one transaction and a balance.</p>	<p>the procurement system number (32) for 1995</p>
Record Name	Description and Procedures for Use	Legal Reference

<p>Inventory Ledger (continued)</p>	<p>Use an External Voucher for materials sent to other health centers. Adjust the balance in the books, noting the voucher number and date.</p> <p>Dispatch fixed materials (materials put aside for disposal or scrapping) from the Inventory Ledger using an External Voucher. Adjust book balances, record the voucher number and date, and write or stamp the word “SCRAP” on the record. Keep a copy of the Scrapping Request Form at the health center.</p> <p>Consumable materials, as indicated on an External Voucher, are dispatched from the Inventory Ledger. Adjust the book balance and ensure that the voucher number, date and the health center manager’s signature appear on the External Voucher.</p> <p>The physical balance and the book balance must correspond.</p> <p>If a mistake is made, draw two red parallel lines over the mistake and write the correction with black or blue ink. The person making the correction must sign beside it.</p> <p>At the end of each month, expenses for medicines and medical requirements should be subtracted from the approved medicines record after adding up quantities used.</p> <p>Record all materials received in the Inventory Ledger and document the Receipt Voucher number and date.</p> <p>Maintain Inventory Ledgers for 4 years.</p>	<p>Article (17A) section (3) of the financial system instruction number (1) for 1995</p> <p>Article (65) of the procurement system number (32/93)</p>
<p>Medicines List Ledger</p>	<p>Allocate one page for each material/medicine. Adjust dispatched quantities for each material daily. An index at the beginning of the ledger lists the material name and page number.</p> <p>At the end of each month, record the total dispatched materials in the Inventory Ledger.</p>	

Procedures for Procuring Medicines

Pricing of Medical Prescriptions

1. Prices must match those set annually by the MOH. If a medication is not available in the new price list, refer to an older price list or contact the MOH to determine the price.
2. Pricing laws for medications must be followed exactly, and are based on medical insurance categories (capable patients, incapable patients, military, and public).

Issuing Medical Prescriptions

1. As medical prescriptions are considered official documentation, all prescriptions must be recorded.
2. Specifications for medical prescriptions:
 - *Information must be complete and clear on prescriptions, including:*
 - Patient's full name and age
 - Health center
 - Insurance card number (if available)
 - Treatment card number
 - Physician's name, signature, and stamp
 - Patient's file number
 - Prescription date
 - Treatment voucher number
 - *Write the number of units (bottle, ointment, etc.) in letters, not in numbers. Write the number of pills or capsules clearly.*
 - *Specify the medication's concentration.*
 - *Write the number of suppositories by unit and not by pack.*
 - *Record all prescribed medicines in the patient's file.*
 - *Make no changes or scribbles on the prescription.*
 - *Quantities of medication must be within limitations set forth by the Ministry.*

3. To avoid incorrect use of medicines, do not give prescriptions for acquisition from private pharmacies to any patient. Prescriptions carrying the health center stamp may be obtained at private pharmacies.
4. Ensure that the medication prescribed is available and priced according to the medical insurance category and MOH guidelines.
5. Ensure that the medication's name, concentration, dosage, and pharmaceutical presentation are correct before issuing a prescription or even taking a medication from the shelf.
6. Ensure that the medicine's container, name, make-up, and concentration are correct before prescribing it.
7. Note instructions for usage, expiration date, and patient's name, in case the medication is issued out of its original container.
8. After preparing the medication, call the patient's full name and ensure that the medication is issued to the right person. Verify that the patient has a medical insurance card.
9. No prescribed medication may be changed except with the physician's consent. If necessary, the physician should issue an alternative medicine and sign off on all changes in a prescription.
10. No physician may prescribe medication outside his or her field of specialty.
11. Sign each prescription immediately after it is issued.
12. If the pharmacist believes a mistake has been made or that information is lacking about a prescription, he or she should consult the physician, without informing the patient.
13. The pharmacist and the assistant pharmacist should not raise doubts about the medication in terms of its effectiveness or its suitability.
14. Attach instructions for prescribing medicines like insulin on a separate page. Write these medications on a separate prescription.
15. Medications prescribed daily should be grouped and kept in a safe place.
16. Record the patient's relationship to the insured when issuing prescriptions.
17. Insulin and 30 free syringes are to be issued at no cost to children and other patients with Diabetes Type 1, whether they are insured or not.

18. Keep all prescriptions for at least three years.
19. Prescriptions may be scrapped after a minimum of three years, provided they are audited by accounting and by the Medical Insurance Directorate.
20. Guidelines for pricing medication for psychiatric patients are as follows:
 - For psychiatric medications: patient pays 200 fils for each type, regardless of medical insurance category (whether medication is included in medical insurance or not).
 - For medications not related to psychiatric problems: patient pays the full amount for the medicine, depending on insurance category. Other patients are charged according to insurance category.
21. Any new instructions issued by the MOH for medications must be followed.

Issuing Prescriptions on a Medical Insurance Account

1. A specialist currently practicing his or her specialty must write the prescription.
2. Write the patient's name and age exactly as they appear on the medical insurance card, and record the relationship to the insured.
3. Record the treatment card number and a valid medical insurance card number, including where it was issued.
4. Record the name of the health center or the hospital where the prescription was issued, the prescription voucher number, the file number and the diagnosis.
5. Write the medication's scientific name on the prescription, provided that it is included on the list of insured drugs.
6. Before prescribing drugs from the insurance list, establish that the medication or its alternative is not available at the main storehouse, the hospital's pharmacies, or at MOH health centers.
7. When alternative medicines are available, inform the physician in writing. The physician may then change a medication or recommend that an alternative not be used.
8. Ensure the accuracy of the daily dosage and the total units, provided that the quantity of medicine prescribed does not exceed the following requirements:
 - *Chronic diseases – one month*

- *Antibiotics – five days*
 - *Cyclical medicines such as hormones – one treatment cycle*
9. Each prescription may contain only one medication.
 10. The physician's name, specialty and signature must appear on the prescription.
 11. The date should be written clearly and should not be changed.
 12. Check the status of the medication and mark "PRESCRIBED," "UNAVAILABLE" or "NO ALTERNATIVE" on the prescription.
 13. The prescription value may not exceed the allowable limit for purchasing medicines on the medical insurance account for each health center or hospital.
 14. Medications should not be purchased on the medical insurance account for capable patients, incapable patients (green card owners), daily workers, or for those who are exempt from paying.
 15. Childbearing medications may not be purchased on the medical insurance account, but medications used for childbearing problems may be purchased if they will be used for other illnesses. In such cases, the prescription must be accompanied by a detailed medical report from a specialist.
 16. The health center manager (or another person with signing authority) must sign the prescription and stamp it "TO BE BOUGHT ON THE MEDICAL INSURANCE ACCOUNT."

Medicine Expiration Inspection

1. A special Medicine Listing Record book, in which medicines are recorded by expiration dates, must be kept. It is important to write the expiration date of every medication available in or ordered by the pharmacy. Revise this listing monthly.
2. At the beginning of each month, check the Medicine Listing Record to ensure that no medicines are expired or soon to expire.
3. Report the name and quantity on hand of any medication that will expire within three months.
4. When a medication expires, create a new report before destroying it.

Scrapping Medical Prescriptions

1. At least three years from the date of issue must pass before prescriptions may be scrapped.
2. The accounting department must audit prescriptions before they are scrapped.
3. The Medical Insurance Directorate must audit prescriptions before they are scrapped.
4. A scrapping committee must be formed before prescriptions are scrapped. A letter of request must be sent to the Health Directorate for scrapping prescriptions.
5. Keep a copy of both the scrapping authorization and the Scrapping Request Form on file.

Scrapping Medicine and Medical Supplies and Equipment

1. Inform the Health Directorate three months prior to the expiration date of medicines and other materials.
2. Count spoiled and expired materials and keep them separate from valid stock until they can be scrapped.
3. Complete a Scrapping Request Form for medicines and medical supplies in full. All three members of the health center scrapping committee must sign the form and the health center manager must authorize it. Send the form to the Health Directorate for authorization.
4. Following approval of the scrapping request, the pharmacist or assistant pharmacist cooperates with the MOH scrapping committee. The committee must prepare a scrapping record and open a Dispatch Voucher labeled "DISPATCHED FOR SCRAPPING." All members of the scrapping committee must sign the letter, and the material records balance must be adjusted.
5. For scrapping medical equipment, obtain a recommendation from the Royal Scientific Society, Procurement Management, or Medical Engineering Management. Complete a Scrapping Request Form and send it to the Health Directorate.
6. If medicine containers are accidentally broken during loading, unloading, or organization, take the following measures:
 - *Create a record listing the broken containers and obtain signatures from a committee of at least three people, including a*

pharmacist or an assistant pharmacist, a physician, and another person who witnessed the breaking.

- *The committee must prepare and sign a Scrapping Request Form and obtain the health center manager's authorization according to regulations. Send the authorized list to the Health Directorate.*
- *Keep broken containers until scrapping is approved.*

Ordering Medicines and Medical Supplies from Health Directorate Warehouses

1. A Medicines and Medical Supplies Request Form must include the following:
 - *Name of the medicine*
 - *Pharmaceutical presentation*
 - *Concentration*
 - *Quantity available in the pharmacy as of the request date*
 - *Monthly quantity needed by the health center*
2. Make two copies of the order: send the first copy to the medicines warehouse and keep the second copy at the health center.
3. Do not order any medicine that is not required at the health center.
4. When ordering new medicines that are unavailable at the pharmacy, initially order only a small quantity. Set the quantity that the health center needs after this sample is depleted.
5. The receiver must audit quantities whenever an order from the warehouse is made. Perform another audit against the Internal Voucher for Supplies when materials arrive at the pharmacy. Enter each order into the Inventory Ledger.
6. Do not order any medicine that exceeds the health center's requirements.
7. The list of MOH-approved medications must be adhered to according to categorization (i.e., complete service, first grade, divisional).

Arranging and Storing Medications

1. To avoid confusion and errors, do not store medications with similar containers next to each other.
2. Arrange medications consistently in one of the following ways:

- *Alphabetically*
 - *By pharmaceutical presentation*
 - *By usage*
3. Arrange medications on the shelves in a clean, organized manner.
 4. Do not store medications in a hot or humid location.
 5. These medications requiring cool storage must be kept in a refrigerator at a temperature of 2-8°C:
 - *Chloramphenicol eye drops*
 - *Insulin in all forms*
 - *Suppositories of all types*
 - *Vaccines*
 - *Any other medications which need to be cooled*
 6. Observe the following standard storage techniques:
 - *Protect medications and medical supplies from potential water damage.*
 - *Store medication and medical supplies away from direct sunlight in dry, well-ventilated locations.*
 - *Store boxes or cartons containing medications or medical supplies on shelves, not on the ground.*
 - *Store all medication and medical supplies according to FIFO rules (“First in, First out”) where they are easily accessible.*
 - *Arrange boxes so that labels and expiration dates are clearly visible.*
 - *Store spoiled and expired materials separately from other materials.*
 - *Keep fire extinguishers in an easily accessible location.*
 - *Ensure that safety measures are in place.*
 - *Do not allow the pharmacy temperature to exceed 30°C.*
 - *Keep pharmacy records and vouchers in a safe place.*

7. Store each type of material in specific locations according to the nature of the material or procurement requirements, as per article (5) of instruction number (2) for 1994 and the following instructions:

- *Separate solid materials from liquid materials.*
- *Separate new materials from used materials.*
- *Separate flammable materials from other materials.*
- *Separate materials requiring special storage or special environments from other materials.*
- *Store valuable materials separately in a safe location.*
- *Arrange all materials to ensure quick access whenever needed.*
- *Store heavy volumetric materials in open spaces on low shelves and light, small-sized materials on higher shelves.*
- *Employees must adhere to the specific instructions and procedures for preparing, loading, unloading, carrying, or storing each type of material, to prevent damage to the material or to employees working with it.*

Contraceptive Logistics System

The health center is supplied with contraceptives according to the MOH Contraceptive Logistics System. The reference document for this system is described fully in the *Jordan Contraceptive Logistics System: Directorate Procedures Manual (1997)*. Midwives staffing MCH clinics are trained to implement the procedures described in the manual, which has been distributed widely to the Health Directorates and to health centers.

Midwives' responsibilities at the health center include ordering and distributing contraceptives. This section contains guidance for managing the procurement of contraceptives at health centers. See Attachment 2 for samples of the forms required in managing contraceptive logistics at the health center: the Daily Activity Register and the Monthly Contraceptive Order and Report Form.

*Note: Procedures listed here are described in greater detail in the **Jordan Contraceptive Logistics System: Directorate Procedures Manual.***

Ordering, Storing, and Dispensing Family Planning Methods

The health center midwife is responsible for ordering, storing, and dispensing contraceptives according to the following procedures:

1. Calculate the monthly order of contraceptives, using the results of the physical inventory and the average monthly usage of contraceptives. Take the average from the most recent three months of client data.
2. By the end of the first full week of each month, complete the Monthly Contraceptive Order and Report Form and deliver it to the midwifery supervisor at the Health Directorate.
3. Obtain contraceptive supplies from the Health Directorate when delivering the Monthly Contraceptive Order and Report.
4. Ensure that the health center maintains not more than two and not less than 0.5 month's supply of each contraceptive.
5. If supply levels decrease to or fall below 0.5 month's supply, place an emergency order.

Procedures for Procuring Vaccines

The nurse is responsible for the following procedures for procuring vaccines:

1. Order vaccines by filling out Materials Acquisition Order Form L-10 and receive them from the Health Directorate warehouse using a Internal Voucher for Supplies.
2. Store vaccines according to the instructions given for each vaccine.
3. Release vaccine containers using an External Voucher and adjust the balance in the Inventory Ledger. Burn used containers according to proper procedures.

4. To destroy used vaccine containers, form a scrapping committee that includes representatives from the Ministry of Finance, the health center, and the accounting department. Committee members must prepare and sign an External Voucher and adjust the Inventory Ledger accordingly.
5. Destroy used vaccines every three months so that they do not pile up.
6. To destroy expired vaccines, make an official request to the Health Directorate, fill out a Scrapping Request Form, and destroy the vaccines according to proper procedures.

Procedures for Procuring Laboratory Materials

1. Order laboratory materials using the Materials Acquisition Order Form L-10, based on the quantities available at the warehouse. Record all received materials on a Receipt Voucher and adjust the Inventory Ledger accordingly.
2. At the end of each month, prepare an External Voucher for all materials used that month. Adjust the Inventory Ledger balance and obtain signatures from staff using the materials (e.g., physician, laboratory supervisor).

Procedures for Procuring Dental Clinic Materials

1. Use Materials Acquisition Order Form L-10 to order dental clinic materials, according to the needs of the clinic. The dental technician must use a Receipt Voucher when materials are received and post it in the Inventory Ledger.
2. At the end of each month, total all consumable materials and issue an External Voucher. Adjust the Inventory Ledger balance and obtain signatures from staff using the materials.

Essential Drugs List

The Essential Drugs List is a list of the total number of medicines required to satisfy the health center's and the local community's medical needs, provided that they are available at all times in suitable quantities, presentations, and at an affordable cost.

Basis for Selecting the Essential Drugs List

Creation of the Essential Drugs List is dependent upon the following factors:

- Common illnesses within the community

- Trained personnel
- Available resources
- Environmental factors and genetic diseases
- Scientific basis without bias
- A committee of experienced medical staff able to prepare the list
- Revision of the list every two years

Objectives of the Essential Drugs List

- Make medicines available to patients whenever they need them.
- Provide the highest quality of essential drugs at the health center.
- Build confidence in medical services based on community requirements.
- Scale down consumption of medicines.
- Ensure the safety and efficacy of medications and vaccines.
- Improve the mechanism for prescribing medication.
- Improve knowledge and proper usage of medications by patients.
- Improve management of medications at health centers and in the community.
- Improve medical staff knowledge about essential drugs.
- Maximize benefits of medications and minimize wastage or incorrect usage.

Attachment 2: Sample Medical Procurement Forms

The forms appearing on the pages that follow are samples of actual forms used for the Medical Procurement System. The forms included in this attachment are as follows:

- Materials Acquisition Order Form L-10
- Material Requisition Form: Procurement, Management, and Purchasing

- Procurement and Purchasing Department Computer Supply Order Form
- Internal Voucher for Supplies
- External Voucher for Supplies
- Serial Booklet Request Form
- Contraceptives Logistics System forms:
 - *Daily Activity Register*
 - *Monthly Contraceptive Order and Report*

Medical Procurement System Performance Checklists

Performance Checklist 2:

Auditing Medical Procurement System and Supply Procedures

Performance Checklist 3:

Contraceptive Logistics Monitoring Tool

***Performance Checklist 2:
Auditing Medical Procurement System and Supply Procedures***

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
General Procedures			
1. Materials used are dispatched through an External Voucher for Supplies and deducted from the Inventory Ledger.			
2. Materials received are entered into the Inventory Ledger, including the number and date of the Internal Voucher for Supplies.			
3. All information is filled out accurately on the Internal Voucher for Supplies.			
4. All information is filled out accurately on the External Voucher for Supplies.			
Medication Supply			
1. Medical specifications are observed, including the recording of information needed about the patient and the medicine.			
2. The pharmacist checks the medicine’s name, concentration, dosage, and presentation before issuing it.			
3. The pharmacist writes out instructions for using the medication.			
4. The pharmacist records the expiration date on the medicine if it is taken out of its original container.			
5. The pharmacist records all the information about the medications in the Medicines List Ledger.			
Task	Achieved?		Comments
	Yes	No	

6. The pharmacist maintains and arranges the medications in an organized, clean, and accessible manner.			
7. Written instructions regarding issuing medications for the insured on the medical insurance account are followed.			
8. There is an operational refrigerator available at all times for the purpose of storing medicines.			
9. There is warehouse for storing pharmaceutical supplies. The pharmacist arranges stored materials in an organized, clean manner according to written instructions.			
10. Essential vaccines are cyclically supplied to the health center.			
11. The lab is supplied with all required essential materials.			
12. The dental clinic is provided with all its requirements cyclically and systematically.			

***Performance Checklist 3: Contraceptive Logistics Monitoring Tool
Contraceptive Supplies Provided at the Service Delivery Point***

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular activity was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	

Contraceptive Supplies			
1. The midwife receives supplies during the first week of the month.			
2. The following methods are available: <ul style="list-style-type: none"> • Microgynon • Lo-femulen • Femulen • Condoms • CUT 380A • Conceptrol (VFT) • Depo-Provera • Norplant 			
Logistics Management Information System (LMIS) Forms			
1. The LMIS manual is available.			
2. The inventory book is available and current.			
3. The daily activity register is available and current.			
4. The reporting/ordering book is available and is being used.			
Storage of Contraceptives at the Health Center			
1. The storage area is clean.			
2. The storage area is safe from water damage.			
3. The storage area is well lit.			
4. The storage area is well ventilated.			
5. Contraceptives are stored separately from insecticides, chemicals, medical supplies, and office supplies.			
6. Contraceptives are stored away from oils and fluorescent lights.			
Task	Achieved?		Comments
	Yes	No	
7. Cartons/boxes are stored off the floor on shelves.			
8. Cartons/boxes are marked with expiration dates.			
9. Contraceptives are stored in a manner to facilitate FIFO distribution.			
10. The health center has 0.5-2 months of stock for each brand of contraceptive.			

References

(1997), *Jordan Contraceptive Logistics System: Directorate Procedures Manual*, Hashemite Kingdom of Jordan Ministry of Health and the Maternal and Child Health Directorate.

The 1996 University of Jordan Ethics Committee with members of National Task Force.