



Reproductive Health Findings from Zaatri Camp and Irbid City, Jordan

Participants' Report

18-21 March 2013



Who are we?

The Inter-agency Working Group (IAWG) on Reproductive Health in Crises responds to the reproductive health needs of those displaced by conflict and natural disasters. IAWG members include United Nations agencies, governments, non-governmental organizations, universities and donors. The IAWG was formed in 1995 and currently has 1,500 individual members from 450 agencies worldwide.

Why did we come to Jordan?

The IAWG is interested in understanding the current status of reproductive health services in crisis situations in order to continue to improve these services during emergencies.

The IAWG conducted an assessment of priority reproductive health services—a standard of care for humanitarian emergencies, known as the Minimum Initial Services Package (MISP) for reproductive health—in Jordan from 16-26 March 2013. IAWG members from the Boston University School of Public Health, the US Centers for Disease Control and Prevention, United Nations Population Fund (UNFPA) and the Women's Refugee Commission evaluated the extent that reproductive health services, as outlined in the MISP, were available to Syrian refugees living in Zaatri Refugee Camp and Irbid City. We conducted the assessment by meeting with program managers from the Ministry of Health, United Nations agencies, international and local non-governmental organizations; visiting health facilities; and, conducting group discussions with Syrian women and girls.

What are essential reproductive health services?

Reproductive health includes access to health care services that help women have safe pregnancies and deliver their babies safely; effective, affordable and acceptable methods of family planning, such as condoms and pills; access to services for the survivors of sexual violence; and access to information on how to prevent sexually transmitted infections, such as HIV.

What did we do during our visit?

We interviewed 14 groups of Syrian women aged 18 – 49 in Zaatri Camp and Irbid City. We talked to a total of 101 women in the camp, including those that lived near and farther away from health facilities, and newly arrived refugees. In Irbid City, we spoke with 58 women, including those registered and unregistered by the United Nations High Commissioner for Refugees (UNHCR). The women we spoke with were recruited by relief agencies that are working in the community. The women had lived in Jordan for two days to one and a half years. Most women shared similar perceptions about their experiences in Jordan, with some differences between those living in Zaatri Camp and Irbid City.

To see what agencies were doing on reproductive health in Irbid City and Zaatri Camp, we met with 18 staff from the Ministry of Health, United Nations agencies, and local and international non-governmental organizations. We also visited seven

health facilities in Irbid City, five in Zaatri Camp and the Mafraq Mother and Child Hospital to learn about their capacity to provide priority reproductive health services.

This report primarily focuses on the findings from the focus group discussions in Irbid City and Zaatri Camp.



Zaatri Camp. Credit: Sandra Krause

What did we learn during our visit?

Issues of critical importance: Although our purpose was to gather information on reproductive health services, the Syrian women in the discussions had a strong desire to discuss a variety of issues that were important to them.

Meeting basic needs: The lack of basic necessities was mentioned by nearly every group with whom we met. There was an unmet need for hygienic products, including soap, shampoo, sanitary pads, milk, diapers (including adult diapers for the elderly or disabled), clean toilets, clean water, clothing, electricity (or an alternate power source, such as a flashlight), blankets, among other items. Women described distributions as being unscheduled and random, with concerns about corruption in the distribution system. Some participants reported that the community leaders were distributing goods to relatives first, rather than establishing a

fair system. In Irbid, women voiced concerns about the voucher system, which limited their options and access to certain food and non-food items.

Socio-economic concerns: All women who participated in the discussions expressed economic hardships reflecting the difficulties of being displaced from home. In both settings, participants were concerned about the higher cost of living in Jordan. Among those in Irbid City, this impacted their ability to pay rent and utilities, buy clothes, use taxis (particularly to take children to school as buses were reported as unsafe) and obtain work permits. Although residents in Zaatri did not have to pay rent or utilities, they suffered from higher costs of supplemental food in the camp markets and felt they were unable to buy clothing due to high costs. Of particular concern was the inability of most refugees to work. Although a few refugees are able to work, for most, work permits are expensive and difficult to get. In the camp, participants complained that there are few jobs available, and the process to secure jobs is not fair. Even offers to volunteer, such as in the schools, are ignored. The desire to work and earn income was common in both settings, as well as a high level of frustration around not having proper documentation to show their level of education or information about previous jobs they held. As one woman in Zaatri Camp described: *“when they are bombing your house, you don’t think about finding diplomas or certificates, you just run.”* For the fortunate urban refugees that found jobs, participants expressed concerns about working long hours with low salaries and fearing deportation if they were found working without a permit.

In addition to their concerns about the lack of work opportunities, young women in Zaatri expressed deep concern that there were no opportunities to continue secondary or university studies. In Irbid

City, schools were considered to be expensive and far, which caused additional worry over bringing the children to school safely.

Health care services: Health care services were seen to be lacking or of poor quality in both settings. Commonly reported problems were long wait lines, lack of physical examinations and costs of transportation. In the camp, there were many complaints about lack of medications, while in Irbid City, complaints were about the high cost of the medications. In both settings, women requested additional doctors including those specializing in primary care, pediatrics, and eye and dental care. In Zaatri, requests were made to increase services for special needs populations and vulnerable community members, such as the elderly, children with disabilities and war-injured refugees. In the camp, the women discussed being called insulting names during registration and from some local health care providers.

Safety: Safety concerns were voiced by women in both settings. In Zaatri Camp, women pointed out that, on a daily basis, tent fires occur. They also felt that they were not protected from the heat and cold. Lastly, they were concerned about food, noting that they had received expired canned food in the rations, although it was not specified if they received these through UN general distributions or informal distribution. For two groups of older women in Irbid City, there was frustration over the United Nations registration process that required travel to Amman, and over the United Nations card that is required to receive assistance.

Tensions with the host Jordanian community were noted by the refugees living in Irbid City. For urban refugees, this tension arose from the increasing costs of living in Jordan and harassment they received from service providers, host community members and the police. The Syrian women felt that the tension reflected Jordanian resentment of

the aid being given to Syrians. In Zaatri Camp, women noted that there were increasing tensions among the Syrian community itself that resulted in physical fighting among the refugees.



Sawson Ashaq, Project Coordinator, Jordanian Women's Union in Irbid City. Credit: Sandra Krause.

Recommendations: In each group discussion, participants also offered recommendations for addressing their concerns. One was that they wanted to see humanitarian workers and Jordanian community members improve their relationships with the refugees. Many refugees expressed a desire to be treated with dignity and respect, and a need to address the unmet need for basic necessities. Receiving hygienic products and making sure their living environment was clean were seen as important steps in the camps. In Zaatri, a key recommendation was to clean toilets and make all of them gender-specific to respect cultural practices. For the urban women, they wanted vouchers to be available to buy a variety of food and other items. In order to improve distributions of rations and donations, refugees suggested that there be more supervision, particularly for distributions of supplies by charities or community/street leaders.

In terms of socio-economic issues, we heard that participants wanted more opportunities for education and jobs. In Irbid City, women wanted to

receive small business loans and stipends for rents, while women in Zaatri felt that additional opportunities for volunteering should be offered.

Health care services could be improved by adding more locations for health services, hiring Syrian doctors, hiring more female physicians, and providing medications through centralized pharmacies so that women would not have to go to multiple places to receive medicines. The women also noted that physical examinations should be included in health care services. In Zaatri, women felt that assistance to special needs and vulnerable populations would be helpful.



The United Nations Population Fund-supported Reproductive Health clinic in Zaatri Camp. Credit: UNFPA.

In regards to reproductive health services:

Were reproductive health services being coordinated?

Regular reproductive health coordination meetings among local and international organizations are hosted by the UNFPA in Amman and in Zaatri Camp. However, some people we met thought that more attention should be given in these meetings to the situation in urban areas.

Providing reproductive health services includes ensuring that reproductive health supplies—including hygiene packs—are distributed. While

group discussion participants agreed that they had been given a hygiene pack upon arrival, they noted that this only happened once. Few women had been given a reason for why distribution stopped, other than there were no supplies available.

What is being done to prevent sexual violence and provide care to survivors?

Providing a safe environment is an important activity to prevent sexual violence. In Zaatri Camp, women voiced concerns about the lack of lighting and their fears of using the toilets at night in the dark. In Irbid City, women reported not feeling safe sending their daughters to school on public buses.

What are essential health services for survivors of sexual violence?

If a survivor of sexual violence seeks medical care immediately after the assault, she can:

- Receive care for physical wounds.
- Take pills to prevent unwanted pregnancy (within 5 days).
- Take medicine to prevent sexually transmitted infections.
- Take medicine to prevent HIV (within 72 hours).
- Receive basic emotional support.
- Receive referrals to other social services.

One key activity to respond to sexual violence is to make sure medical and psychosocial support services are available for survivors. Such care is available in Zaatri Camp and Irbid City through the Jordan Health Aid Society (JHAS). However, few groups in either location, had knowledge of options or services that are available to women when they have survived sexual violence. The services provided by the Jordanian police 'Family Protection Department' was known only to a small number of women, mostly those living in Irbid City.

“If a woman was a victim of violence she would go to the Family Protection but Syrians don’t go to protect our reputation” (Irbid City participant).

What is being done to reduce transmission of HIV?

Key activities to prevent HIV transmission include ensuring that health care providers follow standard procedures to prevent infections and ensuring that blood is screened before it is given to anybody. Our visit found that these procedures are largely in place and blood is appropriately screened. Assessments of health facilities revealed that male condoms are available. Female condoms are available, but not commonly used.

Understanding HIV as a disease is another step toward reducing transmission of HIV. Almost every group discussion identified blood-related or sexual practices as ways that HIV can be transmitted. In Zaatri Camp, only one woman in one FGD knew where to find condoms but said that you must ask for them. In Irbid City, all group discussions knew they could find condoms at the pharmacy because that is where they could get them in Syria. In addition, women reported that condoms in Irbid City were not free.

A few women in the Zaatri focus groups commented on the problems obtaining condoms:

“We are too shy to ask for them, the doctors should just give them to us without us having to ask for them. We are too shy to even ask a female doctor for them.”



A delivery ward in Zaatri Camp. Credits: UNFPA

What is being done to reduce unnecessary death and disability of pregnant women and their newborns?

Another way to reduce unnecessary death and disability is to have fully staffed and equipped clinics and hospitals where pregnant women can be seen for emergency care during pregnancy, at time of delivery and post-birth (for both the mother and the newborn). In Zaatri camp, all normal deliveries are attended to at the Gynecologie Sans Frontieres (GSF) clinic. Complicated cases that require emergency obstetric care are referred to the Moroccan Field Hospital inside Zaatri Camp or Mafraq Hospital, which is located in Marfaq City, about 30 minutes drive from the camp.

It is important for women to know about what services are available if they experience danger signs during pregnancy and childbirth. Women said that they would use the hospitals for problems in pregnancy or with the newborn. The women that had lived in Zaatri Camp since it first opened commented that the quality of services had deteriorated due to the large number of refugees that had arrived in recent months. In Zaatri Camp, the women reported that Syrian midwives were not being used at the community level. In contrast, women living in Irbid City reported that some

women were seeking care for deliveries from their own Syrian community.

A transport system to get these women to the clinics/hospital is also an important way to prevent maternal and newborn death. While the ambulance would be called for assistance, few women expected rapid service. A woman in Zaatri commented that delays in ambulance services resulted from camp residents misusing the services to go to the market rather than for health care. Few other options for transport are available, other than walking, given the high costs of hiring a private car, which was reported to stop services at 16:00. For unregistered refugees, services for pregnancy care and deliveries require payment.

What is being done to plan for more comprehensive reproductive health services and other related needs?

In Zaatri Camp, UNFPA is working to establish a new Women's Clinic to support maternal and newborn care. They are also increasing outreach to communities through community health volunteers. The Ministry of Health (MoH) is planning to enhance their expanded program on immunizations clinic at the MoH/World Health Organization compound and enhance coordination and support to antenatal care, postnatal care and family planning services.

Recommendations from the Inter-agency Working Group on Reproductive Health in Crises for improving conditions in Zaatri Camp and Irbid City:

1. Provide for basic women's reproductive health needs including hygiene products.
2. Provide safety measures to protect women and children from violence. Such measures

could include adequate lighting, safe transport to schools in Irbid City, and gender-specific latrines in Zaatri Camp.

3. Provide care for survivors of sexual violence, particularly in urban areas through collaboration with Ministry of Health and relief organizations. Inform all health care providers, protection and Family Protection Department staff about the availability and location of this care.
4. Develop culturally appropriate mechanisms for improving knowledge about and attitudes toward available clinical services for survivors of violence.
5. Improve health care environment, including interactions between health care providers and Syrians, so that Syrian women feel comfortable seeking health care.
6. Inform the community, using culturally appropriate means, where to access free condoms and other forms of family planning services.
7. Provide timely, accessible and affordable transport options 24 hours a day and seven days a week for emergency obstetric and newborn care.

What can you do if you want to learn more?

To learn more about the assessment findings and recommendations, contact the United Nations High Commission for Refugees at (0799 826 490) or the United Nations Population Fund at (0797 779 135).

Contributors to this report included: Sandra Krause, Monica Onyango, Samira Sami, Basia Tomczyk, Holly Williams and Wilma Doedens; members of the Inter-agency Working Group on Reproductive Health in Crises.