



Reproductive Health in Amman, Jordan

Two-Year Follow-Up Report

Women's Refugee Commission, November 2009

BACKGROUND

In June 2007, the Women's Refugee Commission conducted a field mission to Amman, Jordan to increase international awareness of the reproductive health (RH) needs of men, women and youth in the Iraqi crisis. A follow-up mission was conducted in October 2008 and again in November 2009 to identify progress and remaining gaps in RH programming and to continue to advocate for the implementation of priority and comprehensive RH services for Iraqi refugees.

CONTEXTUAL UPDATE

The crisis in Iraq has produced one of the world's largest current displacements of people; millions have been uprooted. Today, as many as 161,000 to 500,000 refugees are living in Jordan. Of those living in Jordan, 46,500 have registered with the United Nations High Commissioner for Refugees (UNHCR). Over all, important gains have been made in meeting the RH needs of Iraqis over the past three years. Funding for the refugee situation in Jordan has supported improved national systems. However, while the war in Iraq continues and international funding support to Jordan and other countries hosting Iraqi refugees is expected to decline, it is unclear to what extent Iraqis will be able to access the RH services now available to them in the years ahead.

PROGRESS SINCE 2007

- In 2008, UNHCR provided funding to the Jordanian government to allow Iraqis to access public health services. Iraqis are now able to access primary health care at the same rate as uninsured Jordanians from the Ministry of Health (MOH) clinics which includes antenatal care, post natal care, family planning, child health, and testing for sexually transmitted diseases.
- **Hospital deliveries, including emergency obstetric care (EmOC), are now available for registered Iraqi refugees** free of charge in select hospitals in the region.⁴
- **Coordination has improved greatly** as the UN Population Fund (UNFPA) now facilitates monthly meetings linked to overall health coordination for RH providers serving the Iraqi community in Amman.
- **There has been an increase in attention and programming for psychological care for survivors of domestic violence.** The recently established Family Protection Unit, a branch of law enforcement specifically trained to address issues of family violence, serves both the Jordanian and refugee communities.

CHALLENGES

- **Jordan does not have a national MOH policy framework in place for the care of survivors of sexual violence.** When survivors—Jordanian nationals or Iraqis—come forward, they do not receive the clinical care they need, particularly



Women's Refugee Commission staff meet with reproductive health focal points in Amman.

with regard to preventing unwanted pregnancy, STIs and HIV.

- **There is only one known NGO in Amman—the Institute for Family Health (IFH)—that is even partially equipped to treat survivors of sexual violence.** Health care providers at IFH address a range of clinical and psychological care for survivors but they do not have access to post-exposure prophylaxis (PEP) to prevent HIV or a dedicated emergency contraception (EC) product to prevent pregnancy.
- As there is no national framework in place for responding to survivors of sexual violence, health care providers do not receive training on how to properly care for them. **According to a leading forensic physician, “We need rape kits and training on how to use them properly.”**
- Despite growing outreach about services for survivors of domestic violence, **the reporting of sexual violence itself is very low.** Concerns over confidentiality remain an obstacle to women coming forward because women are at risk of further violence, shame and isolation in many families if she is discovered to be a survivor of sexual violence.
- Many practitioners with whom the Women's Refugee Commission met agreed that **there is still an unmet need for family planning.** While the MOH has made family planning available through free primary health care, the Women's Refugee Commission also received reports that Iraqi refugees did not know about these services and the quality of family planning counseling techniques could be improved.

WHAT IS NEEDED?

- **A national policy on clinical care for survivors of sexual violence and training for health care providers should be established by the MOH.** Voluntary, confidential clinical care including the

provision of EC and PEP should be available to all survivors of sexual violence. Forensics teams, emergency room clinicians, gynecologists and NGO service providers should be extensively trained on proper use of rape kits and given sufficient supplies to meet the need. Reporting should not deter women from seeking care.

- **Iraqi refugees should be informed and educated about the benefits and availability of clinical care for survivors of sexual violence once services are in place.**
- **MOH staff should receive refresher trainings on the provision of good quality family planning counseling services, particularly for adolescents and the unmarried.**

NEXT STEPS

The Women's Refugee Commission will provide training resources and tools to UNFPA and other health providers on clinical care for survivors of sexual violence and will continue to advocate with the donor and humanitarian communities for the provision of RH services to Iraqi refugees in Jordan. Please contact the Women's Refugee Commission at laurenh@wrcommission.org for more information on additional findings and recommendations from the 2009 field mission

Notes:

¹ Iraqi resettlement update. Briefing Notes. UNHCR. October 16, 2009. <http://www.unhcr.org/4ad84e7c9.html>.

² UNICEF Humanitarian Action: Iraq. Vulnerable Iraqis in Jordan, Syrian Arab Republic, Lebanon and Egypt in 2009. UNICEF. http://www.unicef.org/har09/files/har09_iraq_countrychapter.pdf.

³ 2010 UNHCR Country operations profile: Jordan. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e486566>.

⁴ Women's Refugee Commission interview with Dr. Sameh Youssef, UNHCR Senior Public Health Officer, Amman, Jordan. November 11, 2009.

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Since 1989, the Women's Refugee Commission has advocated vigorously for policies and programs to improve the lives of refugee and displaced women, children and young people, including those seeking asylum—bringing about lasting, measurable change.

