



## **Reproductive Health Services for Syrians Living Outside Camps in Jordan**

**" Policy Brief "**



**2016**

المملكة الأردنية الهاشمية

رقم الايداع لدى دائرة المكتبة الوطنية

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يتحمل المؤلف كامل المسؤولية القانونية عن محتوى مصنفه  
ولا يعتبر هذا المصنف عن رأي دائرة المكتبة الوطنية أو أي جهة حكومية أخرى.



Standing at nearly 1.3 million, (13.6%) of the total population<sup>1</sup>, the number of Syrian refugees in Jordan is an important indicator that reflects the demographic and age structures of the Kingdom. The Kingdom is seeking to enter the demographic window of opportunity by 2030, whereby the age dependency ratio will be at its lowest, the working-age population at its highest, and progress on national health indicators is expected to be maintained by reducing fertility rates to a target of (2.1) births per woman throughout a woman's childbearing years<sup>2</sup>. As the Syrian crisis enters its fifth year, the influx of Syrian refugees persists and grows. Jordan is facing this additional challenge, causing a delay in reaping the benefits of entering the demographic window of opportunity, especially as women and children make up the majority of refugees. This in turn will adversely affect the age structure of the population, and will slow down the decline in fertility rates in Jordan<sup>3</sup> which will have a negative bearing on the national development plans and population policies.

Several studies have indicated that health awareness in general and particularly reproductive health and family planning awareness among Syrians in Jordan is weak. Studies have also shown that the use of contraceptive methods among married Syrian women aged (12-49) stands at (49.7%)<sup>4</sup> and that married Syrian women of

reproductive age residing in Jordan are younger, poorer, less educated and unemployed compared with Jordanian women of reproductive age. Therefore, Syrian women's knowledge of family planning trends and practices is comparable to that of Jordanian women in poor areas. Moreover, the median age of marriage for Syrian women in Jordan is (19.8) compared with (21.2) for Jordanian women<sup>5</sup>, which is expected to cause a rise in fertility rates among Syrian women. According to statistics from the Civil Status and Passports Department, Syrian births have increased by (82.1%)<sup>6</sup> from 11623 in 2013 to 21167 in 2015.

With (91.5%) of Syrians living outside refugee camps across Jordan<sup>7</sup>, the provision of healthcare services is ever more challenging and the need to address this issue and propose policies to enhance, and improve access to, reproductive health services for Syrians outside camps has become ever more pressing. Therefore, the Higher Population Council, in collaboration with the Ministry of Health, the United Nations Population Fund, the Jordan Health Aid Society, and the Family Health Institute, developed this policy brief to assess the current situation and propose appropriate policies to enhance reproductive health services offered to Syrians and improve their level to match the level of services offered to Jordanian citizens.

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1 Department of Statistics, 2016, Report on Main Results of the Population and Housing Census of 2015.

2 Higher Population Council, 2014, the Demographic Opportunity in Jordan: A Policy Document.

3 Civil Status and Passports Department, 2016, Report of the Technical Committee on Measuring Fertility Rates based on Data from the Civil Status and Passports Department

4 Higher Population Council, 2016, Reproductive Health Services for Syrians Living Outside Camps in Jordan, 2016.

5 Department of Statistics, 2016, Report on Main Results of the Population and Housing Census of 2015.

6 Civil Status and Passports Department Memorandum, Administrative Development No. /19/4605, dated March 15, 2016

7 The Population and Housing Census of 2015 revealed that the total number of Syrians in Jordan is 1265514, according to UNHCR statistics, dated October 15, 2015 of the number of Syrians in camps reached 107517



## Current Situation of Reproductive Health Services

- There are 20 governmental, nongovernmental, local and international agencies providing reproductive health services to Syrians outside camps across the governorates of the Kingdom<sup>8</sup>. The only governmental agency among those is the Ministry of Health, which provides reproductive health services through (491) facilities, including (461) healthcare centers and (29) hospitals that include obstetrics and gynecology clinics. The other agencies provide services through (67) centers. Table (1) shows the number of governmental, non-governmental, local and international centers that offer reproductive health services to Syrians living outside camps by governorate.

- As to whether the number and distribution of available non-governmental, local and international centers providing reproductive health services to Syrians outside camps in Jordan is sufficient, it can be seen that the number of centers is not proportionate with the

number of Syrians residing in governorates. In the governorates of Amman, Irbid and Mafraq, for instance, which host the largest numbers of Syrians, there is one center per 25 thousand Syrians, and in other governorates there is only one or two centers.

- The disorganized distribution of the centers providing reproductive health services to Syrians outside camps in Jordan seems to be one of the important characteristics of the situation. It was noted that there are multiple adjacent centers providing the same service, such as the Jordanian Health Aid Society, Medicines du Monde-France, and Takafol Society centers, which are all located around (200-1000) meters apart from each other in Ramtha District/ Irbid Governorate. This indicates the disorganized distribution of centers, duplication of services and lack of coordination among healthcare providers and organizations.

**Table (1): Governmental, local, international, and non-governmental centers providing reproductive health services to Syrians outside camps in Jordan by governorate, number and percentage of Syrians in each governorate<sup>8</sup>**

Governorate	Syrians		Number of local, international and non-governmental centers	Number of governmental centers	Total number of centers
	Number (thousands)	Percentage %			
Amman	435.6	34.42	22	78	100
Zarqa	175.3	13.85	9	38	47
Madaba	14.7	1.16	2	21	23
Balqa	27.8	2.21	5	53	58
Jarash	10.9	0.86	3	20	23
Irbid	343.5	27.14	9	111	120
Ajloun	14.6	1.15	1	25	26
Mafraq	207.9	16.43	8	51	59
Karak	17.1	1.35	3	43	46
Tafilah	1.9	0.15	2	17	19
Ma'an	8.5	0.67	2	21	23
Aqaba	7.8	0.62	1	13	14
<b>Total</b>	<b>1265,514</b>	<b>100</b>	<b>67</b>	<b>491</b>	<b>558</b>

Source: Higher Population Council, 2016, Reproductive Health Services for Syrians Living outside Camps in Jordan.

<sup>8</sup> Higher Population Council, 2016, Reproductive Health Services for Syrians Living Outside Camps in Jordan, 2016.

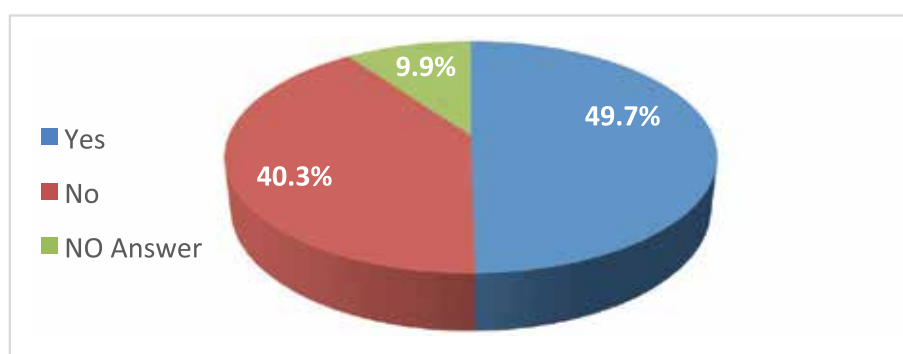
- Married women aged (12-49) represent the majority of users of reproductive health services offered by governmental, local, international and non-governmental organizations to Syrians outside camps, whereas men aged (25 and over) were the smallest segment to use reproductive health service centers<sup>9</sup>.

- Current use of contraceptive methods by currently married Syrian women aged (12-49) is (49.7%)<sup>10</sup> as demonstrated in Figure (1). This percentage is consistent with the findings of the survey carried out by J-CAP (Tawasol Project), which indicated that (51%) of married Syrian women of reproductive age use a form of traditional or modern contraceptive method<sup>11</sup>. This

percentage appears low, however, when compared to the (61.2%) of married Jordanian women using a form of contraceptive method according to the Population and Family Health Survey conducted in 2012<sup>12</sup>.

- The percentage of married Syrian women aged (12-49) that use a modern family planning method reached (41.4%), compared to (3.9%) of those who use a traditional family planning method. The most commonly used form of modern methods is IUD at (26.3%), followed by contraceptive pills at (10.5%). On the other hand, the most common form of traditional methods is the withdrawal method at (2.5%), and the calendar method at (1.4%) as illustrated in Table (2)<sup>13</sup>.

**Figure (1): Percentage distribution of married Syrian women aged (12-49) by the contraceptive method they currently use**



**Table (2): Syrian women aged (12-49) who visit reproductive health centers and use family planning methods distributed by type of method used**

Any method %	% Modern methods							Traditional methods %			Not Identified %
	Any modern method	Contraceptive Pills	IUD	Injectable Contraceptives	Implants	Male Condoms	Female Sterilization	Any Traditional Method	Withdrawal Method	Calendar Method	
49.7	41.4	10.5	26.2	1.9	0.6	1.9	0.3	3.9	2.5	1.4	4.4

9 Higher Population Council, 2016, Reproductive Health Services for Syrians Living Outside Camps in Jordan.

10 Ibid.

11 J-CAP, 2015, Knowledge, Attitudes and Practices Towards Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan.

12 Department of Statistics, 2012, Population and Family Health Survey 2012

13 Higher Population Council, 2016, Reproductive Health Services for Syrians Living Outside Camps in Jordan.



- Early marriage is prevalent among Syrians. The findings of the study on Reproductive Health Services for Syrians Living outside Camps in Jordan indicated that (27.2%) of Syrian married women seeking reproductive health services from the centers were aged (12-16) when they were first married, and that (75.1%) of married women were (22) years old or under when they were first married. This is consistent with the findings of the General Census of Population and Housing for 2015, which showed that Syrians get married at an earlier age compared to Jordanians, as the median age for Syrian males is (23.7) and for Syrian females is (18.9) years old <sup>14</sup>.

The Chief Justice Department<sup>15</sup> indicated that marriage contracts involving Syrian girls under the age of 18 to total number of marriage contracts involving Syrians increased from 12% in 2011 to 32.3% in 2014. By contrast, marriage contracts of (Jordanian and non-Jordanian) girls under the age of 18 to total marriage contracts remained relatively constant as can be seen in figure (3).

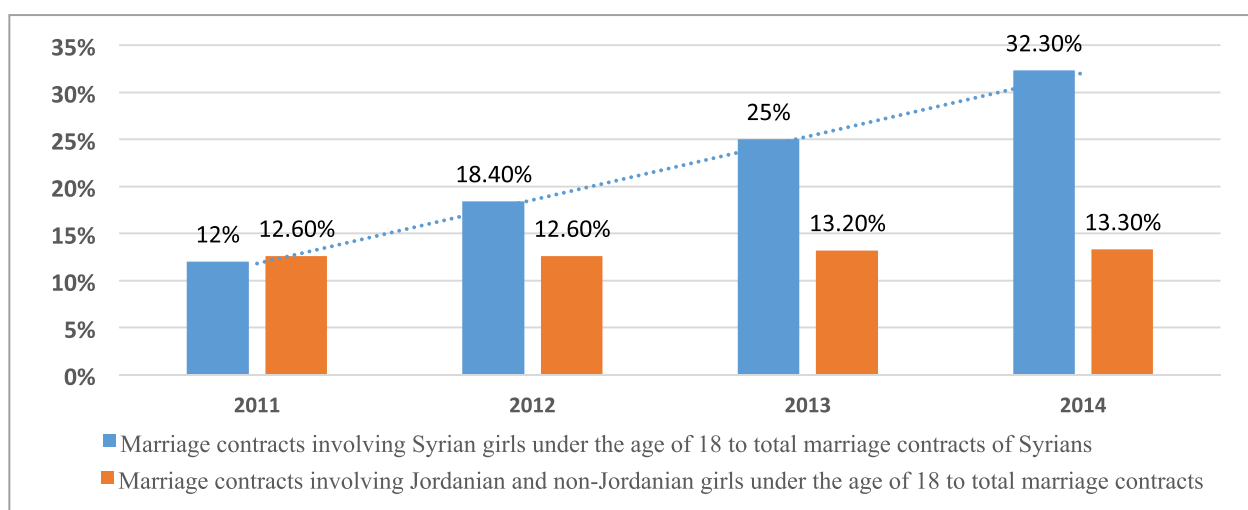
- The availability of family planning methods and the provision of family planning information at reproductive health centers accounted for the

highest satisfaction levels among married Syrian women aged (12-49), followed by check-up and medical testing services offered to pregnant women. On the other hand, the provision of awareness sessions about early marriage accounted for the lowest satisfaction levels followed by the provision of abortion and post-abortion referral services, and provision of referral services in case of diagnosed breast and cervical cancers<sup>16</sup>.

- The provision of awareness sessions on pre-marital testing achieved the highest satisfaction levels among male and female youth aged (12-24), followed by the provision of education sessions on early marriage. On the other hand, the provision of awareness sessions on the negative effects of smoking and alcoholic drinks achieved the lowest satisfaction levels.

- The provision of awareness sessions on infertility, subfertility and reproductive tract infections accounted for the highest satisfaction levels among males aged (25 and above), while the provision of treatments for sexually-transmitted diseases and reproductive tract infections accounted for the lowest satisfaction levels.

**Figure (3): Percentage distribution of marriage contracts involving Syrian girls under 18, versus contracts involving Jordanian and non-Jordanian girls under 18 to total marriage contracts**



Source: Chief Justice Department: Annual Reports 2011-2014, and unpublished tables

<sup>14</sup> Department of Statistics, 2016, Key Findings of the Population and Housing Census of 2015.

<sup>15</sup> Chief Justice Department, Annual Reports 2011-2014, and unpublished tables.

<sup>16</sup> Higher Population Council, 2016, Reproductive Health Services for Syrians Living Outside Camps in Jordan.

- The provision of awareness sessions on the best ways to cope with the psychological and physical changes that accompany menopause accounted for the highest satisfaction level among women at the age of menopause (50 and above), while provision of awareness and education sessions on the physical and psychological changes that accompany menopause accounted for the lowest satisfaction levels.
- In-kind, cash, and financial assistance provided to Syrians has decreased. Many Syrians indicated that assistance offered to them since the start of the crisis from international, local or non-governmental organizations has decreased or stopped completely and has become limited to food vouchers granted by UNHCR and which are based on iris scans. Access to food vouchers is not easy and requires completion of a social assessment by a social specialist.



## Challenges

To increase the effectiveness of reproductive health services provided to Syrians outside camps in Jordan, the following challenges must be addressed:

### **First: Planning and Management:**

- **Absence of a well-planned distribution of (local, non-governmental and international) centers providing reproductive health services to Syrians outside camps in Jordan.** Based on observations, centers that provide reproductive health services to Syrians are randomly located with many being in the same geographic area only a few meters apart. In Ramtha District/ Irbid Governorate, for example, there are three (local, non-governmental, and international) centers within 200-1000 meters away from each other providing the same services to the same target group.

- **Lack of coordination and networking among organizations providing reproductive health services to Syrians living outside camps in Jordan,** which gives way to disorganized distribution and duplication of services, undermines integration of efforts among these organizations, wastes effort and money, and creates a negative culture among beneficiaries as some may benefit from all services, while others may not benefit at all. It also affects collaborative teamwork and promotes negative competition among organizations.
- **Security cards are a main policy-related obstacle precluding Syrians' access to centers providing reproductive health services outside the camps,** as it forces them to seek healthcare in the same area where the security card was issued despite the fact that Syrians are known to be constantly in transit, searching for work and seeking to maintain traditional kinship bonds.

### **Second: Funding**

- **Lack of financial sustainability of projects:** Several organizations providing reproductive health services to Syrians outside camps have noted that lack of sustainable financial resources is a key challenge, and that healthcare-related projects are at risk of being discontinued once funding ends. The provision of services would be suspended because non-governmental, local and international organizations mostly operate through donor-funded projects and provide free of charge services to the extent funding is available. Organizations have indicated that the number of people visiting the centers declines significantly once free of charge services no longer become available, although some cases require constant medical follow-up, which has a negative impact on the health and wellbeing of women and families.

- **The economic burden Syrians incur to visit the centers for reproductive health services**, the associated costs of transportation and other paid services, and the absence of a stable source of income and jobs add up to costs of households and force families to reset their priorities, placing food, drink and housing first and health second.

Financial costs and the recent decline in in-kind and cash assistance have significantly undermined access to reproductive health services

- **The decision of the Government of Jordan to handle the costs of maternal, pediatric and family planning services<sup>17</sup> adds to the financial burden of the State's treasury**, and may become an excessively heavy burden over time which may cause the Government to consider retracting its decision, potentially causing a decline in the number of users and beneficiaries of reproductive health services, especially when MOH centers are the most prevalent across governorates.

### Third: Quality

- **Quality and location of centers providing reproductive health services:** Characteristics of the health centers are among the underlying factors that affect access of Syrians to reproductive health services. Long-distance travelling to and from health centers and places of residence takes time, effort and money. Moreover, centers are limited in space and are overcrowded due to the large number of visitors and the lack of proper internal organization to refer cases according to their type. In addition, the centers lack special facilities, rooms and entrances for the elderly and persons with disabilities, and there are no mechanisms in place to manage appointments for patients in an orderly manner. All of these issues affect the quality of service and the willingness of patients to visit the centers.

- **Healthcare providers:** Skills, knowledge, behavior and attitude of healthcare providers are key factors that affect access to reproductive health services. Some users noted that the attitude, skills and inappropriate way of dealing with them are some of the reasons that limit their willingness to access reproductive health services, as lack of knowledge and skills drives users away. Therefore, developing the capacity and skills of workers to communicate effectively with users is imperative to ensure the delivery of high quality services.

- **Comprehensive reproductive health services:** several organizations providing reproductive health services to Syrians noted that the provided services lack variety. Some organizations provide only check-up and treatment services, while others provide awareness and education sessions and referral services. In addition, the shortage of services related to diagnosed cases of cancers of the reproductive system in men and women limit the number of users of health centers and the reproductive health services offered.

### Fourth: Cultural and Social Challenges

- **Lack of awareness among Syrians of the importance of reproductive health and family planning services** is a key challenge due to lack of health-related knowledge among men and women and the prevalence of some negative conceptions and attitudes towards reproductive health and family planning that limit access to reproductive health services. Most organizations indicated that lack of awareness, knowledge and education among Syrians is a major challenge affecting the provision of reproductive health services to them, and noted a disparity between Syrians and Jordanians in terms of the level of health education and knowledge each have<sup>18</sup>.
- **A social culture among Syrians that promotes the early marriage of girls.** Early marriage is a widely common and acceptable practice among Syrians. Nearly half of the participants in one focus group stated that the normal age of marriage for

<sup>17</sup> As per letter No. t.s/ Syrians/1057, dated February 15, 2016 by H.E the Minister of Health

<sup>18</sup> Higher Population Council, 2016, Reproductive Health Services for Syrians Living Outside Camps in Jordan.



females is from 15 to 17 years old<sup>19</sup>. More efforts should be made to raise the awareness of Syrians about the negative impact of early marriage on the wellbeing of girls and their infants, as it increases the chances of maternal morbidity, neonatal deaths, leads to higher fertility rates and forces girls to prematurely take on the responsibilities of motherhood.



## Policy Options

Jordan is taking informed steps in the field of reproductive health/ family planning as it constitutes a key component of achieving comprehensive sustainable development and serves as a vehicle for development, not an end goal in itself. It also helps achieve the needed change in the demographic structure and capitalize on the high percentage of working age population. As such, putting in place special policies to enhance the effectiveness of reproductive health services provided for Syrians living outside the camps in Jordan is necessary.

In view of the above analysis of the current situation and the difficulties preventing effective access to reproductive health services for Syrians outside the camps, the following policy options are presented to help overcome challenges:

### Policy I

Develop a comprehensive plan to raise awareness among Syrians about reproductive health, family planning and early marriage

According to several studies, awareness among Syrians about the importance of reproductive health and family planning is weak, and early marriage is perceived as a socially acceptable norm. The prevalence of early marriage is one of the underlying reasons as to why the use of reproductive health services among Syrians is limited, thereby leading to the spread of disease and negative social behaviors that adversely impact Syrians and Jordanians alike. Therefore,

it is vital to have in place a comprehensive national plan that addresses the social culture and increases awareness of Syrians about reproductive health/ family planning and early marriage, the availability of free of charge maternal and child healthcare including family planning services and locations where such services can be obtained so as to help change the perceptions of individuals and allow them to adopt attitudes and initiatives that reinforce positive behaviors.

Efforts should be made to develop a comprehensive national plan that encompasses a wide range of interactive activities and utilizes modern educational and awareness-raising methods that suit various social segments and age groups, especially the youth (12-24 years old), and men (aged 25 and above). Interactive and participatory methods that can be used include:

- Educational sessions: efforts should be made to organize numerous awareness sessions in collaboration with local civil society organizations in areas where Syrians are present, and focusing on addressing key issues that concern Syrians and selecting the appropriate time for them.
- Interactive theatre: this method can be utilized to reach the largest number of Syrians and raise awareness about reproductive health, family planning and early marriage, especially among youth of both sexes. Interactive theatre can also help to bring joy and entertainment to Syrians.
- Formation of consultation teams of specialists in reproductive health, family planning and early marriage to conduct field visits, raise awareness and hand out educational brochures to families about the importance of reproductive health and places where related services can be obtained.
- Collaborate with organizations that provide in-kind assistance to Syrians to help raise awareness through the dissemination of educational

<sup>19</sup> J-CAP, 2016, Family Planning among Syrian Refugees in Jordan, Literature Review and Synthesis, Executive Summary, February 2016.

brochures to beneficiaries and information about places where reproductive health services are offered.

- Increase collaboration among organizations providing services, and hold meetings with concerned governmental organizations on how to facilitate access to MOH services in different locations and not to confine the access to where the refugees are registered.

### Advantages of the policy:

- Facilitates coordination and building partnerships and alliances with all organizations involved in the provision of reproductive health services to Syrians.
- Ensures easy access to youth of both sexes, especially those who are at the age of marriage or are newly married and raising their awareness and knowledge of reproductive health matters.
- Allows flexibility and effectiveness in addressing misconceptions regarding some religious and social values that define the social behavior of individuals.
- Raises awareness about the Jordanian Ministry of Health's decision to offer maternal health, pediatric and family planning services for free to Syrians at no cost.
- Mitigates the negative impact that could potentially undermine Jordan's ability to seize the demographic opportunity.

### Challenges to policy implementation:

- Low participation by Syrians in educational and awareness activities due to lack of interest or knowledge, or due to economic barriers that prevent them from attending and participating.
- The high cost of awareness and educational activities targeting Syrians.

- Resistance among Syrians to changing behaviors and attitudes.
- Measuring the impact of changes in behavior and convictions can only be done on the long run.
- Absence of an organizing umbrella under which the Ministry of Health and national NGOs are actively involved in coordinating the reproductive health services offered by different organizations to Syrians refugees and non-refugees.

### Policy II

Develop a national plan to ensure sustainability of reproductive health services offered to Syrians when funding projects end

The sustainability of reproductive healthcare projects aimed at Syrians living outside camps in Jordan is important, especially when many non-governmental, international and local organizations depend on external sources of funding for these projects. This dependence could undermine the continuity of healthcare services and the achievement of goals because it is bound by a limited time period. In fact, the majority of Syrians begin to withdraw and eventually stop visiting the centers once a project comes to an end and the free service is discontinued as some organizations start to charge fees, which is mainly why Syrians stop going to health centers.

Due to poor economic conditions and the lack of reliable sources of regular income, Syrians are often forced to stop seeking reproductive health services. The free provision of safe motherhood and family planning services by the Jordanian Ministry of Health is also faced by sustainability challenges. As the financial pressure of providing free services mounts, MOH may be compelled to reconsider its decision, especially if it fails to secure the needed financial support to offset

these costs. Therefore, a national plan to ensure the financial sustainability of reproductive health projects targeting Syrians outside camps in Jordan is necessary due to its implications on all organizations providing services in this area. This can only be achieved through collaboration and strong support from international organizations for long-term projects and for MOH in order to guarantee the continuity of free of charge maternal and child healthcare, including family planning services. In this context, a national task force representing all organizations concerned with the reproductive health of Syrians and led by MOH and the Higher Population Council, should be formed in order to develop a national plan to ensure financial sustainability and the continuous provision of reproductive health services to Syrians outside camps.

### **Advantages of the Policy:**

- Offers a database on all organizations providing reproductive health services to Syrians outside camps.
- Identifies the amount of international assistance needed to support the provision of reproductive health services for Syrians.
- Ensures equitable distribution of organizations providing reproductive health services to Syrians outside camps.
- Helps to solve coordination issues among organizations.
- Allocates budgets to ensure the sustainability of activities targeting Syrians.

### **Challenges to policy implementation:**

- Lack of cooperation by some international organizations who seek funding without taking into consideration national priorities.
- Lack of coordination or an umbrella that brings together all concerned organizations is a challenge facing all policies.

- Lack of financial support and continuous assistance from international organizations for reproductive health services for Syrians.

### **Policy III**

### **Enhance reproductive health services offered to Syrians outside camps in Jordan**

To ensure that reproductive health services offered to Syrians are delivered in an efficient and professional manner, concerned organizations should seek to enhance these services by making them more comprehensive and equitable. While many organizations are involved in delivering reproductive health services to Syrians outside camps, these services often lack integration and fall short of being efficient, professional and comprehensive. Moreover, the unavailability of some services, especially those related to the diagnosis and treatment of breast cancer, reproductive tract infections, infertility, and some services aimed at the youth, drives people away and undermines access to services.

The lack of integrated services as well as the lack of competent staff prevent access to quality reproductive health services. Therefore, it is important not only to enhance the service itself but also the capabilities of the persons delivering it so that the service is more comprehensive and capable of attracting Syrians of different sexes, age groups and social segments. Internal management operations in organizations delivering the service should also be enhanced to ensure that organized work procedures are in place and that access to service in a peaceful environment is guaranteed for all. Moreover, organizations should seek to develop the infrastructure to incorporate special facilities that meet the needs of the elderly, persons with disabilities, men, and women by seeking.

### **Advantages of the policy:**

- Contributes to providing comprehensive and integrated reproductive health services.

- Builds highly professional and efficient staff.
- Ensures that the quality of delivered services is monitored.

### Challenges to policy implementation

- Weak cooperation among organizations providing reproductive health services to Syrians.
- Need for substantial financial resources.
- Need for a supplementary budget for the Ministry of Health to enable it to purchase family planning methods for Syrians.

**Policy IV** Develop a coordination and networking plan for all organizations providing reproductive health services to Syrians outside camps in Jordan supervised by the Higher Population Council

Several studies have indicated that the lack of coordination among the organizations that provide reproductive health services to Syrians outside camps in Jordan gives rise to duplication and disorganized distribution of healthcare centers, thereby wasting much-needed resources, money and time, and causing efforts to be scattered and not properly utilized to realize full potentials.

To effectively implement a plan for enhancing cooperation and networking among concerned organizations an entity could be assigned to receive reports on accomplishments and activities from organizations and share them with partners.

Therefore, a plan to enhance coordination and networking among all organizations and ensure the active involvement of the Jordanian Ministry of Health and some national NGOs is necessary

in order to support the efforts of the Reproductive Health Interagency Working Group and take into account the needs of Syrian refugees and non-refugees. In its capacity as a governmental agency that shapes policies and strategies, and has practical experience in the field, as well as a network of national and international of partners, the Ministry of Health can play a central role in this plan which aims to ensure the quality, efficiency and accessibility of services for all segments, prevent duplication and disorganized delivery of services, and provide an opportunity for sharing experiences and facilitating cooperation among organizations so that operations are carried out in an organized, integrated and comprehensive manner. This plan can be overseen by the Higher Population Council.

Periodic meetings should be held for partners to share reports, consolidate efforts, and ensure optimal utilization of human and financial resources. The Reproductive Health Interagency Working Group chaired by the United Nations Population Fund could serve as the nucleus of a network of all organizations involved in reproductive health services for Syrians and other entities in this field.

### Advantages of the policy:

- Offers a comprehensive database on providers of reproductive health services to Syrians.
- Ensures better utilization of human and financial resources.
- Consolidates national and international efforts.

### Challenges to Policy Implementation

- Weak cooperation among organizations providing reproductive health services.
- Institutions work according to the policies of the parent institution and priorities of donors.



## Conclusion and Recommendations:

Clearly, all of the above-mentioned policies are equally essential to enhance access to reproductive health services for Syrians living outside camps in Jordan, and to make such services more comprehensive and capable of meeting the reproductive healthcare needs arising from the growing influx of Syrians into Jordan. This will thereby reflect positively on national development plans and facilitate the success of policies related to the demographic opportunity and ways to take advantage of it. Putting in place a strong policy for enhancing reproductive health services for Syrians outside camps in Jordan requires taking into consideration the social, cultural, and economic characteristics specific to Syrians, which is why all four policies are vital to guarantee effective reproductive health services and better access to them for Syrians. To that end, the following procedures should be adopted:

1. Form a national committee headed by the Higher Population Council and the Jordanian Ministry of Health to set the necessary national plans to raise the awareness of Syrians and ensure the financial sustainability of services. The committee should consist of all governmental, non-governmental, local, and international organizations concerned with the provision of reproductive health services to Syrians outside camps, as well as some experts and specialists.
2. Develop mechanisms for joint work to ensure coordination, networking and team-work among all organizations providing reproductive health services to Syrians, and facilitate awareness-raising, education and counseling activities.
3. Evaluate the experiences of governmental, non-governmental, local and international organizations in providing reproductive health services to Syrians outside camps in recent years.
4. Develop a comprehensive automated documentation system for all organizations providing reproductive health services to Syrians in order to facilitate research and ensure sustainability and comprehensiveness of services.
5. Adopt a participatory approach for work among all governmental, non-governmental, local and international organizations providing reproductive health services outside camps to enhance the quality, and ensure better integration, of services.
6. Embed the above mentioned procedures into the National Reproductive Health Strategy as appropriate.





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