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The Knowledge Platform on  
Sexual and Reproductive Health & Rights



**Share-Net  
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The Knowledge Platform on  
Sexual and Reproductive Health  
and Reproductive Rights



**Policy Brief**

**The Role of Accountability  
in Sustaining SRHR  
Programs in Crisis and  
Fragile Situations in  
Jordan**

**2020**

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## Policy Brief

# The Role of Accountability in Sustaining SRHR Programs in Crisis and Fragile Situations in Jordan

2020







## Abbreviations

SRHR	Sexual and Reproductive Health and Rights
FP	Family Planning
ANC	Antenatal Care
PNC	Postnatal Care
JRP	Jordan Response Plan
INGOs	International Non-Governmental Organizations
ICPD	International Conference for Population and Development
NGOs	Non-Governmental Organizations
WHO	World Health Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
IFH	Institute for Family Health
IRC	International Rescue Committee
JHAS	Jordanian Health Aid Society
MAF-SRHR	Multi sectoral Accountability Framework for Sexual and Reproductive Health and Rights



## Summary Executive

This policy brief aims to improve access to quality sexual and reproductive health and rights (SRHR) information and services for people affected by crisis and in fragile situations, and to accelerate progress towards achieving SRHR national objectives and concerned targets of sustainable development goals.

This brief was financed by a research grant from Share-Net International, the Knowledge Platform on SRHR. It was prepared in response to the recommendations derived from the monitoring reports of the Jordanian National Reproductive Health Strategy, and the outcomes of Share-Net International Co-Creation Conference "Engaging in knowledge Translation Together", which was held in Netherlands in 2019.

The policy brief was prepared by using a consultative participatory approach, where a committee of practitioners (Community of Practice) representing concerned national and international institutions was formed. Four focus groups were conducted with Syrian refugees in Amman and Mafrq governorates and four focus groups were conducted with service providers in and out the Syrian refugee camps to assess their satisfaction with the SRH services that are provided. Meetings were held with decision makers in governmental and non-governmental institutions working in the field of emergency response and SRH service provision including Ministry of Health, Higher Health Counsel, donors, INGOs, NGOs and others.

The brief presented a Multisectoral Accountability Framework for Sexual and Reproductive Health and Rights (MAF-SRHR)<sup>1</sup> to facilitate and support accountability in this regard at national, sectoral and institutional levels. The accountability framework consisted of four elements; the first represents main Jordan's **commitments** towards regional

and international resolutions and goals, the second element **lists actions** taken at national, sectoral and institutional levels towards achieving commitments made, the third element focuses on **monitoring and reporting** about the progress made and identifying gaps that hindered fulfillment of action plans, the fourth element concerns the **review** of monitoring reports and correcting actions.

The brief concluded by set of recommendations, including

- 1) The adoption of the MAF-SRHR at the national level and enforce its implementation by stakeholders.
- 2) The periodicity of reporting and type of information and disaggregated data need to be included.
- 3) Ensure the commitment of partners and donor agencies to the outcomes of the review process, mainly financing, institutionalization and sustainability of services, and enhance coordination during emergency and fragile situations.
- 4) Review concerned national strategies and action plans, to ensure the inclusion of sexual and reproductive health and rights during emergency situations.

## Introduction

Sexual and Reproductive Health and Rights (SRHR) is not only one of the basic human rights, but it is also a biological, psychological and social need that is essential to support the ability of all individuals to live secure, healthy and fulfilling lives towards achieving Sustainable Development Goals.

According to the International Conference for Population and Development (ICPD-1994) the definition of the sexual and reproductive health is

<sup>1</sup> Adopted based on the WHO, 2019 Accountability framework to accelerate progress to end Tuberculosis by 2030.

a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so".<sup>2</sup>

Full understanding of SRHR is not limited to the universal access of sexual and reproductive health facilities and services, but also includes access to SRHR information as well as social, legal, institutional and financial elements and arrangements to enable people to practice their rights, mitigate basic social determinants, eliminate gender-based violence and alleviate harmful actions, such as child marriage.

To accelerate progress, governments and donors must adopt and advance a comprehensive SRHR agenda that benefits all people. A multisectoral approach is required, with collaboration between the health sector and other sectors like education, justice, security, housing and others to jointly achieve desired policy outcomes.

Due to its commitment to resolutions of International Conference for Population and Development (ICPD) and all consecutive reviews including ICPD beyond 2014 and Nairobi Summit ICPD 25+(2019), and the Sustainable Development Goals, Jordan acknowledges that SRHR elements need to be integrated and complete the comprehensive healthcare system. This acknowledgment is reflected in the vision of the Jordan National Sexual and Reproductive Health Strategy (2020-2030), which is "A comprehensive access to the integrated knowledge and services of sexual and reproductive health and rights towards family welfare in Jordan".

It is needless to say, that Jordan is the most affected country due to instability in the region, mainly its economy and demography.

However, the non-Jordanian population grew by 18% annually compared to 3.1% of the Jordanian

population during the period 2004-2015 (census years).<sup>3</sup> It is estimated that non-Jordanians accounted to about 31% of the total population, of which 43% are Syrians (about 13.3% of total population). This increase in population is reflected in increasing pressure on public budget, increasing trade deficit, deterioration in economic activities, and deterioration in the quality of basic services in the most affected governorates. Mainly the health system is impacted due to increasing demand on health care by the Syrian refugees, where the majority of them are the most vulnerable groups to health problems (women, girls, and children).<sup>4</sup> This situation affected Jordan position in the Vulnerability Index, it ranked 67 out of 178 countries listed in 2020, according to the Foreign Policy Magazine (higher ranking means less vulnerability).<sup>5</sup>

A number of local, regional and international studies and reports<sup>6,7,8</sup> indicated that the need of sexual and reproductive health and rights increases during conflicts, crisis and emergency situations and this need increases further due to COVID-19 pandemic. This is due to its negative impacts on healthcare in general, and sexual and reproductive health and rights in particular. However, in such situations, access to sexual and reproductive health and rights may even decline. Pregnant women may face pregnancy-related complications, more women remain without family planning services which may lead to unintended pregnancy in such risky situations. Furthermore, sexual and gender-based violence as well as child marriage cases may further increase. Last but not least, women may neglect their personal needs to take care of their families, which may increase inequality.

To fulfill commitments towards improving access to quality sexual and reproductive health and rights information and services for people affected in fragility situation, the National Sexual and Reproductive Health Strategy 2020-2030 aims at establishing an

2 The International Conference for Population and Development (ICPD), Cairo, Egypt, on 5–13 September 1994

3 The Department of Statistics. 2016, General Population and Housing Census 2015: Main Results

4 Ibid

5 The Fund for Peace, 2020, Fragile States Index Annual Report 2020

6 Higher Population Council, 2020, National Sexual and Reproductive Health Strategy 2020-2030

7 UNFPA, Arab states office, 2020, Impact of Public Health Emergencies on Sexual and Reproductive Health and Reproductive Rights in the Arab Region: The Covid - 19 Case

8 UNFPA, 2020, COVID-19: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN TIMES OF CRISIS — JORDAN BRIEF.

accountability framework that enhances coordination, institutionalization and monitoring of the progress in sexual and reproductive health and rights programs and objectives.

This policy brief, which financed by a research grant from Share-Net international, was prepared in response to the recommendations of their International Co-Creation Conference "Engaging in knowledge Translation Together", which was held in the Netherlands in 2019. The outcomes of this conference encouraged the preparation of this policy brief to bridge the gap and improve access to high quality of sexual and reproductive health and rights services in crisis and fragility.

## Problem statement

The monitoring reports of the Higher Population Council and the narrative review and evidence brief presented during the Share-Net International Co-Creation Conference "Engaging in knowledge Translation Together"(2019), indicated the weak access of vulnerable groups and refugees to sexual and reproductive health and rights services because of:

- Weak coordination among service providers (national and international organizations), which led to fragmented, unsustainable and duplicated services, with some need unmet.
- Weak participation of the private sector.
- Sexual and reproductive health and rights are considered less important for refugees compared to other health services.
- Weak humanitarian assistance from donor agencies, and less interest in institutionalizing their services.
- Existence of certain groups lacking access to sexual and reproductive health and rights services and rights, namely disabled and youth.
- Not including all age groups in sexual and reproductive health and rights services.

- Weak commitment of donor agencies in enhancing local ownership of sexual and reproductive health and rights services and rights.

## Objectives

This policy brief aims to improve access to quality sexual and reproductive health and rights (SRHR) information and services for people affected by crisis and in fragile situations, and accelerate progress towards achieving SRH national objectives and Sustainable Development Goals, in particular goal 3 (Ensure health lives and promote well-being for all at all ages) , goal 5 (Achieve gender equality and empower all women and girls), goal 16 (Promote just, peaceful and inclusive societies), and goal 17 (Revitalize the global partnership for sustainable development).

This can be achieved by developing and adopting an Accountability Framework as a roadmap for policy makers, donors, and stakeholders to:

- Enhance coordination among stakeholders to improve access to quality sexual and reproductive health and rights information and services for people affected in fragility situation in Jordan.
- Institutionalize multisectoral accountability to ensure sustainability and accelerate progress in achieving sexual and reproductive health and rights

## Methodology

The policy brief was prepared by using a consultative participatory approach, by;

- Forming a committee of practitioners (Community of Practice) representing; Ministry of Health, Ministry of Planning and International Cooperation, Higher Health Council, Royal Medical Services, Jordan University, Health Care Accreditation Council, UNFPA, UNHCR, WHO, UNICEF, and UNRWA.
- Reviewing of the narrative review and evidence

brief of Share-Net International Co-Creation Conference "Engaging in knowledge Translation Together", which was held in the Netherlands in 2019, and other concerned national reports and strategies.

- Requesting the WHO for their approval to use the WHO accountability framework to accelerate progress to end Tuberculosis by 2030, and adapting it in accordance to sexual and reproductive health and rights in the Jordanian context.
- Conducting four focus groups for Syrian refugees in Amman and Mafraq governorates, to assess their satisfaction of the services provided.
- Conducting four focus groups for service providers in and out the Syrian refugee camps.
- Holding meetings with decision makers in the concerned institutions.
- Conducting a workshop for stakeholders entitled "Development of a Multisectoral Accountability Framework for Sexual and Reproductive Health", to discuss and approve the Policy Brief.

## Literature Review

• The Narrative Review by Share-Net International on "Access to quality Sexual and Reproductive Health and Rights (SRHR) for people affected by crisis and fragility",<sup>9</sup> which identifies gaps in accessing SRHR services and recommended certain actions and interventions to overcome these gaps.

The main intervention was enhancing national and local ownership, accountability, partnerships between all actors, and strengthening political commitment for SRHR.

• The Higher Population Council conducted a research study and produced a policy brief in 2016 about SRHR services provided to Syrian refugees outside the camps.<sup>10</sup> The study indicated certain challenges, including uneven distribution of centers providing these services (governmental,

nongovernmental and international), lack of coordination among institutions providing these services which contributed to overlapping and duplication of services, and lack of financial sustainability which may lead to closure of some health programs.

• The National Reproductive Health Strategy-Family Planning 2013-2018 Mid-term Review<sup>11</sup> by the Higher Population Council, which indicated that most of stakeholders did not institutionalize concerned strategy interventions in their sectoral strategies and secure financing to execute them, lacking of monitoring and evaluation systems or not using monitoring forms provided by the Council, as well it indicated that there is a weak interest of top management at sectoral agencies and steering committee of the strategy in institutionalizing strategy interventions, increasing awareness or trying to overcome challenges that affect strategy execution.

• The National Reproductive Health Strategy-Family Planning 2013-2018 Final Review<sup>12</sup> by the Higher Population Council, indicated that most of the strategy interventions were about family planning, despite the strategy is about reproductive health and family planning. Furthermore, it indicated the lack of the private sector contribution in developing and executing the strategy. Additionally, it indicated the lack of accountability tools, less focus on quality services, mismatching with other concerned national and regional strategies, and less financing. The review recommended the expansion of the strategy scope to include other subjects concerning sexual and reproductive health such as youth and adolescents health in addition to the family planning and including other age groups, enhance stakeholders coordination, and develop accountability tools that ensure stakeholders commitment to execute the strategy.

• The study by the Higher Population Council on

9 Share-Net International Co-Creation Conference 2019 "Engaging in Knowledge Translation Together" Evidence Brief: Access to Quality Sexual and Reproductive Health and Rights for People affected by crisis and fragility.

10 Higher Population Council, 2016, Sexual and Reproductive Health services provided to Syrian Refugees outside the Camps.

11 Higher Population Council, National Reproductive Health Strategy-family Planning 2013-2018, Mid-term Review.

12 Higher Population Council, 2019, National Reproductive Health Strategy-Family Planning 2013-2018, Final Review.



"Reproductive Health of Adolescent Refugees in Camp Settings"<sup>13</sup> indicated that besides Syrian adolescents in camps, especially males, lack awareness about sexual and reproductive health services available. Girls had, to some extent, sufficient health care. The study recommended the establishment of a multisectoral coordination mechanism and national body to ensure and activate stakeholders' coordination.

- The Health Sector National Strategy 2016-2020, by Higher Health Council indicated the challenges facing the health sector, including weak coordination and cooperation among health system agencies, weak commitment in implementing sectoral strategies and action plans, and weak systems for monitoring and evaluation.
- The National Sexual and Reproductive Health 2020-2030<sup>14</sup> by the Higher Population Council identified the main areas of interest that the strategy will cover. The most prominent areas were; improving access to sexual and reproductive health information and services to all segments in fragility (women, children, adolescent and youth refugees, and disabled and elderly), develop guidelines and procedure indices to ensure providing SRHR to fragile segments in crisis and fragile situations, develop supervising and monitoring systems including performance indicators, and develop means of communication and coordination among stakeholder concerned in sexual and reproductive health and rights.

## Syrian Refugees Accessibility and Satisfaction of SRHR services

To assess Syrian refugees' accessibility and satisfaction of SRHR services, four focus group discussions conducted with Syrians residing in the northern and middle regions in Jordan. The following table summarize the location, target group characteristics and number of participants.

Region	City	Location	Targeted group	Number of participants
Middle	Amman	Noor Al Hussein Foundation	Women, age 15-49, single and married	10
			Men, age 18-49, single and married	9
Northern	Mafrq	Princess Basma Center	Women, age 15-49, single and married	10
			Men, age 18-49, single and married	8

The themes and outcomes of these focus group discussions were as follows:

- **Accessibility to sexual and reproductive health services**, the participants indicated that:
  - They are aware that they can access public/governmental services with minimum fees (same as non-insured Jordanians), but they are not fully aware about the scope and costs of services provided. Therefore, they primarily consider NGOs' clinics followed by the private sector as the main source of SRHR services.
  - They have some concerns about government centers related to poor quality, long waiting hours, and higher cost in some cases.
- **Utilization of available sexual and reproductive health services**, the participants indicated that:
  - Due to COVID-19 and lockdown for many weeks, many NGOs clinics shut down or minimize their services. Additionally, many people are on lower income and suffer from a lack of resources. Therefore, they limit their clinic visits to severe and urgent health problems only.
  - The main barriers to utilize SRHR services are the costs (even in governmental centers), the long waiting time, and complicated logistic arrangements for Syrians to receive the services, e.g. renewal of UNHCR's registration card.
- **Sustainability of sexual and reproductive health services**, the participants indicated that:
  - They are concerned about sustainability of NGOs services, due to shutting down some services and

<sup>13</sup> Higher Population Council, 2020, Reproductive Health of Adolescent Refugees in Camp Settings.

<sup>14</sup> Higher Population Council, 2020, National Sexual and Reproductive Health Strategy 2020-2030.

clinics (funded NGOs clinics), and disruption of referral system for secondary and tertiary care, especially delivery/emergency obstetric care.

- They will be forced to utilize the governmental centers and hospitals if donor funding ceased and all NGOs clinics are closed.

- They believed that the Government of Jordan is highly committed to provide basic health and education services to Syrians, in spite of decreasing funding and internal resources.

- **General satisfaction of services provided/ health providers**, the participants indicated that:

- They are highly satisfied by services provided by NGOs, due to technical capacities of the health providers, the provision of services that taking into consideration the needs of the beneficiaries, and the privacy and confidentiality.

- They are not satisfied in general (poor satisfaction) of the services provided in governmental centers and hospitals, due to long waiting time, high cost in some cases, and poor technical capacity of the providers.

- **Service Providers and Decision Makers Perspective of SRHR services**

To identify services providers and decision making perspective, three focus group discussions were conducted, as shown in the following table.

Date	Targeted Group	Number of participants
13/10/2020	SRHR service providers in Syrian refugees camps (Zaatri camp- IFH, JHAS, UNFPA)	11
14/10/2020	SRHR service providers in host communities IFH. JHAS,IRC, UNFPA	10
8/11/2020	Community of Practice	6

the discussions' themes and outcomes of these focus group discussions were as follows:

- **Accessibility to sexual and reproductive health services**, participants indicated that **in camps**, there is an easy access because:

- SRHR clinics are distributed widely in camps, as well there is a clinic providing the services 24/7, an addition to the emergency rooms of hospitals within the camps.

- All SRHR components are available for free including FP, ANC, PNC and others.

- NGOs are providing outreach services through community volunteers and community committees that facilitate dissemination of information and raising awareness.

- The availability of public transportation.

**In host communities**, there are some difficulties due to:

- Most of Syrian refugees are not aware of the MOH latest health policy, which allows Syrians to be treated as non-ensured Jordanian.

- Most of Syrian refugees are not aware of the scope and availability of SRHR services provided by MOH Most Syrian refugees prefer accessing NGOs or private clinics for SRHR services

**Barriers to receive SRHR services from MOH**, participants indicated that:

- Legal status of the Syrian refugees is a main factor in accessing services especially in MOH centers (they should be registered with UNHCR).

- The costs of health care services are considered a challenge for Syrian refugees (same cost as private clinics)

- Syrians have the perception that the MOH is providing low quality services, crowded centers, long waiting time and are generally less friendly, MOH centers are not providing all SRHR components, most of the time doctors and medications are not available, and they faced difficulty in getting referrals to other needed services

- **Barriers to receive SRH from NGOs**, the participants indicated that:

- NGOs are not widely distributed across Jordan and not providing all SRHR components, lab tests and medications.

- There are unclear and inconsistent referral mechanisms among NGOs and to MOH, especially for obstetric emergency.

- There are no clear financial coverage and referral criteria to access free obstetric services.

• **Utilization of available sexual and reproductive health services**, the participants indicated that:

#### **In camps**

- The overall utilization of SRHR services by Syrian women is less than Jordanian women.

- Service providers indicated poor acceptance of SRHR services by Syrian refugees, especially FP, due to cultural issues and low education. However, NGOs provided community-based awareness activities towards improving the utilization rate of the services.

- The satisfaction rate of the provided services is high due to the availability of highly professional health providers, and the high quality of care provided.

#### **In host communities:**

- Syrians in these communities are more aware of SRHR services, which is reflected in the increasing demand of these services among Syrian communities.

- Syrians prefer accessing and utilizing SRHR services from NGOs and private sector, due to the perception that the MOH is providing low quality services, crowded centers, long waiting time and the health staff is perceived to be less friendly.

- Referrals related to obstetric emergencies and delivery services are still a big challenge due to inconsistency in criteria for referral to free or exempted services among different NGOs and decreasing funding limiting referrals to high maternal risk groups.

• **Sustainability of sexual and reproductive health services in camps and host communities-Donors Perspective**, the participants indicated that:

- Sustainability of SRHR services is one of the key issues for donors and NGOs, due to the decline in funding and short funding cycles.

- Closure of clinics or services due to lack of funding, imposed more pressure on other health care

providers. In addition to that, some donors shifted funding from one partner to another which created confusion among beneficiaries and providers.

- Although SRHR is a priority for donors and NGOs, the health sector in general, and SRHR in specific, received less funding in 2020 according to Jordan Response Plan- JRP 2020-2022.

• **Jordanian government and other stakeholders commitments towards sustaining SRHR services to refugees in camps and host communities**, the participants indicated that:

- GoJ and MOH are highly committed to provide SRHR services as a priority health programme.

- MOH is providing most obstetric services in camps through a referral mechanism.

- SRHR service providers in the field are not involved in consultations to develop national strategies and commitments.

- In case of decreasing funding to SRHR services, MOH will continue to provide these services Syrian refugees through special arrangements with donors to ensure continuity. However, participants believe that MOH will not be able to continue providing these services for free (as non-ensured Jordanian) in the long run.

• **Coordination mechanisms that facilitate the delivery of SRHR services to Syrian refugees**, the participants indicated that:

- There is a national sub-working group that coordinates responses and activities related to SRHR in camps and outside camps. As well, there is a camp level coordination group that coordinates all SRHR activities in camps, represented by service providers, stakeholders, and MOH as a focal point.

- SRHR providers coordinate with community committees and volunteers who can report on needs and help in referrals and dissemination of information.

- There is a need to revise all national action plans and strategies to ensure the inclusion of SRHR



in emergency situations (in response to COVID-19 pandemic).

- By making use of lessons learned from COVID-19 pandemic, preparedness and response to crisis and emergency should be a priority to MOH, donors and decision makers to ensure proper response and continuity of SRH services.

## Accountability Framework Elements

Elements of the accountability framework are already in place in most strategies and action plans, but have not been formally conceptualized as an accountability framework. However, the main elements of the accountability framework are; commitments, actions, monitoring and reporting, and review.

### • **COMMITMENTS;**

which are at national level, and may be disaggregated at sectoral level. It includes:

- Sustainable Development Goals, in particular 3.7 "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes", and 5.6 "Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences"
- Every Woman Every Child's Global Strategy for Women's, Children's and Adolescents' Health/ 2016-2030
- Multisectoral Arab Strategic Plan for Mother's and Children's Health
- Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab states, MENA, HPF, 2018.
- Nairobi Summit ICPD 25+, 2020, to continue our commitment to provide information, consultancy,

and quality services of Family Planning based on rights' approach, especially for the remote areas and vulnerable groups, as stated in the Reproductive Health Strategy (2020-2024), and MOH Costed Implementation Plan for Family Planning. Provide modern contraceptives through MOH to increase usage average from 37.4% in 2018 to 43.3% in 2025). and Jordan's commitment to implement JRP (2020-2022), by emphasizing the importance of donors financing to enhance and improve health services in hosting communities, and implement emergency primary services package (MISP), and improving Syrians accessibility to primary health care facilities, in cooperation with international and local civil society organizations. As well, continue implementation of national plan to activate Security Council resolution No. 1325 regarding Women, Security and Peace.

- International Conference for Population and Development (ICPD) and all consecutive reviews including ICPD beyond 2014.

### • **ACTION;**

which could be at national and sectoral/ institutional level, and includes:

- National Sexual and Reproductive Health Strategy 2020-2030
- Jordan Response Plan 2020-2022
- Costed Implementation Plan for Family Planning 2020-2024
- National Strategy of Health Sector in Jordan 2016-2020
- Health Sector Reform Plan 2018-2022
- The National Strategy for Jordanian Women 2020-2024
- Regional and international agreements and protocols,
- Government health policy, which entitled Syrian refugees to access MOH facilities as non-insured Jordanians, of which free access to SRHR services
- Formation of the Steering and Technical committee of the Sexual and Reproductive Health Strategy



- **MONITORING AND REPORTING;**

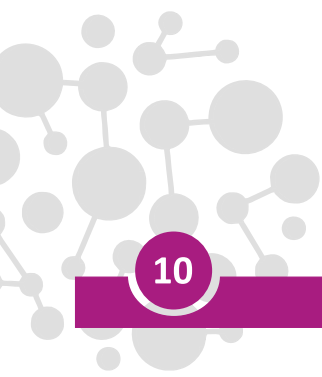
to assess and identify gaps at sectoral and institutional level, it includes:

- Developing forms and indicators (disaggregated by nationality) to be monitored by the sectoral agencies and stakeholders.
- Reporting to the HPC by the sectorial agencies,
- Annual reporting

- **REVIEW;**

which is at policy making and decision taking level, to assess monitoring reports' recommendations, and decide on the correction measures. These correction measures include:

- Improve existing policies and/or actions and may include new policies or actions.
- Stoppage of the ineffective actions and/or procedures
- Improving the quality of monitoring reports.



## COMMITMENT

- The Sustainable Development Goals, in particular 3.7 "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes", and 5.6 "Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences"
- Every Women Every Child International Strategy for Women's, Children's and Adolescents' Health 2016-2030
- Multisectoral Arab Strategic Plan for Mother's and Children's Health
- A Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab states, MENA, HPF, 2018.
- Nairobi Summit ICPD 25+, 2020 (continue our commitment to provide information, consultancy, and quality services of family planning based on rights-based approach, especially for the remote areas and vulnerable groups, as stated in the Reproductive Health Strategy (2020-2024), and the MOH Costed Implementation Plan for family Planning. Provide modern contraceptives through MOH to increase usage average from 37.4% in 2018 to 43.3% in 2025. Jordan is committed to implement JRP (2020-2022), by emphasizing the importance of donors' financing to enhance and improve health service in hosting communities, and implement emergency primary services package (MISP), and improving Syrians accessibility to primary health care facilities, in cooperation with international and local civil society organizations. As well, continue implementation of national plan to activate security council resolution No. 1325 regarding Women, Security and Peace)
- International Conference for Population and Development (ICPD) and all consecutive reviews including ICPD beyond 2014.

## ACTIONS

- National Sexual and Reproductive Health Strategy 2020-2030
- Jordan Response Plan 2020-2022
- Costed implementation plan for family planning 2020-2024
- National Strategy of Health Sector in Jordan 2016-2020
- Health Sector Reform Plan 2018-2022
- The National Strategy for Jordanian Women 2020-2024
- Regional and international agreements and protocols,
- Government health policy related to Syrian refugees accessing MOH facilities as non-insured Jordanians, this would entitle free SRH services
- Formation of the steering and technical committee of the Sexual and Reproductive Health Strategy

## REVIEW

- Improve existing policies or actions, and may include new policies or actions.
- Stoppage of the ineffective actions and/or procedures
- Improving monitoring reports' quality

## MONITORING AND REPORTING

- Developing forms and indicators (disaggregated by nationality) to be monitored by the concerned agencies,
- Reporting to the HPC by the sectorial agencies,
- Annual reporting



## Policy Recommendations

The objective of this policy brief is to convince policy makers and other stakeholders of the importance to improve access to quality sexual and reproductive health and rights (SRHR) information and services for people affected by crisis and in fragile situations.

This policy brief provides the following recommendations:

1. The adoption of the Multisectoral Accountability Framework for Sexual and Reproductive Health and Rights (MAF-SRHR) at the national level and enforce its implementation by all stakeholders.
2. Improve mechanisms of disaggregated data collection in crisis and fragility, and identify indicators at national, regional, and nationality level.
3. Ensure the commitment of stakeholders to produce periodical monitoring reports.
4. Ensure the commitment of partners and donor agencies to the outcomes of the accountability framework review process, mainly financing, institutionalization and sustainability of services, and enhance coordination during emergency and fragile situations.
5. Revise concerned national strategies and action plans, to ensure the inclusion of sexual and reproductive health and rights during emergency situations.
6. Improve mechanisms that enhance cooperation and coordination of donor agencies, to ensure continuity and sustainability of financing and service provision during crisis, emergency and fragility.
7. Build on lessons learned from the COVID-19 pandemic, to develop mechanisms that ensure an effective response and continuity of service provision. This includes development of essential SRH service package in emergency, ensuring access to services and information to vulnerable groups and adopting innovative service delivery modalities e.g. hotlines and telehealth.

The way forward is to ensure that the HPC Board of Trustees, which is headed by Minister of Planning and International Cooperation, will approve these recommendations. HPC will then seek for Cabinet approval. HPC and Share-Net Jordan will disseminate the recommendations to all relevant stakeholders to ensure its implementation.




## References

### Arabic References

1. Higher Population Council, 2016, Sexual and Reproductive Health services provided to Syrian Refugees outside the Camps.
2. Higher Population Council, National Reproductive Health Strategy-family Planning 2013-2018, Mid-term Review.
3. Higher Population Council, 2019, National Reproductive Health Strategy-Family Planning 2013-2018, Final Review.
4. Higher Population Council, 2020, National Sexual and Reproductive Health Strategy 2020-2030
5. Higher Health Council, National Health Sector Strategy 2015-2019

### English References

1. Share-Net International Co-Creation Conference 2019 “Engaging in Knowledge Translation Together, Access to Quality Sexual and Reproductive Health and Rights for people affected by Crisis and Fragility – Narrative Review,”
2. World Health Organization 2019, Multisectoral Accountability Framework to End Tuberculosis by 2030.
3. World Health Organization, 2018, Developing a draft TB multisectoral accountability framework, Stakeholder consultation convened by the Global TB Programme, Geneva, 1-2 March 2018
4. The Higher Population Council, 2020, Reproductive Health of Adolescent Refugees in Camp Setting.
5. The Fund for Peace, 2020, Fragile State Index Annual Report 2020.
6. Ministry of Planning and International Cooperation, Jordan Response Plan JRP 2020-2030.
7. The Department of Statistics. 2016, General Population and Housing Census 2015: Main Results
8. UNFPA, Arab states office, 2020, Impact of Public Health Emergencies on Sexual and Reproductive



Health and Reproductive Rights in the Arab Region: The Covid - 19 Case

9. UNFPA, 2020, COVID-19: Sexual and Reproductive health and Rights in times of Crises- — JORDAN BRIE

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## Share-Net Jordan

The Knowledge Platform on  
Sexual and Reproductive Health  
and Reproductive Rights



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