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Submitted by: We Lead Community in Jordan: Arab Network for Civic Education- ANHRE, Ebni Campaign, Youth Peer Education Network (Y-Peer) -Jordan, Raneen Foundation, Forearms of Change to Enable Community center (FOCCEC) and Information and Research Center – King Hussain Foundation. (Joint Submission)

Organization website: http://www.anhre.org/index-en.html

The We Lead Community of Action in Jordan comprises six Civil Society Organizations led either by women or youth with a focus on women's Sexual and Reproductive Health and Rights (SRHR). We Lead is an innovative five-year program launched in 2021 by Hivos and a consortium of five other organizations, including Positive Vibes, Restless Development, FCAM, FEMNET, and Marsa. Funded by the Dutch Ministry of Foreign Affairs, this inspiring program aims to empower young women as rights holders and advocates for their sexual and reproductive health and rights (SRHR). We Lead envisions resilient young women taking on leadership roles within strengthened and inclusive organizations. The program aims to garner increased public support and convince duty-bearers and health service providers to implement laws, policies, and practices that respect and protect young women's SRHR.

Challenges to Sexual and Productive Health Services in Jordan

1. Introduction

1.1 Jordan has made significant strides in reproductive health, particularly in reducing the maternal mortality rate, by providing advanced hospital care for mothers. To increase the level of reproductive health services, the Ministry of Health is diligently working to improve the quality of both preventive and curative health services. In approximately 520 centers affiliated with the Ministry, qualified health cadres provide free maternity, childhood, and family planning services. They include maternal care during pregnancy and postpartum, childcare for children up to age 5, family planning services, counseling services, and health education. In addition to providing immunization services for pregnant women and children, early breast cancer detection and investigations of domestic violence are also provided.

1.2 The Jordanian National Strategy for Sexual and Reproductive Health 2020-2030 was launched by the Higher Population Council in collaboration with relevant authorities for the purpose of framing and coordinating national efforts. However, the Higher Population Council is neither an executive organization nor a provider of services. Therefore, the implementation of this strategy depends on the collaboration of the public and private entities that provide these services.

1.3 Sexual and reproductive health services were also included in the National Strategy for Women in Jordan 2020-2025, which identified the provision of special needs for the physical and psychological health of women and girls, particularly those related to sexual and reproductive health, and facilitating women’s and girls' access to health services and family planning services as one of the required interventions.

1.4 At the same time, the Ministry of Health launched its strategic plan 2023-2025, in which the promotion of reproductive and sexual health services, family planning, and child health was included as a pivotal goal within the strategic goal of improving access to primary and preventive health care services with quality, fairness, and effective community participation.

1.5 Despite these efforts, Sexual and Reproductive services still suffer from many challenges on the ground. These challenges were captured and documented by the coalition members and will be explained in the next section.

1.6 In May 2023, the We Lead Coalition hosted a national conference in Amman, Jordan, with the participation of government entities, CSOs, and other relevant stakeholders. The conference, entitled "We Lead - Towards Achieving Sexual and Reproductive Health Rights and Resilience," presented key recommendations for achieving significant progress in advancing sexual and

reproductive health rights (SRHR) and constructing resilient communities. Participants emphasized the critical importance of prioritizing and improving the accessibility and provision of comprehensive sexual and reproductive health services in public healthcare facilities. They emphasized the significance of inclusivity, ensuring that girls, women, men, and adolescents have equal access without discrimination or structural barriers. This Linking and Learning Conference was convened as part of the We Lead Project, an innovative five-year program launched by Hivos and five other consortium members in 2021: Positive Vibes, Restless Development, FCAM, FEMNET, and Marsa. This program, which is financed by the Dutch Ministry of Foreign Affairs, aims to empower, strengthen, and amplify the voices and positions of young women whose sexual and reproductive health and rights are the most neglected.

2. Practices and Observations from the Field

2.1 According to the Higher Population Council, 79% of married women do not use contraception, and 55% of men have not been exposed to messages concerning family planning. There is a disparity between the infant mortality rates in the governorates, with Mafraq having the highest at 23 cases per one thousand children and Aqaba having the lowest at 10 cases per one thousand. High rate of caesarean section (26% of all births), low participation in premarital examinations, obstacles in accessing health facilities such as distance, lack of awareness of services offered, lack of husband's consent, and fear of not having a female in the health facility[1].

2.2 The legislation and mechanisms that enable the implementation of rights-based sexual and reproductive service delivery are inadequate, despite the existence of numerous strategies.

2.3 There is no age-appropriate sexual and reproductive health and rights education in schools. In addition, there are a few measures to improve adolescent health, such as education on sexual and reproductive health and the improvement of youth mental health services.

2.4 It is evident that women and adolescent girls in rural and remote areas have limited access to sexual and reproductive health services. Also, the availability of modern contraceptives is restricted.

2.5 Despite being outlawed in Fatwa no. 194-02 of 2014, the practice of sterilizing disabled people, particularly women and girls with intellectual and psychosocial disabilities, is still common. Also, individuals with disabilities are unable to receive the same quality of care as everyone else because health centers do not provide an inclusive and welcoming environment.

2.6 In general, social norms limit the participation of male partners in family planning and reproductive health. In addition, health care providers only interact with women and not men,

and contraceptives are only provided to married women. This explains why young men in their community do not visit maternal and child health centers, as only women go there to receive services.

2.7 As a result of strict social norms governing adolescent sexual behavior, adolescents are concerned about the privacy and confidentiality of reproductive health and family planning services in their communities.

2.8 The limited access of women and girls to HIV counseling and testing services at prenatal clinics.

2.9 Concerns were raised about the lack of privacy and confidentiality when receiving Sexual and Productive Health Services.

2.10 In general, only married women have access to sexual and productive health services.

2.11 Lack of funding and inconsistent availability of integrated SRH medicine and supplies are well documented.

3. Recommendations

3.1 Ensure proper implementation of Law on the Rights of Persons with Disabilities No. 20 for the Year 2017 and its provisions to ensure that reasonable accommodations and accessible information regarding SRHR are readily available to persons with disabilities, particularly women and girls.

3.2 Ensure that healthcare providers uphold their commitments and responsibilities by promptly reporting incidents of violence in accordance with the Protection from Domestic Violence Law No. 15 of 2017 and the Law on the Rights of Persons with Disabilities Law No. 20 of 2017.

3.3 End the practice of sterilizing women and girls with disabilities in the absence of their informed, free consent and transparent, independent, and credible medical evidence.

3.4 Expansion of partnerships among the Ministry of Health, national institutions, and civil society organizations to unify efforts and objectives regarding SRHR issues and avoid duplication of programs, considering the importance of collective action and cooperation to maximize the impact of interventions in this crucial area.

3.5 Prioritize youth's significant role and their meaningful participation in programming, emphasizing the significance of their involvement alongside rights holders and other stakeholders throughout the various stages of programming, beginning with the planning phase, in order to build relationships between youth and the community and ensure a youth-friendly, sustainable, and empowering environment for all.

3.6 There should be policies and procedures in place to safeguard the privacy and confidentiality of SRHR service applicants and recipients. Rural areas should be prioritized, mobile clinics should be funded, mental health services should be covered by medical insurance, and an effective referral system should be implemented.

3.7 Adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that sexual and reproductive health education is part of the mandatory school curriculum and aimed at adolescent girls and boys, with an emphasis on preventing teen pregnancy and sexually transmitted infections.

3.8 Improve access to high-quality HIV/AIDS, sexual and reproductive health information and services that are age appropriate.

3.9 Provide comprehensive health services, especially sexual, and reproductive health services, including antenatal, delivery, and postnatal care, in accordance with the population size of each region.

[1] Higher Population Council, Jordan's National Strategy Reproductive and sexual health 2020 – 2030, pp 8-11.