Reproductive Health Services for Syrians Living Outside Camps in Jordan

2016

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Reproductive Health Services for Syrians Living Outside Camps in Jordan

2016

Foreword

The Higher Population Council (HPC) is pleased to present to you the study on Reproductive Health Services for Syrians Living Outside Camps in Jordan as part of its efforts to keep track of demographic changes in the Kingdom. The study looks into the current situation of reproductive health services provided to Syrians living outside camps in Jordan, and identifies obstacles to help derive policy recommendations for improving provided services.

In the last five years, Jordan has been faced by numerous challenges due to the increasing influx of Syrian refugees. According to the 2015 General Population and Housing Census, the number of Syrian refugees in Jordan stands at 1.3 million, most of which live outside camps across all governorates. (93%) of refugees reside in the Capital Amman, Zarqa, Marfraq, Irbid, Jarash and Ajloun governorates, while only (7%) reside in Balqa, Madaba, Karak, Tafilah, Ma'an and Aqaba governorates. The continuous inflow of refugees has affected all sectors, posing a true challenge for all national plans and strategies and affecting the demographic and social landscape of Jordan.

The demographic and health dimensions of the Syrian crisis in Jordan are the most prominent as they greatly impact Jordanian local communities on the social, demographic, economic, and health levels, put a strain on public services and infrastructure, and cause overcrowding in healthcare facilities, and consequently adding costs on the health sector.

Improving the reproductive health services offered to Syrians living outside camps is one aspect of the support that Jordan offers to Syrian refugees, and increases the chances of benefiting from the demographic changes by attaining good levels of reproductive health and reducing fertility rates.

Finally, we trust that this study will serve as a qualitative addition to other national studies and an important resource for planning health services offered to Syrians. It is hoped that this study will serve as a key tool for formulating policies, plans and programs that respond to the evolving health needs of Syrians.

May Allah grant us the ability to continue to serve our beloved Jordan under the leadership of His Majesty King Abdullah II.

Secretary General

Eng. Maysoon Eid Al –Zoubi

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Table of Contents

	Page
Foreword	I
Acknowledgements	III
Contributors	V
Executive Summary	XV
Chapter One: Introduction and Methodology	1
1.1 Introduction	1
1.2 Objectives of the Study	2
General Objective	2
Specific Objectives	2
1.3 Study Methodology	3
1.3.1 Study Design	3
1.3.2 Study Population	3
1.3.3 Study Sample	3
1.3.4 Study Tools	7
1.3.5 Quality of Data	9
1.3.6 Data Processing and Statistical Analysis	9
1.3.7 Limitations of the Study	10
1.3.8 Difficulties encountered by the Study	10
Chapter Two: Theoretical Framework and Previous Studies	11
2.1 Reproductive Health	11
2.2 Reproductive Health Components	11
2.3 Previous Studies	13
Chapter Three: Reproductive Health Services Provided for Syrians Outside Camps in Jordan	21
3.1 Organizations providing reproductive health services to Syrians across all governorates	21
3.2 Organizations providing reproductive health services to Syrians in the six sampled governorates	39
Chapter Four: Satisfaction of Syrians who use reproductive health services in Jordan	51
4.1 Demographic, social and economic characteristics of Syrians who seek reproductive health services	51

Table of Contents

	Page
4.2 Satisfaction of Syrians who use reproductive health centers with the provided services	59
4.3 Satisfaction of Syrians who use reproductive health services with the provided services	66
4.3.1 Satisfaction of married Syrian women aged (12-49) with reproductive health services offered	66
4.3.2 Satisfaction of Syrian youth aged (12-24) with the offered reproductive health services	72
4.3.3 Satisfaction of Syrian men aged (25 and above) with reproductive health services	74
4.3.4 Satisfaction of Syrian women aged (50 and above) with the offered reproductive health services	76
Chapter Five: Trends of Syrians in Jordan Who Do Not Receive Reproductive Health Services	79
Chapter Six: Results and Recommendations	86
6.1 Results	86
6.2 Recommendations	91
References	93
First: Arabic References	93
Second: English References	93
Annexes	95
Annex (1): Satisfaction survey for Syrians living outside camps with reproductive health services offered	96
Annex (2): The comprehensive survey of the geographic distribution of organizations that provide reproductive health services	106
Annex (3): survey form for organizations that provide reproductive health services	109
Annex (4): Focus Groups Procedural Manual	113
Annex (5) Organizations that provide reproductive health services to Syrians living outside camps in the governorates of Jordan	115

List of Tables

No.		Page
1.	Distribution of Syrian communities by target governorate	4
2.	Distribution of the sample of Syrians living outside camps who sought reproductive health services by governorate	4
3.	Distribution of the number of focus group participants by target group and governorate	5
4.	Study sample of organizations providing reproductive health services to Syrians outside camps by governorate	6
5.	Distribution of organizations providing reproductive health services to Syrians outside camps by type of organization and presence in each governorate	22
6.	Distribution of non-governmental, local and international centers providing reproductive health services to Syrians outside camps in Jordan by governorate and percentage of Syrians in each governorate	25
7.	Organizations providing reproductive health services to Syrians outside camps in Jordan by type, objectives, scope of work and target groups	26
8.	Distribution of reproductive health services offered to Syrians outside camps in Jordan by type of service and organization	28
9.	Distribution of organizations that provide reproductive health services to Syrians outside camps in Jordan by type of organization and age groups	33
10	Distribution of organizations that offer reproductive health services to Syrians living outside camps in Jordan by type of organization and service cost recovery method	34
11.	Distribution of organizations that provide reproductive health services to Syrians living outside camps in Jordan by type of organization and documentation methods used	35
12.	Distribution of organizations that provide reproductive health services to Syrians outside camps by type of organization and challenges faced	36
13.	Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan by presented recommendation	38
14.	Distribution of non-governmental, local and international organizations providing reproductive care to Syrians outside camps in Jordan by type of implemented health project, donor and target governorate	40
15.	Distribution of governmental, non-governmental, local and international centers that provide reproductive health services by number of Jordanian and Syrian service users outside camps during 2015 and by target governorate	41
16.	Distribution of centers that provide reproductive health services to Syrians outside camps in Jordan by target governorate, type of center and most requested reproductive health services	43
17.	Distribution of centers that provide reproductive health services to Syrians outside camps by reception and referral procedures used, and target governorate	45

List of Tables

No.		Page
18.	Distribution of centers that provide reproductive health services to Syrians outside camps in Jordan by target governorate, type of center, and challenges faced	47
19.	Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan by target governorate and recommendations given	49
20.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by reproductive healthcare provider	57
21.	Distribution of Syrian users of reproductive health services by number of visits to healthcare centers in 2015	57
22.	Survey of the satisfaction of Syrians with the location of healthcare centers by mean and standard deviation	59
23.	Satisfaction of Syrians with healthcare providers by mean and standard deviation	60
24.	Satisfaction of Syrian service users with the place of service and healthcare provider by governorate	62
25.	One-way analysis of variance to determine the difference between levels of satisfaction with the place of services and healthcare provider by governorate	62
26.	Satisfaction of Syrian service users with the place of service and the healthcare provider by healthcare center based on the mean and standard deviation	63
27.	One Way Analysis of Variance to determine the difference between levels of satisfaction with the place of service and service providers by healthcare center	63
28.	Satisfaction of Syrian service users with the place of service and service providers by target group according to mean and standard deviation	64
29.	One Way Analysis of Variance to determine the difference between levels of satisfaction with the place of service and service provider by target group	64
30.	Satisfaction of Syrian service users with the place of service and service providers by number of visits to the centers	65
31.	One Way Analysis of Variance to determine the difference between the levels of satisfaction with the place of service and with service providers based on number of visits to the centers	65
32.	Distribution of married Syrian women aged (12-49) by number of abortions experienced	67
33.	Married Syrian women aged (12-49) by number of live births	68
34.	Distribution of currently married Syrian women aged (12-49) who use family planning methods by type of method used	69
35.	Distribution of Syrian women aged (12-49) by healthcare center	70
36.	Distribution of Syrian women aged (12-49) by number of visits to the healthcare centers in 2015	70
37.	Satisfaction of married Syrian women service users aged (12-49) with the services offered by the centers by mean and standard deviation	71

List of Tables

No.		Page
38.	Distribution of Syrian youth of both sexes by healthcare center	72
39.	Distribution of Syrian youth of both sexes by number of visits to reproductive health centers in 2015	72
40.	Satisfaction of Syrian youth of both sexes with services offered by the center by mean and standard deviation	73
41.	Distribution of Syrian men aged (25 and above) by healthcare center	74
42.	Distribution of Syrian men aged (25 and above) by number of visits to the centers in 2015	74
43.	Satisfaction of Syrian men aged (25 and above) with services offered by the centers by mean and standard deviation	76
44.	Distribution of menopausal Syrian women by healthcare center	76
45.	Distribution of menopausal Syrian women aged (50 and above) by number of visits to the centers in 2015	77
46.	Satisfaction of menopausal Syrian women aged (50 and above) with the services delivered by healthcare centers by mean and standard deviation	78
47.	Challenges and obstacles facing Syrians outside camps who do not use reproductive health services by age and social groups	82

List of Figures

No.		Page
1.	Distribution of governmental, non-governmental, local and international centers that provide reproductive health services to Syrians outside camps in Jordan by governorate	24
2.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by governorate	51
3.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by age group	51
4.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by gender	52
5.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by social status	52
6.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by household size	53
7.	Distribution of Syrians who live outside camps in Jordan and request reproductive health services by surveyed income earner	53
8.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by educational attainment	54
9.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by average monthly household income	54
10.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by monthly household income source	55
11.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health service by work status	56
12.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by type of residence	56
13.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services based on their knowledge that they have a medical file	58
14.	Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by registration status with UNHCR	58
15.	Distribution of married Syrian women aged (12-49) by age at first marriage	66
16.	Distribution of married Syrian women aged (12-49) by age at first birth	67
17.	Distribution of currently married Syrian women aged (12-49) by current use of family planning methods	68
18.	Distribution of Syrian women aged (12-49) by their knowledge of the availability of a medical file	70
19.	Distribution of Syrian youth of both sexes aged (12-24) by knowledge of the availability of a medical file	73
20.	Distribution of Syrian men aged (25 and above) by knowledge of the availability of a medical file	75

List of Figures

No.		Page
21.	Distribution of menopausal Syrian women by knowledge of the availability of a medical file	77
22.	Distribution of social, cultural, economic, policy and location-related challenges by frequency, social and age groups	84

Executive Summary

This study aims to portray the realities of reproductive health services provided to Syrians residing outside of refugee camps in Jordan. It seeks to highlight challenges and provide appropriate policy recommendations by identifying governmental, non-governmental, local, and international organizations that provide reproductive health services to Syrians outside of camps in all governorates and understanding their goals, the reproductive health services they offer, and barriers that hider their ability to provide adequate and accessible services. Additionally, this study measures levels of satisfaction of Syrians residing outside of refugee camps with different aspects of reproductive health services including the locations of reproductive health centers, quality of services provided, and barriers that preclude Syrians from accessing reproductive health services in Jordan.

This study is based primarily on a descriptive approach. the first study population consisted of Syrians living outside of refugee camps in Jordan who constitute the demand for reproductive health services, whether or not they were regular users of services offered by organizations in the governorates of (Amman, Zarqa, Irbid, Mafraq, Ajloun, Jarash). On the other hand, the second study population consisted of governmental, nongovernmental, international, and local organizations providing reproductive health services to Syrians in all governorates.

Moreover, the study employed random sampling to measure the satisfaction of Syrians living outside of the camps in Jordan with the reproductive services provided to them. It offers previously nonexistent information and statistics relevant to this subject area. The study also uses snowball sampling to access Syrians who do not regularly use reproductive health services. In addition, the study carried out comprehensive surveys of governmental, nongovernmental, local, and international organizations providing reproductive health services to Syrians in all of Jordan's governorates.

This study employed a number of different research tools depending on the nature of the study population and samples. Two different surveys were administered; one for users of reproductive health services and another for the organizations providing these services. In addition, a procedural guide designed to conduct focus group discussions with Syrian refugees who do not regularly use reproductive health services was used.

The study revealed a number of results, most notably:

1. There are 20 organizations (one government entity i.e., the Ministry of Health, 4 local organizations, 7 nongovernmental organizations, and 8 international organizations) operating in 67 centers providing reproductive health services to Syrians living outside of refugee camps. The Ministry of Health has 491 facilities, which provide reproductive health services including 462 centers and 29 hospitals that include maternal and child health clinics in different governorates, all of which were treated as one entity in this study. However, each visited facility in the six target governorates was considered separately.

2. Agencies providing Syrians with reproductive health services were most present in the governorates of

Amman, Irbid, and Mafraq, but less present in Ajloun, Jarash, and the southern governorates of Karak, Tafilah, Ma'an, and Aqaba.

3. The Ministry of Health (MOH) is the only entity which provides comprehensive reproductive healthcare services (treatment, awareness-raising, consultation, referral), while other non-governmental, international and local organizations provide limited services.

4. The largest group of users of governmental, non-governmental, local, and international agencies providing reproductive health centers that provide reproductive health services to Syrians residing outside of refugee camps were married women aged (12-49).

5. The smallest group of users of centers providing reproductive health services were men aged (25 and above). This gender discrepancy is attributed to social and cultural norms and traditions. Another factor contributing to this discrepancy is males' apprehension to visit maternal and child healthcare centers, given the disproportionately large number of women present at these centers.

6. The majority of organizations providing reproductive health services to Syrians residing outside of refugee camps reported financial challenges pertaining to the high operational costs of providing the services as well as the costs that Syrians incur to travel to and from the centers. Additionally, the surveyed centers reported socially-sanctioned barriers to providing Syrians with reproductive healthcare, most notably a general lack of awareness, family intervention in personal healthcare choices, restrictive norms and traditions, and early marriage.

7. All of the governmental, non-governmental, local, and international organizations stressed the importance of raising awareness among Syrians residing outside of refugee camps on reproductive healthcare and family planning services, early marriage, and pregnancy spacing. They also stressed the importance of providing financial and technical support to organizations providing reproductive health services, particularly for costs associated with operations and the provision of healthcare, adequate medications and specialized doctors in these centers.

8. All governmental, non-governmental, local, and international agencies reported having manual and electronic documentation tools, logs and periodic reports to document patient information including age, marital status, sex, etc.

9. Of the 572 surveyed Syrians receiving reproductive health services and residing outside of the refugee camps in the targeted governorates, the majority (50.3%) received these services from nongovernmental agencies.

10. Of the 572 surveyed Syrians receiving reproductive health services and residing outside of the refugee camps in the targeted governorates, the largest percentage of respondents receiving reproductive health services were women aged (12-49) (68.2%), while (11.9%) of respondents were women aged (50 and above). Youth of both sexes aged (12-24) represented (10.3%) of respondents, and males aged (25 and above) represented (9.6%) of respondents.

11. The size of household of the largest percentage of respondents (47.9%) is (4-6) persons, while (32%)

had a household size of 3 persons or less.

12. (45.1%) of respondents had received only primary education, and (31.1%) of respondents had completed high school. A mere (2.8%) of the respondents held bachelor's degrees.

13. (49.7%) of currently married women aged (12-49) indicated that they use a form of family planning method. (41.4%) used modern contraceptive methods, while (3.9%) used traditional contraceptive methods. (26.2%) of currently married women aged (12-49) use IUDs, (10.5%) use oral contraceptives and (10.5%) used contraceptive injection and condoms. The withdrawal method was considered as the most used traditional method (2.5%) followed by periodic abstinence (1.4%).

14. In general, female respondents aged (12-49) reported medium levels of satisfaction, averaging (2.89), with the received reproductive health services. They were most satisfied with reproductive health counseling and consultation services (3.42), followed by the availability of family planning methods (3.38); adequate explanation of family planning methods (3.33); follow-ups on pregnant women, calculation of the duration of pregnancy, and administration of necessary tests (3.28). While the provision of awareness raising sessions on child marriage (2.32); abortion referral services (2.29); and referral services for breast and cervical cancers (2.12) achieved the lowest degree of satisfaction.

15. Youth of both sexes aged (12-24) reported medium levels of satisfaction with reproductive health services received, with an average of (2.61). They were most satisfied with the availability of advice on the importance of tests before marriage, with an average of (2.93), followed by counseling on early marriage with an average of (2.9), then counseling for physical and psychological changes associated with adolescence with an average of (2.75). While the provision of education and awareness sessions on early marriages (2.44), awareness sessions on harm caused by smoking and alcohol consumption (2.39), and awareness sessions on public hygiene (2.37) received the lowest average satisfaction ratings.

16. Males aged (25 and above) reported low levels of satisfaction with reproductive health services received, with an average of (1.86). They were most satisfied with awareness raising efforts on infertility, subfertility, and reproductive tract infections with an average of (2.05), followed by detection of infertility and subfertility with an average of (1.98); and follow-up services for family planning methods (1.96). On the other hand, the provision of treatment for sexually-transmitted diseases and reproductive tract infections (1.76), and referral services to specialists for sexually transmitted diseases (1.73) received the lowest average satisfaction ratings.

17. Menopausal women aged (50 and above) reported low levels of satisfaction with reproductive health services received, with an average of (1.71). They were most satisfied with the availability of awareness sessions on how to cope well with physical and psychological changes that accompany menopause, with an average of (1.99), followed by the provision of counseling and advice on physical changes that accompany menopause (1.78). The provision of awareness sessions (1.59) and educational sessions (1.50) on physical and psychological changes that accompany menopause received the lowest average satisfaction ratings.

18. The governorate of Irbid received the highest satisfaction ratings among respondents with regard to

the provided reproductive health services, at an average of (4.19), followed by Jarash (4.17). The governorates of Zarqa and Mafraq received the lowest satisfaction rates from respondents in this area with an average of (3.60) and (3.61) respectively. In terms of satisfaction with the location of reproductive healthcare centers, the Irbid governorate came in first place with an average of (4.30), Jarash came in second with an average of (4.13), while Amman received the lowest satisfaction rate with an average of (3.94).

19. International organizations ranked first in terms of the location of reproductive healthcare centers with an average rating of (4.03), followed by governmental organizations, which received an average rating of (3.87), and nongovernmental organizations and local organizations with an average rating of (3.84). In terms of respondents' satisfaction with the services offered by reproductive healthcare providers, international organizations received the highest ranking with an average of (4.18), followed by nongovernmental organizations with an average rating of (3.93) and governmental agencies with an average rating of (3.91).

20. Most of the married women aged (12-49) and menopausal women aged (50 and above) who do not frequently go to reproductive health centers noted that the centers are located far from their place of residence, are overcrowded, and lack medical specializations needed in the areas served. The majority of youth of both sexes aged (12-24) and men aged (25 and above) who do not frequently go to reproductive health centers reported that poor treatment by center workers is among the greatest disincentives to seeking this type of medical care. This finding is confirmed by the report "Health Needs Assessment of 2014" conducted by Première Urgence – Aide Médicale Internationale.

21. Youth respondents aged (12-24) of both sexes indicated that economic and social constraints form the greatest barriers to accessing reproductive health services. Menopausal women aged (50 and above) reported that social constraints and difficulties reaching the physical locations of reproductive healthcare centers represent the greatest barriers to accessing these services.

22. Focus group participants of all ages and social segments indicated that the new security cards are one of the greatest public policy barriers to Syrians' access to clinics offering reproductive health services. Additionally, the vast majority of male and female youth as well as males aged (25 and above) reported that the new ID card policies and stringent employment restrictions on Syrian refugees in Jordan are among the greatest policy-based obstacles they face to accessing reproductive health services.

Recommendations informed by this study:

1. Develop strategies to educate and raise awareness among Syrian refugees on reproductive health, family planning, service providers, and services offered in order to raise awareness and cultivate accepting attitudes toward reproductive healthcare.

2. Reassess ID card policies so as to allow cardholders to receive treatment at any health center outside of their residential area.

3. Develop employee standards at centers providing reproductive health services and engage them continuously in specialized workshops on reproductive health, and provide them with necessary and appropriate skills such as communication skills, how to work under pressure, and how to deal with marginalized groups.

4. Activate legislation related to early marriage, which prevents the conclusion of a marriage contract for girls under the age of 18 years only in exceptional cases.

5. Provide technical and logistical support to organizations working to provide reproductive health services to Syrian refugees residing outside of refugee camps. This may be accomplished by increasing the number of buildings offering reproductive health services and providing them with specialized doctors, medications, and medical equipment necessary to function effectively.

6. Provide the necessary financial support to the Ministry of Health to cover the costs of free reproductive health services for Syrian refugees. This measure was approved on February 15, 2016 in (HR/Syrians/1075), which will provide maternal and pediatric services to Syrian refugees free of charge. Maternal and pediatric services are health services provided to pregnant women until delivery and during the postpartum period, also health services provided to children from the date of their birth until the age of five.

7. Form counseling teams that conduct field visits to Syrian refugees in order to raise awareness of Syrian refugees about reproductive health services, agencies providing these services, locations of service delivery, the availability of free healthcare services in this field from the Ministry of Health, and also raise awareness about the disadvantages of early marriage.

8. Encourage organizations that provide reproductive health services to Syrian refugees to work in the southern governorates with the goal of increasing Syrian refugees' access to these limited services.

9. Pay more attention to the gender distribution of workers at reproductive health centers in order to improve males access to these services more comfortably and help them overcome embarrassment and reluctance.

10. Develop a national strategy to ensure the sustainability of free healthcare services to Syrians in the event of funding cuts to current aid projects.

11. Increase coordination, networking, exchange of expertise, and collaboration between all agencies (governmental, nongovernmental, local, and international) providing reproductive health services to Syrian refugees residing outside of the camps.

12. Benefit from trained and qualified Syrian female health professionals who are licensed to work in the field of reproductive health services to address the shortage of Jordanian professionals working with Syrian refugees.

13. Continuously monitor, evaluate and oversee organizations providing reproductive health services to Syrian refugees residing outside the camps in order to ensure quality services and efficient operations within these organizations.

Chapter One
Introduction and Methodology

1.1 Introduction

Several studies tackling the Syrian refugee crisis in Jordan and its impact on all sectors in the last five years have indicated that national plans and strategies (for education, health, population, labor) are faced by a true challenge affecting the socio-demographic landscape in Jordan and directly influencing growth rates and the age structure of the population. The results of the 2015 General Population and Housing Census have shown that the total population of Jordan is (9,531,712), with Syrians making up (13.6%) of it. At the governorate level, Syrians make up (34.42%) of the population in Amman, (2.21%) in Balqa, (13.85%) in Zarqa, (1.16%) in Madaba, (27.14%) in Irbid, (16.43%) in Mafraq, (0.86%) in Jarash, (1.15%) in Ajloun, (1.35%) in Karak, (0.15%) in Tafilah, (0.67%) in Ma'an, and (0.62%) in Aqaba[1]. This entails a new demographic reality in Jordan with numerous implications, and adding pressure on all types of services. As such, the Syrian refugee crisis presents one of the key challenges Jordan is facing on the short, medium and long terms, which calls for measures to be taken to limit the negative impact of the crisis and capitalize on its positive aspects.

The demographic and health dimensions of the Syrian refugee crisis in Jordan are the most prominent, affecting Jordanian local communities on the socio-demographic and health levels. Since the crisis erupted in 2011, the increase in population and the pressure on health services has been rising steadily.

In 2009, the Higher Population Council issued the first Demographic Opportunity Policy Document. Endorsed by the Cabinet by Letter no. (21068/4/11/25) on October 15, 2009, the policy document highlights the demographic changes that Jordan went through between 2009 and 2012 based on the results of the Population and Health Survey for (2007-2012). The Survey mainly indicated a decline in overall fertility rates in all governorates and in infant mortality rates, which would lead to an increase in the working-age population and a decrease in dependency ratios. However, in view of recent developments, including the forced migration of Syrians into Jordan, the need to update the document became necessary to capture changes, especially those that are related to the future size and age structure of the population, which in turn impact the economic social and livelihood aspects in Jordan[2].

While the amount of assistance that Jordan received from the international community through January 2015 to deal with the crisis reached USD (1.07) billion (36% of its funding needs), it was still insufficient to keep pace with the increasing needs and has led to more strain on public services and infrastructure. The Jordan Response Plan to the Syria Crisis (2016-2018) was developed to call for collaborative efforts to provide better support for Syrian refugees, the people of Jordan, communities and institutions[3].

The influx of Syrian refugees may deny Jordan the chance to benefit from the "Demographic Window of Opportunity". The fact that refugees are mostly women and children affects fertility rates in the country, and negatively impacts the age structure of the population, as well as national policies related to population. It would also increase the burden on the working-age population as job opportunities are limited, demographic

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. 2nd edition.
3 Jordan Response plan for the Syria crisis 2016-2018.

changes increase the number of entrants to the job market, and alignment between education outputs and labor market needs is weak, and foreign labor competes with local labor for jobs[4].

The Syrian refugee crisis is threatening to undermine the accomplishments that Jordan has made in recent years in the field of national policy and strategic planning, such as the Demographic Opportunity Policy Document (2009-2015) and the National Strategy for Reproductive Health (2013-2017). This requires adopting a realistic approach to deal with the impact of the crisis while taking into consideration all affected sectors, mainly the health sector. In this context, effort should be made to improve the state of healthcare for Syrian refugees and Jordanian host communities by strengthening public health services in line with the goals of the 2015 Jordan Response Plan.

The study on Reproductive Health Services for Syrians Living Outside Camps in Jordan is a key tool to help understand the state of reproductive health services offered outside camps to Syrians. It also helps identify service delivery locations, types of provided services, challenges facing the provision of services, and suggestions for improving these services. The study also measures the satisfaction of Syrians outside camps with the services offered to them, and identifies reasons and obstacles that limit access to these services. Statistics[5] have shown that 91.5% of Syrians reside outside camps. Moreover, reproductive health services offered to Syrians inside camps are identifiable and easily accessible, while those offered outside camps are disbursed, too diverse, and difficult to identify in terms of size and nature. Therefore, this study offers vital information to help the Higher Population Council, and its national and international partners, develop the necessary plans to reinforce what already exists and bridge gaps in the provision of efficient and effective services, and orient national plans towards the segments and areas that need it the most.

1.2 Objectives of the Study

General Objective

Review the current state of reproductive health services provided to Syrians living outside camps in Jordan, identify obstacles and derive policy recommendations to improve the provided services.

Specific Objectives

1. Identify the governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians living outside camps across all governorates.
2. Identify organizations that provide reproductive health services to Syrians in terms of type of organization, goals, type of reproductive health services, challenges faced and gaps, if any.
3. Measure the satisfaction of Syrians living outside camps with reproductive health services offered in terms of location of healthcare centers, healthcare providers, and services offered.
4. Identify the challenges and obstacles that limit the access of Syrians outside camps to reproductive health centers from the point of view of those who do not utilize the services of these centers.

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

5 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

1.3 Methodology

1.3.1 Study Design

The study appropriately follows a descriptive approach, which enables gathering as much data as possible and reaching target groups easily. This type of study also utilizes several tools simultaneously such as interviews, questionnaires, focus groups, and surveys of reproductive health service providers.

1.3.2 Study Population

The study population consists of:

- Syrians living outside camps who constitute demand for reproductive health services in the governorates covered by the study (the capital Amman, Zarqa, Jarash, Mafraq, Ajloun). These governorates were selected because they host the largest number of Syrian refugees compared with other governorates, as can be seen from the results of the 2015 Population and Housing Census, which indicate that the number of Syrians reached (435,578) in the capital, (175280) in Zarqa, (10865) in Jarash, (343479) in Irbid, (207903) in Mafraq, and (14496) in Ajloun[6].
- All governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in all governorates.
- Syrians outside camps and non-users of reproductive health services in the governorates covered by the study (the capital Amman, Zarqa, Jarash, Mafraq, Ajloun).

1.3.3 Study Sample

To reach the objectives of the study, the following sampling methods were used:

- **Accidental sample:** due to the absence of a study population frame and statistics on Syrians residing outside camps who use reproductive health services in the target governorates (the capital Amman, Zarqa, Jarash, Mafraq, Ajloun), the accidental sample was used to measure the satisfaction of service users with reproductive health services offered to them. A total of (572) individuals from the study population were interviewed in the target governorates. Access to the target group was secured by:

- Identifying areas where Syrians are concentrated in the six target governorates through non-governmental organizations and societies that provide assistance to Syrians, and from the experience of the field researchers who reside in the respective governorates. The table below illustrates the areas where Syrians are concentrated in each governorate.

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

Table(1) : Distribution of Syrian communities by target governorate

Governorate	Communities
Capital	East Amman, West Amman, Qasbat Amman
Zarqa	Qasbat Al Zarqa, Hai Ramzi, Wadi Al Hajar
Mafraq	Qasbat Mafraq, Khaldiyyah
Jarash	Qasbat Jarash, Souf
Ajloun	Qasbat Ajloun, Sakhrah, Ibeen, Ibleen, Ein Jana
Irbid	Qasbat Irbid, Ramtha

- (572) persons from the study population in the six governorates (Amman, Ajloun, Jarash, Irbid, Mafraq, Zarqa) as illustrated in the table below:

Table (2): Distribution of the sample of Syrians living outside camps in Jordan who sought reproductive health services by governorate

Governorate	Number	Percentage
Capital	101	17.7
Zarqa	91	15.9
Mafraq	95	16.6
Jarash	90	15.7
Ajoun	105	18.4
Irbid	90	15.7
Total	**572**	**100**

- **Snowball sample:** the snowball sample was used due to the lack of information and statistics on Syrians who do not use reproductive health services, as well as the unavailability of data that provides access to Syrians living outside camps who do not use reproductive health services in the target governorates. Six focus groups were formed; one focus group per governorate. A total of 55 males and females participated in the focus groups which were distributed as follows:
  - Three focus groups with married women aged (12-49)
  - One focus group with women aged (50 and above)
  - One focus group with youth of both sexes aged (12-24)
  - One focus group with men aged (25 and above)

In order to organize the focus group discussions, the following steps were taken:

1. Participants were selected from among the Syrians who belong to the target groups and do not utilize reproductive health services. The selection was made by relying on:
   - Organizations that provide in-kind and cash assistance to Syrians
   - Home visits and meetings
   - Influential and notable Syrian figures in their communities
   - Connections of field researchers who come from the target governorates
2. Arrangements were made with several organizations in the six target governorates, including non-governmental organizations, Princess Basma Centers, and youth centers to use their premises to conduct the focus group discussions.
3. The schedule of the focus group discussions was as follows:

Table (3): Distribution of the number of focus group participants by target group and governorate

No.	Governorate	Target Group	Number of participants
1	Mafraq	Youth of both sexes aged (12-24)	8
2	The Capital	Men aged (25 and above)	8
3	Jarash	Married women aged (12-49)	11
4	Zarqa	Married women aged (12-49)	8
5	Ajloun	Married women aged (12-49)	10
6	Irbid	Menopausal women (50 years old and above)	10
Total			**55**

- **Comprehensive Survey:** The comprehensive survey was used with governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in all governorates. This methodology was chosen to reach, and collect information about, all entities that provide the service while taking into account the limited number of these entities. The comprehensive survey consisted of the following steps:
  1. Identifying the organizations that provide reproductive health services to Syrians outside camps across the Kingdom by referring to previous studies and surveys on reproductive health issues, and drafting lists of all organizations working in the field of reproductive health and trying to get in touch with them to inquire about the reproductive health services that they offer to Syrians.
  2. Using the matrix compiled by UNFPA in 2015 of the geographic distribution of reproductive health centers providing services to Syrian Refugees.
- **Purposive sample:** The purposive sample was used to survey the satisfaction of the users of governmental, non-governmental, local and international organizations with reproductive health centers that provide services in the six target governorates (Amman, Zarqa, Mafraq, Irbid, Jarash, Ajloun). Purposive sampling

was used to select these centers since they are the most frequented by Syrians who reside in the target governorates. A total of (28) centers were selected based on the following distribution:

Table (4): Study sample of organizations providing reproductive health services to Syrians outside camps by governorate

Governorate	Type of organization	Healthcare center	Number of service delivery centers
Capital	Governmental	Khraibet Essouq Healthcare center	4
	Non-governmental	Jordan Health Aid Society Family Health Institute Jordanian Red Crescent	
Zarqa	Governmental	Wadi Al Hajar Comprehensive Healthcare Center Maternal and Child Health Training Center Zarqa Public Hospital- Gynecology/ Obstetrics clinics	5
	Non-governmental	Islamic Charity Center Society – Aisha Um Al Mo'menin Center Family Health Institute- Nour Al Hussein Foundation	
Mafraq	Governmental	Khaldiyyah Comprehensive Center Mafraq Public Hospital	5
	No-governmental	Jordan Health Aid Society Jordan Association for Family Planning and Protection	
	International	International Rescue Committee	
Irbid	Local community	Al Farouq Society for Orphan's Care Al Takaful Charitable Society	6
	No-governmental	Jordan Association for Family Planning and Protection Jordan Health Aid Society	
	International	Medecins du Monde- France Medecins Sans Frontieres- France	
Jarash	Governmental	Jarash Health Center Qadisiyyah Health Center	4
	No-governmental	Jordan Association for Family Planning and Protection Family Health Institute- Nour Al Hussein Foundation	
Ajloun	Governmental	Ibeen and Ibleen Health Center Sakhra Comprehensive health center Ajloun Comprehensive Health Center	4
	No-governmental	Family Health Institute- Nour Al Hussein Foundation	
Total			28

1.3.4 Study Tools

A number of research tools were designed to help achieve the objectives of the study. Previous studies, expertise of the technical committee and research team, and the forms used by the Health Care Accreditation Council were relied upon to design the tools. The tools are:

1. **Satisfaction Survey:** This survey targeted the Syrians living outside camps who go to the reproductive health centers at the six target governorates (Amman, Zarqa, Jarash, Irbid, Ajloun, Mafraq). It measured their satisfaction with the services offered to them in terms of location of the centers, service providers, and type of offered service. The survey form covers the following aspects:

   - **Initial data:** the demographic, social, and economic characteristics of respondents.

   - **Location of healthcare centers:** the survey used 20 attributes to measure satisfaction with the location of healthcare centers.

   - **Healthcare providers:** the survey used 17 attributes to measure satisfaction with service providers in terms of the knowledge, communication skills and other skills they have.

   - **Offered services:** The survey measures satisfaction with services based on a number of satisfaction attributes divided into four components:

     Component 1: Satisfaction attributes pertaining to married women aged (12-49): these were divided into two parts; the first part includes questions about certain characteristics, while the second part includes 26 statements that measure satisfaction with reproductive health services offered to women of this age group.

     Component 2: Satisfaction attributes pertaining to youth of both sexes aged (12-24). A total of 12 statements were used to measure the satisfaction of youth with reproductive health services offered to them.

     Component 3: Satisfaction attributes pertaining to men aged (25 and above). A total of 14 statements were used to measure the satisfaction of men with the reproductive health services offered to them.

     Component 4: Satisfaction attributes pertaining to women aged (50 and above). These include 10 statements that measure the satisfaction of menopausal women with the reproductive health services offered to them.

2. **Registration survey:** This survey aimed at all organizations that offer reproductive health services to Syrians living outside camps across all governorates of the Kingdom. The form (Annex 2) consists of the following components:

Component 1: Includes information about the organization, such as the year of establishment, type of organization, address, contact information, objectives, scope of work, branches and target group.

Component 2: Includes the nature of reproductive health services offered by the organization (i.e., treatment, awareness-raising, consultation, referral).

Component 3: Includes questions that aim to identify the mechanism that organizations have in place to refer cases to and from other healthcare organizations, and the age and social groups that visit the reproductive health centers the most, the most utilized reproductive health services, documentation procedures, challenges, suggestions and recommendations.

3. **Detailed survey:** This survey aimed at organizations that provide reproductive health services at the six target governorates in which the satisfaction of users was measured. These organizations were selected based on a number of criteria, including mainly the type of organization (i.e., governmental, non-governmental, local and international entities), the most frequently visited organizations by Syrians, and the organizations that are the most cooperative and willing to facilitate the mission of the research team. If the four types were not represented in a governorate, a governmental entity is selected since they are the most prevalent through public health centers and hospitals. The form (Annex 3) consists of the following components:

Component 1: Includes information about the organization, such as the year of establishment, the type of organization, address, contact information, objectives, scope of work, branches, and target group.

Component 2: Includes a set of questions that aim to identify the grant-funded reproductive health projects targeting Syrians and cover information such as the project's objectives, services, target groups, geographical coverage, start and end dates, deliverables, challenges, and whether or not the provided services are free.

Component 3: Includes a set of questions about the number of users of health services in general and reproductive health services in particular during 2015.

Component 4: Includes the services provided by these organizations.

Component 5: Includes a set of questions about the referral procedures in place, the age groups that seek the services the most, documentation procedures, type of reproductive health services, challenges and suggestions.

4. **Procedural Manual for conducting focus group discussions:** As explained in Annex 4, a procedural manual was developed for focus groups and includes a number of questions to identify the obstacles and difficulties that preclude access of Syrians living outside camps to reproductive health services. The manual includes:

- Basic guidelines for the focus group moderator that include the ethics of conducting focus group discussions (e.g., taking permission to film and take photographs, registration and respecting the opinion of others).
- 14 questions about registration with UNHCR, aid, types of services received, types of services sought, knowledge about organizations that provide reproductive health services, reasons for not going to the healthcare centers, challenges, recommendations and suggestions.

1.3.5 Quality of Data

To ensure the quality of data the following measures were taken:

1. Setting specific criteria for the selection of the field researchers.
2. Training by the head of the research team for the field researchers in using the study tools and data collection skills.
3. Providing the researchers with copies of the official authorization letters and forms that they will need.
4. Communicating daily with the supervisors of the field researchers to know which centers were visited, how many forms were filled out, and ensure that the forms are reviewed before they are keyed into the Statistical Package for Social Sciences program (SPSS).
5. Selecting some of the forms that had been filled out by the researchers to verify their accuracy, key in the selected forms into the SPSS to check the soundness of the forms and the program.
6. Coding the forms and cleaning the data before keying them into the SPSS.

1.3.6 Data Processing and Statistical Analysis

In order to achieve the objectives of the study and ensure the objectivity of the results reached, the Statistical Package for Social Sciences (SPSS) was used to enter, code and analyze data. The statistical methods used were:

1. Descriptive Statistic Measures which involve using frequency and percentages to present the characteristics of the study sample and qualitative questions (variables).
2. Means and deviations, as descriptive statistical measures for analyzing the level of satisfaction of the members of the sample with reproductive health services.
3. One Way ANOVA, which is used to analyze the differences in levels of satisfaction with reproductive health services based on individual variables and target groups. If differences exist, Scheffe's Method for pairwise comparisons is used.
4. To estimate the level of satisfaction with the services the following steps were taken:

Answers to questions were assigned weights as follows:

Answer	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Weight	5	4	3	2	1

- Three levels of satisfaction were determined (high, medium, low)
- The levels of satisfaction were determined based on the following rating scale:
- Rating scale = (5 strongly agree – 1 strongly disagree) = 4
- The scale is divided by the three levels = 4÷3 = 1.33

- The levels are:
  - 1 - 2.33 = low satisfaction level.
  - 2.34 - 3.37 = medium satisfaction level.
  - 3.68 - 5.00 = High satisfaction level.

1.3.7 Limitations of the study

1. Collecting data on the satisfaction of Syrians outside camps who use and who do not use reproductive health services offered by reproductive health centers in the six target governorates (Amman, Zarqa, Jarash, Irbid, Ajloun, Mafraq).
2. The abovementioned data was collected during the period from November 28, 2015 to December 10, 2015, while the collection of data on all organizations that provide reproductive health services across the Kingdom lasted between November 28, 2015 and January 28, 2016.
3. The study only covered governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps but did not cover private sector entities that provide these services.
4. The satisfaction survey relied on an accidental sample since a study population frame and data on Syrian refugees did not exist.
5. Weak documentation procedures at governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians, and therefore, accurate numbers of Syrians who use reproductive health services was not available.

1.3.8 Difficulties encountered by the study

The study faced the number of challenges, most notably:

- The data collection period coincided with the 2015 Housing and Population Census, which caused misunderstanding among some of the respondents.
- Users of reproductive health services expressed concerns about filling out the forms and hesitance to answer the questions in them for fear of being linked to security-related issues or procedures.
- Data on the numbers and nationalities of users of healthcare centers was difficult to obtain as centers had to request the approval of the administration at their respective head offices in order to provide the information, which takes tremendous time and effort.
- Men aged (25 and above) refused to fill out the forms at the beginning. They are also not frequent users of the reproductive health services offered by the centers and lack knowledge and education in this area.

Chapter Two
Theoretical Framework and Previous Studies

2.1 Reproductive Health

According to the World Health Organization, reproductive health is defined as "reaching a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes, which is a fundamental part of general health and reflects the state of health of men and women of childbearing age." [7]

The importance of reproductive healthcare lies in the fact that it helps to improve the quality of life and personal relationships. It is not merely a tool for providing consultation and medical care related to fertility and sexually-transmitted diseases as it aims at reaching a state of complete physical and mental health and maintaining appropriate social conditions. It also seeks to reduce maternal and infant mortality rates, and combat sexually transmitted diseases to reach a state of complete physical, mental and social well-being. However, the amount of attention paid to reproductive health is influenced by the social and economic conditions and awareness levels in a society. High unemployment rates and the prevalence of certain l customs and perceptions in society negatively affect the amount of attention given to reproductive health. Moreover, the educational attainment and social and work status of women in a society also impact reproductive healthcare. Studies have shown that working and educated women tend to use family planning methods and pay more attention to reproductive health more than other women do. Reproductive healthcare is also affected by the availability of high quality health services that meet health needs and target both men, women of childbearing age, youth of both sexes, menopausal women, newborns and children.

2.2 Reproductive Health Components

1. **Premarital testing:** These tests are taken by couples before marriage and have officially become pre-conditions for any marriage contract to be concluded.

2. **Safe motherhood:** The provision of comprehensive prenatal, postpartum, and postnatal care to avoid any potential complications. The provided care includes:

   - **Prenatal care:** The care provided to mothers during their pregnancy and before they give birth. This type of care does not only affect the mother but also the child. Therefore, providing prenatal care, doctor consultations and regular checkups to pregnant mothers are key determinants of the safety of both the mother and her child.

   - **Safe delivery and postpartum care:** This type of care intends to ensure that the woman's body and its functions are back to normal after pregnancy. It also provides the necessary advice and guidance during this period about the importance of breastfeeding, and family planning orientation.

   - **Abortion and post-abortion care and counselling:** Abortion means the loss of an embryo during the pregnancy period due to several reasons. Studies have shown that around 15 % to 20% of pregnancies

7 United Nations, 2004, International Conference on Population and Development.

end in abortion. Most cases occur during the first 13 weeks, or the first trimester, of pregnancy. The reasons for abortion differ from one woman to another depending on several factors. In many times, abortion cannot be prevented, but the loss of an embryo does not necessarily mean that the woman has health problems or that she is unable to conceive in the future. 90% of women who experience abortion have successful pregnancies later.

3. **Infant and child health:** Breastfeeding, proper nutrition, vaccinations, disease prevention and non-discrimination based on sex, early diagnosis and treatment of abnormalities of the reproductive system.

4. **Family planning services (education, counselling and methods):** A civilized behavior taken up by married couples to have control over when and how many children they wish to have, the spacing between pregnancies, and when to stop having children based on the couple's conditions and capabilities and upon their consent and within a framework that focuses on the health of the mother and the child.

5. **Early diagnosis of reproductive cancers:** Carcinogens or cancer cells are cells that grow and divide in an irregular uncontrollable manner, turning them into tumors. Reproductive cancers are malignant tumors that affect the male and female reproductive organs. Female reproductive cancers include: ovarian cancer, uterine cancer and cervical cancer, whereas male reproductive cancers include: prostate cancer and testicular cancer. In addition, there is also breast cancer which can affect both men and women.

6. **STD and HIV early diagnosis and medical intervention:** These diseases are primarily transmittable by means of sexual contact with an infected person and are caused by molecules living on the skin or on mucous membranes of the reproductive organs, could be passed on by semen, vaginal discharge, or blood. STDs include: Gonorrhea, Chlamydia, Syphilis, Trichomoniasis, Chancroid, Candidiasis, Molluscum Contagiosum, Herpes, Scabies, genital warts, hepatitis, lice and AIDS.

7. **Medical intervention for reproductive diseases.**

8. **Treatment of infertility:** Includes the provision of the necessary treatment and checkups for infertility.

9. **Women's health during menopause:** Includes counselling about the physiological changes associated with menopause and the treatment of symptoms, prevention of breast and cervical tumors, regular checkups, and osteoporosis prevention.

10. **Gender-related issues, reproductive rights, men's participation**

11. **Adolescent health:** Includes raising awareness about reproductive health and sexually-transmitted diseases, general health, proper nutrition, avoidance of early marriage, and diagnosis and treatment of reproductive tract abnormalities.

Given the importance of the reproductive health program and services in Jordan, the Higher Population Council, as a national organization specialized in coordinating efforts in the field of reproductive health/ family planning, developed a national strategy in partnership with all the entities that provide reproductive health/ family planning services and information, including ministries, non-governmental organizations, the private sector and donors. The development of the strategy went through three stages that aimed at:

- Harmonizing national efforts and directing them towards supporting national development and commitment for reproductive health/ family planning issues in order to reach the demographic window of opportunity.

- Ensuring the availability and sustainability of the needed human and financial resources to support reproductive health/ family planning program and related initiatives as a national priority.
- Bridging the gap between planning and implementation in the field of reproductive health / family planning, and creating an enabling policy environment to support the implementation of programs.
- Developing key performance indicators to measure progress towards long-term goals.

In addition, the Health Care Accreditation Council developed in 2010 the reproductive health/ family planning standards to ensure the quality of reproductive health/ family planning. These standards were integrated into the primary healthcare standards, which were published under the new title, "Primary Healthcare and Family Planning Accreditation Standards" to ensure commitment to improving the quality of services. The standards have been applied to all sectors, mainly the public sector, which includes the Ministry of Health, Royal Medical Service, university hospitals, international organizations and non-governmental organizations, such as the Jordan Association for Family Planning and Protection, UNRWA, and private hospitals, clinics and pharmacies[8].

2.3 Previous Studies

Numerous studies in recent years have tackled reproductive health issues, especially as the Syrian crisis enters its fifth year and poses a major challenge to sustainable development plans in the Kingdom. Population and health are two key areas affected by the Syrian crisis and create additional challenges. Below is a brief overview of the main studies that have directly and indirectly addressed the health and population dimensions of the Syrian crisis:

Première Urgence – Aide Médicale Internationale "PU-AMI", drafted a report, entitled "Health Needs Assessment Following the Syrian Crisis in Zarqa Governorate", 2014 [9] to assess the health needs of Syrian refugees and vulnerable host communities. The report also aimed to assess the response action by conducting focus group discussions and individual interviews with Syrians and host communities, meeting with stakeholders, and reviewing previous studies. The report indicated that Syrian refugees can benefit from public services in Jordan as long as they held a security card issued by the Ministry of Interior. The card is mandatory and is issued by the police station in the area where a refugee resides. It contains basic information about the card holder, the family and the place of residence, and enables the refugee to receive treatment in the health centers located in his/her place of residence. On the other hand, refugees who reside outside camps must register with the UNHCR in order to benefit from services such as (food vouchers, free healthcare services, and cash assistance). Registration with UNHCR should be within six months of the initial registration.

The report also indicated that the requirement to renew UNHCR documentations every six months is one of the major challenges facing Syrian refugees and significantly hindering their access to healthcare. UNHCR has taken steps to solve this issue giving priority to the registration of Syrian refugees with the Public Health and Registration Unit so that they can receive fee public healthcare since these services are not offered directly by UNHRC but through its partners.

8 Higher Population Council, 2013, National Reproductive Health/ Family Planning Strategy (2013-2017), Amman, Jordan.
9 PU-AMI, March 2014, Health Needs Assessment.

The report noted that in 2012, the number of qualified health professionals in Jordan was sufficient and stood at 27.1 physicians, 46.6 nurses, 16.3 pharmacists, and 10 dentists per 10,000 people10.

According to MOH estimates, the shortage of health professionals in host communities has reached 15% since the eruption of the Syrian crisis. The northern governorates, for example, have a shortage of gynecologists, pediatricians, psychiatrists, and dermatologists, but despite the increasing demand, MOH has imposed a hiring freeze due to budget deficit11.

The report added that non-governmental, community-based, international and national agencies have been providing health services to Syrian refugees since the start of the crisis, but while the majority of these agencies have presence in the northern governorates, only a limited number of agencies are present in Zarqa. The report explained that the primary health care services available to Syrians are provided by national and international non-governmental agencies as well as (Jordanian and Syrian) private healthcare providers.

The main findings of the assessment of public health facilities in Zarqa, which covered 11 primary healthcare centers and one comprehensive healthcare center, showed that the level of hygiene was acceptable, and that sterilization and infection prevention and control procedures, and waste management were applied. However, the findings indicated that some sterilization equipment were not functioning and that some medical equipment were insufficient such as examination tools (otoscope, stethoscope), laboratory equipment (CBC12 machines), and ultrasound machines, which are available only in some health care centers and used mostly for pregnancy checkups. The report also found that infrastructure is not always adapted in terms of space and accessibility (2nd and 3rd floors at buildings) due to location in very dense urban settings. The report noted that there were some computers and printing equipment at the facilities, but the health information management system is mostly paper-based and internet connection is unavailable. Moreover, there were no transportation services for patient referrals.

As explained in the report, the main obstacles / challenges facing Syrians are:

1. **Cost of living:** As a result of the absence/ lack of income and the high cost of living in Jordan, Syrians are compelled to seek suitable places to live in and avoid unnecessary expenses, such as transportation and medical treatment costs. Even though Syrian refugees with valid registration with the Ministry of Interior and the UNHCR have access to free primary, secondary and tertiary healthcare at MOH facilities, side costs for medicine that is not available at the health centers and transportation to the health centers still constitute a burden for many refugees. This is even more the case for patients with chronic illnesses who have to visit the health centers on a monthly basis for treatment.

2. **Administrative status:** Syrian refugees must present both their valid UNHCR registration card as well as a valid security card at the health center. Participants in focus group discussions noted that this is the most significant barrier. In addition, those who are entitled to access free public health services have to submit at least four copies of the UNHCR registration documentations for every consultation.

3. **Financial barriers:** Costs of transportation and medicine that is not available at the facility. For unregistered refugees, other than transportation costs, little to no costs were reported if they resorted to UNHCR-funded

10 http://www.moh.gov.jo/EN/Pages/HealthStatisticsandIndicators.aspx

11 PU-AMI, March2014,Health Needs Assessment

12 CBC: Complete blood count

health services, but would have to pay for medicine and laboratory tests with if they sought health services from another NGO.

4. **Poor healthcare quality:** participants in the focus group discussions complained about the services offered at public health centers, and particularly with regard to the following aspects:

- The types of medicine available at public health facilities are limited: Participates noted that they constantly have to go to a private pharmacy to purchase most of the prescribed medicines.
- Low confidence in the prescribed medication: participants explained that they feel that the prescribed medication is not effective or that the doses are not sufficient. They drew comparisons between the quality of medication they receive here with that they used to receive in Syria, especially for chronic illnesses. Dissatisfaction could be because the names of the medications are different, but the active ingredients are the same.
- Limited scope of services: There were many complaints by participants about the limited available services at the primary health centers that the staff have to refer most patients to comprehensive health centers and hospitals, which further complicates the process, increases transportation costs, and prolongs waiting time.
- Lack of services/ capacity: due to the insufficient services, some health centers were said to be overcrowded and doctors are overloaded that some patients are not examined or diagnosed.
- Healthcare is perceived as weak: participants explained that some healthcare providers do not take proper care of patients and do not treat them with respect, which causes feelings of humiliation and discrimination.
- While the overall perception towards health services provided by non-governmental organizations and the UNHCR/ The Jordan Health Aid Society was generally positive, the long waiting time and overcrowding lead many to choose to self-medicate instead of wasting time. They also have to be early at the centers (6-7 a.m) to ensure that they will see a doctor.
- Lack of information about available service.
- Lack of communication and tensions between the host communities and Syrian refugees.
- Low demand for preventative care.

The Jordan Population and Family Health Survey 2012[13] attempts to provide reliable estimates of demographic indicators such as fertility, mortalities, family planning, fertility preferences and maternal and child health, for program implementers and policy makers to assess and improve existing programs. The survey indicated that 61% of married women in Jordan use a method of family planning (of which 42% use modern methods, and 19% use traditional methods). The most commonly used form of contraception is IUD with (21%) of married women using it, followed by contraceptive pills (8%), male condoms (8%). Only (2%) of married women have underwent sterilization, while less than 1% use contraceptive injections or implants. On the other hand, the most commonly used traditional contraception method is withdrawal, which (14%) of married women reported that as the method used, followed by periodic abstinence (4%).

13 Department of Statistics, 2012, Jordan Population and Health Survey.

Generally, married women aged (30-44), married women who have an educational attainment higher than elementary level, and women with three children or more tend to use family planning methods more than other women. In addition, women in urban areas are noticeably more inclined to use modern family planning methods than women in rural areas who are more inclined to use traditional methods.

On the other hand, the United Nations Development Program (UNDP) conducted a study in 2014, entitled "Analysis of Impact of the Influx of Syrian Refugees on Host Communities in Mafraq and Irbid"[14] aimed to shed light on the living conditions of households in the governorates of Irbid and Mafraq and the impact of the influx of the Syrian refugees into local communities on the standard of living there. The study relied on a comparative analysis of the results of the 2010 Houshold Expenditures and Income Survey, (i.e., before the refugee crisis) and the results of the special survey conducted at the end of 2013 in the Irbid and Mafraq governorates. The analysis focused on indicators that measure the standard of living and quality of life in various sectors of the economy such as education, health, housing, economic conditions, and house facilities. The form used in the special survey contained questions about the impact of the Syrian crisis on the social and economic characteristics of the community and on households their own point of view.

The study revealed that several economic variables were affected by the Syrian refugee crisis as increased demand for basic goods and services drove inflation rates up in Mafraq as well as in Irbid where the inflation rate exceeded the Kingdom's overall average and reached 9%, compared to 5.6% in Mafraq. Unemployment rates also witnessed an increase following the crisis (14.5% in Mafraq, and 13.6% in Irbid). In the health sector, the overcrowding in health centers as a result of the influx of refugees to the two governorates increased costs on the sector and undermined the quality of provided health services. The percentage of households satisfied with public services dropped by nearly 27% and 26% in the governorates of Mafraq and Irbid respectively. Moreover, 42% of households in Mafraq and 65% of households in Irbid reported that women and maternal healthcare has worsened.

A key recommendation of the study is for the government to mobilize all financial and human resources towards communities that host Syrian refugees, increase the number of healthcare centers there, expand hospitals to increase their capacity, and provide the necessary medicine and medical equipment and health professionals including doctors, nurses, specialists, etc.

The Economic and Social Council conducted a study entitled, "The Impact of Syrian Refugees on the Jordanian Labor Market", 2016[15], to identify the number and characteristics of Syrian refugees in Jordan and analyze the humanitarian dimension of the refugee crisis, and provide projections on to the size of the Syrian workforce in the Jordanian labor market. The study concluded that health centers in the northern and remote regions are understaffed and have a shortage of equipment and needed facilities. Doctors have to move constantly from one center to another, which is one of the reasons as to why centers are understaffed. This problem was exacerbated by the large numbers of Syrian refugees and has undermined the quality of services at the centers, prolonged waiting time, and increased the intervals between scheduled follow-up appointments for Jordanian patients, especially in remote areas that suffer abject poverty and significant difficulties to travel to the health centers. Many residents of host communities are demanding female physicians to be permanently available at the centers. The study presented a number of recommendations including: increasing coordination

14 United Nations Development Program, 2014, analyzing the Impact of the Influx of Syrian Refugees on Host Communities in Mafraq and Irbid, based on the results of the Household Expenditures and Income Survey 2010, and the 2013 Special Survey in the Governorates of Irbid and Mafraq.

15 Economic and Social Council, June 2015, The Impact of Syrian Refugees on the Jordanian Labor Market.

among the various international organizations involved in Syrian refugee issues so as to cover all governorates, ensuring coordination among donors, and investing in the financial assistance received by Jordan to target host communities affected by the Syrian refugee crisis.

The USAID-funded Jordan Communication, Advocacy and Policy Project (JCAP)[16], carried out a survey in 2015 entitled, "Knowledge, Attitudes and Practices Towards Family Planning and Reproductive Health among Married Women of Reproductive Age" that targeted 16 districts in Jordan (Bani Ubaid, Kura, Qasbat Al Mafraq, Qasbat Jarash, Qwaismeh, Hasa, Husseiniyyah, Qasbat Ajloun, Ramtha, Hashmiyyah, Qasbat Assalt, Russaiffah, Theiban, Qatranah, Eil, and Na'our) in three regions, with special emphasis on (Qasbat Al Mafraq, Ramtha, Qwaismeh, Ramtha) where large numbers of Syrians have settled. A sample of (4076) married Jordanian and Syrian women of reproductive age were targeted by the survey, (783) of which were Syrian. The survey documented fertility and family planning choices and assessed social and cultural norms and behavioral determinants related to gender roles, empowerment, decision-making, and sources of family planning information. The demographic characteristics of Syrian women were as follows:

- (90%) of Syrian women live in urban areas.
- Married Syrian women of reproductive age (aged 15-24) were 24%.
- The educational attainment of married Syrian women was low as (78.8%) had only received primary education, and only (4.7%) completed university education.
- (0.4%) of women are currently working, while (95.4%) are currently unemployed.
- The median age at first marriage for Syrian women is 19 years old.
- The median age at first childbirth for Syrian women is 21 years old.
- (44%) of Syrian women had experienced abotion.

The results of the survey showed that (51.1%) of women use a traditional or modern form of family planning. The percentage of women who use modern forms of family planning was (38.7%), while those who use a traditional form were (12.4%). The most common form of family planning methods was IUD, with an average of (21%) of women using it, followed by the withdrawal method (14%), the pill (10%), and condoms (5%). The percentage of women who do not use any form of family planning methods reached (48.9%), either due to being pregnant (27.4%), a desire to become pregnant (17%), fertility-related reasons (40.5%), or for health reasons (6.3%). The survey added that (54%) of Syrian women of reproductive age want to use family planning methods in the future. (74%) of women reported that they prefer the IUD, while (19%) preferred contraceptive pills. On the other hand, (37.2%) reported that they do not want to use family planning methods in the future for fear of side effects (42%), for fertility-related reasons (19.6). In addition, the report noted that (45%) of Syrian women have discussed with their husbands the use of a family planning method in the last six months. The survey reported that (92.2%) of Syrian women trusted family planning information coming from healthcare providers more than that available on the internet or social media.

Moreover, the survey indicated that (52.3%) of respondents go to public health centers to obtain family planning services, while (47.7%) go to the private sector for the same services. Their satisfaction with the services was rated 8 out of 10, while (8%) were dissatisfied with the lengthy waiting time, the lack of family planning methods, and counselling to explain the side effects of the chosen method. Satisfaction with the

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

services provided by the private sector was rated slightly higher at (8.1) points out of (10) compared to (7.6) points for services provided by the public sector.

A research paper was developed for the Conference on Syrian Refugees in Jordan entitled, "Social Violence resulting from the Syrian Refugee Crisis in Jordan"[17] indicated that since the start of 2011 Jordan has been dealing with the ramifications of the Syrian refugee crisis, most notably the rapid increase in population. The paper explained that refugees have brought with them their own culture, convictions, diverse social and even political backgrounds. Their presence has had an impact on all sectors. In the health sector, for example, the Ministry of Health does receive assistance but the amount of assistance represents direct costs of providing public health care to citizens, which results in a deterioration of the quality of services at health centers, more shortage of medicines, longer waiting times, and longer intervals between scheduled doctor visits for Jordanian patients.

The International Federation of Red Cross and Red Crescent Societies and the Jordan Red Crescent developed an Assessment Report entitled, "Syrian Refugees Living in the Community in Jordan" 2012[18], to understand the situation facing Syrian refugees and the difficulties in providing for their basic needs. The assessment approach relied on focus group discussions, home visits to refugees, as well as coordination meetings with organizations that provide assistance to refugees. The report noted that the sources of income of Syrian households in the target governorates (Amman, Ajloun, Mafraq, Irbid – Na'emeh, Ma'an, Karak) came mostly from aid and charities, followed by illegal work, since the cost of obtaining a work permit is USD 388. Income from work was a more important source in Amman than other locations, whereas remittances did not represent an income for Syrians in Jordan. The report added that Syrians who are registered with the UNHCR can access public health care, but medicines need to be purchased, and treatment for chronic conditions (such as blood pressure and diabetes) was not available.

A report by the Jordan Communication, Advocacy and Policy Project (J-CAP) entitled, "Family Planning among Syrian Refugees in Jordan: A Literature Review 2016[19]" aimed to provide a synthesis of all identified assessments, surveys, and other written documents produced from 2013 to 2016 that include reproductive health/ family planning information, including information on child marriage, pertaining to Syrian women in Jordan. The report noted that 85% of Syrians live outside camps and most of them are classified as extremely vulnerable which has affected services provided to all residents of the Kingdom. The sharp increase in the number of Syrian patients seeking healthcare in MOH centers and hospitals from 2012 through 2014 has had an impact on public healthcare services. It should be noted that international organizations including UNHCR, UNFPA, UNICEF and other local NGOs have been providing support to help address the health needs of Syrian refugees.

The report noted a threefold increase in marriages of Syrians involving girls aged 15-17, from 12% in 2011 to nearly 32% in 2014, and that around half of focus group participants in one qualitative study cited by the report identified the normal age of marriage for girls as between 15 and 17 years. The report indicates that early marriage has long been an accepted practice in Syria, but the status of Syrian refugees in Jordan has

17 Nabulsi, Zainab, Qudah, Enas, Social Violence Resulting from the Syrian Refugee Crisis in Jordan", Conference on Syrian Refugees in Jordan, Jordan Media Institute, 2014.

18 International Federation of Red Cross and Red Crescent Societies and the Jordan Red Crescent, September, 2012, Syrian Refugee Living in the Community un Jordan: Assessment Report.

19 J-CAP, March 2016, Family Planning among Syrian Refugees in Jordan: A Literature Review.

exacerbated existing pressures for early marriage due to poverty, perceived lack of safety for girls, and also the chance to legally leave refugee camps and move to host communities when sponsored by a Jordanian, which increases the risk of exploitation of Syrian girls.

The report acknowledged that the total number and location of Syrian refugees are estimates and that information about unregistered refugees is insufficient. While the areas where Syrians are settled are known, but they are not adequately concentrated in these areas to facilitate their access to services. The report further added that that many Syrian refugees living outside of camps are unaware of health services available to them, especially women who have limited mobility. Information regarding the use of reproductive health services by Syrian refugees is incomplete. Barriers and facilitators for Syrian refugees to access care are not sufficiently clear and may change over time.

The majority of the abovementioned previous studies have tackled the impact of the influx of Syrian refugees into host communities and their effect on the health, education, labor sectors and the economy, but did not directly address reproductive health issues, with the exception of some reports by some international organizations. Moreover, the studies did not comprehensively address reproductive health and only focused on some aspects of it in one or two governorates as opposed to all governorates, although Syrians are present throughout the governorates of Jordan, especially in Amman, Zarqa and the northern governorates. Those studies did not fully look into the situation of governmental, non-governmental, local and international organizations that provide reproductive health services nor did they target Syrians who do not use reproductive health services.

This study aims to bridge the gaps identified in previous studies as they did not target all social and age groups or geographic locations when addressing reproductive health services provided to Syrians outside camps to measure their satisfaction with the services. One added value of the study is that it also targets Syrians who do not use reproductive health services in order to identify the challenges and obstacles that limit their access to services.

This study is especially important as it seeks to address the demographic and health-related challenges brought on by the Syrian refugee crisis since 2011 and affected national plans, strategies and policies, most notably the demographic window of opportunity. Therefore, this study can offer a set of useful recommendations to researchers, specialists, decision-makers and all stakeholders to help in developing strategies and plans that are capable of enhancing access to reproductive health services to Syrians.

Chapter Three

Reproductive Health Services Provided for Syrians Outside Camps in Jordan

To identify the governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan, all organizations operating on national and governorate levels were targeted. Two forms were used: the first was a registration survey aimed at all governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in all governorates; while the second was a detailed survey aimed at governmental, non-governmental, local and international organizations, which were visited and covered by the satisfaction surveys in the six target governorates (Amman, Irbid, Mafraq, Jarash, Ajloun, Zarqa).

The data was disaggregated by organization at the national level and governorate level as follows:

3.1 Organizations providing reproductive health services to Syrians accross all governorates:

Information and data were collected from 20 governmental, non-governmental, local and international organizations that operate in all governorates of the Kingdom and analyzed as follows:

3.1.1 Governmental, non-governmental, local and international organizations distributed by type and presence in each governorate:

Table (5) illustrates the distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan by type of organization and presence in each governorate. Information showed that the capital Amman ranked first in terms of the number of organizations that provide reproductive health services at a total of 13 organizations that provide services to Syrians residing within Amman. The results of the 2015 Population and Housing Census revealed that there are 436 thousand (34%) Syrians living in the capital Amman and that the majority of governmental, non-governmental and international organizations are headquartered in Amman and can offer services from there. The governorate of Irbid came in second place with a total of 10 organizations operating there. Irbid is located near the Syrian borders and represents the first stop for Syrians entering into Jordan. It has become home to 343 thousand Syrians which is why governmental, non-governmental, local and international organizations focus their work there. With 208 thousand Syrians residing in it due to its location near the Syrian borders, the governorate of Mafraq was ranked third and has nine organizations providing services in it. There are also organizations that provide services inside refugee camps, such as Zaatri camp.

Table (5) Distribution of organizations providing reproductive health services to Syrians outside camps by type of organization and presence in each governorate

Organization Type	Organization Name	Governorate											
		Capital	Zarqa	Madaba	Balqa	Jarash	Irbid	Ajloun	Mafraq	Karak	Tafileh	Maan	Aqaba
Governmental	Ministry of Health[20]	*	*	*	*	*	*	*	*	*	*	*	*
Local Community	JOHUD				*					*	*	*	
	Al Farouq Society for Orphan's Care						*						
	Al Takaful Charitable Society						*						
	Al Maqased Hospital	*											
Non-Governmental	Islamic Charity Center Society	*	*	*	*	*			*				
	Jordan Health Aid Society	*					*		*				
	Jordanian Women's Union	*	*				*		*				
	Aman Jordanian Association	*											
	Family Health Institute	*	*	*	*	*		*					
	General Union of Voluntary Societies	*			*	*			*	*	*	*	*
	Jordan Red Crescent Hospital	*											
International	DVV International		*				*		*				
	Medecins Sans Frontieres- France						*						
	UNICEF	*											
	UAE Hospital								*				
	Medecins du Monde-France						*						
	IRC	*					*		*				
	Italian Hospital	*								*			
	Care International	*	*				*		*				
Total	**20**	**13**	**6**	**3**	**5**	**4**	**10**	**2**	**9**	**4**	**3**	**3**	**2**

With 6 organizations providing reproductive health services in it, the governorate of Zarqa came in fourth place and is considered the third largest governorate in Jordan in terms of population, after Amman and Irbid.

20 MOH, health centers are distributed across all governorates: Amman (74), Zarqa (36), Madaba (19), Balqa (50), Jarash (19), Irbid (102), Ajloun (24), Mafraq (48), Karak (41), Tafilah (17), Maa'n (19), Aqaba (13).

Zarqa is also located close to Mafraq and job opportunities can be found in it since many factories and companies are based there. According to the 2015 Population and Housing Census, the number of Syrians residing in Zarqa has reached 175 thousand.

The table shows organizations providing reproductive health services have the lowest presence in the four southern governorates (Karak, Tafileh, Ma'an, Aqaba) as well as in Jarash and Ajloun. This could be attributed to the fact that the number of Syrians in these governorates is the lowest according to the 2015 Population and Housing Census[21].

The table also shows that the Ministry of Health is the only entity that operates in all governorates and offers its services through its centers and hospitals across all regions to everyone regardless of nationality[22].

According to the table, the Family Health Institute of Nour Al Hussein Foundation provides its services through nine centers: three of which are in Amman, two in Balqa, and one in each of Zarqa, Jarash, Madaba and Ajloun. The services include awareness raising, education and treatment. Moreover, Aman Jordanian Association provides services through three centers in Amman, while the Islamic Charity Center provides reproductive health services through (16) centers spread across six governorates.

The General Union of Voluntary Societies provides only education and awareness-raising services in eight governorates (Amman, Balqa, Jarash, Mafraq, Karak, Tafileh, Ma'an and Aqaba). In addition, the Jordanian Hashemite Fund for Human Development (JOHUD) provides its services through four centers in four governorates (Balqa, Karak, Tafilah, and Ma'an).

The Jordan Health Aid Society (JHAS) provides services in three governorates, while Takaful Charitable Society provides services in Irbid governorate/Ramtha district only. On the other hand, Al Maqased Charity Hospital and Aman Jordanian Association provide their services in the capital Amman. The majority of international organizations have operations in Irbid, including Medecins Sans Frontieres, and Medecins du Monde. There are a total of 20 organizations providing reproductive health services to Syrians outside camps.

21 Department of Statistics, 2015, Main Results of the 2015 Population and Housing Census.

22 Ministry of Health website http://www.moh.gov.jo/

2.1.3 Distribution of governmental, non-governmental, local and international centers that provide reproductive health services by governorate

Figure (1): Distribution of governmental, non-governmental, local and international centers that provide reproductive health services to Syrians outside camps in Jordan by governorate

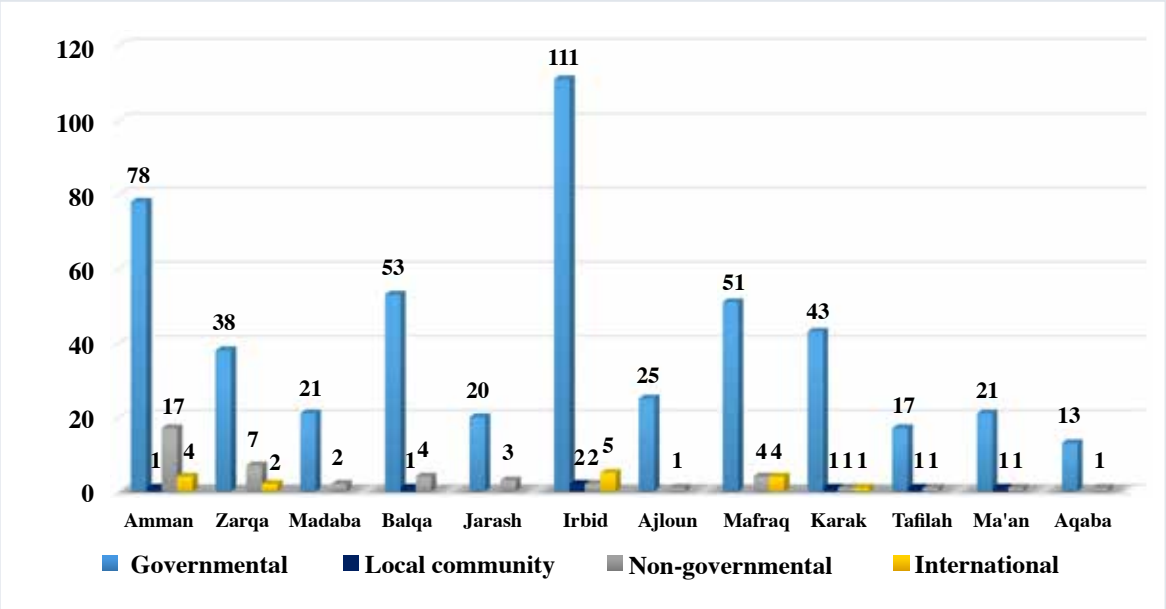


Figure (1) shows the distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside Jordan by governorate. The centers are branch offices of the organizations mentioned in Table (5). A single organization can have several branches in one governorate.

The number of governmental organizations was the highest with a total of (491) facilities that provide reproductive health services, including (462) centers and (29) hospitals. On a governorate level, Irbid was ranked first in terms of the number of governmental facilities with a total of (111) primary and comprehensive health centers and hospitals available in it, followed by the capital Amman with (78) governmental facilities, Balqa (53), Mafraq (51), Karak (43), Zarqa (38), Ajloun (25), Madaba and Ma'an (21) each, Jarash (20), Tafilah (17), and Aqaba (13)[23].

Non-governmental organizations were ranked second with a total of 44 reproductive health centers across the country. Amman had the highest number of reproductive health centers (17), followed by Zarqa (7), Balqa (4), Mafraq (4), Jarash (3), Madaba (2), Irbid (2), and (1) center in each of Ajloun, Karak, Tafilah, Ma'an, Aqaba.

International organizations came in the third place with a total of (16) centers, (5) of which are located in the governorate of Irbid, (4) in Amman, (4) in Mafraq, (2) in Zarqa, (1) in Karak, but none in Madaba, Balqa, Ajloun, Ma'an or Aqaba.

Local community organizations came in last with a total of (7) centers. There are (2) centers in Irbid, and (1) in each of Balqa, Karak, Tafilah, Ma'an and Amman. However, there no local community health reproductive health centers were found in Zarqa, Madaba, Jarash, Ajloun, Mafraq or Aqaba.

23 Ministry of Health website: http://www.moh.gov.jo/

3.1.3 Distribution of non-governmental, local and international centers providing reproductive health services to Syrians outside camps by governorate and percentage of Syrians in each governorate

Table (6): Distribution of non-governmental, local and international centers providing reproductive health services to Syrians outside camps in Jordan by Governorate and percentage of Syrians in each governorate

Governorate	Syrians (based on the 2015 Population and Housing Census)		Number of service centers
	Number (thousand)	Percentage %	
Amman	435.6	34.42	22
Zarqa	175.3	13.85	9
Madaba	14.7	1.16	2
Balqa	27.8	2.21	5
Jarash	10.9	0.86	3
Irbid	343.5	27.14	9
Irbid	14.6	1.15	1
Mafraq	207.9	16.43	8
Karak	17.1	1.35	3
Tafilah	1.9	0.15	2
Ma'an	8.5	0.67	2
Aqaba	7.8	0.62	1
Total	1265514	100 %	67

Table (6) shows the distribution of non-governmental, local and international centers that percentage of Syrians in each. The table indicates that the majority of Syrians are settled in the capital Amman at (435.6) thousand Syrians (34.4% of the total Syrian population in Jordan), and that there are (22) centers providing reproductive health services to them. Irbid governorate came in second place with (343.5) thousand Syrians residing there (27.14%) and nine centers providing services to them, followed by Mafraq with (207.9) thousand Syrians (16.3%) and eight centers, Balqa with (27.8) thousand Syrians (2.21%) and five centers, Karak with (17.1) thousand Syrians (1.35%) and three centers, Madaba with (14.7) thousand Syrians (1.16%) with two centers, Ajloun with (14.6) thousand Syrians (1.15%) and one center only, Jarash with (10.9) thousand Syrians (0.86%) and three centers, Ma'an with (8.5) thousand (0.67%) and two centers, Aqaba (7.8) thousand (0.62%) and one center, and lastly Tafilah with (1.9) thousand (0.15%) with two reproductive health centers.

It is worth noting that the table does not include the (462) governmental centers that provide safe motherhood and family planning services or the (29) public hospitals that provide reproductive health and family planning services through their clinics[24] as it only includes non-governmental, international and local community centers[25].

24 Ministry of Health website: http://www.moh.gov.jo/

25 For more information on the branches of each organization, see annex (5).

Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians by objectives, scope of work and target groups

Table (7): Organizations providing reproductive health services to Syrians outside camps in Jordan by type, objectives, scope of work and target groups

Organization type	Objectives	Scope of work	Target group
Governmental	Protect public health, provide preventative and curative healthcare, oversee, and organize work between the public and private sectors.	Preventative, curative healthcare, and oversight.	All groups of all nationalities
Local community	Raise community awareness about economic, social, legal and health issues, provide financial support to achieve economically empowered communities, provide professional health care and reproductive health care.	Awareness-raising, economic empowerment, healthcare, reproductive health care.	All groups of all nationalities
Non-governmental	Provide social, and health care, education, women's empowerment, reproductive health services, safe motherhood services, and promote volunteer work.	Social, economic, educational and healthcare, reproductive healthcare, women's empowerment.	All groups of all nationalities
International	Support institutional capacity building and development, provide policy advice, combat poverty and support the poorest around the world, provide war and natural disaster relief and humanitarian assistance, provide youth education services, provide psychological health, awareness and counselling services, provide reproductive health services, and promoting human rights.	Capacity building, refugee support, health care, reproductive healthcare, education, protection of women against violence, women's empowerment.	All groups of all nationalities

Table (7) illustrates the distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan by objectives, scope of work, and target groups. As the table shows, governmental organizations aim to maintain public health and provide preventative, curative and tertiary healthcare services and organize work between the public and private sectors. The Ministry of Health serves as the umbrella for the health sector in Jordan and therefore organizes and oversees the work of the private sector in it. It also works in the areas of preventative and curative healthcare offered to all groups of all nationalities.

Local community organizations aim at raising economic, social, legal and health awareness among members of the community, provide aid to the needy and provide health care as much as possible. Local organizations also work in the areas of social, economic and health care and education, and provide their services to all members of the community regardless of nationality. Healthcare is one of several areas that local community organizations work in but not their primary or exclusive area of work. Non-governmental organizations aim to provide social and health care and education, support the empowerment of women, provide social, economic and health care

to all members of the community regardless of nationality, similar to local community organizations, which have multiple objectives and not only health-related objectives.

International organizations aim to support institutional development and capacity building, provide policy advice, combat poverty, provide health services, and promote human rights. Their scope of work includes capacity building, support for Syrians, provision of health care, education, protection against violence and provide their services to all members of the community of all nationalities.

As can be noticed, governmental organizations, namely the Ministry of Health, is the only entity that is exclusively specialized in health, unlike non-governmental, local and international organizations which have various objectives with health being one of them.

3.1.5 Reproductive health services

Table (8): Distribution of reproductive health services offered to Syrians outside camps in Jordan by type of service and organization

Offered services	Type of service	Governmental organization (1)	Local community organizations (4)	Non-governmental organizations (7)	International organizations (8)	Total organizations (20)
Safe motherhood including: prenatal and antenatal care and safe delivery, post-natal care, maternal, infant and child care, and breastfeeding	Treatment	Comprehensive services	4	6	5	15
	Awareness		2	7	7	16
	Counseling		2	7	7	16
	Referral		3	5	7	15
Care and counselling for abortion and post-abortion	Treatment	Comprehensive services	2	3	4	9
	Awareness		3	6	7	16
	Counseling		3	6	7	16
	Referral		3	5	7	15
Family Planning	Treatment	Comprehensive services	2	6	4	12
	Awareness		3	6	7	16
	Counseling		3	6	7	16
	Referral		3	4	6	13
Laboratory tests and services	Treatment	Comprehensive services	2	6	4	12
	Awareness		1	5	3	9
	Counseling		1	5	3	9
	Referral		3	4	6	13
Imaging scans	Treatment	Comprehensive services	3	3	2	8
	Awareness		0	1	2	3
	Counseling		0	1	2	3
	Referral		1	5	4	10
Sexually transmitted diseases (Syphilis, gonorrhea, reproductive tract infections, etc.)	Treatment	Comprehensive services	1	5	5	11
	Awareness		3	5	7	15
	Counseling		3	5	7	15
	Referral		3	5	4	12
Youth awareness and education about reproductive and sexual health	Awareness	Comprehensive services	4	6	8	18
	Counseling		4	6	8	18
	Referral		3	5	3	11

Table (8): Distribution of reproductive health services offered to Syrians outside camps in Jordan by type of service and organization

Offered services	Type of service	Governmental organization (1)	Local community organizations (4)	Non-governmental organizations (7)	International organizations (8)	Total organizations (20)
Life changes and developments	Treatment	Comprehensive services	0	1	1	2
	Awareness		2	4	5	11
	Counseling		2	4	5	11
	Referral		1	3	3	7
Breast cancer, reproductive cancers.	Treatment	Comprehensive services	0	2	2	4
	Awareness		3	7	6	16
	Counseling		3	7	6	16
	Referral		4	6	4	14
Men's involvement in reproductive health	Treatment	Comprehensive services	0	0	0	0
	Awareness		1	4	3	8
	Counseling		1	4	3	8
	Referral		1	2	1	4
Healthy lifestyles (exercising, staying away from drugs, alcohol, etc.)	Treatment	Comprehensive services	1	1	0	2
	Awareness		3	5	5	13
	Counseling		3	5	5	13
	Referral		2	4	3	9
Premarital testing	Treatment	Comprehensive services	2	1	1	4
	Awareness		2	5	4	11
	Counseling		2	5	4	11
	Referral		2	4	2	8
Early marriage	Treatment	Comprehensive services	1	1	1	3
	Awareness		4	5	3	12
	Counseling		4	5	3	12
	Referral		0	3	2	5
Menopausal women's health	Treatment	Comprehensive services	1	3	3	7
	Awareness		2	6	6	14
	Counseling		2	6	6	14
	Referral		3	5	3	11
Infertility and subfertility	Treatment	Comprehensive services	2	2	1	5
	Awareness		3	6	3	12
	Counseling		3	6	3	12
	Referral		3	4	2	9

Table (8): Distribution of reproductive health services offered to Syrians outside camps in Jordan by type of service and organization

Offered services	Type of service	Governmental organization (1)	Local community organizations (4)	Non-governmental organizations (7)	International organizations (8)	Total organizations (20)
Education and awareness raising	Treatment	Comprehensive services	0	0	0	0
	Awareness		1	3	8	12
	Counseling		1	3	8	12
	Referral		0	0	0	0
Brochures, flyers, website, home visits	Treatment	Comprehensive services	0	0	0	0
	Awareness		3	5	8	16
	Counseling		3	5	8	16
	Referral		0	0	0	0
Vaccinations	Treatment	Comprehensive services	2	2	0	4
	Awareness		2	2	4	8
	Counseling		2	2	4	8
	Referral		4	1	3	8

Table (8) illustrates the distribution of reproductive health services offered to Syrians living outside camps in Jordan by type of provided service, and type of organization. The table shows that curative treatment services for safe motherhood are provided by (15) organizations, six of which are non-governmental, and only four are local community organizations. Awareness-raising and counselling services on safe motherhood issues are offered by (16) organizations. Non-governmental and international organizations took the lead with seven organizations offering awareness and counselling, while local community organizations came in last place with only two organizations offering this service. Referral services are offered by (15) organizations, seven of which are international, while only three are local community organizations.

Treatment and care for abortion and post-abortion are provided by nine organizations, four of which are international, while local community organizations came in last place with only two organizations offering this service. On the other hand, awareness-raising and counselling services are provided through (16) organizations seven of which are international, while only three are local. On the other hand, (15) organizations offer referral services, seven of which are international and only three are local.

Treatment services in the area of family planning are provided by (12) organizations. Non-governmental organizations came in first place with six organizations offering treatments, while local community organizations came in last place with only two organizations. Awareness and counselling services are provided by (16) organizations, seven of which are international, while only three are local community. A total of (13) organizations offer referral services, six of which are international, while only three are local community.

Non-governmental organizations took the lead in providing laboratory testing and services with six out of a total of (12) organizations offering these services, while local community organizations were the last with only two organizations. Awareness-raising and counselling services are provided by nine organizations, five of which are non-governmental, but only one is local community. (13) organizations offer referral services, six of which are international organizations, and only three are local community.

Treatment services in the field of image scanning are delivered through eight organizations. Non-governmental and local organizations were ranked first in this area with three organizations each. Awareness-raising and counselling services in this area is delivered by three organizations only, two of which are international and one is non-governmental. On the other hand, (10) organizations offer referral services, of which five are non-governmental, but only one is a local community organization.

Treatment services for sexually-transmitted diseases are delivered by (11) organizations, five of which are non-governmental, and five others are international, while only one is a local community organization. A total of (15) organizations offer awareness-raising and counselling services. Seven of these organizations are international, while only three are local community organizations. Referral services are delivered by (12) organizations, five of which are non-governmental, another five are international, but only three organizations are local community.

A total of (18) organizations offer youth awareness and education services about reproductive and sexual health and parental care. International organizations were ranked first (eight organizations), while local community organizations were ranked last (four organizations). Referral services are offered by (11) organizations, five of which are non-governmental, three are international and another three are local community organizations.

Two organizations; one non-governmental and another international, offer treatment services in the field of life changes and developments. Awareness-raising and counselling services are offered through (11) organizations, five of which are international, but only one is local. Seven organizations offer referral services, three of which are international, another three are non-governmental and one is local community.

Treatment of breast cancer and cancers of the reproductive system is offered by four organizations, two of which are governmental and the other two are international. A total of (16) organizations offer awareness-raising and counselling services in this area, the majority being non-governmental organizations (7), while only three are local community organizations. (14) organizations offer referral services, six of which are non-governmental, four are international and 4 others are local community.

On the other hand, there are eight organizations that offer awareness-raising and counselling services to improve men's involvement in reproductive health. Non-governmental organizations were ranked first with four organizations offering the service, while local organizations were ranked last with only one organization offering the service. There are four organizations that offer referral services in this field (two of which are non-governmental, one is local, and another one is international).

In the area of healthy lifestyles, two local organizations and one non-governmental organization offer treatment services. A total of (13) organizations offer counselling and awareness-raising services, five of which are non-governmental, another five are international, while only three are local. Referral services are offered by nine organizations, four of which are non-governmental, three are international, and only two are local.

There are four organizations that offer treatment services in the field of premarital medical testing; two of which are local, one is non-governmental and another one is international. A total of (11) organizations offer awareness-raising and counselling services, five of which are non-governmental, while only two are local. Referral services in this area are provided by eight organizations, four of which are non-governmental, two are local, and another two are international.

With regard to early marriage, one governmental, one international and one local organization offer treatment services in this field. On the other hand, a total of (12) organizations offer awareness-raising and counselling services in this field, five of which are non-governmental, four are local and three are international. Referral services are offered by five organizations, three of which are non-governmental and two are international.

Treatment services in the field of health of menopausal women is offered by seven organizations, three of which are non-governmental, another three are international and one is local. A total of (14) organizations offer referral and awareness services in this area, including six non-governmental, six international and two local organizations. On the other hand, (11) organizations offer referral services, five of which are non-governmental, three are local and three others are international.

There are five organizations that offer treatment services for infertility and subfertility; two local, two non-governmental and one international. A total of (12) organizations offer awareness and counselling services, six of which are non-governmental, three local and three international. Referral services are offered by nine organizations, four of which are non-governmental, but only two are international.

Four organizations offer treatment services in the field of vaccinations; two local, and two non-governmental. Awareness-raising and counselling services are offered by eight organizations, four of which are international, two are local and two others are non-governmental. Referral services are offered by eight organizations, four of which are local, while only one is non-governmental.

Services related to brochures and flyers (awareness and counselling) are provided by (16) organizations, eight of which are international, fixe are non-governmental and three are local. Awareness-raising and education services are offered by (12) organizations, eight of which are international, three are non-governmental, and only one is local.

It is worth noting that governmental organizations, which consist of (462) public health centers and (29) hospitals[26], provide comprehensive services in the field of reproductive healthcare through the primary and comprehensive health centers, or through public hospitals to which cases are referred. Organizations listed in the above table include only non-governmental, local and international organizations.

Local and non-governmental organizations are active in the field of raising awareness and referrals, although some do provide comprehensive services but not in all fields. The majority of organizations provide comprehensive services only in the field of safe motherhood and family planning. The table also indicates that some services, such as treatment services in the field of counselling for abortion and post-abortion, require more attention from organizations, since only 9 out of (19) non-governmental, local and international organizations offer this services. Other areas that require greater attention include: treatment services for breast cancer and cancers of the reproductive system since only four organizations offer these services, pre-marital medical testing services which are only provided by four organizations, services related to women's health during menopause which are only offered by seven organizations, services related to fertility and subfertility which are only offered by five organizations, and vaccination services which are offered by four organizations only.

26 Website of the Ministry of Health http://www.moh.gov.jo/

6.1.3 Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services by age group

Table (9): Distribution of organizations that provide reproductive health services to Syrians outside camps in Jordan by type of organization and age groups

Type	Organization	Females (12-49)	Males (25 and above)	Youth (12-24)	Females (50 and above)
Governmental	Jordanian Ministry of Health	*			*
Local (Community (Based	JOHUD centers	*		*	*
	Al Farouq Society for Orphan's Care	*			*
	Al Takaful Charitable Society	*			*
	Al Maqased Hospital	*			
Non-governmental	Islamic Charity Center Society	*	*		
	Jordan Health Aid Society	*		*	
	Jordanian Women's Union	*		*	
	Aman Jordanian Association	*		*	
	Family Health Institute- Nour Al Hussein Foundation	*		*	
	General Union of Voluntary Societies	*			
	Jordan Red Crescent Hospital	*			
International	DVV International	*			
	Medecins Sans Frontieres- France -The Specialized Hospital in Irbid	*			
	UNICEF	*			*
	UAE Hospital	*	*		*
	Medecins du Monde-France/ Ramtha Clinic	*			*
	(International Rescue Committee (IRC	*	*		
	Italian Hospital	*		*	
	Care International	*			*

Table (9) shows the distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan by age group that uses the services the most. Information indicate that married women aged (12-49) are the most frequent users of reproductive health services offered by all organizations (governmental, non-governmental, local and international) as reported by the all organizations targeted by the study. On the other hand, men aged (25 and above) are the least frequent users of reproductive health services offered by the organizations.

Only three organizations reported having male users (Islamic Charity center, UAE Hospital, IRC). On the other hand, six organizations (JOHUD centers, Jordan Health Aid Society, Jordanian Women's Union, Aman

Jordanian Association, the Family Health Institute, and the Italian Hospital) reported that youth of both sexes aged (12-24) are among their users.

Seven organizations (MOH, JOHUD, Al Farouq Society, Takaful Charitable Society, Al Maqased Hospital, UNICEF, UAE Hospital and Medecins du Monde) reported that women aged (50 and above) use their centers.

As the table illustrates, married women aged (12-49) are the most frequent users of reproductive health services in general, while youth of both sexes aged (12-24) are the most frequent users of non-governmental organizations to benefit from the awareness and educational programs. On the other hand, men aged (25 and above) are the least frequent users of reproductive health centers due to the perception among men that these centers provide services to women only, and due to customs, traditions and reluctance to go to go to these centers and the preference to go instead to a private service provider for matters related to reproductive health.

7.1.3 Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services by service cost recovery method

Table (10): Distribution of organizations that offer reproductive health services to Syrians living outside camps in Jordan by type of organization and service cost recovery method

Type of organization	Service cost recovery method
Governmental	Safe motherhood and family planning services are offered for free[27], while the other services are offered in return for nominal fees. Syrians are treated the same way as un-insured Jordanians.
Local community	The provided services depend on the type of organization. A volunteer organization offers services through donor-funded projects for free, while private service providers such as private clinics and clinics run by some societies charge nominal fees for offered services, with the exception of Al Maqased Hospital, which offers all services free of charge.
Non-governmental	Service are provided for free depending on the availability of project funds to cover the provision of services. Some organizations charge nominal fees for services once the project ends.
International	Free provision of services

Table (10) distributes governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps by cost recovery method for services offered. Information indicates that governmental organizations, represented by the MOH, charge nominal fees for the services they offer and treat Syrians the same way they treat un-insured Jordanians[28], while local and non-governmental organizations reported that the provision of services depends on the type of project. A donor-funded project enables the free provision of services, while projects that do not receive funding support charge nominal fees for the offered services. The only exception is Al Maqased Hospital which offers all its services for free. On the other hand, international organizations usually provide services for free and only provide services when funding is available.

27 As per the letter of the Minister of Health No. T/H/ Syrians/ 1057, dated February 15, 2016.
28 As per the letter of the Minister of Health No. T/H/70373/2/28, dated October 23, 2014.

3.1.8 Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services by type of organization and documentation methods

All governmental, non-governmental, local and international organizations reported that they have in place mechanisms to document patient information, including files, periodic reports, databases, and regularly updated automated documentation systems. The only exception was Al Farouq Society, a local community organization that operates in Irbid Governorate/ Ramtha District, which clearly stated that it does not implement procedures to document patient information.

Table (11): Distribution of organizations that provide reproductive health services to Syrians living outside camps in Jordan by type of organization and documentation methods used

Organization Type	Organization Name	Documentation method used
Governmental	Ministry of Health	Periodic reporting, computerized documentation, and databases
Local community	Al Farouq Society for Orphan's Care	No documentation procedures
	Al Takaful Charitable Society	Documentation using records and reports
	JOHUD	manual documentation system, records and reports
	Al Maqased Hospital	Computerized and manual documentation systems and databases
Non-governmental	Islamic Charity Center Society	Computerized documentation and databases
	Jordan Health Aid Society	.Daily records, automated documentation, and databases
	Jordanian Women's Union	Records, reports, automated documentation, and databases
	Aman Jordanian Association	Records, reports, and automated documentation
	Family Health Institute- Nour Al Hussein Foundation	Records, reports, automated documentation, and databases
	General Union of Voluntary Societies	Manual and computerized documentation, records, .reports and databases
	Jordan Red Crescent	computerized documentation
International	DVV International	Manual documentation, periodic reporting on projects, and databases
	Care International	Computerized reporting and database
	Medecins Sans Frontieres- France	Manual and computerized documentation systems and databases
	UNICEF	Records, reports, computerized documentation and databases
	UAE Hospital	Manual documentation, computerized periodic reports, and databases
	Medecins du Monde-France	Manual documentation, periodic reporting, and databases
	(International Rescue Committee (IRC	Manual and computerized documentation
	Italian Hospital	Automated documentation

3.1.9 Distribution of governmental, non-governmental, local and international organizations by challenges faced

Table (12): Distribution of organizations that provide reproductive health services to Syrians outside camps by type of organization and challenges faced

Organization type	Challenges	Frequency
Governmental	– Financial and economic challenges – Cultural differences between Jordanians and Syrians in attitude towards reproductive healthcare and services.	1 1
Local community	– Location (healthcare centers are located far away from where Syrians live) – Transportation costs to and from the reproductive health centers. – Customs and traditions of Syrian refugees, which include misconceptions that do not promote the use of reproductive health services. – Lack of awareness, knowledge and educational attainment among Syrian service users. – Loss of identification papers of Syrians due to the war in Syria – High operational costs of healthcare providers compared with the received financial support.	1 1 2 1 1 1
Non-governmental	– The burden of added operational costs on organizations and their centers from offering free services. – Lack of knowledge and awareness among Syrians about reproductive health. – Lack of Jordanian male and female physicians in these organizations compared with the large numbers of patients. – Customs, traditions and misconceptions among Syrians regarding family planning issues and men's control over fertility choices. – Lack of adherence by Syrians to time of scheduled appointments, regulations and instructions. – Early marriage and repetitive pregnancies. – Unavailability of sufficient medications, treatments and family planning methods. – Difficult referral procedures from and to certain other entities such as hospitals.	2 4 1 2 1 2 1 1
International	– High financial costs, and inability of some individuals to pay, which forces the organization to cover transportation costs. – Different levels of reproductive and health knowledge between Syrians and Jordanians. – Lack of funding, and increasing and evolving needs from time to time and from one household to another. – Family interference. – Early marriage and repetitive pregnancies – Unavailability of surgical operations and some medical exams and tests. – Wrong customs and traditions – Growing number of patients visiting the clinics compared to the size of the medical staff and capacity of the clinics. – Ignorance and low educational attainment.	2 2 1 1 2 1 4 1 5

Table (12) illustrates the distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians living outside camps in Jordan by the challenges these organizations face. Governmental organizations reported financial and economic difficulties and cultural differences as key challenges facing them. Local community organizations indicated that location-related challenges (i.e., location of health centers) are the main challenges facing them as centers can sometimes be located far away from where Syrian patients live which increases their financial burdens. Lack of awareness, low educational attainment, and certain customs and traditions among Syrians were also reported by local community organizations as key challenges.

On the other hand, non-governmental organizations indicated that the provision of free services is a challenge as it increases their operational costs. Moreover, the shortage of Jordanian male and female physicians in non-governmental organizations, lack of awareness among Syrian refugees about the importance of reproductive health as a result of certain customs and traditions, the prevalence of early marriage and repetitive pregnancies, lack of adherence to time of scheduled appointments, and unavailability of medications and family planning methods, and difficult procedures to refer cases from and to some organizations were also reported as key challenges facing non-governmental organizations.

International organizations noted that the key challenges facing them were: financial costs, the inability of refugees to pay the costs of treatment, the different awareness levels between Jordanians and Syrians, wrong social customs and traditions, the prevalence of early marriage and repetitive pregnancies, ignorance and lack of awareness, the increasing number of patients visiting the clinics that provide free services, interference by family members, especially the husband, and the unavailability of certain medical exams and tests.

Challenges related to ignorance, lack of awareness, educational attainment were the most challenges repeatedly reported by organizations (15 times), and were reported by non-governmental and international organizations. On the other hand, customs and traditions were reported as challenges by local, non-governmental and international organizations and came in second place as most repeatedly reported challenges (8 times). Early marriage and repetitive pregnancies were reported by non-governmental and international organizations as a challenge and came in third place (4 times). Challenges related to different levels of reproductive health knowledge between Jordanians and Syrians were ranked fourth (3 times) and were reported by international and governmental organizations. Challenges reported by non-governmental organizations related to the added operational costs from the provision of free services, and challenges reported by international organizations with regard to the financial costs that Syrians incur to travel to and from centers were ranked fifth and were both repeated twice.

3.1.10 Recommendations by governmental, non-governmental, local and international organizations that provide reproductive health services

Table (13): Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan by presented recommendation

Organization type	Recommendations	Mode
Governmental	– Alternatives should be identified to cover the increasing costs of service provision.	1
	– A database on Syrian refugees and their locations should be made available	1
	– Awareness of Syrians about reproductive health/ family planning issues should be raised.	1
Local community	– Alternatives should be identified to ensure the continuous free provision of all reproductive health services.	1
	– Number of organizations working in this field should be increased.	1
Non-governmental	– Provide free reproductive health services by identifying sources of continuous funding.	2
	– Conduct awareness and education campaigns and engage religious clerics in raising awareness about reproductive health.	1
	– Provide financial support to health centers that provide services to Syrians.	2
	– Ensure continuous follow up and form regular monitoring and evaluation committees of representatives of organizations in order to reach all groups, monitor non-regular users of services, and target new groups.	1
	– Increase cooperation, coordination and networking among organizations working in the field of reproductive health.	1
	– Designate a special center for the provision of services to Syrians specifically.	1
	– Allow greater access to MOH services.	1
International	– Increase awareness and education programs that aim to raise the awareness of Syrians about reproductive health issues.	3
	– Carry out studies on reproductive health services to measure satisfaction levels, the availability or organizations, and identify challenges and derive recommendations.	1
	– Ensure the availability of medicines and family planning methods.	1
	– More assistance and funding support is needed for the sustainability of reproductive health services. Moreover, reproductive health services should be integrated into primary health services.	3

Table (13) distributes governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians living outside camps in Jordan by recommendations that these organizations present. Governmental organizations noted that there is a need to identify alternatives to cover the financial costs of providing services to Syrians as well as a need to make a database on Syrians and their locations available. Governmental organizations, as well as other organizations providing reproductive health services, also called for raising awareness about reproductive health issues.

On the other hand, local community organizations stressed the need to increase the number of organizations that provide reproductive health services to Syrians, while non-governmental organizations called for seeking new sources of funding to cover the costs providing treatment to Syrians, increasing coordination among organizations that provide reproductive health care, and conducting awareness campaigns that target Syrians. International organizations called for increasing awareness and education programs and ensuring the availability of medicines and family planning methods and stressed the need for more financial assistance to support the sustainability of reproductive health services.

It should be noted that some of the recommendations were shared among all governmental, non-governmental, local and international organizations, most notably the recommendation on developing mechanisms to provide financial and technical assistance to support organizations that provide reproductive health services and meet their needs, and the recommendation on enhancing and raising awareness of Syrian refugees outside camps about reproductive health.

3.2 Organizations providing reproductive health services to Syrians in the six sampled governorates

Information and data was collected from (28) governmental, non-governmental, local and international organizations that operate in the six target governorates (Amman, Mafraq, Zarqa, Irbid, Jarash, Ajloun) where Syrians are concentrated. (93%) of Syrians in Jordan are distributed across the six governorates as follows: (34%) in the capital Amman, (27%) in Irbid, (16%) in Mafraq, (14%) in Zarqa, (1.15%) in Ajloun, and (.86%) in Jarash. The detailed survey used with the centers that provide reproductive health services in the target governorates included detailed questions different from those found in the registration survey in order to gather more information about the centers. There were for example questions about the health projects implemented, the donors that fund the implementation of the projects, and the duration of the projects, as well as questions about the number of users of provided reproductive health services in general and Syrian refugees in particular. The information was analyzed based on key areas and will complement the research on the current situation of organizations that provide reproductive health services outside camps in Jordan.

3.2.1 Distribution of non-governmental, local and international organizations that provide reproductive health services by implemented health project and funding source

Table (14) shows the distribution of non-governmental, local and international organizations that provide reproductive health to Syrians outside camps in Jordan by type of implemented project. The table shows that UNHCR and UNFPA are the donors that provide funding support to non-governmental organizations. For example, UNHCR provides funding for the “Healthcare for Syrian Refugees” project which is implemented by the Jordan Health Aid Society in Amman, Irbid and Mafraq. The UNFPA supports the AIDOS-Enhancing Access of Syrian Refugees in Jordan to Reproductive Health Care Services, through the Family Health Institute-Nour Al Hussein Foundation

Table (14): Distribution of non-governmental, local and international organizations providing reproductive care to Syrians outside camps in Jordan by type of implemented health project, donor and target governorate

Governorate	Organization Type/ Name	Project	Project duration	Donor
Capital	Non-governmental/ Jordan Health Aid Society	Healthcare for Syrian Refugees	2014-No specific end date	UNHCR
Zarqa	Non-governmental - Islamic Charity Center Society – Aisha Um Al Mo'menin Center	Family planning support project	2015-2014	Ministry of Health
	Non-governmental /Family Health Institute- Nour Al Hussein Foundation	Enhancing access of Syrian refugees to reproductive health (AIDOS)	2016-2014	UNFPA
Mafraq	International organization/ IRC	Reproductive Health Project	2011-no end date	Self-funded by the organization
	Non-governmental /Jordan Health Aid Society	Reproductive Health for Syrian Refugees Project	2012-renewable on annual basis	UNHCR
Irbid	Local Community/ Al Farouq Society for Orphan's Care	Provision of Reproductive Health Services Project	No project	The clinics are run by the Society and offer services in return for nominal fees.
	Non-governmental / Jordan Health Aid Society	Healthcare for Syrian Refugees Project	2015 -2014	UNHCR
	International/ Medecins du Monde- France	Primary health care project in cooperation with MOH	No project	Medecins du Monde- Head Quarters in France
	International/ Medecins Sans Frontieres- France	A special section for obstetrics and gynecology at the Irbid Specialized Hospital that provides reproductive health and obstetrics services.	No project	Medecins Sans Frontieres- Head Quarters in France
Jarash	Non-governmental /Family Health Institute- Nour Al Hussein Foundation	Enhancing access of Syrian refugees to reproductive health (AIDOS)	6/2015-31/12/2015	UNFPA
Ajloun	Non-governmental / Family Health Institute- Nour Al Hussein Foundation	Enhancing access of Syrian refugees to reproductive health (AIDOS)	1/5/2015-31/12/2015	UNFPA

The Ministry of Health is the main governmental organization and has its own budget that funds the services it provides. In a similar vein, Medecins du Monde, Medecins Sans Frontieres-France, IRC are all self-funded organizations. There are also organizations such as the Jordan Association for Family Planning and Protection, the Islamic Charity Center, Al Farouq Society, and Takaful Society all charge nominal fees for the services provided through the private clinics that they run.

3.2.2 Distribution of governmental, non-governmental, local and international centers that provide reproductive health services by number of Jordanian and Syrian service users, and target governorate

Table (15): Distribution of governmental, non-governmental, local and international centers that provide reproductive health services by number of Jordanian and Syrian service users outside camps during 2015 and by target governorate

Governorate	Service delivery center	Number of reproductive health service users in 2015
Capital	Khraibet Essouq Healthcare center	Around 820 Syrians have visited the center during the year.
	Jordan Health Aid Society	Number of users not reported
Zarqa	Islamic Charity Center Society – Aisha Um Al Mo'menin Center	Around (3,700) Syrian service users, including (240) women aged (12-49), (312) women aged (50 and above), (100) young males and females aged (12-24), and (30) men aged (25 and above).
	Wadi Al Hajar Comprehensive Health Center	Estimated number of Syrian service users is around (300) women aged (12-49) and10)) women aged (50 and above)
	Zarqa Public Hospital	Estimated number of Syrian services users is (150-200), including (100-120) women aged (12-49), and (30-50) women aged (50 and above).
	Family Health Institute	(600) women aged (12-49), (150) women aged (50 and above), (10) men aged (25 and above), and (300) young men and women aged (12-24).
	Maternal and Child Health Training Center	Number of users not reported
Mafraq	Jordan Health Aid Society	Estimated number of users is (16000), (70%) of which are Syrian.
	International Rescue Committee (IRC)	Estimated number of service users is (65000), (70%) of which are Syrians. Estimated number of married Syrian women aged (12-49) is (40 thousand) users.
	Mafraq Maternity and Child Public Hospital	Estimated number of service users is (20 thousand), (3000) of which are Syrians, including (2000) married women aged (12-49), (300) are women aged (50 and above), (200) are men aged (25 and above), and (500) are youth of both sexes aged (12-24).
	Khaldiyyah Comprehensive Center	Estimated number of service users is (5 thousand), of which (500) are Syrians including (350) married women aged (12-49), and (100) women aged (50 and above).
	Jordan Association for Family Planning and Protection	Number of users not reported
Irbid	Jordan Association for Family Planning and Protection	Estimated number of services users is (8 thousand) of which (600) users are Syrian, including (100) married women aged (12-49) and (30) women aged (50 and above)
	Al Farouq Society for Orphan's Care, Al Takaful Society	Number of users not reported
	Jordan Health Aid Society	An estimated 1000 service users per month
	Medecins du Monde-France	Estimated number of service users of all nationalities per month is (2500), of which (1662) are married women aged (12-49)
Jarash	Family Health Institute	Estimated number of service users is (1800) users per year, including approximately (1400) Syrians.
	Jarash Health Center, Qadisiyyah Health Center	Number of users not reported
Ajloun	Family Health Institute	Number of users estimated at (5 thousand) Syrians
	Sakhra Comprehensive health center, Ajloun Comprehensive Health Center Ibeen and Ibleen Health Center	Number of users not reported

Table (15) shows the distribution of governmental, non-governmental, local and international centers that provide reproductive health services by governorate and number of Jordanian and Syrian users of reproductive health services in 2015. Four centers in the capital Amman were surveyed (Khraibet Essouq Healthcare center, Jordan Health Aid Society, Family Health Institute, Jordan Red Crescent). Of these centers, only Khraibet Essouq Healthcare center provided information about the number of its Syrian service users in 2015, which was approximately (820) Syrians.

Five centers were surveyed in the Zarqa governorate, including three governmental centers: Wadi Al Hajar Health Center, which has approximately (300) Syrian service users (290) of which are women aged (12-49) and (10) are women aged (50 and above); Zarqa Public Hospital which has approximately (150-200) Syrian female service users including (100-120) women aged (12-49), and (30-50) women aged (50 and above); and the Maternal and Child Training Health Center, which did not provide any information about the number of service users. Two non-governmental centers were also surveyed in Zarqa: the Islamic Center Charity- Aisha Um Al Mo'menin Center, which has an estimated (3,700) Syrian service users (240) of which are married women aged (12-49), (312) women aged (50 and above), (100) young males and females aged (12-24), and (30) men aged (25 and above); and the Family Health Institute, which provides reproductive health services used by around (600) married women aged (12-49), (150) women aged (50 and above), (10) men aged (25 and above) and (300) young males and females aged (12-24).

In Mafraq, five centers were surveyed including two governmental centers: Mafraq Maternity Hospital, which indicated that it has around (20 thousand) service users, (3000) of which are Syrian, including (2000) married women aged (12-49), (300) women aged (50 and above), (200) men aged (25 and above), and (500) young males and females aged (12-24); and Al Khaldiyyah comprehensive Health Center, which indicated that the number of service users is estimated at (5 thousand) including (500) Syrians of which (350) are married women aged (12-49) and (100) are women aged (50 and above). Two non-governmental centers were also surveyed in Mafraq: The Jordan Health Aid Society, which indicated that the number of services users is generally (16 thousand), (70%) of which are Syrians, and the Jordan Association for Family Health and Protection, which did not report any numbers of service users. International organizations surveyed in Mafraq include the International Rescue Committee (IRC), which indicated that the number of service users is estimated at (65 thousand) users (70%) of which are Syrians, including (40 thousand) married women aged (12-49).

Six centers were surveyed in Irbid, including two local community centers: Al Farouq Society and Takaful Society, neither, however, provided information about the number of their service users. The non-governmental centers surveyed in Mafraq were: The Jordan Health Aid Society, which indicated that the number of service users is generally estimated to be around (1000) users per month; and the Jordan Association for Family Planning and Protection, which reported that the number of users is approximately (8 thousand), (600) of which are Syrians including (100) married women aged (12-49), and (30) women aged (50 and above). International centers surveyed in Irbid included Medecins du Monde-France, which reported that the number of service users of all nationalities per month is around (2500), including (1662) women aged (12-49); and Medecins Sans Frontieres-France, which did not provide numbers of service users in 2015.

Four centers were surveyed in Jarash, two of which were governmental centers: The Jarash Comprehensive Health Center, Qadisiyyah Health Center, but neither of them provided information about the number of service users. Two non-governmental centers were also surveyed: The Jordan Association for Family Planning and Protection, which did not report the number of its service users, and the Family Health Institute, which reported that around (1800) persons use their services each year, including (1400) Syrians.

In Ajloun, four centers providing reproductive health services were surveyed, including three governmental centers: Ibeen and Ibleen Health Center, Sakhrah Comprehensive Health Center, and Ajloun Comprehensive Health Center, but none of them reported the numbers of users of their services. In addition, one non-governmental center, the Family Health Institute, was surveyed and it reported that the number of service users is approximately (5000) Syrians.

Most of the presented numbers are estimates and not exact numbers, despite the fact that the surveyed centers, with the exception of Al Farouq Society, have indicated that they have in place documentation systems. Nonetheless, they could not provide exact numbers and explained that they either do not have authorization to share information, or that obtaining accurate numbers requires effort which the center or its staff did not have or did not want to exert.

3.2.3 Distribution of governmental, non-governmental, local and international centers that provide reproductive health services to Syrians outside camps in Jordan by governorate and by most used reproductive health services

Table (16): Distribution of centers that provide reproductive health services to Syrians outside camps in Jordan by target governorate, type of center and most requested reproductive health services

Governorate	Center type	Most requested reproductive health services	Type of provided service			
			Treatment	Awareness	Consultation	Referral
Amman	Governmental	Safe motherhood, family planning, and vaccination services	*	*	*	*
	Non-Governmental	Safe motherhood and family planning services	*	*	*	*
Zarqa	Governmental	Safe motherhood, family planning, and vaccination services	*	*	*	*
	Non-Governmental	Safe motherhood/ family planning services, treatment of reproductive system infections and infertility	*	*	*	*
Mafraq	Governmental	Safe motherhood, family planning, and vaccination services	*	*	*	*
	Non-Governmental	Safe motherhood services	*	*	*	*
	International	Safe motherhood and family planning services	*	*	*	*
Irbid	Local community	Safe motherhood and family planning services	*	*	*	*
	Non-Governmental	Safe motherhood and family planning services	*	*	*	*
	International	Safe motherhood and family planning services	*	*	*	*
Jarash	Governmental	Safe motherhood, family planning, and vaccination services	*	*	*	*
	Non-Governmental	Safe motherhood, family planning services, and treatment of reproductive system problems.	*	*	*	*
Ajloun	Governmental	Safe motherhood, family planning, and vaccination services	*	*	*	*
	Non-Governmental	Safe motherhood services	*	*	*	*

Table (16) shows the distribution of governmental, non-governmental, local and international centers that provide reproductive health services to Syrians outside camps in Jordan by target governorate, and by the most used services. Information shows that the most sought-after services by Syrians in governmental centers in Amman (Khraibet Essouq Health Center) are all types of safe motherhood and family planning services (treatment, referral, awareness, and counselling). The surveyed non-governmental centers (Jordan Health Aid Society, Jordan Red Crescent Hospital, Family Health Institute) indicated that safe motherhood and family planning are the most sought-after services by Syrians. All centers in Amman indicated that all types of safe motherhood and family planning services (treatment, referral, awareness, and counselling) are available.

The governmental centers surveyed in Zarqa were (Wadi Al Hajar Health Center, Zarqa Public Hospital and the Maternal and Child Health Training Center). Those centers reported that they provide safe motherhood, family planning and vaccination services of all kinds (treatment, referral, awareness, and counselling). On the other hand, surveyed non-governmental centers (Islamic Charity Center Society – Aisha Um Al Mo'menin Center, and the Family Health Institute) reported that the most sought-after services by Syrians were treatment, awareness, counselling and referral services for safe motherhood, family planning, reproductive tract infections and infertility.

Governmental centers surveyed in Mafraq (Mafraq Public Hospital, Khaldiyyah Health Center) reported that the most used services by Syrians were treatment, awareness, counselling and referral services for safe motherhood, family planning, and vaccination. Surveyed non-governmental centers (Jordan Health Aid Society, and the Jordan Association for Family Planning and Protection) indicated that safe motherhood services were the most used services by Syrians and that all types of services were being offered by the centers (treatment, awareness, counselling and referral). Surveyed international Centersr (IRC) indicated that safe motherhood and family planning services were the most used services by Syrians and that these services include treatment, awareness, counselling and referral.

In Irbid, surveyed local community centers (Takaful and Al Farouq societies) indicated that safe motherhood and family planning were the most used services by Syrians and that the services include treatment, awareness, counselling and referral. Non-governmental centers (Jordan Health Aid Society, and the Jordan Association for Family Planning and Protection) indicated that safe motherhood and family planning were the most used services by Syrians and that they include treatment, awareness, counselling and referral. On the other hand, surveyed international centers (Medecins du Monde and Medecins Sans Frontieres-France) also indicated that safe motherhood and family planning were the most used services by Syrians and that the centers offer treatment, awareness, counselling and referral services.

Governmental centers in Jarash (Jarash Comprehensive Health Center, and Qadisiyyah Health Center) indicated that services related to safe motherhood, family planning and vaccination were the most used by Syrians and that the centers offer all types of services in this area. Non-governmental centers (Family Health Institute, and Jordan Association for Family Planning and Protection) indicated that services related to safe motherhood, family planning and reproductive system problems are the most used services by Syrians and that the centers offer treatment, awareness, counselling and referral services.

3.2.4 Distribution of governmental, non-governmental, local and international centers that provide reproductive health services to Syrians by target governorate and the reception and referral procedures used

Table (17): Distribution of centers that provide reproductive health services to Syrians outside camps by reception and referral procedures used and target governorate

Governorate	center type	Reception and referral procedures to and from other organizations
Capital	Governmental	Cases are received and referred from and to other centers and organizations such as public health centers and hospitals including the University of Jordan Hospital and Al Basheer Hospital.
	Non-governmental	Cases are received and referred from and to other centers and organizations such as private and public hospitals and branch offices of counterpart organizations.
Zarqa	Governmental	Cases are received and referred from and to other centers and organizations such as public health centers and hospitals including Zarqa Public Hospital.
	Non-governmental	Cases are received and referred from and to other centers and organizations such as public and private health centers and hospitals including and branch offices of the Jordan Health Aid Society.
Mafraq	Governmental	Cases are received and referred from and to other centers and organizations such as public health centers and hospitals.
	Non-governmental	Cases are received and referred from and to other centers and organizations such as private and public hospitals, the Jordan Health Aid Society, and international organizations.
	International	Cases are received and referred from and to other centers and organizations such as the Jordan Health Aid Society, UAE Hospital, and private hospitals.
Irbid	Local community	Cases are received and referred from and to other centers and organizations such as MOH, King Abdullah Hospital, and Qawasmi Hospital.
	Non-governmental	Cases are received and referred from and to other centers and organizations such as international organizations working in the health sector and public hospitals.
	International	Cases are received and referred to and from other centers and organizations such as international organizations and MOH centers.
Jarash	Governmental	Cases are received and referred to and from other centers and organizations such as public health centers and hospitals including Jarash Public Hospital.
	Non-governmental	Cases are received and referred to and from other centers and organizations such as public and private health centers and hospitals, Jordan Health Aid Society, the International Medical Corps, and ACTED.
Ajloun	Governmental	Cases are received and referred to and from other centers and organizations such as public health centers and hospitals such as Princess Eman Public Hospital and Eshtafena Hosptial.
	Non-governmental	Cases are received and referred to and from other centers and organizations as needed.

Table (17) shows the distribution of governmental, non-governmental, local and international centers that provide reproductive health services to Syrians outside camps in Jordan by target governorate and reception

and referral procedures used. The table shows that governmental centers in Amman (Khraibet Essouq Health Center) receives and refers cases from and to other centers and organizations such as public health centers and hospitals including the Jordan University Hospital and Al Basheer Hospital. On the other hand, the surveyed non-governmental centers (Jordan Health Aid Society, the Jordan Red Crescent Society, and the Family Health Institute) indicated that they receive and refer cases to and from other centers and organizations such as public and private hospitals and branches of counterpart organizations that provide services.

In Zarqa, the surveyed governmental centers (Wadi Al Hajar health Center, Zarq Public Hospital, and the Maternal and Child Training Health Center) indicated that the receive and refer cases to and from other centers and organizations such as public health centers and hospitals including Zarqa Hospital. Non-governmental centers (Islamic Charity Center Society-Aisha Um Al Mo'menin Center, the Family Health Institute) provided that they receive and refer cases to and from other centers and organizations such as the Jordan Health Aid Society.

Governmental centers surveyed in Mafraq (Mafraq Public Hospital, Khaldiyyah Health Center) indicated that they receive and refer cases to and from other centers and organizations such as public health centers and hospitals, while non-governmental centers (Jordan Health Aid society, the Jordanian Association for Family Planning and Protection) indicated that they receive and refer cases to and from other centers and organizations such as public hospitals, the Jordan Health Aid Society, and international organizations. On the other hand, surveyed international centers (IRC) indicated that they receive and refer cases to and from other centers and organizations such as the Jordan Health Aid Society, the UAE Hospital, and private hospitals.

Moreover, surveyed local community centers in Irbid (Takaful and Al Farouk societies) indicated that they receive and refer cases to and from other centers and organizations such as the King Abdullah Hospital and Al Qawasmi Hospital. On the other hand, non-governmental centers (Jordan Health Aid Society and the Jordan Association for Family Planning and Protection) indicated that they receive and refer cases to and from other centers and organizations such as international centers working in the health sector, and public hospitals. International centers (Medecins du Monde and Medecins Sans Frontieres – France) indicated that they receive and refer cases to and from other centers and organizations such as international counterpart organizations and MOH centers.

Governmental centers surveyed in Jarash (Jarash Comprehensive Health Center, Al Qadisiyyah Health Center) indicated that they receive and refer cases to and from other centers and organizations such as public centers and hospitals including the Jarash Public Hospital. While non-governmental centers (Family Health Institute, and the Jordan Association for Family Planning and Protection) indicated that they receive and refer cases to and from other organizations such as private and public centers and hospitals including the Jordan Health Aid Society, International Medical Corps, and ACTED.

In Ajloun, the surveyed governmental centers (Ibeen and Ibleen Health center, Sakhra Comprehensive Health Center, and Ajloun Comprehensive Health Center) indicated that they receive and refer cases to and from other centers and organizations such as the public health centers and hospitals including Princess Eman Hospital and Eshtafena Hospital. On the other hand, non-governmental centers (the Family Health Institute) indicated that they receive and refer cases to and from centers and organizations on an as-needed basis.

As can be noticed, governmental centers receive cases from all other centers and organizations irrespective of their type, but refer cases only to public hospitals and centers.

3.2.5 Distribution of governmental, non-governmental, local and international centers that provide reproductive health services by target governorate and challenges faced

Table (18): Distribution of centers that provide reproductive health services to Syrians outside camps in Jordan by target governorate, type of center, and challenges faced

Governorate	Healthcare provider type	Challenges	Frequency
Capital	Governmental	– The difficult psychological impact of war on Syrians.	1
Zarqa	Non-governmental	– Lack of knowledge and awareness among Syrians about reproductive health and family planning services and pregnancy spacing. – Limited space of centers and unavailability of specialized laboratories to conduct medical tests.	1 1
Mafraq	Governmental	– The provided services are not free, which increases the financial burden on the Syrians wanting to use the services.	1
	Non-governmental	– Centers are overwhelmed and the numbers of patients is constantly increasing, which adds strain on centers. – Referrals from and to hospitals are difficult. – Lack of adherence by Syrian patients to scheduled appointments – Number of service users declines after donor-funded projects that support the provision of services end and nominal fees are charged on services.	1 1 1 1
	International	– Lack of knowledge and educational attainment among Syrians and lack of awareness about reproductive health and family planning. – Customs and traditions that dictate the attitudes of Syrian women towards reproductive health issues. – The increasing numbers of Syrians seeking the services and the subsequently increasing workload.	1 1 1
Irbid	Local community	– Lack of financial support for local community organizations. – Lack of awareness among Syrians about reproductive health and family planning issues and services.	1 1
	Non-governmental	– The difficult financial and economic conditions of Syrians. – Lack of knowledge, husbands' control over women's fertility choices and choices to visit reproductive health centers, and lack of cooperation of many of them.	1 1
Jarash	Governmental	– Loss of official documentation of Syrians and unavailability of important information such as medical history of patients' vaccination records and national identification numbers. – The high mobility of Syrians from one place to another. – The increasing number of Syrian users of services, which adds high pressure on centers.	1 1 1
	Non-governmental	– Different fees charged when referring Syrian patients from one entity to another, which increases the financial burdens on them. – Cultural differences between Jordanian and Syrian service users.	1 1
Ajloun	Non-governmental	– The increasing number of Syrians seeking the services, which creates immense pressure on organizations that provide the service. – Lack of medicines.	1 1

Table (18) shows the distribution of governmental, non-governmental, local and international centers that provide reproductive health services to Syrians living outside camps in Jordan by target governorate and challenges facing the centers. As illustrated in the table, centers that provide reproductive health services in Amman indicated that the difficult psychological impact of war on refugees was one of the key challenges facing them. While centers operating in Zarqa governorate indicated that lack of awareness and knowledge about reproductive health services, the limited space of the centers and the lack of laboratories are the main challenges that face healthcare providers.

Centers operating in Mafraq noted several challenges facing them, namely that governmental services were not free, healthcare centers were overwhelmed, referrals from and to hospitals were difficult, adherence to scheduled appointments was weak especially after the end of donor-funded projects and the suspension of free services, the knowledge and educational attainment levels of Syrians were low, and that certain wrong customs and traditions prevalent.

In Irbid, centers indicated that the lack of support for local community centers, lack of knowledge and husbands' control over fertility choices were key challenges facing them. On the other hand, centers in Jarash indicated that the loss of official documentations, the high mobility of Syrians, the increasing numbers of service users, and the cultural difference between Jordanian and Syrian services users are among the main challenges facing them. Challenges cited by centers operating in Ajloun governorate include the lack of certain medicines, and the increasing numbers of Syrians.

The lack of awareness and knowledge among Syrians living outside camps was a key challenge facing centers that provide services in the governorates of Zarqa, Mafraq, Irbid, Ajloun and was repeated 5 times, while the increasing number of Syrian service users was also indicated as a challenge by centers in Ajloun, Jarash and Mafraq and was repeated four times. The high financial costs incurred by Syrians to travel to and from the centers to receive the services was ranked third as a key challenge cited by centers in Jarash, Irbid and Mafraq (3 times).

3.2.6 Distribution of governmental, non-governmental, local and international centers providing reproductive health services by governorate and recommendations given

Table (19): Distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in Jordan by target governorate and recommendations given

Governorate	Center Type	Recommendations	Frequency
Capital Amman	Governmental	None	
Zarqa	Non-governmental	– Enhance awareness and education programs that tackle reproductive health and family planning services and the importance of pregnancy spacing for Syrians. – Provide support to organizations that provide reproductive health services to enable them have more adequate facilities in terms of size and the availability of medical labs to provide services.	1 1
Mafraq	Governmental	– Provide adequate support and financial assistance to the Ministry of Health to facilitate the free provision of services.	1
	Non-governmental	– Provide adequate support to enable healthcare providers to deal with the pressure caused by the increasing number of service users.	1
	International	– Focus on awareness-raising and education in reproductive health programs aimed at Syrians. – Provide financial support to international organizations that provide the service. – Assist organizations that provide the service in improving work procedures by helping them modernize the equipment used and hire specialists. – Open new clinics to ease the pressure on the major clinics.	1 1 1 1
Irbid	Local community	– Increase financial support to organizations that provide reproductive health services. – Develop mechanisms to enhance coordination and networking among organizations working in the field of reproductive health. – Hold training workshops for employees of the organizations on reproductive health issues such as inserting IUDs, etc.	1 1 1
	Non-governmental	– Provide financial assistance to Syrians to help them overcome the financial burden of transportation to and from the healthcare centers. – Scale up reproductive health awareness and education programs to increase the awareness of Syrians about reproductive health issues.	1 1
Jarash	Governmental	– Provide financial and technical assistance to organizations that provide the service. – Increase the number of health professionals working in the organizations. – Create a database on Syrians and all information related to them.	1 1 1
	Non-governmental	– Make medicines and medical labs available.	1
Ajloun	Governmental	Expand maternal and child healthcare sections.	1

Table (19) illustrates the distribution of governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside Jordan by governorate and recommendations given. Non-governmental organizations operating in Zarqa called for enhancing reproductive health/ family planning awareness and education programs and for providing support to organizations that implement reproductive health programs to enable them to provide services efficiently.

Centers operating in Mafraq called for providing adequate support to organizations that implement reproductive health programs, most notably the Ministry of Health. They also called for focusing on awareness-raising and education, assisting organizations in improving their work operations and services and opening new clinics to reduce the strain on major clinics.

In Irbid, centers stressed the need to provide financial support especially to local community organizations so that they can continue providing services and the need to put in place mechanisms to enhance coordination and cooperation among organizations working in the field of reproductive health. They also recommended holding training courses for employees of the organizations, scaling up awareness and education programs that target Syrians, and providing financial support to Syrians to cover the expenses of visiting the reproductive healthcare centers.

Centers operating in Jarash stressed the need to provide financial and technical assistance to all organizations working in the field of reproductive health, increase the number of health professionals working in the organizations, provide a database on Syrians and make the necessary medicines available.

Centers in Ajloun called for expanding sections designated for maternity and child healthcare at reproductive healthcare centers. On the other hand, centers operating in Amman did not give any recommendations.

It should be noted that the main recommendations presented by centers operating in governorates were on increasing financial support for organizations working in the field of reproductive healthcare to enable them to tolerate the financial costs. This recommendation as cited by all types of organizations operating in Zarqa, Mafraq, Irbid and Jarash and was repeated 6 times, followed by the recommendation on enhancing the awareness and education of Syrians on reproductive health programs and services, which was repeated three times and cited by organizations operating in Zarqa, Mafraq and Irbid.

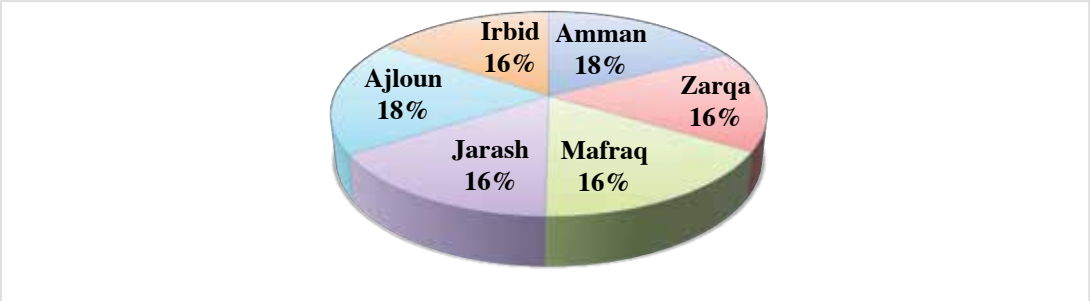
Chapter Four
Satisfaction of Syrians who use reproductive health services in Jordan

This chapter focuses on the demographic, social and economic characteristics of Syrians who seek reproductive health services outside camps in Jordan, and measures their satisfaction with the services provided to them. The survey targeted 572 respondents and looked into their satisfaction with the location of healthcare centers, healthcare providers, and the health services provided in the governorates of Amman, Zarqa, Ajloun, Jarash, Mafraq and Irbid.

4.1 Demographic, social and economic characteristics of Syrians who seek reproductive health services

1. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by governorate

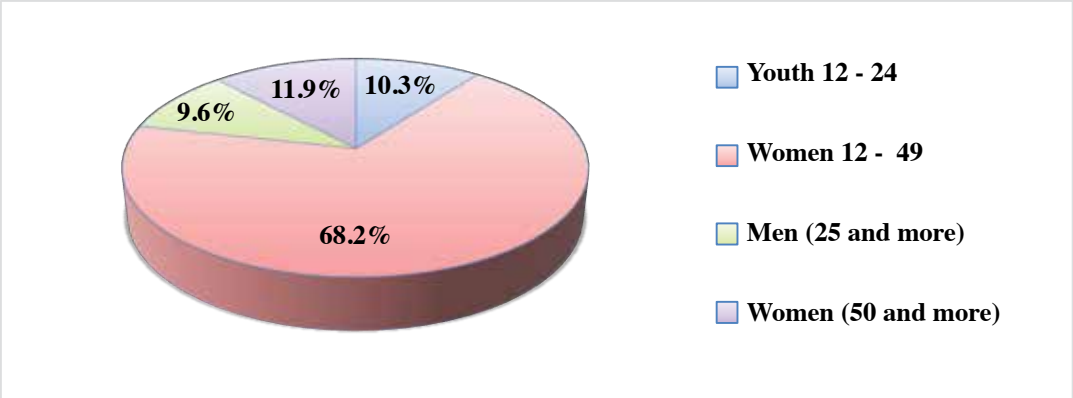
Figure (2): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by governorate



The figure above shows the distribution of sampled users of reproductive healthcare centers by governorate. The highest percentage was in the governorate of Ajloun with (18.4%) of the (572) respondents, followed by Amman with (17.7%), Mafraq (16.6%), Zarqa (15.9%) and Jarash and Irbid (15.7%) each.

2. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by age group

Figure (3): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by age group

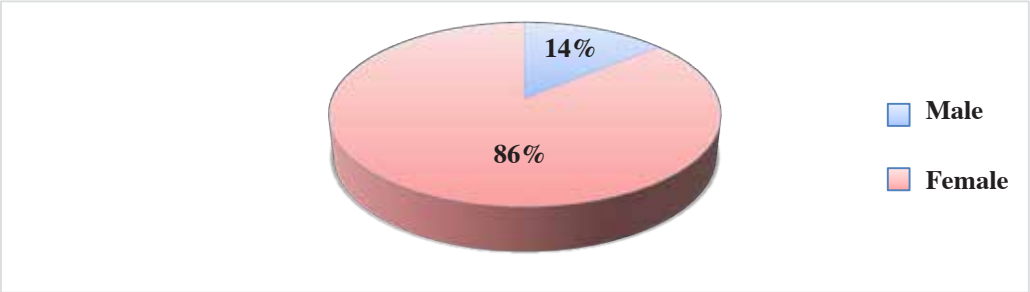


Women aged (12-49) represented the majority of service users (68.2%), which is expected since the majority of those who visit reproductive health centers are married women who need services the most including prenatal and postnatal care and family planning services.

Menopausal women aged (50 and above) were ranked second at (11.9%). Youth of both sexes aged (12-24) were ranked third at (10.3%) and the majority of them use awareness-raising and education services offered by reproductive healthcare centers. Men aged (25 and above) were the least frequent users of reproductive health centers at (9.6%) due to the prevailing social culture which discourages men sometimes from seeking these services. The services typically sought by men are limited to some medical consultations, family planning methods such as male condoms, and awareness-raising and education services.

3. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by gender

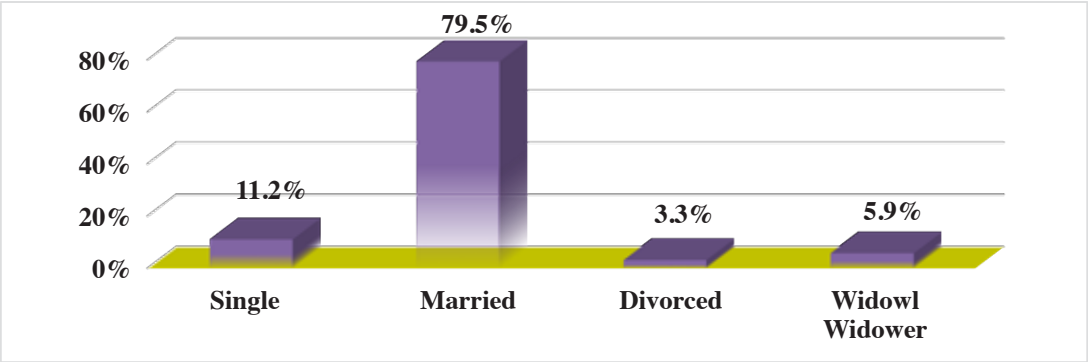
Figure (4): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by gender



As the figure shows, the percentage of female users is the largest at (86%) compared to (14%) of male users. This reflects the misconception that reproductive health programs are for women only, which stereotypes knowledge, awareness and perceptions among members of society.

4. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by social status

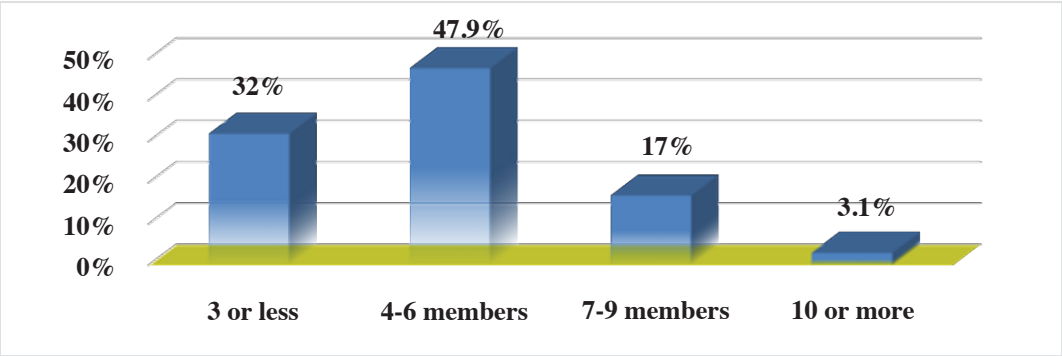
Figure (5): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by social status



The analysis showed that married individuals were the most frequent users of services at (79.5%) of the surveyed sample, which is expected due to this group's understanding of reproductive health services and its relation to marriage and reproduction. Unmarried individuals represented only (11.2%) of users, while divorced individuals represented (3.3%) and widows/widowers (5.9%).

5. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by household size

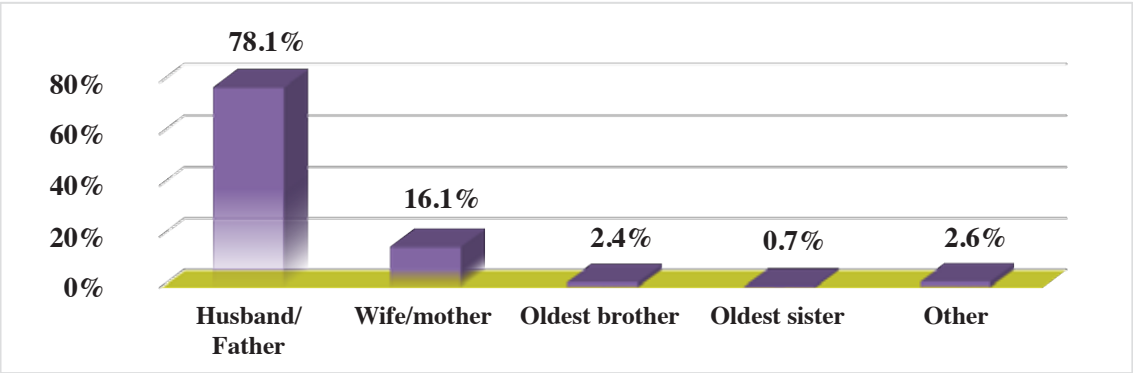
Figure (6): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by household size



The above figure shows that the percentage of households that consist of (4-6) people represent the majority (47.9%), compared to households that consist of (3 or less) people (32%). Moreover, households that consist of (9-7) people represent (17%), while households that consist of (10 or more) people represent (3.1%), i.e., households with (4 people or more) represent (68%), which is a relatively high percentage.

6. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by income earner

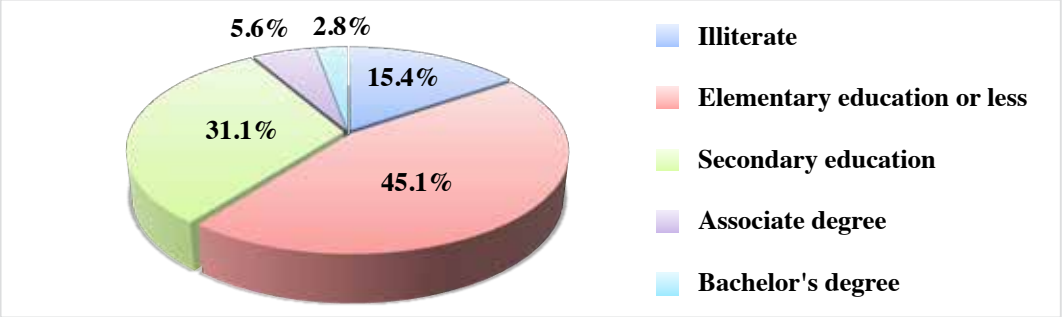
Figure (7): Distribution of Syrians who live outside camps in Jordan and request reproductive health services by surveyed income earner



The figure shows that households in which the husband is the income earner represent (78.1%), while households were the woman is the income earner represent (16.1%). Households where the oldest brother is the income earner represent (2.4%).

7. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by educational attainment

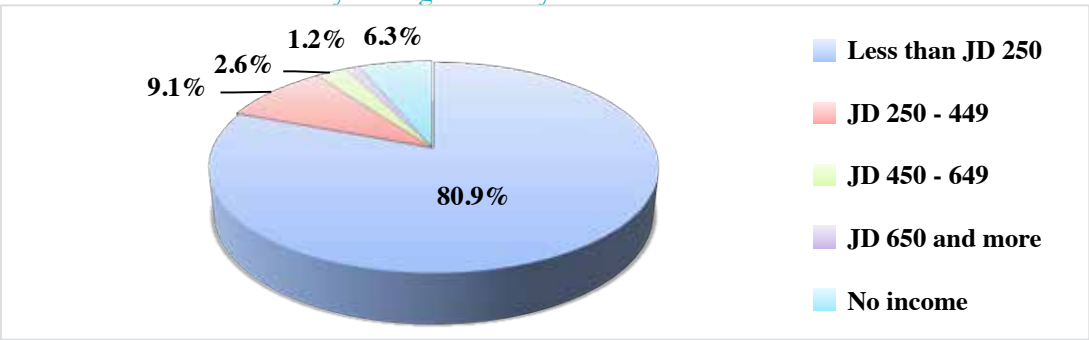
Figure (8): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by educational attainment



As the figure shows, the educational level of the members of the sample was low. Illiteracy stood at (15.4%), elementary education or less stood at (45.1%), while secondary education represented only (31.1%). Holders of an associate degree or a bachelor's degree represented only (8.4%). The reason for that could be the fact that the majority of Syrian refugees in Jordan are from rural and remote regions located near the Jordanian borders far away from the centers of governorates. Educational services and institutions there are usually substandard. These findings are consistent with the findings of a Knowledge, Attitudes and Practices Survey carried out by JCAP, which revealed that (78.7%) of women had only completed primary education, while (9.7%) had completed secondary education, and (4.7%) had completed higher education[29].

8. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by average monthly household income

Figure (9): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by average monthly household income

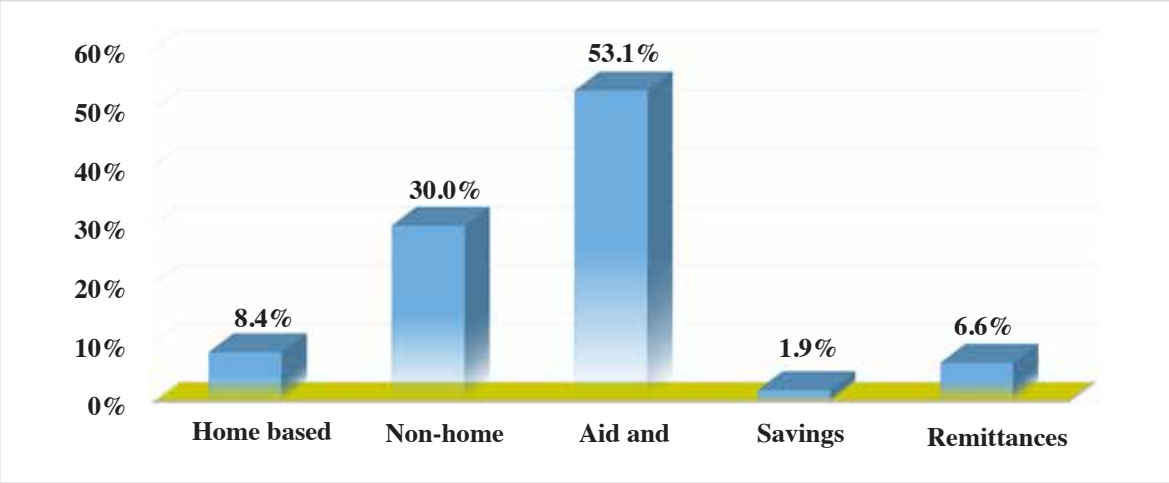


The above figure shows that the highest percentage of service users (80.9%) have a monthly income below JD 250, while households that have an income of JD 250-499 represent (9.1%). Households that have no income represent (6.3%). While respondents' answers to questions about income in most surveys are not completely accurate, they still give a general idea about the levels of monthly income of households.

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

9. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by monthly household income source

Table (10): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by monthly household income source



With regard to the sources of income of households that seek reproductive health services, (53.1%) of the members of the sample reported that aid and donations received from the UNHCR or other international and local organizations is their source of income, while (30%) reported that they work illegally outside homes in produce shops or as handlers and other jobs in return for daily wages. (8.4%), especially women, reported that they work from home, making pickles and some handcrafts which they sell to Jordanian families or shops. (6.6%) indicated that they receive remittances from family members who work abroad in other countries.

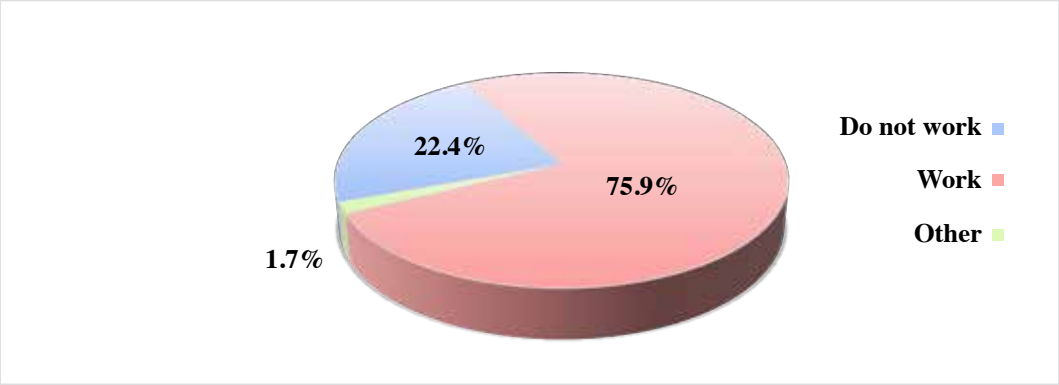
The survey question offers multiple choice answers so respondents may indicate multiple sources of income. Several service users indicated that work from home or outside home, especially on daily, hourly or assignment basis is not considered regular and reliable work for steady income, while explains the difference between the answers of respondents to this question and the answers in figure (11).

These findings were also consistent with the findings of a report by the Jordan Red Crescent, which noted that the majority of Syrian household income comes from aid and charities, followed by illegal work, while remittances did not constitute a source of income for Syrians in Jordan[30].

30 International Federation of Red Cross and Red Crescent Societies and Jordan Red Crescent, September, 2012, Syrian Refugees Living in the Community in Jordan: An Assessment Report.

10. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by work status

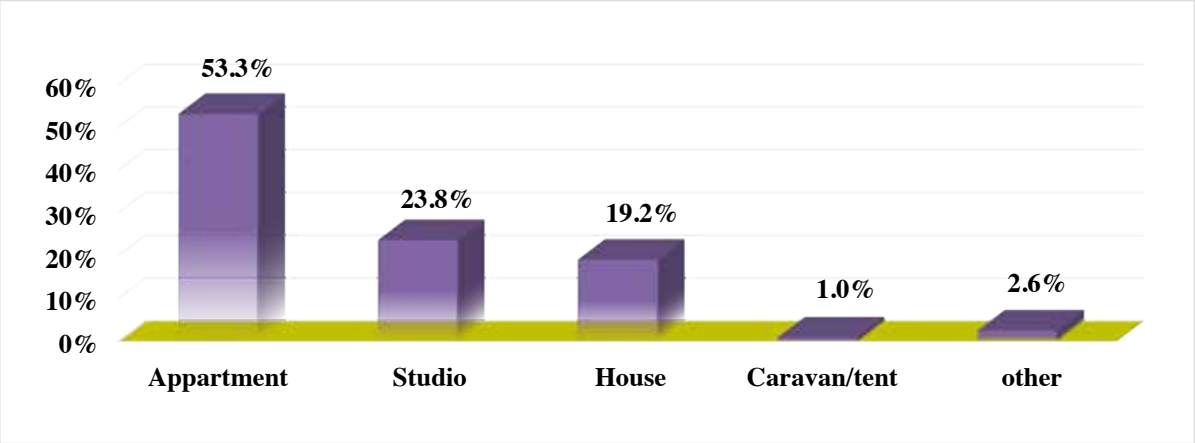
Figure (11): Distribution of Syrians who live outside camps in Jordan and seek reproductive health service by work status



(76%) of the surveyed sample indicated that they do not have jobs, while (22%) indicated that they do. The majority of those who have jobs are males who work on daily basis as handlers, or in produce markets or constructions, while 2% of the surveyed sample did not provide an answer.

11. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by type of residence

Figure (12): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by type of residence



The majority of the members of the surveyed sample (53.3%) live in apartments, and around (23.8%) live in studios. (19.2%) of the respondents live in houses, which is very common in some of the northern governorates. The majority of Syrian service users live in the same neighborhoods and, sometimes, in the same apartment buildings as groups of families. Based on observations, the majority of Syrian refugees in Jordan share strong ties by reason of being from the same city or tribe in Syria.

12. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by reproductive healthcare provider

Table (20): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by reproductive healthcare provider

Healthcare provider	Number	Percentage
Governmental	197	34.4
Local Community	45	7.9
Non-Governmental	288	50.3
International	42	7.3
Total	**572**	**100**

The table shows that the largest percentage of service users (50.3%) go to non-governmental organizations such as the Family Health Institute, Jordan Health Aid Society, Islamic Center Charity, Jordan Red Crescent Society, and the Jordan Association for Family Planning and Protection. Governmental organizations came in second place (34.4%), followed by local community organizations (local organizations that work within a governorate or a specific geographic location) (7.9%), while international organizations had the lowest number of service users (7.3%).

The analysis shows that half of the organizations that Syrians go to are non-governmental. The reason for that could be the fact that they provide free services, compared with governmental organizations, which have recently started charging money and treat Syrians the same way as un-insured Jordanians. As a result, many have been reluctant to seek services offered by governmental organizations. On the other hand, the low percentage of users of services offered by local and international organizations is associated with the end of grant-funded projects and the subsequent suspension of free services.

13. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by number of visits to healthcare centers in 2015

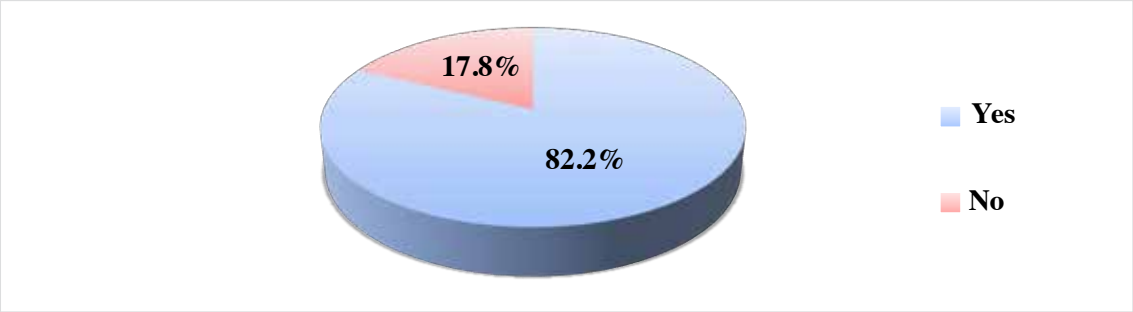
Table (21): Distribution of Syrian users of reproductive health services by number of visits to healthcare centers in 2015

Number of visits to centers	Number	Percentage
Once	158	27.6
2-5 times	235	41.1
9-6 times	82	14.3
10 times or more	97	17.0
Total	**572**	**100**

The table shows that the largest percentage of users of services (41.1%) had visited the reproductive health centers (2-5) times in 2015, and (14.3%) had visited the centers (6-9) times. (17%) of respondents visited the centers (10 times or more), while (27.6%) of the respondents did not visit the centers at all.

14. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services based on their knowledge that they have a medical file

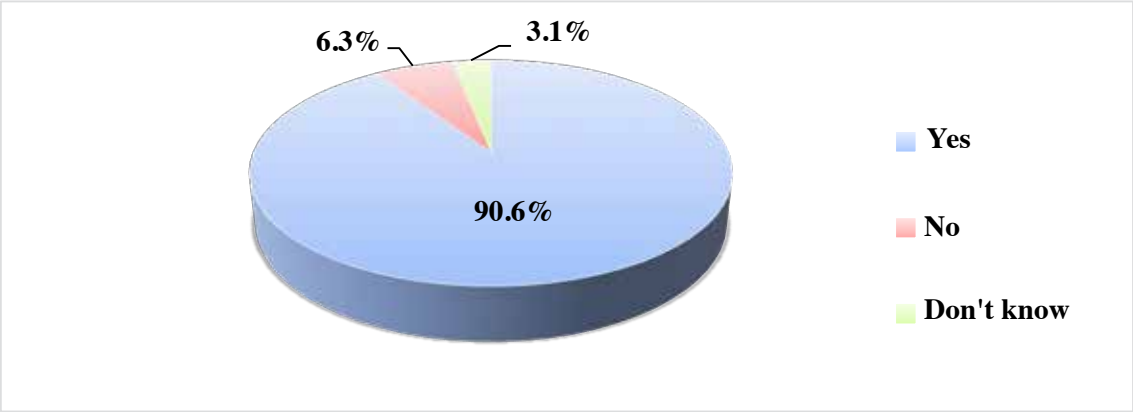
Figure (13): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services based on their knowledge that they have a medical file



(82.2%) of the respondents know that there is a medical file, but (17.8%) indicated that they do not know that they have a medical file.

15. Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by UNHCR registration status

Figure (14): Distribution of Syrians who live outside camps in Jordan and seek reproductive health services by registration status with UNHCR



The above figure shows that (90.6 %) of respondents are registered with the UNHCR, while (6.3%) indicated that they were not.

4.2 Satisfaction of Syrians who use reproductive health centers with the provided services

4.2.1 Satisfaction of Syrians who use reproductive health centers with the place of service

Table (22): Survey of the satisfaction of Syrians with the location of healthcare centers by mean and standard deviation

No.	Statement	Mean	Deviation	Relative importance %[30]	Rank	Level of satisfaction
1.	The location of the center is appropriate and is easy to reach	4.04	1.16	80.8	6	High
2.	Communal facilities are available at the center (bathrooms, sinks, etc.,)	4.15	1.05	83.0	2	High
3.	A place is designated for reception and guidance of visitors	4.13	1.04	82.6	4	High
4.	The waiting area is adequate in terms of space, outfitting, and number of seats	4.01	1.13	80.2	8	High
5.	I feel that the center is very clean and neat	4.15	0.96	83.0	3	High
6.	Working hours at the healthcare center are adequate	4.12	1.06	82.4	5	High
7.	There are areas that are suitable for persons with special needs (the elderly, disabled persons, etc.,)	2.70	1.81	54.0	20	Medium
8.	There is a place designated for clinical examinations by the physician.	3.92	1.12	78.4	12	High
9.	The time I spent with the service provider was adequate	3.87	1.13	77.4	13	High
10.	Prices of offered services are appropriate	3.86	1.42	77.2	14	High
11.	The entry of patients to the service provider's office is organized	4.18	1.04	83.6	1	High
12	The place designated for medical consultations respects the privacy of patients	4.01	1.21	80.2	9	High
13.	There is a suitable place for the provision of group education services (lectures, seminars, etc.)	3.14	1.86	62.8	19	Medium
14.	The center has medical equipment and devices for reproductive health	3.73	1.45	74.6	17	High
15.	I feel that the center is adequately staffed	3.97	1.19	79.4	11	High
16.	The tools and devices at the center are clean	4.03	1.17	80.6	7	High
17.	There are explanatory and direction signs on location	4.01	1.22	80.2	10	High
18.	There are brochures and leaflets on the offered services	3.73	1.42	74.6	16	High
19.	Medical lab testing services are available	3.71	1.39	74.2	18	High
20.	The waiting time I spend at the center is adequate	3.80	1.22	76.0	15	High
	Overall score	**3.86**	**0.81**	**77.2**	**---**	High

Table (22) shows the satisfaction of service users with the place of service. The results of the analysis show that

30 Relative importance =* % 20

the overall satisfaction level with the place of service was high with a mean of (3.86). The highest satisfaction levels were for the statement "The entry of patients is organized" with a mean of (4.18).

The statement "the center has communal facilities such as toilets and sinks" came in second place with a mean of (4.15), while the statement "the center is very clean and neat" achieved the third rank with a mean of (4.15). The statements "there are areas that are suitable for persons with special needs", "there is a place designated for group education", and "medical lab testing services are available" received the lowest satisfaction rates with a mean of (2.70, 2.14, and 3.71) respectively.

These results were consistent with the findings of a health needs assessment developed by "Première Urgency – Aide Medical International" in 2014, which assessed the public health facilities in the governorate of Zarqa and indicated that the infrastructure is not always adapted in terms of space and accessibility to the top floors of buildings as they are located in high-density urban areas.

4.2.2 Satisfaction with healthcare providers in general

Table (23): Satisfaction of Syrians with healthcare providers by mean and standard deviation

No	Statement	Mean	Standard Deviation	Relative importance%	Rank	Satisfaction level
1.	The staff have good communication skills	4.06	1.09	81.2	4	High
2.	The reception by staff is good and welcoming	3.99	1.05	79.8	6	High
3.	Language used by staff is simple and easy to understand by service users	4.11	0.89	82.2	1	High
4.	Staff members give full responses to inquiries	3.94	1.08	78.8	9	High
5.	Staff members handle repeated questions with patience	3.81	1.23	76.2	15	High
6.	All information related to my visit is given	3.88	1.13	77.6	11	High
7.	Staff members perform work with perfection	3.85	1.17	77.0	13	High
8.	Staff members are attentive to the privacy of patients	3.95	1.10	79.0	7	High
9.	Staff members maintain the confidentiality of cases	3.95	1.20	79.0	8	High
10.	Staff members understand the concerns of some patients	3.85	1.22	77.0	12	High
11.	Staff members are friendly and kind	4.01	1.10	80.2	5	High
12.	Questions about the family medical history are asked	3.81	1.30	76.2	14	High
13.	Follow-up visits are documented in a special log and in the patient's checkup file	4.10	1.08	82.0	2	High
14.	The patient's file is given to the physician/specialist at each appointment	3.93	1.12	78.6	10	High
15.	The physician/ specialist performs all the needed exams to determine what I need	3.80	1.19	76.0	16	High
16.	Staff members adhere to safety requirements (replacing sheets, sterilizing and disinfecting places)	3.77	1.41	75.4	17	High
17.	The physician/ specialist wears gloves when a medical exam is required	4.09	1.15	81.8	3	High
	Overall score	**3.94**	**0.85**	**78.8**	**-**	High

Table (23) shows that the overall satisfaction with reproductive healthcare providers is generally high with a mean of (3.94). The statement "the language that the staff use is simple" achieved the highest rank with a mean of (4.11), while the statement "visits are documented in a special log/ patient's file" was ranked second with an average of (4.1). The statement "the physician wears gloves" was ranked third with an average of (4.09).

The statement "staff have good communication skills" came in the fourth place with a mean of (4.06), while the statements "staff members adhere to safety requirements", "the physician performs all the needed exams", "staff members handle repeated questions with patience", and "questions about the family medical history are asked" received the lowest satisfaction with a mean of (3.77, 3.80, 3.81. 3.81) respectively.

These results are consistent with the findings of the 2014 Health Needs Assessment by "Première Urgency – Aide Medical International", which indicated that the main obstacles that face Syrians are the lack of services and capacities and the overcrowding at centers which increases the pressure on the medical staff there and subsequently prevents physicians from performing the needed exams on all patients, which reflects the decrease in the quality of healthcare.

4.2.3 Satisfaction of Syrian service users with the place of service and healthcare provider by the governorate variable

Table (24) shows the means and standard deviations of responses given by Syrian service users according to the level of satisfaction with the place of service and the healthcare providers by governorate. The governorate of Irbid achieved the highest satisfaction level with a mean of (4.19), followed by Jarash (4.17), Amman (3.94), and Ajloun (3.70). On the other hand, the governorates of Zarqa and Mafraq achieved lower satisfaction levels compared with the other governorates with a mean of (3.61) and (3.60) respectively. The low satisfaction level in Zarqa could be due to the fact that the governorate is a densely populated area in Jordan and is considered the third largest governorate in terms of population after Amman and Irbid, which gives rise to more overcrowding at healthcare centers and higher demand for services. Moreover, the governorate of Mafraq has large numbers of Syrian refugees and the Zaatri refugee camp.

These findings are consistent with the findings of the Health Needs Assessment conducted by "Première Urgency – Aide Medical International" in 2014, which indicated that most organizations which provide health services are present in the northern governorates, but Zarqa has seen the establishment of a limited number of organizations.

The table also demonstrates differences in the levels of satisfaction with reproductive healthcare providers depending on the governorate. Irbid, for instance, received the highest level of satisfaction with a mean of (4.30), followed by Jarash (4.13), and Zarqa (4.05), while Mafraq received the lowest level of satisfaction with reproductive healthcare providers with a mean of (3.48).

As such, service users in Mafraq were the least satisfied with the place of service and healthcare provider compared with users in other governorates, while users in Irbid had the highest satisfaction level with the place of service and providers.

Table (24): Satisfaction of Syrian service users with the place of service and healthcare provider by governorate

Satisfaction attribute	Governorate	No. of Respondents	Mean	Standard deviation	Relative importance%
Satisfaction with place of service	Amman	101	3.94	1.16	78.8
	Zarqa	91	3.61	0.38	72.2
	Mafraq	95	3.60	0.54	72.0
	Jarash	90	4.17	0.66	83.4
	Ajloun	105	3.70	1.03	74.0
	Irbid	90	4.19	0.49	83.8
Satisfaction with healthcare provider	Amman	101	3.94	1.16	78.8
	Zarqa	91	4.05	0.50	81.0
	Mafraq	95	3.48	0.63	69.6
	Jarash	90	4.13	0.53	82.6
	Ajloun	105	3.76	1.01	75.2
	Irbid	90	4.30	0.75	86.0

As illustrated in table (25), the results of the One Way Analysis of Variance (ANOVA) shows that there are differences with statistical significance at the significance level (0.05) for satisfaction with the place of service and healthcare provider due to the differences between governorates with the increase in the F value, while has reached (11.037) and (11.780) respectively, i.e., satisfaction levels are influenced by the different governorates.

Table (25): One-way analysis of variance to determine the difference between levels of satisfaction with the place of services and healthcare provider by governorate

Satisfaction attribute	Source of variation	Sums of squares	Degrees of freedom	Mean square	F value	Statistical significance
Satisfaction with place of service	Between groups	33.569	5	6.714	11.037	0.000*
	Within groups	344.310	566	0.608		
	Total	377.879	571			
Satisfaction with healthcare provider	Between groups	39.041	5	7.808	11.780	0.000*
	Within groups	375.151	566	0.663		
	Total	414.191	571			

* Differences are statistically significant at a significance level of (0.05).

4.2.4 Satisfaction of Syrian service users with reproductive health centers and healthcare provider by healthcare center:

Table (26): Satisfaction of Syrian service users with the place of service and the healthcare provider by healthcare center based on the mean and standard deviation

Satisfaction attribute	Healthcare center	Number of respondents	Mean	Standard deviation	Relative importance
Satisfaction with place of service	Governmental	197	3.87	0.78	77.4%
	Local Community	45	3.84	0.59	76.8%
	Non-governmental	288	3.84	0.89	76.8%
	International	42	4.03	0.58	80.6%
Satisfaction with healthcare provider	Governmental	197	3.91	0.80	78.2%
	Local Community	45	3.86	0.88	77.2%
	Non-governmental	288	3.93	0.90	78.6%
	International	42	4.18	0.68	83.6%

Table (26) shows that international organizations achieved the highest level of satisfaction with the place of service at a mean of (4.03), followed by governmental organizations (3.87), and lastly non-governmental organizations and local community organizations with a mean of (3.84). The results of all organizations were close and generally high.

The table also shows that international organizations were ranked first place in terms of service user satisfaction with a mean of (4.18), followed by non-governmental organizations (3.93), governmental organizations (3.91) and local community organizations (3.86). With that, international organizations were ranked first in terms of users' satisfaction with the place and provider of services.

Table (27) shows the results of the one-way analysis of variance in the level of satisfaction with the place of service and the provider of service by healthcare center. The results show that there were no statistically significant differences at the significance level (0.05) between levels of satisfaction with the place of service and service provider attributed to the difference in service center given the decrease in the calculated f value to (0.647) and (1.355) respectively.

Table (27): One Way Analysis of Variance to determine the difference between levels of satisfaction with the place of service and service providers by healthcare center

Satisfaction attribute	Source of variation	Sums of squares	Degrees of freedom	Mean square	F value	Statistical significance
Satisfaction with place of service	Between groups	1.288	3	0.429	0.647	0.585
	Within groups	376.591	568	0.663		
	Total	**377.879**	**571**			
Satisfaction with healthcare provider	Between groups	2.943	3	0.981	1.355	0.256
	Within groups	411.248	568	0.724		
	Total	**414.191**	**571**			

4.2.5 Satisfaction of Syrian service users with the place of service and the service provider by target group

Table (28): Satisfaction of Syrian service users with the place of service and service providers by target group according to mean and standard deviation

Satisfaction attribute	Target group	No. of respondents	Mean	Standard deviation	Relative importance%
Satisfaction with place of service	Youth (12-24)	59	3.88	0.51	77.6
	Women (12-49)	390	3.95	0.80	79.0
	Men (25 and above)	55	3.40	1.04	68.1
	Menopausal women	68	3.72	0.79	74.3
Satisfaction with healthcare provider	Youth (12-24)	59	3.98	0.70	79.6
	Women (12-49)	390	3.99	0.85	79.8
	Men (25 and above)	55	3.55	1.02	70.9
	Menopausal women	68	3.91	0.77	78.1

The above table shows the means and standard deviations of the responses of Syrian service users to satisfaction surveys regarding the place of service and service provider by target group. Women aged (12-49) had the highest mean (3.95), followed by youth (aged 12-24) with a mean of (3.88), and menopausal women with a mean of (3.72). The satisfaction level of mean aged (25 and above) was the lowest (3.4) compared with other groups.

Satisfaction among women aged (12-49) with service providers was also the highest with a mean of (3.99), followed by youth aged (12-24) with ha mean of (3.98), menopausal women (3.91), and finally men aged (25 and above) with a mean of (3.55).

Table (29) shows the results of the one-way analysis of variance to determine the difference between levels of satisfaction with the place of service and with service providers by target group. The results show that there are statistically significant differences at the significance level of (0.05) due to the calculated f value for the different target groups which amounted to (8.472, and 4.500) respectively.

Table (29): One Way Analysis of Variance to determine the difference between levels of satisfaction with the place of service and service provider by target group

Satisfaction attribute	Source of variation	Sums of squares	Degrees of freedom	Mean square	F value	Statistical significance
Satisfaction with place of service	Between groups	16.185	3	5.395	8.472	0.000*
	Within groups	361.694	568	0.637		
	Total	**377.879**	**571**			
Satisfaction with healthcare provider	Between groups	9.617	3	3.206	4.500	0.004*
	Within groups	404.575	568	0.712		
	Total	**414.191**	**571**			

* Differences are statistically significant at a significance level of (0.05).

4.2.6 Satisfaction of Syrian service users with the place of service and service providers by number of visits to the reproductive health centers

Table (30): Satisfaction of Syrian service users with the place of service and service providers by number of visits to the centers

Satisfaction attribute	Number of center visits	Number of respondents	Mean	Standard deviation	Relative importance%
Satisfaction with place of service	Once	158	3.71	0.99	74.2
	2-5 times	235	3.82	0.67	76.4
	6-9 times	82	3.96	0.69	79.2
	10 times or more	97	4.15	0.83	83.0
Satisfaction with healthcare provider	Once	158	3.76	1.07	75.2
	2-5 times	235	3.92	0.74	78.4
	6-9 times	82	3.94	0.70	78.8
	10 times or more	97	4.25	0.73	85.0

Table (30) shows differences in the levels of satisfaction with the place of service based on the number of visits to the healthcare centers. The highest level of satisfaction with the place of service was among service users who visited the centers (10 times or more) with a mean of (4.15), followed by service users who visited the centers (6-9) times with a mean of (3.96). Users who visited the centers (2-5) times came in the third place with a mean of (3.82), while users who visited the center once only came in the last place with a mean of (3.71), which shows that the higher the number of visits, the higher the level of satisfaction with the place of service was.

Similarly, the higher the number of visits the higher the satisfaction level was with the service provider. Service users who visited the center 10 times or more were more satisfied with the service provider (4.25), followed by those who visited the centers (6-9) times with a mean of (3.94), and those who visited the centers (2-5) times with a mean of (3.92). The least satisfied were those who visited the centers once only with a mean of (3.76).

Table (31) shows that there are statistically significant differences at the significance level of (0.05) between satisfaction with the place of service and satisfaction with the service provider based on the number of visits to the centers as the calculated f value increased to (6.728, and 7.038) respectively.

Table (31): One Way Analysis of Variance to determine the difference between the levels of satisfaction with the place of service and with service providers based on number of visits to the centers

Satisfaction attribute	Source of variation	Sums of squares	Degrees of freedom	Mean square	F value	Statistical significance
Satisfaction with place of service	Between groups	12.966	3	4.322	6.728	0.000*
	Within groups	364.913	568	0.642		
	Total	**377.879**	**571**			
Satisfaction with healthcare provider	Between groups	14.845	3	4.948	7.038	0.000*
	Within groups	399.346	568	0.703		
	Total	**414.191**	**571**			

* Statistically significant differences at the significance level of (0.05).

4.3 Satisfaction of Syrians who use reproductive health services with the provided services

This section was divided into four parts by target age group in order to identify their level of satisfaction with the reproductive health services that they receive through the various centers.

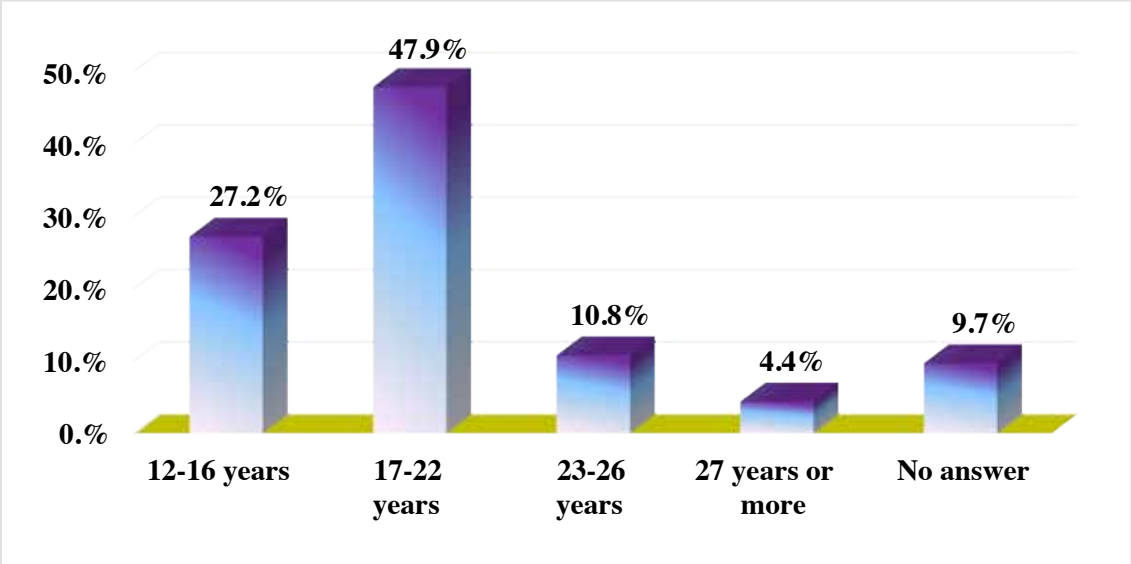
4.3.1 Satisfaction of married Syrian women aged (12-49) with reproductive health services offered

4.3.1.1 Demographic characteristics of Syrian married women aged (12-49):

A number of demographic questions were given to married women aged (12-49) who visit health centers to seek reproductive health services. The questions help to gather information about the nature and unique characteristics of this group of the most frequent users of reproductive health services. These characteristics are indicative of the level of satisfaction with reproductive health services. This sample group consisted of 390 women.

1. Distribution of Syrian married women aged (12-49) by age at first marriage

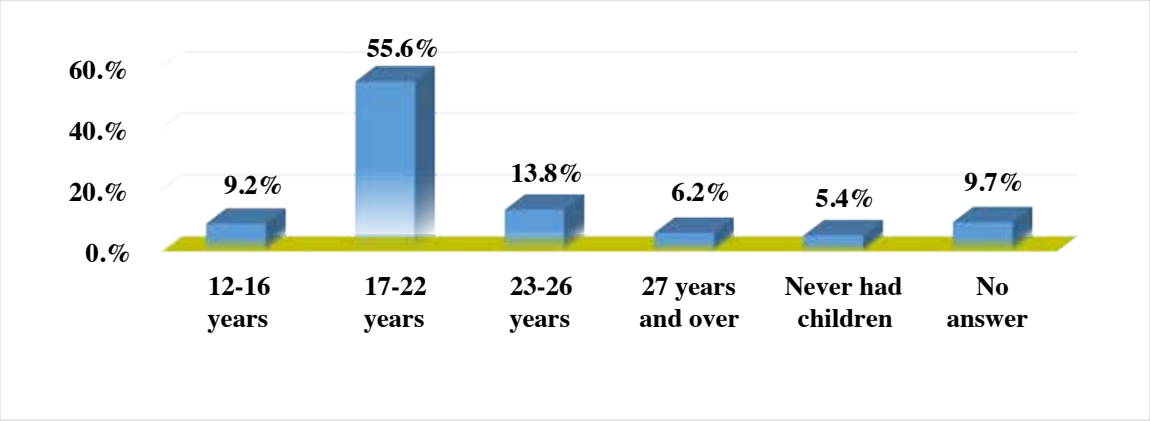
Figure (15): Distribution of married Syrian women aged (12-49) by age at first marriage



The figure shows that the percentage of surveyed women who were aged between 17 and 22 at their first marriage is (47.9%), followed by women aged (12-16) at (27.2%). This means that (75.1%) of married women who seek reproductive health services were aged (22 or under) at the time of their first marriage. (10.8%) of the surveyed women indicated that their age at first marriage was (23-26), while (4.4%) indicated that their age at first marriage was (27 years and over). These findings are consistent with the results of the 2015 Population and Housing Census, which revealed that Syrians marry at earlier ages compared to Jordanians. The average age of marriage was 23.7 for men and 18.9 for women, while the median was 22.8 for men and 17.7 for women.

2. Distribution of married Syrian women aged (12-49) by age at first birth

Figure (16): Distribution of married Syrian women aged (12-49) by age at first birth



The results of the analysis show that (55.6%) of women were aged (17-22) when they had their first child, followed by women aged (26-23) at (13.8%). These numbers reflect the prevalence of early marriage among Syrians. There is a very close correlation between age at first marriage and age at first birth. The majority of women were first married at age (17-22) and the majority had their first child at age (17-22) owing to the common social culture among Syrian refugees in Jordan, many of whom come from agrarian regions located near the Jordanian boarders and far away from urban cities. Residents of have strong tribal ties, and the participation of women in education and the job market there is weak.

3. Distribution of married Syrian women aged (12-49) by number of abortions experienced

Table (32): Distribution of married Syrian women aged (12-49) by number of abortions experienced

Number of abortions	Number of respondents	Percentage
2-1	189	48.5
5-3	40	10.3
7-6	3	0.8
8 or more	3	0.8
Never had children	21	5.4
Never experienced an abortion	96	24.6
No answer	38	9.7
Total	**390**	**100**

The percentage of female service users who had experienced abortion (1-2) times stood at (48%), followed by those who had experienced abortion (3-5) times (10.3%). It is worth mentioning that (5.4%) of female service users had never had children, while (24.6%) of them had never experienced an abortion. These findings

are in line with the results of the survey carried out by JCAP, which revealed that (44%) of respondents had experienced an abortion at an average of 2 abortions per respondent[32].

4. Distribution of married Syrian women aged (12-49) by number of live births

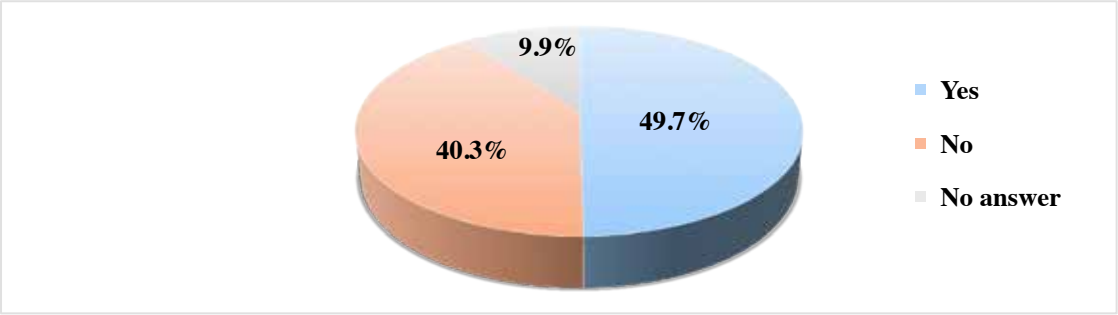
Table (33): Married Syrian women aged (12-49) by number of live births

Number of live births	Number of respondents	Percentage
2-1	74	19.0
5-3	175	44.9
7-6	59	15.1
8 or more	23	5.9
Never had children	21	5.4
No answer	38	9.7
Total	**390**	**100.0**

The results of the analysis show that (44.9%) of women have had (3-5) live births, followed by women who have had (1-2) live births (19.0%), while women who have had 8 live births or more stood at (5.6%). These findings are consistent with the results of the survey conducted by JCAP which noted that the majority (47.8%) of respondents have had (3-5) live births.

5. Distribution of currently married Syrian women aged (12-49) by current use of family planning methods

Figure (17): Distribution of currently married Syrian women aged (12-49) by current use of family planning methods



The above figure shows that the current use of family planning methods was (49.7%). When asked whether the method being used is the first one ever used by the respondents, (58.3%) answered "yes", and (41.7%) answered "no". The results were consistent with the results of the survey conducted by JCAP, which noted that (51%) of married Syrian women of reproductive age (15-49) use a form of traditional or modern family planning.

32 J-CAP, 2015, Knowledge, Attitudes and Practices toward family planning and reproductive health among married women of reproductive age in selected districts in Jordan.

6. Distribution of currently married Syrian women aged (12-49) who use family planning methods by type of method used

Table (34): Distribution of currently married Syrian women aged (12-49) who use family planning methods by type of method used compared with the results of the Population and Family Health Survey of 2012

	Any method	Modern methods							Traditional methods			Not identified
		Any modern method	Pills	IUD	Injections	Implants	Male condom	Female sterilization	Any traditional method	Withdrawal	Periodic abstinence	
Current *study	49.7	41.4	10.5	26.2	1.9	0.6	1.9	0.3	3.9	2.5	1.4	4.4
**DHS 2012	61.2	42.3	8.1	21.3	0.9	0.3	7.9	2.2	18.9	14.3	3.5	-

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

** Department of Statistics, Population and Family Health survey,2012

The above table shows that the percentage of women who use a form of family planning stands at (41.4%), and those who use a traditional family planning method stands at (3.9%). The IUD was the most commonly used modern family planning method (26.2%), followed by contraceptive pills (10.5%), and lastly contraceptive injections and male condoms at (1.9%) each. On the other hand, the withdrawal method was the most commonly used form of traditional family planning methods (2.5%), followed by periodic abstinence (1.4%). These results are consistent with the results of the survey conducted by JCAP project which reported that the percentage of married Syrian women of childbearing age (15-49) who use a modern family planning method stands at (38.7%), while the percentage of women who use a traditional family planning method stands at (12.4%). The IUD was cited as the most commonly used form of family planning (21%), followed by withdrawal (14%), pills (10%), and lastly male condoms (6%).

Table (34) also shows differences in using family planning methods between the surveyed married Syrian women and married Jordanian women. Based on the results of the 2012 Population and Family Health Survey, the percentage of women who use a form of family planning stood at (61.2%), the percentage of women who use a modern form of family planning stood at (42.3%), while those who use a form of traditional family planning methods represent (18.9%). The IUD was reported as the most commonly used family planning method (21.3%), followed by withdrawal (14.3%), contraceptive pills (8.1%), and male condoms (7.9%). These percentages clearly show that the use of family planning methods among Syrian women is less than that among Jordanian women.

7. Distribution of Syrian women aged (12-49) by healthcare center

Table (35): Distribution of Syrian women aged (12-49) by healthcare center

Age group	Indicator	Healthcare center				Total
		Governmental	Local community	Non-governmental	International	
49-12	Number	139	29	200	22	390
	Percentage %	35.6	7.4	51.3	5.6	100

The above table indicates that (51.3%) of the 390 female respondents who use reproductive health services go to non-governmental organizations to obtain reproductive health services, while (35.6%) go to governmental organizations.

8. Distribution of Syrian women aged (12-49) by number of visits to the reproductive health centers in 2015

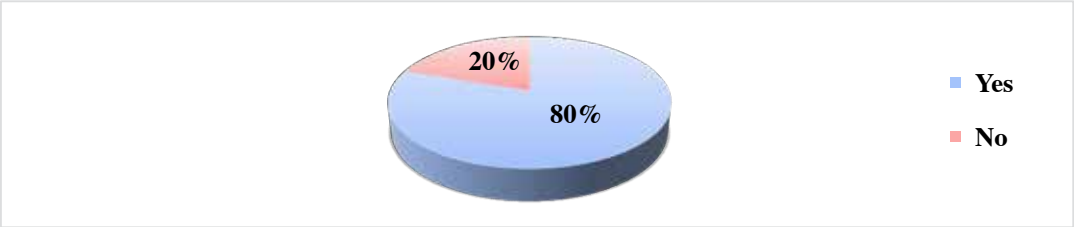
Table (36): Distribution of Syrian women aged (12-49) by number of visits to the healthcare centers

Age group	Indicator	Center visits in 2015				Total
		Once	5-2	9-6	+ 10	
49-12	Number	95	160	63	72	390
	Percentage %	24.4	41.0	16.2	18.5	100

The above table shows that the majority of women seeking the services have visited the reproductive health center (2-5) times in 2015.

9. Distribution of Syrian women aged (12-49) by their knowledge of the availability of a medical file

Figure (18): Distribution of Syrian women aged (12-49) by their knowledge of the availability of a medical file



The figure shows that (80.0%) of the surveyed Syrian women aged (12-49) were aware of the availability of a medical file for them.

10. Satisfaction of female Syrian service users aged (12-49) with provided services

Table (37): Satisfaction of married Syrian women service users aged (12-49) with the services offered by the centers by mean and standard deviation

No	Statement	Mean	Standard deviation	Relative importance	Ranking	Satisfaction level
1.	The center offers education and awareness sessions on reproductive health and family planning	2.93	1.96	58.5	17	Medium
2.	The center conducts home visits to offer group education on reproductive health and family planning	2.58	1.95	51.6	18	Medium
3.	The center offers consultation services on reproductive health	3.17	1.88	63.4	10	Medium
4.	Family planning methods are continuously available	3.38	1.88	67.5	2	Medium
5.	Consultations about family planning methods are offered	3.42	1.84	68.5	1	Medium
6.	Explanations provided on family planning methods are thorough	3.33	1.84	66.6	3	Medium
7.	Advice and education on choosing the best method is offered	3.25	1.81	65.0	5	Medium
8.	The necessary medical exams are performed to assess if the patient is fit to use the family planning method	3.15	1.79	62.9	12	Medium
9.	The side effects of family planning methods as well as ways to deal with any complications that may happen are explained	3.20	1.79	63.9	8	Medium
10.	The center offers follow-up services to women after the use of family planning methods	3.22	1.81	64.4	6	Medium
11.	The center offers awareness and education lectures on pregnancy spacing	2.96	1.91	59.2	15	Medium
12.	Consultation on pregnancy spacing is good and adequate	3.05	1.87	61.0%	13	Medium
13.	Awareness and educational lectures on breast-feeding are offered	2.95	1.91	59.0%	16	Medium
14.	The center offers consultations on breast-feeding	3.03	1.87	60.6%	14	Medium
15	Education services on the importance of vaccinations for mothers and children are provided	3.19	1.91	63.9%	9	Medium
16.	Vaccinations for women and children are available	3.21	1.94	64.1%	7	Medium
17.	The condition of pregnant women is checked, pregnancy periods are calculated, and medical exams are performed	3.28	1.86	65.6%	4	Medium
18.	The center offers all the supplements needed by women during pregnancy such as iron, calcium, vitamins, etc.,	3.15	1.89	63.1%	11	Medium
19.	The necessary exams for breast and cervical cancers are available	2.48	2.04	49.6%	19	Medium
20.	Referral services upon the detection of breast or cervical cancers are available.	2.12	2.05	42.4%	26	Low
21.	Awareness programs on breast cancer and cervical cancer are available	2.33	2.02	46.7%	23	Medium
22.	Awareness and education programs on early marriage are available	2.32	2.00	46.4%	24	Medium
23.	The center offers counselling on the negative effects of early marriage	2.39	1.99	47.8%	22	Medium
24.	The center offers awareness and education programs on the causes of abortion/ post abortion care	2.46	1.95	49.1%	20	Medium
25.	The center offers treatment services for abortion cases/ and post abortion	2.29	1.96	45.8%	25	Low
26.	The center offers referral services for abortion/ post abortion cases	2.42	1.98	48.3%	21	Medium
	Overall score	2.89	1.52	%57.9	---	Medium

Table (37) shows the satisfaction of female service users aged (12-49) with services offered by the reproductive health centers. Results show that satisfaction of female service users aged (12-49) with services achieved a mean satisfaction score of (2.89). The statement "the center offers consultations on family planning methods achieved the highest satisfaction level with a mean score of (3.42), followed by the statement "family planning methods are available" (3.38), and the statement "explanation offered about family planning methods is thorough" (3.33). On the other hand, the statement "the necessary medical exams are performed" was ranked fourth and achieved a mean score of (3.28). "Referrals for the detection of breast and cervical cancers are offered", "treatment for abortion is offered", "awareness and education sessions on the negative effects of early marriage" achieved the lowest satisfaction scores of (2.12, 2.29. 2.32) respectively.

4.3.2 Satisfaction of Syrian youth aged (12-24) with the offered reproductive health services

1. Distribution of Syrian youth of both sexes aged (12-24) by healthcare center

Table (38): Distribution of Syrian youth of both sexes by healthcare center

Age group	Indicator	Healthcare center				Total
		Governmental	Local community	Non-governmental	International	
Youth (12-24)	Number	21	10	19	9	59
	Percentage %	35.6	16.9	32.2	15.3	100

The above table shows that (35.6%) of total surveyed youth aged (12-24) who use reproductive health services had visited governmental organizations to receive the services, while (32.2%) had visited non-governmental organizations.

2. Distribution of Syrian youth of both sexes aged (12-24) by number of visits to the reproductive health centers in 2015

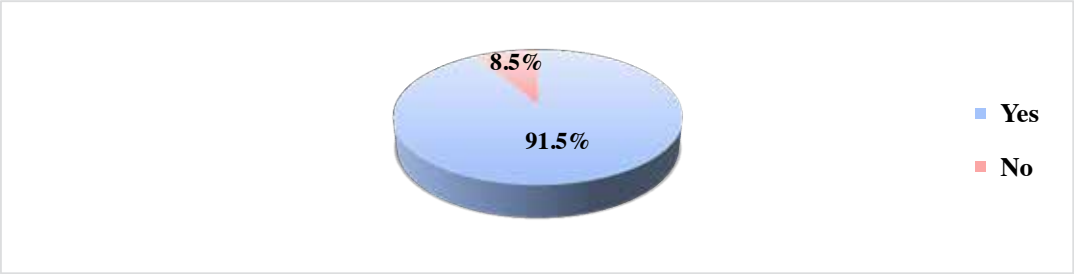
Table (39): Distribution of Syrian youth of both sexes by number of visits to reproductive health centers in 2015

Age group	Indicator	Center visits in 2015				Total
		Once	5- 2	9- 6	10+	
Youth (12-24)	Number	27	20	7	5	59
	Percentage %	45.8	33.9	11.9	8.5	100.0%

The table shows that around half of the surveyed youth had visited the centers one time only.

3. Distribution of Syrian youth of both sexes aged (12-24) by knowledge of the availability of a medical file

Figure (19): Distribution of Syrian youth of both sexes aged (12-24) by knowledge of the availability of a medical file



The above figure shows that the majority of surveyed youth are aware that they have medical files.

4. Satisfaction of Syrian youth of both sexes aged (12-24) with the delivered services

Table (40): Satisfaction of Syrian youth of both sexes with services offered by the center by mean and standard deviation

No.	Statement	Mean	Standard Deviation	Relative importance	Rank	Satisfaction level
1.	The center offers awareness sessions on public hygiene	2.37	1.88	47.5%	12	Medium
2.	The center offers awareness sessions on personal hygiene	2.39	1.86	47.8%	10	Medium
3.	The center offers awareness sessions on the negative effects of smoking and alcohol consumption	2.39	1.68	47.8%	11	Medium
4.	The center offers awareness sessions on adolescent health	2.66	1.78	53.2%	7	Medium
5.	The center offers support for quitting smoking and adopting a healthy lifestyle	2.66	1.65	53.2%	5	Medium
6.	Consultations services offered by the center on sexually-transmitted diseases are comprehensive	2.51	1.75	50.2%	8	Medium
7.	Detection of reproductive system diseases is available	2.66	1.87	53.2%	6	Medium
8.	Counselling services on the physical and hormonal changes that accompany puberty and adolescence are good	2.69	1.89	53.9%	4	Medium
9.	The center offers counselling services on the physical and psychological changes that accompany adolescence	2.75	1.83	54.9%	3	Medium
10.	The center offers educational and awareness sessions on early marriage	2.44	1.93	48.8%	9	Medium
11.	The center offers counselling services on the negative effects of early marriage	2.90	1.86	58.0%	2	Medium
12.	The center offers education services on the importance of pre-marital medical tests	2.93	1.76	58.6%	1	Medium
	Overall Score	2.61	1.50	52.3%		Medium

Table (40) shows the satisfaction of surveyed Syrian youth aged (12-24) with the services offered by the reproductive health centers. The overall mean satisfaction score was (2.61). The statement "the center offers education services on the importance of pre-marital tests" achieved the highest satisfaction level with a mean score of (2.93), followed by the statement "the center offers counselling on early marriage" with a mean score of (2.90). The statement "the center offers counselling on the physical and psychological changes that accompany adolescence" was ranked third with a mean score of (2.75), while the statement "the center offers consultation services on the physical and hormonal changes that accompany puberty" achieved a mean score of (2.69). The statements "the center offers awareness sessions on public hygiene", "the center offers awareness sessions on awareness sessions on the negative effects of smoking and alcohol consumption", and "the center offers awareness sessions on personal hygiene" achieved the lowest levels of satisfaction with a mean score of (2.37, 2.39, 2.39) respectively.

4.3.3 Satisfaction of Syrian men aged (25 and above) with reproductive health services

1. Distribution of Syrian men aged (25 and above) by healthcare center

Table (41): Distribution of Syrian men aged (25 and above) by healthcare center

Age group	Indicator	Healthcare center				Total
		Governmental	Local Community	Non-governmental	International	
Men (25 +)	Number	17	1	32	5	55
	Percentage %	30.9	1.8	58.2	9.1	100

The above table shows that (58.2%) of surveyed Syrian men aged (25 and above) who use reproductive health services go to non-governmental organizations to receive the services, while (30.9%) go to governmental organizations to receive the services.

2. Distribution of Syrian men aged (25 and above) by number of visits to the centers in 2015

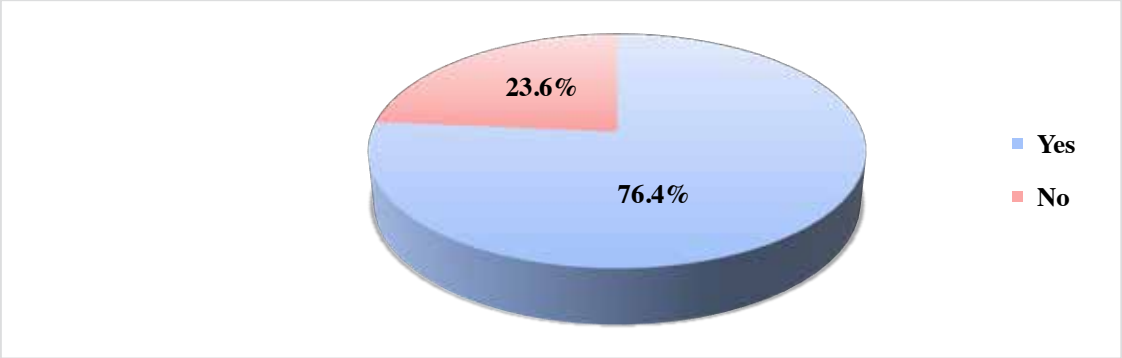
Table (42): Distribution of Syrian men aged (25 and above) by number of visits to the centers in 2015

Age group	Indicator	Center visits in 2015				Total
		Once	5 - 2	9 - 6	10+	
Men (25 +)	Number	81	23	6	8	55
	Percentage %	32.7	41.8	10.9	14.5	100

Table (42) shows that the majority of surveyed Syrian men (41.8%) aged (25 and above) had gone to reproductive health centers (2-5) times in 2015, while (32.7%) had gone only once.

3. Distribution of Syrian men aged (25 and above) by knowledge of the availability of a medical file

Figure (20): Distribution of Syrian men aged (25 and above) by knowledge of the availability of a medical file



The above figure shows that (76.4%) of surveyed Syrian men aged (25 and above) who use the services are aware that there is a medical file, while (23.6%) indicated that they did not know about the medical file.

4. Satisfaction of Syrian men aged (25 and above) with the offered services

Table (43) shows the satisfaction of Syrian men aged (25 and above) with the services offered by the reproductive health centers. The results of the analysis show that the overall mean score was low (1.86) compared with the other members of the sample. The reason could be that visits by this group to reproductive health centers are much less than visits by other groups and that most of the offered services are aimed at women not men.

The statement "the center offers awareness sessions on fertility, subfertility, and reproductive tract infections" achieved the highest satisfaction level with a mean score of (2.05), and a standard deviation of (1.76), followed by the statement "detection of fertility and subfertility is available" which achieved a mean score of "1.98). The statement "the center offers follow-up services on the use of family planning methods achieved a mean score of (1.96), while the statement "referral to specialists for sexually-transmitted diseases" achieved the lowest satisfaction level with a mean score of (1.73), followed the statement "the center offers awareness sessions on family planning methods" which achieved a mean score of (1.76).

Table (43): Satisfaction of Syrian men aged (25 and above) with services offered by the centers by mean and standard deviation

No.	Statement	Mean	Standard Deviation	Relative importance	Rank	Satisfaction level
1.	The center offers awareness sessions on family planning methods	1.76	1.66	35.2%	13	Low
2.	The center offers awareness sessions on sexually-transmitted diseases	1.85	1.68	37.0%	8	Low
3.	The center offers awareness sessions on infertility, subfertility and reproductive tract infections	2.05	1.76	41.0%	1	Low
4.	Counselling services on family planning issues are offered as comprehensive services	1.80	1.63	36.0%	9	Low
5.	The center offers follow-ups on the use of family planning methods	1.96	1.70	39.2%	3	Low
6.	The center offers services to detect reproductive system disease	1.87	1.62	37.4%	7	Low
7.	The center offers services to detect sexually-transmitted diseases	1.89	1.72	37.8%	5	Low
8.	The center offers services to detect infertility and subfertility	1.98	1.67	39.6%	2	Low
9.	Treatments for sexually-transmitted diseases are as comprehensive services	1.76	1.61	35.2%	12	Low
10.	Referrals to specialized entities for sexually-transmitted diseases are available	1.73	1.60	34.6%	14	Low
11.	Treatment services for infertility and subfertility are available	1.78	1.65	35.6%	10	Low
12.	Referral services for infertility and subfertility cases are good	1.95	1.65	39.0%	4	Low
13.	The center offers guidance and educational services on the importance of pre-marital testing	1.78	1.56	35.6%	11	Low
14.	Pre-marital testing services at the center are good	1.87	1.73	37.4%	6	Low
	Overall score	**1.86**	**1.53**	**37.2%**		**Low**

4.3.4 Satisfaction of Syrian women aged (50 and above) with the offered reproductive health services

1. Distribution of menopausal Syrian women aged (50 and above) by healthcare center

Table (44): Distribution of menopausal Syrian women by healthcare center

Age group	Indicator	Healthcare center				Total
		Governmental	Local community	Non-governmental	International	
Menopausal women (50 +)	Number	20	5	37	6	68
	Percentage %	29.4	7.4	54.4	8.8	100

Table (44) shows that (54.4%) of the (68) surveyed menopausal women go to non-governmental organizations to obtain reproductive health services, while (29.4%) go to governmental organizations.

2. Distribution of menopausal Syrian women aged (50 and above) by number of visits to healthcare centers in 2015

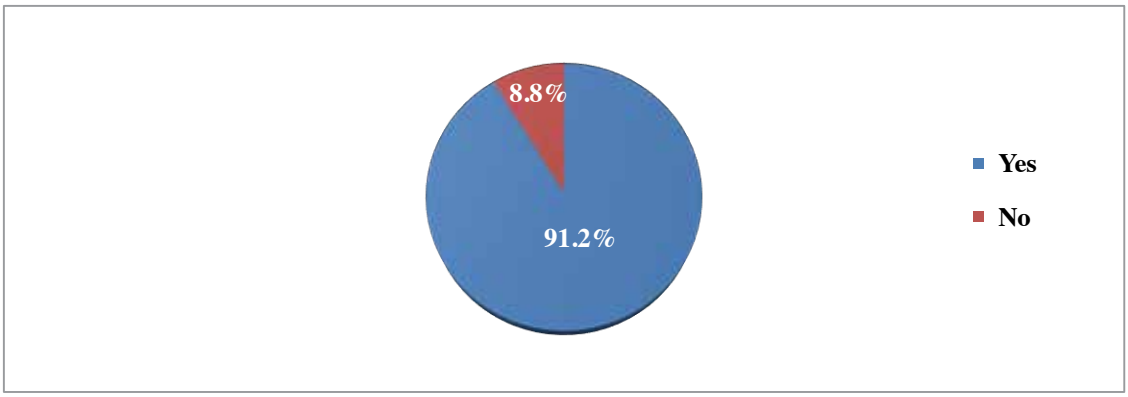
Table (45): Distribution of menopausal Syrian women aged (50 and above) by number of visits to the centers in 2015

Age group	Indicator	Number of visits to the center in 2015				Total
		Once	5 - 2	9 - 6	+ 10	
Menopausal women (50 +)	Number	18	32	6	12	68
	Percentage %	26.5	47.1	8.8	17.6	100

(47.1%) of the surveyed menopausal Syrian women who use reproductive health services had visited the reproductive health centers (2-5) times in 2015, while (26.5%) had visited the centers one time only.

3. Distribution of menopausal Syrian women aged (50 and above) by knowledge of the availability of a medical file

Figure (21): Distribution of menopausal Syrian women by knowledge of the availability of a medical file



The table shows that (91.2%) of surveyed menopausal Syrian women are aware of the availability of a medical file, while (8.8%) indicated that they did not know that they had a medical file.

4. Satisfaction of menopausal Syrian women aged (50 and above) with delivered services

Table (46): Satisfaction of menopausal Syrian women aged (50 and above) with the services delivered by healthcare centers by mean and standard deviation

No.	Statement	Mean	Standard Deviation	Relative importance	Rank	Satisfaction level
	Lectures on the physical changes that accompany menopause are offered	1.50	1.34	30.0%	10	Low
	There are awareness lectures on the psychological changes that accompany menopause	1.59	1.41	31.8%	9	Low
	The center offers awareness and educational lectures on how to best cope with the physical and psychological changes that accompany menopause	1.99	1.44	39.8%	1	Low
	The center offers advice and counselling services to married couples	1.75	1.51	35.0%	4	Low
	The center offers consultations to understand physical changes that accompany menopause	1.78	1.41	35.6%	2	Low
	Counselling services for psychological changes that accompany menopause are good	1.71	1.43	34.2%	5	Low
	Checkup services on psychological and physical changes that accompany menopause are good	1.76	1.38	35.2%	3	Low
	The center offers detection of illnesses associated with menopause	1.71	1.31	34.2%	6	Low
	Treatment for physical symptoms that accompany menopause is available	1.71	1.37	34.2%	7	Low
	The healthcare center offers referral to other organizations for treatment for illnesses that accompany menopause	1.63	1.44	32.6%	8	Low
	Overall score	**1.71**	**1.18**	**34.2%**		**Low**

Table (46) shows the level of satisfaction among Syrian women aged (50 and above) with the services offered by the reproductive health centers. The results of the analysis show that the overall score was low with a mean of (1.71). The statement "the center offers awareness and education sessions on how to best cope with psychological and physical changes that accompany menopause" received the highest satisfaction level with a mean of (1.99), followed by the statement "the center offers consultations to understand the physical changes that accompany menopause" achieved the lowest satisfaction level with a mean score of (1.50), followed by the statement "the center offers awareness sessions on the psychological changes that accompany menopause" with a mean score of (1.59).

Chapter Five

Trends of Syrians in Jordan Who Do Not Receive Reproductive Health Services

To identify the challenges and obstacles that discourage some Syrians living outside camps from seeking reproductive healthcare services offered by governmental, non-governmental, local and international organizations, six focus group discussions with the target groups as follows:

1. One focus group consisting of eight participants representing youth of both sexes aged (12-24) from the Mafraq governorate.
2. One focus group consisting of eight participants representing males aged (25 and above) from the Amman governorate.
3. One focus group consisting of 10 participants representing menopausal women aged (50 and above) from the Irbid governorate.
4. Three focus groups consisting of 29 participants representing married women aged (12-49) from Jarash, Ajloun, and Zarqa governorates. The reason for having three focus groups is that married women and this age group represent the most frequent users of reproductive health services.

A procedural manual that was specifically developed for the purposes of this study was relied upon to conduct the focus group discussions (Annex 4). The manual contains the list of questions given to all focus group participants in order to identify the challenges and obstacles that prevent them from accessing reproductive health services offered by different agencies.

The findings of the focus groups discussions fall under the following components:

First: Registration with UNHCR

All male and female participants in the six focus group discussions stated that they were registered with the UNHCR, and most of them stressed that the registration protects their rights, facilitates procedures, and helps them to avoid many problems.

Second: Nature of support received and entities providing the support

The majority of focus group participants indicated that most Syrians have received in-kind and cash assistance from different governmental, local community, and international organizations since the start of the Syrian crisis. They added that the assistance takes different forms ranging from financial to in-kind assistance, such as food parcels, blankets and home appliances, but they also pointed out that the amount of assistance has been decreasing and is becoming available through one or two organizations in each governorate. Participants of all age and social groups concurred that the UNHCR is the only organization that still offers uninterrupted support and that the UNHCR food vouchers are basically monthly payments issued to Syrian families based on "iris scans" and are determined according to an

"Takaful is the only organization operating in this area, but its only provide support once a year …All we receive from them is a food parcel in Ramadan and that's all."- Participant

evaluation report by social workers assigned by UNHCR to assess families' eligibility for assistance. Currently, this is the only form of assistance offered by UNHCR to Syrians. On the other hand, married Syrian women aged (12-49) in Ajloun indicated that while some local community organizations provide assistance, that assistance is limited to food parcels received during the month of Ramdan or on irregular basis. These organizations include the Islamic Charity Center Society, Ajloun Mountains Society, and Salah Eddin Society. Menopausal women aged (50 and above) in the governorate of Irbid / Ramtha District said that Takaful Charitable Society is the only local community organization which provides in-kind assistance, while youth of both sexes aged (12-24) in Mafraq noted that organizations in the area used to be more active in providing assistance, albeit irregularly and insufficiently, such as the Khaldiyyah Women's Society, Al Rahma Al Mabrouka Society, the Special Education Society. Men aged (25 and above) however, did not mention any organizations that provide assistance.

Third: Health Services and Healthcare Providers:

The majority of participants in the focus group discussions mentioned several organizations that provide health services to Syrians residing outside camps, namely the governmental health centers and hospitals which can be found in all regions and provide comprehensive health services aimed at all ages and social groups. Public health facilities were also considered the primary destination for Syrians seeking health services when the crisis first erupted as they provided free healthcare.

"The services are the same. The only difference is that Jordanians are covered by health insurance, whereas we have to pay money for the same service…" - Participant

Most of the participants in the focus group discussions, especially married women aged (12-49), in Ajloun governorate, cited many entities that provide health services including Handicap International, Jordan Health Aid Society, private clinics and pharmacies, Caritas, and Rosary hospital. On the other hand, married women aged (12-49) in Zarqa governorate noted that the main healthcare providers in their area were Medecins Sans Frontieres-France, private clinics, and the Islamic Charity Society.

On the other hand, youth of both sexes aged (12-24) cited the Red Crescent Hospital, the UAE Hospital and the International Rescue Committee as the main healthcare providers.

Menopausal women aged (50 and above) in Irbid governorate indicated that Medecins du Monde, Medecins Sans Frontieres- France, and the health center run by Takaful Charitable Society are the main healthcare providers in Irbid. On the other hand, all participants in the focus group discussions agreed that the services offered to Syrian refugees are the same as those offered to Jordanians only Syrian refugees would have to pay fees in return for these services as would non-insured Jordanians in accordance with an MOH decision.

Fourth: Provided reproductive health services, and service providers:

The majority of female participants in the focus group discussions indicated that they know about the entities which provide reproductive health services to Syrians through relatives, acquaintances, neighbors and friends who go to these entities. Married women aged (12-29) in Ajloun indicated that the two entities that provide these services in the governorate are governmental health centers and the Family Health Institute of Nour Al Hussein Foundation, while married women aged (12-49) in Zarqa cited the health center of the Islamic Charity Society and the Family Health Institute of Nour Al Hussein Foundation. Married women aged (12-49) in Jarash identified the Jordan Association for Family Planning and Protection as the provider of reproductive health services.

On the other hand, menopausal women (aged 50 and above) identified the Jordan Health Aid Society, Takaful Charity, Medecins du Monde and Medecins Sans Frontieres- France / Irbid Specialized Hospital as the providers of reproductive health services in their area.

Men aged (25 and above) in Amman did not cite any reproductive healthcare providers and stated that whenever they needed these services they would go to private clinics. Youth participants in focus group discussions in Mafraq named the International Rescue Committee, the Jordanian Health Aid Society and the UAE Hospital as providers of reproductive health services.

Married women who participated in focus group discussions concurred that the main reproductive health services that they utilize are safe motherhood and family planning services in addition to vaccinations for children. While menopausal women cited services related to the reproductive tract infections, x-rays, scans, and lab tests as the main reproductive health services delivered.

Youth of both sexes indicated that the majority of services offered by these organizations which are aimed at youth are awareness-raising and education activities on changes that accompany adolescence and the importance of premarital testing, as well as education on early marriage.

Fifth: Challenges and obstacles limiting Syrians' access to reproductive health services

Most of the participants in focus group discussions reported numerous challenges that limit their access to reproductive health centers. Those challenges are classified into social, cultural, policy-related, economic and location-related challenges. Findings with regard to these challenges are listed below.

Sixth: Social, cultural, policy, economic and location-related challenges from the perspective of Syrians who do not visit healthcare centers:

Table (47): Challenges and obstacles facing Syrians outside camps who do not use reproductive health services by age and social groups

Group	Social and cultural	Economic	Policy-related	Location-related
Women (aged 12-49)	– Family interference in a woman's reproductive health choices. – Husbands' reluctance to allow their wives to go to the centers unaccompanied. – Lack of awareness of the importance of reproductive health and family planning services.	– Lack of a steady source of income – Cost of transportation from and to the center. – Fees required from Syrians by the Ministry of Health.	– The security card which forces Syrians to receive treatment at their place of residence only.	– distance of service delivery facilities from homes. – Overcrowded and overwhelmed health centers. – Lack of medical specializations at the center.
Youth of both sexes (aged 12-24)	– Lack of positive attitude towards reproductive health centers. – Some common perceptions, norms and customs. – Lack of knowledge of the nature and importance of services provided by reproductive health centers – Reluctance to visit the center due to the disproportionately large number of female visitors.	– The financial costs of receiving services. – Costs of transportation to and from the centers. – Lack of a steady source of income due to lack of employment opportunities.	– The security card which forces Syrians to seek treatment only at their place of residence. – Restrictions on the employment of Syrians.	– Lack of knowledge about the location of health centers and the nature of services provided. – Inappropriate treatment of Syrians by centers' staff
Men (aged 25 and above)	– Lack of knowledge of the nature and importance of services provided by health centers – Reluctance to visit the center due to the disproportionately large number of female visitors.	– Costs of receiving the services, and transportation costs to and from the centers. – Lack of a steady source of income. – Syrians being treated the same way as uninsured Jordanians. – Most medications are not available at the centers and need to be purchased from the private sector.	– The security card which forces Syrians to obtain treatment only at their place of residence. – Restrictions on the employment of Syrians	– Overcrowding at centers, resulting in long waiting times. – Inappropriate treatment by some staff members of the centers.
Women (50 and above)	– Women go to centers unaccompanied. – Lack of awareness of the importance of reproductive health services and the types of services aimed at this group.	– The financial costs of receiving the services. – Syrians being treated the same way as uninsured Jordanians. – Transportation costs to and from the center. – Unavailability of medical treatment for some conditions.	– The security card which forces Syrians to obtain treatment only at their place of residence.	– The distance between healthcare centers and places of residence. – Overcrowding at centers. – Lack of competence among some of the workers at healthcare centers.

Table (47) shows the challenges and obstacles facing Syrians who reside outside of camps and do not frequently use reproductive health services by age and social group. For instance, married women aged (12-49) reported several challenges that limit their access to reproductive health services, namely social challenges, cultural challenges such as family interference in health choices, inability to go to centers unaccompanied, and lack of awareness of the importance of reproductive health services for women. There are also economic challenges such as the lack of a steady source of income, and the transportation costs from and to the centers, and the treatment of Syrians the same way as uninsured Jordanians. There are other obstacles as well such as the security card which forces Syrians to receive treatment only in the area where they reside, in addition to obstacles related to the location of healthcare centers being far away from the place of residence, the overcrowding at the centers and the lack of medical specializations. These findings are consistent with the findings of a study carried out by the Social and Economic Council, entitled "Impact of Syrian Refugees on the Jordanian Labor Market-2015" which identifies the challenges facing Syrians in the health sector.

"I'd go to a pharmacist, explain to her my condition and she would give me a medicine. Although this is expensive and costs me JD 20 each time, it is still better than going elsewhere," …Participant

Youth of both sexes aged (12-24) indicated that lack of positive attitudes among youth towards reproductive health centers, some prevailing customs, traditions and social norms, the lack of awareness about the services offered, and reluctance to go to the centers because of the disproportionately large number of women there are some of the main social and cultural barriers facing them. They also cited some financial challenges such as the lack of steady income due to the lack of job opportunities, and the costs of treatment and transportation. These findings were consistent with the findings of the "2014 Health Assessment" conducted by Première Urgency – Aide Medical International. Other challenges indicated by youth were policy-related challenges such as the security card and the ban on employment of Syrians, as well as other challenges pertaining to the attitude of healthcare providers at the centers and the lack of knowledge about the location of healthcare centers and the types of services offered by each.

"We can't work unless we had work permits. How are we supposed to make money and pay for treatment? - Participant

On the other hand, the main social challenges indicated by men aged (25 and above) included the reluctance to go to reproductive health centers, and lack of knowledge about the locations of centers and the type of services offered. They also indicated other challenges such as high costs, lack of income, the treatment of Syrians the same way as un-insured Jordanians and the unavailability of most of the medicines at the centers and the subsequent need to purchase them from private providers. Policy-related challenges reported by men included the security card, which is a mandatory card issued for all Syrian refugees by the Ministry of Interior through the police station at the place of residence of the refugee. The card includes basic information about the holder and enables them to receive healthcare at their place of residence only. This issue was indicated in the "2014

"The long waiting line is a problem. You waste an entire day waiting only to be told to come back the next day when working hours are up. That's why I don't go."- Participant

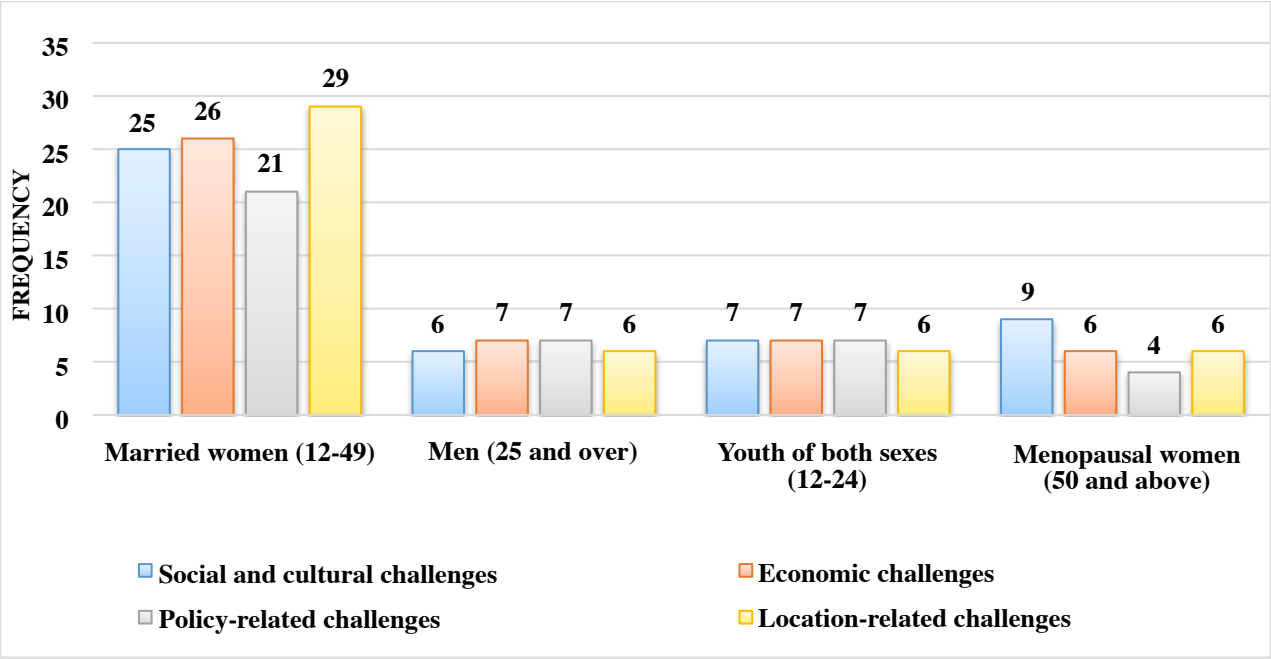
Health Needs Assessment" conducted by Première Urgency – Aide Medical International, which also noted other challenges including the ban on the employment of Syrians and other barriers such as overcrowding at healthcare centers and the long waiting time.

Women aged (50 and above) noted that not having a husband or a son to accompany them to the healthcare center is a potential challenge facing old women. They also stated that the lack of awareness of the importance of healthcare during menopause, the cost of treatment and transportation, and the unavailability of some medications are some of the main challenges precluding access to services. Other challenges mentioned by this group include the distance to healthcare centers, the overcrowding at the centers and the lack of competence among some workers at the centers. In addition, women aged (50 and above) noted that the security card is another challenge as it obliges them to seek treatment at their place of residence only.

"It's a matter of luck. If the center's staff are in a good mood they would treat you well. If not, they would throw the file in your face…"- Participant

Seventh: Significance of social, cultural, economic, policy and location-related challenges for social and age groups

Figure (22): Distribution of social, cultural, economic, policy and location-related challenges by frequency, social and age groups



The above figure classifies social, cultural, economic, policy-related and location-related challenges by their significance for each social and age group. The figure shows that location-related challenges such as overcrowding, bad treatment by staff were ranked first by married women aged (12-49), at a frequency of (29). Economic challenges came in the second place with (26), followed by social and cultural challenges with (25), and finally policy-related challenges with (21).

Men aged (25 and above) indicated that all economic and policy-related challenges are ranked first as the main challenges hindering their access to reproductive health centers (7 times), while social, cultural and location-related challenges came in the second place as the most significant challenges facing men, (6 times).

Youth of both sexes aged (12-24) ranked financial, social and policy-related challenges first (7 times), and ranked challenges related to location of the healthcare centers third with (4 times).

Social and cultural challenges were ranked first by menopausal women aged (50 and above). Financial and location-related challenges were ranked second (6 times), and policy-related challenges were ranked third with (6 times).

Eight: Home visits by healthcare providers:

most of the participants in the focus group discussions indicated that they were not aware of any organization that provides reproductive health services through home visits. On the other hand, women aged (50 and above) pointed out that Jordan Health Aid Society conducts home visits to provide awareness and education services to women.

Nine: Suggestions and solutions from the point of view of participants

Participants in the six focus groups presented the following solutions and suggestions which they consider appropriate and would improve access to reproductive health services:

1. Reconsidering the security card to allow card holders to receive treatment anywhere.
2. Raise awareness about the importance of reproductive health for all members of society including women, youth and men.
3. Carry out awareness campaigns about the entities that provide reproductive health campaigns to Syrians and their location.
4. Provide financial support to Syrians to cover healthcare needs.
5. Reconsider and extend working hours of reproductive health centers to address overcrowding and pressure.

Chapter Six
Results and Recommendations

6.1 Results

The study aimed to analyze the state of reproductive health services provided for Syrians living outside camps in Jordan, identify obstacles and derive policy recommendations for improving those services. To that end, the study surveyed the satisfaction of Syrians outside camps with reproductive health services provided to them and identified the challenges that limit access to reproductive health centers from the point of view of the groups that do not use these centers. The study also looked into the governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps in terms of type of organization, objectives, type of reproductive health services offered and challenges faced.

In order to reach the desired results, the study relied on the descriptive analysis method as it identified the study population, sample and tools. Below are the findings of the study listed by study area:

6.1.1 Results related to governmental, non-governmental, local and international organizations that provide reproductive health services to Syrians outside camps are as follows:

1. There are 20 organizations (one government entity i.e., the Ministry of Health, four local organizations, seven non-governmental organizations, and eight international organizations) operating in 67 centers providing reproductive health services to Syrians living outside of refugee camps. The Ministry of Health has 491 facilities which provide reproductive health services, including 462 centers and 29 hospitals that include maternal and child health clinics in different governorates, all of which were treated as one entity in this study, but each branch center visited in the six target governorates was considered separately.

2. Agencies providing Syrians with reproductive health services were most present in the governorates of Amman, Irbid, and Mafraq, while these services were less accessible in Ajloun, Jarash, and the southern governorates of Karak, Tafilah, Ma'an, and Aqaba.

3. The Ministry of Health (MOH) is the only entity which provides comprehensive services (treatment, awareness-raising, consultation, and referrals) in all areas of reproductive healthcare, while other non-governmental, international and local organizations provide a limited set of services.

4. Some non-governmental, local and international organizations have multiple objectives besides the provision of healthcare. These include, social, economic, capacity-building and empowerment objectives.

5. The largest group of users of governmental, non-governmental, local, and international agencies providing reproductive health services to Syrians residing outside of refugee camps were married women aged (12-49).

6. The smallest group of users of centers providing reproductive health services were men aged (25 and above). This gender discrepancy is attributed to social and cultural norms and traditions. Another factor contributing to this discrepancy is males' apprehension to visit maternal and child healthcare centers, given the disproportionately large number of women present at these centers.

7. Challenges related to location of healthcare centers and costs of transportation to and from the centers, and high operational costs of the provision of services were the main challenges facing local community organizations.

8. The main challenges facing non-governmental organizations include the types of free services offered, ignorance and lack awareness, shortage of male and female Jordanian physicians, customs and traditions, lack of adherence by Syrians to the scheduled appointments, early marriage and repetitive pregnancies.

9. The main challenges facing international organizations include the different levels of health-related knowledge between Jordanians and Syrians, high financial costs, lack of funding, family interference, early marriage, repetitive pregnancies, customs and traditions, unavailability of surgical procedures and some medical tests and exams, lack of awareness, and the increasing numbers of service users.

10. The majority of organizations that provide reproductive health services to Syrians outside camps noted that financial challenges such as the high operational costs of service provision, transportation costs incurred by Syrians to travel to and from the healthcare centers, social challenges such as the lack of awareness and family interferences, certain customs and traditions and early marriage were the main challenges facing providers of reproductive health services.

11. All governmental, non-governmental, local and international organizations indicated that they have manual and electronic documentation systems as well as records and periodic reports to document information related to service users such as age, condition, nationality, etc.,

12. UNHCR and UNFPA provide the majority of funding for non-governmental entities that provide reproductive health services.

13. The majority of organizations that provide services for free do so through funded projects. Once the projects end, the organizations start charging nominal fees for the services.

14. The lack of awareness and knowledge, limited space of healthcare centers, cost of provided services, limited funding, customs and traditions, lack of financial support, loss of official identification documents of Syrians, and the increasing numbers of service users are the main challenges that face healthcare centers in governorates.

15. Governmental, non-governmental, local and international organizations agreed that there is a need to enhance the awareness of Syrians living outside camps about reproductive health and family planning services as well as early marriage issues and pregnancy spacing. They also stressed the need to secure financial and technical support for healthcare providers to enable them to cover the operational and financial costs of service provision, as well as provide medicines and specialized doctors at reproductive health centers.

6.1.2 Satisfaction of Syrians living outside camps with reproductive health services in the six target governorates (Amman, Zarqa, Jarash, Irbid, Ajloun, Mafraq):

1. Non-governmental organizations were ranked first in terms of the numbers of Syrians seeking their services. (50.3%) of the (572) surveyed users of reproductive health services offered to Syrians living in the target governorates outside camps go to non-governmental organizations.

2. (49.7%) of currently married females aged (12-49) indicated that they use a form of family planning, (41.4%) used modern contraception and (3.9%) used traditional contraception. (26.2%) of currently married females aged (12-49) used IUDs, (10.5%) used oral contraceptives and (10.5%) used injections and condoms. On the other hand, withdrawal accounted for the most traditional method used (2.5%) followed by periodic abstinence (1.4%).

3. In general, female respondents aged (12-49) reported medium levels of satisfaction with the received reproductive health services with an average of (2.89). They were most satisfied with reproductive health counselling and consultation services with an average of (3.42), followed by the availability of family planning methods (3.38), adequate explanations of family planning methods (3.33), follow-ups on pregnant women, calculation of the duration of pregnancy, and administration of necessary tests (3.28). On the other hand, the provision of awareness-raising sessions on child marriage achieved an average satisfaction score of (2.32); abortion and post abortion referral services (2.29); and referral services for the detection of breast and cervical cancers (2.12) received the lowest satisfaction levels.

4. Youth of both sexes aged (12-24) reported generally medium levels of satisfaction with reproductive health services received, at an average of (2.61). They were most satisfied with the available advice on the importance of tests before marriage, at an average of (2.93), followed by counselling for early marriage at an average of (2.9), and counselling for physical and psychological changes associated with adolescence, at an average of (2.75) On the other hand, the provision of education and awareness lectures on early marriages received an average satisfaction rate of (2.44), awareness sessions on harm caused by smoking and alcohol consumption (2.39) and awareness sessions on public hygiene received the lowest average satisfaction ratings at an average of (2.37).

5. Men aged (25 and above) reported generally low levels of satisfaction with reproductive health services provided by centers, with an average of (1.86). They were most satisfied with awareness raising sessions on infertility, subfertility, and reproductive organ infections with an average satisfaction score of (2.05), followed by detection of infertility and subfertility with an average of (1.98); and follow-up services for family planning methods (1.96). The provision of treatment for sexually-transmitted diseases and reproductive organ infections (1.76), and referral services to specialists for sexually-transmitted diseases (1.73) received the lowest average satisfaction scores.

6. Menopausal women aged (50 and above) reported generally low levels of satisfaction with the received reproductive health services, with an overall average of (1.71). They were most satisfied with awareness sessions on how to cope best with physical and psychological changes that accompany menopause, with an average satisfaction rate of (1.99), followed by counselling on physical changes that accompany menopause, with an average of (1.78). Satisfaction with awareness and education sessions on physical

and psychological changes that accompany menopause were low with an average of (1.50 and 1.59) respectively.

7. The governorate of Irbid was ranked first in terms of respondents' satisfaction with the availability of reproductive health services at an average of (4.19), followed by Jarash (4.17). The governorates of Zarqa (3.60) and Mafraq (3.61) received the lowest satisfaction rates from respondents in this area. In terms of satisfaction with the reproductive healthcare providers by location, the Irbid governorate came in first place at an average of (4.30) and Jarash came in second with an average of (4.13). Amman governorate received the lowest satisfaction rate at an average of (3.94).

8. International organizations ranked first in terms of the location of reproductive healthcare providers with an average of (4.03), followed by governmental organizations, which received an average score of (3.87), and non-governmental organizations and local organizations with an average rating of (3.84). In terms of respondents' satisfaction with the services offered by reproductive healthcare providers, international organizations received the highest ranking with an average of (4.18), followed by non-governmental organizations with an average rating of (3.93) and governmental agencies with an average rating of (3.91).

9. Women aged (12-49) reported the highest levels of satisfaction with the location of reproductive healthcare providers, while men and (25 and above) reported the lowest levels of satisfaction with the location of reproductive health providers and with the providers.

10. Service users who had visited the reproductive healthcare centers (10 times or more) reported the highest satisfaction levels compared to those who had visited the centers less than 10 times.

6.1.3 Satisfaction with reproductive health services in the target governorates by Syrians who live outside camps and do not use the services

Focus group discussions were conducted to identify the obstacles and challenges that hinder access to reproductive health services. A total of six focus group discussions were held and the following results were concluded:

1. Male and female participants in the focus group discussions reported that they were registered with the UNHCR and that the registration protects their rights, helps them to avoid numerous problems, and facilitates their access to the services that they need.

2. The majority of participants of different social groups and ages indicated that they used to receive in-kind and financial assistance at the beginning of the Syrian crisis, but the provision of assistance by local and international organizations has almost stopped and became limited to food vouchers issues by UNHCR based on "iris scans". The eligibility of refugees to receive the vouchers is determined based on an evaluation report by social workers assigned by UNHCR.

3. Participants of different social and age groups indicated that they are aware of the organizations that provide general health services, most notably public health centers and hospitals, which were the most used by Syrians until the Minister of Health issued letter no. (T.H/38/2/7037) dated 23/10/2014 instructing

that Syrians shall be treated the same way as un-insured Jordanians, which led to a decrease in the number of Syrians who go to public health centers and hospitals.

4. The majority of participants in the focus group discussions indicated that family interference, lack of awareness of the importance of reproductive health, some prevailing perceptions and customs, and lack of positive attitudes towards reproductive healthcare centers were some of the key social challenges facing them. On the other hand, youth of both sexes and men aged (25 and above) indicated that reluctance to go to the centers was one of the key social challenges that they had.

5. Participants in the focus group discussions concurred that the lack of steady income, the high costs of travelling to and from the healthcare centers, and the treatment of Syrians the same as un-insured Jordanians were among the key economic challenges facing Syrian non-service users. This is consistent with the findings of the "Health Needs Assessment" carried out by Première Urgency - Aid Medical International in 2014. It should be noted, however, that the Ministry of Health issued a circular on February 15, 2016 instructing all maternal and child healthcare and family planning service providers to offer free services to holders of the security card and the medical card pending a new decision.

6. There was consensus among focus group participants of all social and age groups that the security card is the main policy-related challenge limiting their access to reproductive health centers, while the majority of youth of both sexes and males aged (25 and above) that the security card and the ban on employment of Syrians as the main challenges facing them. The "Health Needs Assessment Report" of 2014 by "Première Urgency - Aid Medical International" (PU-AMI) also indicated that the security card is the main policy-related challenge as it forces Syrians to seek treatment only in the area where the card was issued, despite the fact that Syrians are highly mobile and frequently move from one location to another in search of work opportunities and tend to gather in groups. Another challenge cited was the renewal of UNHCR documents, which can take up to six months and, therefore, solutions must be identified to address it.

7. The majority of married women aged (12-49) and menopausal women aged (50 and above) who do not go to the reproductive health centers cited far location, overcrowding and lack of specialized medical doctors at the healthcare centers as the main location-related challenges. While youth of both sexes aged (12-24) and males aged (25 and above) who do not go to reproductive health centers cited inappropriate treatment by centers' staff as one of the main challenges that discourage them from visiting the centers. This problem was also highlighted in the Health Needs Assessment Report of 2014 by "Première Urgency – Aide Medical International" (PU-AMI).

8. Married women aged (12-49) indicated that the location of healthcare centers is the main challenge limiting their access to reproductive health services, followed by financial challenges. On the other hand, men aged (25 and above) cited financial and policy-related challenges as the main obstacles preventing their access to healthcare centers.

9. Youth of both sexes aged (12-24) indicated that financial and social challenges are ranked as the first challenges that limit their access to service centers, while menopausal women aged (50 and above) cited social and location-related challenges are the main challenges that limit their access to reproductive health service centers.

6.2 Recommendations

The following are recommendations of the study:

1. Develop strategies to educate and raise awareness among Syrian refugees on reproductive health, family planning, service providers, and services offered in order to raise awareness and cultivate accepting attitudes toward reproductive healthcare.

2. Re-assess ID card policies through allowing cardholders to receive treatment at any health center outside of their residential area.

3. Develop employee standards at centers providing reproductive health services and continuously engage employees in specialized workshops on reproductive health, and provide them with necessary and appropriate and skills such as communication skills, work under pressure and how to deal with marginalized groups.

4. Activate legislation related to early marriage, which prevents the conclusion of a marriage contract for girls under the age of 18 years only in exceptional cases.

5. Provide technical and logistical support to organizations working to provide reproductive health services to Syrian refugees residing outside of refugee camps. This may be accomplished by increasing the number of buildings offering reproductive health services and providing them with specialized doctors, medications, and medical equipment necessary to function effectively.

6. Provide the necessary financial support to the Ministry of Health to cover the costs of providing free reproductive health services for Syrian refugees. This measure was approved on February 15, 2016 in (HR/Syrians/1075), which will provide maternal and child health services to Syrian refugees free of charge. Maternal and Child Health services mean health services provided to the pregnant until delivery and during the postpartum period, also health services provided to the children from the date of his birth and until he reaches five years.

7. Establish counselling teams that conduct field visits to Syrian refugees in order to raise awareness of reproductive health services and agencies providing these services.

8. Encourage organizations providing reproductive health services to Syrian refugees to work in the southern governorates with the goal of expanding Syrian refugees' access to these limited services.

9. Pay more attention to gender distribution of workers at reproductive health centers in order to help males access these services more comfortably and overcome embarrassment and reluctance.

10. Identify a national strategy to ensure the sustainability of free healthcare services to Syrians in the event of funding cuts to current aid projects.

11. Increase coordination, networking, exchange of expertise, and collaboration between all agencies (governmental, non-governmental, local, and international) providing reproductive health services to Syrian refugees residing outside of the camps.

12. Benefit from trained and qualified Syrian female health professionals who are licensed to work in the field of reproductive health services to address the shortage of Jordanian professionals working with Syrian refugees.

13. Continuously monitor, evaluate and oversee organizations providing reproductive health services to Syrian refugees residing outside the camps in order to ensure quality services and efficient operations within these organizations.

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Annexes

Annex (1): Satisfaction of Syrians living outside camps with reproductive health services offered

Reproductive health services for Syrians outside camps in Jordan project
Service user satisfaction survey

Form No.:.....

Good morning/ good afternoon

My name is ..... From the Higher Population Council. The council is conducting a study to measure the satisfaction of Syrians with the reproductive health services offered to them. Please take a few minutes to fill out this survey form and answer the questions. Your feedback is valuable for us. All information and data obtained for this purpose are strictly for scientific research and will remain confidential.

Thank you for your cooperation.

Why do you go to the healthcare center?

1. Obtain medical treatment services from physicians
2. Do medical examinations and lab tests.
3. Obtain medication and treatments
4. Visit maternal and child health centers (reproductive health)

(If the respondent says that he/she goes to the center to obtain maternal and child health services or reproductive health services, the researcher shall give a brief overview of the topic and objective of the survey and obtain the approval of the respondent to take part in the survey. If the respondent does not go to maternal and child health centers the researcher should say thank you and end the interview).

Do you agree to take part in the survey?

1. Yes..... (continue the interview with the respondent)
2. No..... (thank the respondent and conclude the interview)

Governorate:..... District ..... Sub-district ..... Area .....

Healthcare provider: Governmental ..... Non-governmental ..... Local community
International community ..... other / please specify.....

Type of healthcare provider: Health center ..... Hospital ..... society
mobile clinic ..... Other/please specify.....

Name of researcher:.....

Time and date:.....

Coding officer:..... Data entry officer:.....

Component One: Basic Information This component includes a set of questions that seek to obtain basic information about the service users including 'gender, age group, educational attainment, age, etc., The researcher should circle the applicable answer or write its number in the "code" column.			
1	**Gender**		**Code**
	Male Female	1 2	|___|
2	**Age group**		
	12-24 Youth of both sexes 12-49 women 25 and above men 50 and above menopausal women	1 2 3 4	|___|
3	**Marital Status**		
	Single Married Divorced Widow/Widower Other.....	1 2 3 4 5	|___|
4	**Number of respondent's household members**		
	Less than 3 4-6 7-9 10- or more	1 2 3 4	|___|
5	**Income earner:**		
	Husband/ father Wife / mother Oldest brother Oldest sister Other/ please explain	1 2 3 4 5	|___|
6	**Education**		
	Illiterate Literate Secondary education Associate degree Bachelor's degree Higher	1 2 3 4 5 6	|___|
7	**Work status:**		
	Work Do not work Other……	1 2 3	|___|

8	**Average monthly income including salaries, aid, remittances, etc. (of the respondent and the household):**		
	Under 250 JD 250-449 JD 450-649 JD 650 or more	1 2 3 4	|___|
9	**Sources of income (choose all that apply)**		
	Work from home Work outside home Aid and donations Savings Remittances Other……	1 2 3 4 5 6	|___| |___| |___| |___| |___| |___|
10	**Type of residence**		
	Apartment Studio House Caravan/tent Other…….	1 2 3 4 5	|___|
11	**How many times have you visited a reproductive health care center during the year (from 1/1/2015 until now)?**		
	Once 2-5 times 6-9 times 10- or more	1 2 3 4	|___|
12	**Do you know that you have a medical file that includes all your information?**		
	Yes No	1 2	|___|
13	**Do you go to other reproductive healthcare centers?**		
	Yes (Please Specify) No	1 2	|___|
14	**Are you registered with the UNHCR**		
	Yes No	1 2	|___|

Component 2: Place of service

This component includes a number of questions that seek to identify satisfaction with the place where the service is provided. This includes the availability of an adequate infrastructure and service users' satisfaction with the place.

*The researcher should attempt to simplify the statements if they were not clear and explain the intended meaning. The respondent should circle the answer that applies or write its number in the "code" column.

#	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	code
1	The location of the center is appropriate and is easy to reach	1	2	3	4	5	6	|___|
2	Communal facilities are available at the center (bathrooms, sinks, etc.,)	1	2	3	4	5	6	|___|
3	A place is designated for reception and guidance of visitors	1	2	3	4	5	6	|___|
4	The waiting area is adequate in terms of space, outfitting, and number of seats	1	2	3	4	5	6	|___|
5	I feel that the center is very clean and neat	1	2	3	4	5	6	|___|
6	Working hours at the healthcare center are adequate	1	2	3	4	5	6	|___|
7	There are areas that are suitable for persons with special needs (the elderly, disabled persons, etc.,)	1	2	3	4	5	6	|___|
8	There is a place designated for clinical examinations by the physician.	1	2	3	4	5	6	|___|
9	The time I spent with the service provider was adequate	1	2	3	4	5	6	|___|
10	Prices of offered services are appropriate	1	2	3	4	5	6	|___|
11	The entry of patients to the service provider's office is organized	1	2	3	4	5	6	|___|
12	The place designated for medical consultations respects the privacy of patients	1	2	3	4	5	6	|___|
13	There is a suitable place for the provision of group education services (lectures, seminars, etc.)	1	2	3	4	5	6	|__|
14	The center has medical equipment and devices for reproductive health	1	2	3	4	5	6	|___|
15	I feel that the center is adequately staffed	1	2	3	4	5	6	|___|
16	The tools and devices at the center are clean	1	2	3	4	5	6	|___|
17	There are explanatory and direction signs on location	1	2	3	4	5	6	|___|
18	There are brochures and leaflets on the offered services	1	2	3	4	5	6	|___|
19	Medical lab testing services are available	1	2	3	4	5	6	|___|
20	The waiting time I spend at the center is adequate	1	2	3	4	5	6	|___|

Component 3: Healthcare providers

This component includes questions that seek to identify the satisfaction of respondents with the providers of healthcare services in terms of skills and knowledge

*The researcher should attempt to simplify the questions for the responded in case they were not clear and explain their intended meaning. The respondent should circle the applicable answer or write its number in the "code" column.

#	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	code
1	The staff have good communication skills	1	2	3	4	5	6	|___|
2	The reception by staff is good and welcoming	1	2	3	4	5	6	|___|
3	Language used by staff is simple and easy to understand by service users	1	2	3	4	5	6	|___|
4	Staff members give full responses to inquiries	1	2	3	4	5	6	|___|
5	Staff members handle repeated questions with patience	1	2	3	4	5	6	|___|
6	All information related to my visit is given	1	2	3	4	5	6	|___|
7	Staff members perform work with perfection	1	2	3	4	5	6	|___|
8	Staff members are attentive to the privacy of patients	1	2	3	4	5	6	|___|
9	Staff members maintain the confidentiality of cases	1	2	3	4	5	6	|___|
10	Staff members understand the concerns of some patients	1	2	3	4	5	6	|___|
11	Staff members are friendly and kind	1	2	3	4	5	6	|___|
12	Questions about the family medical history are asked	1	2	3	4	5	6	|___|
13	Follow-up visits are documented in a special log and in the patient's checkup file	1	2	3	4	5	6	|___|
14	The patient's file is given to the physician/specialist at each appointment	1	2	3	4	5	6	|___|
15	The physician/ specialist perform all the needed exams to determine what I need	1	2	3	4	5	6	|___|
16	Staff members adhere to safety requirements (replacing sheets, sterilizing and disinfecting places)	1	2	3	4	5	6	|___|
17	The physician/ specialist wears gloves when a medical exam is required	1	2	3	4	5	6	|___|

*****Note to the researcher: the next questions will be specific for each target group by age. The respondent should be given an introduction about that and thanked for their cooperation.**

Component 4: Services

This component focuses on the services offered to beneficiaries through the healthcare centers and surveys the satisfaction of the beneficiaries with the services. The services are divided by target group and age.

*The researcher should attempt to simplify the statements if they were unclear and explain their intended meaning to the respondent.

Component 4: Women aged 12-49

This component includes questions that aim to measure the satisfaction of service users with the provided reproductive healthcare services in the areas of "safe motherhood: pre-natal, post-natal, safe delivery, family planning, breastfeeding, breast cancer, cervical cancer, early marriage, abortion and post abortion.

The researcher should circle the applicable answer or write its number in the "code" column.

1) **How old were you when you first got married? (choose one of the below):** |___|

1. (12-16) years old
2. (17-22) years old
3. (23-26) years old
4. (27-above) years old

2) **Do you currently use a family planning method?** |___|

1. Yes, please answer question (3)
2. No, please answer question (5)

3) **Is this the first method that you have used?** |___|

1. Yes. Please answer question (4)
2. No. Please answer question (4)

4) **What type of method do you use?** ..... |___|

5) **How old were you when you had your first child?** |___|

1. (12-16)
2. (17-22)
3. (23-26)
4. (27 or above)

6) **Number of live births** |___|

1. Less than 2
2. (3-5)
3. (5-7)
4. (8 or more)

7) **Number of previous abortions** |___|

- Less than 2
- (3-5)
- (5-7)
- (8-more)

#	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	code
1	The center offers education and awareness sessions on reproductive health and family planning	1	2	3	4	5	6	|___|
2	The center conducts home visits to offer group education on reproductive health and family planning	1	2	3	4	5	6	|___|
3	The center offers consultation services on reproductive health	1	2	3	4	5	6	|___|
4	Family planning methods are continuously available	1	2	3	4	5	6	|___|
5	Consultations about family planning methods are offered	1	2	3	4	5	6	|___|
6	Explanations provided on family planning methods are thorough	1	2	3	4	5	6	|___|
7	Advice and education on choosing the best method is offered	1	2	3	4	5	6	|___|
8	The necessary medical exams are performed to assess if the patient is fit to use the family planning method	1	2	3	4	5	6	|___|
9	The side effects of family planning methods as well as ways to deal with any complications that may happen are explained	1	2	3	4	5	6	|___|
10	The center offers follow-up services to women after the use of family planning methods	1	2	3	4	5	6	|___|
11	The center offers awareness and education lectures on pregnancy spacing	1	2	3	4	5	6	|___|
12	Consultation on pregnancy spacing is good and adequate	1	2	3	4	5	6	|___|
13	Awareness and educational lectures on breast-feeding are offered	1	2	3	4	5	6	|___|
14	The center offers consultations on breast-feeding	1	2	3	4	5	6	|___|
15	Education services on the importance of vaccinations for mothers and children are provided	1	2	3	4	5	6	|___|
16	Vaccinations for women and children are available	1	2	3	4	5	6	|___|
17	The condition of pregnant women is checked, pregnancy periods are calculated, and medical exams are performed	1	2	3	4	5	6	|___|
18	The center offers all the supplements needed by women during pregnancy such as iron, calcium, vitamins, etc.,	1	2	3	4	5	6	|___|
19	The necessary exams for breast and cervical cancers are available	1	2	3	4	5	6	|___|
20	Referral services upon the detection of breast or cervical cancers are available.	1	2	3	4	5	6	|___|

21	Awareness programs on breast cancer and cervical cancer are available	1	2	3	4	5	6	|___|
22	Awareness and education programs on early marriage are available	1	2	3	4	5	6	|___|
23	The center offers counselling on the negative effects of early marriage	1	2	3	4	5	6	|___|
24	The center offers awareness and education programs on the causes of abortion/ care post abortion	1	2	3	4	5	6	|__|
25	The center offers treatment services for abortion cases/ and post abortion	1	2	3	4	5	6	|__|
26	The center offers referral services for abortion/ post abortion cases	1	2	3	4	5	6	|__|

Component 4: Youth of both sexes aged (12-24)

This component includes a number of questions that seek to identify the level of satisfaction of youth with the services offered by the healthcare centers in the following areas: adolescent health, reproductive system diseases, healthy habits, sexually-transmitted diseases and healthy lifestyle.

The researcher should circle the applicable answer or write its number in the "code' column

#	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	code
1	The center offers awareness sessions on public hygiene	1	2	3	4	5	6	|___|
2	The center offers awareness sessions on personal hygiene	1	2	3	4	5	6	|___|
3	The Center offers awareness sessions on the negative effects of smoking and alcohol consumption	1	2	3	4	5	6	|___|
4	The center offers awareness sessions on adolescent health	1	2	3	4	5	6	|___|
5	The center offers support for quitting smoking and adopting a healthy lifestyle	1	2	3	4	5	6	|___|
6	Consultation services offered by the center on sexually-transmitted diseases are comprehensive	1	2	3	4	5	6	|___|
7	Detection of reproductive system diseases is available	1	2	3	4	5	6	|___|
8	Counselling services on the physical and hormonal changes that accompany puberty and adolescence are good	1	2	3	4	5	6	|___|
9	The center offers counselling services on the physical and psychological changes that accompany adolescence	1	2	3	4	5	6	|___|
10	The center offers educational and awareness sessions on early marriage	1	2	3	4	5	6	|___|
11	The center offers counselling services on the negative effects of early marriage	1	2	3	4	5	6	|___|
12	The center offers education services on the importance of pre-marital medical tests	1	2	3	4	5	6	|___|

Component 4: Men aged (25 and above)

This scomponent includes questions that aim to identify the satisfaction of married men with reproductive health services offered at healthcare centers in relation to sexually-transmitted diseases, family planning, treatment of infertility and subfertility.

The researcher should circle the applicable answer or write its number in the "code" column.

#	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	code
1	The center offers awareness sessions on family planning methods	1	2	3	4	5	6	|___|
2	The center offers awareness sessions on sexually-transmitted diseases	1	2	3	4	5	6	|___|
3	The center offers awareness sessions on infertility, subfertility and reproductive tract infections	1	2	3	4	5	6	|___|
4	Counselling services on family planning issues are offered as comprehensive services	1	2	3	4	5	6	|___|
5	The center offers follow-ups on the use of family planning methods	1	2	3	4	5	6	|___|
6	The center offers services to detect reproductive system diseases	1	2	3	4	5	6	|___|
7	The center offers services to detect sexually-transmitted diseases	1	2	3	4	5	6	|___|
8	The center offers services to detect infertility and subfertility	1	2	3	4	5	6	|___|
9	Treatments for sexually-transmitted diseases are as comprehensive services	1	2	3	4	5	6	|___|
10	Referrals to specialized entities for sexually-transmitted diseases are available	1	2	3	4	5	6	|___|
11	Treatment services for infertility and subfertility are available	1	2	3	4	5	6	|___|
12	Referral services for infertility and subfertility cases are good	1	2	3	4	5	6	|___|
13	The center offers guidance and educational services on the importance of pre-marital testing	1	2	3	4	5	6	|___|
14	Pre-marital testing services at the center are good	1	2	3	4	5	6	|___|

Component 4: Menopausal women aged (50 and above)

This component includes questions that aim to identify the satisfaction of women aged (50 and above) with the reproductive health services offered to them at the healthcare centers.

The researcher should circle the applicable answer or write its number in the "code" column.

#	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	code
1	Lectures on the physical changes that accompany menopause are offered	1	2	3	4	5	6	|___|
2	There are awareness lectures on the psychological changes that accompany menopause	1	2	3	4	5	6	|___|
3	The center offers awareness and educational lectures on how to best cope with the physical and psychological changes that accompany menopause	1	2	3	4	5	6	|___|
4	The center offers advice and counselling services to married couples	1	2	3	4	5	6	|___|
5	The center offers consultations to understand the physical changes that accompany menopause	1	2	3	4	5	6	|___|
6	Counselling services for psychological changes that accompany menopause are good	1	2	3	4	5	6	|___|
7	Checkup services on psychological and physical changes that accompany menopause are good	1	2	3	4	5	6	|___|
8	The center offers diagnosis of illnesses associated with menopause	1	2	3	4	5	6	|___|
9	Treatment for physical symptoms that accompany menopause is available	1	2	3	4	5	6	|___|
10	The healthcare center offers referral to other organizations for treatment for illnesses that accompany menopause	1	2	3	4	5	6	|___|

Do you have any suggestions/ recommendations/ comments?

Annex (2): The comprehensive survey of the geographic distribution of organizations that provide reproductive health services

Survey of organizations that provide reproductive health services to Syrians

(Mapping)

Form No.:.....

Good morning/ good afternoon

My name is ..... from the Higher Population Council. The council is conducting a study to measure the satisfaction of Syrians with the reproductive health services offered to them. Please take a few minutes to fill out this survey form and answer the questions. Your feedback is valuable for us. All information and data obtained for this purpose are strictly for scientific research and will remain confidential

Thank you for your cooperation

Governorate:..... District ..... Sub-district ..... Area .....

Healthcare provider: Governmental ..... Non-governmental ..... Local community

International community ..... other / please specify.....

Type of healthcare provider: Health center ..... Hospital ..... society

mobile clinic ..... Other/please specify.....

Name of researcher:.....

Name and title of interviewee and place of the interview

Time and date:.....

Coding officer:..... Data entry officer:.....

Component 1

This component includes questions that aim to identify the organizations that provide reproductive health services to Syrians (name, location, target group, project, etc.,)

1. Organization's name (Arabic).....
2. Organization's name (English)..... Type of organization.....
3. Year founded: .....
4. Address: Governorate:..... District:..... Sub-district.....
5. P.O. Box:.....
6. Landline..... Mobile:..... Fax:.....
7. Email:..... Website:.....
8. Organization's objectives:

.....

9. Target group.....
10. Organization's scope of work

.....

.....

11. Branchoffices

.....

Component Two

This component includes information about the services offered to Syrians by the healthcare centers. Please check the box to indicate which services and types of services are offered by your organization

#	Provided service	Type of provided service				comments
		Treatment	Awareness	Counselling	Referral	
1	Safe motherhood including: prenatal and antenatal care and safe delivery, post-natal care, maternal, infant and child care, and breastfeeding					
2	Care and counselling for abortion / abortion and post abortion					
3	Family Planning methods					
4	Laboratory tests and services					
5	medical imaging					
6	Sexually-transmitted diseases (Syphilis, gonorrhea, reproductive tract infections, etc.)					

7	Youth awareness and education about reproductive and sexual health					
8	Human developments					
9	Breast cancer, reproductive system cancers.					
10	Men's involvement in reproductive health					
11	Healthy lifestyles (exercising, staying away from drugs, alcohol, etc.)					
12	Premarital medical testing					
13	Menopausal women's health					
14	Early marriage					
15	Infertility and subfertility					
16	Education and awareness raising					
17	Brochures, flyers, website, home visits					
18	Vaccinations					

Component 3

This component includes information that aims to identify the referral procedures used by the organization, which age groups and social groups are the most frequent users of the organization's services, what are the documentation methods used, etc.,

1.	**Does the organization refer some cases to other organizations?** 1. Yes. Please answer question (2). 2. No. Please answer question (3).
2.	What challenges / obstacles do you face in delivering services to Syrians?
3.	Are the services offered to Syrians free (free, or for nominal fees, etc.,)
4.	Which services are related to reproductive health? .....
5.	Which reproductive health services are the most sought-after by Syrians (safe motherhood, family planning, infertility treatment, subfertility, etc.,).....
6.	Which social and age groups visit your organization the most? Write a number next to each group with (1) being the group that visits the organization the most, and so on. 1. Women aged (12-49)..... 2. Youth of both sexes aged (12-24) ..... 3. Men aged (25 and above) ..... 4. Menopausal women (aged 50 and abve).....
7.	What are the challenges/ obstacles that you face in delivering services to Syrians.....
8.	Are the numbers and nationalities of service users documented? 1. Yes 2. No
9.	What are the methods used to document information related to reproductive health services? Manual documentation/ logs, periodic reports ..... Computerized documentation ..... Database ..... Other .....
10.	Do you have any suggestions for improving the provision of reproductive health services by your organization to Syrians?.....

Annex (3): survey form for organizations that provide reproductive health services

Questionnaire for Organizations that provide reproductive health services to Syrians Living outside Camps in Jordan

Form No.....

Good morning/ Good afternoon

My name is ..... From the Higher Population Council. The council is conducting a study to measure the satisfaction of Syrians with the reproductive health services offered to them. Please take a few minutes to fill out this survey form and answer the questions. Your feedback is valuable for us. All information and data obtained for this purpose are strictly for scientific research and will remain confidential

Thank you for your cooperation,

Governorate:..... District ..... Sub-district ..... Area .....
Healthcare provider: Governmental ..... Non-governmental ..... Local community
International community ..... other / please specify.....
Type of healthcare provider: Health center ..... Hospital ..... society
mobile clinic ..... Other/please specify.....
Name of researcher:.....
Name and title of interviewee and place of the interview:.....
Time and date:.....
Coding officer:..... Data entry officer:.....

Component 1 **This component includes questions that aim to identify the organizations that provide reproductive healthcare to Syrians (name, location, target, group, etc.)**
Organization's name (Arabic) ..... Organization's name (English)..... Type of organization.....Year founded: ..... Address: Governorate: .....District: .....Sub-district ..... P.O. Box:..... Landline .....Mobile: .....Fax:..... Email: .....Website:..... Organization's objectives:..... ..... Target group ..... Organization's scope of work.....

Component 2

This component includes questions that aim to identify the project through which the organization provides its services to Syrians, in terms of goals, target group, services, of the project, etc.

(this component is for organizations that have funded projects)

Name of health project for Syrians .....

Project objectives:.....

.....

.....

Services offered by the project: .....

.....

Target group .....

Project start date .....Project end date ..... Project duration.....

Geographic coverage of the project .....

Donor: ..... amount of grant:.....

Project deliverables: .....

.....

Challenges faced by the project: .....

.....

.....

.....

Are the offered services free of charge.....

Component 3

This component includes some information about the number of users of all the health services in general and reproductive health services in particular

Number of all service users in 2015.....

(the number of all service users who go to the center to seek general health services provided by the center)

What is number of Syrian users of reproductive health services (e.g., family planning, pregnancy spacing, pre-natal, post-natal and safe delivery services, sexually-transmitted diseases, infertility treatment and prevention, adolescence health, menopause, early detection of breast and cervical cancers, abortion and post-abortion) in 2015?

(The number of Syrians who visited the center during the year and benefitted from the reproductive services offered by the center)

Number of Syrian women aged (12-49) who visited the center in 2015: .....

Number of Syrian women aged (50 and above) who visited the center in 2015: .....

Number of Syrian youth of both sexes aged (12-25) who visited the center in 2015: .....

Number of Syrian men aged (25 and above) who visited the center in 2015: .....

Do the visitors come from the same area or from different areas (please explain):.....

Component 4 This component includes questions about the services offered to Syrians by the organization. Please check the boxes to indicate the services and types of services offered						
#	Provided service	Type of service				Comments
		Treatment	Awareness	Counselling	referral	
1	Safe motherhood including: prenatal and antenatal care and safe delivery, post-natal care, maternal, infant and child care, and breastfeeding					
2	Care and counselling for abortion and post-abortion					
3	Family Planning methods					
4	Laboratory tests and services					
5	medical imaging					
6	Sexually-transmitted diseases (Syphilis, gonorrhea, reproductive tract infections, etc.)					
7	Youth awareness and education about reproductive and sexual health					
8	Human developments					
9	Breast cancer, reproductive system cancers.					
10	Men's involvement in reproductive health					
11	Healthy lifestyles (exercising, staying away from drugs, alcohol, etc.)					
12	Premarital medical testing					
13	Menopausal women's health					
14	Early marriage					
15	Infertility and subfertility					
16	Education and awareness raising					
17	Brochures, flyers, website, home visits					

Component 5

This component includes questions that aim to identify the referral procedures followed by the organization and the social and age groups that use the services of the organization the most, etc.,

1. **Does the organization receive or refer cases from and to other healthcare organizations?**
   1. Yes. Please answer question (2)
   2. No. Please answer question (3)
2. **Please indicate these organizations:**

   Reception:
   1. .....
   2. .....

   Referral:
   1. .....
   2. .....
3. **Are services provided to Syrians for free (free, nominal fees)?**

   .....
4. **Are the free services related to reproductive health?**
   1. .....
   2. .....
   3. .....
5. **Which reproductive health services are the most sought-after by Syrians (safe motherhood, family planning, infertility, subfertility, etc.)**
   1. .....
   2. .....
   3. .....
   4. .....
6. **Which social and age groups visit your organization the most? Write the appropriate number next to each group, with (1) being the group that visits the organization the most.**
   1. Women aged (12-24)
   2. Youth of both sexes aged (12-24)
   3. Men aged (25 and above)
   4. Menopausal women (aged 50 and above)
7. **What are the challenges/ obstacles that face you in providing services to Syrians?**
   1. .....
   2. .....
   3. .....
8. **What are the methods you use to document information related to reproductive health services?**
   1. Manual documentation/logs, periodic reports.....
   2. Computerized documentation system .....
   3. Database.....
   4. Other (please specify) .....
9. **Do you document the numbers and nationalities of service users?**
   1. Yes
   2. No
10. **Do you have any comments/ suggestions for improving the reproductive health services that you provide to Syrians?**
    1. .....
    2. .....
    3. .....

Annex (4): Focus Groups Procedural Manual

Satisfaction survey on reproductive health services provided to Syrians outside camps

A guide for conducting focus groups with Syrians who do not go to reproductive health centers

Introduction:

The Higher Population Council (HPC) and the United Nations Population Fund (UNFPA) are conducting a study on reproductive health services provided outside camps in Jordan in order to measure the satisfaction of Syrians with the level of reproductive health services provided to them. The purpose of the focus groups is to identify the main reasons, difficulties and challenges that limit access of some Syrians to reproductive health centers and services. Thank you for taking the time to participate in this session and we assure you that all information and data is being obtained for scientific research purposes and will be handled with confidentiality. Reference to names or pictures of persons will only be made upon the prior consent of the concerned persons. Thank you for your cooperation.

Targeted population by the focus groups:

Six focus groups will be conducted in six different governorates for the following age groups:

1. Youth of both sexes aged (12-24) – one focus group
2. Men aged (25 and above) – one focus group
3. Menopausal women (aged 25 and above) – one focus group
4. Women aged (12-49) – three focus groups.

Ground rules for the sessions:

1. The moderator welcomes and thanks participants for attending the session and briefly introduces the Higher Population Council, the purpose of the study and the meeting, the entities that support the study, and the objectives. The moderator then explains to participants that the session may be one to two hours long, the discussion will be recorded and pictures will be taken. Participants' consent to recording and picture-taking should be secured and confidentiality of information should be assured.
2. The moderator stresses the right of every participant to express their opinion without interruption or prejudice to any other party or person. Respect for the opinion of others should be stressed and the approach for managing the session should be explained, while ensuring the confidentiality of information.
3. A simple explanation of reproductive health should be given so that participants can have a clear idea about the topic of the discussion.

Questions:

1. Are you registered with the UNHCR? If the answer is no, why not?
2. Do you receive any aid? From whom? What is the nature of aid received?
3. What health services do you receive as a refugee?
4. Where do you go to obtain the health services?
5. What reproductive health services do you receive? Where do you get them from?
6. Do you know of any reproductive health service providers in your area?
7. Do you have any knowledge of the services offered by those providers?
8. Do you know anybody who receives these services?
9. Have you made any attempts to receive reproductive health services? Please mention them
10. What difficulties and challenges that limit your access to service?

    - Economic difficulties: (transportation, financial difficulties,…..)

    - Social difficulties: (customs, traditions, etc.,)

    - Policy-related difficulties: (residence, registration, security restrictions, etc.,)

    - Location-related difficulties: (how far is the facility located, is it well-equipped or not)

11. What are the reproductive health services that organizations involved in providing the services should offer in your opinion?
12. Has any of the staff or volunteers of reproductive health centers in your area visited you at home?
13. If the answer is yes, what treatment or consultation services were provided to you?
14. What are the appropriate suggestions and solutions from your point of view?

Annex (5): Organizations that provide reproductive health services to Syrians living outside camps in the governorates of Jordan

(International) Organizations that provide reproductive health services to Syrians outside camps in the governorates of Jordan				
Organization Name	**Organization Type**	**Contact information**	**Branches**	**Offered services**
DVV International (The Institute for International Cooperation of the General Adult Education Association)	International	P.O. Box: 9693 Amman11191 , Jordan. Phone (landline): 064615526, (Mobile):0777300316 , Fax: 064615526 , email: rabie@dvv-international.jo website: www.dvv-international	DVV is headquartered in Germany and has 40 branches worldwide. The office in Jordan is located in Amman and serves as a regional office as well. DVV is the organization umbrella of around 1000 adult education centers and implements its programs and plans through local, governmental and non-governmental partners. DVV offers reproductive health awareness services in the governorates of Zarqa, Irbid and Mafraq.	Community capacity building for Syrian Refugees and Host Communities: the project aims to provide **awareness and counselling** in safe motherhood, care and counselling for abortion and post-abortion, family planning methods, sexually-transmitted diseases, awareness and education on reproductive and sexual health for youth, parental care, human development, men's involvement in reproductive health, healthy lifestyles, pre-marital medical testing, women's health during menopause, early marriage, sub-fertility, awareness and education programs, brochures, fliers, vaccination, and **referral services** for all the above.
Care international	International	Mobile: 0797117330 email: Mohammad.Awamreh@CARE.jo	Irbid, Amman, Zarqa, Mafraq	**Awareness and counselling:** The organization provides services are provided on family planning, reproductive and sexual health for youth, parental care, human development, healthy lifestyle, pre-marital medical testing, women's health during menopause, early marriage, infertility and subfertility, awareness and education programs, brochures, fliers, vaccination. **Referral services** are offered for safe motherhood, care and counselling for abortion and post abortion, laboratory tests and services, medical imaging, and sexually-transmitted diseases.
Medecins Sans Frontieres- France –The Specialized Hospital	International	Mobile:073802282 ,0799035652 email: msff-amman- medco aparis.msf. org	Irbid branch only	**Treatment services:** the organization provides safe motherhood, care and counselling for abortion / post abortion, family planning methods, sexually-transmitted diseases, early marriage. **Awareness and counselling services:** safe motherhood, care and counselling for abortion and post abortion, family planning, sexually-transmitted diseases, sexual and reproductive health for youth, parental care, breast cancer, reproductive system cancers, men's involvement in reproductive health, healthy lifestyle, early marriage, awareness and education programs, brochures, fliers. **Referral services** are offered for cases related to safe motherhood, care for abortion cases, family planning methods, x-rays, lab tests, breast and reproductive system cancers, and early marriage.

(International) Organizations that provide reproductive health services to Syrians outside camps in the governorates of Jordan				
Organization Name	**Organization Type**	**Contact information**	**Branches**	**Offered services**
UNICEF	International	Amman, P.O. Box: 1551 Amman11821 Jordan, landline:65502400 Mobile: 0795948832, Email: MSATO@ unicef. org	Amman branch only	**Awareness and counselling services:** the organization provides in safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, sexual and reproductive health of youth, parental care, breast and reproductive system cancers, women's health during menopause, awareness-raising and education programs, brochures, fliers, vaccinations. **Referral services** are offered for cases related to safe motherhood, care and counselling for abortion/ post abortion, family planning methods, laboratory tests and services, vaccinations.
UAE-Jordanian Field Hospital (Emirates Red Crescent)	International	Landline:026230022 , Fax: 026230023, Email: uae.j.fieldhospital@gmail.com	Emirates Red Crescent at Mrejib Al Fhoud Camp- Azraq, Mafraq	**Treatment services:** The hospital provides in areas related to safe motherhood, care and counselling for abortion, family planning methods, laboratory tests and services, x-rays, sexually-transmitted diseases, detection of breast cancer and reproductive system cancers, women's health during menopause, infertility, subfertility. **Awareness and counselling services** The hospital also provides in areas related to safe motherhood, care and counselling for abortion, family planning methods, laboratory tests and services, x-rays, sexually-transmitted diseases, awareness and education in reproductive health for youth, human development, awareness and education programs, brochures, fliers. **Referral services** are offered for cases related to breast cancer, reproductive system cancers, safe motherhood, care and counselling for abortion, family planning methods, and laboratory and x-ray services.
Medecins du Monde-France	International	Mobile:0795387716 e-mail: medofficer.mdmramth@gmail. com	Ramtha/Irbid branch only	**Treatment services:** the organization offers treatment for cases related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, sexually-transmitted diseases, breast cancer and reproductive system cancers, women's health during menopause. **Awareness and counselling services:** the organization offers awareness and counselling in issues related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, awareness and education in reproductive health for youth, parental care, human development, breast cancer and reproductive system cancers, healthy lifestyles, women's health during menopause, awareness and education programs, brochures and fliers, and vaccination. **Referral services:** the organization offers referral services for cases related to x-ray scans and all the above mentioned health issues.

(International) Organizations that provide reproductive health services to Syrians outside camps in the governorates of Jordan				
Organization Name	**Organization Type**	**Contact information**	**Branches**	**Offered services**
International Rescue Committee (IRC)	International	Website: WWW.RESCUE.ORG Email: caroline.boustany@rescue.org, Mobile: +962 (0) 775 066 659	Amman, Mafraq, Irbid	**Treatment services**: the organization offers treatment for cases related to safe motherhood, family planning methods, laboratory services and tests, sexually-transmitted diseases. **Awareness and counselling services**: the organization offers awareness and counselling in safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexual and reproductive health for youth, parental care, healthy lifestyles, sexually-transmitted diseases, human development, pre-marital medical testing, women's health during menopause, infertility and subfertility, laboratory tests and services, awareness and education programs, brochures and fliers. **Referral services** are provided for all the above.
Italian Hospital	International	Amman, Down town, telephone: 4777101, Fax 4750400, Email: info@italianhospital.jo	Amman, Karak	**Treatment services:** treatment is offered in the areas of safe motherhood, awareness and counselling for abortion, laboratory and x-ray services, sexually-transmitted diseases, human development, pre-marital medical tests and women's health during menopause. **Awareness and counselling services**: awareness and counselling is offered in the areas of safe motherhood, care and counselling for abortion, laboratory tests and services, x-rays and medical imaging, sexually-transmitted diseases, reproductive health for youth, parental care, breast cancer, reproductive system cancers, pre-marital medical tests, women's health during menopause, awareness and education programs and brochures and fliers. **Referral services** are offered for cases of breast and reproductive systemcancers.

(Non-governmental) Organizations that provide reproductive health services to Syrians outside camps across governorates in Jordan				
Organization Name	**Organization Type**	**Contact information**	**Branches**	**Offered services**
Islamic Charity Center Society	Non-Governmental	P.O. Box 2414 Amman 11181Jordan, Telephone: -5660287 5692789 Mobile:– 0772072678 0798995678 Fax:5692787 Email: Se7ya105@yahoo.com website: www.islamicc.com	- Amman/ Jabal Annathif - Amman/ Northern Marka - Amman/ Sweileh - A Balqa/Baq'a Refugee Camp - Amman/ Hai Um Teineh - Amman/Qweismeh - Jarash/ Gaza Camp - Amman/ Jabal Annaser - Zarqa/ Opposite Sameh Mall - Zarqa Refugee Camp/ Market Center - Mafraq/ Governorate's entrance - Rusaifah / Northern Mountain - Zarqa / Assukhneh - Duleil - Amman Al Jezah/ Al Talbieh - Madaba	**Treatment services** are provided in the areas of safe motherhood, family planning, sexually-transmitted diseases, laboratory tests and services, breast cancer and reproductive system cancers, and infertility and subfertility. **Awareness and counselling services** are provided in the areas of safe motherhood, family planning, sexually-transmitted diseases, laboratory tests and services, reproductive and sexual health for youth, parental care, breast cancer and reproductive system cancers, women's health during menopause, early marriage, infertility and subfertility, awareness and education programs, brochures and fliers, and vaccination. **Referral services** are provided for all the above as needed.
Jordan Health Aid Society	Non-governmental	Mobile:0775006027 Telephone:5856108 Fax:5856105 Website: www.jordanhealthaid.org	Amman, down town Irbid, Ramtha, Cyber City Camp The branches that offer reproductive health services are: **Amman, Irbid, Mafraq**	**Treatment services** are offered in the areas of safe motherhood, family planning methods, laboratory services and tests, women's health during menopause and vaccination. **Awareness and counselling services** are provided in the areas of safe motherhood, family planning methods, care and counselling for abortion / post abortion, laboratory services and tests, sexually-transmitted diseases, sexual and reproductive health of youth, parental care, human development, breast and reproductive system cancers, healthy lifestyles, women's health during menopause, early marriage, infertility and subfertility, awareness programs, brochures and fliers, and vaccination. **Referral services** are offered in the areas of safe motherhood, care and counselling for abortion / post abortion, laboratory services and tests, x-rays and medical imaging, sexually-transmitted diseases, sexual and reproductive health of youth, parental care, breast and reproductive system cancers, healthy lifestyles, women's health during menopause, and vaccination.

(Non-governmental) Organizations that provide reproductive health services to Syrians outside camps across governorates in Jordan				
Organization Name	**Organization Type**	**Contact information**	**Branches**	**Offered services**
Jordanian Women's Union	Non-governmental	P.O Box: 961188 Amman, 11196 Jordan, Landline: 5687037Fax:5687061 website:www.jwu.org.jo	Amman, Irbid, Zarqa, Khaldiyyah	**Treatment services** are offered in the areas of safe motherhood, family planning methods, laboratory services and tests, x-rays and medical imaging. **Awareness and counselling services** are provided in the areas of safe motherhood, care and counselling for abortion / post abortion, sexual and reproductive health of youth, parental care, human development, breast and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, pre-marital medical tests, women's health during menopause, early marriage, infertility and subfertility, brochures and fliers, vaccination. **Referral services** are offered in areas covered by the awareness and counselling services as well as for counselling for abortion.
Aman Jordanian Association	Non-governmental	Landline:5821578 Fax:5821395 email: tajaman2015@ hotmail.com	Jabal Annaser, Hai Nazzal, Seventh Circle,	**Treatment services** are offered in the areas of safe motherhood, care and counselling for abortion / post abortion, family planning methods, laboratory services and tests, x-rays and medical imaging, sexually-transmitted diseases, breast cancer and reproductive system cancers, human development, healthy lifestyles, pre-marital medical tests, women's health during menopause, early marriage, infertility and subfertility. **Awareness, counselling and referral services** are provided in all of the above mentioned areas in addition to sexual and reproductive health service for youth and parental care.
Family Health Institute- Nour Al Hussein Foundation	Non-governmental	Landline: ,5344190 Fax: 5344191	Sweileh, Hashmi Shamali, Qweysmeh, Salt, Zarqa, Der Alla, Jarash, Madaba, Ajloun	**Treatment services** are provided in areas related to safe motherhood, care and counselling for abortion and post abortion, family planning, laboratory tests and services, sexually-transmitted diseases and women's health during menopause. **Awareness and counselling services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning, laboratory tests and services, sexually-transmitted diseases, reproductive and sexual health for youth and parental care, healthy lifestyles, pre-marital medical tests, women's health during menopause, infertility and subfertility, breast cancer and reproductive system cancers, and awareness and education programs. **Referral services** are offered in areas related to safe motherhood, care and counselling for abortion and post abortion, x-rays and medical imaging, sexually-transmitted diseases, reproductive and sexual health for youth, parental care, breast cancer and reproductive system cancers, pre-marital medical tests, women's health during menopause, infertility and subfertility, and healthy lifestyles.

(Non-governmental) Organizations that provide reproductive health services to Syrians outside camps across governorates in Jordan				
Organization Name	**Organization Type**	**Contact information**	**Branches**	**Offered services**
General Union of Voluntary Societies	Non-governmental	O.O Box: 910254 Amman 11191Jordan, Landline064634001, Mobile: 0787799990, Fax: 064659973Email: rhpguvs@ yahoo.com info@ guvs.org.jo	Amman, Balqa, Jarash, Tafilah, Ma'an, Aqaba	**Awareness and counselling services**: awareness and counselling is provided in areas of safe motherhood, care and counselling for abortion / post abortion, family planning methods, breast cancer and reproductive system cancers and brochures and fliers. **Referral services** are provided for family planning, breast cancer and reproductive system cancers.
Jordan Red Crescent	Non-governmental	Amman, Al Musdar, Telephone: 4779133 Fax: 4779136	Only in Amman	**Treatment services** are provided in areas related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, x-rays and medical imaging, and sexually-transmitted diseases. **Awareness and counselling services** are provided in areas related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, sexual and reproductive health for youth, parental care, human development, laboratory tests and services, men's involvement in reproductive health, breast cancer and reproductive system cancers, healthy lifestyles, women's health during menopause, pre-marital medical tests, infertility and subfertility, brochures and fliers. **Referral services** are provided for all the above in addition to x-ray and medical imaging.

(Governmental) Organizations that provide reproductive health services to Syrians outside camps in all governorates of the Kingdom				
Organization Name	**Organization Type**	**Contact information**	**Branches**	**Reproductive health services offered**
Ministry of Health	Governmental	P.O. Box: 86/11118 Fax:5057685, website: www.moh.gov.jo	All public health centers, hospitals and all MOH educational institutions	**Treatment services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, and infertility and subfertility. **Awareness and counselling services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexual and reproductive health for youth, parental care, sexually-transmitted diseases, healthy lifestyles, breast and reproductive system cancers, men's involvement in reproductive health, fliers and brochures, and vaccination. **Referral services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, laboratory tests and services, breast and reproductive system cancers, infertility and subfertility, and vaccination. **"Comprehensive services are offered"**

(Local community) Organizations that provide reproductive health services to Syrians outside camps in all governorates of the Kingdom				
Organization name	**Organization type**	**Contact information**	**Branches**	**Reproductive health services offered**
JOHUD/ Princess Basma Development Center/ Ma'an	Local community organization	Landline,2131984-03 Mobile: 0777858112 Fax: 2133902-03 email: maan@ johud.jo	Ma'an branch only	**Treatment services** are provided in the areas of safe motherhood, family planning methods, care and counselling for abortion and post abortion, sexually-transmitted diseases, men's involvement in reproductive health, beast and reproductive system cancers, pre-marital medical tests, early marriage, women's health during menopause, infertility and subfertility, brochures and fliers. **Referral services** are offered for the above cases in addition to vaccination.
JOHUD/ Princess Basma Development Center/ Qatrana	Local community organization	Qatrana, landline: 032394228, Mobile:0776573426 Fax:032394238 , email: qatranacenter@ yahoo. com	Qatranah branch only	**Treatment services** are provided in the areas of safe motherhood and vaccination. **Awareness and counselling services** are provided in the area of safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, awareness and education on reproductive and sexual health for youth, parental care, human development, breast and reproductive system cancers, healthy lifestyles. Early marriage, brochures and fliers, vaccination. **Referral services** are provided in the area of safe motherhood, breast cancer and reproductive system cancers, and vaccination.
Al Farouq Society for Orphan's Care	Local community organization	Irbid, Landline:7275902 , Fax:7275970	Irbid branch only	**Treatment services** are provided in the areas of safe motherhood, family planning methods, laboratory tests and services, x-rays and medical imaging. **Awareness and counselling services** are provided in the areas of sexually-transmitted diseases, beast and reproductive system cancers, care and counselling for abortion and post abortion. **Referrals** are provided for the above cases.

(Local community) Organizations that provide reproductive health services to Syrians outside camps in all governorates of the Kingdom				
Organization name	**Organization type**	**Contact information**	**Branches**	**Reproductive health services offered**
JOHUD/ Princess Basma Development Center/ South Shouneh	Local community organization	South Shouneh, Telephone: 3591914-05 Mobile: ,0795683533 Fax: ,359194-05email: kafarain@ johud.orh.jo	South Shouneh branch Only	**Treatment services** are provided in the areas of safe motherhood, healthy lifestyles. **Awareness and counselling services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, sexual and reproductive health for youth, parental care, human development, breast cancer and reproductive system cancers, pre-marital medical tests, women's health during menopause, early marriage, infertility, subfertility, brochures and fliers, and vaccination. **Referrals** are provided for all the above.
Al Takaful Charitable Society	Local community organization	Irbid, Landline:027384003 email: altkaful.healthcenter@ yahoo.com	Irbid branch only	**Treatment services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory test, x-rays and medical imaging, pre-marital medical tests, women's health during menopause, early marriage, infertility and subfertility, vaccination. **Awareness and counselling services:** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, awareness and education on reproductive and sexual health for youth, parental care, breast and reproductive system cancers, healthy lifestyles, pre-marital medical tests, women's health during menopause, infertility and subfertility, awareness and education programs. **Referrals** are provided for all the above mentioned reproductive health issues.

(Local community) Organizations that provide reproductive health services to Syrians outside camps in all governorates of the Kingdom				
Organization name	**Organization type**	**Contact information**	**Branches**	**Reproductive health services offered**
Al Maqased Hospital	Local community organization	Landline:437733-06, Mobile: /0643377000 Fax: /4383432email: maqased gosp@yahoo. com	Assayeda Zainab - Hai Nazzal Center	**Treatment services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, laboratory test, x-rays and medical imaging, sexually-transmitted diseases, pre-marital medical tests, infertility and subfertility. **Awareness and counselling services** are provided in the areas of family planning methods, healthy lifestyles, and early marriage. **Referral services** are offered in the areas of awareness and education on reproductive and sexual health for youth, parental care, human development, breast cancer, reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, women's health during menopause, early marriage, awareness and education programs and vaccination.

Distribution of international organizations that provide reproductive health services in all governorates of the Kingdom by objectives, target group and scope of work				
Organization Name	**Organization type**	**Organization objectives**	**Target group**	**Scope of work**
DVV International	International	Support sustainable development efforts, train and enable individuals and communities, build institutional capacity, provide policy advice, and disseminate lifelong learning concepts and principles.	Adults aged 18 and above	Adult education, institutional capacity building, and capacity development for individuals, communities and organizations.
Care International	International	Combat poverty around the world, support local community development and support the most vulnerable in the world	All groups in the local community, with special focus on women and children	Support refugees and host communities; women's empowerment programs
Medecins Sans Frontieres-France -The Specialized Hospital	International	Humanitarian organization that provides healthcare services for free, as well as humanitarian and relief services during war and natural disasters.	Women, pregnant women, children	Follow up on pregnant women/ provision of safe delivery and neonatal services.
)UNICEF(	International	Provide healthcare and nutrition services to children, and educational services to youth	Children and youth	Healthcare and education
UAE-Jordanian Field Hospital (Emirates Red Crescent)	International	Provide the necessary treatment and healthcare to Syrian and all other nationalities.	All groups and nationalities including Jordanians	Healthcare services
Medecins du Monde-France	International	Provide healthcare services to Syrians and people of other nationalities, and provide general medical, psychological, social, awareness, family planning services as well as provide immunizations and medicines.	All Jordanian citizens and other nationalities	All areas of healthcare
International Rescue Committee/ IRC	International	A leading company in providing relief, emergency, rehabilitation and human rights support, and providing healthcare and reproductive health services.	Every vulnerable person without discrimination	Provide primary healthcare, reproductive health, protection of women against violence, protection of children, and economic support
Italian Hospital	International	Provide comprehensive medical activities according to international standards, and provide medical and humanitarian assistance to the needy	Patients of all nationalities	Healthcare and humanitarian services

Distribution of non-governmental organizations that provide reproductive health services in all governorates of the Kingdom by objectives, target group and scope of work				
Organization Name	**Organization type**	**Organization objectives**	**Target group**	**Scope of work**
Islamic Charity Center Society	Non-governmental	Provide social and health care and education, awareness, productivity and development support and services.	Jordanian society and non-Jordanian nationals on Jordanian land.	Social and health care and education.
Jordan Health Aid Society	Non-governmental	Provision of healthcare to the needy including un-insured Jordanians and people of all nationalities.	Refugees of all nationalities in addition to un-insured Jordanians	Primary healthcare (chronic diseases, reproductive health) Secondary reproductive healthcare and referral.
Jordanian Women's Union	Non-governmental	Coordinate efforts related to advocacy for women's rights, combat all forms of discrimination against women, raise women's awareness and enhance their participation in all fields, remove legislative, social, economic and political barriers to women's empowerment.	The whole community with emphasis on women	Psychological, social, legal and health support, and political, legal and economic empowerment of women.
Aman Jordanian Association	Non-governmental	Establish family planning/ reproductive health clinics, focus on youth, and raise youth awareness	All age and social groups of all nationalities	Health issues, youth awareness
Family Health Institute- Nour Al Hussein Foundation	Non-governmental	Provide primary and specialist health and psychological care to all groups and provide training programs in health issues, and provide legal counselling	All residents of Jordan	Primary healthcare, health and legal counselling
General Union of Voluntary Societies	Non-Governmental	Provide a database for community-based work, reach a common understanding of social care and sustainable development, promote all aspects of volunteer work	Mothers, children, disabled persons	Productive projects, healthcare projects, and disability-related projects
Jordan Red Crescent	Non-Governmental	Provide comprehensive treatment to patients	All social and age groups of all nationalities	Medical, psychological and curative care

Distribution of governmental organizations that provide reproductive health services in all governorates of the Kingdom by objectives, target group and scope of work				
Organization Name	**Organization type**	**Organization objectives**	**Target group**	**Scope of work**
Ministry of Health	Governmental	Protect public health by providing preventative and curative health services, exercise monitoring, organize and supervise the health services offered by the public and private sectors and provide health coverage for citizens within the available resources.	All groups of all nationalities subject to health insurance status	Promote healthy lifestyles, improve the health of the population, promote breastfeeding, provide maternal and child care, require pre-marital tests of couples that want to be married.

Distribution of local community organizations that provide reproductive health services in all governorates of the Kingdom by objectives, target group and scope of work				
Organization Name	**Organization type**	**Organization objectives**	**Target group**	**Scope of work**
JOHUD/ Princess Basma Development Center/ Ma'an	Local community	None	All groups of all nationalities	Awareness-raising, education, local community development, and enhancing youth participation
JOHUD/ Princess Basma Development Center/ Qatrana	Local community	Increase local community awareness about all social, economic, legal and health issues, empower and enhance the participation of women, and support early childhood.	Youth of both sexes/ women/ children	Youth initiatives, volunteer work, aid for needy families, free medical days, mobile clinics.
Al Farouq Society for Orphan's Care	Local community	Provide financial assistance and health insurance to orphans and their families, and provide education to orphans and their families.	All social and age groups	Financial assistance, health insurance and education.
Al Takaful Charitable Society	Local community	Provide professional level healthcare to all groups of society, and continuously cooperate with the Ministry of Health to benefit from its services and achieve excellence in the field of healthcare.	All Jordanian citizens and all refugees of all nationalities.	Provision of high quality healthcare
JOHUD/ Princess Basma Development Center/ South Shouneh	Local community	Provide local community development and implement distinguished development programs to improve the living conditions of people.	Various groups	Local development, psychological and social support.
Al Maqased Hospital	Local community	Provide medical and non-medical support and the needed assistance/ facilitate entry transactions for Syrian refugees, and support the largest possible number of Syrian refugees.	All social and age groups of all nationalities.	Outpatient clinics and operations, and provision of medical services.

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
DVV International	Based on the case and the type of assistance requested	Nationalities and numbers of service users are documented manually and using periodic project reports and a database.	Awareness about safe motherhood, family planning and breast cancer are the most sought after reproductive health services. Women aged (18 and above) are the most frequent users of the services.	Awareness and referral services are provided for free	Financial costs, and inability of some groups to handle transportation costs, which forces the organization to cover the costs by itself. Different levels of knowledge about reproductive health between Syrian and Jordanian women. Ignorance and lack of awareness.	None

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
Islamic Charity Center Society	Cases are referred to other entities such as the Society's hospitals and specialized clinics.	Nationalities and numbers of service users are documented using logs and shared databases, as well as computerized documentation systems at some branch centers.	The most frequent users of services are women aged (12-49) followed by men aged (25 and above). Safe motherhood and family planning are the most sought-after services by Syrians.	Services are provided for free to Syrians	The free of charge services increase operational costs on the organization and its branches. Ignorance and lack of awareness among Syrians about reproductive health. Syrian male and female doctors are banned from working despite the shortage of female Jordanian doctors. Wrong customs and traditions.	Provide free family planning, awareness-raising and education services. Engage religious figures in raising awareness about reproductive health. Conduct media campaigns on reproductive health issues. Provide financial assistance to health centers that provide free reproductive health services.

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
Jordan Health Aid Society	The Society receives and refers cases to and from other entities such as private and public hospitals	Nationalities and numbers of service users are documented using a database, computerized documentation system, periodic reports and logs.	Safe motherhood services are the most sought-after services by Syrians. Women aged (12-49) and youth of both sexes aged (12-24) are the most frequent users of services.	Services are provided for free	Wrong customs and traditions among Syrians with regard to family planning. Lack of adherence by Syrians to scheduled appointments. Men's influence over fertility health choices. Ignorance and lack of awareness among Syrians.	Conduct regular follow-ups. Form committees to conduct monitoring and evaluation.
Care International	Cases are received and referred to and from other entities such as public hospitals and counterpart international organizations specialized in medical support.	Nationalities and numbers of service users are documented using a computerized system and a database.	Women aged (12-49) are the most frequent users of services, followed by youth of both sexes aged (12-24). Safe motherhood and family planning are the most sought-after services by Syrians.	Services are provided for free	Lack of funding. Increasing and different needs Ignorance and lack of awareness.	Increase awareness programs in this field and conduct a study on reproductive health of Syrians.

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
Jordanian Women's Union	Cases are received and referred to and from other entities such as public hospitals depending on the case.	Nationalities and numbers of service users are documented using a computerized system and a database.	Women aged (12-49) are the most frequent users of services, followed by youth of both sexes aged (12-24). Safe motherhood, family planning and treatment of infections are the most sought after services by Syrians.	Services are provided for free	Lack of awareness and educational attainment among Syrian service users Early marriage and repetitive pregnancies. Lack of personal hygiene.	Increase cooperation and networking among organizations involved in reproductive healthcare.
Aman Jordanian Association	Cases are received and referred to and from other entities such as private hospitals.	Nationalities and numbers of service users are documented using reports, logs and computerized systems	Women aged (12-49) are the most frequent users of services, followed by youth of both sexes aged (12-24). Safe motherhood and family planning are the most sought-after services by Syrians.	Services are offered to Syrians for nominal fees	Referral to hospitals, financial costs of providing services, ignorance, lack of awareness, early marriage and repetitive pregnancies.	None
Ministry of Health	MOH receives and refers cases from and to related government entities.	Nationalities and numbers of service users are documented using periodic reports and a computerized system	Women aged (12-49), and (50 and above) are the most frequent users of services. Safe motherhood, family planning, vaccination, infant and neonatal care, are the most sought-after services by Syrians.	Services are offered to Syrians for nominal fees	Financial and economic challenges as well as cultural differences,	Treatment costs should be covered. The Ministry of health should be informed about the numbers of Syrians and their place of residence, and awareness should be raised through seminars.

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
JOHUD/ Princess Basma Development Center/ Ma'an	Cases are received and referred to and from other entities such as public hospitals.	Nationalities and numbers of service users are documented manually and using logs and reports.	Women aged (12-49) are the most frequent users of services. Family planning services are the most sought-after services by Syrians.	Services are provided for free	Location	None
Family Health Institute- Nour Al Hussein Foundation	Cases are received and referred to and from other entities.	Nationalities and numbers of service users are documented using logs, reports, a computerized system and a database	Women aged (12-49) and youth of both sexes aged (12-24) are the most frequent users of services. Safe motherhood and family planning services are the most sought-after services by Syrians.	Services are offered for free	None	None
General Union of Voluntary Societies	Cases are received and referred to and from other entities such as UNRWA clinics, the Private Female Doctors Network, and Nour Al Hussein Foundation.	Nationalities and numbers of service users are documented manually using logs, as well as in a computerized system and a database.	Women aged (12-49) are the most frequent users of services. Safe motherhood and family planning services are the most sought-after services by Syrians.	Awareness, counselling and referral services are offered for free	Ignorance and lack of awareness among women, illiteracy	A center should be assigned to the Union so that it can utilize the services of MOH and provide services for free.

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
JOHUD/ Princess Basma Development Center/ Qatrana	Cases are received and referred to and from other entities such as hospitals and health centers.	Nationalities and numbers of service users are documented manually and using logs and reports.	Women aged (12-49) and youth of both sexes aged (12-24) are the most frequent users of services. Safe motherhood and early marriage awareness are the most sought-after services by Syrians.	Services are provided for free	Financial difficulties that limit Syrians' involvement. Customs and traditions.	Healthcare services should be provided for free, medication for certain chronic illnesses like diabetes should be made available.
Medecins Sans Frontieres-France -The Specialized Hospital	Cases are received and referred to and from other entities such as Jordan Health Aid Society, the King Abdullah Hospital, and the private sector	Information is documented manually and using databases.	Women aged (12-49) are the most frequent users of services. Safe motherhood, postnatal care and family planning are the most sought-after services by Syrians.	Services are provided for free	Family interference/ patients stop visiting the healthcare center without the physician's approval. Early marriage and pregnancy. Discrimination based on gender, domestic violence, customs and traditions. Ignorance and low educational attainment.	Financial support provided to organizations that offer the services should be increased.

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
Al Farouq Society for Orphan's Care	The Society does not refer or receive cases from and to other entities.	The Society does not document the numbers or nationalities of service users.	Women aged (12-49), and (50 and above) are the most frequent users of services. Safe motherhood and family planning are the most sought-after services by Syrians.	Services are provided for nominal fees	None	None
Al Takaful Charitable Society	Cases are received and referred to and from other entities such as MOH, King Abdullah Hospital, and Al Qawasmi Hospital.	Nationalities and numbers of service users are documented in logs and reports.	Women aged (12-49), and (50 and above) are the most frequent users of services. Safe motherhood services are the most sought-after services by Syrians.	Services are provided for nominal fees	Lack of financial support to the Society. Lack of awareness and knowledge about reproductive health and family planning issues. Customs and traditions.	Financial support offered to organizations that provide health services should be increased. Networking and involvement with other organizations should be increased.
(UNICEF)	Cases are received and referred to and from other entities such as international and civil society organizations.	Nationalities and numbers of service users are documented in logs, reports, computerized documentation systems and databases.	Women aged (12-49), and (50 and above) are the most frequent users of services. Safe motherhood services are the most sought-after services by Syrians.	Services are provided for free	None	None

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
JOHUD/ Princess Basma Development Center/ South Shouneh	Cases are received and referred to and from other entities such as the legal aid center, and family protection centers.	Nationalities and numbers of service users are documented in logs, reports, computerized documentation systems and databases.	Women aged (12-49), and (50 and above) are the most frequent users of services. Safe motherhood services are the most sought-after services by Syrians.	Services are provided for free	None	None
UAE-Jordanian Field Hospital (Emirates Red Crescent)	Cases are received and referred to and from other entities such as public hospitals, Jordan Health Aid Society and Medicins Sans Frontieres.	Nationalities and numbers of service users are documented manually and using a computerized system, periodic reports and a database.	Women aged (12-49), and (50 and above) are the most frequent users of services, followed by men aged (25 and above). The least frequent service users are youth aged (12-24). Safe motherhood postnatal care, family planning, treatment of infertility and subfertility, and natural childbirth are the most sought-after services by Syrians.	Services are provided for free	Unavailability of surgical procedures and some laboratory tests and medical imaging such as (HSG). Customs and traditions, ignorance and lack of awareness.	Medicines used in treating infertility and subfertility should be made available. Some unavailable family planning methods such as IUDs and injections should be made available. Awareness and education programs should be increased.

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
Medecins du Monde-France	Cases are received and referred to and from counterpart international organizations, and public health centers.	Numbers of service users are documented manually and using logs, reports, a computerized system and a database.	Women aged (12-49), and (50 and above) are the most frequent users of services. Safe motherhood and family planning services are the most sought-after services by Syrians.	Reproductive health services are provided for free	None	None
Jordanian Red Crescent	Cases are received and referred to and from other entities such as specialized clinics.	Nationalities and numbers of service users are documented using a computerized system.	Women aged (12-49) are the most frequent users of reproductive health services. Safe motherhood services are the most sought after services by Syrians.	Services are provided for free	Lack of financial support, and lack of some medications, as well as the prevalence of certain customs and traditions, and lack of awareness.	Financial assistance should be provided for refugees and organizations that provide services to them.
International Rescue Committee/ IRC	Cases are received and referred to and from other entities such as public health facilities, private clinics and non-governmental organizations.	Nationalities and numbers of service users are documented manually and using a computerized system.	women aged (12-49) and men aged (25 and above) are the most frequent users of the services. Safe motherhood and family planning are the most sought after services by Syrians.	Services are provided for free	Wrong customs and traditions, low educational attainment levels, and increasing number of service users compared with the limited medical staff and clinic's capacity	More support and funding is needed to ensure undisrupted provision of basic reproductive health services; integrating reproductive health services into Primary healthcare; and increasing awareness programs

Distribution of organizations that provide reproductive health services in all governorates of the Kingdom by documentation methods used, most sought-after maternal health services, challenges, and recommendations						
Organization name	**Reception and referral of cases**	**Documentation methods used**	**Most sought-after maternal health services by age and social groups of Syrians.**	**Cost of service**	**Challenges**	**Suggestions and recommendations**
Al Maqased Hospital	The hospital receives and refers cases from and to other private hospitals and health centers.	The hospital documents the numbers and nationalities of service users manually, and using computerized documentation systems and a database.	Married women aged (12-49) are the most frequent users of the services, followed by women aged (50 and above). Safe motherhood services are the most sought-after services by Syrians.	Services are provided for free	Identification documentation, security and oversight pressure, social conditions and customs and traditions.	Increase cooperation and networking among all organizations involved in supporting Syrian refugees as much as possible, and identify an official entity to follow up on all issues related to Syrians.
Italian Hospital	Referrals are made to specialized health centers such as the King Hussein Cancer Center.	Computerized documentation	Women aged (12-49) are the most frequent users of the services, followed by youth aged (12-24), and women aged (50 and above), while men aged (25 and above) are the least frequent users. Natural childbirth, cesarean section, and neonatal services are the most sought after services.	Services are provided for free	Customs and traditions, low educational attainment, high costs incurred by Syrians, early marriage and repetitive pregnancies.	Awareness and education programs need to be increased; financial support need to be increased.

Distribution of organizations that provide reproductive health services in target governorates by goals, target groups and health projects								
Governorate	**Organization name**	**Organization type**	**Contact information**	**Objectives**	**Target group**	**Name and goals of health project**	**Donor**	**Duration**
Capital	Jordan Health Aid Society	Non-Governmental	775006025	Provision of healthcare for refugees and un-insured Jordanians.	Refugees and un-insured Jordanians of all social and age groups	UNHCR's health project for refugees, which aims to provide healthcare and medical consultations to refugees and un-insured Jordanians	UNHCR	The project started in 2005 and has no specific end date.
Capital	Khraibet Essouq Healthcare center	Governmental/ Health center	796751098	Provision of healthcare to citizens and refugees in addition to treatment, counselling and consultations on health issues that concern society.	All social and age groups	No health projects for Syrians	None	None
Zarqa	Islamic Charity Center Society/ Zarqa Health Center – Aisha Um Al Mo'menin Center	Non-Governmental	53650211	Provision of healthcare for refugees, in-kind and cash assistance for needy families, and provision of scholarships.	All social and age groups of all nationalities	The Family Planning Project aims to healthcare to mothers and infants as well as counselling on health issues.	Jordanian MOH	The project started in early 2014 and lasted until 2015
Zarqa	Wadi Al Hajar Comprehensive Health Center	Governmental/ Health center	3970773	Provision of family healthcare, as well as maternal and child health follow-ups	Service users are women of all nationalities	No health project for Syrians	None	None
Zarqa	Maternal and Child Health Training Center	Governmental/ Health center	3985695	Provision of family healthcare services in addition to family planning, and maternal and child care.	Women and children	No health project for Syrians	None	None

Distribution of organizations that provide reproductive health services in target governorates by goals, target groups and health projects								
Governorate	**Organization name**	**Organization type**	**Contact information**	**Objectives**	**Target group**	**Name and goals of health project**	**Donor**	**Duration**
Zarqa	Zarqa Public Hospital- Maternal and Child clinic	Governmental/ Hospital	53758260	Provision of healthcare services to service users of gynecology and maternal clinics and the provision of awareness and consultation on the use of family planning methods.	All service users are women of all nationalities	No health project for Syrians. Healthcare services are provided to all groups through the private clinics of the hospital.	None	None
Zarqa	Family Health Institute- Nour Al Hussein Foundation	Non-Governmental	795742625	Provision of healthcare for mothers and infants, provision of awareness and education of youth in health issues that matter to them, provision of awareness and counselling as well as legal advice.	Women, children, and youth of both sexes	Enhancing access of Syrian refugees to reproductive health (AIDOS). The project aims to provide legal counselling to refugees as well as psychological counselling for youth, reproductive health and family planning services.	European Union	2014-2016
Mafraq	Jordan Health Aid Society	Non-Governmental	775007012	Provision of healthcare, health awareness and education, as well as primary and secondary healthcare through referrals to hospitals.	All social and age groups of all nationalities in addition to un-insured Jordanians.	Healthcare for refugees project (UNHCR). The project aims to provide primary healthcare and health education.	UNHCR	2012- no specified end date
Mafraq	IRC, Al Amal Clinics	International	N/A	Provision of health services and family planning methods, provision of prenatal and postnatal care, and provision of family awareness and education.	All social and age groups of all nationalities	Reproductive healthcare project	IRC	2011- renewable on annual basis depending on funding

Distribution of organizations that provide reproductive health services in target governorates by goals, target groups and health projects								
Governorate	**Organization name**	**Organization type**	**Contact information**	**Objectives**	**Target group**	**Name and goals of health project**	**Donor**	**Duration**
Mafraq	Mafraq Maternity and Child Public Hospital	Governmental	26236201	Provision of treatment services (obstetrics and gynecology), as well as safe motherhood services and counselling and consultations.	All service users are Jordanian and Syrian women and children	No health project for Syrians	None	None
Mafraq	Khaldiyyah Comprehensive Center	Governmental	02-6256225, 0787284825	Provision of family planning services, healthcare for pregnant women and their infants, and the provision of counselling and vaccination services.	All service users of all nationalities	No health project for Syrians	None	None
Mafraq	Jordan Association for Family Planning and Protection	Non-Governmental	N/A	Provision of healthcare services, safe motherhood, and family planning methods	Al service users are women	No health project for Syrians	None	None
Irbid	Jordan Association for Family Planning and Protection	Non-Governmental	7254140	Increasing the coverage of reproductive health and family planning services, and ensuring continual provision of reproductive health and family planning services.	Women of reproductive age	No health project for Syrians	There is no health project, and services are provided through the clinic in each area for its respective residents.	None

Distribution of organizations that provide reproductive health services in target governorates by goals, target groups and health projects								
Governorate	**Organization name**	**Organization type**	**Contact information**	**Objectives**	**Target group**	**Name and goals of health project**	**Donor**	**Duration**
Irbid	Al Farouq Society for Orphan's Care	Local Community	Landline ,7275902Fax: 7275970	Provision of financial assistance for orphans and their families, as well as health insurance and education.	All age and social groups of all nationalities	No health project for Syrians. Reproductive healthcare is provided through the Society's clinic.	There is no health project, and services are provided through the clinic in each area for its respective residents.	No project
Irbid	Jordan Health Aid Society	Non-Governmental	email: ramtha@ jordanhealthaid.org Phone: 077985666	Provision of various health services to refugees and un-insured Jordanians (dental clinics, general medicine, obstetrics/gynecology/ internal medicine).	All age and social groups of all nationalities, and un-insured Jordanians.	A health project funded by UNHCR is implemented and aims to provide medical services and consultations to refugees, as well as free treatment of patients, and make referrals to public hospitals if needed. There is also an Ob/Gyn clinic funded by UNFPA.	UNHCR, UNFPA	2015- until the end of 2015
Irbid	Al Takaful Charitable Society	Local community organizations	Tel.,027384003 Fax: .027385003 Email: :Altkaful. healthcenter@ yahoo.com	Provision of professional healthcare to all groups of society and cooperation with the Ministry of Health to utilize its services, and achieving excellence in healthcare.	All Jordanian citizens and all refuges of all nationalities.	No health project for Syrians. Services are provided to all groups at the clinics of the society.	None	No project

Distribution of organizations that provide reproductive health services in target governorates by goals, target groups and health projects								
Governorate	**Organization name**	**Organization type**	**Contact information**	**Objectives**	**Target group**	**Name and goals of health project**	**Donor**	**Duration**
Irbid	Medecins du Monde-France	International	795387716	Provide health services to all Syrians and people of other nationalities, and provide health services in general medicine, psychology, social health, awareness, family planning, immunizations and medicines.	All Jordanian citizens and people of all nationalities.	A primary healthcare in cooperation with the Ministry of Health that aims to provide medical consultations to all groups as well as treatments including treatment for chronic diseases. The center also provides maternal and child health services and psychological counselling.	Medecins du Monde-France	No specific timeframe and depends on regional developments
Jarash	Jordan Association for Family Planning and Protection	Non-Governmental	26351677	Provide health services are to women who go to the clinics, as well as healthcare for women during menopause.	Women aged (12-49) and (50 and above)	No health project for Syrians. Reproductive health services are provided through clinics of the Society in all governorates of the Kingdom and to everyone.	None	None
Jarash	Family Health Institute- Nour Al Hussein Foundation	Non-Governmental	795738546	Create families that enjoy good psychological, social, and reproductive health. Deliver assistance to the needy, facilitate the early detection of disabilities, and provide medical exams.	All social and age groups of all nationalities	"Enhancing Reproductive Health Care for Syrians project" aims to provide maternal and child healthcare, enable and educate women on gender-based violence, and educate women about family planning methods, early detection of breast cancer and reproductive system cancers.	UNFPA	From 6/2015 to 31/12/2015

Distribution of organizations that provide reproductive health services in target governorates by goals, target groups and health projects								
Governorate	**Organization name**	**Organization type**	**Contact information**	**Objectives**	**Target group**	**Name and goals of health project**	**Donor**	**Duration**
Jarash	Jarash Health Center	Governmental	6351098-077845707	Provide high quality health services to all social and age groups and provide reproductive health services through the maternal and child health section.	No project for Syrians. Reproductive health services are provided to all visitors of the center regardless of nationality.	No project	No donor-funded project. The provision of health services is funded by the MOH.	No project
Jarash	Qadisiyyah Health Center	Governmental	772409055	Provide primary healthcare as well as health education about chronic and non-chronic diseases, provide Ob/Gyn services. maternal and child health services, and family planning services.	No project specifically for Syrians. Reproductive health services are provided to all people of all nationalities	No project	No donor-funded project. The provision of health services is funded by the MOH.	No project
Ajloun	Sakhra Comprehensive health center,	Governmental	26445019	Provide and ensure the sustainability of high quality primary healthcare	All social and age groups of all nationalities	No project	No donor funded projects. Services funded by Jordanian MOH	No project
Ajloun	Ajloun Comprehensive Health Center	Governmental	776627464	Provide and ensure the sustainability of high quality primary healthcare	All social and age groups of all nationalities	No project	No donor funded projects. Services funded by Jordanian MOH	No project

Distribution of organizations that provide reproductive health services in target governorates by goals, target groups and health projects								
Governorate	**Organization name**	**Organization type**	**Contact information**	**Objectives**	**Target group**	**Name and goals of health project**	**Donor**	**Duration**
Ajloun	Ibeen and Ibleen Health Center	Governmental	6441069	Provide and ensure the sustainability of high quality primary healthcare	All social and age groups of all nationalities	No project	No donor funded projects. Services funded by Jordanian MOH	No project
Ajloun	Family Health Institute- Nour Al Hussein Foundation	Non-Governmental	795738150	Provide reproductive health services, awareness and education on gender-based violence, as well as awareness and counselling for soon-to-be married couples.	All social and age groups of all nationalities	Enhancing access of Syrians to reproductive health services, and combating gender-based violence	Funded by UNFPA	Project started on 1/5 until 31/12/2015

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Amman	Jordan Health Aid Society	Data is not available at the center.	**Treatment services** and awareness and counselling services are provided to refugees and un-insured Jordanians in areas related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, reproductive tract infections, reproductive and sexual health for youth, breast cancer, reproductive system cancer, healthy lifestyles, infertility and subfertility, vaccination, awareness and counselling programs. However, the most sought after services are safe motherhood and family planning.	The society receives and refers cases to and from other branches of the Society, the University Hospital or Al Bashir Hospital.	Services are provided for free	The services are used by members of all social and age groups, but the most frequent service users are women aged (12-49), and (50 and above). Safe motherhood and family planning are the most sought-after services by Syrians.
Amman	Khraibet Essouq Healthcare center	Data is not available at the center. However, around 820 Syrians user the services per year.	**Treatment services**: include safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, x-rays and medical imaging, pre-marital medical tests, and vaccinations. **Awareness and counselling services** include safe motherhood, care and counselling for abortion and post abortion, family planning methods, vaccinations, pre-marital medical tests, women's health during menopause. **Referral services** include safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests, x-rays and medical imaging, and vaccination.	The center receives and refers cases from and to other public hospitals.	Services are provided for nominal fees. Syrians are treated the same way as un-insured Jordanians	The services are used by members of all social and age groups, but the most frequent service users are women aged (12-49), and (50 and above). Safe motherhood, family planning and vaccination are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Zarqa	Islamic Charity Center Society/ Zarqa Health Center / Aisha Um Al Mo'menin	The number of service users stands at 6000 patients in general, 3700 of which are Syrians, including 2400 women aged (12-49), 312 women aged (50 and above), 100 young males and females aged (12-24), and 30 men aged (25 and above).	**Treatment services**: include safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, reproductive and sexual health for youth, infertility and subfertility. **Awareness and counselling services** include safe motherhood, family planning methods, reproductive and sexual health for youth, breast cancer and reproductive system cancer, healthy lifestyles, brochures and fliers. **Referral services** are provided for safe motherhood, care and counselling for abortion and post abortion, x-rays and medical imaging, sexually-transmitted diseases, pre-marital medical tests, women's health during menopause, infertility and subfertility, and vaccinations.	The center receives and refers cases from and to other centers of the organization as well as private hospitals.	Services offered through the project are free	The services are used by members of all social and age groups, but the most frequent service users are women aged (12-49), and (50 and above).

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Zarqa	Wadi Al Hajar Comprehensive Health Center	The number of Syrian female service users is estimated to be around (300) women aged (12-49), and (10) women aged (50 and above).	**Treatment services** include safe motherhood, family planning, breast cancer and reproductive system cancers. **Awareness and counselling services** include safe motherhood, family planning, reproductive and sexual health for youth, healthy lifestyles, women's health during menopause, brochures and fliers, vaccination, human development. **Referral services** are provided for safe motherhood, care and counselling for abortion and post abortion, laboratory tests and services, x-rays and medical imaging, sexually-transmitted diseases, breast cancer and reproductive system cancer, pre-marital medical tests, women's health during menopause and vaccination.	The center receives and refers cases from and to other centers and public hospitals (New Zarqa Hospital)	Services are not free and Syrians are treated the same way as uninsured Jordanians	Women aged (12-49) visit the center frequently. Safe motherhood and vaccination are the most sought after services.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Zarqa	Maternal and Child Health Training Center	Data is not available at the center	**Treatment services** are provided in the areas of safe motherhood, family planning, laboratory tests and services, breast cancer and reproductive system cancer, vaccinations. **Awareness and counselling services** include safe motherhood, reproductive and sexual health for youth, human development, sexually-transmitted diseases, healthy lifestyles, breast cancer and reproductive system cancers, women's health during menopause, infertility and subfertility, and vaccinations. **Referral services** are offered for safe motherhood, care and counselling for abortion and post abortion, x-rays and medical imaging, sexually-transmitted diseases, breast cancer and cervical cancer, pre-marital medical tests, infertility and subfertility,	Cases are received and referred from and to other organizations such as the Zarqa Public hospitals.	Services are not free and Syrians are treated the same way as uninsured Jordanians	The most frequent users are women aged (12-49). Insertion of family planning methods are the most sought-after services.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Zarqa	Zarqa Public Hospital-Maternal and Child Health Clinic	Estimated number of Syrian female service users is (150-200). (100-120) women are aged (12-49), and (30-50) women aged (50 and above).	**Treatment services** are provided in the areas of safe motherhood, family planning, laboratory tests and services, x-rays and medical imaging, sexually-transmitted diseases, women's health during menopause, infertility and subfertility. **Awareness and counselling services** are offered in the areas of safe motherhood, abortion and post abortion, family planning, laboratories and tests, sexually-transmitted diseases, women during menopause, infertility and subfertility, brochures, men's involvement in reproductive health. **Referral services** are offered in the area of safe motherhood, abortion and post abortion, family planning, laboratory tests, x-rays and medical imaging, and services, sexually-transmitted diseases, breast cancer and reproductive system cancers, infertility and subfertility.	The hospital receives and refers cases from and to other entities such as hospitals.	Services are not free and Syrians are treated the same way as uninsured Jordanians	The most frequent users are women aged (12-49) and (50 and above). Safe motherhood, family planning and infertility treatment are the most sought-after services by Syrians

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Zarqa	Family Health Institute-Nour Al Hussein Foundation	Estimated number of women aged (12-49) is around (600), while the estimated number of women aged (50 and above) is (150). Men aged (25 and above) are estimated at (10), while youth aged (12-24) are estimated at (300).	**Treatment services** are provided in the areas of safe motherhood, family planning. **Awareness and counselling services** are provided for safe motherhood, abortion and post abortion, family planning, laboratory services and tests, sexually-transmitted diseases, reproductive tract infections, reproductive and sexual health for youth, breasts cancer and reproductive system cancers, healthy lifestyles, pre-marital medical tests, women's health during menopause, infertility, subfertility, brochures, fliers, vaccinations, human developments, men's involvement in reproductive health. **Referral services** are provided in the areas of safe motherhood, family planning, care and counselling for abortion, lab tests, x-rays and medical imaging, and sexually-transmitted diseases.	The organization receives and refers cases from and to the Jordan Health Aid Society, and public hospitals	Services are offered for free	The most frequent users are women aged (12-49). Family planning, safe motherhood reproductive tract infections, and infertility treatment are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Mafraq	Jordan Health Aid Society	Service users are estimated at 16000, 70% of which are Syrians	**Treatment services** are offered in the areas of safe motherhood, care and counselling for abortion and post abortion, sexually-transmitted diseases. **Awareness and counselling services** are offered in the areas of safe motherhood, family planning methods, sexually-transmitted diseases, sexual and reproductive health for youth, parental care, healthy lifestyles, women's health during menopause, and brochures. **Referral services** are offered in the areas of safe motherhood, care and counselling for abortion and post abortion, laboratory services and tests, x-rays and medical imaging, sexually-transmitted diseases, reproductive and sexual health of youth, parental care, breast cancer and reproductive system cancers, and vaccinations.	Cases are received and referred to and from MOH, international organizations and private hospitals.	Services are offered for free	The most frequent users are women aged (12-49) and (50 and above). Safe motherhood services are the most sought after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Mafraq	Al Amal Clinic, IRC	The estimated number of users is 65,000 in general per year, 70% of which are Syrians. The estimated number of Syrian women aged (12-49) is estimated to be (40,000) per year.	**Treatment services** are offered in the areas of safe motherhood, family planning methods, laboratory tests and services, sexually-transmitted diseases. **Awareness and counselling services** are offered in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, sexually-transmitted diseases, reproductive and sexual health for youth, parental care, breast cancer and reproductive system cancers, men's involvement in reproductive health, pre-marital medical tests, pre-marital medical tests, brochures and vaccinations. **Referral services** are offered for the above mentioned in addition to x-ray and medical imaging, and vaccinations through MOH.	The organization receives and refers cases from and to the Jordan Health Aid Society, the UAE Hospital, and other organizations as needed.	Free services	The most frequent users are women aged (12-49) and (50 and above). Safe motherhood and family planning services are the most sought after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Mafraq	Mafraq Maternity and Child Public Hospital	The estimated number of service users is (20,000), per year, of which (3,000) are Syrians. The estimated number of Women aged (12-49) is (2000), women aged (50 and above) is (300), men aged (25 and above) is (200), while the number of youth aged (12-24) is estimated at (500).	**Treatment services** are offered in the areas of safe motherhood, family planning methods, laboratory tests and services, x-rays and medical imaging, infertility and subfertility. **Awareness and counselling services** are offered in areas related to safe motherhood, care and counselling for abortion, family planning methods, laboratory tests and services, breast and reproductive system cancers, men's involvement in reproductive health, infertility brochures, and fliers. **Referral services** are offered for all the above when needed.	Cases are received and referred to and from public health centers, Jordan Health Aid Society and other public hospitals.	The hospital does not offer reproductive health services for free and treats Syrians the same way as un-insured Jordanians	The most frequent users are women aged (12-49). Reproductive health services are the most sought-after services by Syrians

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Mafraq	Khaldiyyah Comprehensive Center	The estimated number of service users is 5000 including 500 Syrians. The number of women aged (12-49) is estimated at ,350 women aged (50 and above) are estimated at 100, while youth aged (12-24) are estimated at 50.	Treatment services are offered in areas related to safe motherhood, family planning methods, laboratory tests and services, x-rays and medical imaging, reproductive and sexual health for youth, parental care, breast cancer and reproductive system cancers, pre-marital tests, women's health during menopause. **Awareness and counselling services** are offered in areas related to safe motherhood, family planning methods, human development, healthy lifestyles, brochures and fliers, pre-marital tests and vaccination. **Referral services** are provided in areas related to sexually-transmitted diseases, breast cancer, reproductive system cancers, infertility and subfertility.	Cases are received and referred to and from Mafraq Public Hospital	The hospital does not offer reproductive health services for free and treats Syrians the same way as un-insured Jordanians	Women aged (12-49) are the most frequent users of the center's services. Safe motherhood, family planning, vaccination and health education are the most sought after services.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Mafraq	Jordan Association for Family Planning and Protection	The association did not provide estimated numbers of service users.	**Treatment services** are offered in areas related to safe motherhood, family planning methods, laboratory tests and services, human development, breast cancer and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, women's health during menopause. **Awareness and counselling services** are offered in areas related to safe motherhood, family planning methods, reproductive and sexual health for youth, parental care, human development, breast cancer and reproductive health cancers, men's involvement in reproductive health, healthy lifestyles, women's health during menopause and brochures. **Referral services** are offered in areas related to safe motherhood, family planning methods, laboratory tests and analysis, breast cancer and reproductive system cancers.	The association does not refer cases are referred and received from and to other organizations.	Reproductive healthcare services are provided for nominal fees.	Women aged (12-49) and (50 and above) are the most frequent users of the Society's services. Safe motherhood are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Irbid	Jordan Association for Family Planning and Protection	There are approximately 800 service users per year, 600 of which are Syrians including 100 women aged (12-49), and 30 aged (50 and above) from areas located near the clinics.	**Treatment services** are provided in areas related to family planning methods, laboratory tests and services, breast cancer and reproductive system cancers exams. **Awareness and counselling services** are provided in areas related to safe motherhood, care and counselling for abortion, family planning methods, sexually-transmitted diseases, human developments, breast cancer and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, pre-marital tests, brochures and fliers, awareness and education on reproductive and sexual health for youth, parental care. Referral services are provided in areas related to safe motherhood, care and counselling for abortion, family planning methods, breast cancer, reproductive system cancers, pre-marital tests, laboratory tests, and x-rays and medical imaging.	The society receives and refers cases to the x-ray section, the hospital and the surgical procedures section.	Reproductive healthcare services are provided for nominal fees.	Women aged (12-49) are the most frequent users of the Association's services. Safe motherhood, family planning, gynecology exams are the most frequently sought after services by Syrians.
Irbid	Al Farouq Society for Orphan's Care	N/A	**Treatment services** are offered in areas related to safe motherhood, family planning methods, laboratory tests and services, x-rays and medical imaging. **Awareness and counselling services** are offered in areas related to sexually-transmitted diseases, breast cancer and reproductive system cancers, care and counselling for abortion and post abortion. **Referral services** are not provided.	The Society does not refer or receive cases to and from other organizations.	Reproductive healthcare services are provided for nominal fees.	Women aged (12-49) and (50 and above) are the most frequent users of the Society's services. Safe motherhood and family planning services are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Irbid	Jordan Health Aid Society	The estimated number of service users per month in 2015 is 1000 patients while service users of maternal health clinic is 200 per month.	**Treatment services** are offered in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, breast cancer and reproductive system cancers, women's health during menopause, **Awareness and counselling services** are provided in areas related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, awareness and education on reproductive and sexual health for youth, parental care, breast cancer and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, women's health during menopause, human development. **Referral services** are offered for issues related to safe motherhood, care and counselling for abortion and post abortion, laboratory tests and services, x-rays and medical imaging, breast cancer and reproductive system cancers, and vaccinations.	The society receives and refers cases to and from counterpart health organizations in the area as well as MOH,	Reproductive healthcare services are provided for free.	Women aged (12-49) are the most frequent users of the services of the center, in addition to Youth of both sexes aged (12-24). Safe motherhood and family planning methods are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Irbid	Al Takaful Charitable Society	N/A	**Treatment services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory test, x-rays and medical imaging, pre-marital medical tests, women's health during menopause, early marriage, infertility and subfertility, vaccination. **Awareness and counselling services:** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, awareness and education on reproductive and sexual health for youth, parental care, breast and reproductive system cancers, healthy lifestyles, pre-marital medical tests, women's health during menopause, infertility and subfertility, awareness and education programs. **Referrals** are provided for all the above mentioned reproductive health issues.	The society receives and refers cases to and from MOH, King Abdullah University Hospital, Al Qawasmi hospital, Al Ramtha Hospital, IRC, and Jordan Health Aid Society.	Reproductive healthcare services are provided for nominal fees.	Women aged (12-49) and (50 and above) are the most frequent users of reproductive health services. Safe motherhood services are the most sought-after services by Syrians

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Irbid	Medecins du Monde-France	Number of service users per month is estimated to be around 2,500 patients of all nationalities including 1,662 women aged (12-49)	**Treatment services** are offered for cases related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, sexually-transmitted diseases, breast cancer and reproductive system cancers, women's health during menopause. **Awareness and counselling services** are offered for issues related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, awareness and education in reproductive health for youth, parental care, human development, breast cancer and reproductive system cancers, healthy lifestyles, women's health during menopause, awareness and education programs, brochures and fliers, and vaccination. **Referral services** offered for cases related to x-ray scans and all the above mentioned health issues.	The organization receives and refers cases to and from counterpart international organizations in Jordan and Jordanian health centers.	Reproductive healthcare services are provided for free	Women aged (12-49) and (50 and above) are the most frequent users of reproductive health services. Safe motherhood and family planning services are the most sought-after services by Syrians

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Jarash	Jordan Association for Family Planning and Protection	The association did not provide any estimates about the number of service users	**Treatment services** are offered for cases related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, pre-marital medical tests, women's health during menopause. **Awareness and counselling services** are provided in safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, awareness and education on reproductive and sexual health for youth, parental care, breast cancer and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, pre-marital medical tests, women's health during menopause, and brochures and fliers, **Referral services** are provided for x-rays and medical imaging, infertility and subfertility, and all the above mentioned services as needed.	The society receives and refers cases to and from public and private hospitals	Reproductive healthcare services are provided for nominal fees.	Women aged (12-49) and men aged (25 and above) are the most frequent users of the Association's services. Safe motherhood and family planning are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Jarash	Family Health Institute- Nour Al Hussein Foundation	The estimated number of service users is 1800 per year including approximately 1400 Syrians.	**Treatment services** are provided in areas related to safe motherhood, family planning methods, and women's health during menopause. **Awareness and counselling services** are provided in areas related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, human development, sexual and reproductive health for youth, parental care, breast cancer and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, women's health during menopause, pre-marital medical tests, brochures and fliers, and vaccination. **Referral services** are offered in cases related to safe motherhood, care and counselling for abortion and post abortion, family planning methods, laboratory tests and services, x-rays and medical imaging, women's health during menopause, infertility and subfertility, and vaccinations.	The Institute receives and refers cases to and from Jordan Health Aid Society, International Medical Corps, and ACTED.	Reproductive healthcare services are provided for free	Women aged (12-49) are the most frequent users of the Institute's services. Safe motherhood, family planning and reproductive system diseases are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Jarash	Jarash Health Center	The center did not provide the total number of patients in 2015 or the numbers of Syrians who seek its services.	**Treatment services** are provided in areas related to safe motherhood, family planning methods, laboratory tests and services, x-rays and medical imaging, breast cancer only, pre-marital medical tests, vaccinations. **Awareness and counselling services** include the provision of awareness and counselling on safe motherhood, care and counselling for abortion and post abortion, breast cancer and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, awareness and education in reproductive and sexual health for youth, parental care, pre-marital medical tests, women's health during menopause, brochures and fliers, vaccination, and family planning methods. **Referral services** are provided for safe motherhood, care and counselling for abortion and post abortion, pre-marital medical tests, x-rays and medical images, breast cancer, and reproductive system cancers.	The society receives and refers cases to and from other health centers and Jarash Public Hospital.	Reproductive healthcare services are provided for nominal fees. Syrians are treated the same way as un-insured Jordanians.	Women aged (12-49) are the most frequent users of reproductive health services. Safe motherhood, family planning and vaccination services are the most sought-after services by Syrians

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Jarash	Qadisiyyah Health Center	The center did not provide the total number of patients in 2015 or the numbers of Syrians who seek its services.	**Treatment services:** are provided in in areas related to safe motherhood, family planning methods, laboratory tests and services and vaccination, x-rays and medical imaging, breast cancer only, pre-marital medical tests. **Awareness and counselling services** are offered in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning methods, sexually-transmitted diseases, human development, breast cancer and reproductive system cancers, women's health during menopause, brochures, fliers, awareness and education on reproductive health for youth, parental care. **Referral services** are offered in the areas of safe motherhood, care and counselling for abortion and post abortion, x-ray and medical imaging, sexually-transmitted diseases, human development, breast cancer and reproductive system cancers, pre-marital testing, infertility and subfertility.	The center receives and refers cases to and from other health centers and Jarash Public Hospital.	Reproductive healthcare services are provided for nominal fees. Syrians are treated the same way as un-insured Jordanians.	Women aged (12-49) are the most frequent users of the services of the Center. Safe motherhood, family planning, and vaccination are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Ajloun	Sakhra Comprehensive health center,	The center did not provide the total number of patients in 2015 or the numbers of Syrians who seek its services.	**Treatment services:** are provided in in areas related to safe motherhood, family planning methods, laboratory tests and services, x-ray and medical imaging, and vaccination. **Awareness and counselling services** are provided in the areas of safe motherhood, care and counselling for safe motherhood, care and counselling for abortion and post abortion, sexually-transmitted diseases, human development, breast cancer and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, pre-martial testing, women's health during menopause, brochures, fliers, vaccination, family planning methods, infertility, subfertility. Referral services are provided for all the above as needed.	Cases are received and referred from and to other health centers. Eman Public Hospitals and Eshtafena Physiotherapy Hospital.	Reproductive healthcare services are provided for nominal fees. Syrians are treated the same way as un-insured Jordanians	Youth of both sexes aged (12-24) are the most frequent users of the services of the center, in addition to women aged (12-49). Safe motherhood are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Ajloun	Ajloun Comprehensive Health Center	The center did not provide the total number of patients in 2015 or the numbers of Syrians who seek its services.	**Treatment services:** are provided in in areas related to safe motherhood, family planning methods, laboratory tests and services, x-ray and medical imaging, pre-marital testing, vaccinations. **Awareness and counselling services** are provided in issues related to safe motherhood, care and counselling for abortion and post abortion, and vaccination, sexually-transmitted diseases, breast and reproductive system cancers, men's involvement in reproductive health, healthy lifestyles, pre-marital medical tests, women's health during menopause, brochures and fliers, human development, infertility and subfertility. **Referral services** are provided for care and counselling for abortion, laboratory services, x-rays, sexually-transmitted diseases, breast cancer and reproductive system cancers, women's health during menopause, infertility and subfertility.	Cases are received and referred from and to other health centers. Eman Public Hospitals	Reproductive healthcare services are provided for nominal fees. Syrians are treated the same way as un-insured Jordanians	Women aged (12-49) are the most frequent users of the center's services. Safe motherhood and family planning are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Ajloun	Ibeen and Ibleen Health Center	The center did not provide the total number of patients in 2015 or the numbers of Syrians who seek its services.	**Treatment services:** are provided in in areas related to safe motherhood, family planning methods, laboratory tests and services, pre-marital testing, women's health during menopause, and vaccinations. **Awareness and counselling services** are provided in issues related to safe motherhood, care and counselling for abortion and post abortion, sexual and reproductive health awareness for youth, parental care, breast and reproductive system cancers, healthy lifestyles, women's health during menopause, brochures and fliers, vaccination, **Referral services**: referral services are provided for all the above as needed.	Cases are received and referred from and to other health centers. Eman Public Hospitals	Reproductive healthcare services are provided for nominal fees. Syrians are treated the same way as un-insured Jordanians	Women aged (12-49) are the most frequent users of the services of the center. Safe motherhood and family planning are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services in target governorates by provided services, referral procedures, costs of provided services, and most frequent users of services						
Governorate	**Healthcare provider**	**Service seekers by numbers**	**Services**	**referrals**	**Cost of provided services**	**Most frequent seekers of services**
Ajloun	Family Health Institute- Nour Al Hussein Foundation	The estimated number of Syrians who have used the services during the term of the project is 5 thousand Syrians.	**Treatment services** are provided in areas related to safe motherhood, family planning methods, and women's health during menopause. **Awareness and counselling services** are provided in the areas of safe motherhood, care and counselling for abortion and post abortion, family planning, laboratory tests and services, reproductive and sexual health for youth, parental care, healthy lifestyles, human development, pre-marital medical tests, women's health during menopause, brochures and fliers, and vaccination. **Referral services** are offered for cases related to safe motherhood, care and counselling for abortion and post abortion, family planning, x-rays and medical imaging, and sexually-transmitted diseases.	Other organizations as needed	Reproductive healthcare services are provided to Syrians for free	Youth of both sexes aged (12-24) are the most frequent users of the services of the center, in addition to women aged (12-49). Safe motherhood are the most sought-after services by Syrians.

Distribution of organizations that provide reproductive health services at target governorates by documentation methods, challenges faced and recommendations proposed				
Governorate	**Service Provider**	**Documentation Procedures**	**Challenges**	**Suggestions and Recommendations**
Capital	Jordan Health Aid Society	The center uses a computerized system to document information about service users and their nationalities	No challenges	No suggestions / recommendations
Capital	Khraibet Essouq Healthcare center	The center documents the names and nationalities of patients manually in logs and reports	Psychological trauma caused by war and migrations.	No suggestions / recommendations
Zarqa	Islamic Charity Center Society- Zarqa Health Center / Aisha Um Al Mo'menin	The center documents the names and nationalities of patients manually in logs and reports and also uses a computerized documentation system	No challenges	Focus should be on the provision of awareness and counselling against early marriage since it is a very common practice among Syrians. There should also be focus on pregnancy spacing and enhancing the involvement of men in reproductive health.
Zarqa	Wadi Al Hajar Comprehensive Health Center	The center documents the names and nationalities of patients manually in logs and reports and also uses a computerized documentation system	Cost is high for Syrians	Family planning methods should be exempted from fees so that they can be offered for free.
Zarqa	Maternal and Child Health Training Center	The center documents the names and nationalities of patients manually in logs and reports	No challenges	No suggestions / recommendations

Distribution of organizations that provide reproductive health services at target governorates by documentation methods, challenges faced and recommendations proposed				
Governorate	**Service Provider**	**Documentation Procedures**	**Challenges**	**Suggestions and Recommendations**
Zarqa	Zarqa public Hospital- Maternal and child health clinic	The center documents the names and nationalities of patients manually in logs and reports and also uses a computerized documentation system	No challenges	Special days of the week should be assigned for Syrians to go to the centers to reduce pressure on clinics and services as well as the financial costs on Syrians.
Zarqa	Family Health Institute- Nour Al Hussein Foundation	The center documents the names and nationalities of patients manually in logs and periodic reports	No challenges	Sufficient space, medicine, a laboratory and vaccinations should be provided.
Mafraq	Jordan Health Aid Society	The numbers and nationalities of service users are documented in logs, periodic reports, computerized documentation systems, and the database.	The increasing number of service users, the resulting high pressure on reproductive health services, the difficulties of communicating with public hospitals, and lack of awareness about the services provided by the organizations.	No suggestions / recommendations
Mafraq	IRC/ Al Amal Clinic	The numbers of Syrian service users are documented manually and in logs, reports and a database.	Customs and traditions, lack of knowledge about reproductive health among Syrians, and the heavy workload and increasing numbers of daily service users.	The number of specialized staff should be increased, the available equipment should be upgraded, more clinics should be opened in different locations to ease the pressure on the main clinic.
Mafraq	Mafraq Maternity and Child Public Hospital	The center documents the names and nationalities of patients manually in logs and periodic reports and also uses a computerized documentation system	The offered services are not free and treatment costs are very high for Syrians	External sources of funding for services offered to Syrians should be secured.
Mafraq	Khaldiyyah Comprehensive Center	The center documents the names and nationalities of patients manually in logs and periodic reports	No challenges	No suggestions / recommendations

Distribution of organizations that provide reproductive health services at target governorates by documentation methods, challenges faced and recommendations proposed				
Governorate	**Service Provider**	**Documentation Procedures**	**Challenges**	**Suggestions and Recommendations**
Mafraq	Jordan Association for Family Planning and Protection	The center documents the names and nationalities of patients manually in logs and periodic reports and also uses a computerized documentation system	Small percentage of Syrian women benefit from the service	No suggestions / recommendations
Irbid	Jordan Association for Family Planning and Protection	The center documents the numbers and nationalities of patients manually in logs, reports, a computerized documentation system and a database	Difficult economic conditions of Syrians	No suggestions / recommendations
Irbid	Al Farouq Society for Orphan's Care	The society does not document information about the nationalities and numbers of service users.	No challenges	No suggestions / recommendations
Irbid	Jordan Health Aid Society	The society documents information about service users including their nationalities and numbers in logs, reports, computerized documentation systems and the database.	Men's control over women's choice to go to the clinic, and lack of cooperation of husbands.	No suggestions / recommendations
Irbid	Al Takaful Charitable Society	The center documents the nationalities and numbers of patients manually in logs and reports	Lack of financial support for the society, and lack of awareness and knowledge about reproductive health and family planning.	Financial support to organizations that provide health services should be increased, networking with counterpart organizations should be reinforced, and staff should be given training in reproductive health issues and IUD insertion.
Irbid	Medecins du Monde-France	The center documents the numbers of Syrian patients manually in logs and reports, and computerized documentation systems, and a database.	No challenges	No suggestions/ recommendations
Jarash	Jordan Association for Family Planning and Protection	The center documents the nationalities and numbers of patients manually in logs and reports, and computerized documentation systems, and a database	Costs charged by the other facilities to which patients are referred may vary which increases the financial burdens on Syrians.	No suggestions / recommendations

Distribution of organizations that provide reproductive health services at target governorates by documentation methods, challenges faced and recommendations proposed				
Governorate	**Service Provider**	**Documentation Procedures**	**Challenges**	**Suggestions and Recommendations**
Jarash	Family Health Institute- Nour Al Hussein Foundation	The center documents the nationalities and numbers of patients manually in logs and reports, and computerized documentation systems	Different awareness levels between Syrians and Jordanians about reproductive health	The center needs a testing lab and medicines.
Jarash	Jarash Health Center	The center documents the nationalities and numbers of patients manually in logs and reports, and computerized documentation systems	Loss of official documentation of Syrians and their high mobility from one location to another.	No recommendations or suggestions/ increase the number of medical staff
Jarash	Qadisiyyah Health Center	The center documents the nationalities and numbers of patients manually in logs and reports, and computerized documentation systems	No challenges/ the increasing number of Syrian service users.	Some service users do not have national numbers, basic vaccination information or medical history.
Ajloun	Sakhra Comprehensive health center,	The center documents the nationalities and numbers of patients manually in logs and reports	Lack of medicine, and the center is overwhelmed by the increasing number of Syrian service users.	The maternal and child healthcare ward at the center should be expanded.
Ajloun	Ajloun Comprehensive Health Center	The center documents the nationalities and numbers of patients manually in logs and reports	Shortage of medicine	No suggestions / recommendations
Ajloun	Ibeen and Ibleen Health Center	The center documents the nationalities and numbers of patients manually in logs and reports	No challenges	No suggestions / recommendations
Ajloun	Family Health Institute- Nour Al Hussein Foundation	the organization has computerized documentation system in place	No challenges	No suggestions/ recommendations

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