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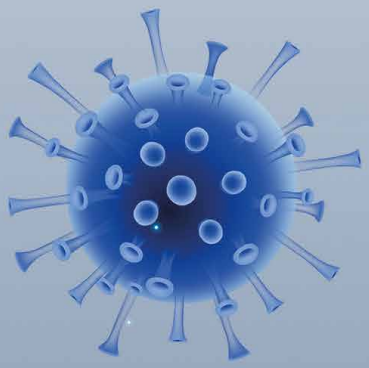
The Impact of the COVID-19 Pandemic on Obtaining and Access to Family Planning Information and Services in Jordan



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Preface

Share-Net Jordan, hosted by the Higher Population Council, is pleased to announce the publication of a study titled "The Impact of the COVID-19 Pandemic on Access to Family Planning Information and Services in Jordan," which aims to develop a comprehensive implementation framework for a rapid response to the repercussions of crisis in the provision of family planning services. In particular, the study aims to identify the attitudes and trends of families towards childbearing specifically during the "lockdown" period and throughout the outbreak of COVID-19, and to identify the reality of family planning services in Jordan during the pandemic, including ease of access and obtaining family planning services, evaluation and analysis of obstacles and gaps various sectors faced in providing family planning services during the "lockdown" period, and to identify mechanisms for coordination between stakeholders to improve access to high-quality family planning services during times of crisis.

The study has contributed to enhancing the quality of family planning services during crises, equality of access and obtaining high-quality family planning services and information in the public and private sectors, and ease of access and obtaining family planning services, supplies and medicine during crises. The study also helped in activating and implementing the response plan in the face of crises and emergencies to ensure continuity and sustainability of services related to reproductive and sexual health, identifying the appropriate mechanisms for delivering family planning services in emergency and extreme circumstances of the Corona pandemic, identifying the role of the private sector and civil society organizations in providing family planning services during the Corona crisis, and detecting the importance of using technology, the best, easiest, and fastest way to reach target groups.

The methodology of the study was based on assessing the situation at several levels: first, from the perspective of women who received services, then from the perspective of service providers, and finally, from the perspective of decision- and policy-makers in Jordan related to family planning. Within each phase or perspective, a specific methodology was adopted according to the target sample.

Based on the results of the survey and the focus groups and interviews with stakeholders, the study came up with a set of recommendations. At the level of policies, strategies, and operational plans, the study recommended working on reviewing the national strategies and operational plans on family planning and including them in crisis response mechanisms to ensure the sustainability of services; appointing a national liaison officer or contact person for sexual and reproductive health issues at the National Centre for Crisis Management; enhancing the role of primary health care services in responding to crises; and ensuring that direct service provision centres remain open for visitors. As for training and capacity building, the study recommended working to include in nationally approved training programs concepts and activities of readiness, response to crises, especially those related to providing remote services and counsel , and expanding the scope of the approved national training to include partnerships with all sectors, especially the Syndicate of Pharmacists and Community Pharmacies.

As for facilitating the process of accessing and obtaining services for the target groups, the study recommended working on improving the information and data management system at the national level, reconsidering supply policies, adopting and activating the national hotline service, activating electronic social media platforms, and working to improve awareness and education programs on sexual and reproductive health issues, strengthening counselling programs on long-term and highly effective (birth control) methods, and promoting optimal use of traditional family planning methods, especially with their high percentage during the pandemic, as it does not require a service provider and a visit to health facilities. Also, work to facilitate access and obtain services for targeted groups, especially the most vulnerable groups such as residents of remote areas, refugees, people with disabilities, and others.

May God help us serve Jordan and our Jordanian society under the leadership of His Majesty King Abdullah II May God protect and guide him to the path of righteousness and success.

Secretary General
Dr. Abla Amawi

Acknowledgement

Share-Net Jordan, hosted by the Higher Population Council, extends its thanks and appreciation to Prof. Dr Areej Othman and Dr. Manal Al-Tahtmouni for the completion of this study, also extends its thanks to the committee of practicing experts who followed up on the implementation of the study, and to all governmental, civil society and international institutions operating in Jordan for their cooperation, and to all those interviewed at various administrative levels.

HPC would also like to thank the Netherlands' Share-Net International for their support in the implementation of this study and their continuous support for Share-Net Jordan, hosted by the Higher Population Council.

Gratitude is due to staff operating in the Share-Net Jordan project and HPC team who worked on technical support, review, direction, and production of this study in its final form.

MAY GOD GRANT US SUCCESS

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Executive Summary

Share-Net Jordan and the Higher Population Council prepared a study 'The Impact of the COVID-19 Pandemic on Access to Family Planning Information and Services in Jordan' to shed light on the impact of the COVID-19 pandemic on family planning information and services to develop the necessary recommendations in order to address the issues facing families in accessing and obtaining family planning programs during crises.

This study aims to develop a comprehensive executive framework for a rapid response to the repercussions of crises in the field of family planning services, and in particular to identify the attitudes and trends of the family towards childbearing during the lock-down period in particular, the outbreak of COVID-19, and to identify the reality of family planning services in Jordan during the pandemic period, ease of obtaining and access to family planning services, assessment and analysis of obstacles and gaps faced by different sectors in providing family planning services during the COVID-19 crisis 'lockdown' period, and identification of coordination mechanisms between stake-holders to improve access to high-quality family planning services during crises.

The methodology of preparing the study relied on studying the situation through several levels:

First, from the point of view of women beneficiaries of services, then from the point of view of service providers, and finally from the perspective of decision and policies makers related to family planning in Jordan. Within each stage or perspective, a special methodology was adopted according to the target population.

The Cross-sectional descriptive design methodology was adopted with women of childbearing age (15-49 years) at the time of the study and the beneficiaries of family planning services who visit and receive family planning services in the health centres/ Ministry of Health, the Institute of Family Health Care and the clinics of the Islamic Centres Association, where the study team selected a 'specific' sample of a total of 1065 women while visiting the selected health centres to obtain family planning services. Five focus group discussions (FGDs) (39 participants) were held with service providers of sexual and reproductive health and family planning (gynaecologists and obstetricians, general practitioners, midwives and nurses) to discuss the determinants of providing family planning services during crises and the proposed mechanisms (which have been tried on the ground) to overcome them and ensure the continuity of providing family planning services or limit the impact of their interruption, and recommendations for effective measures during the crisis period. In addition, nine interviews were conducted with 16 decision and policy makers in the various relevant sectors to discuss their viewpoints on the determinants of providing family planning services during crises and the proposed mechanisms for overcoming them and ensuring the continuity of providing family planning services or limiting the impact of their suspension and recommendations for effective measures during crisis period.

The most important findings of the study :

The study and interviews at its various levels showed a set of results, the most important of which are :

First: Survey research with women benefit from family planning services

- Results found that (33.1%) of the study participants needed to visit a service provider/health centre to obtain any services related to family planning advice and services. During the COVID 'lockdown' period, 74% of the women were able to obtain the service they wanted. It was found that the required services were obtaining a family planning method (40%), obtaining family planning advice (22%), obtaining the method and counselling (30%), and (7%) removing or replacing the family planning method. The results showed that women were able to obtain these services mainly from health centres affiliated with the Ministry of Health.

- (26%) were not able to obtain the family planning services they wanted as a result of the government's 'closure' procedures (24% of the answers) and mainly because of the closure of the usual place to obtain the service (the means and/or advice) (60.4% of the answers).

- The IUD method was the most prevalent method at the start of the quarantine and lockdown (32.5%), followed by the traditional isolation/withdrawal method (21.8%) and then the condom (15.2%). Accordingly, (51.2%) of those who did not need to resupply, while (33.3%) of the women had a stock of the (contraceptive) means at the time of 'lockdown,' while (6%) of the women indicated that they got their supplies when they heard about the lockdown and quarantine procedures, and finally only (9.5%) needed to have the means during lockdown.

- Regarding the impact of the pandemic on reproductive preferences, (25.4%) of the women indicated that they were affected by the pandemic, with regard to the desire to postpone pregnancy, as the pandemic affected their desire for spacing between pregnancies (28.6%) and the number of children desired (23.6%). Women attributed this change in reproductive preferences to the economic situation due to the pandemic (44.2%).

- In general, women tend to use long-term, highly effective means from sources that are easily accessible within their surroundings, and at little or no cost. The rates of use during and after the total and partial closure were similar to the national indicators in terms of the prevailing types and sources of supply. Also, the impact of the pandemic was not apparent, due to women's dependence on long-term methods, especially the copper IUD, and therefore there is no need to repeat the supply and follow-up in the health facility.

Second: Specialized interviews and discussion groups with stakeholders and service providers

- A consensus among all stakeholders and service providers on the negative impact of closing health facilities that provide public and private sexual and reproductive health services in general, and family planning in particular. Stakeholders and service providers anticipated that Jordan would witness the ramifications of this impact during the coming period, especially in terms of sexual and reproductive health indicators in the upcoming Population and Family Health Survey.

- The national response to the Corona pandemic mainly neglected the importance of primary health care and sexual and reproductive health programs and did not give them any priority in the planning and implementation process. The crisis response team did not include a liaison officer for the Directorate of Women and Child Health (Coordinator of Emergency Sexual and Reproductive Health Services) although the MISP has been nationally approved.

- The absence of national policies, strategies and operational plans related to ensuring the continuity of providing sexual and reproductive health services, including family planning, in addition to the absence of procedural evidence related to family planning services and information activities during emergencies and crises, and consequently the absence of training programs for service-providing cadres that include family planning services and information activities during emergencies and crises.

- During the interviews, participants agreed that there was no shortage of supplies of all kinds (of contraceptives) in the public sector (through the Ministry of Health) or in the private sector (through pharmaceutical warehouses and pharmacies), mainly due to the presence of a reserve stock that covers the needs of the demand for family planning means for at least a period of 6 months, in addition to facilitations provided by the National Centre For Security and Crisis Management to ensure the drug supply chain - including modern family planning methods.

- It was challenging to maintain trained and qualified staff to provide family planning advice and services in the public sector because of their infection with corona or because of transferring them to epidemiological investigation teams or places where they can offer medical services to corona patients, which affected providing and offering some specialized services such as installing the IUD or implant.

- Having a database within the private sector, civil society organizations and UNRWA for users of sexual and reproductive health services, including family planning, was one of the most important factors that helped to reach and communicate with the target groups and follow up on offering services. The absence of a database for users in the public sector constituted a main reason for not being able to ensure interaction and access to users and monitor their needs.

- Most of the awareness and education programs and field work-including home visits- were stopped and disrupted; this greatly affected the number of new beneficiaries from the family planning programs, and thus, offering services was mainly limited to former and frequent users.

- Obstacles hindering target groups from accessing family planning programs can be summarized as follows:

1. Precautionary government measures to control the outbreak of the Coronavirus such as :

- The complete lockdown of primary health care centres in the public and private sectors for more than 40 days, and then to be followed by the partial lockdown.

- The call to adhere to homes, reduce and restrict movement, whether on foot or the regulated use of the car (both spouses and singles), and a complete curfew in the evening period.

- Reducing the number of working staff by 50%, the working hours and the number of visitors allowed at one time.

- Reducing the occupancy of public transport and the number of passengers in a single vehicle.

- Inability of users to provide the personal protection requirements during the first days of the pandemic because they were expensive, unavailable, and because of the poor financial situation.

2. Fear of users of (family planning services) from infection from health centres, especially those that provide PCR testing.

3. Low financial capacity of users due to the closure of many workplaces, layoffs of employees and lack of job opportunities for daily wages workers, which made them want to secure only their basic needs and necessities.

4. Awareness and education programs and field work related to family planning services were suspended, which prevented new beneficiaries or interruptions from accessing services.

The main obstacles to providing family planning services were as follows :

1. Precautionary government measures to limit the outbreak of the pandemic such as:

- The total lockdown of primary health care centres in the public and private sectors for more than 40 days, and then to be followed by the partial lockdown.
- Closing up of centres and clinics where cases of infection with the virus were detected.
- Reducing the number of working staff by 50%, the working hours and the number of visitors allowed at one time.

2. Departure of many of the staff trained in counselling services and service provision to work within the epidemiological investigation teams or field hospitals because of financial incentives and benefits.
3. Family planning programs were not given priority in offering services upon return to work after lockdown, as the primary concern of health centre workers and visitors was to provide vaccination for children and testing new-borns for genetic diseases.
4. Despite providing infection prevention means in all service providing sites and the necessity of adhering to them as preventive measures, service providers feared some medical procedures that require direct contact with patients such as installing the IUD and the implant, which mainly affected its supply indicators.

The study monitored many initiatives undertaken by family planning service providers to ensure the continuity of providing services, such as :

1. Using personal phones to contact beneficiaries and provide advice remotely, followed by activating the hotline service for some institutions.

2. Activate social networking sites such as Facebook to provide advice and respond to the most frequently asked questions.

3. Coordination with community pharmacies to deliver drugs, including hormone family planning methods and male condoms.

Key recommendations of the study :

Based on the results of the survey, focus groups and interviews with stakeholders, the study concluded a set of recommendations:

First: Recommendations related to policies, strategies and operational plans

1. Work to review national strategies and operational plans on family planning and include them in crisis response mechanisms to ensure the sustainability of services.
2. Work to appoint a national liaison officer for sexual and reproductive health issues at the National Centre for Crisis Management.
3. Enhancing the role of primary health care services in responding to crises, and ensuring that no centre for providing direct services to users, whether from the public or private sectors, is closed.

Second: Recommendations related to training and capacity building

1. Work to include concepts and activities of preparedness and response to crises, especially those related to providing remote services and advice in all nationally accredited training programs.
2. Expanding the umbrella of accredited national training to include partnerships with all sectors, especially the Syndicate of Pharmacists/Community Pharmacies.

Third: Recommendations related to facilitating the process of accessing and obtaining services for target groups

1. Work to improve the information and data management system nationally to facilitate the process of reaching those benefitting from services.
2. Reconsidering the supply policies, especially with (contraceptive) means that depend on reuse, such as pills or condoms, especially in the event of crises.
3. Adopting and activating the national hotline service for sexual and reproductive health issues and circulating it to all national partners, activating electronic social media platforms and providing remote health services (E-Health), and disseminating the application of the health map and its national dissemination to all sectors.
4. Work to improve awareness and education programs on sexual and reproductive health issues and include procedural awareness to facilitate access to services.
5. Investing in women's desire and preference for high-effective and long-lasting methods and facilitating access to them.
6. Strengthening counselling programs on long-term and highly effective methods and promoting the optimal use of traditional family planning methods - especially with its high percentage during the pandemic - as it does not require a service provider and a visit to health facilities.
7. Facilitate access to services for the targeted groups in family planning programs, especially for the most vulnerable groups, such as residents of remote areas, refugees, people with disabilities, and others.

Chapter One

Introduction and Methodology

1.1 Introduction

The Cairo International Conference on Population and Development 1994 defined reproductive health as "a state of physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system, its functions and operations." The concept of "reproductive rights" refers to a package of rights and freedoms related to reproduction and reproductive health that are required to be legally and societally protected. These rights include some human rights recognized in national legal documents, international human rights documents and other United Nations documents, where reproductive and sexual health are linked to several human rights such as the right to life, the right to health, the right to privacy, the right to education, prevention of discrimination and others.[1]

Reproductive and sexual health is one of the main themes of population and development issues. The Jordanian government has committed itself to many international treaties and agreements that encouraged the building of strategies and action plans aimed at gaining support and raising awareness for their implementation at the official level, among decision makers, at the local community level, and service providers. Among the most important of these commitments are the Program of Action of the International Conference on Population and Development, Cairo 1994, which was renewed during the Nairobi Summit in 2019, and the 2030 Agenda for Sustainable Development, especially in line with the third goal of the Sustainable Development Goals "ensure that all people enjoy healthy lifestyles and prosperity at all ages and that all have the right to enjoy the highest attainable levels of physical and mental health." Reproductive and sexual health indicators are directly related to the indicators and goals of the third goal, the most important of which is to ensure universal access to reproductive and sexual health care services, including family planning services and information and awareness.

The state of crisis/emergency is defined as a serious disruption that affects the functions of society, inflicting large-scale human, material and environmental losses that exceed the ability of the society affected by the emergency to endure the burden while depending on what resources it has.[2] Working on a rapid response to the state of emergency is underway, and humanitarian relief programs are racing to reduce its repercussions. Issues related to sexual and reproductive health require special attention due to the increased risks, mortality and associated morbidity such as increased risk of maternal mortality, unplanned pregnancies, poor follow-up of pregnancy, childbirth and the postpartum, malnutrition, increased widespread of sexually transmitted diseases/HIV, gender-based violence, and others.[3]

The Higher Population Council has recently launched the National Strategy for Reproductive and Sexual Health 2020-2030, which works to achieve the optimum Demographic dividend and the goals of Sustainable Development 2030, in particular the third goal 'ensure that everyone enjoys healthy lifestyles and prosperity at all ages" and goal 3.7 "ensure all have access to reproductive health care services, including family planning services and awareness, and integrating reproductive health into national strategies and programs by 2030.

1 Office of the High Commissioner for Human Rights. https://www.ohchr.org/AR/Issues/Women/WRGS/PagesHealthRights.aspx
2 United Nations Office for the Coordination of Disaster Relief Operations
3 Minimum Initial Service Package of SRHS in crisisMISP English New A latest.indd (unhcr.org)

' The strategy is a basic reference document that includes results and outcomes, interventions and indicators that the partners aspire to achieve at the national level in order to complement the efforts that have been made, build on the lessons learned and preserve the previous gains and achievements. The National Strategy for Reproductive and Sexual Health 2020-2030 has been developed with the aim of ensuring the provision of an appropriate and supportive environment for reproductive and sexual health issues in light of the Corona pandemic and state of emergency, which were accompanied by a weakness in the provision of reproductive and sexual health information and services, including family planning information and supply programs as one of the care services of primary health.

Family planning is a key element in population policies and programs, and is considered a central component of reproductive health, because the decision to determine the time of childbearing and even the decision to have children or not is a human right that all people should enjoy.

The Population and Family Health Survey 2017-2018 showed that 52% of women use family planning methods (37% modern methods and 14% traditional methods), and the IUD is the most common 21%, followed by external ejaculation 13% and then pills 8%, and the unmet need for family planning 14%. The survey showed that the source of access to modern family planning methods is the private sector (51%) and the public sector (49%). The private sector (especially pharmacies) is the main source of pills and condoms (56%, 53%), respectively.

Table No. 1: Some national indicators related to family planning information and services[4]

Total fertility rate (child/woman)	2.7
Average interim between births – within 24 months	29%
Average interval between births - within 18 months	16%
Current use of family planning methods for women of childbearing age (15-49)	51.8%
Current use of modern family planning methods for women of childbearing age (15-49)	37%
Discontinuation rate of contraceptive use	30%
Unmet need for family planning	14.2%

However, despite the need to give sexual and reproductive health (SRH) programs special attention during the emergency response period, unfortunately, they are not included in national emergency response plans and are not given priority in response and work to achieve the objectives of their emergency programs. Perhaps one of the closest examples of this is the Jordanian response to the Corona pandemic.

4 Population and Health Survey. General Statistics Department 2017-2018

The Jordanian government-since the first confirmed case of COVID-19 was recorded in Jordan on March 2, 2020 - has followed a series of preventive and awareness measures, mobilizing, and providing all possibilities available to confront and control this epidemic. Governmental measures moved fast to contain this epidemic such as closing airports and enforcing quarantine for all arrivals from outside the Kingdom, shutting down schools, to be followed by closing all official, public, and private institutions, restricting people's mobility, activating the Defence Law, and deploying the army at the entrances to cities, ending with imposing a complete curfew in all regions of the Kingdom at specific periods and imposing partial lockdown. All of these measures leveled the virus infection curve and enabled the health system to successfully deal with the accumulation of cases and reduce the mortality rate.

However, by following up on the repercussions of the response to the Corona Virus pandemic, it was found that all primary and comprehensive health centres were kept closed for more than 50 days (from March 16th, 2020 to April 28th 2020) which led to the disruption of all basic preventive and curative services programs, including discontinuing the following programs and medical services: national vaccination program for more than 40 days; provision of family planning methods; pregnancy and postpartum care program; follow-up of patients with chronic diseases (except for treating complications in an emergency) and health awareness programs (except for COVID). Emergency medical visits were limited to hospitals and through the civil defense, leading to overcrowding in emergencies and delays in obtaining quality service.

Later on, the partial and gradual opening of the vital sectors started, including the opening of primary and comprehensive health centres (which provide mother and child health services) with restrictive measures to limit the spread of the Coronavirus from (May 2020 to October 2020), including restricting mobility but for pedestrians; reducing motorists mobility to go according to the odd and even numbers; restricting the number of working staff to less than 50%, and the number of visitors to less than ten at a time, and other preventive and protective measures to control the outbreak of the pandemic.

Accordingly, the Higher Population Council's intent was to prepare a study to shed light on the impact of the COVID-19 pandemic on access to family planning information and services, to draw up the necessary recommendations to address issues facing families in accessing family planning programs during crises.

This study aims to shed light on the impact of the COVID-19 pandemic on family planning information and services, to draw up the necessary recommendations to address issues facing families in accessing family planning programs during crises and ensure their continuity.

In particular, this study aims to:

1. Identifying family attitudes towards childbearing during lockdown in particular and throughout the outbreak of COVID-19.
2. Getting to know the reality of family planning services in Jordan during the COVID-19 pandemic.
3. Identifying the obstacles that families faced to obtain family planning services.
4. Identifying family mechanisms in 'family-planning' during the outbreak of COVID-19.

5. Evaluating and analyzing the obstacles and gaps that faced the different sectors in providing family planning services during the lockdown, including financing family planning programs.
6. Identifying the quality of family planning services offered during the lockdown and the extent of coverage provided by the different sectors.
7. Assessing the ease of access to family planning services during the lockdown.
8. Making suggestions for a set of procedures needed to improve the provision of family planning services during times of crises.
9. Identify coordinating mechanisms between stakeholders to improve access to high-quality family planning services during crises, including the Corona pandemic.

1.2 Study Methodology

The study methodology relied on analyzing the reality of accessing and obtaining family planning services during the Corona pandemic through several levels: first, from the perspective of the women beneficiaries of services, secondly, from the perspective of service providers, and finally from the perspective of decision makers and policies related to family planning in Jordan.

A specific methodology was adopted at every phase or level according to the target population.

First : Women who benefit from family planning services

The cross-sectional survey design methodology was adopted with women of childbearing age (15-49 at the time of the study) and beneficiaries of family planning services who receive family planning services from health centres of the Ministry of Health, the Family Health Care Institute and clinics of the Islamic Centres Association.

The study sample :

The study team selected a sample of a total of 1065 women while present in selected health centres to obtain family planning services through the Stratified Quota Sampling method according to the three regions of the Kingdom: Central, North, and South. One governorate was chosen randomly from each region: Irbid Governorate was chosen from the North Region, the Capital Governorate from the Central Region, and Karak Governorate from the South Region.

A list of health centres was drawn (in full cooperation and coordination with the Directorate of Women and Child Health/ Ministry of Health) affiliated to the previous sectors that provide family planning services, and the number of centres participating in the study was determined according to the number of women of childbearing age and their distribution in the regions according to Population Density issued by the Department of General Statistics in its last population census. Accordingly, the number of women targeted in the study was determined as follows:

- (60%) of the sample from the Central Region Governorate, (30%) from the North Region Governorate, and the remaining (10%) from the South Region Governorate.
- (80%) of the women frequenting the health centres/ Ministry of Health (the sector that provides the most services) and the remaining (20%) are from clinics of civil society institutions, specifically clinics of the Family Health Care Institute, the Islamic Centres Association.
- It was taken into consideration to include all women beneficiaries residing in Jordan (i.e. Jordanian and non-Jordanian, especially Syrian) in the study sample.

Sample Size :

Being a nationwide study, the rule is to broaden the sample size so as to get a more valid, solid study. Therefore, the plan was to consider the largest sample size expected so as to get a sample representative of the study population, and accordingly, the highest level of power (1-Beta) was calculated to reach 90%, and type 1 error with statistical significance divided by (alpha = .05) 5%, and calculated effect size (Cohen f) of 10% which will be given a population representation. Within this context, the required sample size was estimated according to Cohen Tables to study at least one group of 1046 women. The number of women drawn to participate in the study was 1065.

Study Tool :

The standard questions emanating from Research for Scalable Solutions (R4S)[5] project was used. The tool comprises of several topics: the need to use family planning methods, sources of supply, the selected method, changing the method (during the pandemic) and obstacles in obtaining the method. The R4S project was approached and approval to use the tool was granted.[6] The R4S project was translated into Arabic, revised and tested on a small tribal sample (consisting of 20 women, according to the target group) to examine its suitability to the national, linguistic and cultural context. Some questions and answer options were crossed out and/ or added in accordance with the objectives of the study and the target group and in accordance with the notes of the study steering committee.

5 The "Research for Scalable Solutions (R4S)" project is operational scientific research to improve efficiency, cost-effectiveness, and equity in family planning programs in Africa and Asia, and is implemented by FHI 360, which provides strategic vision, technical leadership, oversight, and financial management of the project. The project is funded by The United States Agency for International Development (USAID). The project has developed a set of standard questions to be used in many countries to study the impact of the pandemic and the recovery process on access and use of family planning methods.

6 Annex No. 1:Survey form/ tool

Second: Service providers of family planning

Five focus discussion groups (39 participants) were held with service providers of sexual and reproductive health and family planning (gynaecologists and obstetricians, general practitioners, midwives and nurses) to discuss the determinants of providing family planning services during crises and the proposed mechanisms (which have been tried on the ground) to overcome them and ensure continuity in providing family planning services or limiting the impact of disruption of these services, and recommendations for effective measures during the crises. It was taken into consideration to take a national sample representing all the regions, with the possibility of arranging for groups to be held in person or via electronic communication if necessary. (Table No. 1) shows the distribution of discussion focus groups.

Table No. (1): Distribution of discussion focus groups.

Number	Discussion group	Target group	Number of participants	Date of Session
1	Service Providers NGOs/ Civil Associations	1. Jordan Health Aid Society international 2. International Relief Organization 3. Institute of Family Health Care	7	11/11/2021
2	Service providers Private sector	1.Community pharmacies 2. Drugstores	5	20/11/2021
3	Service Providers Public Sector	1. Ministry of Health	9	23/112021
4	Service providers NGOs/Civil Associations	1.National Woman's Health Care Center 2. Association of Islamic Centers 3. Jordanian Women's Union	10	24/11/2021
5	Service Providers-Private Sector	1. Private Hospitals 2. Private clinics	7	1/12/2021

To implement the qualitative study part of the focused discussion sessions:

1. It was arranged to hold discussion groups with service providers of family planning with 8-10 people in each group representing different sectors as follows:

- Targeted cadres: Physicians (family and general practitioners, gynecology and obstetrics,) nurses/certified midwives who work directly in family planning services and information programs
- Geographical coverage: in the three regions of the Kingdom (North, Central, and South)
- Targeted sectors: the public and private sectors and civil society

2. Official approvals were obtained for the participation of health personnel from different institutions; target cadres of the study were then contacted by phone or email to invite them to participate
3. All discussion groups were held via zoom
4. Suggested participants were informed of all the details related to their participation in the study for their oral approval and which included all the information they need to know before giving their consent to participate in the study.

A specific form for approval to participate in the study was prepared; the form was read at the beginning of the session after completing a detailed explanation of the study and its objectives which includes approval to record the session for purposes of documentation and ways to maintain the confidentiality of data and information about participants and their opinions, in addition on how to process information and turn it into a collective report for all sessions in a manner that preserves the confidentiality and privacy of participants.

6. All discussion sessions were attended by the focus group facilitator and note-taker and both were introduced to the participants.
7. The facilitator held the session for about 75 to 90 minutes, during which the previously approved questions were given to participants, in addition to some minor inquiries -if necessary- to ensure access to the required depth in the sessions.
8. The course of the sessions was documented by the note-taker and recorded audio (after obtaining prior consent of participants.)

Study Tool :

A special protocol for managing focus groups was developed; a special form[7] was prepared, and permission for using it during the focus group sessions was approved and granted by the study steering committee. The form consists of a number of topics:

Topic I: a general assessment of family planning services during the response period to the Corona pandemic (from March 17th, 2020 until the end of October 2020).
Topic II: training programs related to guaranteeing the continuity of providing family planning services during crises.
Topic III: challenges and obstacles to beneficiaries' access to family planning services and the mechanisms of dealing with them.
Topic IV: Challenges and obstacles to obtaining family planning services and mechanisms of dealing with these obstacles.
Topic V: Suggestions/proposed mechanisms to ensure the continuity of providing family planning programs during crises in Jordan.

Third : Decision makers and policies related to family planning

Nine interviews were conducted with 16 decision and policy makers in the different relevant sectors (Table No. 2), to discuss their viewpoints on the determinants of providing family planning services during crises and the proposed mechanisms to overcome them and ensure the continuity of providing these services or reduce the impact of their disruption; recommendations for effective measures during crises were also proposed. It was considered to take a national sample representing all the regions, and to arrange holding meetings in person (face to face) or electronically.

7 Annex No. 2: Focus group discussion questions for family planning providers

Table No. 2: List of stakeholders' policy and decision makers[8] involved in family planning

Number	Name of the entity	Number of interview participants	The entity's work with family planning programs	Interview mechanism
1	United Nations Population Fund	1	United Nations Foundation-Donors	Remote Televisual Communication Technology (Zoom)
2	Ministry of Health	4	Government agency service provider- supply	face-to-face
3	USAID	1	international agency donors	Remote Televisual Communication Technology (Zoom)
4	Royal Medical Services	1	Government agency service provider	Telephone
5	Pharmacists Syndicate	1	Civil Society Organization Professional Syndicate	Telephone
6	Institute for Family Health	2	NGO- Service provider	face-to-face
7	UNRWA	2	International Agency Service Provider	Remote video communication technology (Zoom)
8	Jordan Health Aid Society international	2	NGO- Service provider	Remote Televisual Communication Technology (Zoom)
9	The Higher Population Council	2	Semi-governmental institution-- policies	face-to-face

8 Annex No.3: List of stakeholders concerned with family planning policies and programs

Study tool:

A survey was prepared for specific interviews[9] (Annex No. 4), and approval was obtained for its use by the study steering committee and for use during interviews. The survey consists of general information about the interview, general introductory questions about the institution, and interview topics:

Topic I: A general assessment of family planning services during the response period to the pandemic (March 17th, 2020 until the end of October 2020).
Topic II: Policies and legislation related to ensuring the continuity of providing family planning services.
Topic II: Challenges and obstacles to beneficiaries' access to family planning services and the mechanisms of dealing with them.
Topic IV:Challenges and obstacles to obtaining family planning services and mechanisms of dealing with these obstacles.
Topic V: Suggestions/proposed mechanisms to ensure the continuity of providing family planning programs during crises in Jordan.

Methodology of analysing quantitative and qualitative results

The results of the study were analysed according to the objectives and methodology of each field within the study. Appropriate quantitative and qualitative analytical programs were used for each type of data, such as the Statistical Program for Social Sciences (SPSS) to analyse quantitative data. As for qualitative data resulting from focus groups and meetings of decision makers, the data was analysed by using available qualitative analysis programs.

Ethical review of research practices

The study took into account the solid scientific methodology to obtain credible and stable results that reflect reality while maintaining ethical practices in the implementation of scientific research through the following:

1. The ethical review and approval to conduct the study were obtained by the Scientific Research Ethics Committee at the Ministry of Health.[10]
2. The rights to privacy of participants in the study were taken into consideration, and, where possible, the names of participants were not disclosed. The private data and private names were saved in an electronic file protected with a password and accessible only by key researchers of the study.
3. It was emphasized that participation in the study was voluntary and at the participants' free will; study objectives and procedures for participating in the study were recounted together with the consequences. Also made clear was declining to participate in the study for all the participants at all levels.

9 Annex No. 4: Decision-Makers Interview Protocol
10 Decision Number MOH/2021/204 Date 6/10/2021

4. Meetings and get-togethers were recorded after getting verbal approval. Upon starting the meeting, nominative and functional forms will be used instead of personal names. Data was saved on a special website assigned for the study.
5. In view of the epidemiological situation of the Corona pandemic, health protocols have been adopted and applied in the country when holding face-to-face meetings and interviews such as wearing personal protective gear (masks and gloves), as well as maintaining a distance of at least two meters and washing hands as much as possible. Discussion groups were also held via Zoom to avoid gatherings and crowds.

Study review and verification

1. A steering committee, representing concerned national institutions, was formed for the study. The committee reviewed all study tools, including protocols and forms. The committee also reviewed people concerned with the interviews and took part in calling them to partake in the study.
2. The preliminary results of the study were presented to a group of experts and specialists from the governmental, private, for-profit, non-profit and governmental health sectors, relevant international institutions and researchers in a national validation workshop to discuss the results on obstacles, identifying gaps, introducing family planning programs and recommendations.
3. The first draft of the study report was modified based on the outputs of the technical review; also, the final report of the study was prepared.

Study Limitations

From Sep. 1st, 2021, to Nov. 30th, 2021, which posed a major challenge during the execution of the study, especially with regard to obtaining administrative approvals and ethical review committees to carry out this study. Added to that, the inability to obtain the necessary approvals from some institutions within the specified time, which led to resorting to institutions different from those identified in the planning phase of the study. This also had repercussions on the time framework allocated for fieldwork. Other limitations are that the tool used aimed to collect data within the time and spatial framework of the target sample especially that the mechanism of obtaining the answer of the research tool allowed the possibility of multiple answers, and this limits the ability to track the behaviour of women, and even led to the overlapping of answers in many questions. The research team believes that the time frame and the tool used may limit the extraction of some results that may be important in understanding the reality of access and obtaining family planning services during the repercussions of the Corona pandemic, and better achieve the objectives of the survey.

Despite the evidence provided by this study by giving a comprehensive view of the extent to which different methods of family planning are used at the start of the lockdown and closure procedures and places to get supplies of the (contraceptive) means either prior to the pandemic and at present, and their convergence with the national indicators for the use of family planning methods, the study team still believes there is a gap related to the features of the sample. The study targeted women who visit family planning services centres frequently to get the necessary (contraceptive) means; these women were also targeted because it was easy to reach them and so have a relatively large sample within the time specified for the completion of the study. Therefore, the presence of women in these centres is because of their desire to get or continue to get supplied with (contraceptive) means, also because they were familiar with the place and because of its proximity to the places of access to services for these women, and this is what the results of the study showed. Note that some women became pregnant during the pandemic because they were unable to obtain the necessary services or because they shifted to more traditional means where they do not need to visit health centre to get help, for example. Therefore, we call for the inclusion of some of the study questions within the methodology of the Population and Family Health Survey to be able to reach national indicators related to the rates of changing to traditional methods, as well as the occurrence of unwanted pregnancy and the variation in indicators of unmet need because of the pandemic among women in Jordan. We also call for in-depth qualitative studies to understand the shifts in the use of (contraceptive) means for those specific groups of women and the obstacles they face in particular.

Chapter Two

Review of global, regional, and national studies

A significant number of studies and research were prepared globally, regionally, and nationally to monitor and study the repercussions of the Corona pandemic on all different sectors of life, including the health sector. The United Nations Population Fund has predicted that more than 47 million women in 114 low-and middle-income countries will lose access to modern family planning methods, which could lead to 7 million unintended pregnancies (and likely to rise) the longer the lockdown period is prolonged. With efforts to respond to the Corona pandemic, it may also lead to disruption of the global supply chain, and a significant shortage in the provision of family planning methods.

In Jordan, the Rapid Assessment Report[11] measuring the impact of the coronavirus pandemic on gender-based violence, sexual and reproductive rights, and health among adolescent girls in Jordan, including persons with disabilities, indicated that access to gender-based violence and sexual and reproductive health services has become more difficult since the outbreak of the epidemic. Accordingly, the repercussions of the Corona pandemic and the challenges it imposed, showed the need for an emergency response plan that considers the population dimension and data related to it and the sustainability of sexual and reproductive health services.

The survey carried out by the Centre for Strategic Studies[12] in 2020, showed that 51% of pregnant women reported that they had difficulties accessing gynaecological medical care and services for pregnant women. Likewise, 71% of the beneficiaries of UN Women's Oasis Centres for Women and Girls of 18-35 age group (in and out of camps who were interviewed) reported that they were worried about an unplanned or unwanted pregnancy as a result of the COVID-19 pandemic crisis and because of reduced access to contraceptives and less decision-making power due to stressful household atmosphere .[13]

Globally, results of studies do not differ. In a study conducted in the US[14] in 2021 on family planning services during the Corona pandemic targeting doctors service providers for family planning, it showed that doctors have resorted to several means to ensure the continuity of providing family planning services, including remote services regarding comprehensive counselling and re-supply. Doctors indicated that there are obstacles in accessing and obtaining services, which affected the number of women benefiting from these services. The study recommended strengthening mechanisms for providing services remotely -via electronic communication- and reducing visits to clinics to obtain service as much as possible.

In Bangladesh[15], for example, the negative impact of continued disruptions during the response to the pandemic was apparent as shown in a study published in September 2020. Long-term methods such as the IUD and implant were the most affected, while short and medium-term methods recovered to nearly pre-lockdown levels in many parts of the country. These repercussions are linked to two main causes:

11 UN Population Fund-Jordan Office& partners https://jordan.unfpa.org/sites/default/files/resource
12 COVID-19 SRHS and rights during crises-Jordan brief-Centre for Strategic Studies
13 https://reliefweb.int/sites/reliefweb.int/files/resources/75776.pdf.https://reliefweb.int/sites/reliefw
14 https://doi.org/10.1016/j.ypmed.2021.106664
15 TRENDS IN FAMILY PLANNING SERVICES IN BANGLADESH BEFORE, DURING, AND AFTER COVID-19 LOCKDOWNS

1. Restriction of beneficiaries' access to services due to movement constraints.
2. A shortage of contraceptive supplies coupled with insufficient qualified personnel to dispense the supplies.

From Bangladesh as well, a survey study conducted on women beneficiaries of family planning programs[16] showed a 23% decrease in the average use of family planning methods, the most important of which is the combined pill, which witnessed a decrease in use at a rate of 4.24% compared to 7.61% prior to the pandemic. Continuing to use family planning methods was affected by many factors, the most important of which are age, educational and economic level of beneficiaries, and the ability to access services and get supplies.

A report from India[17] showed that the impact of the COVID-19 health crisis has been exacerbated by the existing economic crisis and has led to the exaggeration of many other existing issues in a variety of ways. Loss of income and work, restricted access to services and resources, and loss of access to sexual and reproductive health services have led to an increase in early marriage and child marriage, and an increase in sexual and gender-based violence and other mental health issues.

From Pakistan[18], the study confirmed that the initial efforts made by all countries to stop the outbreak of this epidemic had reduced access to basic health care services due to the closure and stops of transport; also, strategies to stop the spread of infection affected supply chain operations, which led to the inability to access family planning supplies and other goods. Moreover, the epidemic has negatively affected family planning services due to the significant drop in human resources, especially in the field of primary health. The study emphasized the importance of activating remote health services, including family planning.

A report was presented on the findings on a webinar[19] session to understand women's and girls' experiences in accessing family planning services and the impact on fertility in Burkina Faso, India, Nigeria, and Uganda under the COVID-19 pandemic and restrictions imposed. The report showed that fear of contracting the virus (COVID-19) was the biggest deterrent to accessing family planning services in clinics in Burkina Faso and India. And as a result of that, women resorted to using several strategies to meet family planning needs and ensure having continuous supplies, including accessing family planning services from the community pharmacies or drugstores rather than from health care centres, or they went on to depend on temporary methods delivered during home visits such as condoms and daily oral contraceptive pills. In addition, workers in the health sector during COVID-19 confirmed that staff was being redirected to using procedures related to the pandemic, which pushed them to use innovative hybrid models of awareness and remote counselling to ensure continuity of family planning services.

16 https://doi.org/10.1371/journal.pone.0257634
17 FAMILY PLANNING IN TIMES OF COVID-19, The International Center for Research on Women (ICRW), Feb 2021
18 Impact of COVID-19 on family planning. European Journal of Midwifery
19 FAMILY PLANNING AND COVID-19, Cross-National Experiences from Burkina Faso, India, Nigeria, and Uganda-June 2021

Chapter Three

Results of qualitative and quantitative survey

3.1 Results of quantitative survey research with women beneficiaries of family planning services

Demographic information

The study showed that the women who participated in the study (1065 women) were distributed over three governorates in the Kingdom according to the following percentages: Amman 645 (60.6%), Irbid 315 (29.6%), Karak 105 (9.9%). Where 571 (53.6%) women participated from a comprehensive health centre/ Ministry of Health, 317 (29.8%) women from a primary health centre/ Ministry of Health, and the remaining 177 (16.6%) women were distributed among the clinics of the Family Health Care Institute and the Islamic Centres Association. When asked about their marital status, it was found that all of them are now married and that they or their spouses use family planning methods. The average age of the sample was (33) year, and the average age at marriage (21.7) years. Table No. (3) shows characteristics of participants in the study.

Table No. (3): Characteristics of participants in the study (1065 women). *

Nationality	Number	Percentage (%)
Jordanian (national number)	962	86.9%
Syrian	80	7.5%
Palestinian (temporary Jordanian passport or document)	39	3.7%
Iraqi	6	6%
Yemen	8	0.8%
Other	6	0.6%
school enrolment		
Yes	1030	96.7%
No	35	3.3%
Highest degree obtained		
Primary	162	15.2%
Secondary	341	32%
Intermediate Diploma (Intermediate College)	170	16%
Bachelor B.A	323	30.3%
Post Graduate Studies	36	3.4%
Spouse attending school		
Yes	1028	96.5%
No	29	7.2%

Nationality	Number	Percentage (%)
Highest academic level the husband completed		
Primary	208	19.5%
Secondary	419	39.3%
Intermediate Diploma (Intermediate College)	110	10.3%
Bachelor B.A	254	23.8%
Post Graduate Studies	38	3.6%

***Note:** Some columns have a sample total of less than 1065 because some participants declined to answer some of the options items.

The results showed that 350 women (33.1%) out of (1059 women) of the study participants needed to visit a service provider/health centre to obtain any services related to family planning advice and services during the lockdown. It was found that 74% (253 women) received the service they wanted. When asked about the service they needed, it was found that about 40% of the answers were for women who wanted to obtain a family planning method; 22% of the answers for women who wanted to obtain family planning advice; 30% of the answers for women who wanted both means and advice, and finally 7% of the answers for Jordanian women who wanted to remove or replace a family planning method. The results showed that the women who wanted these services got them mainly from health centres of the Ministry of Health. Table No. (4) shows the details.

Table No. (4): Relative distribution of participants' responses according to sources of access to family planning servicese and counselling during periods of total and partial lockdown.

Sector	Number	Percentage (%)*
Public sector		
Governmental Hospital	35	11.4%
Health Centre (Women and Child Health Centres)	172	57.9%
Royal Medical Services	2	0.7%
Teaching Hospital	0	0
Mobile Clinic	0	0
Private medical sector		
Hospital	8	2.7%
Private doctor/clinic	44	14.8%
Pharmacy	14	4.7%

Sector	Number	Percentage (%)*
Other sources		
Friends or acquaintances	3	1%
Clinics affiliated with associations and organizations	3	1%
UNRWA health centres	2	0.7%
Direct to consumer		
Service Provider's personal phone	14	4.7%
Health institution phone	0	0

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

As for the women who did not receive the service (98 women out of 342) (26%), it was found that they did not get the services they wanted because of government lockdown measures (24% of the answers), and mainly because of the closure of the usual place from which they received the service (the means and/or advice) (60.4% of the answers). (Table No. 5) shows the reasons in detail.

Table No. (5): Relative distribution of participants' response according to the reasons for not obtaining family planning counselling and services, during total and partial lockdown.

Reasons	Number (%) *	Percentage % *
COVID-19 related causes		
- Closure of the usual place(s) for obtaining the service (the means and/or consultation)	58	60.4%
- The usual place/other places to obtain the service (the facility and/or consultation) No family planning services are provided during that period, or no service provider is available	1	1%
- The usual place/other places to obtain the service (the facility and/or consultation) No service provider available during that period	2	2.1%
- The usual place/ other places do not have the facility I want	2	2.1%
- Unable to go to other facilities due to enforced government closures	23	24%
- Husband/ family prevented me from going elsewhere for fear of contracting COVID-19	5	5.2%

Adopted policies related to obtaining the service		
- Non-compliance with personal protection measures (wearing a mask)	0	0
- Necessity of running a PCR test before obtaining the service	2	2.1%
Reasons not related to COVID		
- My husband wanted me to continue using the same method	2	2.1%
- Preoccupation and inability to leave the house	1	1%

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

Second: The use of family planning methods during quarantine and lockdown because of COVID and reproductive preferences because of the pandemic

Results of the study of women who were using any method of family planning during quarantine and lockdown because of the outbreak of the Corona epidemic showed that the IUD was the most prevalent and common method used (32.5%), followed by the traditional isolation / withdrawal method (21.8%), and then the condom (15.2%).

Table No. (6): The relative distribution of the participants' responses according to family planning methods used during quarantine and lockdown among women in Jordan.

Method	Number	Percentage % *
Female sterilization	8	0.7%
IUD	350	32.5%
Implant	37	3.4%
Injection (needle)	27	2.5%
Mono-hormonal contraceptive pills	135	12.5%
Combined oral contraceptive pill COCP	83	7.7%
Male Condoms	164	15.2%
Fertility awareness/calculating/counting fertility days on a calendar	17	1.6%
Breastfeeding amenorrhea	20	1.9%
Insulation / withdrawal / external ejaculation	235	21.8%

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

When asking women participating in the study (1065 women) about how they got the (contraceptive) method they used during quarantine and lockdown, 51.2% of the answers showed that the method is a long-term method that needed not to be replenished, followed by 33.3% of the answers that women had a stock of the method at the time of lockdown, while 6% of the answers indicated that the women got their supplies when they heard about lockdown procedures, and finally, 9.5% of the answers indicated that they got (contraceptive) means during the lockdown.

The results also showed that access to the means during times of lockdown and quarantine was mainly through the public sector, especially Woman and Child Health centres (54.7%), followed by pharmacies in the private sector (19.8%). Table No. (7) shows the different sources of family planning supplies during lockdown and quarantine because of the pandemic.

Table No. (7): Relative distribution of the participants' response according to the different sources of supply of family planning means during quarantine and total lockdown because of the pandemic.

Reasons	Number (%) *	Percentage % *
Public sector		
Governmental Hospital	35	4.4%
Health Centre (Women and Child Health Centres)	439	54.7%
Royal Medical Services	7	0.9%
Teaching Hospital	1	0.1%
Mobile Clinic	1	0.1%
Private medical sector		
Governmental Hospital Hospital	18	2.2%
Private doctor/clinic	88	11%
Pharmacy	159	19.8%
Other sources		
Friends or acquaintances	7	0.9%
Clinics affiliated with associations and organizations	23	2.9%
UNRWA health centres	23	2.9%
Direct to consumer		
Home Delivered	1	0.1%

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

When asking the women about the impact of the Corona pandemic on their reproductive preferences, it was found that about 44% of the answers indicated that they did not want more children, while about 35% of the answers indicated the desire to have a child but did not know when, and 12.5% of the answers indicated that women want a child in the next two years, while 9% of the answers indicated that women want to wait at least two years before having a child. The following table shows women's attitudes to what extent the pandemic impacted women's reproductive decisions in Jordan.

Table No. (8): Relative distribution of participants' responses according to women's attitudes about the impact of the Corona pandemic on women's reproductive decisions in Jordan.

Item	YES Number (%)	No Number (%)	Don't Know Number (%)
The impact of COVID-19 and lockdown on women's ability to avoid or postpone pregnancy.	269 25.4%	791 74.6%	0
The impact of COVID-19 on women's decision to increase years of spacing between pregnancies	304 28.6%	759 71.4%	0
Impact of COVID-19 on women's decision on the total number of children they want to have	251 23.6%	812 76.4%	0
The belief that the change in the economic situation resulting from the COVID-19 pandemic influenced women's desire to postpone/ not have children/ the total number of desired children	470 44.2%	592 55.7%	(0.1%)1

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

Third: Use of family planning methods at present

This section aims to perceive the reality of the current use of family planning methods and to what extent the pandemic has impacted women's use of the current method. Table No. (9) shows that the IUD method is still the most prevalent and commonly used (36.5%), followed by the traditional method/isolation (19.4%) and then the condom (16.5%). Table No. (10) shows supply venues for the current means used by women where the health centres of the Ministry of Health came first (62.7%), followed by the private sector (private doctor 11.2%) and the pharmacy (12.6%).

Table No. (9): Relative distribution of participants' response to family planning methods currently used by women.

Methodt	Number	Percentage % *
Female sterilization	17	1.6%
IUD	389	36.5%
Implant	42	4%
(Injection (needle	30	2.8%
Mono-hormonal contraceptive pills	98	9.2%
Combined oral contraceptive pill COCP	76	7.1%
Male Condoms	176	16.5%
Fertility awareness/calculating/counting fertility days on a calendar	16	1.5%
Breastfeeding amenorrhea	14	1.3%
Insulation / withdrawal / external ejaculation	207	19.4%

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

Table No. (10): Relative distribution of participants' responses about places of supply with family planning methods that women currently use.

Sector	Number	Percentage % *
Public sector		
Governmental Hospital	31	3.7%
Health Centre (Women and Child Health Centres)	531	62%
Royal Medical Services	3	0.4%
Teaching Hospital	2	0.2%
Mobile Clinic	1	0.1%
Private medical sector		
Hospital	20	2.4%
Private doctor/clinic	95	11.2%
Pharmacy	107	12.6%
Other sources		
Friends or acquaintances	5	0.6%
Clinics affiliated with associations and organizations	24	2.8%
UNRWA health centres	27	3.2%

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

As for the reasons that prompted women to choose their present location for supplies, the results showed that one of the reasons was being used to the location for supplies (30.4%) and the proximity of the location to the women's home (21.4%), in addition to being free or at a very low cost (13.5%). Whereas causes related to the pandemic, such as closures and fear of infection with the virus were at low percentages.

Table No. (11): Relative distribution of participants' responses according to reasons that prompted women to choose the current location for supplies with family planning methods they are currently using.

Reasons	Number (%) *	Percentage % *
COVID-19 related causes		
- Closure of the usual place(s) for obtaining the service	12	1%
- The usual place/other places to obtain the service (the facility) does not offer family planning services or no service provider is available	20	1.7%
- The (family planning) means I want to be available	91	7.6%
- No risk/lower risk of contracting COVID-19 or corona	26	2.2%
- Fear that others might suspect I am infected with corona if they see me frequenting these places	3	0.3%
- Unable to go to other facilities due to enforced government closures	24	2%
- My husband/family prevented me from going to another place for fear of contracting the disease	23	1.9%
Reasons non-relevant to COVID		
- This is the usual place I go to	365	30.4%
- The place is close to my house	257	21.4%
- The place provides me privacy and confidentiality	65	5.4%
- Good reputation of service providers	100	8.3%
- Recommendation from a friend or relative	52	4.3%
- Family planning method available at a low price / free	162	13.5%

On the other hand, the study made inquiries regarding whether the pandemic affected the current use of family planning. The results showed the following scenarios:

First : Using a method different from the one they used at the start of lockdown

The study found that 294 (27.6%) of the women were using one of the family planning methods when quarantine and lockdown procedures started, and they moved to use the current methods mentioned in Table No. (9) (these differ from the ones they used at the start of lockdown (Table 6). When asked about the reasons why women decided to change the method that was used at the start of lockdown and replace it with the one they are currently using, the results showed that the

majority of the reasons were because women preferred long lasting effective methods (20.6% of the answers), as well as a method with lesser side effects (20.6% of the answers), and one that is more effective than other methods (12.1% of the answers). Table No. (12) shows the other reasons that contributed to women's desire to switch to the currently used means.

Table No. (12): Relative distribution of participants' responses according to the reasons that made women decide to replace the method previously used and switch to the method used at the present time.

Reasons	Number (%) *	Percentage % *
1. I can deal with the (Contraceptive) method alone/by myself	26	7%
2. No need to visit a service provider	16	4.3%
3. Nobody will know that I am using this (Contraceptive) method	1	0.3%
4. The effectiveness of the (Contraceptive) method lasts for a long time/ longer than other methods	77	20.6%
5. The (Contraceptive) method is effective / more effective than other methods	45	12.1%
6. Few sides effects/fewer than other (Contraceptive) methods	77	20.6%
7. Side effects of this (Contraceptive) method can be controlled/managed easier than other methods	9	2.4%
8. (Contraceptive) method is preferred by the husband	31	8.3%
9. Recommended by service provider	34	9.1%
10. Recommended by friends	33	8.8%
11. The (Contraceptive) method is available at a low cost/ free	24	6.4%
*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**		

The women who replaced the method and switched to the current method were asked about their satisfaction with the currently used method (Table 6), and 52 women (17.7%) answered that the current method was not the one they wanted to use, but rather the results showed that they wanted to use the following methods mainly: IUD 69 (64.5% of the answers), the hormonal pill 17 (15.9%) of the answers, the implant 6 (5.6%) of the answers. When inquiring about the reasons, the results showed that the most preferred reason is the desire of women for long-lasting means, Table No. (12).

Second: Using the same (contraceptive) method before lockdown procedures and currently

The study showed that 771 (72.4%) of the women used the same method of family planning before the lockdown procedures and are still using it today. When asked about the desire of these women to replace the method, 105 (13.6%) women answered yes, and the rest answered that they did not want to replace the method that they have been using since the start of the lockdown and quarantine procedures. The results showed that the women who wanted to change (and did not change the method) wanted to use the following methods mainly: IUD 69 (64.5% of the answers), hormonal pills 17 (15.9%) of the answers, and the implant 6 (5.6% of the answers). When inquiring about the reasons, the results showed that the most preferred reason is the desire of women for long-lasting means, Table No. (13).

Table No. (13): Relative distribution of participants' response to the reasons why women did not replace the family planning method used at the time of lockdown and switch to the method used at the present time.

Reasons	Number (%) *	Percentage % *
1. I can deal with the (Contraceptive) method alone/by myself	9	6%
2. No need to visit a service provider	7	4.6%
3. Nobody will know that I am using this (Contraceptive) method	3	2%
4. The effectiveness of the (Contraceptive) method lasts for a long time/ longer than other methods	35	23.2%
5. The (Contraceptive) method is effective / more effective than other methods	22	14.6%
6. Few sides effects/fewer than other (Contraceptive) methods	22	14.6%
7. Side effects of this (contraceptive) method can be controlled/managed easier than other methods	12	7.9%
8. (Contraceptive) method is preferred by the husband	15	9.9%
9. Recommended by service provider	8	5.3%
10. Recommended by friends	13	8.6%
11. The (Contraceptive) method is available at a low cost/ free	5	3.3%
*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**		

Third: The desire to stop using or remove family planning methods during lockdown and quarantine

The study found that 111 (10.4%) of the women participating in this study had the desire to stop using or remove the family planning method they were using when lockdown and quarantine procedures began. The reasons behind this desire varied, and one of the most significant ones was the fear of side effects (21.3% of the total answers), followed by the husband's disapproval of the method (12.5% of the answers), and finally the reason for wanting to stop or remove was the fear of not being able to dispose of it later due to restrictions enforced by the pandemic (11.8% of the responses). Table No. (14).

Table No. (14): Relative distribution of participants' response to the reasons for wanting to stop using or remove family planning methods during lockdown and quarantine.

Reasons	Number (%) *	Percentage % *
COVID-19 related causes		
1. I am apprehensive that I will not be able to remove (the contraceptive) at a later time because of (COVID) government restrictions	16	11.8%
Causes related to pregnancy / validity		
- I want to be able to conceive	9	6.6%
- The contraceptive method has expired	1	0.7%
Reasons related to the side effects of the (contraceptive) method		
- Menopause	0	-
- shorter or lighter cycle	1	0.7%
- Longer or heavier cycle	11	8.1%
- Irregular cycle, spotting	11	8.1%
- Weight changes	5	3.7%
- Menstruation pain	6	4.4%
- Aches in other parts of the body	16	11.8%
- Fear of side effects	9	6.6%
Reasons related to partner / service provider		
- My husband does not like the (contraceptive) method or does not consent to it	17	12.5%
- Advanced age/menopause/infertility	2	1.5%
- The service provider advised to remove it	3	2.2%
*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**		

Those women were asked that when the lockdown and quarantine procedures began, whether the service provider gave them advice regarding the use of another method so that they could stop using or remove the method they were using. The results showed that 27 (24.8%) of the women who wanted to remove the method they may already have received advice regarding the use of another method. The results found that 7 (24.1%) of those women had used a method other than or in addition to the method they used when the lockdown and quarantine procedures began. The additional methods that were used by these women were: condoms 4 (40% of answers), mono-hormonal contraceptives 3 (30% of answers), isolation 2 (20% of answers), fertility awareness/calendar 1 (10% of the answers).

The results showed that 79 (71.2%) of the total women who had the desire to stop using or remove the family planning method they were using when lockdown and quarantine procedures started were able to remove it at the time. As for why women could not stop using or remove the method they were using when the lockdown and quarantine procedures began, the results showed the following main reasons:

Table No. (15): Relative distribution of participants' response according to the main reasons why women were unable to stop using or remove the method they were using when the lockdown procedures began.

Reasons	Number (%) *	Percentage % *
- Shutting down of the usual place(s) to obtain the service (the means and/or advice)	4	17.4%
- The usual place/other places to obtain the service (the facility and/or advice): No family planning services are provided during that period, or no service provider is available	1	4.3%
- Fear of contracting the virus	1	4.3%
- I heard that service providers do not have the adequate protection materials/ tools to deal with patients	0	0
- service provider thought I had COVID	0	0
Policies adhered to and related to obtaining the service		
- My non-compliance with personal protection means (wearing a mask)	0	0
- It is compulsory to take a PCR test before obtaining the service	0	0
Reasons not related to COVID and related to the service provider		
- The service provider did not have equipment or supplies to remove the device	1	
- The service provider advised to keep the method	1	
- The service provider tried to remove the device but was unable to do so	0	
- The service provider refused to perform the service	1	

Reasons	Number (%) *	Percentage % *
Reasons not related to COVID		
- I changed my mind	8	34.8%
- My husband wanted me to continue using the same method	5	21.7%
- I didn't have enough money	1	4.3%

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

3.2 Results of qualitative research with family planning service providers and stakeholders

Results of focus group discussions with family planning service providers

Five discussion groups were held, targeting 39 service providers of sexual and reproductive health and family planning in public and private sector clinics and civil society organizations in the three regions to seek their opinion on the repercussions of the Corona pandemic on family planning programs in Jordan. These discussion groups also aimed to discuss the determinants of providing family planning services during crises and the proposed mechanisms (which have been tried on the ground) to overcome them and ensure the continuity of providing family planning services or reduce the impact when stopping them, and recommendations for effective measures during times of crises.

> **We took the opportunity when health centres opened** for the genetic diseases survey and started giving mothers frequenting the centres family planning means even before being officially announcing their introduction.
>
> Certified midwife/ Ministry of Health

Topic I: a general evaluation of family planning services during the response period to the Corona pandemic

> In general, our patients are used to coming to clinics without prior appointment, especially for follow-up and advice. It was impossible to arrange appointments and numbers; we were subjected to accountability and fines
>
> Gynecologist - private sector

> Having an electronic record of beneficiaries in our clinics was quite useful to guarantee keeping communication with them and offering them service Certified midwife
>
> Civil-society organization

Participants from family planning service providers from various sectors unanimously agreed that the Corona pandemic had-and still does-a significant impact on sexual and reproductive health services in general, family planning, and the continuity of providing its services during times of total and partial lockdown. The Corona pandemic had a direct and indirect impact on services through government measures which aimed to reduce the spread of the epidemic, infections, and mortalities. This, in turn gave priority to all services related to the epidemic from epidemiological monitoring and treatment services at the expense of all preventive and curative programs, especially regarding primary health care, including family planning. Participants also agreed that sexual and reproductive health services programs did not fully recover and that repercussions on obtaining and access to family planning services still exist.

These repercussions were mainly manifested by observing the increase in the number of new pregnant women registered in health centres and clinics, and the decrease in demand for modern family planning methods, especially those that require showing up at centres and clinics, such as the IUD and the implant.

However, all participants agreed that there was no disruption in the supply of family planning methods, whether in the public or private sectors, but this was not matched by an increase in demand for services.

Participants from the public sector indicated that family planning services before the quarantine and the impact of the Corona pandemic were suffering from a lack of trained personnel, lack of continuous training and of transfer of personnel at a large scale. These difficulties exasperated after partial opening of certain sectors especially that the operating staff was down by 50% of its normal workforce. Many trained employees were gone, whether because of contracting the virus and thus absenteeism from work or because they left to work with the epidemiological investigation teams (for added financial incentives and perks) or in field hospitals; this caused absence of some basic services such as counselling and providing long-term means such as IUDs and implants.

As for the participants from the private sector, they all emphasized the negative impact of government measures on private sector services, such as limiting the number of working hours, the number of patients, and procedures of inspection and closure of some clinics and health centres for non-compliance with the maximum number allowed and with preventive measures. Participants from clinics working under the umbrella of certain organizations emphasized the sector's flexibility in providing services and the diversity of mechanisms through which they attempted to continue providing counselling services, especially remotely offered services, and to be able to communicate directly with the beneficiaries of the services, due to the existence of an information system that was utilized to guarantee that beneficiaries are provided with the (contraceptive) means through agreements with community pharmacies in the area of service provision or direct supply through mobile clinics or mobile supply teams (particularly those distributing drugs for chronic disease). Sexual and reproductive health services were not disrupted in Syrian refugee camps, but the staff working in clinics were reduced and switched to provide other services.

Summary of the general evaluation of family planning services during the response to the Corona pandemic:

1. The Corona pandemic had - and still does - a significant impact on sexual and reproductive health services in general, and family planning and its continuity, in particular.
2. Sexual and reproductive health services programs have not fully recovered and their repercussions on access to and obtaining family planning services continue to exist.
3. The repercussions of the response to the Corona pandemic were affected by obstacles and challenges in providing family planning services and information before the pandemic, such as lack of trained personnel, movement of staff at a large scale and the lack of continuous training.
4. There was no disruption in the supply of family planning methods, whether in the public or private sectors, but this was not matched by an increase in demand for services.
5. Governmental measures played an important role in limiting the provision of services, especially in the private sector.
6. The private sector and civil society organizations were able to continue providing services through many initiatives, and this was made possible with having a system for beneficiaries, which facilitated the process of communicating with them.

Topic II: Evaluation of training programs related to ensuring the continuity of providing family planning services during crises

> Indeed, the pandemic has revealed shortcomings in training programs, especially those related to counselling and electronicservices
>
> Supervisor-Women & Child Health Dept. Field Health Directorate

Participants from the public sector confirmed that, in general, there are no training programs to respond to crises and offer family planning services during those times. They indicated that the recently completed integrated health services project employed some training programs for personnel in the centres the project supports in the first months of the response to the Corona pandemic, but that most of these programs were about the pandemic and preventive measures and some of them were about providing counselling services for family planning remotely.

- Doctors participating from the private sector confirmed that all training programs were exclusively about prevention from Corona virus, preventive government measures, treatment plans and dealing with patients, and in particular the repercussions of infection on pregnant and lactating women and new-borns. No training was given on mechanisms of providing services during crises.

- As for the group of pharmacists working in community pharmacies, they confirmed that they did not receive any training on family planning counselling and that their role was limited to providing the (contraceptive) means to beneficiaries without giving advice. They noticed a cognitive deficiency, especially regarding dealing with side effects.

> Frankly, the exercises that took place through USAID were exercises that we needed, but unfortunately, we are not used to zoom, teams and online. Unfortunately, they did not give the rewarding results we expected.
>
> Doctor/ Public sector

Things were different with civil society organizations, as training was kept to the minimum level regarding reproductive health services in crises The Minimum Initial Service Package (MISP) for Reproductive Health was adopted within the training programs the staff received before the outbreak of the pandemic, which had a significant impact on understanding the specificity of responding to and reducing repercussions of the pandemic. Personnel from women-friendly centres who participated in the hotline management program (the National Centre for Women's Health Care, the Ministry of Health, and the Institute for Family Health) received specialized training on managing the hotline service for sexual and reproductive health issues, including family planning and remote counselling.

Summary of evaluation of training programs related to ensuring the continuity of providing family planning services during crises:

1. Training programs during the pandemic response period were limited to the prevention of the Corona virus, preventive government measures, curative plans, and how to treat patients, especially the repercussions of infection on pregnant and lactating women and on new-borns.

2. No training was conducted on mechanisms of providing family planning services during crises to service providers in the public and private sectors.
3. Adopting the Minimum Initial Service Package (MISP) for Reproductive Health training program by civil society institutions within the training programs the staff received before the Corona pandemic had a significant impact on understanding the specificity of the response and reducing its repercussions.

Topic III: challenges and obstacles facing beneficiaries' access to family planning services and the mechanisms for dealing with them.

All participants from all sectors agreed that there were challenges and obstacles that prevented beneficiaries from accessing family planning services. These obstacles were related to the beneficiaries themselves or the service providers.

> Maybe it's been 9 months and the numbers are still going down, I mean, you know, there are centres which are not recovering from Corona just yet……if vaccines which are quite important are reduced in numbers, so what do you think of family planning?
>
> Supervisor, Woman and child health Directorate/ MoH

Participants from the public sector affirmed that the complete closure of health centres for a period exceeding fifty days resulted in women being unable to access women's health services, including family planning. They attributed the most important reasons for the lack or poor access to services even after the partial opening and the gradual return to providing services to women's fear of contracting the Corona virus when visiting health facilities and then transmitting the infection to other family members. They pointed that another reason was lack of public transport and difficulty of reaching the centres. The fluctuation and lack of clarity of health policies when requesting a PCR test in the first period of the gradual opening also played a role in women avoiding coming to government centres.

As for the participants from the private sector and organizations, they agreed on the above reasons, but added to them the difficult economic situation due to the loss of many families' sources of income and failure on the part of families to give family planning, and unfortunately other women's health services, a priority. Although doctors mentioned women's fear of pregnancy and breast-feeding during the pandemic period due to lack of information about the effect of the virus on pregnant and lactating women, still most of them stopped using modern family planning methods, especially short-term ones, and resorted to old traditional methods.

> The problem is that women do not want to get pregnant, but the easiest decision for them was to resort to traditional methods. We lost a lot because of Corona
>
> Doctor, Private Sector

Participants from the group of pharmacists indicated that the demand for home pregnancy test increased significantly while the demand for hormonal family planning methods available in pharmacies gradually decreased.

Participants from the organizations drew attention to the fact that awareness and education programs related to reproductive health services were suspended and completely transferred to mechanisms of prevention from the Corona virus, which affected the demand of non-users or those women who had stopped receiving services; funded programs were also kept to the minimum and funding was focused on programs concerned with Corona.

Summary of challenges and obstacles to the beneficiaries' access to family planning services:

1. Women's fear of contracting the Corona virus when visiting health facilities and transmitting the infection to the rest of the family.
2. Lack of public transport and the difficulty of reaching the centres.
3. Fluctuation and lack of clarity of health policies when requesting a PCR test when coming to receive the service
4. The difficult economic situation due to the loss of many families' sources of income and the failure on the part of families to give family planning, and unfortunately other women's health services, a priority.
5. The termination of awareness and education programs related to reproductive health services, which affected the turnout of women who are not in use or who are interrupted users of the services.

Topic IV: Challenges and Obstacles to Obtaining Family Planning Services and Mechanisms for Dealing with them.

Participants from all sectors unanimously agreed that no problems related to the provision of modern family planning methods were observed in all sectors, as there was a strategic stockpile in the health directorates and supply departments for a period of at least six months, and the process of supplying the private sector and organizations continued as usual.

Some obstacles were observed that prevented the beneficiaries from accessing services where participants from all sectors agreed that service providers were reluctant to provide services that require medical procedures such as the installation and removal of the IUD, the implant, and the internal examination to deal with some side effects or health problems associated with family planning. They attributed this hesitation to fear of infection with the virus due to close bodily contact with patients, especially in the public sector, where personal protective and hygiene materials were insufficient. Infection of staff members led to the closure of some service facilities, which affected their ability to continue to offer services to a great extent.

> Indeed, the Corona pandemic was a typical model of a crisis regarding the continuity in providing family planning services and the application of MISP.
>
> Al Za'atari refugee camp/ Clinic Director

> We used to get instructions through official letters from the Ministry, but people were not trained on the protocols. I mean, we circulated the letters without having any training. Most of them did not understand what should be done
>
> Supervisor - Women and Child Health Department

Participants from the public sector confirmed that there was a reduction in the number of personnel trained in family planning counselling and services because some of the staff shifted to other services related to Corona or because of infection with the virus, which affected the provision of services.

Participants from the private and pharmaceutical sectors said that the financial obstacle is the main reason for poor access to family planning services in this sector, especially since private health insurance does not cover family planning services. Doctor participants from the private sector said women resorted to traditional methods and sought advice from their doctors by phone to avoid coming to clinics.

Summary of the challenges and obstacles to obtaining family planning services:

1. The reluctance of service providers to offer services that require medical procedures such as the installation and removal of the IUD, the implant, and the internal examination to deal with some side effects or health problems associated with family planning.

2. Infection of medical staff led to the closure of some health facilities which affected their ability to continue to offer services to a great extent.

3. Reducing the number of personnel trained in family planning counselling and services because some of the staff shifted to other services related to Corona or because of infection with the virus, which affected the provision of services.

Topic V: Suggestions/proposed mechanisms to ensure the continuity of providing family planning programs during crises in Jordan.

Participants from the public sector identified several proposals to ensure the continuity of providing family planning services during crises, the most important of which are:

1. Focus on reproductive health and family planning issues as a national priority.

2. Having a representative of women's health programs and reproductive health programs in the National Centre for Security and Crises Management and the Epidemiology Committee to enhance their status and importance.

3. Paying special attention to training programs, especially distant training, and improving the infrastructure of technology in health centres and health directorates to guarantee effective participation and accomplish the benefit and advantage.

4. Establishing an information system and database for the beneficiaries from various services, including family planning, to facilitate easy access to them and offer distant services (remotely.)

Participants from organizations that offer sexual and reproductive health services proposed some recommendations, including:

1. Expanding the hotline services and adopting using them at the national level, especially linking them to the Ministry of Health.
2. Adopting remote training as an approved methodology for training health personnel and making human and financial resources available to ensure quality and continuity.
3. Giving sexual and reproductive health services the priority and gain support of its importance among decision makers outside the health sector.
4. Work to enable all health personnel in all sectors have access to move freely and get security approvals to facilitate getting to their work sites and ensure continuity of services.

Doctors and pharmacists participating from the private sector reinforced the previous recommendations and added the following :

1. Reconsidering the health crisis management mechanism, as the previous management was largely security and not medical, which affected assessing the priorities.

2. Reinforcement responding to crises through primary health care and through keeping all centres (public or private) that provide direct services to beneficiaries open.

3. Viewing the private sector institutions as key partners in responding to crises and activating their role.

4. Targeting service providers in the private sector to give them training programs on crisis response mechanisms and offering remote/ distant service.

5. Enhancing societal awareness and education programs on preventive measures (from infection) and on the importance of family planning programmes.

Results of specific interviews with relevant decision-makers

9 interviews were conducted with 16 decision and policy makers in different relevant sectors (Ministry of Health, Royal Medical Services, the private sector, international organizations, donors, civil society organizations and others) to discuss their viewpoints on the determinants of providing family planning services during crises in general and during the pandemic as well. Also under discussion were the proposed mechanisms to go past the pandemic and ensure continuity of providing family planning services or reduce the impact of their disruption, as well as recommendations for effective measures during the crises.

Results of the specialized interviews exhibited a consensus among all concerned on the negative impact of closing public and private sites that offer sexual and reproductive health services in general, and family planning in particular, and their expectation that Jordan will witness the aftermath of this impact in the coming months, especially with regard to sexual and reproductive health indicators in the upcoming Population and Health Survey.

Observations and answers of those concerned were monitored on several topics related to beneficiaries' access to family planning programs and the intrusions and obstacles directly related to the repercussions of responding to the pandemic, especially during partial and total closure of primary care services-including family planning information and services-and in particular from March 17th, 2020, to the end of October, 2020.

Topic I: a general assessment of family planning services during the period of total and partial closure in response to the Corona pandemic.

All those participating in the specialized interviews stated that family planning services in health centres, private clinics, and clinics of civil society organizations were completely disrupted during total lockdown (approximately 40 days) and were limited only to dispensing hormones and condoms through community pharmacies. The gradual return to provide services came into effect, but - according to Defence Law notifications - with less staff, shorter working hours, and a restriction on the number of

Couple-years of protection CYP rate dropped from 236,220 in 2019 to 831,167 in 2020.
Directorate of Women &Child Health/ Department of Supplies

visitors during the first phase, leading to offering services as usual by the end of October 2020. Most of those participating in the interviewees emphasized that family planning programs were not fully recovered as yet-although it's been more than a year since going back to providing services as usual in all clinics and centres. Participants attributed the poor recovery so far to many reasons related to recipient of services themselves and others to the provider of services as well.

> There was no disruption in the supply of means or unavailability at the health centres of the Ministry of Health and its partners. There is a 6-month reserve in the health directorates and a two month supply in the health centre.
>
> Head of the Supply Department - Directorate of Women and Child Health - Ministry of Health

Participants taking part in the interviews agreed that there was no shortage of supplies of all kinds of contraceptives means in the public sector (through the Ministry of Health) or in the private sector (through drugstores and pharmacies), mainly due to a reserve stock that covers the demand for family planning methods for a period of at least 6 months, in addition to the facilities provided by the National Centre For Security and Crisis Management to ensure the drug supply chain including modern family planning methods.

> In the first place, there is a shortage of trained staff, especially in peripheral health centers far from the city center..We had to shut down centers because of infections among staff.
>
> Supervisor of Women and Child Health - Ministry of Health

Participants from the public sector indicated that it was a challenge to maintain trained and qualified personnel to provide advice and family planning services either because they contracted the virus, or because they were transferred to epidemiological investigation teams or to places where COVID patients were treated; this affected some specific services such as the installation of the IUD or the implant. Participants from the private sector, civil society organizations and UNRWA indicated that there was no noticeable challenge in providing trained and qualified personnel to provide advice and family planning services, other than contracting the virus or their contact with COVID patients, which led to their absence from work for some time (14 days) and the temporary closure of some sites.

Participants from the private sector, civil society organizations and UNRWA stated that having a database for users of sexual and reproductive health services, including family planning, was one of the most important factors that helped reach and communicate with the target groups and follow up on service provision. The absence of a database for users in the public sector constituted a main reason for not being able to guarantee communication, access to users and monitoring of needs.

At the beginning of the pandemic, most health workers took personal initiatives to communicate with beneficiaries from family planning services, followed by some organizations (UNRWA and civil society organizations) who provided remote counselling service through approved phone lines of the health clinic, or through the hotline service, or by activating social media sites. Some civil society organizations also distributed drugs and hormonal family planning methods to beneficiaries of their programs through mobile clinics or in cooperation with community pharmacies at their work sites.

However, it is noteworthy to mention that most awareness and education programs and field work - including home visits - have stopped; this has greatly affected the number of new beneficiaries of family planning programs, and offering services was mainly limited to former and frequent users.

It is important to mention here that many coordination and referral mechanisms were activated between service providers, especially between the public sector and civil society organizations, to ensure access to services. Community pharmacies, in coordination with the Pharmacists Syndicate worked on delivering medications to beneficiaries at no additional cost.

Topic II: Policies and legislation related to ensuring the continuity of providing family planning services.

> Despite the importance of the direct response to Corona, donors are very interested in the sustainability of family planning programs and in supporting the Ministry.
>
> UNFPA

Participants unanimously agreed that response to the pandemic at the national level mainly neglected the importance of primary health care and sexual and reproductive health programs and they were not given any priority in the planning and implementation process. The crisis response team did not include a liaison officer for the Directorate of Women and Child Health (Coordinator of Emergency Sexual and Reproductive Health Services) although the MISP has been nationally approved.

Participants unanimously agreed that the absence of national policies, strategies and operational plans related to ensuring the continuity of providing sexual and reproductive health services, including family planning, ensued in not giving them any priority during the response phase and transferring trained staff to epidemiological investigation teams and curative services at the expense of SRHS. In addition, work on implementing most of the projects related to awareness and education, training and capacity building of staff also stopped, and most of the financial allocations were transferred to the emergency (pandemic) response team.

Participants from the public sector pointed to the absence of procedural evidence related to family planning services and information activities during emergencies and crises, and thus, absence of training programs for service-providing staff that include family planning services and information activities during emergencies and crises, except through a specific training program on MISP.

> The absence of women in the crisis management team was quite noticeable. It is well known to us that women are able to perceive and sense the special needs of other women and the mechanism of their response to crisis.
>
> Doctor/ Civil Society Organization

Participants from the civil society organizations sector confirmed that training programs for staff on sexual and reproductive health in emergencies have been approved, and that it would give staff training before the pandemic and strengthen it further with distant training programs during lockdown.

Participants from UNRWA and civil society organizations indicated that there are plans for emergencies, except that they are not specialized in family planning programs to ensure their continuity.

Topic III: Challenges and obstacles preventing beneficiary groups from accessing family planning services.

The interviewees unanimously agreed that there are many challenges and obstacles that prevented groups benefiting from family planning programs from accessing services in all service-providing sectors.

In practice, obstacles can be divided into the following:

1. Precautionary government measures to control the spread of the virus and which are represented in :

- The total closure of primary health care centres in the public and private sectors for more than 40 days, and later, the partial closure.
- Calling for commitment to homes and reducing and restricting mobility whether for pedestrians or motorists using the regulated use of vehicles (odd & even numbers), and a complete curfew in the evening.
- Reducing the number of the workforce, working hours and the number of visitors allowed at one time by 50%.
- Reducing the occupancy rate of public transport and the number of passengers in a single vehicle.
- Inability of users to provide the requirements needed for personal hygiene and protection at the beginning of the response to the pandemic because of their high cost, unavailability, and poor financial state.

> There is a clear shortage of media usage and demand compared to 2019 Supply
>
> Department-Directorate of Woman and Child Health

2. The fear of users of family planning services from contracting the virus from health centres, especially those that offer the PCR testing service.
3. difficult economic situation due to the closure of many workplaces, layoffs of employees and the lack of daily job opportunities for workers, which led them to secure only life's very basic
4. needs.
   Preoccupation of mothers with their children and distance education programs and the failure
5. to give family planning a priority.
   Interruption of awareness and education programs and field work related to family planning services, which prevented the arrival of new or frequent beneficiaries to services.

> I expect that we will not see a drop in the percentage of the use of family planning in the short term because of the preference of long term methods.
>
> Royal Medical Services

Participants from the private sector and civil society organizations stated that, through communicating with beneficiaries, the women reported that they were cut off from short-term (contraceptive) means because they were unable to obtain them in a practical way or because of the inability to deal with the side effects, and that they resorted to traditional means-especially isolation-as an alternative.

Topic IV: Challenges and Obstacles to Obtaining Family Planning Services.

The interviewees agreed that there are many challenges and obstacles that prevented groups benefiting from family planning programs from obtaining services in all service-providing sectors. It was emphasized that the supply of modern family planning methods did not stop in the public sector and partners, nor in the private sector - pharmacies - and no case of shortage of (contraceptive) means was recorded.

In practice, these obstacles can be divided into the following :

1. Preventive government measures to limit the spread of the virus which are represented in:

- The total closure of primary health care centres in the public and private sectors for more than 40 days, and then the partial closure.
- Shutting down of health centres and clinics where cases of infection with the virus were detected.
- Reducing the number of working staff by 50%, reducing working hours and the number of visitors allowed at one time.
- Departure of many of the workforce trained in counselling and service provision to work within the epidemiological investigation teams or field hospitals because of the financial incentives.
- When returning to work after closure, the main concern of visitors and workers at health centres was to secure child vaccination service and check new-borns for genetic diseases. Accordingly, family planning programs were not given priority in providing the service.
- Despite availability of means of protection from and prevention of infection in all health service facilities and the emphasis on the need to adhere to them as preventive measures, there still was fear on the part of service providers about certain medical procedures that require direct contact with patients, such as the installation of the IUD and the implant, which affected supply indicators to a great extent.

Topic V: Suggestions/proposed mechanisms to ensure the continuity of providing family planning programs during crises in Jordan.

1. Work to gain support among decision makers in times of crises about the importance of family planning programs, ensuring their continuity, and appointing a liaison officer in the Crisis
2. Management Cell, RH Coordinator.
   Preparing a national executive plan to ensure the continuity of sexual and reproductive health services in emergency situations. It is imperative that the plan includes the expected crisis, the specificity of the response according to the type of crisis and strengthening coordination and cooperation between all sectors to ensure access to services.
3. Clear and documented mechanisms for coordination and cooperation with all sectors, especially the private sector including pharmacies.
4. Training programs for health care staff are to include preparedness, response to crises, and building scientific and practical capacities to achieve them.
5. Promote the use of long-term family planning methods such as the IUD and the implant.
6. Monitoring indicators related to the use of family planning methods in emergency, following them up and taking corrective measures, such as the percentage of new users, the percentage of discontinuation of use, the percentage of using long-term methods, and others.

Actions and initiatives taken to increase access to and receiving family planning services.

Many institutions providing family planning services have undertaken several initiatives to facilitate the process of accessing family planning services to women who benefit from these services. The most important of these initiatives were monitored as such :

1. Ministry of Health/ Women and Child Health Clinics.
   The health map program through which it is possible to answer the visitors' queries about the services provided in the centres, their availability, and dates was activated. Some health workers were trained -remotely. The MoH will make training available to all health staff in centres, and then circulate the program to visitors.

The Supplies Department/ Directorate of Women and Child Health informed all health centres to provide old users of short-term modern family planning methods with a stock to last for 3 months to avoid disruption and to lessen visits frequency to the health centre; new users were given a 2-month supply.

Certified midwives instructed women who visited the clinics to get the 'genetic disease survey' service (being the first service announced to return after ending the total closure) to obtain the family planning service in counselling and supplies before the official announcement of the return of women's health services.

Midwives, in rural and popular areas away from urban areas, gave their phone numbers to women benefiting from health services, including family planning, to communicate with them during lockdown.

2. Royal Medical Services.

- Hospital Administration continued the service of providing family planning means within the obstetrics and gynaecology wards; one midwife was designated to work there to sustain the service. Circulars went to all wards about the need to provide advice and internal referral to the groups targeted with the service.
- The Training Department worked on training the nursing staff nationwide via (Zoom) on counselling skills and service provision to increase the number of qualified personnel to provide the service because of the great shortage in that regard.

3. UNRWA.

- UNRWA has a users' detailed database for a variety of services, including family planning service. Health personnel monitored and contacted women who need to be supplied with (contraceptive) means. Services were not completely cut off during the closure period, and the means were provided through in-hospital pharmacies, as is the case with medications for chronic diseases.

4. Jordanian Pharmacists Syndicate.

- The Syndicate had direct communication with the Crisis Management Cell to obtain the necessary permits for its affiliates and workers in the field of maintaining the drug supply chain. Community pharmacies located in residential neighbourhoods were not closed and were the only source of medication supplies during closure and lockdown.

- Community pharmacies took the initiative of providing home delivery of medicines at no added cost.

- Community pharmacies-initiated understandings with many civil society institutions to provide the beneficiaries with their services, according to the available database, to supply them with essential medicines, including medicines for chronic diseases and some hormonal family planning means.

5. The National Centre for Family Health Care.

- The National Centre for Family Health Care staff monitored the beneficiaries of all services through the available database and worked to provide services and distribute essential medicines, including family planning methods, directly through the centre and mobile clinics and soon after the lockdown ended.

- After the end of the total lockdown , the mobile clinics service was activated, and services were offered in remote and poor areas to ensure their access to services.

- The midwives gave their personal phone numbers to women who frequent the centre to use them when necessary. Then the need came to establish a hotline service for sexual and reproductive health issues, through technical and financial funding from the United Nations Population Fund and in partnership with women-friendly clinics. This line was officially launched in March 2021. The intention today is to adopt the idea at the national level, especially by the Ministry of Health.

- The National Centre for Family Health Care pages on social media sites were upgraded and focused on awareness messages related to the prevention from the virus and other medical issues pertaining to women's health, including family planning.

6. Institute of Family Health Care.

- Since the closure, remote counselling has been activated for all services offered by the Institute, and the hotline service for sexual and reproductive health issues has also been shared.

- The Institute of Family Health Care pages on social media sites were upgraded and focused on awareness messages related to the prevention from the virus and other medical issues pertaining to women's health, including family planning.

- The institute of Family Health Care database was used to reach the beneficiaries from various services and contact them to promote positive behaviours and ensure continuity of using the (birth control) means and address any problems related to the means.

- Several distant/remote training programs were carried out for staff on crisis management, preventive measures, and the provision of various services remotely.

7. Jordan Health Aid Society international.

- Jordan Health Aid Society international worked mainly on the sustainability of its services in Al Za'atari refugee camp, and in particular, obstetrics and gynaecology services.
- The institute of Family Health Care database was used to reach the beneficiaries from various services, and work on distributing essential medicines, including family planning methods, through the mobile and home supply team until the gradual return of services.
- Direct telephone and remote counselling service were activated, and later participation in the hotline service for sexual and reproductive health issues.

8. Jordanian Women's Union.

- The Jordanian Women's Union made an agreement with the community pharmacies in its work area to supply beneficiaries with essential medicines, including family planning means.
- The remote counselling service for sexual and reproductive health and domestic violence issues was activated through the union's hotline service.
- Emergency medical services continued to provide services in clinics of the union affiliated with the Shelter for Abused Women.

Chapter Four

Discussing the results

The results found that about a third of the women participating in the study needed to visit a service provider/health centre to obtain any services related to family planning advice and services during lockdown. Most of the women needed either service or advice related to the method used for family planning. The study showed that the majority of the women/couples in the study relied on long-term methods such as the IUD and the implant, followed by pills (mono-hormone/-combined pills), whether at the start of lockdown or during the current period, noting that the results also showed the common use of the two methods of isolation and condoms, but at lower rates. Table No. (16) shows the little differences in the use of family planning methods at the start of closure procedures from the present time use.

What helped women obtain coverage and protection during quarantine and not need (for the majority of women) to resort to family planning services and advice is the widespread use of long-term methods or that they had stockpiles of them in the event of using hormonal pills, and this is what women expressed when asked about how they got the means at the start of the lockdown. A small percentage of the women's answers indicated that they were aware of the importance of providing the means at the start of the quarantine (6% of the answers), while the rest of the answers varied such as saying that the means was a long-term one.

Table No. (16): Comparison between the use of family planning methods during lockdown and quarantine and the use at the present time among spouses in Jordan.

Method	Number (%) * Current Time	Number (%) * During lockdown
Female sterilization	(1.6) 17	(0.7) 8
IUD	(36.5) 389	(32.5) 350
Implant	(4.0) 43	(3.4) 37
Syringe	(2.8) 30	(2.5) 27
Mono-hormonal contraceptive pills	(9.2) 98	(12.5) 135
Combined birth control pills	(7.1) 76	(7.7) 83
Condoms	(16.5) 176	(15.2)164
Fertility Awareness/ Counting/ Calendar Calculation	(1.5) 16	(1.6) 17
Breastfeeding amenorrhea	(1.3) 14	(1.9) 20
Isolation/withdrawal/external ejaculation	(19.4) 207	(21.8) 235

*** Frequency and percentage are for answers, not for women, as women's answers to the study questions allowed for more than one option.**

As for places of supply for the family planning means, the results showed that the reliance of women for supplies during quarantine was mainly on health centres of the Ministry of Health, and then on the private sector, in particular doctors and pharmacies. At the present time, after the end of quarantine and lockdown and return of the health facilities to work with the full operational capacity, the places of supply of family planning means are similar. But when the women were

asked about the reasons for choosing places of supply at the present time, the reasons were not specifically related to the pandemic, such as quarantine and fear of infection with the Corona virus, rather, the reasons mentioned by these women were related to getting used to the place for supplies (30.4%) and the proximity of the place to the women's home (21.4%) in addition to the low cost or free of charge (13.5%).

The results found that about a third of the women participating in the study had replaced the method they were using at the start of the quarantine with the current method (Table No. 16), mainly because they wanted a method that is highly effective, long-term and with fewer side effects. The results also showed that there is a percentage of women who had not replaced the method they were using during lockdown and are still using it until the present time but would like to switch to long-term and highly effective methods that differ from the current method.

Finally, with regard to reproductive preferences because of the pandemic, the results showed that the pandemic had no effect on women's attitudes toward childbearing, the number of children they wish to have, or the number of years and spacing between pregnancies. However, there was a similarity in women's viewpoints towards the impact of the economic situation resulting from the COVID pandemic on the desire to postpone/ not have children/ the total (final) number of children.

In the end, results of the study concluded that women who benefit from family planning services tend to use long-term and highly effective means and from easily accessible sources within their surrounding areas, at little or no cost. The results also indicated that there is a similarity in the rates of using different family planning methods during and after the total and partial lockdown with the national indicators in terms of the prevailing and commonly used types and sources of supply. Lastly, there was no significant or profound effect of the pandemic on changing the pattern of contraceptive use among the women targeted in the study. This may be attributed to women’s dependence on long-term methods, especially the copper IUD, which did not necessitate repeated supply and follow-up at the health facility.

As for the results of the survey of family planning service providers and those concerned with policy-making and health program management, the study showed that sexual and reproductive health services in general and family planning programs in particular are not considered a priority during the planning and implementation process of emergency response plans, and those concerned with these programs are not involved in the process of drawing up response plans, which leads to disruption or shortfall in the provision of services. The response to the COVID-19 pandemic represents a typical case of the weakness of considering family planning services a priority to ensure their continuity, which led to their suspension for long periods and their failure to recover even after the gradual return to providing primary health care services. Participants in the study expected a future decline in the national indicators related to family planning information and services, such as unplanned pregnancy, the rate of using modern methods, the rate of discontinuing the use of the method, the unmet need, and others.

Results of the survey indicated that government procedures to control the outbreak of COVID-19 had the greatest role in restricting the possibility of obtaining and accessing family planning services due to the times of total and partial closure, reducing the number of working health personnel and the number of patients allowed, transferring trained and qualified health staff from places offering family planning services to health services related to the pandemic, in addition to reducing public transportation services and day and night curfew.

The study also showed that there are challenges for women benefitting from family planning services in accessing and obtaining them. These challenges revolve mainly around the weak interest in sexual and reproductive health services, including family planning, and the focus of families' concerns with following up on prevention from infection requirements and the impact of government measures on the family and childcare such as distance (online) learning and the loss of many heads of families to their work, which constituted additional economic burden. Accordingly, the importance and the desire to obtain these services declined. Added to all that was mentioned here was the fear of visiting the health facilities and centres for fear of infection. Challenges and hindrances facing service providers were also monitored, the most important of which were the lack of prior training to deal with crises and offer services, and the fear of doing certain medical procedures that require direct contact with patients, such as installing the IUD or implant, for fear of contracting the virus.

However, it is worth noting that many institutions concerned with providing family planning services in the public and private sectors have applied many initiatives that sought to mitigate the repercussions of responding to the pandemic and facilitate the process of accessing and obtaining these services. The study monitored a number of these initiatives, including activating remote counselling services through hotlines and social media, telephone contact with beneficiaries of services, and coordination between various sectors to ensure follow-up of cases and delivery of means to users through mobile clinics, community pharmacies, and others.

The results of this study are consistent with the results of regional and global studies conducted to assess the repercussions of the Corona crisis on family planning programs, which unanimously agreed on the significant negative impact of response measures on access to and acquisition of sexual and reproductive health and family planning services. These studies showed the impact of preventive measures on access to services due to the total and partial closure of health centres and the difficulty of accessing services due to curfews, lack of public transportation and a shortage of trained and qualified health personnel. However, this study was not consistent with the results of regional and global studies which showed a disruption in the supply chain as one of the reasons for the decline in service provision, as Jordan did not witness during the total and partial closure any disruptions in supplies for all health centres of the Ministry of Health and the national partners, as well as in the private sector.

Chapter Five

Recommendations

Based on the results of the research with women who benefit from family planning services, focus groups with family planning service providers, and interviews with stakeholders, the study concluded with a set of recommendations:

Recommendations related to policies, strategies, and operational plans

1. Work on reviewing national strategies and operational plans on family planning and include them in crisis response mechanisms to ensure the sustainability of services.
2. Work to appoint a national liaison officer for sexual and reproductive health issues at the National Centre for Crisis Management.
3. Enhance the role of primary health care services in responding to crises and ensure that no centre that provides direct services to users, whether from the public or private sectors, is closed.
4. Activate partnership mechanisms with the private sector and in times of crisis.

Recommendations related to training and capacity building

1. Work to include concepts and activities of preparedness and response to crises, especially those related to providing remote services and advice in all nationally accredited training programs.
2. Expanding the umbrella of accredited national training to include partnerships with all sectors, especially the Pharmacists Syndicate, to target community pharmacies.

Recommendations related to facilitating the process of accessing and obtaining services for target groups

1. Work to improve the information and data management system nationally to facilitate the process of reaching the beneficiaries of services.
2. Reassessing the supply policies during emergencies, especially in the means that call for recurrence of use such as pills or condoms, by supplying for a period of no less than three months and facilitating acquisition procedures and re-supplying.
3. Adopting and activating the successful initiatives that were implemented during the previous response period and the lessons learned from them, such as the hotline service for sexual and reproductive health issues and circulating them to all national partners, activating electronic social media platforms and strengthening mechanisms for providing remote health services (E-Health).
4. Work to improve awareness and education programs on sexual and reproductive health issues and incorporate procedural awareness to facilitate the process of obtaining and accessing services.
5. Activate and circulate the application of the health map and distribute it nationally to all sectors.
6. Invest in women's desire and preference for high-efficiency and long-term methods and facilitate access to them.
7. Enhance counselling programs on the optimal use of traditional family planning methods-especially with its rising rate during the pandemic-as it does not require a service provider nor a visit to health facilities.
8. Facilitate access to services for the targeted groups in family planning programs, especially for the most vulnerable groups, such as residents of remote areas, refugees, people with disabilities, and others.

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Annex No. 1: Survey form/Study survey tool

Confidential data

Form number |__||__||__||__|

The impact of the COVID-19 pandemic on family planning information and services in Jordan
Good morning/good evening I am ---------- from ---------- ----------
We are conducting a survey related to the ways the Jordanian family adapts to the variables of the Corona pandemic and the government measures and procedures taken by the Jordanian government to contain the spread of the virus (closures, curfews and other social distancing measures.) We would like to ask you some questions about how this affects your access to and acquisition of family planning services. I would like you to give me some of your time to answer some questions. I want to assure you that all the information we obtain will be treated with absolute confidentiality and will be entered on the computer in such a way that no personal information is revealed.

Can I start the interview now

Interview start time: Hour……minute ……
Interview end time: Hour…… minute ……

Metadata

Form Number

Governorate **County**	☐☐☐ ☐☐☐	**Service Centre Name**	
District	☐☐☐	**Institution** 1. Ministry of Health 2. Institute of Family Health 3. Family Planning Association	
Region	☐☐☐		

First: Demographic and general questions :

Number	Question	Alternatives	Transfers
1	What is your marital status now? Researcher: If the marital status is single (i.e. not married, divorced, widowed or separated), finish the interview and correct the marital status and include the interview in the woman's form	married ..... widow..... divorced..... separated ..... never been married.....	Complete the interview
2	Did you or your spouse use any family planning method during lockdown?	Yes No ⟶	End the interview and thank the lady
3	How long have you been staying in (name of current place of residence)? If the period is less than a year, register 00	Years ☐☐ Always ……..95 ⟶ Visitor ……..96	004
4	Nationality	1. Jordanian (National number) 2. Syrian 3. Palestinian (temporary Jordanian passport or document) 4. Iraqi 5. Yemeni 6. Other (specify)	
5	How old were you on your last birthday?	Age in Years ☐☐	

6	Have you ever attended school?	Yes No ⟶	008
7	What is the highest level of education you have? Is it primary, preparatory, old secondary, basic, new secondary, intermediate diploma, bachelor's, or postgraduate?	**Old system** 1. Elementary 2. junior 3 senior **New system** 4. primary 5. secondary 6. Diploma (College) 7. Bachelor 8. Postgraduate studies	
8	Has your husband ever attended school?	Yes…… No ……. ⟶ Don't know……98	10
9	What is the highest level of study your husband attended? Is it primary, preparatory, old secondary, basic, new secondary, intermediate diploma, bachelor's, postgraduate?	**Old system** 1. Elementary 2. junior 3. senior **New system** 4. primary 5. secondary 6. Diploma (College) 7. Bachelor 8. Postgraduate studies	
10	What year did you first get married?		
11	How old were you?	Complete number of years …… ☐☐	
12	Number of living children	☐☐	
13	Number of sons	☐☐	
14	Number of daughters	☐☐	

15	During the lockdown period, did you need to visit a service provider/health center for any services related to family planning advice and services?	Yes …… No…….. →	101
16	What service did you need? Read options	1. Get family planning means 2. Get family planning advice 3. Both (Means and Advice) 4. Removing or replacing the family planning means	
17	Did you get the service you wanted?	Yes ….. 1 → No….. 2 →	101 19
18	Where did you get the service from?	Public sector 1. Government hospital 2. Health Centre (Women and Child Health Centers) Royal Medical Services 3. Teaching hospital 4. Mobile Clinic 5. Private medical sector Hospital 6. Private doctor/clinic 7. Pharmacy 8. Other sources	101 19

		9. Friends or acquaintances 10. associations and organizations Clinics 11. UNRWA health centers Direct to consumer 12. delivered to our house 13. Website/ online 14. Specific application 15. Telephone service (hotline) 16. Personal phone of the service provider 17. Telephone of the health institution 18. Other (specify). Don't know.....98 No answer.....99	
19	Why didn't you get the service you wanted?	1. Causes related to COVID Shutting down of the usual place(s) to obtain the service (the means and/or advice) 2. The usual place/other places to obtain the service (the facility and/or advice): No family planning services are provided during that period or no service provider is available	

		3. The usual place/other places for obtaining the service (the means and/or advice) did not have a service provider during that period 4. The usual place / other places do not have the means that I want 5. I can't go to other places because of lockdown measures taken by the government 6. My husband/family prevented me from going elsewhere for fear of infection (corona virus) 1. Policies adhered to and related to obtaining the service 2. My non-compliance with personal protection means (wearing a mask) It is obligatory to take a PCR test before getting the service **Reasons not related to COVID** 1. I changed my mind 2. My husband wanted me to keep using the same method 3. I was taking care of a sick family member 4. Too busy to leave the house	

Second: Using family planning means during quarantine and total lockdown (March 17th till the end of April, 2020 and child bearing preferences as a result of COVID

Number	Question	Alternatives	Transfers
101	Did you or your husband use any method of family planning during the lockdown and closures as a result of the outbreak of the pandemic?	1. Yes 2. No 3. No answer	
102	What method were you using before lockdown and closure procedures as a result of the spread of the virus?	1. Female sterilization 2. Male sterilization 3. Implant 4. IUD 5. Injectable (needle) 6. Mono-hormonal birth control pills Combined birth control pills 7. Male condoms 8. Female condom 9. Fertility awareness/counting/calendar 10. counting 11. Breastfeeding amenorrhea 12. Isolation/withdrawal/external ejaculation 13. Other method: Select:…… No answer	
103	When did you get the method you were using during lockdown and closure?	1. I had a stock of the means at the time of closure. 2. The method I use is a long-term method 3. Immediately upon learning of the lockdown and closure procedures 4. During the lockdown and closure	

104	Where did you get the means from? Further investigation to identify sourcing	**Public sector** 1. Government hospital 2. Health Centre (Women and Child Health Centres) 3. Royal Medical Services 4. Teaching hospital 5. Mobile Clinic **Private medical sector** 1. Hospital 2. Private doctor/clinic 3. Pharmacy **Other sources** 4. Friends or acquaintances 5. Clinics affiliated with associations and organizations 6. UNRWA health centres 7. Direct to the consumer 8. It was delivered to our house Website 9. Specific application 10. Telephone service (hotline) 11. Personal phone of the service provider 12. Telephone of the health institution 13. Other (specify) ..... 14. Don't know.....9 15. No answer……99	
105	Have the Corona pandemic and the lockdown measures affected your ability to avoid or postpone pregnancy?	1. Yes 2. No 3. Not sure 4. No answer	

106	Which of the following describes your desire to have children in the future? Read options	1. I want a baby in the next two years 2. I want to wait at least two years before having a baby 3. I don't want any children/ more children 4. I want a baby, but I don't know when 5. I don't know if I want a baby 6. No answer	
107	Did the Corona pandemic lead to your decision to increase the number of years spacing between pregnancies?	1. Yes 2. No 3. Not sure 4. No answer	
108	Has the pandemic affected the decision on the total number of children you wish to have?	1. Yes 2. No 3. Not sure 4. No answer	
109	Do you think that the change in the economic situation resulting from the Corona pandemic has had an impact on your desire to postpone/ not have children / the total number of children?	1. Yes 2. No 3. Not sure 4. No answer	

Third: Use of family planning methods at the present time

Number	Question	Alternatives	Transfers
110	Are you or your spouse currently using any method to avoid or postpone pregnancy?	1. Yes 2. No 3. No answer	
111	Which family planning method are you currently using?	1. Female sterilization 2. Male sterilization 3. Implant 4. IUD 5. Injectable (needle) 6. Mono-hormonal birth control pills 7. Combined birth control pills 8. Male condoms 9. Female condom 10. Fertility awareness/ counting/calendar counting 11. Breastfeeding amenorrhea 12. Isolation/withdrawal/external ejaculation 13. Other method: Select:…… 14. No answer	
112	Where did you get the method you are currently using from? (as mentioned in question no.111) Inquire further about the place and classification.	**Public sector** 1. Government hospital 2. Health Centre (Women and Child Health Centers) 3. Royal Medical Services 4. Teaching hospital 5. Mobile Clinic	

		Private medical sector 6. Hospital 7. Private doctor/clinic 8. Pharmacy **Other sources** 9. Friends or acquaintances 10. Clinics affiliated with associations and organizations 11. UNRWA health centers **Direct to the consumer** 12. Delivered to our house 13. Website 14. Specific application 15. Telephone service (hotline) 16. Personal phone of the service provider 17. Telephone of the health institution 18. Other (specify) ..... Don't know.....98 No answer..... 99	
113	Did the Corona pandemic and the lockdown measures have any impact on your choice of this site?	1.Yes 2.No 3.No answer	

114	What is the main reason for choosing this source or place to get your supply of this medium? You can choose more than one answer	**Causes related to COVID** 1. Closing down of the usual place/other places to get the means 2. The usual place/other places to obtain the means do not provide family planning services or there is no service provider available 3. They have the means I want 4. There is no risk/lower risk of exposure to COVID 5. I am afraid that others will think that I've got the virus if they see me going to these places 6. I can't go to other places because of the government's lockdown procedures 7. My husband/family prevented me from going elsewhere for fear of infection **Causes not related to COVID** 1. This is the usual place I go to 2. The place is close to my house 3. The place gives me privacy and confidentiality 4. Service providers have a good reputation 5. Recommended by a friend or relative Family planning is available at a low 6. price/free other (specify) I do not know No answer	

115	Was using before COVID and is using now If Q101=1 and Q105 in (0,2,99) andQ110=1: Switched methods If Q102≠ Q111 Using same method If Q102= Q111	PROGRAMMING INSTRUCTIONS	120 123
120	You've said earlier that the method you used before closure was different from the method you are using now. Is [the method from question 111] the one you wanted to use?	1.Yes 2. No 3. No answer	124
121	You said that you were using [method from the 102] before the start of the quarantine and lockdown as a result of the spread of the Corona virus and you are now using [method from Question 111]. What was the main reason for choosing this method [the one from question 111]?	1. I can handle the method on my own/by myself 2. No need to visit a service provider 3. Nobody will know that I am using this method 4. The effectiveness of the method lasts for a long time / longer than other methods 5. The method is effective/more effective than other methods 6. Its side effects are few/fewer than other methods 7. The side effects of this method can be controlled / dealt with easier than other methods 8. Preferred by the husband 9. Recommended by service provider 10.Recommended by friends 11.The method is available at a low cost / free of charge Other (specify) Don't know No answer	124

122	Has the Corona pandemic and quarantine procedures and social restrictions affect your choice of method? [Means of question 111]?	1.Yes 2.No 3.Not sure 4.No answer	
123	You said you were using the method [method from question 111] before the procedures for dealing with (Covid-19) began, and you are now using the same method. Did you want to replace the method?	1.Yes 2.No 3.Not sure 4.No answer	
124	What method did you want to use?	1. Female sterilization 2. Male sterilization 3. Implant 4. IUD 5. Injection (needle) 6. Mono-hormonal birth control pills 7. Combined birth control pills 8. Male condoms 9. Female condom 10. Fertility awareness/ counting/calendar counting 11. Breastfeeding amenorrhea 12. Isolation/withdrawal/external ejaculation 13. Other method: Select:…… No answer	

125	What is the main reason why you want to use this method [from question 124]?	1. I can deal with the method on my own/by myself 2. No need to visit a service provider 3. Nobody will know that I am using this method 4. The effectiveness of the method lasts long / longer than other methods 5. The method is effective/more effective than other methods 6. Few/fewer side effects than other methods 7. Side effects of this method can be controlled / dealt with easier than other methods 8. Preferred by the husband 9. Recommended by service provider 10. Recommended by friends 11. The method is available at a low cost / free of charge Other (select) Don' know No answer	
126	Have the coronavirus (COV-ID-19) pandemic and quarantine procedures affected your desire on why you want to use this method [method from question 124]?	1.Yes 2.No 3.Not sure 4.No answer	

127	Have the coronavirus (COV-ID-19) pandemic, quarantine procedures and societal closures affected why you didn't get [method from question 124]?	1.Yes 2.No 3.Not sure 4.No answer	130
128	What is the main reason why you did not get the means from question 124]?	**Reasons related to supply** 1. The method is not available 2. The service provider or supplier does not have the tools or supplies to provide the means **Reasons related to the service provider** 1. The service provider is not trained to provide the method I wanted 2. The service provider recommended a different other method 3. The service provider refused to give me another method **Reasons related to me personally** 1. I am not eligible/not suitable for this method 2. You did not have enough money 3. Fear of infection when I go to get the means 4. Service provider believed I had COVID-19 5. Obtaining the method requires a prescription **Policies adhered to and related to obtaining the service** 1. My non-compliance with personal protection means (wearing a mask) 2. It is obligatory to take a PCR test before getting the service Other (specify) Don't know No answer	

Fourth: Desire to stop using or remove family planning methods during quarantine and complete lockdown (March 17th - end of April, 2020

Number	Question	Alternatives	Transfers
130	Since the COVID-19 restrictions began, have you had the desire to stop using or remove the means you were using when quarantine and lockdown procedures started [means from question 102]?	1. Yes 2. No 3 No answer	Do I finish?
131	Has the COVID-19 pandemic and lockdown restrictions affected your desire to stop using or remove family planning means?	1. Yes 2. No 3 No answer	
132	What is the main reason why you wanted to stop using or remove the method you were using when quarantine and lockdown procedures started [means from question 102]?	**Reasons related to COVID** 1. I fear that I won't be able to remove it later due to government restrictions from COVID 2. Reasons related to pregnancy/ validity I want to be able to get pregnant 3. The means has expired 4. Reasons related to the side effects of the method **Menopause** 1. A shorter or lighter cycle 2. Longer or heavier cycle 3. Irregular cycle, spotting 4. Weight changes 5. Period pain 6. Pain in other parts of the body 7. Fear of side effects 8. Other side effects	

		Reasons related to the partner/ service provider 1. My husband does not like the means or does not approve of it 2. Spouse absence/separation 3. Aging / menopause / infertility 4. Service provider advised me to have it removed Other reasons (specify) …… Don't know No answer	
133	During quarantine and lockdown, did the service provider advise you regarding the use of another method so that you could stop using or remove the method you were using when quarantine and lockdown procedures started [the method from question 102]?	1.Yes 2.No 3.Not sure 4.No answer	136
134	Did you use any other means other than or in addition to the one you were using when quarantine and lockdown procedures started [the method from question 102]?	1.Yes 2.No 3.No answer	136

135	What method did you use other than or in addition to the method you were using when quarantine and lockdown procedures started [the method from question 102]?	1. Female sterilization 2. Male sterilization 3. Implant 4. IUD 5. Injectable (needle) 6. Mono-hormonal birth control pills 7. Combined birth control pills 8. Male condoms 9. Female condom 10. Fertility awareness/ counting/calendar counting 11. Breastfeeding amenorrhea 12.Isolation/withdrawal/external ejaculation 13. Other method: Select:…… No answer	
136	Did you try to remove the method you were using when quarantine and lockdown procedures started [the method from question 102]?	1. Yes 2. No 3. No answer	138
137	What is the main reason why you did not try to stop using or remove the method you are currently using [the method from question 102]?	1. Reasons related to COVID Shutting down of the usual place/ other places to get the means 2. The usual place/other places to obtain the method do not provide family planning services or there is no service provider available 3. Fear of contracting COVID/ corona virus 4. Afraid that others might think I have corona if they see me going to these places	

		5. I can't go to other places due to the government lockdown measures 6. My husband/family prevented me from going elsewhere for fear of corona disease 7. Feeling too unwell to leave the house 8. I was taking care of a sick family member 9. Too busy to leave the house **Reasons not related to COVID** 1. I changed my mind 2. My husband wanted me to continue using the same method 3. I didn't have enough money Other (specify) Don't know No answer	
138	Where did you go to stop using or remove the method you were using when quarantine and lockdown procedures started [the method from question 102]?	**Public sector** 1. Government hospital 2. Health Centre (Women and Child Health Centres) 3. Royal Medical Services 4. Teaching hospital 5. Mobile Clinic **Private medical sector** 6. Hospital 7. Private doctor/clinic 8. Pharmacy 9. Friends or acquaintances 10. Clinics affiliated with associations and organizations 11. UNRWA health centres Direct to the consumer 12. It was delivered to our house 13. Website 14. Specific application	

		15. Telephone service (hotline) 16. Personal phone of the service provider 17. Telephone of the health institution 18. Other (specify) ..... Don't know.....98 No answer..... 99	
139	Were you able to remove the means you were using when quarantine and lockdown procedures started [the method from question 102]?	1. Yes 2. No 3. No answer	
140	What is the main reason why you were unable to stop using or remove the method you were using when quarantine and lockdown procedures started [the method from question 102]?	**Reasons related to COVID** 1. Shutting down of the usual place/ other places to get the means 2. The usual place/other places to obtain the method do not provide family planning services or there is no service provider available 3. Fear of contracting COVID/ corona virus 4. I learned that service providers do not have sufficient protective equipment to deal with patients 5. The service provider thought I had COVID **Policies related to obtaining the service** 1. My non-compliance with personal protection means (wearing a mask) 2. It is obligatory to take a PCR test before obtaining the service	

		Reasons not related to COVID and related to the service provider 1. The service provider did not have equipment or supplies to remove the 2. device The service provider advised to keep 3. the method The service provider tried to remove 4. the device, but was unable to do so The service provider refused to provide the service 1. **Reasons not related to COVID** 2. I changed my mind My husband wanted me to continue 3. using the same method I didn't have enough money Other (specify) Don't know No answer	

Annex No. 2: Focused discussion sessions questions for family planning service providers

Focus discussion sessions questions for family planning service providers for the study 'The Impact of the COVID-19 Pandemic on Family Planning Information and Services in Jordan'.

Topic I: A general evaluation of family planning services during the response period to the Corona pandemic (from March17th until the end of October 2020).

What is your opinion and general assessment of family planning services during the response period to the Corona pandemic in terms of :

1. Continuity of providing family planning services during the period of total and partial lockdown.
2. Providing and supplying modern family planning methods (at least 4 methods).
3. Making available qualified health personnel to provide family planning services.
4. Ease of obtaining family planning services within the centres and clinics :

- Number of working hours.
- The number of staff available to provide the service.
- Procedures for obtaining the service such as PCR test.
- The repercussions and effects of the complete and partial lockdown on family planning programs and their beneficiaries.
- Coordination mechanisms amongst all sectors to ensure the provision and continuity of family planning services.

Topic II: Training programs related to ensuring the continuity of providing family planning services during crises.

1. Is there procedural evidence that include family planning services and information activities during emergencies and crises?
2. Are there training programs for service-providing personnel that include family planning services and information activities during emergencies and crises?

Topic III: Access of the beneficiary groups to family planning services.

1. What, in your opinion, are the challenges facing women beneficiaries of family planning services?

- Challenges related to the beneficiary
- Challenges related to the service provider

2. Did the preventive measures that were adopted in response to Defense Laws contribute to limiting the ease of access of beneficiaries to services? How?
3. Did the preventive measures that were adopted in response to Defense Orders contribute to limiting the ease of access of service-providing staff to the service provision site?

(Supporting questions)

- Shortage/weakness of awareness and education programmes
- Weakness in the providing and continuity modes of transportation
- Weak funding of family planning programmes

4. What measures have you adopted to mitigate these challenges?
5. Have modern technology tools been employed in providing family planning advice and services?

(Supporting questions)

- Phone text messages
- Hotline service
- Providing the service through social media platforms

6. What are the lessons learned regarding access to services during crises?

Topic IV: Obtaining family planning services.

1. What, in your opinion, are the challenges faced by beneficiaries in obtaining family planning services at centers and clinics?

- Challenges related to the beneficiary
- Challenges related to the service provider
- Challenges related to provisioning and availability of service

2. Did the preventive measures that were adopted in response to Defence Laws contribute to limiting the ease of access for beneficiaries to services? How?
3. Did the preventive measures adopted in response to Defence Laws contribute to limiting the ease of providing services by the staff providing service at the centres and clinics? How?

(Supporting questions)

- Fear of infection
- Lack//shortage of personal protection means
- Unavailability of some means or not offering them
- Lack/shortage of supplies of modern family planning methods
- Shortage of health personnel trained in family planning services
- Lack of funding for family planning programs

4. What measures have you adopted to mitigate these challenges?
5. What are the lessons learned regarding access to services during crises?

Topic V: Suggestions/ proposed mechanisms to ensure the continuity of providing family planning programs during crises in Jordan.

1. In improving access to family planning services
2. In improving the provision of family planning services

Annex No. 3: Stakeholders concerned with family planning policies and programs

Number	Name of entity	Name of interviewee / job title	Work of entity in family planning programs	Interview mechanism
1	United Nations Population Fund	Mr. Ali Grabli / Reproductive Health Program Analyst	United Nations Foundation - Donors	Video Communication (Zoom)
2	Ministry of Health	Dr. Hadeel Al-Sayeh/ Women and Child Health Directorate/ Director Dr. Zina Khreisat/Head of Family Planning Department Dr. Nadia Al-Safadi/ Head of Supply Department Midwife Shorouk Ezz El-Din/Supervision Department	Government - provider-supplies	Face-to-face
3	USAID	Dr Oraib Al-Smadi - Program Manager/ Integrated Healthcare Project	International organization/ Donors	Videocommunication technology (Zoom)
4	Royal Medical Services	Liaison Officer with Ministry of Health/ Rima Kiwan	Government - Service provider	Telephone
5	Pharmacists Syndicate	Dr Basma Betawi - Pharmacists Syndicate/ Adviser	Civil society organization - Professional Syndicate	Telephone
6	Institute of Family Health Care	Dr Amal Mabrouk/ GP Dr Sarah Aqilan - Family Physician/ Supervisor/ Sweileh Clinic	NGO- Service provider	Face-to-face

7	UNRWA	Dr Louay Al Khatib Family Health/Director Manar Husain/ Director of Nursing	International organization - service provider	Videocommunication technology (Zoom)
8	Jordan Health Aid Society international	-Waseem Al-Baik/ Director of Sexual and Reproductive Health Programs - Ghada Dawla Program Officer in refugee Camps	NGO- service provider	Videocommunication technology (Zoom)
9	Higher Population Council	- Mr. Ali Al-Mutlaq Director of Studies and Policies/ Coordinator of Share-Net Jordan Dr Sawsan Al-Da`jah/HPC - Director of Programs Unit	Semi-Governmental Institution - Politics	Face-to-face

Annex No. 4: Decision-Makers Interviews' Protocol

Decision makers interview protocol.
Study and policy summary on "The Impact of the COVID-19 Pandemic on Family Planning Information and Services in Jordan".
Form for specialized interviews with stakeholders.
Key Informants Interview Questionnaire.

Introduction

The Higher Population Council proposes to start preparing a study and policy summary on 'The Impact of the COVID-19 Pandemic on Family Planning Information and Services in Jordan' in order to shed light on the impact of the pandemic on family planning information and services to develop the necessary recommendations to address issues facing family planning programs during crises and ensure its continuity.

The proposed study methodology, which aims to analyse the reality of access to and obtaining family planning services during the pandemic is based on studying the situation through several levels: first, from the point of view of women beneficiaries of services, then from the point of view of service providers, and finally from the perspective of decision-makers and policies related to family planning in Jordan. Within each stage or perspective, a special methodology will be adopted according to the target population.

The study 'The Impact of the COVID-19 Pandemic on Family Planning Information and Services in Jordan' aims to develop a comprehensive implementation framework for a rapid response to the repercussions of crises in the field of family planning services. In particular, this study aims to:

1. Identifying family attitudes towards childbearing during lockdown in particular and throughout the outbreak of COVID-19.
2. Identifying the obstacles that families faced to obtain family planning services.
3. Learn about family mechanisms in 'family-planning' during the spread of COVID-19..
4. Assessing the ease of access to family planning services during the closure period in the Corona crisis.
5. Getting to know the reality of family planning services in Jordan during the COVID-19 pandemic.
6. Assessing Evaluating and analysing the obstacles and gaps that faced the different sectors in providing family planning services during lockdown, including financing family planning programs.
7. Identifying the quality of family planning services offered during lockdown and the extent of coverage provided by the different sectors.
8. Identifying mechanisms for coordination between stakeholders to improve access to high-quality family planning services during crises, including the Corona pandemic.
9. Making suggestions to a set of procedures needed to improve the provision of family planning services during times of crises.

Interview form

General information about the interview

Day:
Date:
Company name:
Interviewee:
Job title of the interviewee:
Interview Mechanism:

☐ face to face
☐ Social media channels, specify
☐ Telephone

General introductory questions about the institute

1. Institute overview
2. What is the role of the institution you represent in providing family planning services and policies in Jordan?

☐ Policy development / lobbying
☐ Providing services
☐ Donors
☐ Other (specify)_____

Topic I: a general evaluation of family planning services during the response period to the Corona pandemic (from March 17th until the end of October 2020).

What is your opinion and general assessment of family planning services during the response period to the Corona pandemic in terms of:

1. Continuity of providing family planning services during the period of total and partial lockdown.
2. Providing and supplying modern family planning methods (at least 4 methods).
3. Making available qualified health personnel to provide family planning services.
4. Ease of obtaining family planning services within the centres and clinics:

    1. Number of working hours.
    2. The number of staff available to provide the service.
    3. Procedures for obtaining the service such as PCR test.
    4. The repercussions and effects of the complete and partial lockdown on family planning programs and their beneficiaries.
    5. Employing technology in providing family planning services and counselling (hotline, text messages, e-platforms and others) .
    6. Coordination mechanisms between all sectors to ensure the provision and continuity of family planning services.

Topic III: Access of the beneficiary groups to family planning services.

1. What, in your opinion, are the challenges facing women beneficiaries of family planning services?

- Challenges related to the beneficiary
- Challenges related to the service provider

2. Did the preventive measures that were adopted in response to Defence Laws contribute to limiting the ease of access of beneficiaries to services? How?
3. Did the preventive measures that were adopted in response to Defence Laws contribute to limiting the ease of access of service-providing staff to the service provision site?
(Supporting questions)

- Shortage/weakness of awareness and education programmes
- Weakness in the providing and continuity modes of transportation
- Weak funding of family planning programmes

4. What measures have you adopted to mitigate these challenges?
5. Have modern technology tools been employed in providing family planning advice and services?

(Supporting questions)

- Phone text messages
- Hotline service
- Providing the service through social media platforms

6. What are the lessons learned regarding access to services during crises?

Topic IV: Obtaining family planning services.

1. What, in your opinion, are the challenges faced by beneficiaries in obtaining family planning services at centres and clinics?

- Challenges related to the beneficiary
- Challenges related to the service provider
- Challenges related to provisioning and availability of service

2. Did the preventive measures that were adopted in response to Defence Orders contribute to limiting the ease of access for beneficiaries to services? How?
3. Did the preventive measures adopted in response to Defence Orders contribute to limiting the ease of providing services by the staff providing service at the centres and clinics? How?

(Supporting questions)

- Fear of infection
- Lack//shortage of personal protection means
- Unavailability of some means or not offering them
- Lack/shortage of supplies of modern family planning methods
- Shortage of health personnel trained in family planning services
- Lack of funding for family planning programs

4. What measures have you adopted to mitigate these challenges?
5. What are the lessons learned regarding access to services during crises?

Topic V: Suggestions/proposed mechanisms to ensure the continuity of providing family planning programs during crises in Jordan.

1. In improving access to family planning services
2. In improving the provision of family planning services

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