

Share-Net International

# Jordan Agenda

## Setting for Sexual and Reproductive Health and Rights Knowledge Platform

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## **List of Abbreviations**

CPP	Child Care Centers
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
DoS	Department of Statistics
ESCWA	The United Nations Socio-economic Commission for West Asia
FP	Family Planning
GPs	General Practitioners
HCAC	Health Care Accreditation Council
HCAP	Health Care Accreditation Project in Jordan
HCY	Higher Council for Youth
HHC	High Health Council
HKJ	Hashemite Kingdom of Jordan
HPC	Higher Population Council
HSSI	Second Health System Support Project
ICPD	International Conference on Population and Development
IFH-NH	Institute for Family Health- Noor Al Hussien Foundation
IMC	International Medical Corps
IRC	Information and Research Institute
IUD	Intrauterine Contraceptive Device
JAFPP	Jordanian Association for Family Planning and Protection
JICA	Japan International Cooperation Agency
JNC	Jordan Nursing Council
JNCW	Jordanian National Commission for Women

JRMS	Jordanian Royal Medical Services
JUH	Jordan University Hospital
JUST	Jordan University of Science and Technology
JWU	Jordan Women's Union
KAUH	King Abdullah University Hospital
MCA	Millennium Challenge Account
MDG	Millennium Development Goal
MHESR	Minister of Higher Education and Scientific Research
MOH	Ministry of Health
MPPFH	Media Partners Program for Family Health
NCFA	National Council for Family Affairs
NCHRD	National Center for Human Resources Development
OB/GYN	Obstetrician/Gynecologist
OCHA	Office for the Coordination of Humanitarian Affairs
PHH	Prince Hamza Hospital
RGC	Royal Geographic Center
RH	Reproductive Health
RHAP	Reproductive Health Action Plan
RMS	Royal Medical Services
SGIP	Social and Gender Integration Plan
SRHR	Sexual and Reproductive Health and Rights
STDs	Sexually Transmitted Diseases
UNRWA	United Nations Relief Work Agency for Palestine Refugees in the near East
UHs	University Hospitals
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund

UNHCR

United Nations High Commissioner for Refugees

WHO

World Health Organization

## Chapter 1: Introduction

This report has been prepared for Share-Net International, the Knowledge Platform on Sexual and Reproductive Health and Rights (SRHR), for Jordan. The Platform and its Secretariat are based in the Netherlands. The Platform's focus is on strengthening the role knowledge can play in developing evidence-based policies and practices and ensuring that resources are used strategically and to maximum effect, in relation to the four core areas of Dutch policy on SRHR, namely<sup>1</sup>:

- Better information and greater freedom of choice for young people about their sexuality
- Improved access to reproductive health commodities
- Better sexual and reproductive health care (during pregnancy and childbirth, including safe abortion)
- Greater respect for the sexual and reproductive rights of groups who are currently denied these rights.

The main objective of this assignment is to identify strong partners and assess a SRHR agenda for the SRHR knowledge node in Jordan. The document is a result of a collaboration between King Hussein Foundation (KHF) and the Higher Population Council (HPC). The aims of the agenda setting exercise include:

- To identify thematic areas and knowledge gaps that need to be strengthened in the coming years in order to optimize the SRHR interventions, especially in the field of the 4 Dutch priority areas.
- To get an oversight of the organizations, networks and the policy context in the field of SRHR in Jordan.
- To describe the policy context of SRHR and the degree of interest of the government (different sectors) in pursuing an SRHR agenda.

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<sup>1</sup> Share-Net International, [www.share-netinternational.org](http://www.share-netinternational.org)

- To identify potential organizations, networks or combination of organizations that could serve as a focal point for SRHR in the country.
- To positively represent Share-Net International to all stakeholders and encourage their engagement with the ongoing program.

This report is divided into 6 Chapters. Chapter 2 presents SRHR Background in Jordan. Chapter 3 gives an overview of governmental, private and non-governmental organizations working in SRHR in Jordan. It also includes projects, programs and publications conducted by these organizations. Chapter 4 presents the identified thematic areas and knowledge gaps in SRHR interventions. Chapter 5 is a stakeholder analysis, and presents organizations that could serve as focal point for SRHR in Jordan. Finally, chapter 6 includes HPC and IRC-KHF's recommendations.

## **Chapter 2: SRHR background, Jordan**

High population growth rate is considered one of the most important challenges that face the social and economic progress in Jordan compared to its limited resources and low economic growth rates<sup>2</sup>. The population volume and growth rate are influenced by the number of births, deaths and migration, for each of which many changes have occurred in Jordan. The population of Jordan<sup>3</sup> according to the results of the general census of housing residences conducted in 1952 amounted to 586,000 people. Furthermore, the general census of residences and inhabitants conducted by the Department of Statistics (DoS) in 2004 showed that population reached 5.35 million people, which means that the size of the population has doubled about 9 times over the period from 1952 to 2004. Also, the number of the Jordanian population by the end of 2014 has been estimated at 6.675 million people according to DoS statements<sup>4</sup>. Add to that the existence of more than three million non-Jordanian people in the country, which has led to a great increase in population growth rates.

The change in population in any society is due to three factors: Births, deaths and net migration.<sup>5</sup> Reproduction has had a great role in population change in Jordan, due to the continued decrease of the reproduction rate during the period between 1976 and 2013. For example, reproduction rate has dropped from 7.4 childbirths per woman in 1976 to 3.5 childbirths in 2013<sup>6</sup>. Moreover, the decline in the number of deaths along with successive migrations over the past years(Forced Migration from occupied Palestine in 1948, West Bank and Gaza Strip in 1967 and Beyond, Migration of large number of Iraqis due to the First and Second Gulf crisis in 1990 ,2003,

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<sup>2</sup> The Higher Population Council, Results of the RAPID Application for the Kingdom,2015.

<sup>3</sup> DOS, Statistical Yearbook 2013

<sup>4</sup> [http://www.dos.gov.jo/dos\\_home\\_a/main/Demography/2014/2-5.pdf](http://www.dos.gov.jo/dos_home_a/main/Demography/2014/2-5.pdf)

<sup>5</sup> The Higher Population Council, The Demographic Changes and the Demographic Opportunity in Jordan, "Policy Document", 2nd Edition – 201

<sup>6</sup> DOS, Statistical Yearbook 2013

, and particularly the last three years Forced Migration from Syrian), have contributed to the large increase in population.

Therefore, the population growth rate in Jordan is considerably high by all standards, amounting to 2.2% during the period 2004-2013<sup>7</sup>. The age distribution of the population in Jordan has also witnessed a significant change, but it is still characterized by youthfulness, since about 37.3% of the population is less than fifteen years of age, 59.4% in the age group 15-64 years, and 3.3% in ages 65 years and over<sup>8</sup>. The ratio of children is currently considered as a high proportion, which means expecting further growth in the population.

Administratively, Jordan is divided into 12 governorates spreading over three provinces which are the North, the Center and the South provinces and by four governorates for each province, with a size area of (89,318) km<sup>2</sup>. Jordan is characterized by unbalanced distribution of the Jordanian population in its geographic region. In other words, while the central governorates constitute the size of 16.2%<sup>9</sup> of the total area of the Kingdom, they account for 62.8% of the total population of the Kingdom. In the meantime, the North governorates' size area constitutes 32.6% of the total area of the Kingdom, while they have only 27.8% of the total population. Also, the Southern governorates which comprise a size area of 51.2% of the total area of the Kingdom only hold 9.4% of the total population. The population in urban areas in Jordan comprised 82.6% of the whole population in 2013<sup>10</sup>.

Jordan ranks within the young communities according to the current age structure of its population which means a high dependency burden upon those in the age of manpower as demographic the dependency rate is now 60 people per 100 people in the age of manpower (15 -64 years). By contrast, dependency rate in the Arab countries reached 60 per 100 people in the age of manpower (15 -64 years)<sup>11</sup>. However, if economic dependency is taken into consideration (i.e. the rate of total population against the actual manpower), and whereas 21.5% of Jordanians are in the actual workforce and sustain themselves and the remaining 79.5% of the population, the actual dependency rate becomes 4.6 persons. In other words, each Jordanian in the actual workforce sustains himself and four other persons<sup>12</sup>. Undoubtedly, the rise in dependency rate will have its adverse implications on the welfare of the families as the level of saving will drop and the various types of expenses will increase to meet the needs of the members of each family. The high economic dependency rate is due to the decrease of economic participation by the inhabitants (females in particular); revised economic participation (workforce divided by the population, 15

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7 DOS, Statistical Yearbook 2013, DOS, Jordan in figures, 2013

8 DOS, Statistical Yearbook 2013, DOS, Jordan in figures, 2013

9 DoS, Statistics Yearbook 2013

10 DoS, Statistics Yearbook 2013, DoS, Jordan in Figures, 2013

11 UNDP, HR Report, 2012, The Rise of the South: Human Progress in a Diversified World

12 This high rate may be due to two combined reasons including the rise in fertility rates which raises children's rate in the community on one hand and prevents high participation of females in the workforce on the other.

years and over) for both genders amounted to 36.4%, 59.7% for males against 12.6% for females in 2014<sup>13</sup>.

The health sector in Jordan has witnessed significant developments, which has reflected positively on health and living status of the citizens. General health indicators have also reflected the high quality and efficiency of the health services provided in Jordan which helped rank Jordan ahead of many countries of the world. Health indicators for 2012 indicate the remarkable rise in life expectancy of the Jordanian citizen at birth; life expectancy for males and females has risen from 57 and 62 years consecutively in 1976 to 67 and 69 years for males and females consecutively in 1994 and to 68 and 71 years for males and females consecutively in 2000 and to 71.6 and 74.4 years for males and females consecutively in 2013<sup>14</sup>.

Moreover, according to the Population and Family Health Survey for the years 1990, 2002, 2012 the infant mortality rate has declined. This is due to a substantial decline in both neonatal and post neonatal mortality. These fell from 36.4 per 1000 live births and 37.3 per 1000 live births for males and females consecutively in 1990 to 25 per 1000 live births and 23 per 1000 live births for males and females consecutively in 2002. This rate also dropped from 19 per 1000 live births and 16 per 1000 live births for males and females consecutively in 2012. Also measles vaccine coverage has risen to 100%.

In addition, health insurance coverage expanded to include new categories, such as children below 6 years of age and the elderly along with inhabitants of remote regions and the population of less privileged regions. The reason behind the significant drop in the total fertility rate in Jordan is attributed to the high level of education for females, and the increase of the proportion of their participation in the economic activity, as well as the rise of the first marriage age rate which led to a drop in the rate of married females (15 – 49 years) who are subject to pregnancy and reproduction and to the increased use of family planning methods as the rate of women using family planning methods hiked from 40% in 1990 to 53% in 1997 and then to 56% in 2002, to 57% in 2007, to 59% in 2009 and to 61% in 2012. Certainly, the decline in reproduction rates will lead to a change in the age structure of the population and its relevant issues such as a drop in the age and economic dependency. Besides that, and in the long run, it will lead to the emergence of the population longevity phenomenon<sup>15</sup>.

## **Demographic opportunity – concepts and realization and investment policies<sup>16</sup>**

Jordan is on the threshold of a demographic change in the age structure of the population which will lead us to a “Demographic Opportunity” or an entrance to a “Demographic Opportunity”

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13 DoS, The Analytical Report: Employment and Unemployment Situation in Jordan, 2014.

14 DoS, Statistics Yearbook 2013

15 DoS, Population and Family Health Survey for the years 1990, 2002, 2012.

16 High Population Council, Demographic Changes and the Demographic Opportunity in Jordan.

accompanied by various implications on the economic and social situations. This opportunity could be in the form of challenges unless appropriately exploited and may be a useful opportunity if monitored and previously planned and prepared for. The concept of the demographic opportunity is represented in the extent of utilizing the current high rates of the young population in the age of workforce at the peak of the demographic opportunity which cannot be achieved unless a significant and sustainable drop in fertility rates is realized. It also represents a set of positive changes that follow the transference into small-size families. That is to say, it is the period during which the population growth rate in the workforce age (15-64) has surpassed the dependent categories growth rate (less than 15, 65+). This means that population rate in workforce ages (15-64) has reached its maximum value and the dependency age rate has reached its minimum value, as explained in Table 2. In order to determine the time period needed to achieve a demographic opportunity in Jordan, demographic projections for the period (2012 – 2050) have been executed for the Jordanian population residing in the country and abroad. Such projections have been based upon the statements published by the Civil Status and Passports Department at the end of 2012. These projections are deemed as an efficient planning tool and an efficient one to read the projected demographic situations in the future and they represent an important part in the development planning in light of the expectations that imply Jordan is about to experience significant changes in its demographic status.

Additionally, such projections have relied upon a set of assumptions or general entries; the high scenario has been implemented assuming the consistency of the total fertility rate presented in 2012 which amounted to 3.5 children for a woman all through the projections period (2012 – 2050), and assuming the consistency of life expectancy at birth for males and females (72.7 years for males and 76.7 years for females). In the meantime, the medium scenario was implemented assuming the realization of the desired fertility rate of 2.4 for a woman in 2030, and the resulting rise of two years in life expectancy for males and females during the period 2012 – 2027 and another rise of one year during the period 2030 – 2050. The low scenario was also implemented assuming the total fertility rate to reach 2.1 for a woman in 2030 and resulting in two-year rise in life expectancy for males and females during the period 2012 – 2022, i.e. an annual rise of 2.4 months, and a one and a half- year rise in life expectancy for males and females during the period 2030 – 2050, i.e. an annual rise of 0.05 months. These projections were also based upon the life expectancy trends for males and females which showed significant rise in the 1980s and 1990s and slowed afterwards. Hence, it has become hard to add years to life expectancy during a short period of time as the case was in the past.<sup>17</sup>

According to the projections that have been implemented, the demographic opportunity – measured by the rate of the population in the age of workforce and the rate of age dependency – shall start occurring by 2030 according to the low scenario, and in 2035 according to the medium scenario; yet, the results of the high scenario are totally different from the other two scenarios.

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<sup>17</sup> The Higher Population Council, The Demographic Changes and the Demographic Opportunity in Jordan, "Policy Document", 2nd Edition – 2014

Further, the demographic opportunity has several positive incentives and implications if well managed and deployed in a manner seeking development and improvement of the general level of people's lives. For instance, in the education sector, the workforce that attains a higher educational level is more capable of using the technological development and the modern developed technologies which will contribute in boosting the capabilities of the workforce and its acquisition of techniques and skills that suit the labor market and eventually improve the income and living standards of the working categories. At the peak of the demographic opportunity in 2030, it is expected that the population rate in the labor age will reach 66% compared to the current one which is 59.5%. Therefore, the economy should set the appropriate climate of policies in order to be able to utilize this expected increase in the labor force. This will require handling some critical issues related to the suitability of education outcomes to the actual requirements of the labor market and its quality.

In this respect, we have a good example in the experience of the Southeast Asian communities where the demographic opportunity was exploited through the implementation of the necessary policies which led to positive economic and social changes. The implemented policies there have taken many dimensions in all fields and some were applied in Malaysia, India, Singapore and Taiwan. Such policies focus on social aspects, such as improving education and training levels, increasing the use of IT in education and training processes, and preparing the workforce and providing it with technical training so as to be productive<sup>18</sup>. Moreover, the ESCWA pointed out that the underestimation of the importance of the inter-relation between the population and development has led and is still leading the decision makers to adopt non-integrated policies that neglect the demographic changes and enhance the economic growth rendering it as the only solution for development. It also pointed out that standard studies of the global experiences, especially those in east-Asian countries have shown that demographic changes represented in the increased number of the population in the workforce age have contributed by 40% of the economic growth of such countries between 1970 and 1990. The ESCWA also pointed out that the attention paid to demographic variables and qualitative population issues in economic growth strategies in the early stages has helped a lot in reducing poverty in the countries of East Asia.<sup>19</sup>

Ultimate utilization can be achieved from the positive returns of the demographic opportunity if decline in reproduction rates continues, and if a suitable policy environment is available to make use of such returns through cooperation and coordination between the government and the private sector along with civil society entities and both the executive and legislative authorities. Further, the government should adopt a clear demographic policy integrating it within the economic and

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<sup>18</sup> The Higher Population Council, The Demographic Changes and the Demographic Opportunity in Jordan, "Policy Document", 2nd Edition – 2014.

<sup>19</sup> The United Nations, Socio-economic Commission for West Asia –ESCWA, Population & Development Report, Issue # 2, Demographic Window, An opportunity for Development in the Arab countries, 2005.

development plans of the population with the challenges in the increase and change in the age structure of the population in order to make it a real opportunity.

**Table # (1): Jordanian population rate in the workforce age (15 – 65) & the dependency rate according to the three scenarios**

Year	High scenario (3.5 births) 2030	Medium scenario (2.4 births) 2030	Low scenario (2.1 births) 2030	High scenario (3.5 births) 2030	Medium scenario (2.4 births) 2030	Low scenario (2.1 births) 2030
	Population rate in workforce ages			Age dependency rate (per 100 persons in workforce ages)		
2012	60.05	60.05	60.05	67.0	67.0	67.0
2030	60.86	64.73	65.93	64.0	54.0	52.0
2050	59.75	64.62	66.29	67.0	55.0	51.0

Source: Higher Population Council, Population Projections for the period 2012 – 2050 using Spectrum DemProj Model software

## **Policies and programs of reproductive health / family planning**

Successive Jordanian governments have worked through the Population National Committee and then through the Higher Population Council (HPC) to develop the Population National Strategy in 1996 and amend, update and adopt it to cover the period 2000 – 2020. Also, a population committee was formed in the Parliament and the Higher Population Council developed the demographic opportunity policies document in Jordan and the first phase of the National Plan for Reproductive Health / Family Planning for the years 2003 – 2007, and the second phase of the plan for the years 2008 – 2012. Additionally, in 2013 the National Strategy for Reproductive Health / Family Planning was developed for the years 2013 – 2017 in execution of such policies. Also, the Ministry of Health exerted similar efforts during 2013 by developing the Strategic Plan for Family Planning for the years 2013 – 2017.

Those efforts have reflected the great commitment of Jordan to comply with the principles of the work program issued by the International Conference on Population and Development of 1994<sup>20</sup> due to the influence of demographic trends in development and the importance of the role played by the governments initiating or accelerating the required demographic change by availing high quality services in the field of family planning despite the growing role of the private sector, the NGOs and civil society and international organizations in the field of providing health care in general, and family planning services in particular.

Furthermore, the Council of Ministers ratified the National Strategy for Women in Jordan 2013 - 2017<sup>21</sup> which was developed by the Jordanian National Commission for Women which includes

<sup>20</sup> UNFPA, The International Conference for Population and Development (ICPD), Program of Action, Cairo, 1994, Chapter 7.

<sup>21</sup> <http://www.women.jo/images/space.gif>

five fields with several various modules in each. The second field of this strategy is allocated for women's health where its general objective is "*ensuring that women enjoy health care in all life stages efficiently and in high quality according to international standards and with all its various preventive, curative and rehabilitative forms as well as improving health programs and services provided thereto and guaranteeing access to them and improving their quality*". As for the sub-goals in the field of women's health, they relate to enhancing women's health (in all life stages), improving quality of care and services provided thereto in order to improve their lives quality, increasing the effectiveness and efficiency of reproductive health programs/ family planning, improving the quantity and quality of the provided services which will be reflected on the reduction of the total fertility rate, disseminate awareness in regard of demographic opportunity and its implications, and developing of policies in order to invest them and translate them into national plans and clear working programs.

The third field is allocated for violence against women where its general objective is ensuring protection of women against violence especially gender-based violence to ensure having safe, stable and secure women in the family, work and community. Such efforts to protect women against violence shall be contributed effectively by all concerned entities in the country considering anti-violence campaign as a "participatory national responsibility". The sub-goals, however, of the violence against women field include ensuring the protection of children in the family, school and society against abuse of whatsoever type, protection of young women and women in general in the family, workplace and the society from violence ,especially gender-based violence, adopting a participatory-oriented multi-dimensional approach with multi competencies and based on human rights in combating violence against women as a «*participatory national responsibility* ».<sup>22</sup>

The Ministry of Health's mission in this strategy is represented in empowering the Jordanian families to achieve its desired reproductive goals through providing information and services in regard of high quality family planning in an efficient and effective manner within a supporting environment and with the participation of the community and all other relevant entities. The plan goes in line with five basic values affecting the implementation process, namely: voluntary knowledge-based option, access to multiple options of modern family planning methods, availability of family planning services, acceptable and convincing cost and safe use. It is also committed to the compatibility and integration principles with other documents and strategies related to the Ministry of Health and the Jordanian Government and building on the strengths enjoyed by the health system in Jordan.

The general objective of this strategic plan is to empower the Ministry of Health to provide family planning information and services to the citizens in Jordan efficiently, effectively and in high quality in order to contribute to achieving the national objectives. The plan includes five strategic objectives, namely: improving the quality of services and consultations in regard of family planning and the ease of accessing them; strengthening the effectiveness and use of information

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<sup>22</sup> The national reproductive health/ family planning plan (2013-2017)

systems and other supporting family planning regulations; strengthening the supporting family planning policy environment; improving the effectiveness and efficiency of the human resources management in regard of family planning; and raising community awareness and increasing the popularity of family planning. Moreover, each strategic objective of the plan includes a number of sub-objectives and key initiatives and activities to be implemented by the various stakeholders in the Ministry of Health, which aim to achieve these goals.

In many developing countries, including Jordan, the poor rely on government programs in the field of family planning services. In Jordan, the government sector provides 44% of the family planning services and its share of such basic services is continuously increasing<sup>23</sup>. Furthermore, the Ministry of Health purchases family planning methods with public funds and provides them free of charge to local and international NGOs which currently provide 21 % of the family planning services in Jordan. The remaining 35 % get this service from the private sector. Also, 54% of the poorer population segment resort to the public sector to get such services. The government does not only provide a high percentage of the family planning services, but also issues rules, regulations and instructions and implement the same as well. This, in turn influences the provision of such services by the private sector and the NGOs.

Since the beginning of the third millennium, reproduction levels started to become stable in Jordan. The total fertility rate per woman of reproductive age (15-49 years) remained almost constant (350 births per 100 women) despite the fact that the small decline in the last five years was abstract. The completed fertility rate of women who reached the end of their fertility age (45 – 49 years) is still high, (250 births per 100 women). The case is the same in relation to the average family size. Very short-spaced births (less than two years apart) are still high and the same is the case with unplanned births and the unmet need for family planning. Newly-wed couples showed speedy births for their first newborns as by the second year of their marriage, 87% of them have got their first newborn or achieved their first pregnancy<sup>24</sup>.

The aforementioned fertility trends are due to direct reasons, namely: the constant rate of modern contraceptive methods among married couples at 42%; constant unmet need to use them (reached 12% among married couples and 17% among the poorest or least luxurious segment of families); failure of methods used due to high rate of using traditional methods (rate of their usage reached 19% of married couples, and in one of the governorates reached 28%<sup>25</sup>). These findings support the statistics issued by the information system of modern contraceptive methods provision over

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23 (Outcomes extracted from Population & Family Health Survey data, 2012)

24 (Outcomes extracted from Population & Family Health Survey data, 2012)

25 The IUD and conventional methods represent two-thirds of the used methods by married couples in Jordan according to the findings of Population and Family Health Survey, 2012. Among 109 developing countries, Jordan ranks among the top 20 in using conventional contraceptive methods:

Bertrand, Jane, Tara Sullivan, Ellen Knowles, Mohammad Zeeshan and James Shelton. Contraceptive Method Skew and Shifts in Method Mix In Low-and Middle-Income Countries. International Perspectives on Sexual and Reproductive Health. Vol. 40 No.3 (Sept. 2014).

recent years which show that demand on such methods which are available at government sector centers and those of the NGOs was decreasing or otherwise demand rise was not matching the increasing number of newly married couples over the same period, especially those who only recently entered fertility age.

Contrary to the prevailing perception, all that was accompanied by a rise in the rate of the previously married females and in the rate of those currently married during the last decade reaching 57.1% and 54.3% respectively along with delay in usage of family planning methods for the first time after marriage, since less than 2% use a contraceptive method before their first childbirth and most of which are traditional methods. In addition, there is a driving force for increasing of the annual births as the number of females entering childbearing age over the next decade will be twice as the number of those exiting this age due to the high number of female births and half of the Jordanians today are below 22 years of age. This means that the Jordanians have given birth to more than one and a quarter million children over the last 22 years. This youthful population structure shall give more opportunities for increasing numbers of births in the upcoming two decades. The IUD and traditional methods comprise about two-thirds of the currently used methods in Jordan (66%), and the first method (the IUD) requires a female service provider who is not available in all service locations. However, the other method does not require any service providers or even any source, but its use could have more failure chances.

The first demographic policy for Jordan was developed in 1993, and a set of demographic policies were implemented where the first of which was in 1996. Moreover, two national work-plans were set up for reproductive health/ family planning for the years (2003 – 2007) and (2008 -2012). In general, the political environment is supportive of reproductive health / family planning and the spacing between births, especially when linked to achieving of the demographic opportunity. Yet, effective implementation of family planning program is still facing many challenges including procedural impediments.

According to the outcomes of the population and family health survey of 2012, the total reproduction rate target of 3.5 births per one woman of childbearing age was achieved. Despite the rapid decline of the total fertility rate in Jordan in the 1990s from 5.6 in 1990 to 3.7 in 2002, yet, the change was slight over the period from 2002 – 2012 as it fluctuated between 3.8 in 2009 and 3.5 in 2012. Also, the rate of family planning methods usage rose from 40% in 1990 to 56% in 2002, and then to 61% in 2012. Nonetheless, the increase was almost entirely in conventional methods usage. Additionally, the population and family health survey of 2012 revealed that 19% of women in Jordan use conventional family planning methods compared to 2% rate of the same in Egypt, 11% in Morocco, 8% in Tunisia and 15% in Syria<sup>26</sup>.

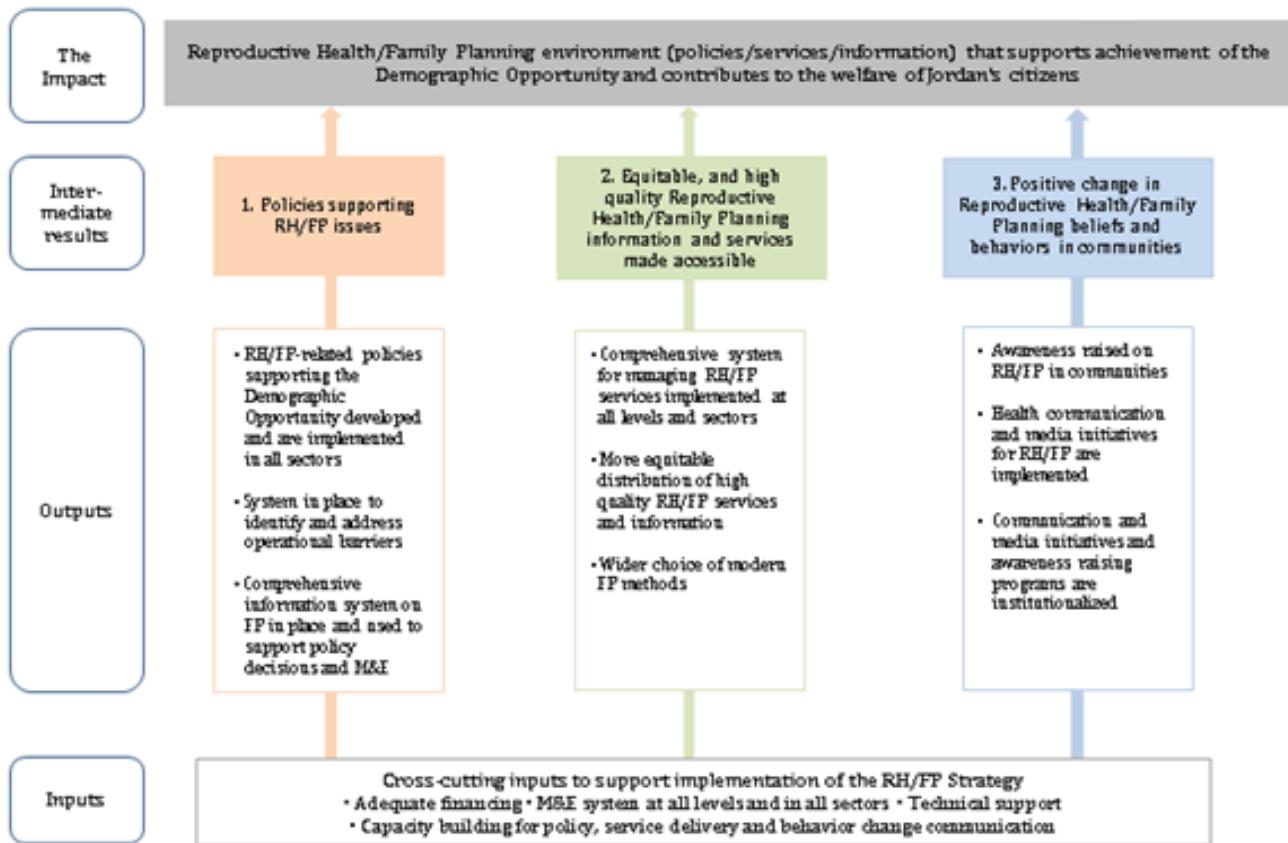
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<sup>26</sup> Demographic References Office, Population in the World Data page, 2012, Washington DC, the United States of America.

Besides that, the same survey of 2012 indicated that women in Jordan use a large range of reproductive health / family planning services in both the public and private sectors. The Ministry of Health is considered the key provider of family planning services (41% in 2012, 43% in 2009), followed by specialist physicians and private hospitals clinics (20% in 2012, 21% in 2009), pharmacies (15% in 2012, 13% in 2009), the Jordanian Association for Family Planning and Protection (JAFPP) (11% in 2012, 12% in 2009), and the UNRWA (10% in 2012, 8% in 2009). The rate of family planning methods use stoppage during the first year of usage commencement reached 48% in 2012. Additionally, the population and family health survey of 2012 showed that about 11% of women who do not wish to have children do not use any family planning methods which represents an unmet need for family planning in Jordan.

Despite the high rates of education in Jordan amongst Jordanians of all ages and the availability of accurate information regarding the use of family planning methods at the national level. Prevalent social concepts (arising from certain cultural norms and values) still play a role in hindering the use of such family planning methods. Some of these concepts relate to the necessity of having a female provider only of such services, and the incorrect beliefs that the use of modern family planning methods will lead to adverse impacts on the users. In addition, the number of desired children for a Jordanian family remained high.

Figure (1) shows the general framework of the national strategy for reproductive health/ family planning for the period 2013 – 2017 including the inputs and outputs of medium range and impact outcomes.



## Chapter 3: Reproductive health Services/ family planning

### 3 – 1 Government and quasi-government sectors

#### Ministry of Health<sup>27</sup> (MoH)

The Ministry of Health is the government entity responsible for all health affairs in Jordan and works to maintain public health by providing preventive, curative and supervisory health services as well as regulating health services provided by both public and private sectors and supervising the same. It also provides health insurance to citizens within its available capabilities along with establishing of medical, educational and training institutions affiliated to the MoH and supervising their managements coping with relevant applicable rules and regulations. Moreover, the Ministry works in coordination with relevant stakeholders in the field of reproductive health to achieve the following:<sup>28</sup>

- Promote and encourage breastfeeding to infants, and to this end it has the right to prevent any means of visible, audible or written advertising, or any means of displaying notes, instructions, identification cards, projection slides, images, movies or goods in any way to advertise breastfeeding substitutes and complementary foods along with the controlling of production, design and dissemination of information and educational materials related to them.
- Maternal and child welfare by providing necessary services to the mother and child including care of pregnant women during prenatal and postnatal periods together with monitoring of infant's growth and providing of vaccines according to the required reproduction health requirements and other health issues relevant to family planning.
- Oblige couples wishing to marry to test for Thalasemia blood disorder before marriage and to identify the provisions relevant to such test and its conditions according to the issued system pursuant of the provisions of this Law.

The MoH meets about 41% of demand on modern family planning methods<sup>29</sup>, and is considered a key contributor in the national efforts aiming to assist Jordanian families to achieve their goals in the field of reproductive health and achieve the national objectives of demographic growth at the national level. It provides family planning services in its hospitals and health centers at an

27 MOH Family Planning Strategy (2013 – 2017).

28 MOH Family Planning Strategy (2013 – 2017).

29 DoS, Population and Family Health Survey, 2012.

extensive geographic coverage which maintains easy access and obtaining of such services. These facilities provide their services to all population segments, especially those with low and medium incomes.

Furthermore, such services are availed free of charge to Jordanians and at cost price to non-Jordanians as a subsidiary initiative from the Government. Additionally, the MoH supports other medical services providers, such as the RMS and a number of NGOs including the JAFPP, the UNRWA, the UHs, and some private sector clinics by providing them with modern family planning methods free of charge. Also, the MoH engages medical personnel working in such sectors in some of the training programs on family planning, especially training on the provision of implants and IUD services in order to expand available options in family planning methods in such sectors.

In 2007, a division for family violence was established in the Ministry of Health in order to work on institutionalizing a system to deal with domestic violence cases, and to contribute to raising the medical staff capabilities for early detection to deal with cases of violence against women and children and the developing of the infrastructure.

The Ministry also works in cooperation with the United Nations Population Fund (UNFPA) to build the capabilities of health services providers in the health centers and hospitals to deal with family violence cases and to raise the efficiency of family protection committees' members in detecting the cases and addressing them. Also, three units have been reviewed, updated and added to the gender-based violence training guide about violence against men and people with disabilities along with adding a third unit including interactive and innovative exercises to get to know the beliefs and practices of the trainees of health care providers about family violence. Moreover, family violence informative materials were designed and printed and a unified procedural guide about family violence was developed to be distributed to stakeholders and concerned entities.

### **Reproductive health / family planning information system in the public sector**

The MoH has an information system on women's and children's health, which provides information about family planning services at health centers, and prenatal, postnatal and child care. Reports of this system help to evaluate the services provided, including counseling service, and it is available to everyone on the MoH's website. The MoH also has an information system on the provision of family planning methods which provides accurate information about the distribution of family planning methods to all sectors included in the provision system in Jordan. This system is considered a rich source of information about available options of family planning methods, their usage and other important indicators. Such system can issue various reports and various indicators on the ways of supply to use them in planning and taking technical and administrative decisions.

This system is currently being updated to promote the ease of usage and to facilitate access thereto through the Ministry's website.

In addition MoH published Health Information Systems on its website like: MoH Dashboard ,Communicable Diseases System, Moh Operation Planning System ,Using Mobile Phone to allocate Family Planning Service Delivery-Points GIS , Logistics Management Information System (LMIS- MCH New Variables Report, Maternal & Child Health Care Variables, Perinatal Information System (PI), Mother and Child Health (MCH).

### **Strategic Plan for family planning**

The Ministry of Health also launched the Strategic Plan for family planning for the years 2013-2017 in response to the challenges and obstacles faced by the family planning program in the MoH and to strengthen national efforts to improve family planning indicators and thus achieve the national goals. In addition, the Ministry cooperates and builds partnerships with national and international organizations working in the field of reproductive health / family planning and benefit from the support provided by the donors. The Ministry makes annual financial allocations under the item "reproductive health and family planning project and these funds are used for the purchase of contraceptive methods. Additionally, some financial allocations are made for the second item, namely: the capability building project which is being implemented by Maternity and Child Health Directorate which includes family planning activities. Obviously, there are financial challenges facing the Ministry due to the continuous provision of family planning methods to all sectors since the cost and the required quantities of such methods are on the rise. Furthermore, there is a need to allocate sufficient and constant funds in the MoH's budget for the purchase of needed items and methods and for the implementation of activities, such as training and allocating service provision locations as well as health personnel and equipment

#### **➤ Hospitals**

The MoH provides family planning services and counselling through internal sections and outpatient clinics of 20 hospitals, including maternal and child care centers (postnatal care clinics (CPP)), puerperal clinics, Obstetrics and Gynecology Clinics. These hospitals are widespread throughout Jordan, with the exception of the governorates of Tafileh and Aqaba. In order to reduce the missed opportunities to provide family planning services and counseling and take advantage of the fact that 99% of births in Jordan occur in hospitals, the MoH started in 2011 to provide family planning services and counselling to women inside the hospital directly after birth and abortion and before being discharged from the hospital. The number of hospitals applying the program reached 13 hospitals in mid-2012. The Ministry is seeking to expand this program to include other hospitals.

It is worth noting that abortion is prohibited in Jordan under the Penal Code, Law No. 16 for the year 1960. However, under Public Health Law No. 20 of 1971 (section 62[a]), an abortion can be performed when it is necessary to save the life of the woman, to preserve physical or mental health. The abortion must be approved by two physicians, and the written consent of the pregnant woman must be obtained, unless she cannot write or speak. In this case, her spouse or the person legally responsible for her must give written consent. Neither the Penal Code nor the Public Health Law sets time limits for the performance of abortions.<sup>30</sup>

## ➤ **Health centers**

Modern family planning services and counseling are provided in maternity and child centers available in primary and comprehensive health centers. The number of health centers grew from 416 in 2007 to 444 centers in 2012 spread over all governorates. 76 of these centers got accreditation from the Health Care Accreditation Council (HCAC) for primary health care and family planning by the end of 2014. More centers are underway of being prepared to obtain such accreditation. Quality assurance, follow-up and supervision of family planning services are shouldered by heads of maternity and child health divisions and maternity and child supervisors in Health Directorates along with heads of Health Centers and Maternity and Child Health Directorate.

## ➤ **Available family planning methods**

The number of options for modern family planning methods ranges from 3 to 5 based on the availability of required equipment and trained personnel. The MoH provides several types of modern family planning methods such as family planning pills (compound and monocular pills containing progesterone only), copper IUDs, progesterone injection only, Implanon implant, condoms, and female sterilization. Till the end of 2014, 31% of health centers and hospitals provided at least four of the modern family planning methods. The MoH started providing the implant method in 2005 within a set of the available options. According to MoH statistics, 34% of hospitals and MoH health centers provided IUD installation service. Also, the MoH introduced services and counselling for two of modern methods (pills and condoms) in 45 health sub-centers in the villages of the South Provence.

It is noteworthy to mention that there are some challenges facing the purchase system and logistic provision. For example, the purchase process of family planning methods is a long, complicated

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<sup>30</sup> The Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat.

and costly one in addition to the limited options available of the family planning methods in the Jordanian market. Add to this the lack of incentives on the part of supplier companies and drug stores to import and register new methods due to the small size of the Jordanian market for family planning methods. A study<sup>31</sup> conducted in 2004 pointed out that 35.9% of users from the medium economic segment, 29.5% from the upper-medium segment and 17.9% of the wealthier segment got family planning methods free of charge from government service provision centers in spite of their ability to purchase the same. This increases the financial burden on the public sector to meet the increasing cost to supply the family planning methods free of charge to all citizens.

## **Royal Medical Services (RMS)**

Royal Medical Services is one of the units of the Jordan Armed Forces. RMS offers health insurance to about 25% of the Jordanian population and meets the demand of almost 2.7 on services allocated to modern family planning methods. The services of the RMS cover most regions and provinces in the Kingdom<sup>32</sup> and its comprehensive health services are provided to the personnel of the Armed Forces (AF) and their families free of charge. RMS services are also sought by civilian Jordanians and non-Jordanian patients.

### **➤ Hospitals**

Family planning services and counselling are offered by RMS through internal sections and in Obstetrics and Gynecology clinics through six hospitals located in Amman, Irbid and Zarqa, Karak, Tafileh and Aqaba. It also provides postnatal and post abortion services in all those governorates except Aqaba. Also, RMS provides family planning services and counselling in five medical military centers in the governorates of Zarqa, Ma'an, Aqaba and Mafraq.

### **➤ Available family planning methods**

At least four modern family planning methods are available (compound and monocular pills containing progesterone only, copper IUDs, progesterone injections and condoms) in all clinics run by RMS. In some hospitals and clinics, the Implanon implant is available depending on the availability of trained and qualified service providers. RMS obtains family planning methods from the MOH free of charge.

### **➤ Service providers**

Most family planning services providers in the RMS hospitals are mainly male specialists in Obstetrics and Gynecology. Meanwhile, the nursing sector performs the counseling only on the reproductive health/ family planning.

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31 Analysis Study of market segments for Family Planning Program in Jordan to provide scientific evidence for building a sustainable strategy of Family Planning methods, Table 6, Page 12, Population Policies Project.

32 The annual statistical report of the Royal Medical Services, 2011.

## **University Hospitals (UHs)**

UHs meet about 0.5 % of the demand on methods of modern family planning services. These hospitals include the Jordan University Hospital (JUH) in Amman and King Abdullah University Hospital (KAUH) in Irbid. As for hospitals which provide training and affiliated to the Hashemite University and Mu'tah University, namely: Prince Hamza Hospital (PHH) in Amman and Karak Hospital in Karak are affiliated to the MOH.

### **➤ Available family planning methods**

At least four modern family planning methods are available (compound and monocular pills containing progesterone only, copper IUDs, progesterone injections and condoms). UHs get family planning methods from the MOH free of charge.

### **➤ Service providers**

Most family planning services providers in the UHs are specialists in Obstetrics and Gynecology and resident physicians.

## **Department of Statistics (DoS)– Gender Statistics Division**

The Department of Statistics has initiated a gender statistics division aiming to integrate the gender concept in the national statistics system and to set up a database that is classified according to gender reflecting the status of both men and women in figures and in a credible and transparent manner along with documenting of improvement to women's status and to increase awareness of the vitality of using gender-classified data for developing of qualitative analyses.

Gender-related data can be obtained from various sources, such as population censuses, sample surveys and civil and administrative records wherefrom data and indicators can be obtained periodically and at a regular basis. The division conducts studies and research on gender and participates in the implementation of gender statistics training programs along with spreading awareness to the data users on the importance of gender statistics and their indicators in various development issues.

## **Studies and Publications**

DOS coordinates with local, regional and international entities that are concerned with gender statistics, it also reviews international reports published by Jordan such as the following:

- Report on Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The Jordanian National Commission for Women assumed preparation of third and fourth reports of 2005 through partnership with governmental and non-governmental institutions to provide required information and data which will assist in describing the progress achieved at the legislative, procedural and statistical levels. At the time, gender statistics division participation was restricted on providing officials for reporting with all gender-classified statistical data.

Currently, the Commission is preparing the fifth report. The role of this division has been expanded as it has become one of the most important key members responsible for the provision of data which reflects women's status and which is required by CEDAW's provisions in addition to the other vital role which is represented in reviewing and discussing the draft report before adoption.

- “Man and Woman” Series

DoS assumed issuance of the first report of “Men and Women in Jordan” in 1999, and the second issue was published in 2003. Then, in 2006, a magazine entitled “Social Trends” was published and each issue of which included an analytical article shedding the light on women's status in a particular area. In 2008, “Women and Men in Jordan in Figures” booklet was prepared and published.

- “Gender Dimensions 2007 in the Department and its offices” study

The importance of this study springs from its being the first of its kind that seeks to analyze the situations linked to gender in the Department and the consolidation of this concept in the institutional dimensions of the Department taking them into account in its practiced procedures and activities. It can also be considered one of the fundamental studies that gives opportunity to researchers and planners to use its outcomes for comparison goals or in the field of spreading awareness about gender issues.

- Gender indicators

DoS gender indicators cover women participation in several domains, it includes political and economic indicators. However, the following two indicators are the most relevant to reproductive health.

*Health indicators:* mortality rate for female infants; mortality rate for female children in the ages 1 – 4 years; female life expectancy at birth; mothers' mortality rate; rate of female live births whose weight is less than 2500 grams at birth; rate of births under medical supervision; rated of females vaccinated against certain diseases, such as diphtheria, tetanus, whooping cough, measles, polio and tuberculosis; the total fertility rate.

*Indicators of violence against women:* rate of crimes committed against women; rate of violence committed against women by type of violence; rate of violence committed against women by type of violence and by governorates.

The DOS published a Population and Family Health Survey findings regarding domestic violence include<sup>33</sup>:

- Thirty-four percent of ever-married women age 15-49 have experienced physical violence at least once since age 15, and 13 percent experienced physical violence within the 12 months prior to the survey.
- Nine percent of ever-married women age 15-49 report having experienced sexual violence at least once in their lifetime.
- Overall, 32 percent of ever-married women age 15-49 report ever having experienced emotional, physical, and/or sexual violence from their spouse, and 22 percent report having experienced one or more of these forms of violence in the past 12 months.
- Among ever-married women who had experienced spousal violence (physical or sexual) in the past 12 months, 30 percent reported experiencing physical injuries.
- It is not common for women in Jordan to seek assistance from any source for violence they have experienced. Nearly one in two (47 percent) women have never sought help and never told anyone about the violence they have experienced.

## **Higher Population Council (HPC)**

The Higher Population Council was established in 2002 and is considered as a reference to all development-related demographic issues and information in order to contribute to the development of policies, strategies and work plans as well as following up and assessing them and acquiring advocacy therefore, and spreading awareness of such issues along with enhancing national capacities in this respect in coordination with partners and stakeholders.

The Council also aims to contribute to the provision of an environment of supportive policies to the issues of population and development, and strengthen cooperation and networking with partners in order to serve the population and development issues, along with working to achieve financial sustainability of the Council, and raising the level of awareness of population and development issues.

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<sup>33</sup> Department of Statistics, Population and Family Health Survey, 2012

It is worth noting that the council was reconstituted in 2008 under the chairmanship of the Prime Minister, and then was reconstituted in 2012 and headed by Minister of Planning and International Cooperation and the membership of several others: Minister of Labor, Minister of Awqaf and Islamic Affairs, Minister of Health, Minister of Social Development, Minister of Education, Minister of Higher Education & Scientific Research (MHESR), Secretary-General of the Higher Council for Youth, Director-General of the Vocational Training Corporation, Secretary-General of the Jordanian National Commission for Women, Director-General of Radio & Television Corporation, Chairperson of the National Center for Human Resources Development (NCHRD), Secretary-General of the Higher Population Council – Representative of the Jordanian Hashemite Fund for Human Development, two members from the private sector. An executive committee of the Council was established to follow up and facilitate the implementation of its works and to enable the Council to achieve its objectives and goals headed by the Minister of Labor and membership of Secretary-General of the MOH, Secretary-General of the Ministry of Higher Education & Scientific Research, Director-General of Radio & Television Corporation and Secretary-General of the Higher Population Council.

## **Higher Population Council projects**

### **The Population and Development Program**

Population and Development Program aims to support the achievement of policies, programs and initiatives that achieve and invest in the demographic opportunity policies. This would contribute to the welfare of the citizen, in line with the National Agenda and its executive program, in addition to national strategies, an action plan for the population and the international development, International Plan of development after 2015. The Council also works to follow up and monitor the achievement and check the effectiveness of operational programs for their partners in the development process.

The Population and Development Program aims to achieve the following results in the context of demographic opportunity:

- To reach the height of the demographic opportunity by the year (2030) through the achievement of demographic transition through the attainment of the lowest level of age dependency ratio.
- Achieving high rates of the proportion of active population economically by creating a stimulating learning environment for education, scientific research and creativity, business incentive for investments and innovation; a growing demand for labor and vocational and technical training, and a growing demand for self-employment and work leadership and the promotion of women's economic participation rates.
- The achievement of effective preparations for the demographic opportunity and after the peak stages through continuous expansion, diversification, improvement in health services; and social

protection services, and assigning the appropriate infrastructure suitable to the requirements of sustainable development.

### The Reproductive Health Program

The Reproductive Health Program seeks to create harmony in the efforts of all RH/FP service providers and improve the supporting policy environment in Jordan affecting the implementation of the interventions, the availability and quality of such information and services with high quality, and to follow-up and evaluate the achievements and service to the objectives of the program.

Among these initiatives, which are prepared by; followed-up and evaluated by the Council through the reproductive health program are:

#### *The First Phase National Reproductive Health Action Plan (RHAP) 2003–2007*

Which focused on laying the foundation for a long term integrated and effective reproductive health / family planning program, including several main themes such as: the development of information systems, financial sustainability, advocacy, attitudes and behavior change, policy development, coordination and access to services.

#### *The Second Phase National Reproductive Health Action Plan (RHAP) 2008–2012*

The Second Phase builds on lessons learned and cultivates the achievements of the First Phase. The focus of the first three years of the second phase-on enhancing the effectiveness and efficiency of the use of reproductive health / family planning services and information during (2008-2012), and re-defining the purpose and impact of the second phase of the plan to become improving reproductive health / family planning in Jordan to contribute to the improvement of women's and children's health; and speed up access to the demographic opportunity.

#### *The “National Reproductive Health/Family Planning Strategy 2013–2017*

The Strategy was developed through joint national efforts, builds on lessons learned and cultivates the achievements of the First Phase National Reproductive Health Action Plan (RHAP) 2003–2007 and the Second Phase (2008–2012).

The strategy seeks to achieve the desired effect of a sustainable environment for quality Reproductive Health and Family Planning (policies, services and information) supportive of achieving the Demographic Opportunity which may Contribute to enhancing the well-being of Jordanian Citizens.

#### *Gender disaggregated data supporting the demographic opportunity in Jordan Project with KVINFO the Danish Centre for Gender)*

The project aims to enhance the quality, availability and comprehensiveness of sex-disaggregated statistics and gender related indicators for public use with emphasis on the sub-national level.

The project immediate objectives are raising awareness among public and private sector data producers / users in local governorates on the importance of sex-disaggregated statistics and gender related indicators in the local governorate and link it to the demographic transition as well as improve community awareness of women's role in the demographic opportunity. In addition the project will clarify the economic and population policies that contribute to achieving the demographic opportunity and expand network of collaboration among users and producers in the governorates for generating a list on gender related indicators and sex disaggregated data. Success criteria are:

- 1) Enhance the experience of the target group and women activists in the local governorate in gender-differentiated treatment based on gender statistics.
- 2) Develop a deeper understanding as well as analytical skills of policy measures for better and more holistic integration of gender issues/statistics into advocacy efforts
- 3) Enhance networking through a sustained channel of communication

The most important outputs of the project is the "Map of Jordanian Women's Empowerment". The study, "Map of Jordanian Women's Empowerment", is a modest contribution to monitoring the status of Jordanian women indicators at the Governorate level and analyzing the indicators to identify the economic, social and health needs and opportunities for empowerment for each Governorate, in order to provide some proposed solutions to help advance Jordanian women's involvement in the achievement of and investment in the Demographic Opportunity.

### **Steering Committee for Research**

The Higher Population Council (HPC) launched "Population Research Initiative" project: PROMISE Population Platform in 2008. The main reason behind adopting this initiative was the existence of many studies that were related to population and reproductive health issues, but they did not provide decision makers, program planners and service providers with information that supports policies and decisions, and due to the absence of a local entity to shoulder the responsibility of managing research in terms of collecting and analyzing studies and research in order to provide decision makers and policy planners with data and directions in the required scientific way. In addition, many projects already funded by donor institutions need data and research that support them in steering their programs and projects locally, despite the existence of many leading entities involved in developing and publishing national research.

Accordingly, the HPC established the Steering Committee of the PROMISE Population project headed by the HPC Secretary-General and the membership of the Department of Statistics, the High Health Council (HHC), the Jordanian Royal Medical Services (JRMS), the MOH, the Jordanian Association for Family Planning and Protection (JAFPP), the United Nations Relief and

Works Agency for Palestine Refugees in the Near East (UNRWA), representatives from governmental and private universities, donors, and Jordan News Agency (Petra) to carry out the following tasks:

**At policies level:** Developing the strategic directions and work mechanisms of "PROMISE Population project, giving counseling in regard of establishing and following up this project, approving the establishment of the committees emanating from the Steering Committee and its subcommittees working in " Population Research Management" project, PROMISE, and making recommendations on its reference terms, and making placement to the council's general secretariat regarding the mission of "PROMISE Population" project and orientations of its policies, and placing recommendations regarding policies resulting from research analysis to be referred to the HPC, and providing "PROMISE Population" project with support and assistance.

**At the procedural level:** Adopting the annual work program of "PROMISE Population" project that is delivered by its official, directing the activities of "PROMISE Population" project and ensuring that they are aligned with the national strategic plans, assessing frameworks of work of the project, its activities and outputs to ensure their quality and delivering them to the concerned parties, and providing the Secretary-General of the HPC with counseling concerning the work regulating this project and its compatibility with the work of the basic committees.

### **PROMISE Population Platform**

PROMISE population platform was established in 2010 and downloaded on the HPC website so as to provide a comprehensive database for studies and research relevant to population and development issues in both Arabic and English languages, including reproductive health/ family planning to be utilized by experts, researchers, decision-makers and policy developers since 2000. This has come as the HPC believes in the importance of reliance on scientific evidence and facts when proposing and adopting policies and decisions and when programs related to population and development issues in Jordan are prepared. Furthermore, PROMISE population platform will keep researchers, program managers, decision makers and research entities well-informed and aware of all new issues at all levels; locally, regionally and globally in this respect. To facilitate the browsing process and make advantage of this website, interested persons may view the summaries of such studies and research projects classified according to three key areas: Policies, Programs and Services. Moreover, the website provides a menu which includes research priorities in these areas. The site enables the download of CVs and full studies when available as well as providing browsers with the option of sending available research and studies via emails to interested parties in the same topics. The Council constantly updates the platform by supplying it with the most recent research and studies linked to population development and reproductive health/family planning.

The promotion for the population project research database website (PROMISE) is being carried out through the preparation of promotional materials and short mobile phone messages and

announcements via e-mail to the target groups of experts, researchers, academics, students and decision-makers. Work is under way to update the PROMISE website continuously with the latest research and studies on population and development, and reproductive health at the national level in Arabic and English. This is done by addressing government, private, and voluntary organizations in addition to civil society organizations and financing institutions to provide any studies or research related to population and development including reproductive health. It provides a comprehensive reference for most of the studies and research on policies, programs, and services that are linked to population and development issues for the benefit of experts, researchers, students, interested people, decision-makers, program managers and research bodies. This comes from the Council's strong belief in the importance of building on the scientific approach when proposing and adopting policies and decisions, and in the population and development program building on the latest research and studies on population in this area.

There had been updates on the site during 2012 (112 study) and in 2013 (62 study) and in 2014 (87 study). The number of users of this data base was (8193 user) in 2012 and (25415 users) in 2013 and (46601 users) in 2014. This database needs to develop its site operations management, extract its periodic reports, and find a follow-up system to measure its impact.

Studies and research launched by the Council in the period 2013 – 2015 and documented on PROMISE Population Platform can be found in Annex I.

**HPC carried out a training course in 2014 on calculating reproduction rates annually** for technical specialists from the Department of Statistics and Civil Status and Passport Department about using data and civil records which are available in the Civil Status and Passport Department to calculate reproductive rates annually, and aimed to build up specialists capacities in the two departments by using the software package SPSS, to provide annual indicators of fertility rates, which can only be provided through survey of population and family health every five years, as well as carrying out a training workshop on "analyzing trends of population and family health surveys in cooperation with ICF institution entitled "Analyzing Trends Based on the Population and Family Health Survey Data". The workshop also aimed to develop capacities and skills of a number of national institutions on analyzing data of population and family health surveys implemented in Jordan during the years (1990-2012), and analyzing demographic trends of the Kingdom using the software package SPSS.

#### **Population Indicators Base of the HPC - Devinfo7**

The population indicators base of the HPC has been developed, updated and sustained in cooperation with the Department of Statistics. It aims to ensure quality and accuracy of the information provided to the decision makers and stakeholders to rely on in preparing development plans and programs. It also allows presenting indicators according to the various administrative and geographic levels. This software can also be used in preparing technical reports, statistical tables and graphs. It includes all the indicators of following up the document of Demographic Opportunity policies and the National Plan for Reproductive Health in order to monitor to which extent the goals of the plans are achieved, and provide the indicators of the Millennium Development Goals (MDG). This base also enables researchers, decision makers and policy planners to review indicators values at the national and governorates levels and reflect them in tables, graphs and maps.

Moreover, entering indicators produced by DoS and other entities and related to women will be done all the time. Additionally, the HPC has worked, through the Department of Statistics, on building the capacities of the partners of the council (the members of technical committees and liaison officers) in the fields of research and studies, through holding training sessions on how to use development indicators base DevInfo7 in order to develop and host development indicators base DevInfo7 and train partners on using it, and to familiarize participants with tools and aspects of the software application and the rapid and advanced search for data. In addition, it teaches them how to prepare and edit tables and charts, and review descriptive data. The development indicators base includes all indicators of following up the Demographic Opportunity policies document and the National Plan for Reproductive Health to monitor to which extent the goals of the plans are achieved, and provide indicators of the MDG, besides enabling researchers, decision makers and policy planners to review indicators values at the national and governorates levels and reflect them in tables, graphs and maps.

## **Jordanian National Commission for Women (JNCW)**

The JNCW was established by a decision of the Council of Ministers in 1992, responding to the initiative of HRH Princess Basma Bint Talal, to express Jordan's interest in improving the status of women and enhance their participation in achieving sustainable development, and to emphasize its commitment to implement its national, regional and international policies and undertakings. In 1996, the Council of Ministers decided to mandate the commission with tasks and responsibilities that reflect what Jordan has been committed to within the Beijing Platform for Action of national mechanisms for women. This decision of the Cabinet considered the JNCW as the authority on women's activities and issues before all official entities, and thus, it should be consulted by all

official parties before any related actions or decisions are taken. The tasks and responsibilities of the JNCW included developing general policies related to women in all sectors, drafting the national strategy for women and following up its implementation, and working on updating and developing it. Moreover, the Commission is responsible for conducting study of the legislations in force and any other draft laws and regulations related to women. In addition, it proposes laws and regulations that achieve benefits to women or ensure they are not discriminated against in all fields, follows up their enforcement, and participates in drafting development plans for each sector related to women's affairs, along with participating in official and consultative committees and bodies which are formed by the government in all matters relating to women's issues, as well as following up implementation of policies and activities that have been adopted in the national plans and programs regarding women, and supporting the governmental communication network for gender.

### **Jordanian Nursing Council (JNC)**

The Jordanian Nursing Council is responsible for the organization of nursing profession through the development of regulations, policies, strategies and criteria for the recognition of the profession. Role of the council includes:

- Proposal of teaching profession policy and determining priorities in line with the Higher Education Policy
- Proposal of hospital terms made for the purposes of training and competence in the profession in coordination with the Ministry of Health.
- Adoption of standards needed to raise the level of the profession and to propose legislation regarding its practice.

### **The Higher Council for Youth (HCY)**

The HCY has trained peer educators in reproductive health field, with the support of United Nations Population Fund (UNFPA) in three Youth Institutes in cooperation with Y-Peer Network. The aim is to raise awareness of young men and women participating in healthy lifestyle camps about reproductive health topics, as well as providing health camps participants with health kits that contained necessary health supplies.

### **Universities and Academic Articles**

#### **Nursing Faculty at Jordan University for Science and Technology (JUST)**

The JUST Nursing Faculty was established in 1983 to meet the needs of domestic community and the Arab World in general in respect of educationally trained and qualified nursing professionals. Currently, the number of nursing students at this faculty amounts to nearly 1000 male and female students, in addition to about 140 candidates for postgraduate studies. The number of the teaching staff members who are holders of doctorate and master's degrees is 62. The faculty also has 17 delegates for postgraduate studies. The faculty comprises three academic departments, namely: Maternity and Child Nursing Department, Midwifery and Adult Health Nursing Department and Community Health and Mental Health Nursing Department. The Faculty of Nursing grants the bachelor's degree in nursing after the completion of the study of 134 credit hours successfully distributed over four academic years. Re-admission will be opened to the bachelor's degree in midwifery in the academic year 2014/2015. The college offers master's degrees in four disciplines: Adult Health Nursing, Community Health Nursing, Maternity and Newborns Health Nursing, and Management of Nursing Services and has a total of (150) students as master students who are still enrolled in the faculty, noting that those who graduated already amount to a total of (443) students in the master's stage until the beginning of the first semester of the academic year 2014/2015.

With regard to the faculty's overall global relations and services provided to the local community, the Faculty of Nursing has a significant impact on the development of the skills of all workers in the nursing sector, whether in the private sector or public sector in the Ministry of Health, as the faculty has been adopted as a cooperating Institute with the World Health Organization (WHO) to develop and improve the human resources in nursing in the East Mediterranean Region. Through this Institute, the Faculty of Nursing performs an important role, beyond serving the local community in developing the nursing profession in the neighboring Arab countries through the key goals of the Institute and in accordance with agreements signed with WHO, the faculty and the concerned country. So far, nine projects for the developing of the nursing profession have been executed in the Syrian Arab Republic, two projects in Palestine and one project in Iraq. All those efforts have emerged from the faculty's policy in adopting the project of continuous education programs and holding of targeted workshops. Moreover, the faculty has contributed in several field surveys related to Syrian refugees as well as vaccination campaigns for measles patients over the last few years as these projects were invested for three months when a field survey was conducted with Jordan in all the governorates to explore the impact and numbers of Syrian refugees on the quality of the nursing and medical services provided in Jordan. Furthermore, the faculty pays high attention to its role in serving the female sector in Jordan by the identification and protection against the various cancers, especially breast cancer. The faculty was also awarded the Institutions Award for distinguished accomplishments for the academic year 2012 in recognition of its role in the development of the nursing profession locally and regionally, given that the faculty enjoys membership in the Scientific Society for Arab Nursing Faculties as well as being a member in the Global Network of the collaborating Institutes with WHO.

## **The University of Jordan**

### Faculty of Nursing

The Faculty of Nursing (FoN) was established in 1972 by a Royal Decree. It was the first program in Jordan to offer a Baccalaureate Degree in nursing and was also the first to establish a nursing education program at the graduate level. In November, 2005, the FoN established its new Ph.D. program. The program was developed with a national effort that incorporated the involvement of all senior nurse educators and leaders in the country. The FoN has played a crucial role in terms of community service activities and post-registration education through specialized nursing courses. In addition, several members of the FoN have participated in establishing new schools of nursing inside Jordan and in some of the neighboring countries. Over the past years, the FoN has witnessed a steady expansion and growth and is now considered the Foremost of all Faculties of Nursing in the country.

The philosophy of the FoN reflects the philosophy of the University of Jordan that focuses on: quality education, scientific research and community service. To operationalize the philosophy, the FoN has kept its curricula up to date and directed at global, regional and local issues and health care needs. Among the hot issues are those related to gender issues and reproductive health.

Reproductive health has and is receiving great attention by the FoN. The curriculum includes 12 credit hours (out of 136) the content of which is focused on reproductive health, in addition to 290 contact hours of clinical training in maternity units and MCH centers. A special course is offered that highlights hot issues related to reproductive health and is entitled “Reproductive Health”. The WHO and MOH (HSS) standards are integrated in the teaching plan and issues related to sexuality and sexually transmitted diseases (STDs) and AIDS are also highlighted.

As part of the research role, reproductive health has been investigated by several researchers at the FoN/UJ.

- A major project was conducted with and for Japan International Cooperation Agency (JICA) as part of women empowerment efforts in south Jordan.
- A project was conducted with JICA that compared reproductive health services between and among the MENA countries.
- Two large projects were conducted for the HSS and another one directly with MOH.
- A Knowledge, Attitude and Practices (KAP) study was conducted for the Higher Population Council. It investigated the knowledge, attitudes and practices of policy makers (ministers, senators and journalists) regarding reproductive health, population and AIDS related issues. The main aim was to identify the level of awareness and knowledge policy makers had regarding these issues which they will contribute in shaping policies for.

The findings indicated less than moderate level of all KAP aspects as related to all issues. A follow up workshop was done to disseminate the results moderated by the Speaker of the Chamber of Deputies.

- A large project was conducted in collaboration with the UNESCO on AIDS. The project resulted in three major studies, two of which were published in international journals, while the third is yet to be published.

These studies aimed at assessing the current attitudes of parents, teachers and students towards informing children about HIV/AIDS, attitudes concerning the 'proper' age that parents believe their children should learn about AIDS, possible differences in attitudes regarding the gender, what they feel male and female children should learn and ideas about the most appropriate person/institution to be responsible for provision of HIV/AIDS education to young people.

Results revealed that all groups asserted the importance of HIV/AIDS education and awareness-raising for all. Sixty-two percent of all respondents thought that the school was the main source of information, followed by Television(58%), and family (41%) of total respondents. Eighty-two percent of all respondents believed that HIV/AIDS education should be integrated in the different disciplines/subjects of the school curriculum. Only 6% of total respondents believed that HIV/AIDS education should be integrated in school curriculum before age 12. Eighty-four percent of total respondents believed that HIV/AIDS education should be part of university curricula. None of the participants believed that HIV/AIDS education should be restricted to boys only. Sixty-five percent of the total respondents believed that HIV/AIDS should not be discussed with girls and boys before puberty.

The other study explored Muslim religious leaders' perception, knowledge and attitudes towards AIDS, AIDS prevention and their attitudes towards people living with HIV/AIDS (PLWHA). Twenty Islamic religious leaders (males and females) participated in two focus group discussions.

The study results showed that Muslim religious leaders do not perceive AIDS as a major health problem in Jordan, and that following the Islamic values lowers the risky behaviors. The religious leaders reflected varied responses to PLWHA but they agreed that they have responsibilities towards the prevention of HIV/AIDS, and that sex education contributes to healthy behaviors, and consequently to the prevention of HIV transmission.

The study recommended that health care professionals, including nurses and health policy makers, should involve religious leaders in all efforts directed at planning and setting

policies aimed at the prevention of HIV/AIDS and the treatment of infected people. Nurses should be responsible for conducting HIV/AIDS prevention programs in different settings utilizing relevant religious guidelines and teachings, in addition to providing holistic care to AIDS patients with emphasis on the spiritual dimension.

- More than 30 research studies were conducted by the faculty members on reproductive health issues for women and youth. All these studies were sent to the Higher Population Council for their consideration and were published in international high impact journals. As well, the contents are taught for the students as part of application of related theories.

As for community service, activities related to reproductive health usually include:

- Breast self-exam: two campaigns each year are done in the university campus for all students and community members. The activity includes actual breast exam for both males and females and training on breast self-examination, several lectures, brochures, and posters.
- Several presentations in schools (males and females) on puberty, menstruation, personal hygiene, sexually transmitted diseases (STDs), drug addiction and its relation to STDs, parenting, gender issues and male-female relations, AIDS and AIDS prevention.
- Awareness raising for students in the dormitory regarding personal hygiene, sexually transmitted diseases (STDs), drug addiction and its relation to STDs, parenting, gender issues and male-female relations, AIDS and AIDS prevention.
- Several activities through the NGO's and the maternity clinics in the comprehensive health centers and MCH center.

**Johns Hopkins Bloomberg School of Public Health- Center for Communication Programs**  
The Johns Hopkins University Center for Communication Programs (CCP) was founded over 20 years ago as part of the John Hopkins Bloomberg School of Public Health. The CCP's goal is to advance the science of communication in order to improve health outcomes and save lives through programs such as knowledge management, behavior change communication, training and capacity building.

#### Publications

*Men in Jordan Get Involved in “Together for a Happy Family”*

To address the issue of unawareness by Muslim men that Islam permits modern family planning methods, “Together for a Happy Family,” seeks to address the issue by coordinating with other interest bodies to increase their knowledge and change their behavior with the use of family planning methods.

**I.A Khalaf (RN, PhD-Dean), Abu-Moghli (RN, PhD), L.C Callister (RN, PhD, FAAN) A.I. Mahadeen (RN, PhD) K.Kaawa (MD) and A.F. Zomot (RN, MSc)**

Publications

*Jordanian health care providers' perceptions of post-partum health care*

One of the most significant health care services directed towards prevention of complications, detection and treatment of childbirth related morbidity is post-partum health care (PPHC). Breastfeeding, maternal nutrition, exercise and education of mothers about childrearing and family planning are important component of post-partum services.

**F.A Abu-Moghli, I.A Khalaf, S. Tokiko, I. Atsuko, M.M Nabolsi and B.A Al-Sharairi**

Publications

*Reproductive and non-reproductive health status of women aged 15 years and above in southern Jordan*

The health of many women in developing countries has been traumatized by difficult environmental conditions, excessive workload at home and outside. Failure to address women's healthcare needs throughout their lifespan, including their reproductive health needs, increases both health care cost and social inequity.

**Jamila Abuidhail – Associate Professor, Faculty of Nursing, Hashemite University, Jordan**

Publications

*Rural Jordanian Mothers' Beliefs, Knowledge and Practices of Postnatal Care*

Despite Jordan being one of the most modern countries in the Middle East, postnatal care services are still under-utilized by rural Jordanian mothers. The purpose of this study is to

explore, analyze and critique the postnatal cultural health beliefs, knowledge and practices of rural Jordanian mothers.

### **3-2 The Private Sector (companies / for-profit and non-profit organizations)**

The private sector plays an important role in providing health services. In 2009, 58% of women use the private medical sector as a source for obtaining modern family planning methods<sup>34</sup>.

The private sector role has been emphasized in the Jordan Reproductive Health Action Plan (RHAP2) and a new component has been developed for this intention. This component incorporated five interventions to enhance the private sector position in the achievement of the strategic goals of both the National Population Strategy and the Contraception Security Strategy, besides encouraging this sector to participate actively in the programs to increase the demand of population for reproductive health and family planning services.

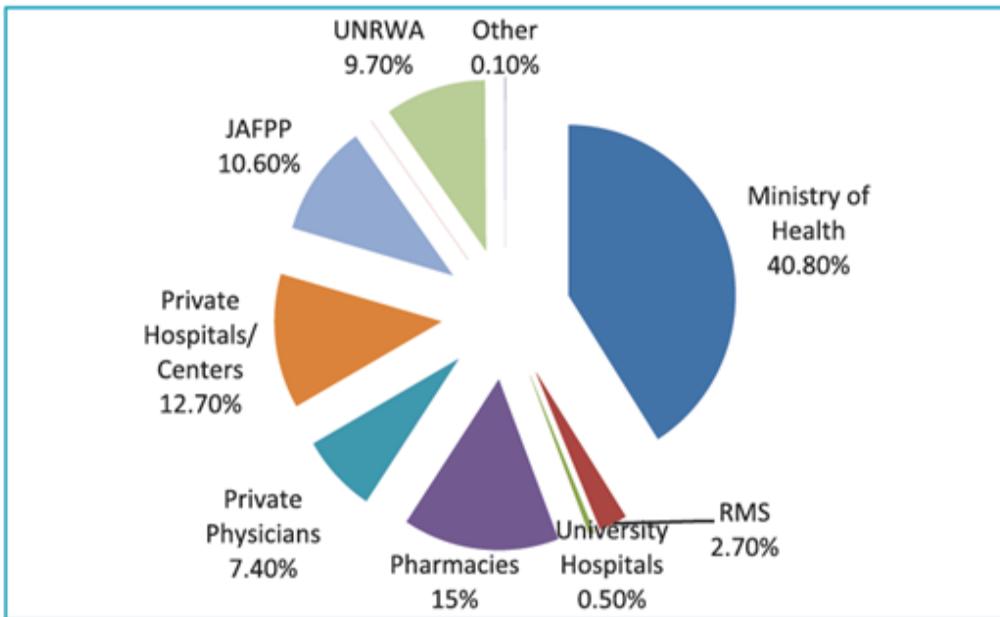
The private health sector includes NGOs the Jordanian Association for Family Planning and Protection (JAFPP), UNRWA, other volunteer and charity associations, private sector clinics, hospitals and pharmacies.

Another source, the Demographic and Health Surveys (DHS) 2012 shows that women in Jordan use a wide range of RH/FP services in the public and private sectors. The private sector including NGOs, JAFPP, UNRWA, and private sector clinics, hospitals and pharmacies made supply 55.4 percent in 2012 and 53.6 percent in 2009 of RH/FP services. Specialized physicians and private hospital clinics together (20.1 percent in 2012, 20.8 percent in 2009), pharmacies (15 percent in 2012, 13 percent in 2009), the Jordanian Association for Family Planning and Protection (10.6 percent in 2012, 12.1 percent in 2009) and UNRWA (9.7 percent in 2012, 7.7 percent in 2009).

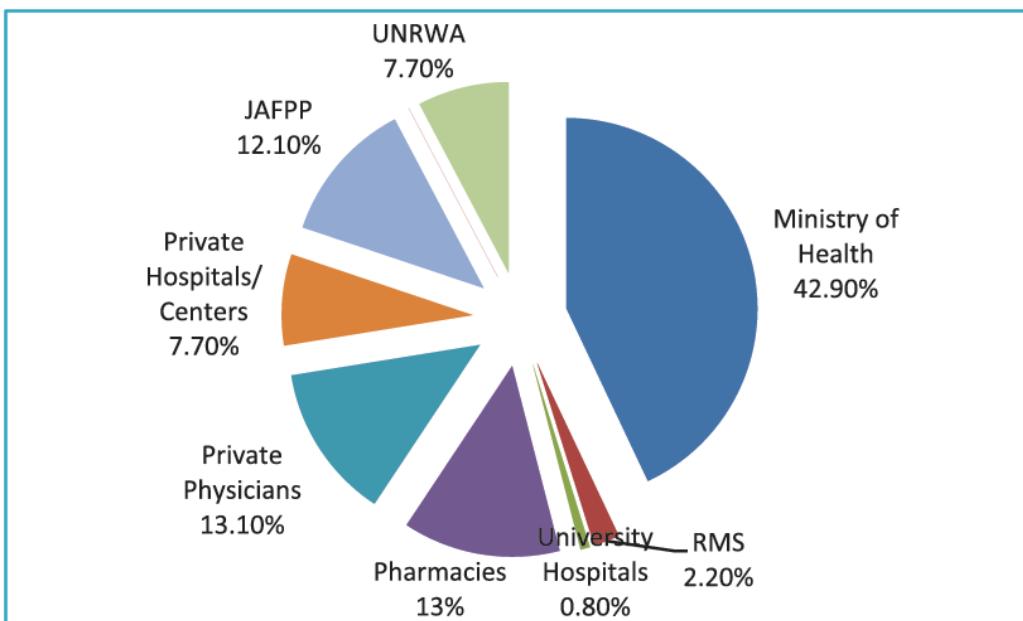
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<sup>34</sup> The Higher Population Council, Private sector contribution, commitment and support to the reproductive health/family planning program in Jordan, 2009

### Sources of Family Planning Methods among Current Users of Modern Methods, 2012<sup>35</sup>



### Sources of Family Planning Methods among Current Users of Modern Methods, 2009<sup>36</sup>



<sup>35</sup> National Reproductive Health Family Planning Strategy 2013–2017, The Higher Population Council

<sup>36</sup> National Reproductive Health Family Planning Strategy 2013–2017, The Higher Population Council

Although the private sector provides around 56 percent of family planning services, there is still room for greater participation and expansion of services and method choices in this sector to reach out to places where public services are not adequately available. The lack of financial resources is a barrier to the expansion of these services and the provision of modern methods. Moreover, there is lack of human resources especially of female providers, providers' bias, poor counseling, and missed opportunity of FP services during provision of health care including antenatal and postnatal care and the need for further cooperation, coordination and collective planning among service providers and linking the services to a national information system.

For intrauterine device (IUD) two thirds of women are using it through the private sector, as shown in the DHS preliminary report, the private sector constitute (62%) of the IUD users, private hospital (21.7%), Jordanian Association for Family Planning and Protection (18.9%), and private doctors (13.4%).

## **RH/FP Services and Quality in the Private Sector**

In 2012, the private sector covered about 55.4 percent of demand for family planning services, an increase from 53.6 percent in 2009. This could be due to the increase in the market share of the private hospitals and pharmacies in 2012.

To guarantee the quality of RH/FP services, the Health Care Accreditation Council developed RH/FP standards in 2010 to be integrated within the primary health care standards, and issued the new version entitled the "Primary Health Care and Family Planning Accreditation Standards" to guarantee commitment to improving quality of services. To ensure greater improvement in the quality of reproductive healthcare in Jordan, the Council developed Center of Excellence criteria for RH/FP in 2011. As of 2012, 28 government health centers received accreditation. More centers are being prepared to receive this accreditation.

### **Private Hospitals, Clinics and Pharmacies:**

60 % of physicians, 93 % of pharmacist and 40 % of nurses are working in the private sector. The total number of private sector hospitals reaches 56 hospitals distributed all over the country, in addition to private sector physician clinics. The family planning services in the private sector are provided through general practitioner clinics, family physicians, OB/GYN, 24 hour medical centers, private hospitals and pharmacies. This covers approximately 34 percent of all family planning services available.

### **Private Hospitals:**

Family planning services are provided in the private sector through 40 hospitals in Jordan with the exception of the Balqa, Ajloun, Tafileh, Maan and Mafraq governorates<sup>37</sup>.

Family planning services at private sector hospitals are usually provided by OB/GYN specialists and general practitioners. Nursing sectors (registered nurses, registered midwives and associate and assistant nurses) participate in providing services, especially in the governorates of Amman, Irbid and Zarqa.

### **Private Clinics and Pharmacies:**

Family planning services and information are provided through 76 OB/GYN clinics, 128 general practitioners, 15 family medicine clinics and 39 medical centers working 24 hours a day, in addition to 1731 private pharmacies distributed across the governorates. Pharmacists are an important and growing service delivery point in the family planning market and their current share of the market is around 15 percent. Most private clinics providing family planning services rely on prescriptions of modern family planning methods (contraceptive pills, IUDs and injections) with slight variances between the governorates.

## **Strengthening Health Outcomes through the Private Sector (SHOPS)**

The Strengthening Health Outcomes through the Private Sector project (SHOPS) forms part of the five-year USAID Strengthening Family Planning program (“Ta’ziz Tanzim Al Usra,”), which plans to address Jordan’s family planning challenges. It specifically seeks to boost the role of

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<sup>37</sup> Ministry of health website, July 2015: <http://www.MoH.gov.jo/EN/HealthSectorBodies/Pages/Private-Hospitals.aspx>

NGOs in providing family planning services, particularly the Jordan Association for Family Planning and Protection (JAFPP), and will involve close collaboration with the United Nations Relief and Works Agency (UNRWA). A second component of SHOPS focuses on strengthening links with relevant pharmaceutical corporations to encourage a multi-stakeholder dialogue and improve the sustainability of its initiatives. SHOPS involves promotion of the use of modern contraceptive methods, and family planning. Road shows involve lectures at UNRWA women's centers implemented under the national oral contraceptive pill campaign co-sponsored by the Ministry of Health, Higher Population Council, and JAFPP and "family fairs" at JAFPP clinics. Corporate and NGO partners have offered the project an opportunity to provide orientations and distribute educational materials that promote the use of modern contraceptive methods during the partners' sponsored events and activities, e.g. at hospitals. In turn, they have the opportunity to promote their products to patrons.

### **3-3 Civil society organizations**

#### **3-3-1 Jordanian Non-Governmental Organizations**

##### **The Jordanian Association for Family Planning and Protection (JAFPP)**

JAFPP is a non-profit association which has been providing family planning services in Jordan since 1971. Most of its beneficiaries are females from the medium and low income categories of the society. In 1997, the JAFPP used to deliver about 24% of family planning services, but such services dropped to 11% in 2012. Therefore, the association has been keen to develop a three-year strategy (2011 – 2013) which focused on four aspects, namely: (1) quality and efficiency, (2) building managerial capacities of the JAFPP, (3) social marketing and (4) continuous education and sustainability. Currently, the JAFPP is working on improving the institutional status, updating administrative systems, information systems and procurement and improving the infrastructure and the equipping of clinics.

**Health clinics:** JAFPP delivers family planning services in 19 clinics spread over the Kingdom except in the governorates of Balqaa, Tafileh and Ma'an. The association is seeking to expand the scope of its services to areas where such services are not provided by either the public or private sectors. Nevertheless, it faces a problem with attracting female doctors to work, especially in remote areas in addition to financial challenges. Also, the JAFPP is now seeking to obtain accreditation to one of its clinics.

**Available family planning methods:** At least four modern family planning methods are available (compound pills, progesterone-only pills, copper IUDs, progesterone injections and male condoms) in all clinics. Implanon implants are available in some clinics based on the availability of trained female doctors. The association provides family planning services at affordable prices for all visitors, and is provided with the family planning methods by the MOH free of charge.

**Service providers:** The association is distinguished in that all its clinics staff and service providers are females. Currently, the JAFPP delivers its services through 23 female general practitioners (GPs) as well as female nurses and social workers who provide counselling service. Further, the association carries out training of personnel and applies supervisory visit system to maintain quality assurance.

### **Information and Research Institute - King Hussein Foundation (IRC-KHF)**

The Information and Research Center serves as a catalyst for socio-economic change through research, information and dissemination of knowledge. The Center was founded in 1996 as a part of the National Task Force for Children. Today, it reinforces not only the well-being of children, but also the well-being of young people, women, families, communities, and vulnerable groups by providing objective, neutral and multi-aspect research for decision-makers in Jordan and the Middle East. Thus, it contributes to the achievement of socio-economic planning and decision-making more effectively.

Through cooperation with the local and international partners and the creation of an online platform for the exchange of knowledge, the IRCKHF calls for positive change through the publication of the outcomes of the research on critical and important issues and which fall under the three pillars of the Center, which are: equality and justice, social integration and civil society empowerment. It is noteworthy to mention that the IRCKHF works on four programs: access to information through the use of high-quality research, education, awareness-raising and gaining advocacy.

#### **Studies and Publications**

The IRCKHF conducted a variety of studies and surveys the most important of which is the preparation of a field survey to measure the knowledge, attitudes and behaviors of providers of family planning services in Jordan (about 306). This assessment survey, which was funded by ABT Associates through the family planning promotion project aims to conduct a study that evaluates the impact of the new techniques within the evidence-based medical program. Also, there was the national survey of youth in Jordan which aimed at identification and updating of

data about the youth's status in Jordan (10 – 24 years) through evaluating their status, priorities and aspirations. The survey outcomes aim to support the national strategy for youth in Jordan through the completion of the Higher Council for Youth study.

### **Institute for Family Health- Noor Al Hussein Foundation (IFH-NHF)**

The Institute was established in 1986 with the support of the Swedish "Save the Children Foundation" as a national institute to provide primary health care, maternal and child services. It was the first health institute in Jordan to provide comprehensive training for medical professionals, where these training drills initially focus on the detection and early intervention for children with disabilities. By 2002, the Institute expanded its services to fill the gaps in the field of family health needs as it started to provide advisory services with a holistic and integrated perspective for the whole family with a special focus on adolescent girls and women in general through its counseling and women's health center.

To meet the critical need for addressing psychological health problems, the Institute initiated the first center for treating psychological shocks in Jordan in 2008 where specialized rehabilitation services are delivered to patients with psychological troubles, survivors of violence and gender-based torture and other war-related psychological shocks. The Institute also runs a multi-specialization center that addresses women's health and counselling issues, along with a unit for development and growth of children and the first rehabilitation-specialized center that treats victims of accidents and shocks to serve the local community population and the refugees from the neighboring conflict-stricken regions.

### **Projects and Programs**

Currently, the Institute provides Jordanians and other nationalities with health care services for the family with an integrated holistic perspective through its work in four refugee camps and two centers in the Greater Amman Municipality besides six stationary and mobile clinics in five governorates across Jordan.

Since the year 2003, in collaboration with a number of UN agencies and other international partners, the Institute has gone on delivering medical and psychological services linked to child protection and rehabilitation of the displaced Iraqis and Syrians besides refugees of other nationalities residing in Jordan. Furthermore, the Institute runs regional training programs for teams from Syria, Iraq, Abu Dhabi, Gaza Strip/ the West Bank, Lebanon, Libya, Tunisia, and Egypt in relation to specialized psycho-social interventions, clinical treatments of rape and gender-based violence survivors along with child protection. In 2003, the Institute became a member in the International Rehabilitation Council for Torture Victims.

The most important programs delivered by the Institute are: Family health, reproductive health, gender-based violence, psychological health, psycho-social health, child protection and training and capacity building. The Institute holds lectures and workshops regarding reproductive health to the local community in general, including youth from both genders, in coordination with schools, and associations.

During the Syrian crisis, the Institute for Family Health implemented activities on gender-based violence within the Syrian refugee regions: Zaatari Camp, Cyber City, King Abdullah Gardens, Emirate-Jordanian Camp and in centers affiliated to the Foundation, such as Sweileh, North Hashimi, and Deir Alla. The aims of such activities were to raise awareness, improve access of survivors from gender-based violence to comprehensive and qualitative services, improve psychological and social wellbeing of Syrian refugees and the host community including men, women, boys and girls to protect them from and to respond to gender-based violence, provide comprehensive and qualitative reproductive health, enhance reproductive health rights, and raise awareness and increase knowledge of Syrian refugees and host communities in regard of reproductive health and gender-based violence by training members of the local community organizations and health services providers on concepts of reproductive health and gender-based violence, rules of the Code of Conduct, standard operating procedures, the system of switching between agencies, protocols of reproductive health, providing counseling on family planning, remedial clinical measures for victims of sexual violence and rape, the preliminary set of services that represent the minimum for reproductive health in crises, improve the access of women and girls to comprehensive reproductive health services through home visits, awareness-raising sessions, individual and collective counseling on themes of reproductive health and gender-based violence, and awareness and orientation campaigns.

## **Royal Health Awareness Society (RHAS)**

The RHAS develops and implements awareness programs on public health and safety in partnership with both the public and private sectors and civil society organizations in order to build the capacities of beneficiaries to enable them to adopt healthy lifestyles and healthy behaviors in order to acquire a better life. RHAS also aims to build beneficiaries' practical skills including communication skills, building partnerships, leadership, management and advocacy to enable them to strengthen their roles as leaders of change in their communities.

### **Projects and Programs**

RHAS focuses on developing awareness materials to improve beneficiaries' access to health information that is related to their lives. It also works on increasing health awareness among local communities through designing programs that address national health priorities and meets the needs of the targeted categories. Moreover, it focuses on designing practical interventions which enable individuals to adopt daily healthy behaviors through the "Shababna" project / health education Executing Agency: Supported by the United Nations Population Fund (UNFPA), RHAS signed a cooperation agreement in collaboration with the Faculty of Nursing at the Jordan University of Science and Technology (JUST). Through this agreement, training material was prepared and developed on ten various health topics including reproductive health and presented within a health education course wherefrom 72 students of JUST graduated. This course was presented by female volunteers from the teaching staff of the Faculty of Nursing at the university. More than 1000 students benefited from the health initiative that was carried out by those students of the health education course. Also, a free course was implemented and incorporated into the study plan for the JUST students during the summer semester of the academic year 2014/2015. These activities aimed to raise awareness about a number of health issues among young people by focusing on reproductive health, and building the capacities of nursing faculties staff, building the capacities of university students to lead the activities and initiatives that help to educate their peers about a number of health issues and how to address them. It also works on institutionalizing health education material to become as a free course taught in the participating universities, and presenting it to the students in an interactive and practical manner.

### **The National Council for Family Affairs (NCFA)**

The NCFA was founded pursuant to law No. 27 of 2001 and presided by Her Majesty Queen Rania Al-Abdullah. NCFA works as an umbrella that supports coordination and facilitation of the work of its partners – national governmental and non-governmental organizations, international organizations, and private sector which work in the family field to cooperate together to achieve a better future for the Jordanian family.

The NCFA deals with the family at the strategic planning level and develops policies and programs according to qualitative socio-economic standards that work on describing and exploring the status of the family in Jordan. It also modifies plans, programmes, policies and legislations resulting therefrom and relevant procedures according to a deeper understanding of family issues, taking into consideration that families' needs vary according to their circumstances.

Supported by the United Nations Population Fund (UNFPA), the NCFA evaluated the national strategic plan for family protection and Family Violence Prevention to analyze how effective and efficient the implementation of the plan (strengths, weaknesses, obstacles and opportunities) was in accordance with its modules, activities and its partners in implementation in order to build upon in developing its updated version for the upcoming three years.

## **Jordan Health Aid Society (JHAS)**

JHAS delivers treatment and health services to Jordanians and residents of the Hashemite Kingdom of Jordan and raises health awareness that is based on non-profit basis. It also improves the efficiency of individuals working in the medical sector and eventually helps them live in a healthy and safe environment.

### **Projects and Programs**

JHAS delivers comprehensive primary health services by its mobile and stationary 6 clinics in cooperation with the UN Refugee Agency (UNHCR) and the International Medical Corps through providing primary medical materials to treat injured persons in the JHAS's clinics, delivering post-natal services in compliance with the specifications and standards of the World Health Organization; providing health care for chronic diseases; conducting medical educational classes for individuals and groups; family planning; following-up vaccination and immunity of children; distributing free amounts of food; health education; medical guidelines for pregnant women; and carrying out laboratory tests. JHAS has six mobile clinics under supervision of medical specialists to deliver health services for persons in remote areas. They move in these areas depending on their former experiences about various needs of those regions. JHAS also delivers reproductive health services in cooperation with the UNHCR, the International Medical Corps (IMC) and the United Nation Population Fund (UNFPA). Further, it delivers comprehensive services that cover family planning and health education all over the Kingdom. JHAS has worked with several international organizations, such as Amicares which helped JHAS in establishing two clinics in 2007, one in Amman and the other in Irbid, to provide 2000 Iraqis with primary health care. It has also worked with the IMC. JHAS, the strategic partner of IMC in Jordan and the Middle East sent a large number of nurses to support IMC in its operations in Libya and other programs in Jordan. JHAS has implemented several health projects during the last five years by supporting and mandating from IMC, for needy Iraqis who are residing in Jordan and for those from other nationalities including those who have Jordanian nationality but uninsured and are unable to pay expenses of treatment, through operating the mobile and stationary clinics of JHAS. It also works with UNHCR. JHAS and the implementing partners cooperated with the Jordanian government to unite efforts in the health care field for uninsured Iraqis, and cover the medical needs for other non-Iraqi refugees by providing them with services and health care within the standards and specifications of the UNHCR.

JHAS also works, in cooperation with UNFPA to face the Syrian crisis by providing reproductive health services to Jordanian women and Syrian women in the camps and the local community as well as improving the quality of health services provided to Jordanians and Syrian refugees by

building the capacities of workers and volunteers of the JHAS on reproductive health and gender-based violence, particularly in times of crisis. Additionally, awareness flyers on reproductive health have been designed and printed by JHAS. Further, JHAS works with UNFPA to provide reproductive health services and family planning methods for the homeless Syrian refugees in Jordan through its clinics in: (Zaatari Refugee Camp, The Industrial City/ Ramtha, King Abdullah Park in Ramtha). In cooperation with UNRWA, it provides Palestinian Syrian Refugees residing in the Industrial City camp (Cyber City) with health care services.

### **Jordan Women's Union (JWU)**

Jordan Women's Union was established in 1945 by an initiative of the pioneer women in Jordan, and its activity was confined in social and cultural works, where centers of maternity and child care, combating illiteracy among women and health-social education were established. In the field of reproductive health, JWU works on enabling women to access health care and protection in general, and reproductive and sexual health and maternity and child care in particular. It also works to increase health education and enable women to take advantage of family planning activities and tries hard to improve these services.

### **Projects and Programs**

JWU implemented several projects; the most important is health project where a major clinic was established in "Amman" based on two main cores: the first is health education and awareness on breast cancer and self-examination as well as delivering health services and primary care for taunted women by cooperating with "women's shelter" and a "hotline". Afterwards, it worked on developing the health project, and creating several clinics belonging to JWU, in addition to the existing clinics in Amman, Zarqa and Irbid. Moreover, JWU delivers primary medical services in "Al-Khaldiyah" and carries out many free medical days. Clinics also deliver health care to target patients within the project (Protection and Care to Syrian Guests) with special focus on women/ the second phase "OCHA", the United Nations Office for the Coordination of Humanitarian Affairs" OCHA"), and the project ("Hemayati" (MY Protection) offering reproductive health care and gender-based violence to the communities affected by the Syrian crisis), and through the Un Ponte Per" UPP" organization. A mobile medical clinic was created to deliver medical care all over the Kingdom especially in the areas deprived of health services, in addition to drafting a total health plan for women's shelter, in which they can conduct medical check and required examinations for each lady before joining the shelter, and follow up with the cases during all her stay. In addition, clinics deliver many special health education lectures and awareness lectures in different fields including (public health- chronic diseases and prevention, Vaccines, etc...), in order to raise women's awareness in all sections and centers of the JWU, besides preparing workshops and training courses for trainers about early detection of breast cancer and self-examination. Also,

clinics represent JWU in the local and international conferences, and in different societies and institutions especially those concerned with women's issues all over the country.

In 2007, the JWU established Emily Bsharat Center for Documentation and Studies to collect, preserve and follow up all issues related to women in Jordan. It aims to provide information and data in order to rewrite the history of women's movement in Jordan, and also to provide researchers with information and data in order to monitor and understand the core transitions therein, and analyze, interpret and study the trends of these transitions to make change in the traditional view of women and to spread new feminist culture in the context of human rights culture. Therefore, it supports means of enhancing and respecting women especially agreements related to eliminate violence and discrimination and eradicate all reservations on them.

The center seeks to fulfill its goals through carrying out various scientific, intellectual and cultural activities that include: theoretical and applied research and studies, and holding conferences, seminars, workshops and lectures. Moreover, it delivers consultations and technical and informational services, holds training courses, issues bulletins, reports and periodicals, etc... To this end, the center seeks to cooperate and integrate with scientific bodies, institutions and organizations concerned with human rights and women's rights either at the national level, Arab level or international level, and exchange experiences in this regard.

Because JWU believes in the necessity of protecting women against various types of violence, such as turning women into traded commodities, which could be the most horrific one, it took the initiative, as a result of the information it received through the legal, psychological and social hotline that there are some cases where commodification is exercised, to establish a regional league of feminist organizations in the countries which are the source of this trade.

These leagues were formed in three countries (Jordan, Egypt and Morocco) and they hold periodic meetings in which they discuss the project, the local plan for each country, the legal context of the topic and develop national strategies to combat human trafficking.

During the Syrian crisis, and in cooperation with UNFPA and UPP, several initiatives have been implemented involving several themes which are health/ reproductive health and social protection/ sex and gender-based violence/ legal services and empowerment. These initiatives aim to work with Syrian Refugees especially women/ and Jordanian women especially those living in the marginalized areas to improve the capacity of the target group on social protection including reproductive health services, psychological, social protection services and legal protection services in six areas in the Kingdom, through delivering protection services, and legal psychological social support to women who survive gender-based violence to improve the status of reproductive health of the Syrian refugees and the host communities in Jordan, and familiarize vulnerable and marginalized groups that are affected by the Syrian crisis with their rights, and strengthen their access to the protection services.

### **3-3-2 International Non-Governmental Organizations**

#### **United Nations Population Fund (UNFPA)**

The United Nations Population Fund supported a program for five years (2008-2012) which aimed to help Jordan to achieve the Millennium Development Goals (MDG), by focusing on three main domains which are: population and development, reproductive health, and rights and gender equality. Further, UNFPA provides governmental and non-governmental organizations with technical and financial support. Regarding population and development, the purpose of the program was represented in building national capacities to formulate population-related strategies which take gender into consideration, and to coordinate, follow-up and reinforce these strategies. The main partner for the UNFPA was the Higher Population Council (HPC).

#### **Projects and Programs**

The main programs aim to reinforce the follow up and evaluation systems, and strengthen the capacities to mobilize and gain advocacy in order to get integrated and comprehensive population strategies with participation of all sectors to deal with rapid population growth, and build capacities on making advocacy campaigns in the population field at the national and local level, as well as supporting studies related to population, and helping in preparing reports that document the MDG-related achievements of Jordan. The UNFPA also works with the Department of Statistics (DoS) in Jordan to improve its ability to classify data and information that take gender into account in regard of women, children, youth and other vulnerable groups, and build capacity on conducting analysis of the population and family health survey and other surveys related to population and reproductive health, and enhance coordination between Civil Status and Passport Department and Borders and Residence Department that follow the General Security Department.

In the sexual and reproductive health domain, the main goal of the UNFPA is to “increased availability and use of integrated sexual and reproductive health services (including family

planning, maternal health and HIV)," increase quality of care and equity in access. The total spending for integrated Sexual and Reproductive Health services exceeded \$3,900,000 by 2014.<sup>38</sup>

The UNFPA also supports programs to ensure protection and violence against women prevention as being important components of reproductive health. Also, it works with the implementing partners of the Ministry of Health/ Maternal and Child Health Directorate, the Queen Zain Al Sharaf Institute for Development, and the Higher Council of Youth.

In addition, the UNFPA, during the Syrian Crisis, has worked in Jordan on meeting the needs of Syrians who are residing in the local communities or in the camps that have been set up. With the worsening of the Syrian Crisis, the UNFPA has worked on increasing its programs to cover the needs of vulnerable groups of the population in order to reduce maternal and newborns' morbidity and mortality. It also works on reducing the effects and risks of gender-based violence. The UNFPA works in Jordan, within "the Humanitarian Response to the Syrians" program with the national and international partners to deliver services within three key areas:

- Deliver comprehensive reproductive health services and reinforce reproductive rights.
- Support protection from gender-based violence and combating it.
- Promote healthy lifestyles, and respond to the needs and involvement.

Moreover, the UNFPA, by work teams, coordinates the work of the various national and international parties working in the field of reproductive health and gender-based violence prevention and combating. The UNFPA takes the lead in assessing the situation and identifying the gaps relevant to clarifying its mission, and works closely with the other partners to meet the needs, to improve the technical performance, and to improve the quality of the provided services.

### **The United Nations High Commissioner for Refugees (UNHCR)**

The UNHCR was established in 1950 by the United Nations General Assembly to protect refugees and resolve issues faced by refugees worldwide. It strives to ensure that all refugees can exercise the right to find safe refuge in another State, with the option to return home or resettle in a third country. The UNHCR has helped millions of people since its existence, and today, the UNHCR operates in 123 countries to protect millions of refugees and stateless people.

In the context of the Syria and Iraq situations, UNHCR partnered with more than 150 partners to provide assistance and support services for Syrian and Iraqi refugees in the Middle East.

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<sup>38</sup> UNFPA Aid Transparency portal, [www.unfpa.org/transparency-portal/unfpa-jordan](http://www.unfpa.org/transparency-portal/unfpa-jordan)

UNHCR focuses mostly on cash assistance programs and registration activities targeting the most vulnerable people.

The Sixth Regional Response Plan (RRP6) is a project generated by the UNHCR that includes Jordan-focused response plans for Lebanon, Egypt, Turkey and Iraq. The RRP6 is created mainly to provide relief to Syrian refugees and provide them with a short-term emergency aid. RRP6 focuses on different working groups, which include; Inter-Sector Working Group, Cash Working Group, Education Working Group, Food Security Working Group, Health Working Group, Reproductive Health, Mental Health and Psychosocial support, Nutrition, Non-Communicable Diseases, Community Health, Protection Working Group, Child Protection, Sexual and Gender-Based violence and WASH Working Group.

UNHCR responds to sexual and gender-based violence (SGBV) and child protection issues by implementing multi-sectoral, coordinated and community-based approach and activities.

UNHCR ensures that partner organizations provide appropriate technologies and trained staff to implement Reproductive Health programs, and provide adequate information and counseling to refugees. UNHCR also ensures that organizations ensure accessible services, privacy, confidentiality and continuity of care.

## **Studies and Publications**

### **“Reproductive Health in Refugee Situations”**

The report by the UNHCR describes a series of actions needed to respond to the reproductive health needs of refugees with full respect for various religious and ethical values and cultural backgrounds of the refugees. Since there is complexity of intervening, the report explores guiding principles for intervention that limit the negative effect it has on certain communities. The report recognized the importance of community participation at all stages to ensure the acceptability, appropriateness and sustainability of RH programs.

The report’s main discussions:

- Provide safe motherhood
- Provide sexual and Gender-based violence programs to prevent and manage the consequences of sexual and gender-based violence.
- Prevent and treat Sexually Transmitted Diseases (STDs)

- Provide family planning by enabling refugees to decide freely the number and spacing of their children
- Promote the eradication of Female Genital Mutilation and ensure that there aren't any complications of unsafe abortions.
- Promote reproductive health by educating the community based on the refugee population's needs and desires.

## **The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)**

The UNRWA clinics deliver basic health services to about 1.1 million Palestinian refugees in Jordan, including about 340 thousand refugees living in ten camps. Modern family planning services are available at all times to about 9.7% of women accessing UNRWA health services centers. UNRWA also offers comprehensive primary health care that focuses on the health needs of refugees starting from pre-natal to the ageing stage.

**Health centers:** Family planning services are provided in spread in Amman, Irbid, Zarqa, Balqa'a, Jerash and Aqaba. In 2011, a report by the UNRWA showed that it faces many challenges, including limited financial and human resources, and increased demand on their services, which led to overcrowding in its clinics. Furthermore, there is shortage in the resources preventing the UNRWA from creating health care facilities in some areas, such as Maadaba and Karak.

**Available family planning methods:** Four methods are available in all clinics (Compound pills, Progesterone-only pills, copper IUDs, uni- injections, male condoms), while implants are not available at all. The MOH provides the UNRWA with family planning methods free of charge.

**Service providers:** Health services of the UNRWA in Jordan are delivered by health teams consisting of various segments including (doctors, registered nurses, registered midwives and health assistants). In spite of the limited available resources and potentials, the UNRWA tries hard to improve the quality of health services provided, and train the service providers. It has built the capacities of its administrative staff, including doctors and nurses in the field of effective management and leadership skills to be positively reflected on the quality of the services provided and the optimal use of resources.

The Jordanian Association for Family Planning and Protection (JAFPP) and the UNRWA are some of the largest NGOs which deliver reproductive health services and family planning methods in Jordan.

## **ReliefWeb**

ReliefWeb provides reliable disaster and crisis updates and analysis to humanitarians so they can make informed decisions and plan effective assistance.

*Jordan: Mapping of the reproductive health services for Syrian refugees and affected population  
Reproductive health services for Syrian refugees in Zaatri refugee camp and Irbid city, Jordan-  
An evaluation of the minimum initial service package*

The status of Syrian women's reproductive health (RH) has suffered due to the destruction in the health infrastructure and uncertain access and availability of services. Therefore, documentation is urgently needed on the type and amount of RH services that are currently available in Jordan in order to keep up with the growing demand for these services as the refugee population continues to grow.

## **Alliance for Solidarity (ApS)**

Alliance for Solidarity focuses on empowering the people and their communities to take charge of their futures by offering them programs to transform their societies in a sustainable manner. Additionally, ApS is committed to spreading awareness on the causes they work with through the distribution of truthful information, knowledge and experience by creating networks and partnerships all around the world and encouraging participation by global actors. They focus their mission on redistributing wealth and creating alternative development models by promoting equal rights and opportunities for all people without discrimination.

## **Studies and Publications**

“Availability of Sexual and Reproductive Health services and GBV holistic response for vulnerable Jordanian refugee women, girls, boys and men in the Governorates of Karak, Ma'an and Aqaba”

The issues brought to light in this report were gathered by a qualitative information study for the development of a humanitarian program proposal focused on Sexual Reproductive Health (SRH) and Gender-based Violence (GBV) in southern Jordan. The target population in the report is Syrian refugees and Jordanian members of local committees working with refugees,

humanitarian professionals and community leaders. The issues that were identified after carrying the research study were as follow:

- Lack of specialized permanent Sexual and Reproductive Health services provided to vulnerable populations.
- GBV response services provided do not follow key GBV Guiding Principles.
- The social, cultural and religious context in the southern region is deeply conservative, and thus, enforces practices that have a negative impact on gender equality.
- Lack of humanitarian funding, which leads to harder social and economic conditions for refugees.

## **The United States Agency for International Development (USAID)**

USAID is one of the main sources of funding reproductive health program/ family planning. USAID, which works on projects to strengthen the job of public and private sectors, is still the biggest donor in the health sector in Jordan. There are four international donor organizations that contribute in providing these services in coordination with USAID to ensure the integration between programs and to reduce the duplication of efforts.

### **Projects and Programs**

#### **Support health systems project (project 1 and project 2):**

The first support health systems project lasted for five years (2005- 2010), and worked with the public sector, the Ministry of Health and Jordanian Royal Medical Services in particular, on supporting systems, building capacities, improving quality at all levels either at the central level of the Ministry of Health, or at local communities and health directorates level (hospitals and primary health care centers). At the national level, this project helped the MOH in developing its strategic plan (2008- 2012). Also it supported the activities of building capacities of Ministry of Health in the field of reproductive health, family planning, safe maternity, newborns care, primary health care, and community-based interventions. As a result of these efforts made in the first support health system project, a large number of the Ministry of Health staff were trained on modern family planning methods, IUD installation and infection prevention, and were trained also on giving counseling in addition to communication skills. Supportive supervision was provided in all 12 Health Directorates. Supervisory guides were designed for supervisors to use periodically in measuring performance.

The first support health systems project helped the MOH in making and implementing a model for mobilizing community. It is a set of integrated interventions to improve the quality of primary health care services and to increase accessing. It also helps to empower the local communities to become active users of health care services. The vision of the second support health systems project

for the years (2009-2014) is to improve the health level of the Jordanian population through accessing high-quality health services, and enabling local communities to participate in healthy lifestyles. The second support health systems project came to keep raising the quality and the level of access to reproductive health services/ family planning, safe maternity and newborns care. The project includes significant investments to improve the infrastructure of hospitals for maternity and newborns care, and to improve emergency services in public hospitals all over the Kingdom, and to ensure increased access to family planning information and services through the health system. In addition, it was intended to improve the quality of primary health care services, including family planning by preparing health centers to be adopted by a national adoption body. The main domains are: knowledge management, quality of primary health care, safe maternity, family planning, community health, improving the capacities of human resources, and preparing and renewing maternity and newborns health facilities, emergency rooms and training places.

- **The Private sector project for women's health<sup>39</sup> and promoting family planning project:** The Private sector project for women's health has been implemented by health care providers in the private sector, private commercial sector, and non- governmental organizations to expand the role of private sector in improving the health of women and the family in Jordan, and to increase the demand for modern family planning methods and related health services, as well as improving the quality of health care services in the private sector.

In July 2010, USAID in Jordan launched Promoting Family for five years. It aims to: (a) build the capacities of the Jordanian Association for Family Planning and Protection (JAFPP) to deliver effective and sustainable family planning services, (b) improve family planning services quality which is delivered in JAFPP and in UNRWA, (c) increase the demand on family planning services in the private sector and non-governmental organizations and have access to it, (d) expand the combination of family planning methods and options in the private sector/ non-governmental organizations. In 2012, the activities of this project expanded to cover all private sectors to increase the demand on and use of family planning methods.

- **Health Policy Initiative and Health Policy Project<sup>40</sup>:**

It was an initiative of five years (2005- 2010) and it helped the Higher Population Council (HPC) in building supportive and favorable environmental policies to promote family planning and reproductive health, and integrate population and population issues in development planning all over the Kingdom. Also, Health Policy Initiative helped HPC in developing the national action plan of reproductive health/ family planning including its first and second phases, and in preparing shows on "the impact of population growth on development" which is a tool to gain advocacy that is designed to highlight the social and economic effects that result from the continuing increase in reproduction rate and rapid population growth in different development sectors, as well as preparing policies summaries.

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<sup>39</sup> This project was completed in 2012.

<sup>40</sup> Health Policy Project will be completed in September, 2013.

**Health policy project for the years (2010-2013) in Jordan** is working on gaining advocacy from decision makers in order to increase political commitment and provide the required resources to address population issues and provide high quality reproductive health services/ family planning.

**The main goals of the Health Policies Project are:**

- **Promoting environmental policies and supporting its analysis and implementation with regard to reproductive health/ family planning.**
- **Enhancing capacities to gain advocacy, working on increasing the commitment of decision makers with population issues, family planning and suggesting initiatives to raise the level of awareness and policies reform.**
- **Supporting the HPC and the Ministry of Health in developing and using data and tools to gain advocacy and develop policies.**

The Health Policy Project supported the HPC in developing the national strategy of reproductive health/ family planning for the years (2013-2017) and in building the capacities of HPC and partners in analyzing policies and gaining advocacy and developing tools to gain advocacy.

- **Media Partners Program for Family Health (MPPFH)<sup>41</sup>:** MPPFH has performed an active role in Jordan since 2004. It reached about 70% of the Jordanian population through its numerous interventions, and it helped improve health attitudes and behaviors among Jordanian families. Its vision was represented in making a healthy and qualified Jordan, where the means of communication, work on empowering individuals, families, local communities and institutions with required knowledge and skills and resources to work together on improving and sustaining health services. Some of the awareness and communication initiatives that were carried out by the program were clarified in the information related section.
- **Health Care Accreditation Project in Jordan (HCAP)<sup>42</sup>:** this project delivered technical assistance during the years (2013-2017) to improve the quality and safety of health care services in hospitals and primary health care facilities. It also helped in establishing and building capabilities of Health Care Accreditation Council (HCAC) to develop health care standards, grant certificates to residents, monitor the application of standards, and grant accreditation. The purpose of the project was to establish a strong system for quality assurance and accreditation to respond to changing health needs and to keep constant improvements in health care.

- **Jordan Communication, Advocacy and Policy (J-CAP)**

J-CAP activities are designed to support the Jordan National Reproductive Health/Family Planning Strategy 2013-2017, and contribute to USAID Jordan's

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<sup>41</sup> This project was completed in January, 2013.

<sup>42</sup> This project was completed in March, 2013.

Country Development Cooperation Strategy (CDCS). The Activity's overall strategic objective is to increase the use and continuation of FP/RH services as a safe, effective and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan. J-CAP's expected program outcomes are divided into two components: 1) increased demand for FP services, and 2) improved capacity And an enabling environment.

- **“Tawasul” Project for Family Happiness:** the activities of this project were designed in order to support the national strategy of reproductive health and family planning for the years (2013-2017). Furthermore, the project will contribute in achieving the third development goal of USAID strategy which is concerned with improving basic services in Jordan, and achieving the transitional result in particular, which states "increase the use of integral services for family planning and reproductive health". The general strategic goal of the project is to increase and continue using family planning and reproductive health services because they are safe, effective and acceptable methods to create a healthy family, build a sustainable society, and keep Jordan safe. This will be achieved through two elements, namely: increasing the demand on family planning services, and building capacities and preparing a supportive environment. The project plan of action will cover the period from 1 Oct 2014 - 30 Sep 2015, which represents the fiscal year of USAID. This plan was developed through a series of status conference and joint planning with: the Ministry of Health, the Higher Population Council, and current and potential local partners including civil society organizations.

## **Studies and Publications**

- Adolescent and Youth Reproductive Health in Jordan: Status, Issues, Policies and Programs

This assessment of adolescent reproductive health (ARH) in Jordan is part of a series of assessments in 13 countries in Asia and the Near East. The purpose of the assessments is to highlight the reproductive health status of adolescents in each country within the context of the lives of adolescent boys and girls. The report begins with a social context and gender socialization that set girls and boys on separate lifetime paths in terms of life expectations, educational attainment, job prospects and labor force participation, reproduction and duties in the household.

- Jordan Country Development Cooperation Strategy 2013-2017

The geographical location of Jordan in the Middle East puts a daunting task on its head as it strives to address its development and priorities regarding good governance. Challenges in the quality of basic education, rapidly growing population, water scarcity and the refugee crisis in the region are some of the tasks at hand in this country. However, it is poised to confront the challenges because of the fact the government leans forward in terms of policy reform and its improvement in the health and educational sectors. This strategy lays out a focused plan to help the Government of Jordan in carrying out its stated commitment to broad based political and economic reforms with the goal of meeting the aspirations of Jordan.

- Family planning focus group discussions among married women of reproductive age in Jordan

This project seeks to expand the access, quality and use of family planning services through partnership with the private sector in Jordan. The project will implement a community outreach program targeting low income women. During home visits, community health workers inform women about family planning and its benefits and refer interested women to obtain family planning services in both the public and private sectors.

### **Japan International Cooperation Agency (JICA)**

The health project, "Integrating Health and Empowerment of Women in the South Region", that is implemented by JICA worked as a complement to health projects in 1997, in the four governorates of the south of Jordan which are Karak, Tafileh, Ma'an and Aqaba, and its main focus was on family planning and reproductive health. JICA worked in partnership with The Ministry of Health in 73 villages in rural areas of low population in Jordan. The Ministry of Health works currently in cooperation with JICA, depending on acquired experiences through "Integrating Health and Empowerment of Women in the South Region" project within Jerash and Mafraq city.

### **Millennium Challenge Account**

The Millennium Challenge Corporation is an independent United States foreign aid agency that is helping lead the fight against global poverty through enhancing economic growth. It was created by the U.S Congress in January 2004 with strong bipartisan support with the mandate to deliver smart U.S foreign assistance by focusing on good policies, country ownership and results.

### *Social and Gender Integration Plan*

The Social and Gender Integration Plan (SGIP) is to serve as an information and guide to the Millennium Challenge Account (MCA) – Jordan staff, Contractors and Consultants as well as its Implementing Partners. It also makes recommendations related to mitigating social and gender risks and risk of Trafficking in Persons (TIP) as well as labor exploitation. Social and gender analysis done in Compact project areas have identified potential barriers to participation in some Compact activities and benefits for women that this SGIP seeks to address.

## **International Medical Corps (IMC)**

International Medical Corps provides primary health care, mental health and psychosocial services to Iraqi and Syrian refugees. Due to the influx of refugees in Jordan, providing health services to refugees has been a struggle, and therefore, International Medical Corps has been working on expanding primary health care, mental health and psychosocial services throughout the country. IMC partners with UNICEF and Save the Children to provide mental health and psychosocial support services, in addition to conducting youth empowerment activities for Syrian teens. International Medical Corps also provides programs which focus on preventing gender-based violence by empowering youth empowerment to build leadership skills. Additionally, IMC provides training programs in local communities to ensure that the knowledge required respond effectively to an emergency remains anchored in the community.

International Medical Corps operates 24-hour clinics in Jordan to provide reproductive health services to Syrian, Iraqi and Palestinian refugees. These clinics include infectious disease response to sexually transmitted diseases. International Medical Corps also conducts a health education program to educate refugees about reproductive health and the ways in which a family is able to conduct different practices to survive and thrive. International Medical Corps ensures family survival by promoting active involvement of local communities, integration of sexually transmitted diseases prevention, care and treatment including confidential counseling and testing, education and training into their primary health care activities.

International Medical Corps, in partnership with the Jordan River Foundation initiated its early childhood development project that is still on-going. The ECD project targets vulnerable refugee parents, young adult women intending to become mothers, and older women recognized as the head of the family.

## **International Rescue Committee (IRC)**

IRC's contribution in the Middle East started in 2003, when they responded to the war in Iraq with water and sanitation, and health care support and began their relief operations in Jordan in 2007 for refugees from Iraq. Now, since Syria's civil war in 2012, the IRC ramped up their operations in Jordan. The IRC is currently providing primary health care, free medicine at local partner pharmacies, and other essential items to thousands of Syrian refugees. The IRC recognized the representation of women and girls and the difficulties they face as refugees, and thus, they are provided pre- and post-natal care, hygiene supplies, and financial support.

IRC's most recent focus has been providing Iraqi and Syrian refugees with projects that address Gender based Violence, reproductive health and primary health care. IRC has supported two reproductive health clinics and three centers for women and girls in Ramtha, Mafraq and Irbid, which are open to Syrians and Jordanians. The IRC is also supporting four women centers in

Zaatari refugee camp that focus on addressing Gender based Violence and Reproductive health services. “The IRC Women’s Protection and Empowerment program provides services to an average of 2,000 women every month in Jordan. To date, 5,733 women and girls have received psychosocial support from IRC psychologists and over 13,400 dignity kits have been distributed to women and girls of reproductive age. In 2013, more than 11,000 women and girls participated in healing activities at IRC-supported centers.”<sup>43</sup>

### **Studies and Publications**

- Are We Listening? Acting on our Commitments on Women and Girls Affected by the Syrian Conflict

The article, published in September 2014, discusses the experiences of Syrian Women and Girls across the region, and the action the international community has been promising for years; providing programs that support women and amplify their voices and shed light on their circumstances. The issues brought to light in this report were gathered from programs undertaken by IRC in 64 communities within Syria, Iraq, Jordan, Lebanon and Turkey focused specifically on women’s protection and empowerment activities.

The report lists eight crucial needs that need to be provided by international actors to Syrian women that would lead to their health, mental and financial development. The report concludes with ways in which partnering with women and girls on solutions has been a success in facing numerous issues women and girls are experiencing.

## **Chapter 4: Knowledge gaps and thematic areas**

As apparent from previous chapters, there are many organizations working on research or have had publications in the field of family planning and reproductive health. However, some challenges persist in terms of information sharing. These include limited access to research as donors often decide not to publish full reports or studies and would rather only issue a press release. This is exacerbated by the lack of research culture in Jordan, where the public’s wide interest in such research is yet to be generated. Moreover, even with the presence of platforms such as PROMISE, there continues to be a need for centralizing information and facilitating information sharing, both of which are vital in the process of formulating evidence based policies.

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<sup>43</sup> International Rescue Committee. *Are We Listening? Acting on our Commitments on Women and Girls Affected by the Syrian Conflict*. September 2014.

### **Priorities of research in the field of population and family health:**

The HPC conducted an extensive analysis of the population survey in order to identify the priorities of research based on the results of the population and family health survey of 2012. To this end, a meeting was held in 2014 and included experts and researchers specialized in extensive scientific research and population and family health to bring about topics with priority based on the outcomes of the survey which was implemented by the Department of Statistics.

The goal of the meeting, which was organized by the HPC and the Center for Strategic Studies at the University of Jordan in cooperation with the ICF international institution was to bring about research topics with priority, where they emphasized the importance of preparing extensive research and studies based on the outcomes of the population and family health survey, as it provides reliable data and information about demographic indicators, such as reproduction, mortality, family planning, reproductive preferences and health and nutrition of mother and child, in order for such data to be used by program managers and policy makers to assess and improve programs in the Kingdom , and because it provides additional data about the status of women, reproductive health, family violence and early childhood development, as well as providing useful indicators for researchers and experts who are interested in analyzing demographic trends.

During its meetings, the Steering Committee for Research discussed the most important research themes proposed by experts and researchers in extensive scientific research, population and family health. It also adopted criteria to identify the priorities of the researches according to their importance. Then, members of the committee unanimously agreed, during the year 2014, on a list of research priorities that should be worked on depending on the results of the population and family health survey for the year 2012, within the priorities of the Council and according to major areas as follows:

<b>First list: studies proposals that can be implemented depending on population and family health survey 2012</b>		
<b>Policy field</b>	<b>Program field</b>	<b>Delivering services field</b>
• Determinants of variability in the rates of using modern family planning methods among the governorates.	• Analyzing reproduction, its levels, and use of family planning methods by residents in refugee camps in Jordan.	• Lost opportunities in obtaining information and family planning services according to the survey of 2012.
• Extensive analysis of the governorates with low reproduction rates and	• Stability of fertility rates in Jordan, factors and causes (data of 2012).	• Disparities in children mortality rates according to governorates (multivariate analysis).

comparison with those of high reproduction rates.		
• The relationship between women's work and their fertility (update of the study based on the survey data of 2007)	<ul style="list-style-type: none"> <li>• Studying factors related to the low rate of breastfeeding among women.</li> <li>• Moving from marriage phase to the first-born: measuring its speed and variations.</li> </ul>	• Trends of the caesarean operations spread and its determinants in Jordan (2007-2012).
	• The role of the media and the reproductive behavior.	
	• Analyzing the impact of the baby's gender on the fertility rate, reproductive preferences and pregnancy spacing.	
	• Determinants of intervals between births in Jordan by using multivariate analysis.	
	• Demographic trends among the population of the Badia in Jordan 2007-2012.	
	• Polygamy in the Jordanian society.	

The Steering Committee for Research also identified research priorities outside the scope of family and population health survey, which need data from other sources to be implemented.

Validation was done by asking participants to rate each research topic using Likert Scale from 1 (least priority) to 5 (highest priority). During the two validation stages, members were asked to consider from their point of view the following criteria while rating each topic: size and seriousness of the problem, feasibility, applicability and avoidance of duplication. Based on the results of evaluation the top five research topics of priority have been arranged for each of the three axes of family planning: policies, action programs and services <sup>44</sup> .

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<sup>44</sup> Higher Population Council, Reproductive health research, [www.hpcpromise.org.jo/reproductive-health](http://www.hpcpromise.org.jo/reproductive-health)

<b>Study title</b>	<b>Priority level (high priority 1, 5 not a priority)</b>
Evaluating counseling services on family planning in public sector Institutes and clinics.	1.8
Studying the quality assessment of family planning services provided by the parties that provide these services.	1.9
The high-risk reproductive behavior (unsafe) and its impact on fertility: case study of high-risk reproduction in Jordan, such as the impact of early marriage, late reproduction, pregnancy spacing, births order and early screening.	2.2
Calculating costs and saved amounts realized as a result of reducing fertility rates to the required level.	2.4
Multi-dimensional poverty and child health in Jordan.	2.4
Studying the knowledge, attitudes and practices of family planning service providers towards family planning: comparative study of current situation with the former one through previous studies.	2.4
Reasons behind the decrease in utilization rates of new contraceptive methods among educated women (above secondary level).	3

Moreover, with regards to major themes in reproductive health and family planning, the research conducted for this report indicates that maternal obesity is not addressed extensively by research, programs, projects and awareness campaigns as other themes. HIV/AIDS is also not extensively addressed, this is perhaps due to the fact that the topic is still considered a taboo in the Jordanian culture and the disease is not considered to be widespread. There is also a need for culturally sensitive sexual education and awareness campaigns.

Share-Net International, Higher Population Council, and King Hussein Foundation held a stakeholder meeting in Amman on October 21<sup>st</sup>, 2015(meeting notes can be found in Annex II.) Based on the discussion taking place in this meeting, research priorities were amended to include the following research questions:

1. What is the quality, impact, availability, efficiency, accessibility, efficacy and relevance of FP services, including counselling, in public sector institutes and clinics?
2. How do FP services providers assess the quality of their services, and based on what criteria? What is the difference in satisfaction of clients and reproductive health indicators using FP services (also comparing accredited providers and non-accredited providers)?
3. What factors are influencing choices for contraceptive methods? In what ways can the efficiency and safety of contraceptive use be increased?
4. What high-risk reproductive behaviours are taking place and what impact is this having on fertility of males and females?
5. What is the impact of sexuality education and awareness campaigns?
6. What are the socio-cultural opportunities and barriers to accessing quality youth friendly SRH services?
7. What is the role of men in reproductive health and rights and how can men be better involved in prevention of early marriage, violence against-, and discrimination and exploitation of women?
8. How do gender inequalities affect the sexual and reproductive health of women and girls, including gender based violence.
9. What role does media play/what is the impact of media – including social media - towards influencing sexual and reproductive health and reproductive rights?
10. What is the impact and sustainability of recent and current SRH policies and programs on access to sexual and reproductive health services?
11. What are the roles of the stakeholders in SRH? What is the perception of the private sector in terms of their role in sexual and reproductive health? What is the perception of the public sector of the roles of the private and CSO in SRH?
12. How do stakeholders in the field of sexual and reproductive health and reproductive rights share their knowledge, experiences and research?

## **Chapter 5: Stakeholder analysis**

The stakeholder analysis introduced below aims at identifying major players in the reproductive health field in Jordan. It includes: governmental, quasi-governmental, Jordanian and international non-governmental organizations. Organizations are classified into Key, Primary and Secondary. These categories are based on the four Dutch priorities regarding SRHR. A brief summary of the work of each organization is included to justify its classification as Key, Primary or Secondary.

Key stakeholders are defined here as organizations whose work is concentrated in the field of research, policy, strategy, and legislation development and modification. An example of this

would be the Higher Population Council, National Council for Family Affairs, and the King Hussein Foundation.

On the other hand, Primary stakeholders provide reproductive health and family planning services and commodities as well as research and capacity building, such as, the Ministry of Health.

Finally, Secondary organizations either have efforts in raising awareness, research and advocacy or providing services. An example of this would be the private sector which only provides services, and but is not engaged in research and advocacy.

Type	Name	Key	Primary	Secondary
<b>Governmental</b> <b>Quasi-governmental</b>	HPC	<p>Develop national policies and strategies regarding all development-related demographic issues</p> <p>Enhance national capacities in demographic issues in coordination with partners and stakeholders.</p> <p>Provide information and conduct research that contributes to developing policies, strategies and work plans.</p>		
	MoH		<p>MoH meets about 41% of demand on modern FP methods</p> <p>Provides FP services in its hospitals and health centers across Jordan.</p> <p>Has an information system on women's and children's health, FP services at health centers, and prenatal, postnatal and child care.</p>	

		Launched the Strategic Plan for family planning for the years 2013-2017	
	NCFA	<p>Develops and modifies plans, programs, policies and legislations dealing with the family at the strategic planning level.</p> <p>Supports and coordinates work of government, private sector, NGOs, and IGOs</p>	
	Nursing faculty at JUST	<p>Trains nursing professionals</p> <p>Develops the skills of all workers in the nursing sector, whether in the private sector or public sector in the MoH.</p> <p>Conducts research in the field of RH/FP.</p>	
	Nursing faculty at UJ	<p>Trains nursing professionals</p> <p>Raises awareness regarding FP/RH issues.</p> <p>Conducts research in the field of RH/FP.</p>	
<b>International NGOs</b>	IMC		<p>Operate 24-hour clinics in Jordan to provide RH services to Syrian, Iraqi and Palestinian refugees.</p> <p>Provide programs which focus on preventing gender-based violence.</p>

	IRC		<p>Supports two reproductive health clinics and three centers for women and girls , open to Syrians and Jordanians</p> <p>Supports four women centers in Zaatari refugee camp focusing on Gender Based Violence and RH services.</p> <p>Provides psychosocial support to refugees.</p>
	UNFPA		<p>Provides governmental organizations and NGOs with technical and financial support.</p> <p>In the RH domain, UNFPA's main goal is to raise awareness and demand level in regard to reproductive health services with focus on post-natal care services and FP services.</p> <p>Launching programs to reduce maternal and newborns' morbidity and mortality among the Syrian refugees population.</p>
	UNHCR		<p>Ensures that partnered organizations provide appropriate technologies and trained staff to implement RH to refugees.</p> <p>Ensures that organizations ensure</p>

			accessible RH services RH to refugees.
	UNRWA		Provides family planning services to Palestinian refugees at 24 primary health care centers across Jordan.
	USAID		Funds RH/FP programs as well as supporting advocacy efforts in this domain.
<b>Jordanian NGOs</b>	JAFPP		Delivers family planning services in 19 clinics.
	JHAS		JHAS delivers treatment and health services to Jordanians, residents of Jordan, Iraqi and Syrian refugees (with coordination with UNHCR and UNFPA).  Conducts FP and RH education across Jordan.
	KHF-NHF	IFH-NHF: Runs a multi-specialization center that addresses women's health and counselling issues.  IRC-KHF: Conducted a variety of studies and surveys the most important of which is the preparation of a field survey to measure the knowledge, attitudes and behaviors of providers of family planning services in Jordan	Provide primary health services in its 6 mobile and stationary clinics in cooperation with the UNHCR and the IMC.

<b>Private Sector</b>	SHOPS			Boost the role of NGOs in providing family planning services.  Promotion of the use of modern contraceptive methods, and family planning.  Strengthening links with relevant pharmaceutical corporations.
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It should be noted that during the stakeholder meeting held on October 21<sup>st</sup> 2015, suggestions regarding amendments were discussed, these suggestions are included as Annex III of this report.

## Chapter 6: Recommendations

Based on research conducted for this agenda setting exercise, the King Hussein Foundation and Higher Population Council recommend the following

- Consider the Higher Population Council as the major focal point for SRHR knowledge platform.

The Council is considered as a reference to all development-related demographic issues and information in order to contribute to the development of policies, strategies and work plans as well as following up and assessing them and acquiring advocacy therefore, and spreading awareness of such issues along with enhancing national capacities in this respect in coordination with partners and stakeholders.

The Council also aims to contribute to the provision of an environment of supportive policies to the issues of population and development, and strengthen cooperation and networking with partners in order to serve the population and development issues, along with working to achieve financial sustainability of the Council, and raising the level of awareness of population and development issues.

- Consider the combination of: Ministry of Health, Royal Medical Services, Universities, Jordan Association for Family Planning and Protection, and the King Hussein Foundation

with its Information and Research Center and Institute for Family Health as the focal points for SRHR knowledge platform.

- As identified by mapping and knowledge gap analysis, provide incentives for the private sector to play a larger role in raising awareness, research and advocacy for evidence based family planning and reproductive health policies.

**Annex I:** Studies and research launched by HPC and documented on PROMISE Population Platform (2013-2015)

- The National Study of Maternal Mortality 2007-2008

This study was conducted by the HPC to identify the pregnancy-related deaths for the years 2007 – 2008 as it aimed at estimating the rate of maternity mortality among Jordanian women at fertility age and identifying the direct and indirect causes of such deaths. Further, the study intended to determine the possibility of preventing such deaths and pinpoint the factors which if dealt with, will lead to the prevention of maternity mortality as well as assessing the convenience and completion of hospital medical records and bio-records. One of the most prominent outcomes of the study was that the maternity mortality rate was 19.1 deaths per 1000 of live births. Analyzing the maternity mortality trends showed that the greatest risk in this respect was accompanied with the young age, the large size of the family, visits to remote hospitals, low family educational level and low family income. The study was concluded with a number of recommendations, such as developing a national policy for mothers' health which sets priorities for required interventions to reach population communities with such needs as well as compiling maternity health elements in one unified policy document and adopting and encouraging the implementation of the strategies and work plans related to safe pregnancy. Recommendations also included the development of reporting and registration systems to ensure the cohesion of data and the efficiency of inputs into the national information systems as well as intensifying efforts in the implementation of community inputs on maternity health as an investment towards the development and strengthening of communities to play an active and effective role to take care of the health of mothers and children, and the introduction of guide manuals related to maternal health in the official curriculum of medical faculties and supporting medical professions, so as to improve the quality of education and ensure the sustainability of effective inputs.

- Study of the needs and obstacles facing the reproduction health and family planning services in Jordan (October, 2009)

The study intended to assess the needs of both females and males in the two age categories 15 – 49 years and 15 – 64 years respectively in the field of family planning and reproduction health as well as identifying the various obstacles and relevant factors which lead to decreasing the utilization and use of family planning services. Moreover, the study aimed at using its outcomes to enrich the national information platform required for the implementation of the second phase of the national plan for reproduction health and family planning for the years 2008 – 2012. Some of the most important recommendations of the study are: educating the beneficiaries of such service about the concept of family planning and reproduction health elements as one fifth of this

segment still lacks correct information about such themes, providing sufficient trained and qualified personnel along with providing female doctors in such centers whenever possible, providing all options of family planning methods, allocating appropriate place for the female beneficiary to ensure privacy during the provision of family planning and counselling services, securing sufficient and sustainable stock of the three main family planning methods as a minimum, namely: IUDs, pills and condoms, and meeting the unmet needs in the use of family planning methods as this study estimated them at about 26% of modern methods, and about 10.5% of any method (modern or conventional), the necessity to meet the youth (15 – 24 years) needs by getting information relevant to family planning methods and prevention of sexually transmitted diseases as well as pre-marriage counseling, marital relations, topics of pregnancy and childbirth and the changes associated with puberty stage.

- Participation, commitment and support of the private sector to family planning and reproduction health program in Jordan (October, 2009)

The study intended to evaluate the needs of both females and males in the age categories (15 – 49) years and (15 – 64) years respectively in the field of family planning and reproductive health services and identify the various obstacles and relevant factors which lead to decreasing of utilization and use of family planning services. Moreover, the study aimed at using its outcomes to enrich the national information platform required for the implementation of the second phase of the national plan for reproduction health and family planning for the years 2008 – 2012. The study made some recommendations, such as the implementation of community-based field programs, particularly at the level of remote and popular areas and in villages, camps and Bedouin areas where cadres from the public and private sectors participate voluntarily or semi-voluntarily to urge citizens to increase demand on family planning and reproductive health services. At the governmental level, the study recommended conducting steps that facilitate import, customs, registration procedures as well as drug control examinations of family planning methods imported by the private sector in order to ensure sustainable availability of such methods in the Jordanian market accompanied by urging local drug companies to produce family planning methods which will contribute to the sustainable availability of such methods and maybe reduce the cost for citizens.

The study also recommended the importance of establishing a national information system for family planning which can be based in the MOH headquarters along the lines of the system in place in the Ministry for the purposes of monitoring and control of communicable diseases with the provision of a legislative cover binding on all service providers in all health sectors to abide by regular reporting and exchange of information on family planning and health reproductive health.

- Meeting women's needs of some reproductive health/ family planning services in areas suffering from lack of female doctors of service providers in the Public Sector in Jordan (a pilot study in Mafraq and Ain Albasha areas) (2009 – 2010)

This study provided implementation mechanisms and practical solutions to an important problem. It was also distinguished by efficient and effective global economic feasibility through a contract with the private sector in the field of primary health care. In addition, it skipped the testing phase and the implementation of practical mechanisms to the evaluation of the results of the implementation stage. The importance of this study emerged as a pilot attempt to test the feasibility and utility of mechanisms to provide family planning services, particularly IUD installation service and some reproductive health services on the ground in two areas which the analysis of their actual situation that they are in bad need of such services as the IUD is the most popular contraceptive method in Jordan, and its use amounts to 60% of all modern contraceptive methods. However, the rate of women who wish to use the IUD, but cannot do so due to the existence of cultural impediments in some regions of the Kingdom in regard of service provider's gender is higher than this rate. In addition, the number of female physicians who perform this service is relatively small in the Kingdom.

- “Economic feasibility of including family planning methods in the health insurance programs in both public and private sectors institutions”, 2011

The study aimed at evaluating the economic feasibility of including family planning methods within health insurance programs currently used by business owners (employers) (companies and establishments which provide health insurance to their employees), and to identify cost effectiveness of various family planning methods as well as determining the annual cost incurred by such inclusion of family planning methods within the health insurance programs offered by employers. One more recommendation was to conduct marketing procedures and appropriate knowledge to deliver the outcomes of this study to all concerned parties.

- Analysis of the existing availability of family planning services and reproductive health/ family planning information in Jordan, 2011

This study was conducted in collaboration between the HPC and the Center of Consultation at the University of Jordan. Some of the most important goals of this study were the analysis of the existing availability of family planning services and information which are delivered in all service provision locations by all parties at both the national and governorates levels, exploring the variations in the distribution of family planning services and reproductive health/ family planning information in various parts of Jordan, identifying the existing gaps to enable the council to direct concerned parties, whether local or international to focus their initiatives thereon whether related

to services or information. Therefore, the data of health services and information of provision locations which were shown by this study in collaboration with the Royal Geographic Center (RGC) and with support from Second Health Systems Support Project (HSSI) were represented on a geographic map of the Jordan and linking the same with the digital maps available on the MOH website.

Such maps serve as a database that enables decision makers and concerned parties in health issues to view the geographic distribution of family planning services and information and take proper decisions thereon.

- Global economic crisis impact on reproductive health of women in Jordan

One of the main goals of this study was to determine the impact of the global financial crisis on the health of the mothers in Jordan - if any - where policies and plans of priority will be developed to address the effects of the crisis if that is proved, and to inform decision-makers in Jordan on the impact of the financial crisis on mothers' health.

- Determinants of women's contribution in the labor market and its impact on their fertility: (an analytical study) – 2013

The study aimed to research and analyze the impact of "the fact of marriage for women and their fertility" in shaping the state of their work with testing of the impact of other social and economic variables, as well as the impact of the state of these women's work on the level of their actual fertility, taking into account controlling the impact of the rest of the socio-economic variables, and contributing to increase the integration of women in the development process, first through increased investment in their education, and then increase their contribution to the labor market.

- The national strategy for reproductive health / family planning in Jordan for the years 2013-2017

This strategy was launched in 2013 and was prepared in cooperation with all stakeholders. This strategy that is supported by the health policy project focused on the importance of improving the reproductive health policy environment, improving health services and enhancing the contribution of the private sector and non-government entities, awareness and increasing demand on reproductive health services. The strategy serves as a basic reference document which includes the outcomes that the partners are looking to achieve in the next five years at the national level.

- Projecting the prevalence of major non-communicable disease/ risk factors for the Jordanian youth population for the years 2007-2050

The study was prepared in 2012 and its findings were published in 2013. It aims to contribute to achieving gains for development as health is its most important drive through measuring the prevalence of these diseases in the future, meeting the national need for estimates of the number of patients with non-communicable diseases and promoting the public health system in Jordan to deal with such diseases by ensuring the availability of epidemiological and strategic information to the concerned entities, especially research institutions and the health sector. It also aims to enable health services planners by providing them with information which will assist in developing national health policies and estimating the rate of non-communicable diseases spread and the risk factors (high blood pressure, diabetes, high cholesterol rates in blood, overweight and obesity) and their trends for the upcoming 40 years in Jordan (up to 2050) and the consequences thereon that should be taken into account by policy developers.

The results of some estimates of the volume of non-communicable diseases and related risk factors to young people in the age group 18-34, which indicate an increase of infection rates for these diseases, showed the danger of the high number of deaths and the increase of the economic and social costs which is a challenge for the health system and the economic development.

- The National Study of neonatal and perinatal mortality in Jordan, 2013

This study was initiated in 2013 and administered by the HPC in collaboration with the MOH, the UNICEF and the concerned health institutions in both the public and private sectors. It aimed to identify the rate of neonatal and perinatal mortality in Jordan, the factors linked to the increased risk of mortality for this category, causes of such mortality, and identifying the points of weakness in the health system that contribute in the occurrence of such deaths as well as the mechanisms needed to improve this situation in order to minimize such deaths, besides evaluating health services for births, maternal health and newborns as well as evaluation of the system of monitoring and registration of deaths for this category.

- The second national report on the assessment of the progress in the implementation of the Action Program of the International Conference on Population and Development, Cairo 1994 and post-2014

The HPC published the second national report of the Hashemite Kingdom of Jordan regarding progress in the implementation of the Action Program of the International Conference on Population and Development (ICPD) held in Cairo in 1994, which monitors the national efforts in the key modules of the report in a standardized manner to enable the execution of regional and international comparisons and to pinpoint the position of the national accomplishments in the topics of the conference compared to other countries' accomplishments, since this report serves as a completion of monitoring the national efforts monitored in the first national report of the HKJ on the progress on the implementation of the Action Program of the ICPD in Cairo in 1994 after

the lapse of 15 years (2009). The importance of the report is attributed to being a tool of identifying the effective policies and the action priorities which should be focused on for post 2014 which coincides with the end of the Millennium Development Goals, and the challenges, opportunities and risks especially in light of the difficult economic conditions experienced by Jordan in (2012).

The report dealt with the Jordanian accomplishments in eight key themes covered by the action program of the Conference, namely: population, sustained economic growth and sustainable development, especially in the areas of poverty eradication, enhancing food security, strengthening environment resources management, improving solid waste management, reducing disparity between regions, building fair trade relations, population growth and population structure, which focuses on Jordan's treatment of the needs of adolescents and young people category, aging and the elderly issues, needs of the disabled, urbanization and internal migration, international migration and development, the family, wellbeing of individuals and communities, rights, reproductive health, health, diseases and deaths, genders equality, equity and women empowerment, and population, development and education. The report also included the national strategies, policies, legislations and programs for each theme, key achievements and recommendations for each topic in the conference besides the future aspirations for such themes.

- Summary - Health spacing contributes to the reduction of mortality (2014)

The Higher Population Council issued a summary entitled - Health spacing contributes to the reduction of mortality - which aims to raise awareness of the effects of healthy spacing as it reduces the risk of disease infection and eliminates mortality for mothers, newborns, infants and children under the age of five, as the spacing represents the best way to achieve the objectives of Jordan on rationalization of population growth rates.

The summary states that the continuation of the current patterns of spacing between births may lead to the loss of many lives. Moreover, it is expected that the total number of deaths of post-neonatal (from the age of five weeks to a year) between 2010 and 2040 will reach about 211,000. The summary also pointed out the effects of the lack of health spacing: health spacing will contribute to reducing the risk of disease infection or death, as a three-year spacing instead of two years would reduce the risk of infants' deaths by 38%. The recommendations that emerged from the summary are the following: supporting the process of decision making in regard of family planning programs; provision of family planning services to help mothers to have spacing between births; developing policies that ensure the provision of counselling to couples, mothers-in-law and children on the advantages of birth spacing and the incurred consequences of having short spacing periods; training health service providers on giving counselling to women and men in regard of the advantages of having health spacing between births and family planning services.

- Demographic opportunity in Jordan "policy document" 2015

HPC developed a document in light of the demographic changes which Jordan experienced between 2007 and 2012 which is based on the data contained in the report of population and family health survey 2007 and 2012. It indicated the decline in total fertility rate in all governorates and the decrease of child mortality rates of all types, especially infant mortality rate which led to significant rise in life expectancy at birth as well as the impact of forced migration waves especially that of the Syrian refugees. It was necessary to update the “demographic opportunity policies” document and prepare a complimentary document thereto to reflect the influence of the referred to changes, especially those related to future population volume and age structure, since such changes will have implications on all life aspects in Jordan. It also takes into account, when proposing policies that should be applied to ensure benefit from the demographic opportunity, the outcomes of the periodic reports prepared by the council and allocated to monitor the extent of progress and following it up to achieve and invest the demographic opportunity policies.

- Analysis of population policies environment: the integration of population issues in national strategic plans, 2015

Council is acting on the implementation of this review, which aims to assess the integration of population policies in national development plans and programs by reviewing all national plans and strategies. It is expected that this study will provide an evaluation of the progress achieved in the integration of population issues in development plans and recommend rectifying what can be achieved of the integration of population issues in the development plans to reflect the integration between development and population and achieve the goals of the Council in improving the population policy environment and supporting development to benefit from the demographic opportunity.

- Preparation of a study and summary of the policy on reproductive health services to the Syrians living outside the camps in Jordan

The HPC is currently working during 2015 to prepare a study on reproductive health services to the Syrians outside the camps and conduct a mapping of the entities that provide reproductive health services to the Syrians over the Kingdom and at the level of all the governorates illustrating the nature of the service provider, the number of service points, service quality, category of beneficiary, the service is free, the funding source, measuring the satisfaction of service recipients of the Syrians with the quality of reproductive health services provided to them, and to identify obstacles to access to reproductive health services from the perspective of the targeted categories that do not receive the service neither seek to obtain it.

The study covers the following topics:

- Provide health care to pregnant women during pregnancy and medical supervision on them during childbirth, and beyond.
- Dealing with the complications that may occur during the birth to the mother or the newborn, and also in cases of emergency.
- Family planning and birth spacing (providing the methods, services, counselling and education).
- Avoiding abortion and treatment of complications arising from unsafe abortion and post-abortion care.
- The provision of prevention means and treatment of reproductive tract infections, sexually transmitted diseases (STDs), including HIV / AIDS.
- Early diagnosis and treatment of breast cancer and cervical cancer
- Enhancement and promotion of health awareness on pure breastfeeding
- The provision of prevention and treatment means for cases of subfertility and infertility
- The provision of reproductive health and sexual health services to adolescents
- Providing services to women at the safety age of 50 years and over (married and unmarried).
- Handbook - the impact of health spacing between births (2014)
 

The Higher Population Council issued a booklet on health spacing in Jordan to show how the population in Jordan will be affected by health spacing in the future. The recommendations of the World Health Organization in regard of spacing between births were the following: after having live births a period of at least 24 months before the couple seek to have new pregnancy in order to reduce the risk of adverse consequences of maternal and perinatal period and those of the babies; and after abortion, it recommends a period of not less than six months before new pregnancy to eliminate risks on the mother's and child's health. The handbook addresses four topics, namely: the close relation between birth spacing and the survival of the newborns, infants and children below five years of age, most births in Jordan occur within spacing periods less than the three-year spacing recommended by WHO, the adverse impact of short spacing period between births on mortality of newborns, postnatal and early childhood represented in obvious increase in the number of deaths. There are measures that should be taken so as to achieve healthy spacing between births.

Among the most prominent recommendations it has been shown that neonatal, infants and children mortality rates in Jordan are closely linked to periods of birth spacing, and that the increase of the spacing period will save the lives of many infants and children, and encouraging women to have at least three years birth spacing will contribute to improving maternal and child health and supporting the healthy growth of children in Jordan.
- Handbook and summary – Health spacing contributes to the reduction of mortality

The HPC with technical support from the health policies project published a policy summary aiming at highlighting the impact of proper birth spacing on the welfare of the families and providing a tool to acquire advocacy which will support the efforts intended to increase the average time period between births in Jordan as recommended by WHO and the international standards. (A woman should wait at least two years after birth before getting pregnant another time) in order to minimize the risks of adverse implications on the health of the mother and the child when birth spacing is too short

- Summary: Policy in regard of impact of expanding options of family planning methods in achieving national objectives for the total fertility rate (2011): this summary was developed and published in cooperation with Health Policy Initiative project and representatives of both public and private health sectors. It aims at identifying the impact of expanding options of family planning methods in achieving the national objectives for the total fertility rate in Jordan (3.8 births per each woman in fertility age according to the survey of family and population of 2009). Its most important recommendations are to strengthen counseling services in family planning to tackle the ladies' fear of side effects of modern methods, and train service providers to deal with their bias towards specific family methods, provide female service providers by training more numbers of them to perform family planning services and to contract with female doctors from the private sectors and approve of the policy which allows midwives to provide installation service of IUDs and thus increase the base of family planning services providers and give incentives to female doctors in the public sector to encourage them to work in remote and distant areas from the place where family planning services are provided. Additionally, recommendations included the expansion and diversification of introducing long term methods, such as the implants and expanding services provided in remote and poor areas which are in critical need of such services by using mobile clinics along with providing required funds to purchase family planning methods by availing required resources to purchase them locally or by decreasing the cost by means of international tenders in order to purchase them at lower costs. One more recommendation was to allocate places that maintain privacy in the MOH health centers to provide counselling on family planning.
- Summary policy on unmet need and stoppage of using family planning methods, 2011

The draft of this summary dealt with an analysis of the causes leading to an unmet need and the stoppage of using family planning methods. This summary was prepared by the Higher Population Council in collaboration with the Health Policy Initiative Project and representatives from the of public and private health sectors.

- Demographic projections report over the Kingdom, and at the governorates level, 2014

The Council is working on the preparation and completion of this report after the ratification of the results of the projections by the National Committee and the technical team of the demographic projections for the purpose of using it for planning purposes in the social, economic and health fields and to anticipate the future size of the labor force and their trends. It will also support policy-makers and program managers in the field of planning and development priorities at the governorates level.

- Report of life tables for the Hashemite Kingdom of Jordan for the year 2012

The results of this report were published in 2014. The report was prepared by the Council in 2014 in collaboration with the Department of Statistics and the support of the United Nations Population Fund. The importance of life tables arises from their multiple use in all fields, especially in health and economic fields. Also, they are used to identify the prevailing mortality patterns in the society and gender disparities in the probability of survival and the risk of death according to different ages. Building such tables will help in the design of programs and plans. Besides that, they are used widely in analytical demographic studies, especially in the preparation of population projections and the calculation of some metrics that requires the use of certain functions of life tables.

- Report on determining and reviewing of supporting legislations to small-sized family and family planning concepts

The report aims to determine and review the policies and legislations relevant to the concepts of small-sized family and family planning in order to address the absence of a national policy that supports the national commitment to both concepts. The report was prepared in collaboration with the Jordanian National Commission for Women (JNCW).

- Usage Guide of reproductive health information system (maternal, child and family planning)

This guide was prepared by the MOH to illustrate the mechanism of registration and documentation of women and child health services and family services provided. Due to the keenness of the Council on the importance of the use of the Guide by all providers of family planning services and being not restricted to the MOH, it has printed the Guide and conducted a training course on building capacities on how to use the Guide aiming to realize accuracy in registration and documentation in order to provide quality information to be used for evaluation and preparation of research and reports as well as proper planning.

**Annex II:** Stakeholders meeting notes

**Annex III:** Suggested amendments to stakeholder classification

Stakeholder type	Organization
Key	Ministry of Health (MoH) Higher Youth Council (HYC) Higher Health Council (HHC) Jordan Nursing Council (JNC) Royal Medical Services (RMS) Jordan National Commission for Women (JNCW)
Primary	Jordan Association for Family Planning and Protection (JAFPP)
Secondary	Jordan Communication, Advocacy and Policy (JCAP) Japan International Cooperation Agency (JICA)

\*Suggested SHOPS to be removed as a stakeholder since the project has been concluded.