National Reproductive Health/ Family Planning Strategy

2013–2017

Amman - Jordan
2013

National Reproductive Health/Family Planning Strategy

(2013–2017)

Amman–Jordan

2013

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Preface

Jordan is steadily progressing in the field of family planning as part of its goal of comprehensive development. Considering family planning a means for development, we at the Higher Population Council work hard to focus on all possible means to develop the family and the community. We continue to cooperate, coordinate and consult with stakeholders and partners to ensure that all efforts are jointly planned and implemented in our beloved Kingdom.

The Higher Population Council is working on linking demographic transformation with economic and social development, with an aim towards achieving a balance between population growth rates and economic growth rates. Those growth rates in turn influence standards of living for families, the provision of basic services such as health care, education and employment opportunities for the individuals and the community.

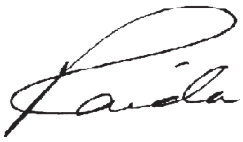
The Higher Population Council considers family planning as a right for married couples under the umbrella of reproductive health rights. Family planning also helps to ensure demographic transformation and the utilization of the Demographic Opportunity, which if taken advantage of properly, can catapult Jordan into the ranks of industrially developed nations, and in the time, generate profitable returns. This can be achieved by creating a supportive and sustainable environment for quality Reproductive Health and Family Planning (RH/FP) services and information, and ensuring their equal distribution and easy accessibility.

The Higher Population Council is pleased to present the "National Reproductive Health/ Family Planning Strategy 2013–2017", a policy document for the phases of future work in RH/FP. The Strategy offers a logic framework to improve the policy environment necessary to provide RH/FP services and information, and to ensure harmony in national efforts. It also aims to contribute to development, and promote an increased national commitment to RH/FP, so as to achieve the Demographic Opportunity and thus reap its benefits to society.

This Strategy, developed through joint national efforts, builds on lessons learned and cultivates the achievements of the First Phase National Reproductive Health Action Plan (RHAP) 2003–2007 and the Second Phase (2008–2012). It focuses on the importance of improving the RH/FP policy environment, improving the quality of available health services, and raising awareness and increasing demand in the area of RH/FP. Therefore, the results, outputs, and interventions, which are based on scientific developments and best practices, will contribute to the achievement of national goals.

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

Secretary General



Professor Dr. Raeda Al Qutob

Acknowledgements

The Higher Population Council is pleased to publish the National Reproductive Health/Family Planning Strategy for 2013–2017 that was developed in cooperation with all stakeholders to unify the future vision for Reproductive Health/Family Planning in Jordan.

This Strategy is a basic reference document which includes the outcomes all involved partners aspire to achieve at a national level within the next five years. It was developed pursuant to the Higher Population Council's vision to work in a participatory manner with strategic partners and stakeholders, with the purpose of ensuring that services are provided equitably, and in an exemplary manner by Reproductive Health/Family Planning service providers in Jordan.

The Higher Population Council is grateful to Her Royal Highness Princess Basma Bint Talal for her continuous support and interest in population issues, and in the Higher Population Council's progress. I also commend the efforts of local and international partners that have supported the Council's work, particularly the Health Policy Project for the technical support in developing this document. Thanks are also extended to the General Secretariat of the Council especially those who worked on developing this Strategy.

May Allah grant us the ability to continue to serve our beloved Jordan.

Abbreviations

CHW	Community Health Workers
CPR	Contraceptive Prevalence Rate
CSPD	Civil Status and Passports Department
CYP	Couple Years Protection
DO	Demographic Opportunity
DOS	Department of Statistics
DHS	Demographic Health Survey
HCAC	Health Care Accreditation Council
HPC	Higher Population Council
HPP	Health Policy Project
HR	Human Resource
IUD	Intra-Uterine Device
JAFPP	Jordanian Association for Family Planning and Protection
JCLS	Jordan Contraceptives Logistic System
JHCP	Jordan Health Communication Partnership
JICA	Japanese International Cooperation Agency
JNPC	Jordanian National Population Commission
JPFHS	Jordan Population and Family Health Survey
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOPIC	Ministry of Planning and International Cooperation
NGO	Non-Government Organization
NPS	National Population Strategy
OB/GYN	Obstetricians and Gynecologists
RAPID	Resources for the Awareness of Population Impacts on Development
RHAP	Reproductive Health Action Plans
RH/FP	Reproductive Health/Family Planning
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
WCHD	Women and Child Health Directorate
WHO	World Health organization
SWOT	Strengths, Weaknesses, Opportunities and Threats

Executive Summary

The Higher Population Council (HPC) has developed a National Reproductive Health/Family Planning (RH/FP) Strategy for the years 2013–2017 to contribute to achieving the Demographic Opportunity (DO) by 2030. This was presented in a 2009 policy document which was approved by the Prime Ministry of Jordan. The Strategy will also contribute to the National Agenda of improving the welfare of the people of Jordan. This Strategy is a national policy document that builds on national gains and achievements and lessons learned from all sectors. Benefiting from the Demographic Opportunity and promoting welfare for all citizens require both population structure change and socioeconomic policies.

To promote population structure change, Jordan's Demographic Opportunity policy document includes an outcome of achieving a fertility rate of 2.5 births per woman in reproductive age in 2017 and 2.1 in 2030, in addition to relevant changes in socioeconomic policies. However, the targets for 2012–2017 have been revised by HPC and its partners in 2010 to achieve a total fertility rate[1] (TFR) of 3.5 and 3.0 for 2012, 2017 respectively. According to the most recent Demographic Health Survey (DHS) preliminary report 2012, the TFR target for 2012 of 3.5 children per woman has been achieved. Implementing a successful family planning program will enable Jordan to reduce the total fertility rate and will be an effective tool to attain the required demographic transformation to contribute to achieving Demographic Opportunity and ultimately the country's national development goals. The National RH/FP Strategy 2013–2017 provides a roadmap for implementing a successful family planning program. The National Strategy has been developed based on an in-depth analysis of the status of RH/FP Program in Jordan. The Strategy focuses national efforts on all geographical areas and socio-economic strata, with emphasis on the neediest of Jordan's citizens and it targets collaboration of all sectors.

Process for Developing the Strategy

The Higher Population Council, which has the mandate to coordinate national efforts on RH/FP, has developed this National Strategy through a participatory approach with all relevant partners, including ministries, institutions, non-governmental organizations (NGOs), the private sector, and donor agencies. The Strategy was developed in three phases. The first phase included an analysis of the current status of population and RH/FP in Jordan. In the second phase, challenges, opportunities, and future issues were identified. The Strategy was developed in the third phase.

A planning committee was formed to oversee the development of the strategy. It was chaired by HPC and included representative from the Ministry of Health (MOH), Jordanian Association for Family Planning and Protection (JAFPP), United Nations Relief and Works Agency (UNRWA), Ministry of Planning and International Cooperation (MOPIC), and the media. A technical team from HPC also guided the development of the Strategy and facilitated the review of the three phases.

To develop the Strategy, the information was gathered through 1) desk review; 2) personal interviews with decision makers; 3) focus groups discussions with representatives from the

health sector, donor agencies, and other partners; 4) a questionnaire for the public sector health directors at the level of the governorates and those working in various administrative positions; and 5) three workshops convened at the national level for health service providers, decision makers, donor agencies and other partners. The workshops presented initial results of the situation analysis and identified priorities of main issues towards building the National RH/FP Strategy for 2013–2017.

Situation Analysis and Challenges

Demographic Situation

Jordan's high population growth rate presents a challenge for social and economic progress in the country as compared to its limited resources and low economic growth. Population size and growth rates are influenced by births, deaths and migration. Jordan has experienced changes in each of these. The population of Jordan has increased from 586 thousand in 1952 to 6.4 million in 2012. In spite of the relative decrease in the birth rate from 50 per thousand in 1952 to 29 per thousand in 2011[2], there was a decrease in the death rate in the same period from 20 per thousand to 7 per thousand. The population of Jordan has also been influenced by migration, most notably through in-migration of refugees from neighboring countries, such as Iraq and Syria.

If the current rate of natural increase of 2.2 percent annually [3] continues, the total population of Jordan is projected to double to 13 million by 2040, mainly due to high birth rate. Such an increase in Jordan's population would increase strain on the already overstretched health and education services, the infrastructure, and the limited food, water, energy and environmental resources. Family planning, by helping women and couples have the number of children they want to have, contributes to improving the health of mothers and children and to reducing population growth. Family planning has been hailed as one of the great public health achievements of the last century and achievement of universal access to reproductive health, including family planning, is a target under the Millennium Development Goals (MDGs).

RH/FP Policy and Program Context

Jordan's first population policy was approved in 1993. The country has had a series of population strategies; the first was developed in 1996. The two most recent Reproductive Health Action Plans (RHAP) covered the years (2003–2007) and (2008–2012). The policy environment for family planning and birth spacing is generally favorable, particularly linked with achieving the Demographic Opportunity. Nonetheless, a number of challenges to the efficient and effective implementation of family planning, including operational policy barriers, remain.

According to the recent DHS results, the TFR target for 2012 of 3.5 children per woman has been achieved. Although the total fertility rate for Jordan has declined rapidly in the 1990s, from 5.6 in 1990 to 3.7 in 2002, it has hardly changed at all between 2002 and 2012, fluctuating between a low of 3.5 in 2012 and a high of 3.8 in 2009. The contraceptive prevalence rate increased from 40 percent in 1990 to 56 percent in 2002 and to 61 percent in 2012; however, the increase has been almost entirely in use of traditional methods. Modern method use has remained almost constant since 2002 at about 42 percent of currently married women. The DHS 2012 showed

[2] Vital statistics, Department of Statistics
[3] Jordan in Figures, 2011: http://www.dos.gov.jo/dos_home_a/main/jorfig/2011/4.pdf

that 19 percent of women are using traditional family planning methods compared to 2 percent in Egypt, 11 percent in Morocco, 8 percent in Tunisia and 15 percent in Syria[4].

The DHS 2012 also showed that women in Jordan use a wide range of RH/FP services in the public and private sectors and the Ministry of Health is the main provider of family planning services (41 percent in 2012, 43 percent in 2009), followed by specialized physicians and private hospital clinics together (20 percent in 2012, 21 percent in 2009), pharmacies (15 percent in 2012, 13 percent in 2009), the Jordanian Association for Family Planning and Protection (11 percent in 2012, 12 percent) and UNRWA (10 percent in 2012, 8% in 2009). The discontinuation of use in the first year of starting use reaches 48 percent of the users in 2012. Additionally, the DHS 2009 showed that approximately 11 percent of women who do not want to have children do not use any means of family planning, representing an unmet need for family planning in Jordan.

Despite the high education rates among Jordanians in all age groups, and the spread of all means of communication and media and the availability of accurate information about the use of FP methods at the national level, widespread social concepts still hinder the use of family planning methods. Some of these concepts are linked to the condition of delivering services by females only, and misconception about the side effects of modern methods. In addition, the number of children desired remains high.

Challenges for RH/FP Programming

Despite the political support and presence of population policies and the high level of awareness and cultural beliefs among women, family planning in Jordan is still facing several challenges.

On the policy side, despite the political will that supports the presence of population policies and efforts to develop and adopt policies on RH/FP, the environment supporting policies and the mechanism of approving policies and implementing them remains a challenge. Some of the issues identified were the fact that national commitment to family planning issues was not reflected by the financial allocations for RH/FP initiatives, and the lack of sustainability for family planning initiatives supported by donors. Enabling the policy environment is considered an important element for the success of initiatives and interventions.

The financial crisis appears to have little short term impact on Jordan in general, and Maternal and Child Health and RH indicators in specific. However this does not preclude potential negative effect in the medium-term. Therefore there should be policy responses in regards to the provision of RH services in Jordan. It is estimated that the total funding and total costs for RH/FP are not identical which indicates that additional fund has to be sought. Development assistance to Jordan is still considered a priority for most donor countries[5].

On the supply side, there is clear disparity between regions and cities in terms of unmet need for family planning and variation in the rate of use of family planning methods, with both linked to socioeconomic factors. National efforts should consider the underserved areas and decrease the barriers to health care access and utilization such as distance, availability of health providers, and facilities.

[4] Population Reference Bureau, World Population Data Sheet 2012, Washington, DC, USA

[5] The Impact of the Global Financial Crisis on Reproductive and Maternal Health in Jordan, 2011

TFR variation between governorates may require focusing the national efforts on governorates with the highest TFR which are Jarash, Mafraq and Maan which have TFR of 4.3, 4.1 and 4.1 respectively. The use of traditional method and the rates of discontinuation are high which indicate that a family planning program should focus greater attention on counseling and follow-up, to reduce discontinuation rate by helping women deal with various obstacles to continued use. In addition, women's education and participation in the labor market play a major role in reducing TFR and thus efforts should be focused on addressing these two issues.

There is still a gap in the availability, quality and systems of RH/FP services; not all modern methods, in particular the effective long-term contraceptives are available in all geographic and poor areas. Although the private sector[6] provides 56 percent of family planning services, there is still a room for greater participation and expansion of services and method choices in this sector to reach out to places where public services are not adequately available. The lack of financial resources is a barrier to the expansion of these services and the provision of modern methods. Moreover, there is lack of human resources especially of female providers, providers' bias, poor counseling, and missed opportunity of FP services during provision of health care including antenatal and postnatal care and the need for further cooperation, coordination and collective planning among service providers and linking the services to a national information system.

On the demand side, despite the campaigns and awareness raising initiatives that were conducted, there are still cultural and social barriers affecting the use of RH/FP services. National efforts should target women with unmet needs and help them through education and awareness raising to enhance health access. The Jordan Population and Family Health Survey (JPFHS) 2009 showed that no less than 58 percent of women do not currently use family planning methods but intend to use them in the future, and that a total of 38 percent of nonusers do not plan to use these methods in the future. Despite the fact that the level of knowledge about family planning methods and their advantages among women in Jordan is high, the rate of using these methods is apparently influenced by cultural beliefs of women, the community and the service providers. This is confirmed by the fact that the ideal number of children for a Jordanian family has not declined despite the increased level of education. Another survey showed that married men and youth in the South have good knowledge about family planning and reproductive health. Also infers that married men and youth have positive attitudes toward women empowerment; however, this positive attitude was not translated into behaviors. Therefore, programs have to focus on interpreting attitudes into actions and behaviors in terms of RH/FP and women empowerment[7]. Additionally, successful communication and education initiatives should be institutionalized.

Logic Framework of the Strategy

The Strategy is illustrated through a logic framework that incorporates the priorities in the family planning program. The logic framework takes into consideration the issues and challenges identified, including the policy environment affecting the implementation of the interventions, the availability and quality of information and services, the beliefs and behaviors of the community towards RH/FP. The strategic plan is set within the context of the demographic dynamics that Jordan faces.

[6] Private health sector: the sector that includes NGOs (the Jordanian Association for Family Planning and Protection), UNRWA, other volunteer and charity associations, private sector clinics, hospitals and pharmacies

[7] Survey Report of Married Men and Unmarried Youth at age 15-24 years at the Southern Rural Communities in Jordan, 2009 conducted by Japanese International Cooperation Agency (JICA)

The Strategy seeks to:

- Create harmony in the national efforts and guide them towards contributing to country development and increasing national commitment to RH/FP issues to reach the Demographic Opportunity
- Ensure the provision and sustainability of the necessary human and financial resources to support RH/FP program and initiatives and consider it as a national priority
- Reduce the gap between what is planned for in the area of RH/FP and what can be implemented at the level of programs and services, and reinforce the role of policies in creating an enabling environment to support program implementation
- Provide performance indicators to measure improvement between the current status and the long-term goals

Figure (1) outlines the logic framework of the National Strategy for RH/FP 2013–2017, and includes inputs, outputs, intermediate and long-term results.

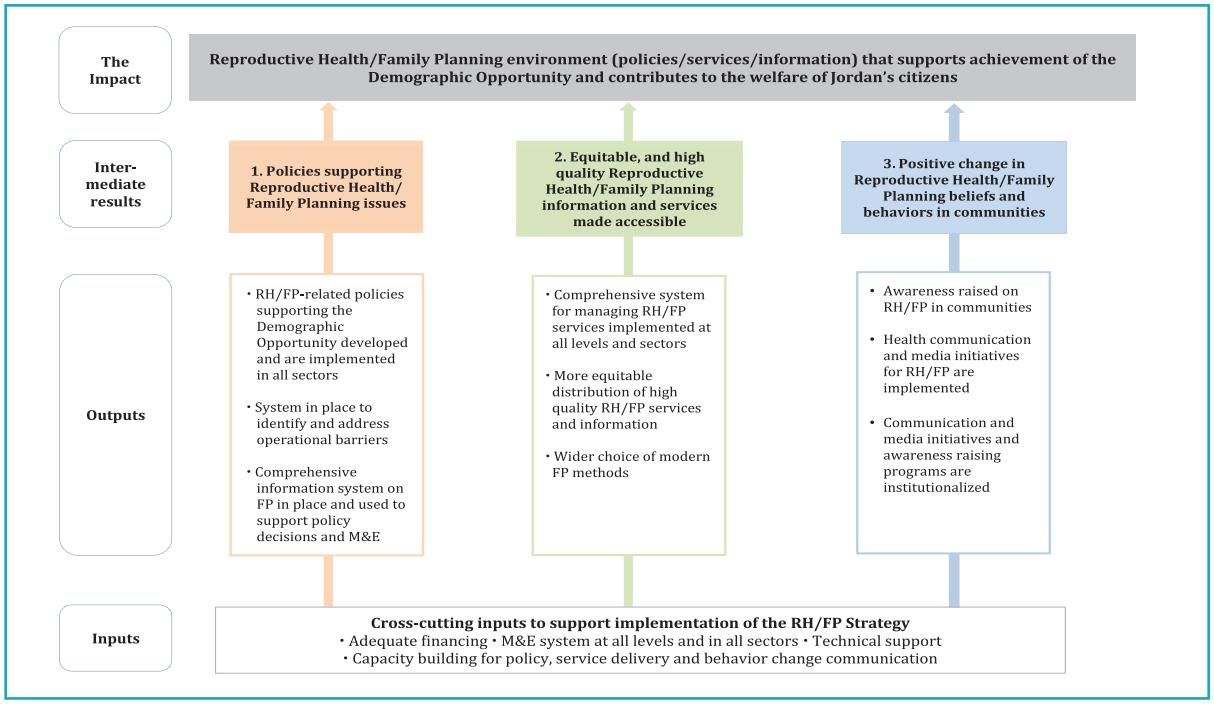


Figure 1: Logic Framework of National RH/FP Strategy 2013-2017

The anticipated long-term result of the National RH/FP Strategy 2013–2017 focuses on improving the RH/FP environment (policies/services/information) that supports achievement of the Demographic Opportunity and contributes to citizen's welfare. This can be reached by achieving the following three intermediate results:

1 **Policies supporting RH/FP issues**

2 **Equitable and high quality RH/FP information and services made accessible**

3 **Positive change in RH/FP beliefs and behaviors in the community**

The logic framework includes outputs for each intermediate result. Each intermediate result is accompanied by indicators to measure achievement of the results and outputs that can be tracked through the monitoring and evaluation (M&E) system.

Results, Outputs and Interventions

Intermediate Result 1: Policies supporting RH/FP issues

This result aims to improve the RH/FP policy environment and leadership's commitment to provide resources and approve policies that will contribute to achieving the Strategy goals. This result addresses policies and interventions supportive of RH/FP issues that will help overcome barriers and thus contribute to enabling the policy environment.

Outputs (Intermediate Result 1)

1. RH/FP-related policies supporting the Demographic Opportunity developed and are implemented in all sectors
2. System in place to identify and address operational barriers
3. Comprehensive information system on FP in place and used to support policy decisions and M&E

Indicators (Intermediate Result 1)

The achievement of the intermediate result and the related outputs are measured by the following indicators:

Indicators for Intermediate Result 1:

1. Number of policies supporting RH/FP issues adopted

Indicators for the outputs:

1. RH/FP policies adopted and/or implemented at the national level
2. Number of operational policy barriers identified and addressed
3. Number of advocacy tools developed
4. Number of decisions made based on reports issued from the developed information system
5. Number of national studies and surveys implemented in the area of population and RH/FP that enable the policy environment

Interventions (Intermediate Result 1)

The partners agreed on a number of interventions required to achieve the required outputs related to the first intermediate result:

- Design and implement advocacy initiatives at the national level to support the proposed RH/FP and Demographic Opportunity policies with an M&E plan
- Integrate the interventions of the RH/FP Strategy and Demograpgic Opportunity in the plans, programs and budgets of various stakeholder institutions
- Strengthen the capacities of the HPC and national stakeholders in the area of:
    - Advocacy; to be able to advocate for decision makers and civil society leaders, media professionals and religious leaders to change RH/FP policies in accordance with Demographic Opportunity. In addition to developing and upgrading advocacy tools based on the results of latest studies and research
    - RH/FP policies analysis
    - Identification of problems/barriers and prioritization based on program evidence and information available from existing surveys and studies

- Monitoring and Evaluation
- Information technology, and use of information systems to prepare periodic administrative and M&E reports

- Design and implement policies supportive of RH/FP
- Design and implement a process to identify and address barriers to implementing a new or existing policy and to identify the need for a new policy
- Support multisectoral collaboration
- Upgrade and activate a comprehensive system for RH/FP information that includes information on services, geographic maps, contraceptives logistics and training data
- Design and implement studies in the area of population and RH/FP that will improve the policy environment
- Unify and upgrade RH/FP standards, terminology and indicators at a national level for services, information and statistics
- Use information systems data and outputs to prepare the annual plans for relevant national institutions and to conduct studies to measure the impact of RH/FP interventions and initiatives (e.g. study of missed opportunities)

Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible

This result aims to equitably distribute high quality RH/FP information and services that guarantee economic, social and geographic equity, as well as the establishment of a comprehensive system for managing the RH/FP program that is implemented at all levels.

Outputs (Intermediate Result 2)

1. Comprehensive system for managing RH/FP services implemented at all levels
2. More equitable distribution of high quality RH/FP information and services
3. Wider choice of modern Family Planning methods

Indicators (Intermediate Result 2)

The achievement of the second result and related outputs is measured by the following indicators:

Indicators for intermediate Result 2:

1. National contraceptive prevalence rate (CPR) for modern methods
2. CPR for modern methods in the governorates
3. CPR for modern contraceptives of the lowest welfare groups
4. Percentage of increase in couples years of protection (CYP) segregated by provider
5. Discontinuation rate of family planning methods in the first year of use
6. Percentage of unmet need according to geographic areas and economic prosperity groups
7. Percentage of centers providing RH/FP services that provide four modern family methods (one of them is IUD or implant)

Indicators for the outputs:

1. Percentage of service providing centers whose stocks of family planning methods have run out
2. Number of subsidiary health centers that introduced family planning services
3. Number of a new Health centers/clinics providing RH/FP services by Non-Government Organization (NGO) or private sector
4. Percentage of service providing centers with a team consisting of, at least, a physician and midwife/nurse to provide services
5. Percentage of health directorates implementing an effective supervision system for maternal and child health care services
6. Number of health centers that achieved primary health care/family planning accreditation standards
7. Number of hospitals providing post-natal and post-abortion family planning services for women
8. Number of new acceptors of modern family planning method
9. Percentage of post-partum women receiving family planning counseling before discharge from a hospital
10. Percentage of post-partum women receiving family planning method before discharge from the hospital
11. Percentage of post-abortion women who received FP counseling before discharge from hospital
12. Percentage of post-abortion women who received FP service before discharge from hospital
13. Accumulative number of service providers trained on topics related to RH/FP segregated by training topic and trained group
14. Level of client satisfaction with the services provided for RH/FP
15. Number of choices of modern family planning methods available in Jordan

Interventions (Intermediate Result 2)

Partners agreed on a number of interventions required to achieve the required outputs related to Intermediate Result 2:

- Development and implementation of:
  - Human Resource (HR) System/Principles focusing on appropriate recruitment and distribution of staff, performance assessment and incentives to maintain distinguished capacities, especially in subsidiary areas
  - Quality Control and Supportive Supervision System to assess and follow-up RH/FP services and procedures in the public and private sectors
  - Financial system supporting family planning services with an upgrade of the procurement and provision system (logistic) for family planning methods
- Update and maintain the content of training programs for family planning service providers based on scientific evidence, and unify the terminology and concepts for RH/FP used in service delivery points

- Expand services to areas where family planning services are not available
- Provide necessary requirement for providing RH/FP services, including equipment, methods, infrastructure, and qualified and sufficient trained medical staff in the areas most in need at the primary health care level and at the hospitals level
- Strengthen the capacities of service providers in counseling and service provision to reduce unmet need and missed opportunities, and integrate family planning within the primary health care / maternal and child health packages, as well as integrating RH/FP counseling and services in hospitals for post-natal and post- abortion women before discharge from hospital
- Implement protocols and quality standards of family planning services based on scientific evidence
- Increase choices of modren family planning methods by adding new family methods to the available mix of methods.

Intermediate Result 3: Positive change in Reproductive Health/Family Planning beliefs and behaviors in community

This result aims to address the social culture and awareness on RH/FP and population issues to change individual attitudes toward positive attitudes and adopt initiatives that enhance positive behavior in this regard.

Outputs (Intermediate Result 3)

1. Awareness raised on RH/FP in communities
2. Health communication and media initiatives for RH/FP are implemented
3. Communication and media initiatives and awareness raising programs are institutionalized

Indicators (Intermediate Result 3)

The achievement of Intermediate result 3 is measured by the following indicators:

Indicators for Intermediate result 3:

1. Desired total fertility rate
2. Number of new acceptors of modern family planning method
3. Percentage of increase in CYP
4. Median birth spacing intervals

Indicators for the outputs:

1. Percentage of improvement in the attitudes of the target audience towards RH/FP
2. Number of effective community committees focusing on raising awareness on RH/FP
3. Number of institutions implementing awareness programs in the area of family planning
4. Number of programs/awareness campaigns implemented at the national level

Interventions (Intermediate Result 3)

The partners agreed on a number of interventions required to achieve the required outputs related to Intermediate result 4:

- Support the convention of partnerships with national institutions to increase demand for RH/FP services
- Strengthen the capacities of health communication and media providers

- Develop and implement awareness programs and campaigns in cooperation with relevant national partners and institutions to change community concepts on family planning, which support men's participation and reach schools, universities, mosques, churches, youth communities and local community leaders
- Interventions with decision makers to advocate for the implementation of communication and media initiatives
- Integrate communication and media activities on RH/FP issues in the annual plans of the partners
- Implement awareness and communication initiatives and provide human and financial resources
- Institutionalize successful awareness and communication initiatives

Cross Cutting Inputs to support implementation of the RH/FP Strategy

- Adequate financing
- Monitoring and Evaluation system at all levels and in all sectors
- Technical support
- Capacity building for policy, service delivery and behavior change communication

Implementation Structure

In order to achieve the goals of the Strategy it is important that all parties in different sectors commit to their roles at all levels whether they are directly implementing activities, coordinating or supporting.

Coordinating Entity: This strategy will be implemented by a range of implementing and supporting entities, under the coordination of the Higher Population Council.

Implementing Entities: Ministry of Health, Royal Medical Services, Jordanian Association for Family Planning and Protection, United Nations Relief and Works Agency (UNRWA), Higher Population Council, Ministry of Awqaf and Islamic Affairs, Ministry of Education, Ministry of Higher Education and Scientific Research, Ministry of Interior, Ministry of Social Development, Ministry of Communications and Information Technology, Civil Status Department, Department of Statistics, Jordanian universities, research institutions, Higher Health Council, Higher Youth Council, Health Care Accreditation Council, Jordanian Medical Council, Jordanian National Forum for Women, civil society organizations, Noor Al Hussein Foundation/Family Health Care Institute, Queen Zein Al Sharaf Institution for development (ZEIND), Aman Association, Circassians Charity Association, General Union of Charity Associations, Pharmacists Association, Jordanian Society for Health Insurance, private health insurance companies, pharmaceutical companies, Food and Drug Administration, the Joint Procurement Department, the Social Security Corporation and other NGOs.

Supporting entities: Ministry of Planning and International Cooperation (MOPIC), United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). USAID represented by the Health Systems Strengthening II Project, Strengthening Health Outcomes through Private Sector (SHOPS), and the Health Policy Project (HPP).

Assumptions and Risks

In developing the National RH/FP Strategy 2013–2017, five key assumptions were made regarding its success.

- Commitment of decision makers, community organizations and community groups to make positive change, adopt new policies and institutionalize successful initiatives that serve RH/FP
- Perception and awareness of people working in this area of the importance of scientific research and data in making decisions and supporting policies
- Continuity in providing qualified health providers and financial resources
- Entrenching the culture of quality of services and justice in making services accessible to all categories
- Commitment by the public, private and civil society sectors and the presence of support entities

In addition, a number or challenges, or risks that could affect implementation were also identified, namely:

- Potential shortage in financial and human resources
- Change in the economic and political situation including forced migration which added a load on services provided
- Loss of motivation and commitment by decision makers and turnover of decision makers
- Resistance to change and slow changes in behavior and attitudes among providers, clients and the community

Monitoring and Evaluation

The success of this Strategy will depend on regular monitoring and evaluation to measure the progress in implementing interventions and attaining the expected outputs, in addition to assessment and review of the Strategy in various phases to measure the achievement of the targeted results. The HPC assumes responsibility for the M&E and assessment of this Strategy through the M&E system at the HPC.

Performance will be monitored through annual plans for all partners. Information will be gathered periodically on performance through liaison officers at the relevant entities and will be reviewed with the annual plans to identify efficient implementation. Also in cooperation with the HPC, the participating entities will review performance indicators regularly, with M&E reports on the Strategy submitted annually. The implementation of the Strategy will be assessed through:

- Annual review of performance indicators. This will include all partners in all sectors
- Mid-term review of the Strategy. The Strategy will be evaluated in 2015, midway through the term of the Strategy. The results and recommendations will be used to amend interventions and revisit the Strategy if needed.
- Final evaluation of the Strategy. The final evaluation will measure the achievement of the long-term result of the Strategy. This evaluation should take place in mid-2017 so the findings will be available for the subsequent policies and strategies.

I. Introduction and Background

The Higher Population Council has the mandate for development of policies, strategies and action plans relating to all demographic issues in cooperation and coordination with relevant partners and regional and global relevant bodies, in addition to strengthening national capacities of officials at various relevant institutions.

In 1973, the Jordanian National Population Commission (JNPC), the predecessor to the HPC, was established with a goal to formulate and implement a national policy concerned with planning and implementation of programs related to the population issues. The first national population policy was approved in 1993 and at the same time the National Population Commission embraced the National Birth Spacing Program in an attempt to enhance the status of women and children and to reduce the total fertility rate by spacing pregnancies. The first National Population Strategy (NPS) was formulated by the National Population Commission and it was approved by the government and launched in 1996. The strategy included four main components: population and sustainable development, gender equality, empowerment of women and population, and advocacy and media.

In 2002, in line with its expanded role and responsibilities, JNPC was renamed the Higher Population Council. Headed by the Prime Minister until 2012, and then by the Minister of Planning and International Cooperation, HPC is empowered to direct national efforts to achieve sustainable development by striving to create a balance with population and growth, and social and economic resources.

The Higher Population Council has developed a National Reproductive Health/Family Planning Strategy for the years 2013–2017 to contribute to achieving the Demographic Opportunity by 2030. This was presented in a 2009 policy document which was approved by the Prime Ministry of Jordan. The Strategy will also contribute to the National Agenda of improving the welfare of the people of Jordan. This Strategy is a national policy document that builds on national gains and achievements and lessons learned from all sectors. Benefiting from the Demographic Opportunity and promoting welfare for all citizens require both population structure change and socioeconomic policies. To promote population structure change, Jordan's Demographic Opportunity policy document includes an outcome of achieving a fertility rate of 2.5 births per woman in reproductive age in 2017 and 2.1 in 2030, in addition to relevant changes in socioeconomic policies. However, the targets for 2012–2017 have been revised by HPC and its partners in 2010 to achieve a total fertility rate [8] (TFR) of 3.5 and 3.0 for 2012, 2017 respectively. According to the most recent Demographic Health Survey (DHS) preliminary report 2012, the TFR target for 2012 of 3.5 children per woman has been achieved. Implementing a successful family planning program will enable Jordan to reduce the total fertility rate and will be an effective tool to attain the required demographic transformation to contribute to achieving Demographic Opportunity and ultimately the country's national development goals. The National RH/FP Strategy 2013–2017 provides a roadmap for implementing a successful family planning program.

[8] TFR represents the average number of children a woman would have by the end of her reproductive life

Family planning contributes to improving the health of mothers and children and has been hailed as one of the great public health achievements of the last century and achievements of the universal access to RH, including family planning, is a target under the Millennium Development Goals.

The National Strategy has been developed based on an in-depth analysis of the status of RH/FP Program in Jordan. The Strategy focuses national efforts on all geographical areas and socio-economic strata, with emphasis on the neediest of Jordan's citizens and it targets collaboration of all sectors.

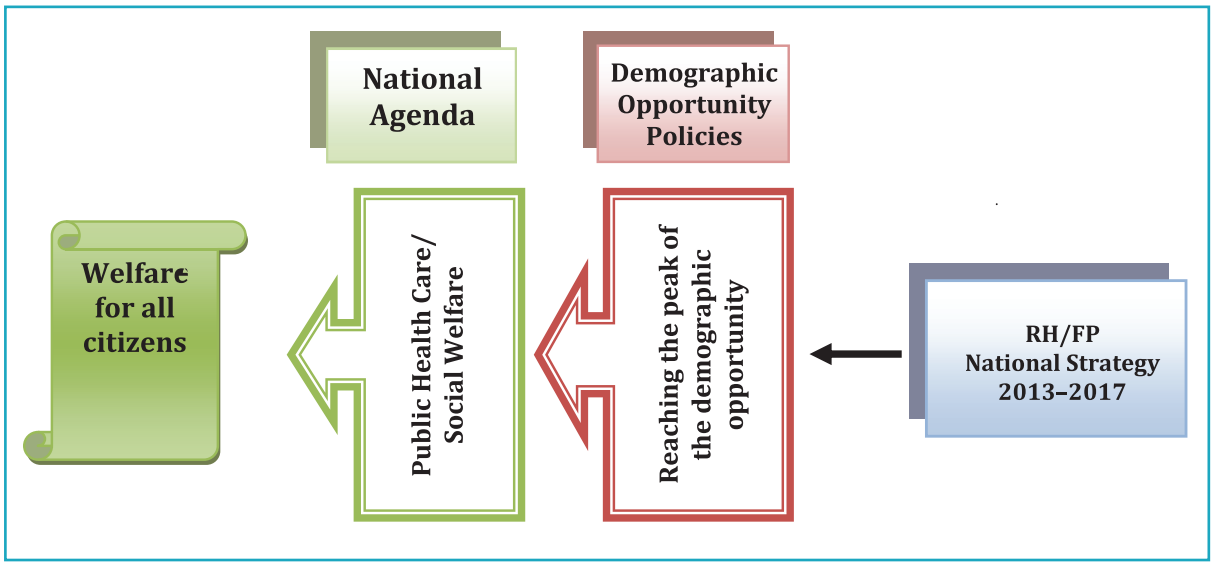


Figure 2: Links between the National Agenda, the Demographic Opportunity Policies and the National RH/FP Strategy

II. Purpose of the Strategy

The National RH/FP Strategy provides a logic framework that focuses on improving the RH/FP environment (policies/services/information) in Jordan.

In general, the Strategy seeks to:

- Create harmony in the national efforts and guide them towards contributing to country development and increasing national commitment to RH/FP issues to reach the Demographic Opportunity
- Ensure the provision and sustainability of the necessary human and financial resources to support RH/FP program and initiatives and consider it as a national priority
- Reduce the gap between what is planned for in the area of RH/FP and what can be implemented at the level of programs and services, and reinforce the role of policies in creating an enabling environment to support program implementation
- Provide performance indicators to measure improvement between the current status and the long-term goals

The executive plans that are developed in light of the Strategy will serve as a general framework for the RH/FP program and as a guide for interventions for the next five years, and they will provide a baseline for indicators used to measure the performance and implementation at all levels.

The anticipated long-term result of the National RH/FP Strategy 2013–2017 is a program that focuses on improving the RH/FP environment (policies/services/information) that supports achievement of the Demographic Opportunity and contributes to citizen's welfare.

The Strategy includes three intermediate results:

1. **Policies supporting RH/FP issues**
2. **Equitable and high quality RH/FP information and services made accessible**
3. **Positive change in RH/FP beliefs and behaviors in the community**

III. Link with the Reproductive Health Action Plans (RHAP) I and II

This Strategy builds on achievements and lessons learned and is a continuation of the National Reproductive Health Action Plan (RHAP) I for the years (2003–2007) and (RHAP) II (2008–2012) RHAP I (2003–2007) sought to lay the foundation for an effective, comprehensive, coordinated, and long-term RH/FP program. In particular, RHAP I focused on management components associated with information systems development, financial sustainability, advocacy/behavioral change, policy development, coordination, and service access. RHAP II built on the successes and lessons learned from RHAP I and on analyses of data, incorporated critical emerging issues into its planning document and developed a new monitoring and evaluation (M&E) mechanism. In support of the National Population Strategy goal, the first three years of RHAP II focused on promoting appropriate and effective use of RH/FP information and services within the 2008–2012 timeframe.

RHAP II emphasized increasing awareness of RH/FP issues, removing barriers to high-quality services, building healthcare providers' capacity, ensuring contraceptive security, promoting Non-Government Organizations (NGO) and private sector involvement, and using up-to-date information for decision-making and monitoring. In 2010, in conformity with the Council of Ministers' approval of the Demographic Opportunity policy document, which requires a drop in the total fertility rate, the goal of RHAP II was redefined as: "Enhance access to and use of RH/FP services in Jordan as a means of contributing to improved health for women and children and to thereby maximize the benefits of Jordan's current demographic dividend." The technical focus of RHAP II shifted to a focus on seven technical objectives:

1. Improve the policy environment for RH/FP
2. Improve the level of support for decisions taken on RH/FP
3. Enhance levels of support for RH/FP issues
4. Increase availability of RH/FP services
5. Improve quality of RH/FP services
6. Increase awareness on RH/FP issues
7. Increase the effectiveness of RHAP II in achieving national goals

IV. Process for Developing the Strategy

The HPC, which has the mandate to coordinate national efforts on RH/FP, has developed this Strategy through a participatory approach with all relevant partners, including ministries, institutions, nongovernmental organizations, the private sector, and donor agencies. The Strategy was developed in three phases. The first phase included an analysis of the current status of population and RH/FP in Jordan. In the second phase, challenges, opportunities, and future issues were identified. The Strategy was developed in the third phase.

A planning committee oversaw the development of the Strategy. The planning committee was chaired by the HPC and included representative from the Ministry of Health (MOH), Jordanian Association for Family Planning and Protection (JAFPP), United Nations Relief and Works Agency (UNRWA), Ministry of Planning and International Cooperation (MOPIC), and the media. A technical team from the HPC also guided the development of the Strategy and facilitated review of the three phases.

To develop the Strategy, the information was gathered through 1) desk review; 2) personal interviews with decision makers; 3) focus groups discussions with representatives from the health sector, donor agencies, and other partners; 4) a questionnaire for the public sector health directors at the level of the governorates and those working in various administrative positions; and 5) three workshops convened at the national level for health service providers, decision makers, donor agencies and other partners. The workshops presented initial results of the situation analysis and identified priorities of main issues towards building the National Strategy of RH/RP for 2013–2017.

The documents reviewed included the Population and Family Health Surveys from 2007, 2009 and 2012, the Employment and Unemployment Survey 2011, existing executive strategies and plans, namely the Demographic Opportunity Policy Document of 2009, the Jordanian National Agenda Document for 2006–2015, Jordan Vision 2020 Document, the Second National Report for the Millennium Development Goals (2010), the National Monitoring and Evaluation Plan of Demographic Opportunity Policies of 2011, the Reproductive Health Action Plan (RHAPII) monitoring and evaluation reports, and sectorial strategies such as that of the Ministry of Health Strategy, the JAFPP Strategy, and the strategies of main stakeholders in the program. In addition, international studies and relevant policy and program documents on RH/FP were also reviewed.

The draft Executive Summary was presented to the Executive Board members after conducting several revisions, while taking into account feedback from members and other reviewers.

V. Situation Analysis

This section includes 1) an analysis of the current situation with regard to demographic dynamics and related issues, 2) the environment for RH/FP, including family planning use and the environment for policies and programs; and, 3) the strengths, weaknesses, opportunities available, and risks/threats (SWOT) analysis.

1. Demographic Dynamics

The population growth rate, in addition to being influenced by crude birth rates and crude death rates, is also subject to various types of migrations, the last of which was the increase in the number of refugees from neighboring countries, such as Iraq and Syria, which increased the population from 586 thousand in 1952 to 6.4 million in 2012[9] . If the current rate of natural increase continues at 2.19[10] percent annually, the projected total population will double to 13 million by 2040, mainly due to high birth rate. In the last twenty years, three million children were born in Jordan. Implementing a successful family planning program will enable Jordan to reduce the total fertility rate and will be an effective tool to attain the required demographic transformation to contribute to achieving Demographic Opportunity and ultimately the country's national development goals.

Although the total fertility rate fell from 6.6 in 1983 to 5.6 children per woman in 1990 and to 3.8 in 2009 and 3.5 children per woman in 2012[11], this is still considered high. The birth and death rates, and migration factors have also affected the population's age structure since 1979. The percentage of population in the age group less than 15 years of age[12] decreased from 50 percent in 1979 to 37 percent in 2011, but their number has doubled, while the percentage of the population in the age group 65 and above only increased from 3 percent to 3.2 percent[13].

Figure (3) shows the decrease in TFR[14] in the period 1976 to 2002 and its plateau and fluctuation through 2012. The TFR is still considered high, due in part to the high percentage of unmet need and the fact that women still believe that the ideal number of children[15] per family is at least four children. In 1990, the TFR in Jordan was 5.6 children per woman, while the ideal number of children was 4.4 children, while in 2009, when the TFR was 3.8 children per woman, the ideal number of children was 4.2 per woman.

[9]http://www.dos.gov.jo/dos_home_a/main/index.htm. This figure does not include 1.2 million Syrian refugees currently living in Jordan according to latest statement by the Prime Minister.

[10]Jordan in Figures, 2011: http://www.dos.gov.jo/dos_home_a/main/jorfig/2011/4.pdf

[11]Department of Statistics and MEASURE DHS/ICF International. Jordan Population and Family Health Survey, 2012: Preliminary Report, table 3.

[12]Statistical Yearbook 2011, Department of Statistics

[13]Jordan in Figures 2011, page 1

[14]Population and Family Health Survey, Department of Statistics, 2012

[15]Population and Family Health Survey, Department of Statistics, 2009, table 7.5

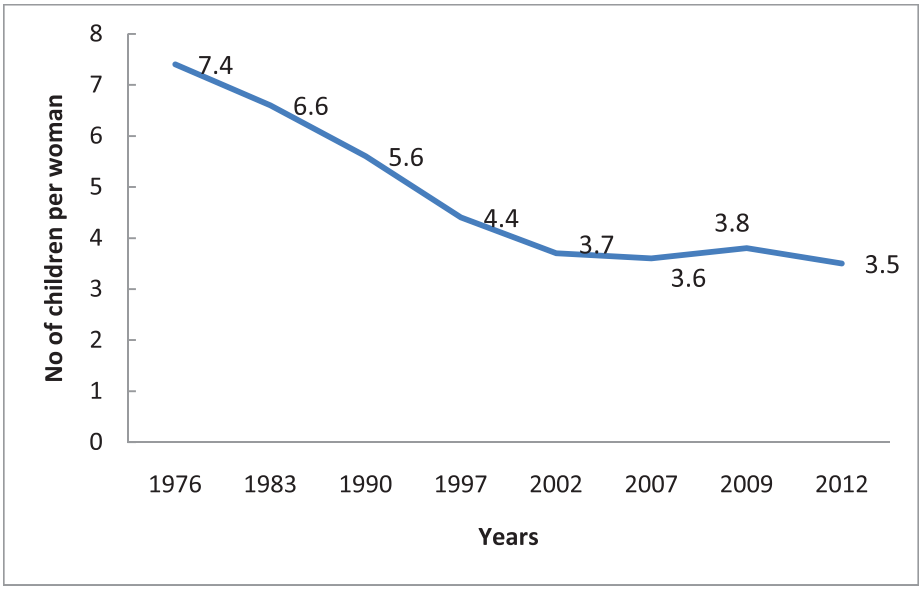


Figure 3: Trends in Total Fertility Rate, 1976–2012

The results of the 2009 JPFHS have shown that the median age at marriage for the first time was 22 years, and there is no difference between urban and rural areas. The highest age mean was in the Karak Governorate at 23.6 years, while the lowest age median was in the Zarqa Governorate at 21.6 years. The median age at marriage increases with an increase in the economic status. Women in wealthier groups tend to marry at a later age compared to women in poorer groups. According to the 2009 PFHS, the age at which women had their first child was 24 years, on average, and the results did not indicate a difference between urban and rural areas, nor did they indicate a difference amongst the governorates.

According to 2012 JPFHS preliminary report, less than one-third of ever-married women (31 percent) are under age 30. This represents a decline from 34 percent in 2002 and 32 percent in 2007 and 2009. This decline in the proportion of young women in the ever-married population is mainly the consequence of increasing age at marriage. In contrast, the proportion of ever-married women age 30-49 has increased from 66 percent in 2002 to 68 percent in 2007 and 2009 and to 69 percent in 2012.

The levels of women's education and employment (participation in the labor market) are among the most important factors leading to reduced fertility rates. In Jordan, a third of the population is enrolled in various levels of schooling. As a result of national efforts, illiteracy has decreased from 36 percent in 1976 to 10 percent in 2002, to 6.7 percent in 2011. However, illiteracy is higher among females (10.1 percent) than among males (3.4 percent)[16]. The results of the 2009 Population and Family Health Survey show that the TFR among women is 4.1 children per woman among women with no education and with basic education compared to a TFR of 3.5 children per woman among women with a university education. Studies show that a 10 percent increase in women's education contributes to reducing fertility rates by 0.5 children per woman[17], as the education of women affects child bearing through a number of variables, including age at the time of marriage.

[16] Jordan in Figures 2011, page 2.
[17] Jeffery, Roger and Alaka M. Basu (1996). "Schooling as a Contraception?" In Girl's Schooling, Autonomy and Fertility Change in South Asia. Sage Publications. P.p. 15-47.

The TFR is also inversely tied to women's participation in the labor market[18]. The studies conducted have demonstrated that a 1 percent increase in women's participation in the labor market decreases the TFR by 0.5 percent. The results of the Employment and Unemployment Survey conducted annually in Jordan have shown that the average participation of women in the labor market has slightly increased from 12.4 percent in 1993 to 14.7 percent in 2011[19]. Unemployment among women is still high, in spite of its decrease from 36.7 percent in 1993 to 21.2 percent[20] in 2011. Poverty (13.3 percent) and unemployment[21] (12.9 percent), especially among women (21.2 percent)[22], are major challenges facing sustainable economic development in Jordan.

In summary, there's increasing age at marriage. Women's education and participation in the labor market play a major role in reducing TFR and thus efforts should be focused on addressing these two issues.

2. Environment of RH/FP Policies and program

2.1 Policy and Advocacy Environment

2.1.1 Policy Development

The HPC has focused on strengthening the policy environment for RH/FP, through developing relevant policies. HPC has also developed the Demographic Opportunity Policy document in 2009. In addition, the HPC developed two Reproductive Health Action Plans (RHAP) for the years 2003–2007 (RHAP I) and 2008–2012 (RHAP II).

The Demographic Opportunity Policy document was developed with the recognition that reduction of the total fertility rate and the resultant demographic change in the coming years would lead to a "demographic window of opportunity" to achieve the country's development objectives. Jordan, like other countries that have witnessed a recent decline in their high fertility rates, is on the verge of a historic demographic change. The demographic window of opportunity opens when the working age population (individuals aged 15-64 years) starts to grow significantly faster than the growth of dependents, under the age of 15 years and above 64 years. With the continuation of efforts to reduce fertility rates, Jordan will go through demographic changes that will lead to an increase in the working-age population, which is expected to reach 69 percent by 2030 as a result of the gradual drop in the total fertility rates, coinciding with the decrease of the percentage of population aged less than 15 years.

If this demographic change is accompanied by appropriate social and economic policies, the Demographic Opportunity can be achieved. The Demographic Opportunity policy document reflects the benefits that Jordan can gain from adequate planning and preparing for the right response to demographic change. Policy document highlights the prior preparation, planning and monitoring of both demographic change that can occur with continued decline in fertility rates and changes in social and economic policies that are needed in Jordan.

[18] Soliman, O., El-Fiki. M., A Proposed Disaggregation Model of the National Target Total Fertility Rate Using Analytic Hierarchy Process: A Case Of Egypt, 2012, Published RCAEM, 2012, Proceedings of 2nd Regional Conference on Applied Engineering Mathematics, 2012.

[19] Statistical Yearbook 2011, p. 58, Department of Statistics.

[20] Statistical Yearbook 2011, p. 59, Department of Statistics.

[21] Statistical Yearbook 2011, table 19.4 page 60, Department of Statistics.

[22] Labor Statistics in Jordan 2007–2011, Department of Statistics.

Achieving the Demographic Opportunity requires monitoring the progress towards it as well as follow up efforts at the national level. Accordingly, the HPC has developed a monitoring and evaluation plan to follow up on economic and social indicators to measure progress in the achievement of the policies stated in the Demographic Opportunity policy document and to promote the integration of all development efforts.

HPC continues to seek political commitment for RH/FP, increased support for RH/FP programs, and policy issues. HPC succeeded in including contraceptives in the essential drug list, however many obstacles to policy development and implementation remain in place such as the necessary legislation of midwives inserting and removing IUDs.

Additionally, the budgeting for RH/FP is still a concern. The UNFPA, in collaboration with HPC conducted a research initiative to address the short term impact of financial crisis on RH status and services in Jordan during 2007-2008[23]. The findings revealed that the financial crisis appears to have little short term impact on Jordan in general, and Maternal and Child Health (MCH) and RH indicators in specific. However this does not preclude potential negative effect in the medium-term. Therefore there should be policy responses in regards to the provision of RH services in Jordan.

The MOH budget as a percentage of the Government budget was 7% in 2008, rose to 9.0% in 2009 and was down to 6.3% for 2011. The budget for MCH has seen a steady budget allocation. Budgeting for RH and family planning has also seen a steady budget allocation, the RH/FP budget increased at 58.1% indicating that the financial crisis did not adversely affect RH/FP budget. However, the 2010 budget has witnessed a cut as a result of central government budget cuts.
Capital expenditure on health rose 27.8% through the period between 2006-2009 and then increased most at 66.4% between 2008-2009, the time when the financial crisis impacted Jordan.

The MOH allocation of its expenditures showed that actual expenditure on reproductive health and family planning was 302.933 Jordanian Dinar (JD) in 2008 re-estimated for 2009 to reach 500,000 and estimated to be 1.000.000 JD for 2012 (most of budget distribution was for training, media awareness, medical equipment and supplies).

It is estimated that the total funding and total costs for RH/FP are not identical which indicates that additional fund has to be sought. Development assistance to Jordan is still considered a priority for most donor countries[23].

[23] The Impact of The Global Financial Crisis on Reproductive and Maternal Health in Jordan, 2011

[24] MOH Annual Statistics Book, 2009, 2010, 2011

2.1.2 Advocacy

HPC has built advocacy activities into most of its work to gain political support. To raise awareness of population dynamics among multiple decision-makers, HPC has led or been engaged in several policies change initiatives, including successfully advocating for the inclusion of contraceptives in the essential drug list. Building on these and other efforts, the HPC continues to seek political commitment for RH/FP, increased support for RH/FP programs, and policy issues in other sectors to prepare for and take advantage of the demographic transition. In response, the HPC developed and began the implementation of its Advocacy Strategy for 2011–2013. The strategy's main advocacy goals are to (1) Enable appropriate multisectoral policy responses to the expected demographic change in the population structure, and the Demographic Opportunity that accompanies this change; (2) Create an enabling policy environment for RH/FP; and (3) Increase the availability of equitable high-quality RH/FP services and increase demand for RH/FP services.

In addition, the HPC has developed a number of policy briefs based on research results and scientific studies to be used as advocacy tools to gain the support of policymakers. One advocacy tool that has been widely used in Jordan is the RAPID model (Resources for the Awareness of Population Impacts on Development). The RAPID model projects the social and economic consequences of high fertility rate. A set of RAPID models has been developed to show the future impact of population growth on the national and governorate levels and on various development sectors such as health, education, agriculture and water. These advocacy models were used in the implementation of several advocacy activities of the HPC, and currently HPC updates these models periodically when new data is available.

2.2. The Situation of RH/FP in Jordan

2.2.1. Family Planning Use

There is a strong and inverse relationship between contraceptive (family planning) use and fertility rate. Generally, every 10 percent increase in the contraceptive prevalence rate leads to 0.7 children per woman decrease in the TFR[25]. The results of 2012 JPFHS indicated that in spite of the increased CPR from 40 percent in 1990 to 59 percent in 2009, and 61 percent in 2012, the use of traditional methods remains high (Figure 4). The 61 percent contraceptive prevalence includes 42 percent modern method use and 19 percent traditional method use. In comparison, traditional method use in Egypt, Morocco, Tunisia and Syria is 2, 11, 8 and 15 percent, respectively[26]. While modern methods of contraceptive have effectiveness rates between 90 and 100 percent, traditional methods have much lower effectiveness in preventing pregnancy (50 percent or less). In Jordan, among the 17.4 percent of pregnancies that are unintended, 80 percent of these pregnancies are the result of using traditional methods[27]. Reducing the use of traditional methods by half could contribute to reducing TFR from 3.8 to 3.45 children per woman.

[25] Tara M. Sullivan, Jane T. Bertrand, Janet Rice, James D. Shelton. Skewed Contraceptive Method Mix: Why it Happens, Why It Matters. J.Biosocial. Sci, (2006) 38, 501-521, 2005 Cambridge University Press.

[26] Population Reference Bureau, World Population Data Sheet 2012, Washington, DC, USA

[27] Policy brief, Impact of Changing Contraceptive Method Mix on Jordan's Fertility Rate 2011.

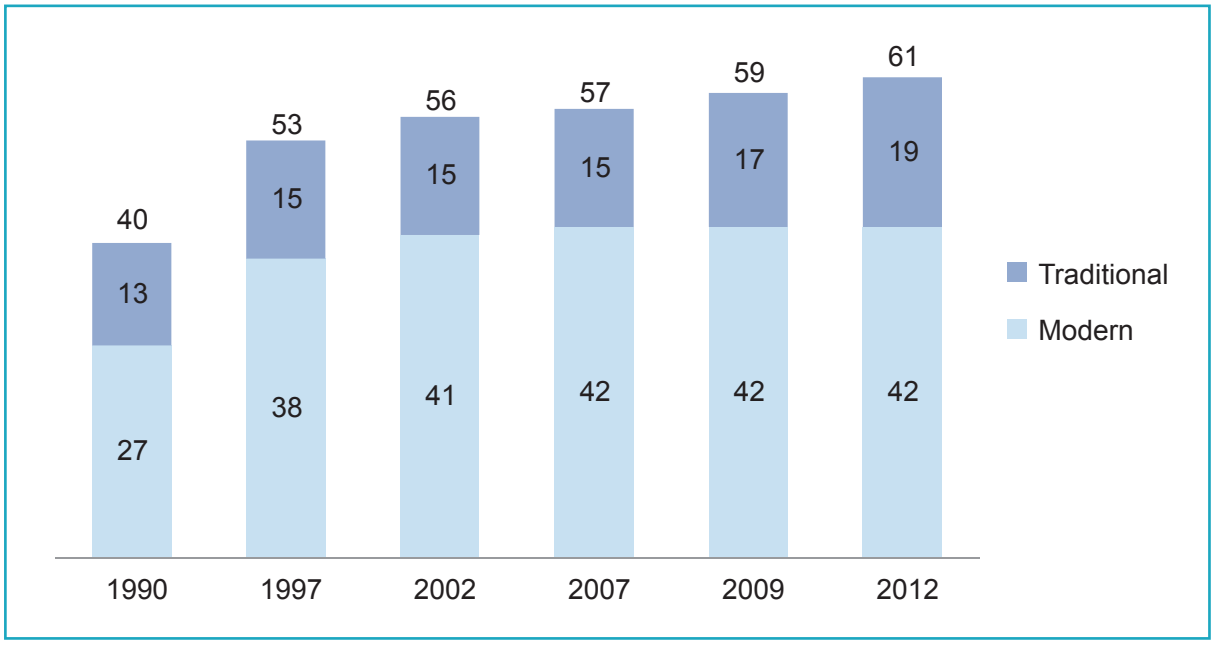


Figure 4: Trends in Contraceptive Use, 1990–2012
(Percentage of currently married women age 15-49 years)[28]

There are some differences in contraceptive use by governorate, level of education, and economic group. In urban areas in 2012, the modern CPR was 42.7 percent compared to 40.2 percent in rural areas. Modern CPR was highest among the most educated women in Jordan (38.5 percent) and lowest among the least educated women (31.8 percent). According to JPFHS 2009, Modern CPR is highest among women in the wealthiest quintile (49.2 percent) and lowest among women in the lowest wealth quintile (36.6 percent).

Among Jordan's governorates, JPFHS 2012 showed that Jarash had the highest TFR at 4.3 children per woman, followed by Mafraq and Maan, each with a TFR of 4.1 children per woman. Jarash Governorate also has one of the highest rates of unemployment among females at 24.8 percent. Amman, Karak and Madaba had the lowest TFR in 2012, at 3.2, 3.5 and 3.5 children per woman, respectively. Maan Governorate had the lowest CPR at 58.4 percent (30.7 percent modern CPR). Figure (5) shows the comparison between TFR in governorates in 2009 and 2012.

[28] JPFHS 2012

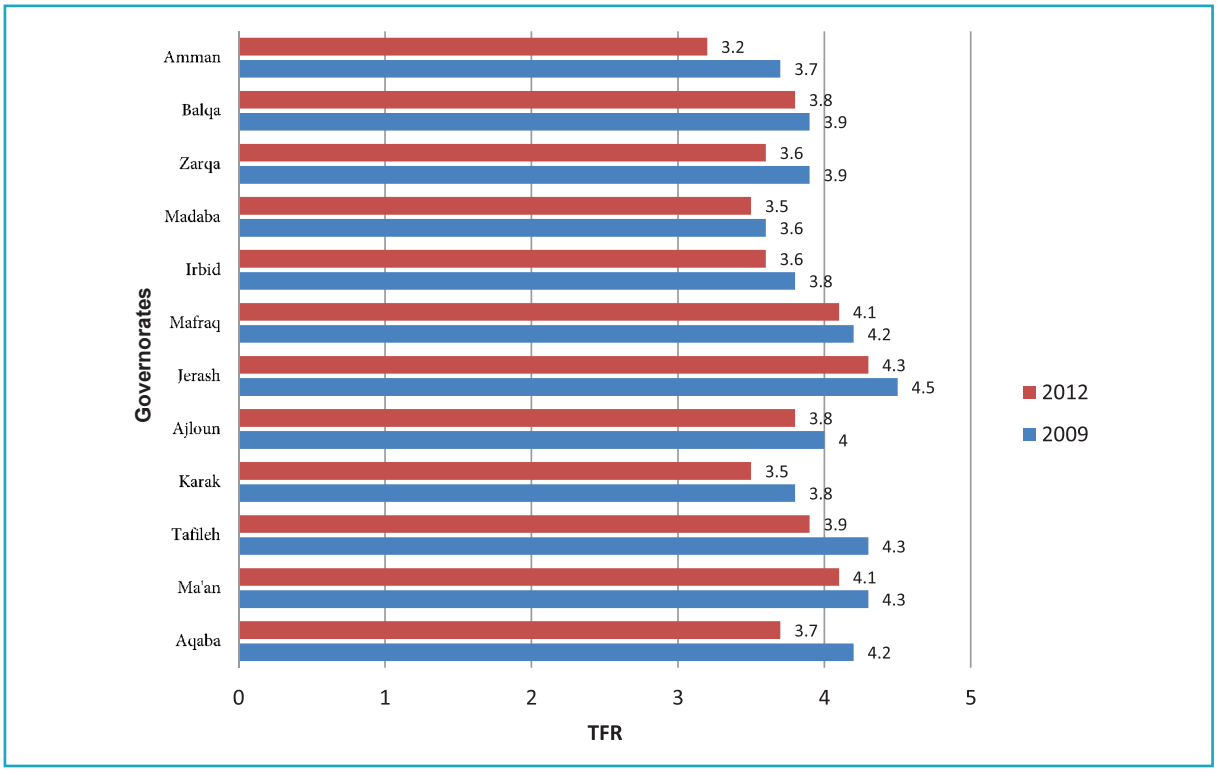


Figure 5: The Total Fertility Rate in Governorates 2009, 2012

The measure of unmet need for family planning includes women who want to space their next pregnancy by at least two years and those who want to limit childbearing. As for the percentage of unmet needs with the intention of spacing between pregnancies, it reached 5.2 percent in rural areas whereas it did not exceed 4.6 percent in urban areas. However, the discrepancy amongst the regions increases, as the unmet need with the intention of spacing is 4.5 percent in the central region, 5.1 percent in the northern region and 4.7 percent in the southern region. The highest percentage in the governorates was in Balqa and in Ajloun (6 percent). As for the unmet need with the intention of limiting, the highest percentage was in Aqaba and Amman at 7.7 percent and 6.6 percent respectively[29].

The results also indicated that most users start using family planning methods after having their first or second child (37 percent, 24 percent). The IUD is the most commonly used family planning method in Jordan, followed by traditional methods then pills and condoms (Figure 6). Although the IUD is still the most commonly used method, its use has dropped in 2012 as compared to 2009, while the use of the traditional methods has increased. Also the use condoms and implants increased while the pills' usage remained constant. It is also noteworthy that there is a strong direct relationship between high rates of IUD and condom use with the increased level of family wealth status. Women in the higher quintile of wealth index prefer to use IUDs or condoms twice as much as women in lower quintile groups. On the other hand, the use of injections by women decreases with increased wealth levels. The results of the 2009 Population and Family Health Survey have also indicated that there is a trend among women to space their pregnancies reaching 31.3 months in 2009, an increase of 1.3 months compared with the results of the 2002 survey. The results also indicated that most family planning method users use contraceptives to stop having children rather than to increase the birth spacing intervals.

[29] DHS 2009

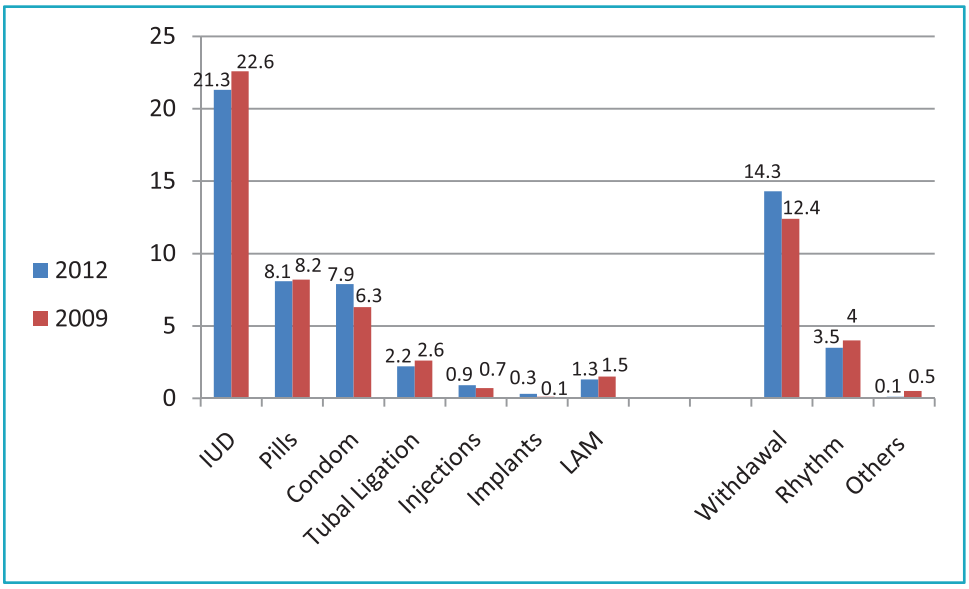


Figure 6: The Use of Family Planning Methods per Method

The discontinuation of use in the first year of starting use reaches 48 percent of the users in 2012, 24 percent stopped because they wanted to switch to another method, 10 percent stopped because they wanted to get pregnant, 10 percent stopped because they wanted more effective method, 9 percent because they became pregnant while using the method (method failure), and 5 percent of them due to side-effects or health concerns.

In summary, the use of traditional method, the rates of discontinuation and the unmet need are high which indicate that a family planning program should focus greater attention on counseling and follow-up, which can reduce discontinuation rate by helping women deal with various obstacles to continued use[30]. In addition women's education and employment plays a major role in reducing TFR. TFR variation between governorates may require focusing the national efforts on governorates with the highest TFR which are Jarash, Mafraq and Maan. Efforts should also focus on prompting Healthy Birth Spacing.

2.2.2 Jordan's RH/FP Program

A .Source of Family Planning

Women in Jordan use a wide range of RH/FP services in the public and private sectors. The Ministry of Health is the main provider of modern family planning services (40.8 percent in 2012, 42.9 percent in 2009) followed by specialized physicians and private hospital clinics together (20.1 percent in 2012, 20.8 in 2009), pharmacies (15 percent in 2012, 13 percent in 2009), the Jordanian Association for Family Planning and Protection (10.6 percent in 2012, 12 percent in 2009) and UNRWA (9.7 percent in 2012, 7.7 percent in 2009) (Figure 6 and 7).

[30] JPFHS 2012

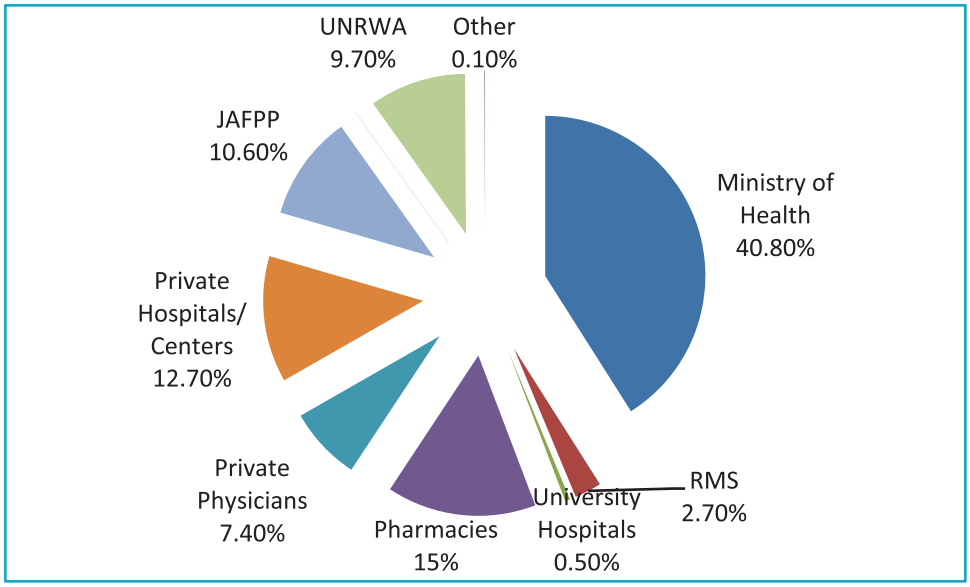


Figure 7: Sources of Family Planning Methods among Current Users of Modern Methods, 2012

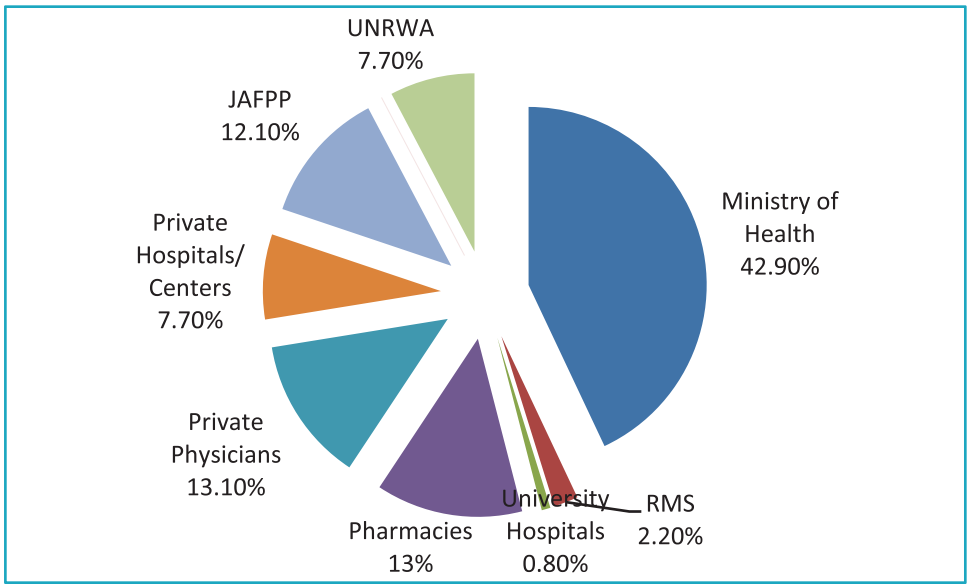


Figure 8: Sources of Family Planning Methods among Current Users of Modern Methods, 2009

The year 2012 showed a decrease in the CPR of family planning methods from the public sector, decreasing from 46 percent in 2009 to 44.1 percent in 2012. However, there was an increase in the number of users who obtained injectables from the public sector between 2009 and 2012[31].

The DHS 2012 results showed that the sources on which women rely to attain family planning methods vary according to the method used. While pharmacies are sharing half of the market for the methods that require refills such as pills and condoms (52.3%, 57.6%). For IUD two third of women are using it through private sector, as showed in the DHS preliminary report private sector

[31] JPFHS 201

constitute (62%) of the IUD users, private hospital (21.7%), Jordanian Association for Family Planning and Protection (18.9%), and private doctors (13.4%). While for Injectables the public sector is providing services for most of users (82.2%) through their services outlet especially Government Health Centers (63.2%).

The HPC conducted a study to analyze the status of family planning services and information available in Jordan in 2011. It was the first of its kind and sought to create a database showing the number and patterns of geographic distribution for RH/FP service and information points, as well as patterns of distribution of staff providing these services. The study found that:

- Health care providers are centered in the major cities
- Private sector services are available in the main cities but not in the rural areas
- The southern region has the least number of centers providing services from both the public and private sectors, and it had the highest fertility rates and lowest percentages of using family planning methods, in addition to the highest rates of unmet need.

In Summary, there is geographic discrepancy in providing health service; the IUD is still the most commonly used method, the share of JAFPP has dropped, the contribution of UNRWA and pharmacies increased while the RMS and University Hospitals role is still minimal.

B. RH/FP Services and Quality in the Public and Private Sectors

To guarantee the quality of RH/FP services, the Health Care Accreditation Council in 2010 developed RH/FP standards to be integrated within the primary health care standards, and issued the new version entitled the "Primary Health Care and Family Planning Accreditation Standards" to guarantee commitment to improving quality of services. And to ensure greater improvement in the quality of reproductive healthcare in Jordan, the Council developed Center of Excellence criteria for RH/FP in 2011. As of 2012, 28 government health centers received accreditation. More centers are being prepared to receive this accreditation.

The following is a description of the RH/FP services available in the public and private sectors.

B.1 RH/FP Services in the Public Sector

(The public sector includes MOH, RMS and University Hospitals)

B.1.1 Ministry of Health: [32]

The Ministry of Health is responsible for all health affairs in Jordan. It covers about 41 percent of demand for family planning services[33], and is a main contributor to the national efforts to assist Jordanian families in achieving their reproductive health goals and achieving the national population growth aims at the national level.

The Ministry offers family planning services at its hospitals and health centers with wide geographic coverage that allows easy access to these services. These facilities serve all groups in the country, especially those with low and average income. It is provided free of charge to Jordanians and at cost, subsidized by the country, for non-Jordanians. The Ministry of Health also supports other health providers such as Royal Medical Services, and a number of NGOs including the Jordanian Association for Family Planning and

[32] MOH FP Strategy 2013–2017
[33] JPFHS 2012

Protection, UNRWA, university hospitals, and some private clinics, in providing them with modern family planning methods free of charge. The Ministry of Health also enrolls health staff working in these sectors in FP training programs, especially training on providing implant and IUD services to expand the choices of family planning methods available in these sectors.

Hospitals: The Ministry of Health offers FP services and counseling through 20 hospitals in the in-patient departments and outpatient clinics, including mother and childcare centers, called comprehensive post-partum clinics), post-partum clinics, and Obstetrics and Gynecology clinics. These hospitals are spread throughout the country, with the exception of Tafileh and Aqaba. In order to reduce missed opportunities and to benefit from the fact that 99 percent of births in Jordan occur in hospitals, in 2011 the Ministry of Health started providing family planning services and counseling to women inside the hospital immediately post-partum and post-abortion, before discharge from hospital. The number of hospitals implementing the program reached thirteen hospitals in mid-2012, and the Ministry is seeking to expand the program to others.

Health Centers: These health centers offer modern family planning services and counseling at mother and child centers in the primary and comprehensive health centers. The number of clinics increased from 416 in 2007 to 444 in 2012, distributed around the governorates. As of 2012, 28 of these centers received accreditation from the Health Care Accreditation Council (HCAC). More centers are being prepared to receive this accreditation. The responsibility of guaranteeing quality, follow-up and supervision with regard to FP services belong to the women and children health division heads, mother and child supervisors at health directorates, in addition to health center heads and the women and child health directorate.

Family Planning Methods available: The number of choices of modern family planning methods available at service centers of the Ministry of Health ranges between 3 and 5 methods based on the availability of the necessary equipment and trained staff. The Ministry of Health offers several types of modern family planning methods such as pills (progesterone only and combined pills), copper IUDs, progesterone injections, Implanon, condoms and tubal ligation (sterilization) for women. As of 2012, 28.7 percent of the health centers and hospitals offer at least four modern FP methods. The Ministry started as of 2005 to provide Implanon as part of the available choices, and the number of Ministry hospitals and centers providing the IUD service reached 34 percent in 2011 according to the Ministry of Health statistics. The Ministry has made efforts to introduce family planning services and counseling for two types of modern methods (pills and condoms) in 45 subsidiary health centers in the villages of the southern governorates.

Service providers: The Ministry of Health relies greatly on physicians to provide or supervise the provision of modern family planning methods. The services are provided at the health centers through 717 physicians (537 male and 180 female). As for the nursing staff, family planning service providers are usually registered nurses or registered

midwives, totaling 799 in the health centers (45 male and 754 female). The majority of family planning service providers at Ministry of Health hospitals are male Obstetricians and Gynecologists (OB/GYN). In Amman, 62 percent of OB/GYN are male and in Zarqa, 63 percent of residents are male. Male OB/GYN physicians constitute 93 percent of all OB/GYN physicians who offer family planning services at Ministry of Health hospitals. As for the governorates of Balqa, Madaba, Karak, and Mafraq, the percentage of male OB/GYN physicians represents 65 percent, 67 percent, 89 percent and 73 percent respectively[34] .

Because the women want the option to receive family planning services and counseling from female service providers, the Ministry is working to train female providers. The Ministry has started to implement a pilot program in 2004 to insert and remove the IUD by trained midwives. The program continued successfully until 2009, when questions were raised on the legal status of the midwives in terms of the necessary legislation and the provision of legal protection. The MOH recently listed the duty of inserting and removing IUDs in the job description of midwives, but under the supervision of a trained physician. Many obstacles in providing the service by the midwives still remain in place, including the need for supervision from a trained physician.

A number of health workers in 45 centers of the subsidiary health centers in the south offer counseling service for two family planning methods, in addition to awareness and health education house visits.

It is noteworthy that there are some real challenges facing the contraceptive procurement process – it is lengthy, complex, and expensive, and the choices and methods of contraceptives available in the Jordanian market are limited. Pharmaceutical companies lack incentive to introduce and register new methods due to the small Jordanian market in terms of family planning methods. A study[35] conducted in 2004 indicated that 35.9 percent of the users of the middle economic segment, 29.5 percent of the higher than average segment, and 17.9 percent of the richer segment obtain free family planning methods from public service centers although they have the ability to pay for the methods. This increases the financial burden on the public sector to meet the increasing cost of providing free family planning methods for all citizens.

A Strategic Plan for Family Planning for 2013–2017 was launched by the Ministry of Health as a response to the challenges and obstacles facing the family planning program and to support national efforts to improve family planning indicators and thus achieve the national goals.

In addition, the Ministry is cooperating and building partnerships with national and international organizations involved in RH/FP and benefitting from the support of the donor agencies. The Ministry annually allocates financial funds for procuring the methods under the line item “RH/FP”. Some funds are also allocated for capacity building, implemented by the Women and Child Health Directorate, including family planning activities. There are clear financial challenges facing sustainability

[34] Study analyzing the provision of FP services and RH/FP information in Jordan in 2011.

[35] Study analyzing market segments for the family planning program in Jordan to provide scientific evidence for a strategy to sustain family planning methods, Table 6, page 12, Population Policies Project 2004.

in supplying family planning methods by the Ministry of Health to other sectors due to their increased cost and increase in quantities required. There is also a need for sufficient and sustained financial allocations in the Ministry of Health's budget for medical supplies, contraceptive methods, increasing service provision sites, health staff and equipment needed to provide RH/FP services.

B.1.2 Royal Medical Services

The Royal Medical Services provides health insurance for approximately 25 percent of the population of Jordan and covers approximately 2.7 percent of demand for family planning services. The Royal Medical Services covers most areas in the country [36] and offers comprehensive health services to Armed Forces members and their families free of charge, as well as to Jordanian civilians and non-Jordanian patients seeking its services.

Hospitals: the Royal Medical Services provides family planning services and counseling through in-patient departments and OB/GYN clinics across 7 hospitals in Amman, Irbid, Zarqa, Karak, Tafileh and Aqaba. It also offers post-natal and post-abortion services in all of them with the exception of Aqaba. In 5 military medical centers in the governorates of Zarqa, Maan, Aqaba and Mafraq, the Royal Medical Services offers family planning services and counseling.

Family Planning Methods Available: There are at least 4 methods available (progesterone only and combined pills, copper IUD, progesterone injections and condoms) in all clinics operated by the Royal Medical Services. The implant (implanon) is available in some hospitals and clinics based on the availability of qualified trained staff. The Jordanian Royal Medical Services obtains family planning methods from the Ministry of Health for free.

Service Providers: Family planning service providers at the hospitals of the Royal Medical Services are mostly male OB/GYN specialists, and the nursing sector only provides counseling on RH/FP.

B.1.3 University Hospitals

University hospitals cover approximately 0.5 percent of demand for family planning services and include the Jordan University Hospital in Amman and the King Abdullah University Hospital in Irbid. Training hospitals affiliated to Hashemiya University and Mutah University, the Prince Hamzah Hospital in Amman, and the Karak Public Hospital in Karak are all MOH hospitals.

Family Planning Methods Available: There are four methods (progesterone only and combined pills, copper IUD, progesterone injections and condoms). The university hospitals obtain family planning methods from the MOH for free.

Service Providers: Most providers of family planning services at university hospitals are OB/GYN specialists and residents.

[36] Annual Statistical Report of the Royal Medical Services 2011

B.2 RH/FP Services in the Private Sector (for-profit and non-profit charities)
(The private sector includes private hospitals, clinics, pharmacies, JAFPP, UNRWA, and other non-governmental organizations)

In 2012, the private sector covered about 55.6 percent of demand for family planning services, an increase from 54 percent in 2009. This could be due to the increase in the market share of the private hospitals and pharmacies in 2012.

B.2.1 NGOs and International Organizations

The Jordanian Association for Family Planning and Protection and the UNRWA are the largest NGOs providing RH services and family planning methods in Jordan.

Jordanian Association for Family Planning and Protection (JAFPP): It is a non-profit association and has been providing family planning services in Jordan since 1971. Most of its clients are middle-income women as well as those from the poorer segment of society. The Association provided about 24 percent of family planning services in 1997, which decreased to 11 percent in 2012. As a result, the Association has developed a three year strategy (2011–2013) which focuses on four areas: 1) quality and efficiency, 2) building the Association's administrative capacities, 3) social marketing, and 4) continuous education and sustainability. The Association is currently working on improving its institutional capacity and upgrading the administrative, information and logistic systems, as well as upgrading the infrastructure and equipment of clinics.

Health Clinics: The Association offers family planning services through 17 clinics in Jordan with the exception of the Balqa, Tafileh and Maan governorates. It is seeking to expand its services and reach areas where public or private services are not available. However, it suffers a problem in recruiting female physicians, especially in rural areas, in addition to broader financial challenges. It is also seeking accreditation for one of its clinics.

Family Planning Methods Available: There are at least 4 methods available (progesterone only and combined pills, copper IUD, progesterone injections and condoms) in all clinics, and the implant (implanon) is available in some clinics depending on the availability of trained staff. The Association offers family planning services at nominal prices for all clients and is provided with family planning methods by the Ministry of Health for free.

Service Providers: The Association is distinguished by the fact that all clinic staff and service providers are females. It currently offers services through 23 general practitioners in addition to nurses and social workers, including counseling. The Association also trains its staff and implements a supervisory visits system to guarantee quality.

UNRWA: The UNRWA clinics provide health services to about 1.1 million Palestinian refugees in Jordan, including about 340 thousand living in ten camps. Approximately 9.7 percent of users obtain modern family planning methods in Jordan through UNRWA service centers. UNRWA provides comprehensive primary health care that focuses on the health needs of the refugees starting pre-natal to geriatric phase.

Health Centers: Family planning services are provided through 24 primary health care centers distributed in Amman, Irbid, Zarqa, Balqa, Jerash and Aqaba. An UNRWA report in 2011 showed that it is facing several challenges, including limited financial and human resources, and increased demand for its services, which has led to clinic crowding. There are also insufficient resources to establish health facilities in some rural areas such as Madaba and Karak.

Family Planning Methods Available: There are four methods available (progesterone only and combined pills, copper IUD, progesterone injections and condoms) in all clinics, while implanon is not available at all. UNRWA obtains family planning methods from the Ministry of Health for free.

Service Providers: Services are provided by OB/GYN specialists, general practitioners and residents, in addition to nurses, registered midwives and health assistants. Despite the limited resources and capacities available, UNRWA is working hard to improve the quality of health services provided and to train service providers. UNRWA built the capacities of administrators, including physicians and nurses in the area of effective administration and leadership skills to reflect positively on the quality of services provided and the best use of resources.

B.2.2. Private Hospitals, Clinics and Pharmacies

The private sector plays an important role in providing health services. 60 percent of physicians, 93 percent of pharmacist and 40 percent of nurses are working in the private sector. The total number of private sector hospitals reaches 56 hospitals distributed all over the country, in addition to private sector physician clinics. The family planning services in the private sector are provided through general practitioner clinics, family physicians, OB/GYN, 24 hour medical centers, private hospitals and pharmacies. This covers approximately 34 percent of all family planning services available.

There are 650 thousand individuals covered by private health insurance in Jordan, and this constitutes about 10 percent of the population. However, family planning services are not covered by health insurance, with the exception of some institutions. The HPC conducted a study in 2011 to assess the feasibility [37] of including family planning services within health insurance plans and to identify the actual cost of the various methods, aiming to increase the umbrella of the services and achieve equity. This initiative is still in the development phase.

[37] Feasibility of Family Planning Services Inclusion within Public and Private Employers Health Insurance Plans.

Private Hospitals: Family planning services are provided in the private sector through 40 hospitals in Jordan with the exception of the Balqa, Ajloun, Tafileh, Maan and Mafraq governorates.

Service Providers: Family planning services at private sector hospitals are usually provided by OB/GYN specialists and general practitioners. Nursing sectors (registered nurses, registered midwives and associate and assistant nurses) participate in providing services, especially in the governorates of Amman, Irbid and Zarqa. Of general practitioners, 61 percent of physicians provide family planning services, including 66 percent male physicians. OB/GYN specialists constitute 26 percent of the physicians providing services, of them 64 percent are male. It appears that the ratio of male to female specialists is almost equal in the governorates of Amman, Zarqa and Jerash. The private sector hospitals in Madaba, Karak and Aqaba do not have female physicians to provide family planning services.

Private Clinics and Pharmacies: Family planning services and information are provided through 76 OB/GYN clinics, 128 general practitioners, 15 family medicine clinics and 39 medical centers working 24 hours a day, in addition to 1731 private pharmacies[38] distributed across the governorates. Pharmacists are an important and growing service delivery point in the family planning market and their current share of the market is around 15 percent.[39] The Private Sector Physicians Network is noteworthy initiatives established within the private sector with the help of donor agency. The private sector network is a group of physicians, mostly female general practitioners (180 male and female physicians) who are trained to provide high quality family planning services to women. Referrals are provided through the outreach program to this network as well as to public and NGO providers based on availability and access. They receive contraceptive methods for free from MOH to serve needy women.

Family Planning Methods Available: Most private clinics providing family planning services rely on prescriptions of modern family planning methods (contraceptive pills, IUDs and injections) with slight variances between the governorates. The implant is less common as it is not available in the private sector.

C. RH/FP Information System and Educational Materials

The availability information system and educational/awareness materials on RH/FP are main elements of FP program success.

C.1 RH/FP Information System in the Public Sector

The Ministry of Health has an information system on maternal and child health (MCHIS) that collects information on family planning services at the level of health centers, antenatal, post-partum and child care. These reports generated by this system helps assess the services provided, including the counseling service, and is available for everyone through the MOH website, and is currently being upgraded.

The MOH also has an information system on contraceptive supply that provides accurate information on the distribution of contraceptive methods for all sectors included in the supply system in Jordan. It is a rich source of information on the available method options, their uses,

[38] Study analyzing the status and availability of family planning services and RH/FP information in Jordan in 2011.

[39] The JPFHS 2012 preliminary report

and other important indicators. It can produce various reports and indicators on methods supplies to be used in planning and technical and administrative decision making. And is currently being upgraded to enhance user-friendliness and establish accessibility through the Ministry's website.

C.2 RH/FP Information system in the Private Sector

Although the study analyzing the status and availability of family planning services and RH/FP information in Jordan in 2011 showed the numbers and patterns of geographic distribution of service delivery points providing RH/FP services and information including private sector. However; there is no formal, regular process for reporting and exchange of information related to RH/FP in the private sector, which affects the availability of information needed to include the role of the private sector clearly in developing RH/FP plans and strategies in Jordan.

C.3 RH/FP Educational/Awareness Information

Decision to choose family planning methods are subject to the women's knowledge and experience with contraceptives. Tremendous efforts were exerted in the past years to spread information and knowledge on family planning methods through different channels to reach the targeted population, and assessments were completed to measure the responsiveness to the information provided.

The MOH has a significant role in raising awareness on FP in cooperation with the Higher Health Council. MOH participated in media campaigns such as Hayati Ahla (My Life is Better) campaign and in the development and implementation of the National Communication and Media Health Strategy.

The following are some contributions of various national and international entities in providing RH/FP information within the various themes:

C.3.1 Studies and research

- In 2012, the HPC launched an electronic population research database "PROMISE" aimed at providing a comprehensive reference for most studies and research on policies, programs and services related to population and development issues, including RH/FP, since 2000, to benefit experts, researchers, stakeholders, decision makers, program managers and research entities. The research database "PROMISE" is consistent with the role of the HPC, namely proposing population policies, advocacy and provision of correct, accurate evidence based information for decision makers to use in planning and developing programs related to population and development in Jordan.

C.3.2 Awareness Activities (campaigns, seminars, lectures and outreach)

-Two communication and media campaigns were organized between 2008–2012, "Hayati Ahla" and "Our Health…Our Responsibility". The first campaign was directed within the "Hayati Ahla" program in cooperation between the HPC, MOH and the Jordan Health Communication Partnership Program to target unmarried youth and focus on life planning and family planning as an integral part of life planning. This campaign began with limited television coverage and in eight months, initiated a study of the JHCP in 2008. However, only approximately 11 percent of married women remembered it, along with 7 percent of

married men. The youth, male and female – the main target of this campaign – had the highest remembrance rates, 14 percent and 19 percent consecutively. The campaign intensified after the study was completed and media broadcasts increased. An independent survey conducted for the people in Amman in Ramadan 2008 indicated that 61 percent recall the campaign "Hayati Ahla". A higher percentage of married women (36 percent) remembered the message that stated that modern family planning methods are effective and safe, more than they did the other messages. Over 44 percent of married men remembered the message on small families.

The national family planning campaign "Hayati Ahla" continued in 2009, airing four messages to promote the use of modern family planning methods. In 2010, a survey consisting of 7 questions on attitudes towards family planning, birth spacing, modern contraceptive methods and remembering campaigns of the JHCP Program in the media was designed. To implement this, a random sample of 1000 people from the age groups 18-59 was selected from the governorates of Amman, Zarqa and Irbid, and information was collected on their population and social characteristics. The results showed that about 48 percent of respondents agreed or strongly agreed with all seven questions on attitudes, and the degrees of agreement were significantly higher amongst women than amongst men, and amongst married individuals than amongst single individuals were responded. There was also a close relationship with the level of education, and there was no connection with housing locations and age.

Less than 10 percent of respondents expressed their disagreement or strong disagreement, were neutral, or did not know how they feel towards more than 3 of the sentences. In general, the analysis results indicated that 90 percent of the respondents agreed or strongly agreed with 4 or more of the 7 sentences that show their support for family planning and birth spacing. The sentences that most had unsure or reserved responses were those that related to modern family planning methods. However, 80 percent of the respondents agreed or strongly agreed that modern family planning methods are accepted by Islamic Sharia, and that they are best methods and most effective ones for family planning compared to natural traditional methods.

- The "Mid Term Review of the Jordan Health Communication Partnership Program in 2008" showed that 76 percent of married women 15 years old and above, and 76 percent of married men in the same age group, watch television on a daily basis. Also, 57 percent of the male youth within the age group 15-24 who have never been married and 65 percent of females who have never been married, in the same age group, watch television daily. The study also indicated that 15 percent, 41 percent, 45 percent and 46 percent of these groups respectively listen to the radio daily. Also, 10 percent, 21 percent, 16 percent and 15 percent of them respectively read newspapers daily[40].
- The Ministry of Awqaf and Islamic Affairs in collaboration with JHCP and HPC implemented awareness activities on family health, including seminars and lectures, which clarify misconceptions on RH/FP issues. A number of religious leaders and male and female preachers were trained on family health in Irbid and Zarqa which had an important effect on their information, attitudes and counseling roles on family planning. CDs of the DO film were produced along with information cards on the impact of the

[40] National Health Communication and Media Strategy 2011–2013.

population growth on development in Jordan, training manual for religious preachers on family health, booklet on proposed themes for Friday sermons and religious lessons related to family health, and a brochure on the fatwas of the Jordanian Ifta Department on family planning.

- The HPC, in cooperation with the Ministry of Education, trained supervisors and teachers on population and RH issues at the level of all Ministry of Education directorates. Religion, biology, social studies and health education high school teachers from the Ministry of Education were trained. 800 males and females teachers participated in the workshops from different governorates; participants were from the north, center and south of the Kingdom. The efforts are still ongoing to conduct training and upgrade curricula based on the latest demographic and family planning variables.

- Activities and workshops were organized for youth volunteers to enhance their knowledge on RH/FP programs and build their capacities to prepare and implement advocacy and support programs. Twelve groups of peer trainers were formed to promote healthy life styles among Jordanian youth and increase awareness on family planning issues of interest to youth in an non-traditional interactive way, as well as to urge the youth to participate in family planning programs on two levels: national and local, and mobilize support and advocate for increasing access to information, knowledge and services related to RH in the Mafraq, Karak and Balqa governorates. Youth groups were trained (peer training) on family planning and promotion for health life styles and behaviors. The peer groups also implemented various activities such as plays and awareness sessions for their youth peers.

- The initiative “Arab Women Speak Out’s” a major goal to enable women to identify their health needs and priorities, and take practical actions to address them. It was implemented in cooperation with a number of partners interested in health issues with a focus on RH/FP, which enables women.

- The community outreach program is conducted by a group of community health workers (CHW) to raise awareness and provide counseling to women of reproductive age group in all governorates. It is currently implemented in cooperation with the Circassians Charity Association and the General Union of Charity Associations and Ta'ziz project. Trained CHW visit women of reproductive age in all governorates and provide counseling and referrals to service providers. This is in addition to the free vouchers initiative distributed by CHW during home visits to women of the poor segment to obtain family planning services from the Private Sector Physicians Network free of charge while the Ministry of Health provides this network of physicians with free family planning methods and the donor agencies subsidize the medical fees. The program is intended to create some equity in access so that no one would be denied appropriate quality health care particularly in the private sector.

C.3.3 Educational Materials

- The 2011 study analyzing the status and availability of family planning and RH/FP health information in Jordan showed diversity in the availability of educational materials according to FP service delivery points. For example, there appeared to be abundance in educational materials on the advantages of family planning and how to deal with the side-effects and complications of family planning methods, installing and removing IUDs, in addition to planting and removing implants, tubal ligation and vasectomy in hospitals. As for the pharmacies, educational materials on inserting and removing IUDs and planting and removing implants surgical intervention as a means for family planning were less common. The educational materials varied between posters, flyers, brochures, booklets, manuals, protocols and educational curricula. It is noteworthy that there are local and international entities that produce the educational materials on RH/FP.

- The Civil Status and Passports Department (CSPD), in cooperation with the JHCP Program and the HPC implemented two initiatives (Mabrouk 1 and Mabrouk 2). The goal was to reach married couples at critical decision-making points including marriage and first birth. Booklets were provided to the CSPD annually for distribution to newlyweds and first-time parents encouraging them to increase births intervals use modern family planning methods, follow-up for post-natal, and child care. Eighty five percent of those who received both packages reported having read the booklets. Studies reveal that the readership of the Mabrouk packages is significantly associated with going to the health center for FP services among newlyweds and for postnatal care among first-time parents.

- The initiative “Consult and Choose”, implemented in cooperation with the Ministry of Health, the Jordan Health Communication Partnership Program, the Strengthening Health Outcome Project, the Jordanian Association for Family Planning and Women Empowerment Project in the south was aiming to unify family planning messages at the national level through materials that facilitate the process of counseling and providing information.

- It was previously mentioned that CDs on the Demographic Opportunity film were produced, along with information cards on the impact of the population growth on development in Jordan, the training guide for religious preachers on family health, booklet on proposed themes for Friday sermons and religious lessons related to family health, and a brochure on the fatwas of the Jordanian Ifta Department on the issue of family planning (3000 copies of this were made and it was uploaded to the website of the Jordanian Ifta Department).

D. Documentation of Information

According to the Study analyzing the status and availability of family planning services and RH/FP information in Jordan[41], in the most commonly used method for documentation of information of services provided within the pharmacies, hospitals, and clinic is the manual record. This was clear in the various governorates of the Kingdom. As for the health clinics, reports are the most common form of documentation, followed by databases. Records are almost never used, and the process of documentation is usually done manually. It is noteworthy that

[41] Study analyzing the status and availability of family planning services and RH/FP information in Jordan in 2011.

the percentage of documentation was the highest in the Maan and Aqaba Governorates[41].

E. RH/FP Services and Support by International Organizations

HPC's national partners and international donors support the FP program from various aspects through providing services, increasing demand, advocacy, providing information, and preparing studies.HPC National partners include the Ministry of Health, Royal Medical Services, Jordanian Association for Family Planning and Protection, UNRWA, Ministry of Awqaf and Islamic Affairs, Ministry of Education, Ministry of Higher Education and Scientific Research, Ministry of Interior, Ministry of Social Development, Ministry of Communications and Information Technology, Civil Status Department, Department of Statistics, Jordanian universities, research institutions, Higher Health Council (HHC), Higher Youth Council, Health Care Accreditation Council, Jordanian Medical Council, Jordanian National Forum for Women, civil society organizations, Noor Al Hussein Foundation / Family Health Care Institute, Queen Zein Al Sharaf Institution for development (ZEIND), Aman Association, Circassians Charity Association, General Union of Charity Associations, Pharmacists Association, Jordanian Society for Health Insurance, private health insurance companies, pharmaceutical companies, Food and Drug Administration, the Joint Procurement Department and other NGOs. The international donors are:

- **United States Agency for International Development (USAID)**
  USAID is one of the major players in RH/FP funding sources. USAID, whose programs facilitate the work of both the public and private sectors, remains the largest donor in the health sector in Jordan. There are four international donor organizations that contribute to the provision of these services and USAID coordinates with them to ensure complementarity of programs and to minimize duplication of effort.
  USAID health funded projects are:
  a. The Health Systems Strengthening (HSS) I & II Projects
  b. Private Sector Project (PSP) for Women's Health[42] and Strengthening Health Outcome through Private Sector Project (SHOPS)
  c. The Health Policy Initiative and the Health Policy Project (HPP)[43]
  d. Jordan Health Communication Partnership (JHCP) Program [44]
  e. The Jordan Health Accreditation Project (JHAP) [45]

a. Health Systems Strengthening (HSSI and HSSII)

The Health Systems Strengthening (HSS I) Project was a five-year (2005–2010) project. The project worked with the public sector mainly MOH and RMS on systems strengthening, capacity building, and quality improvement at the community, health directorate (hospitals and primary health care centers) and the MOH central level. At the national level, the project has assisted the MOH in developing its five-year strategic plan (2008–2012). The HSS project has also supported the MOH capacity building activities in reproductive health and family planning, safe motherhood and neonatal care, primary health care and community based interventions. HSS I efforts resulted in large numbers of MOH personnel receiving training in advanced methods of family planning, IUD insertion, infection prevention, as well as counseling and interpersonal communications. Through this project, supportive supervision is taking place in all 12 health directorates.

[42] This project ended in 2012
[43] HPP ends in September 2013
[44] This program ended in January 2013
[45] JHAP ended in March 2013

Supervisory manuals have been developed and a pocket guide for supervisors is routinely used to measure performance.

HSS I has assisted the MOH in developing and implementing a community mobilization model that is a set of integrated interventions to improve the quality of and expand access to primary health care services. The model helps empower communities to ensure that they become active consumers of health care and manage their own health and utilize the system effectively and responsibly through appropriate health-seeking behavior.

The Health System Strengthening (HSS) II 2009–2014 has a vision of "Better health for the Jordanian population through access to high quality health services and empowered communities participating in healthy lifestyles". HSS II came to raises the bar for improvements in access to and quality of RH/FP, safe motherhood and newborn care. The project includes substantial investments to improve hospital infrastructure for maternal and newborn care as well as emergency services in public hospitals around the country; ensuring increased access to FP information and services throughout the health system; and improving the quality of primary health care services, including family planning, through preparing health centers for accreditation by a national accrediting body. The main areas are: Knowledge Management, Quality of Primary Care, Safe Motherhood, Family Planning, Community Health, Improved human resource capacities and Renovation and equipping of maternal, newborn, emergency and training facilities.

b. Private Sector Project for Women's Health (PSP) and SHOPS (Ta'ziz)

The Private Sector Project for Women's Health was implemented through private health providers, the private-sector commercial sector, and NGOs to expand the role of the private sector to improve the health of Jordanian women and families, increase demand for modern contraception and related health services and improve the quality of private health care services.

In July 2010, USAID/Jordan commenced the Strengthening Family Planning Project, (Ta'ziz) a five year initiative. The objective of Ta'ziz is to a) build the capacity of JAFPP to deliver effective and sustainable family planning services; b) improve the quality of FP services provided at JAFPP and UNRWA; c) increase demand for and access to FP services in the private sector and NGOs; and d) expand method mix and product choice in the private/NGO sectors. In 2012, Ta'ziz activities expanded the RH/FP services in the private sector to increasing demand for and use of contraceptive methods.

c. The Health Policy Initiative (HPI) and the Health Policy Project (HPP)

The HPI was a five-year (2005–2010) initiative that assisted the Higher Population Council to build a supportive and enabling environment for promoting family planning and reproductive health and for incorporating population and demographic issues in development planning across the Kingdom. HPI assisted the HPC in the development of RHAP II and RAPID, an advocacy tool that is designed to project the social and economic consequences of high fertility and rapid population growth for different sectors, and policy briefs.

The Health Policy Project (HPP) (2010–2013) in Jordan has an overall aim to increase political commitment and resources for addressing population issues and providing high-quality RH/FP services in Jordan. HPP Jordan has the following major objectives:

- Strengthen policy environment and support policy analysis and implementation for RH/FP
- Strengthen advocacy capacity to increase commitment and leadership support for FP through awareness-raising and policy reform initiatives
- Support the Higher Population Council (HPC) and Ministry of Health (MOH) development and use of data and tools for advocacy and policy planning

HPP supported HPC to develop the National RH/FP Strategy 2013–2017 and built the capacity of HPC and partners in policy and advocacy.

d. Jordan Health Communication Partnership (JHCP) Program

The Jordan Health Communication Partnership has had an active role in Jordan since July 2004. Through its many interventions, the JHCP has reached an estimated 70 percent of the Jordanian population and helped bring about improved attitudes and healthy behaviors in Jordanian families. Its vision was to achieve a health-competent Jordan in which communication empowers individuals, families, communities, and institutions with the knowledge, skills, and resources needed to work together to improve and sustain health.

e. The Jordan Health Accreditation Project (JHAP)

JHAP (2007–March 2013) provided technical assistance to improve the quality and safety of health care services in hospitals and primary health care facilities. The project helped establishing and building the capacity of the Health Care Accreditation Council (HCAC) to develop health care standards, certify surveyors, monitor compliance with standards, and award accreditations. The project's purpose was to establish a strong system of quality assurance and accreditation to address changing health needs and to sustain health care improvements.

- **Japanese International Cooperation Agency (JICA)**

  Building on health projects since 1997, JICA's health program, Integrating Health and Empowerment of Women in the South Region, worked in the four southern governorates of Karak, Tafileh, Maan and Aqaba, with its main focus on family planning and reproductive health. JICA has worked in partnership with MOH at 73 villages in the most rural and sparsely populated parts of Jordan. Based upon the experience and expertise acquired through the JICA's health program, MOH currently works in Mafraq and Jerash in cooperation with JICA in order to assess the feasibility of the program in the northern and central parts of Jordan. There is good cooperation between JICA and USAID.

- **United Nations Population Fund (UNFPA)**

  UNFPA supported a five year program (2008–2012) which aimed at assisting Jordan to realize the MDGs. Its three main areas of focus are Population and Development, Reproductive Health and Rights, and Gender Equality. UNFPA provides technical and

financial support to the national government and to non-governmental organizations. In the area of population and development, the program objective is to build national capacity to formulate, coordinate, and monitor and strengthen gender-sensitive population-related strategies. Its principal partner is the Higher Population Council. Key programs are geared towards strengthening the M&E system, strengthening the organization's capacity to advocate for strong inter-sectoral population strategies to address rapid population growth and to develop the capacity to conduct high-level population-related advocacy at the national and sub-national level, supporting population-related research, and assisting in the preparation of reports that document Jordan's achievements relating to the MDGs. UNFPA also works with Jordan's Department of Statistics (DOS) to improve its capacity to disaggregate gender-sensitive data and information on women, children, youth, and other vulnerable groups; to build capacity to conduct analysis of the JPFHS and other surveys related to population and reproductive health; and to strengthen coordination between the Civil Status Passport Department and the Migration Department in the Public Security Department.

UNFPA's primary objective in the area of reproductive health is to increase awareness of, demand for, and access to high-quality RH services with a focus on post-natal care and family planning services. It also supports programs to ensure protection and prevention of Violence Against Women (VAW) as an important component of RH. Its primary implementing organizations are the MOH, Woman and Health Directorate, and the Queen Zein Al-Sharif Institute for Development.

In addition, WHO, UNICEF, UNRWA and previously IPPF contributed to the RH/FP program. UNRWA's role is explained in detail under the services' section.

3. Strength, Weaknesses, Opportunities and Risks/Treats (SWOT) Analysis

Based on the information collected and data analysis, this section refers to strengths, weaknesses, opportunities, and threats/risks (SWOT) related to the RH/FP status in Jordan. The analysis addressed in particular the policy environment, the availability and quality of services, information, service providers, and demand for family planning services. Table (1) summarizes the main features of the family planning program, which were identified through documents review and group discussions during workshops. It shows points of strengths that distinguish the program and are considered a major tool in achieving the results of the Strategy. Also, points of weakness were identified so as to be addressed and managed early on. In addition opportunities that are considered a driving force like availability of donors were highlighted, and risk and challenges facing the program, were identified, the effects of which should be reduced so as to be able to achieve the desired goals.

Findings from the SWOT

The analysis of the data collected can be described briefly as follows:

- **Policy Environment**

  Despite the political will that supports the presence of population policies and efforts to develop and adopt policies on RH/FP, the environment supporting policies and the mechanism of approving policies and implementing them have not met yet expectations. Besides, some major challenges continue to face the endorsement of certain policies, such as missed opportunities, sufficient funding, and simplifying procedures for the procurement of family planning methods.

- **Services and Information**

  There is still a gap in the availability, quality and systems of RH/FP services; there is lack of services and supplies in needy geographic areas, not all modern methods, in particular the effective long-term contraceptives, are available in all geographic area. Although the private sector provides 56 percent of family planning services, there is still room for greater participation and expansion of services and method choices to occupy niches where public services are not adequately available. The lack of financial resources is a barrier to the expansion of these services and the provision of modern methods. Moreover, there is lack of human resources and need for further cooperation and coordination and collective planning among service providers and linking the services to a national information system.

  Although Jordan has taken significant strides in supporting the capacities of the health sector to improve access to high quality health services, it still faces many challenges affecting the health system in the public and private sectors, including the increased cost of healthcare and the rising financial burden on the poor relative to their income levels. The increased burden of chronic illnesses, health risks, and lack of initial governmental focus on primary healthcare as a result of weak funding for public sector healthcare and forced migration in Jordan constitute additional hurdles for the Jordanian health system.

- **Demand for Family Planning Services:**
  The results of studies and surveys showed that there are cultural and social barriers affecting the use of RH/FP services. The JPFHS 2009 showed that no less than 58 percent of women do not currently use family planning methods but intend to use them in the future, and that a total of 38 percent of nonusers do not plan to use these methods in the future. Despite the fact that that the level of knowledge about family planning methods and their advantages among women in Jordan is high, the rate of using these methods is apparently influenced by cultural beliefs of women, the community and the service providers. This is confirmed by the fact that the ideal number of children for a Jordanian family has not declined despite the increased level of education. Moreover, over 48 percent of respondents using family planning methods discontinue using the method in the first year, many of whom fear of potential side effects.

  There is clear disparity between regions and cities in terms of unmet need and variation in the rate of using family planning methods, and all is linked to the level of wealth index

Table (1) shows strengths, weaknesses, opportunities and threats/risks related to family planning program.

Table (1): Strengths, Weaknesses, Opportunities and Risks Related to Jordan's RH/FP Program

Strengths	Weaknesses
Policy environment: • Formulation of a National Population Policy since 1973 • National commitment to providing family planning services and methods • Agreement among relevant government institutions on national FP goals • Existence of legislation/regulations supportive of RH/FP • Existence of national strategic plans for RH/FP • Availability of evidence and tools for the development of national RH/FP policies • Availability of MCHIS and logistic information system at MOH	**Policy environment:** • National commitment to FP issues has not been reflected in the financial allocations for RH/FP programs • The lack of sustainability for FP initiatives supported by donors • Inadequate awareness about the impact of the increase in TFR rates on socio-economic and natural resources, and the importance of commitment to the target and results of Demographic Opportunity and its relation to the national development objectives • Weak mechanisms for monitoring and evaluation • Having separate strategic plans for each organization which causes some overlap • The absence of mechanisms for knowledge management and dissemination of data.
Services, Service Providers, and Beneficiaries • Distribution of comprehensive health care centers, maternal and child health care centers as well as clinics in hospitals that provide FP services in most areas of the Kingdom • The private health sector still plays a major role in the delivery of RH/FP services (the share of the pharmacies and UNRWA in providing FP services has increased) • Availability of trained service providers • Diversity of family planning methods available for users • Raising awareness about family planning	**Services, Service Providers, and Beneficiaries** • Variation in supply and services provided in geographical regions and lack of services in the neediest geographical areas. • Service providers' bias toward certain FP methods • Lack of female service providers and shortage of well-trained health personnel • Lack of sufficient efforts to attract cases to the use of family planning methods (missed opportunities) and poor counseling • Poor supportive supervision system and the monitoring and evaluation system

Table (1): Strengths, Weaknesses, Opportunities and Risks Related to Jordan's RH/FP Program

Strengths	Weaknesses
• Positive change in the reproductive behavior and attitudes toward family planning • Increased demand for family planning service	• Limited choices of family planning methods, especially long-term ones • Increased rate of using traditional methods and the percentage of unmet needs • Decrease of using some modern methods such as pills and IUD • Lack of sufficient data on the role of the private sector • Lack of standardization of RH/FP terminology and some of indicators • Having social beliefs that hinder the provision of services except by females • Misconceptions about the side effects of modern family planning methods • Increase in the number of children desired
Opportunities	**Threats/Challenges**
• Supportive political will and support of religious leaders • Presence of supportive entity (HPC) that seeks policy change	• Population growth that adds a significant strain on resources and services in addition to forced migration • Lack of adequate funding to sustain programs and secure contraceptives • Political stability • Policy formulation mechanism • Increase in the number of women of childbearing age

Summary of the Situation Analysis (Challenges)

This part includes the identification of priorities and the most important challenges that should be addressed in the National Strategy for RH/FP for the years 2013–2017. As per the analysis of weaknesses in the SWOT analysis, several challenges should be faced and dealt with to achieve the desired objectives. The most important challenges identified in the analysis were the basis of the mean features and logic framework of the National RH/FP Strategy for 2013–2017.

First Challenge: Weak Policy Environment and Lack of Necessary Support

Some of the most important issues identified in Table (1) were the fact that national commitment to family planning issues was not reflected by the financial allocations for RH/FP initiatives, lack of commitment to the goals and results of the Demographic Opportunity, and the lack of sustainability for family planning initiatives supported by donors. Enabling the policy environment is considered an important element for the success of initiatives and interventions.

Despite efforts to develop and adopt RH/FP policies, the support for policies, the mechanism of approving and implementing these policies still face challenges. Document reviews have shown that some of the ministries and national institutions did not give priority to existing RH/FP program policies and interventions; nor did they make adequate financial allocations for the implementation of these policies.

As indicated in the reports of the M&E of RHAP II for the years 2008–2012, issued by the HPC in 2012, there is improvement in the policy environment supporting RH/FP, and there is an increase in the level of support for RH/FP issues. However, some outputs remain unmet. As for the level at which decisions support policy change, such decisions have not yet approved some of the more important policies, and no further action has been taken on other planned policies, such as missed opportunities, adequate funding, and simplification of procedures for the procurement of family planning methods.

Jordan receives external support from international bodies to finance RH/FP activities, both for government and private sectors. So it is necessary to focus on planning at the national level for optimal use of the support and on national institutionalization of successful initiatives. And yet, crucial measures were not taken to sustain FP initiatives supported by donors. There are also clear financial challenges to sustaining provision of contraceptives to the public sector and NGOs by the Ministry of Health due to the rising costs and demand.

Thus, enabling policy environment and advocacy, and building foundations for financial support remain as major issues that need to be addressed in the current Strategy due their importance in effecting change and ensuring implementation of RH/FP strategic interventions to achieve the national goals. Financial support, sustainability of successful initiatives and the procurement of family planning methods are important challenging issues. During the development of the strategy, partners have agreed that the lack of financial resources is a common challenge that should be addressed under each result and not separately, and that raising financial allocations is linked to policies and legislation.

Second Challenge: Availability and Quality of RH/FP Services and Information

The analysis of weaknesses in Table (1) shows that despite the outstanding efforts to provide family planning services to all areas, there are still many weaknesses that have been identified. Some of these weaknesses include lack of services in the neediest geographical areas, service providers, bias, insufficient number of female service providers, trained health staff, and missed opportunities. There is also weakness of cadres in counseling and variation in supply and services between geographic areas. Despite the high CPR, the use of traditional methods and the level of unmet needs remain high. Even of the available family planning methods, the choices of modern methods remain limited, especially long-term ones.

Supportive supervision systems and monitoring and evaluation system remain poor, not to mention the lack of data on the role of the private health sector, the lack of standardized RH/FP terminology and indicators, all of which constitute barriers to achieving the desired goals, which would be addressed in the current Strategy.

The results of the 2009 Population and Family Health Survey showed that family planning indicators, the total fertility rates, and modern CPR remained stable.

The challenges that continue to face the RH/FP program:

- The CPR of modern and effective methods remain unchanged, with the increasing rate of less effective, traditional methods usage, which makes the failure of these methods more likely
- Indicators showed that family planning discontinuation rates remained high
- Variation was clear among regions and cities in relation to the indicator of unmet needs for family planning methods, both for birth spacing or limiting childbearing.
- Variation in CPR of FP methods depends on the level of welfare, as wealthier women use family planning methods more often than poor women.

Reports of the RHAP 2008–2012 M&E plan showed that there is poor counseling to reduce the rates of discontinuation of contraceptives and that there is a need to raise awareness and positively change the attitudes and practices of family planning service providers.

Therefore, improving access to high quality services and information with equity to all geographical locations and poor areas and providing all choices of contraceptives, especially modern, effective and long-term ones, are some key issues that need to be addressed and handled.

Although the private sector's market share of modern contraceptive provision is 56 percent in 2012 through its different institutions (35 percent by private clinics and hospitals and pharmacies, 11 percent by Jordan Association for Family Planning and Protection, and 10 percent by UNRWA), this share has decreased from 66 percent in the 2002 survey to 58 percent in 2007. Despite the challenges faced by the JAFPP and UNRWA, the two contributes 11 percent and 10 percent of family planning users respectively, and there is a need to strengthen their role and for further cooperation to expand their services to reach areas where no public services are adequately provided. The expansion may also extend to private health insurance to include family planning methods in their coverage plans.

In this regard, HPC conducted a pilot study in the areas of Mafraq and Ain Al Basha to provide the service of inserting intrauterine devices (IUD) by private sector physicians in 2009/2010. The study aimed to test the feasibility and effectiveness of the services, particularly the insertion of intrauterine devices and some reproductive health services, being provided by private sector physicians for women who refuse to receive this service by male physicians from the Ministry of Health. The study's recommendations stressed the importance of the MOH contracting with the private sector and the institutionalization of this experience.

The contribution of RMS and university-affiliated hospitals is also low compared to their capacities. Other key issues that need to be addressed are cooperation and coordination among all sectors to have more choices of modern methods, and being accessible in the neediest areas.

Third Challenge: Poor Community Culture, Awareness and Attitudes about RH/FP

The results of the analysis of weaknesses outlined in the Table (1) indicated that despite the high education rates among Jordanians in all age groups, particularly among children and young people, and the spread of all means of communication and media and the availability of accurate information about the use of FP methods at the national level – urban, rural and provincial levels – widespread social concepts still hinder the use of family planning methods. Some of these concepts are linked to the condition of delivering services by females only, and misconception about the side effects of modern methods. In addition, the number of children desired remains high.

Although the level of knowledge about family planning methods and their benefits for women in Jordan is high and reaches to 99.9 percent, as shown in the results of 2009 Population and Family Health Survey, the rate of using these methods continues to be influenced by cultural beliefs on women, society, and service providers.

The other indicator that reflects social beliefs and affects the use of contraceptives is that women generally prefer to visit female doctors for family planning services, particularly IUD insertion. Despite the shortage in the number of female doctors to meet the needs of beneficiaries, midwives are now approved for training, thus allowing them to insert IUDs under the supervision of trained physicians at the Ministry of Health in order to meet the growing demand for the use of IUDs.

Although the M&E reports of RHAP for 2012 showed successes in raising awareness about RH/FP, however not all successful initiatives were institutionalized.

Most important issues to focus on:

When setting the Strategy, the working team prioritized issues and challenges in the family planning program, taking into account: 1) the policy issues, namely the environment of the implementation of interventions, 2) the availability and quality of services and information, 3) negative community beliefs and attitudes toward family planning, and 4) the demographic changes experienced by Jordan in the present and the future.

Cross-cutting Issues

The following issues are of strategic significance and are an integral part of the desired results:

1. Youth: Young people account for a high proportion of the Jordanian population and are the center of the developmental process. The engagement of young people in population issues and their impact on development through the formation of positive beliefs and concepts on reproductive behavior will positively affect the achievement of the desired goals. Accordingly, the Strategy considers youths as key players in awareness, services and policies.

2. Gender: The Strategy addresses fairly the needs of beneficiaries, both men and women, and considers men as active partners in making the decision on provision of RH/FP services and deciding of the ideal family size.

3. Monitoring and Evaluation: the success of the Strategy in achieving its objectives can be only materialized by an effective M&E system that applies to all strategic steps and includes all level and partners.

VI. The National RH/FP Strategy Logic Framework, Results, Outputs and Interventions

The Strategy is illustrated through a logic framework that incorporates the priorities in the family planning program. The logic framework takes into consideration issues and challenges, the policy environment surrounding the implementation of the interventions, the availability and quality of information and services, and the beliefs and behaviors of the community towards family planning. The strategic plan is set within the context of the demographic dynamics that Jordan faces.

The National Strategy provides a logic framework to improve the RH/FP environment (policies/services/information) in Jordan. The logic framework of the Strategy aims to achieve a RH/FP enabling environment that supports the Demographic Opportunity and contributes to citizens' welfare.

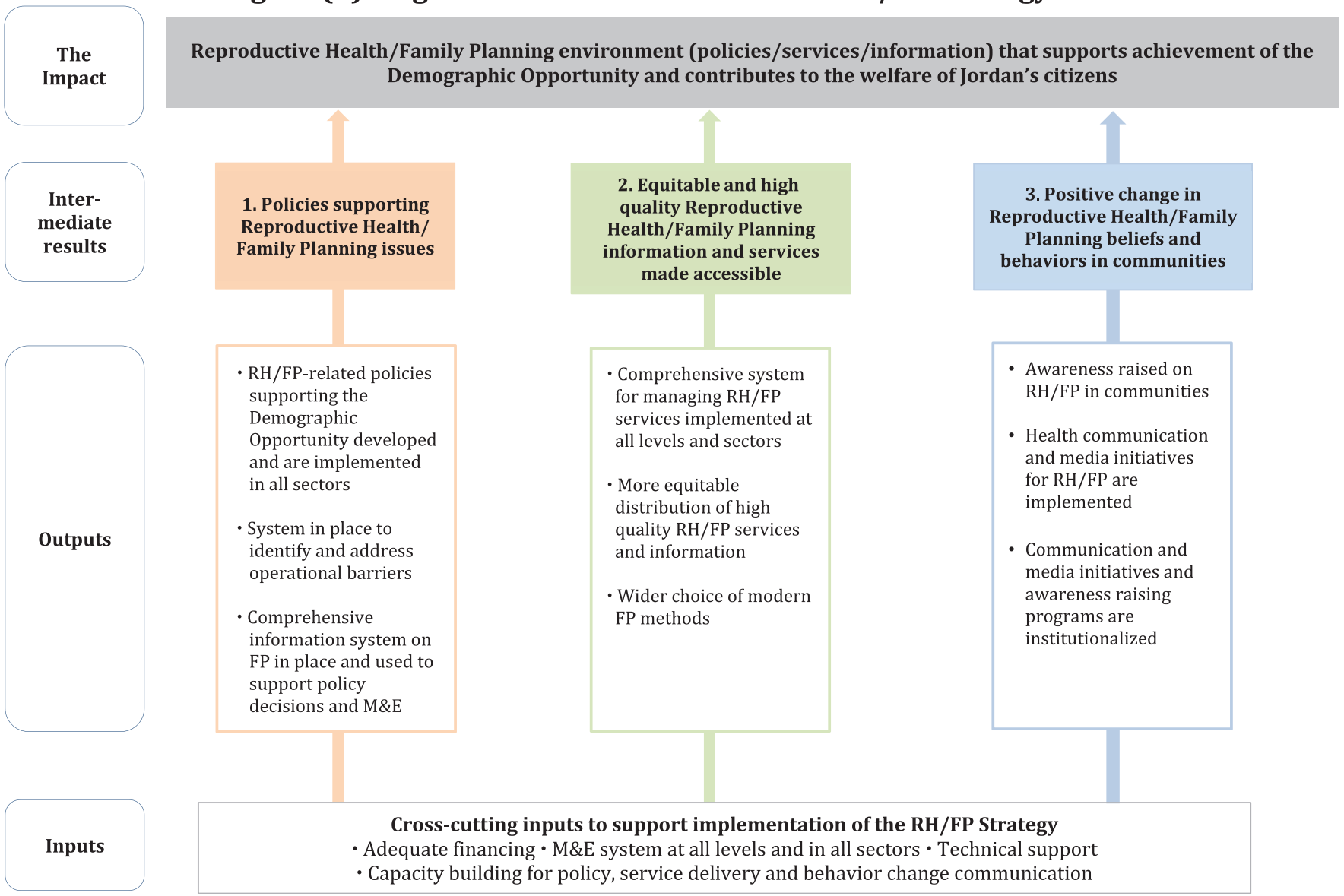
It also includes the main inputs to be achieved at the national level, and the national outputs expected to be achieved through national interventions by national stakeholders for each result. The general framework of the Strategy (Figure 1) shows that the desired long-term result can be reached through the achievement of three main intermediate results:

1 **Policies supporting RH/FP issues**

2 **Equitable and high quality RH/FP information and services made accessible**

3 **Positive change in RH/FP beliefs and behaviors in the communities**

Figure (1): Logic Framework of the National RH/FP Strategy 2013–2017



The logic framework includes outputs for each intermediate result. Each intermediate result is accompanied by indicators to measure achievement of the results and outputs that can be tracked through monitoring and evaluating system.

Building on the lessons learned and the experience under the 2008–2012 National Reproductive Health Plan (RHAP), this Strategy includes results, outputs, interventions and indicators that the partners seek to achieve in the next five years (2013–2017).

1. Results, Outputs and Interventions

Intermediate Result 1: Policies supporting RH/FP issues

This result aims to improve the RH/FP policy environment and leadership's commitment to provide resources and approve policies that will contribute to achieving the Strategy goals. This result addresses policies and interventions supportive of RH/FP issues that will help overcome barriers and thus contribute to enabling the policy environment.

Outputs (Intermediate Result 1)

1. RH/FP-related policies supporting the Demographic Opportunity developed and are implemented in all sectors
2. System in place to identify and address operational barriers
3. Comprehensive information system on FP in place and used to support policy decisions and M&E

Indicators (Intermediate Result 1)

The achievement of the intermediate result and the related outputs are measured by the following indicators:

Indicators for Intermediate Result 1 :

1. Number of policies supporting RH/FP issues adopted

Indicators for the outputs:

1. RH/FP policies adopted and/or implemented at the national level
2. Number of operational policy barriers identified and addressed
3. Number of advocacy tools developed
4. Number of decisions made based on reports issued from the developed information system
5. Number of national studies and surveys implemented in the area of population and RH/FP that enable the policy environment

Interventions (Intermediate Result 1)

The partners agreed on a number of interventions required to achieve the required outputs related to the first intermediate result:

- Design and implement advocacy initiatives at the national level to support the proposed RH/FP and Demographic Opportunity policies with an M&E plan
- Integrate the interventions of the RH/FP Strategy and Demograpgic Opportunity in the plans, programs and budgets of various stakeholder institutions
- Strengthen the capacities of the HPC and national stakeholders in the area of:

- Advocacy; to be able to advocate for decision makers and civil society leaders, media professionals and religious leaders to change RH/FP policies in accordance with Demographic Opportunity. In addition to developing and upgrading advocacy tools based on the results of latest studies and research
- RH/FP policies analysis
- Identification of problems/barriers and prioritization based on program evidence and information available from existing surveys and studies
- Monitoring and Evaluation
- Information technology, and use of information systems to prepare periodic administrative and M&E reports

- Design and implement policies supportive of RH/FP
- Design and implement a process to identify and address barriers to implementing a new or existing policy and to identify the need for a new policy
- Support multisectoral collaboration
- Upgrade and activate a comprehensive system for RH/FP information that includes information on services, geographic maps, contraceptives logistics and training data
- Design and implement studies in the area of population and RH/FP that will improve the policy environment
- Unify and upgrade RH/FP standards, terminology and indicators at a national level for services, information and statistics
- Use information systems data and outputs to prepare the annual plans for relevant national institutions and to conduct studies to measure the impact of RH/FP interventions and initiatives (e.g. study of missed opportunities)

Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible

This result aims to equitably distribute high quality RH/FP information and services that guarantee economic, social and geographic equity, as well as the establishment of a comprehensive system for managing the RH/FP program that is implemented at all levels.

Outputs (Intermediate Result 2)

1. Comprehensive system for managing RH/FP services implemented at all levels
2. More equitable distribution of high quality RH/FP information and services
3. Wider choice of modern Family Planning methods

Indicators (Intermediate Result 2)

The achievement of the second result and related outputs is measured by the following indicators:

Indicators for intermediate Result 2:

1. National contraceptive prevalence rate (CPR) for modern methods
2. CPR for modern methods in the governorates
3. CPR for modern contraceptives of the lowest welfare groups
4. Percentage of increase in couples years of protection (CYP) segregated by provider

5. Discontinuation rate of family planning methods in the first year of use
6. Percentage of unmet need according to geographic areas and economic prosperity groups
7. Percentage of centers providing RH/FP services that provide four modern family methods (one of them is IUD or implant)

Indicators for the outputs:

1. Percentage of service providing centers whose stocks of family planning methods have run out
2. Number of subsidiary health centers that introduced family planning services
3. Number of a new Health centers/clinics providing RH/FP services by Non-Government Organization (NGO) or private sector
4. Percentage of service providing centers with a team consisting of, at least, a physician and midwife/nurse to provide services
5. Percentage of health directorates implementing an effective supervision system for maternal and child health care services
6. Number of health centers that achieved primary health care/family planning accreditation standards
7. Number of hospitals providing post-natal and post-abortion family planning services for women
8. Number of new acceptors of modern family planning method
9. Percentage of post-partum women receiving family planning counseling before discharge from a hospital
10. Percentage of post-partum women receiving family planning method before discharge from the hospital
11. Percentage of post-abortion women who received FP counseling before discharge from hospital
12. Percentage of post-abortion women who received FP service before discharge from hospital
13. Accumulative number of service providers trained on topics related to RH/FP segregated by training topic and trained group
14. Level of client satisfaction with the services provided for RH/FP
15. Number of choices of family planning methods available in Jordan

Interventions (Intermediate Result 2)

Partners agreed on a number of interventions required to achieve the required outputs related to Intermediate Result 2:

- Development and implementation of:
  - Human Resource (HR) System/principles focusing on appropriate recruitment and distribution of staff, performance assessment and incentives to maintain distinguished capacities, especially in subsidiary areas
  - Quality Control and Supportive Supervision System to assess and follow-up RH/FP services and procedures in the public and private sectors
  - Financial system supporting family planning information and services with an upgrade of the procurement and provision system (logistic) for family planning methods
- Update and maintain the content of training programs for family planning service providers

based on scientific evidence, and unify the terminology and concepts for RH/FP used in service delivery points
- Expand services to areas where family planning services are not available
- Provide necessary requirement for providing RH/FP services, including equipment, methods, infrastructure, and qualified and sufficient trained medical staff in the areas most in need at the primary health care level and at the hospitals level
- Strengthen the capacities of service providers in counseling and service provision to reduce unmet need and missed opportunities, and integrate family planning within the primary health care/ maternal and child health packages, as well as integrating RH/FP counseling and services in hospitals for post-natal and post- abortion women before discharge from hospital
- Implement protocols and quality standards of family planning services based on scientific evidence
- Increase choices of modren family planning methods by adding new family methods to the available mix of methods.

Intermediate Result 3: Positive change in Reproductive Health / Family Planning and behaviors in community

This result aims to address the social culture and awareness on RH/FP and population issues to change individual attitudes toward positive attitudes and adopt initiatives that enhance positive behavior in this regard.

Outputs (Intermediate Result 3)

1. Awareness raised on RH/FP in communities
2. Health communication and media initiatives for RH/FP are implemented
3. Communication and media initiatives and awareness raising programs are institutionalized

Indicators (Intermediate Result 3)

The achievement of Intermediate result 3 is measured by the following indicators:

Indicators for Intermediate result 3:

1. Desired total fertility rate
2. Number of new acceptors of modern family planning method
3. Percentage of increase in CYP
4. Median birth spacing intervals

Indicators for the outputs:

1. Percentage of improvement in the attitudes of the target audience towards RH/FP
2. Number of effective community committees focusing on raising awareness on RH/FP
3. Number of institutions implementing awareness programs in the area of family planning
4. Number of programs/awareness campaigns implemented at the national level

Interventions (Intermediate Result 3)

The partners agreed on a number of interventions required to achieve the required outputs related to Intermediate result 4:

- Support the convention of partnerships with national institutions to increase demand for RH/ FP services

- Strengthen the capacities of health communication and media providers
- Develop and implement awareness programs and campaigns in cooperation with relevant national partners and institutions to change community concepts on family planning, which support men's participation and reach schools, universities, mosques, churches, youth communities and local community leaders
- Interventions with decision makers to advocate for the implementation of communication and media initiatives
- Integrate communication and media activities on RH/FP issues in the annual plans of the partners
- Implement awareness and communication initiatives and provide human and financial resources
- Institutionalize successful awareness and communication initiatives

2. Cross Cutting Inputs to support implementation of the RH/FP Strategy

- Adequate financing
- Monitoring and Evaluation system at all levels and in all sectors
- Technical support
- Capacity building for policy, service delivery and behavior change communication

VII. Institutional Arrangements for Implementation

Implementation of the RH/FP National Strategy for 2013–2017 will require cooperation, partnership, harmony, and coordination among all partners from different sectors implementing the outputs of the Strategy. In addition allocation of fund for the implementation of activities in the Strategy is one of the main pillars of the implementation of the strategy.

The public and private sectors, donors and relevant civil society organizations should all play the role assigned to them in this Strategy to optimize resources and achieve the desired goals. In order to achieve the goals of the Strategy it is important that all parties in different sectors commit to their roles at all levels whether they are directly implementing activities, coordinating or supporting.

1. Implementing Entities:

Coordinating Entity: This Strategy will be implemented by a range of implementing and supporting entities, under the coordination of the Higher Population Council.

Implementing Entities: Ministry of Health, Royal Medical Services, Jordanian Association for Family Planning and Protection, UNRWA, Higher Population Council, Ministry of Awqaf and Islamic Affairs, Ministry of Education, Ministry of Higher Education and Scientific Research, Ministry of Interior, Ministry of Social Development, Ministry of Communications and Information Technology, Civil Status Department, Department of Statistics, Jordanian Universities, research institutions, Higher Health Council, Higher Youth Council, Health Care Accreditation Council, Jordanian Medical Council, Jordanian National Forum for Women, civil society organizations, Noor Al Hussein Foundation / Family Health Care Institute, Queen Zein Al Sharaf Institution for development (ZEIND), Circassians Charity Association, General Union of Charity Associations, Pharmacists Association, Jordanian Society for Health Insurance, private health insurance companies, pharmaceutical companies, Food and Drug Administration, the Joint Procurement Department and other NGOs.

Supporting entities: Ministry of Planning and International Cooperation, USAID, UNFPA, UNICEF and WHO. USAID is represented by the Health Systems Strengthening II Project, Strengthening Health Outcomes through Private Sector (Ta'ziz), and the Health Policy Project.

2. Roles and Responsibilities

The HPC has adopted the principle of partnership in the Strategy development to strengthen the commitment of various parties in the implementation and monitoring because this Strategy is built on national needs, which makes achieving outputs a common responsibility for all parties.

In the light of the 2002 Council of Ministers Resolution No. 3071, the HPC is responsible for enhancing the participation of government, civil, and voluntary bodies in the planning, management and implementation of population programs. It is also required that HPC strengthens cooperation and coordination with regional and international bodies interested in population issues, directing its efforts toward the implementation of policies efficiently and effectively, as well as to coordinating activities and information on population. Therefore, the HPC is considered the main entity concerned with issues of population and is responsible for dealing with the challenges facing the implementation of the National

Population Strategy, in addition to providing an enabling environmental for policies and advocacy, and monitor and evaluate, in partnership with the relevant bodies, the implementation of the NPS. The 2009 Council of Ministers Resolution No. 21068 approved the "Demographic Opportunity Policy Document" and instructed ministries, institutions, and relevant government departments to work on the implementation of policies of the document through the plans and programs of their ministries, institutions and departments and to develop indicators to ensure the implementation of these policies.

The following is a summary of the role of HPC and partners in the RH/FP National Strategy for the years 2013–2017:

Higher Population Council

The role of the HPC as the coordinator of the Strategy can be summarized as follows:

- Develop the annual action plan of activities and assist relevant entities in the development of key features and the general framework of their annual plans of activities to be implemented to serve the purpose of the Strategy
- Advocate for decision-makers to adopt/change proposed policies
- Multisectoral coordination among partners to achieve results
- M&E to ensure the commitment of all partners to their roles and responsibilities toward the Strategy and review of the Strategy
- Support national commitment to the implementation of the strategy and action plan
- Help other entities to identify needs and provide the necessary resources for the implementation of the Strategy interventions
- Work with partners to provide data and information and carry out research and studies on RH and FP in particular to identify national priorities and emerging variables related to RH/FP
- Provide partners and relevant bodies with the latest data on population and demography and information that might affect their assessment of health needs and ensure the availability of FP methods and equitable distribution of these methods across governorates
- Continue to monitor and follow up on the demographic changes and national indicators for FP through the monitoring and evaluation system
- Work with partners to institutionalize awareness and communication initiatives related to RH/FP

Ministry of Health

- Develop, update and implement policies, protocols and standards for the provision of FP services and ensure the commitment of service providers to the application of these policies
- Ensure the provision of well-trained and qualified human resources to perform RH/FP services at all level develop and implement training programs for service providers and provide the necessary financial resources
- Expand the services and provide quality services in accordance with the set standards
- Coordinate with the health sector donors to increase financial allocations for RH/FP programs and utilize existing resources in the best possible way
- Cooperate with the HPC in writing reports on M&E of the Strategy
- Review the logistic system periodically and provide methods and supplies necessary for the provision of RH/FP services

- Provide the data necessary for RH/FP and circulate it to the concerned parties
- Secure modern contraceptives

Royal Medical Services

- Provide well-trained and qualified human resources to perform RH/FP services
- Expand the services and provide quality services in accordance with the set standards
- Cooperate with the HPC in writing reports and on M&E of the Strategy
- Provide the data necessary for RH/FP and circulate it to the concerned parties

Other ministries and government bodies

All ministries and relevant government bodies, including the Ministries of Planning, Social development, Labor, Higher Education and Scientific Research, Awqaf and Islamic Affairs, as well as the Higher Health Council, Higher Youth Council, Department of Civil Status, Jordanian National Forum for Women, the Queen Zein Al Sharaf Institute , must seek to institutionalize successful initiatives and include the national strategic interventions of RH/FP 2013–2017 in their annual plans, allocate funds for their implementation, and issue the necessary periodic reports to monitor the implementation in coordination with the HPC who will offer support, including information, in implementation.

Universities and Research Institutions

Universities are the bodies that provide qualified graduate health providers, which in turn offer FP services at all levels. Therefore, universities should cooperate with the Medical Council, the Higher Health Council, the Jordanian Nursing Council and the educational hospitals in developing future educational frameworks to effect change in attitudes and concepts of FP among RH/FP health service providers.

It is noteworthy that research institutions play a vital role in providing information and results of scientific research, as well as providing service providers with best practices based on the evidence. These include the Department of Statistics, universities and other research institutions. The FP research database, PROMISE, at the HPC constitutes an important reference for researchers and research institutions alike.

Private Sector

- Formulate, fund, and implement interventions and actions related to this sector for the purpose of the Strategy
- Work with the public sector and national institutions to determine the needs of the community for RH/FP services through participation in research studies and collecting necessary data
- Design and implement initiatives to deal with RH/FP issues that cover the community needs to ensure their empowerment and awareness of available services
- Engage private sector providers in meetings and educational and training courses on the provision of high quality FP services
- Expand the services and provide quality services in accordance with the set standards
- Contribute to the development and production of IEC materials on RH/FP and using these materials in awareness campaigns
- Submit periodic reports and contribute M&E FP indicators referred to in the Strategy
- Provide necessary allocations for implementing interventions by the sector

Media

The media in its various channels, audio, visual, read and electronic, is expected to play a major role in contributing to advocacy and social awareness on RH/FP issues and to the execution of communication and health media activities, aimed at:

1. Creating awareness in the community on RH/FP issues
2. Disseminate accurate information and data to various sectors of community
3. Include media messages on RH/FP in all media outlets

3. Mechanisms of Implementation and Partnership Support

- HPC chairs a RH/FP Steering Committee of decision makers representing all partners
- HPC coordinates with M&E liaison officers from different institutions, who is considered a link between his/her institution and HPC
- HPC organizes intensive meetings with the partners to outline the necessary roles and steps for implementing the Strategy and guaranteeing commitment
- Multiple meetings to be organized at the governorates level for the various public and private sectors as well as other development sectors to introduce the Strategy as a national document
- Information gathered from the various sources on a periodic basis, after which it is classified and analyzed to be used in drafting recommendations to improve future performance.

VIII. Monitoring and Evaluation

The success of any strategy depends on regular monitoring of indicators to measure progress in the implementation of the interventions and achieving the targeted results. The HPC shall assume responsibility for the monitoring and evaluation and execution of this Strategy. As part of the HPC's adoption of the modern principles in management, such as management by results, project and program management, and performance assessment, the HPC in 2009 developed a system and guide for monitoring and evaluation in cooperation with public, civil and private institutions that are partners in the implementation of national plans.

The success of monitoring and evaluation necessitates:

1. Creating an appropriate mechanism for monitoring and evaluation
2. Monitoring and evaluating the execution of plan results and outputs
3. Drafting periodic reports and following-up amendments

These steps will constitute the basis for monitoring and evaluating the National RH/FP Strategy for 2013–2017. The success of this Strategy in achieving the purpose for which it was developed depends on the regular monitoring of indicators of the outputs, to measure the progress achieved in the implementation of the intervention and the results set.

1. Monitoring System through annual plans

1) Identify key interventions that will be implemented during each year by the partners and the distribution of interventions by milestones within quarterly time frame
2) Identify obstacles facing the implementation of interventions, through gathering a form designed to identify obstacles facing implementation of activities and the proposed solution for addressing them. This form shall be collected quarterly (Annex 7)
3) HPC, in turn, as a coordinator, shall hold bilateral meetings/group meetings with elevant bodies to develop a plan to deal with the obstacles that have been identified and work to overcome them
4) The participating stakeholders will review the available indicators regularly, provide monitoring and evaluation reports semi-annually to be discussed at the meetings with HPC in the presence of the members of the Steering Committee and liaisons member using the form in Annex (8)
5) HPC will gather information from different sources on a regular basis, compile and analyze the data to be used in improving future performance

Follow-up on results and output indicators:

1) Performance monitoring on an ongoing basis through the annual plans for all partners at all levels to collect information about interventions and indicators to verify their successful implementation, the national strategy for Reproductive Health/Family Planning for the years 2013-2017 includes 36 indicators to measure outputs, intermediate and long term results
2) Information is collected on these indicators in accordance with the time frame as described in detail in Annex (4). The Reference Card for each indicator describes the name, definition, the unit of measurement, the type of indicator if quantitative or qualitative, source of information, frequency of measurement, the current value and the target value
3) Current values of indicators are compared to targets to assess the extent of change in the indicator

2. Evaluating Strategic Results and Outputs Implementation

a. Annual review of Periodic report

b. The Strategy is evaluated and amended if necessary, through:

1. Annual review of performance indicators/outputs: This is done with all partners in all sectors.
2. Mid-term review of the Strategy: The Strategy is evaluated halfway through the Strategy's life (2013–2017) in 2015, the results and recommendations will be used to amend interventions and revisit the Strategy if needed.
3. Final evaluation: Measures the achievement of the impact targeted. It is proposed that this takes place in mid-2017 before starting preparations for the following strategy, in order to include the lessons learned

References

- Jordan Population and Family Health Survey, 2002,2007,2009 and 2012 DOS
- The Demographic Opportunity in Jordan – a Policy Document 2009-HPC
- The National Monitoring and Evaluation Plan for the Demographic Opportunity policies 2011-HPC
- Jordan vision 2020
- RHAP II (2008-2012), M&E reports for 2011, 2012-HPC
- M&E manual 2009-HPC
- Ministry of Health Strategy 2008-2012
- Ministry of Health FP Strategy 2013-2017
- The National Health Communication and Media Strategy 2013-2017
- National Agenda 2006-2015
- The National Population Strategy 2000-2020
- JAFPP Strategy 2011-2013
- The Employment and Unemployment Survey 2010,
- The Second National Report for the Millennium Development Goals (2010)
- The revision of the RH/FP goals document 2010-HPC
- The Maternal Mortality National Study 2007-2008-HPC
- Feasibility Study of Family Planning Services Inclusion within Public and Private Employers Health Insurance Plans HPC 2011
- The annual statistical RMS report 2011
- The study of Analysis of market segmentation to the family planning program in Jordan to provide scientific evidence to secure family planning methods, the Population Policy project 2004
- The study Meeting the needs of women for some reproductive health / family planning services in areas suffering from a lack of female service providers in the public sector in Jordan (pilot study in the areas of Mafraq and Ain Al-Basha) HPC 2011
- Analysis of the availability of RH/FP family planning services and information in Jordan 2011, HPC
- Policy Briefs - Impact of Changing Contraceptive Method Mix on Jordan's Total Fertility Rate 2011
- Policy Briefs – Reducing Discontinuation of Contraceptive Use Unmet Need for Family Planning - 2011
- World Bank/Jordan Statistics http://www.worldbank.org/en/country/jordan
- The Statistic Year book 2011-DOS
- Vital Statistics/DOS
- Jordan in Figures, 2011
- Report the case of poverty in Jordan on the basis of survey of the Family Income and Expenditure 2010, December 2012-DOS
- Higher Population Council. Strategy Recommendations in the Context of the Demographic Opportunity. Report, May 14, 2008.
- Higher Population Council. Reproductive Health Action Plan (2008-2012) Council (2011). Mid-Term Review

- Higher Population Council (2011). The impact of Changing Contraceptive Method Mix on Jordan's Total Fertility Rate. Policy Brief.
- Higher Population Council (2011). Reducing Discontinuation of Contraceptives Use and Unmet Need for Family Planning. Policy Brief.
- Higher Population Council ((2011). Feasibility of Family Planning Services Inclusion within the Public and Private Employers Health Insurance Plans.
- Higher Population Council (2009). The national Maternal Mortality Study :Jordan 2006-2008.
- Higher Population Council (2012). The Institutional Development and Strategic Plan Document 2010-2014 Higher Population Council (2011). Review and Annotated Bibliography of selected studies in Family planning in Jordan (2008-2011): Priorities for Research.
- Higher Population Council (2012). The Institutional Development and Strategic Plan Document 2010-2014.
- Reducing Unmet Need for Family Planning (2008: Evidence Based Strategies and Approaches Outlook. Volume(1) November
- Millennium Project (2006). Public Choices, Private decisions: Sexual and Reproductive and the Millennium Development Goals.
- Jordan Family Planning Users' Profiles and Market Segmentation Analysis: A review of the Literature and Available Data, Strengthening Family Planning Project, February 2011
- National Population Strategy: Concepts, Foundation, and Goals — 2000–2020.
- MOH. Ministry of Health Strategic Plan — 2008–2012. Jordan, 2007.
- Jordan Health Policy Initiative. Jordan's Reproductive Health Policy Environment Score. Measuring the Degree to Which the Policy Environment in Jordan Supports Effective Policies and Programs for Reproductive Health, 2009. USAID.
- UNFPA, Global Pulse & HPC (2011). The Impact of the Global Financial Crisis on Reproductive and Maternal Health in Jordan.
- World Bank (2011) Jordan Office http://www.worldbank.org/en/country/jordan
- World Bank (2007). The WHO Approach to Strengthening Sexual and Reproductive Health Policies and Programs. WHO/RRHR/06.7
- UNRWA (2012). UNRWA Health Program: Briefing about Jordan
- UNRWA (2011 Health in A Nutshell: A Snapshot of UNRWA Services in Jordan.
- Valaria Cetorcelli (2012). Is fertility Stalling in Jordan?. Demographic Research volume 26(13).
- Al-Qutob, Raeda (2008). Final Report: Assessment of Quality Assurance Trained Female Doctors. Jordan Private Sector Project for Women's Health. USAID.
- Robinson W, Ross J (2007). The Global Family Revolution: three Decades of Population policies and Programs . The world Bank Washington.
- Itika, J. Mashindana O, Kessy (2011). Successes and Constraints for Improving Public-private Partnership in Health Service Delivery In Tanzania. The Economic and social Research Foundation
- Survey Report of ever-married women (15-49 years) in rural areas of the southern Jordan
- Reproductive Health, Women Empowerment and Violence against Women Submitted to the Japan International Cooperation Agency (JICA), 2008

- USAID (2012). Economic Impact of Fertility Decline in Jordan.
- USAID/(2012) .Strengthening Family Planning Project Ta'aziz : Private Health Insurance Coverage of Contraception. USAID (2012) .
- USAID (2009). A trend Analysis of the Family Planning market in Jordan: Informing Policy and Program Planning.
- USAID –Health Policy Initiative. Equity. Yield Public –Private Partnerships for Equity
- USAID- Health Policy Initiative (2010). Fostering Public-Private Partnerships to improve access to FP in Rwanda
- USAID- Health Policy Initiative (2005) Family Planning and National Vision in Madagascar
- USAID- Health Policy Initiative (2010). A policy Response to Increased Access to Family Planning Services for the Poor in Jharkhand. India
- USAID/ Office of Sustainable Development Bureau for Africa. Health and Family Planning Indicators : A Tool for Results Frameworks Volume 1.
- USAID/ Office of Sustainable Development Bureau for Africa. Health and Family Planning Indicators : Measuring Sustainability. Tool for Results Frameworks Volume II
- Population Reference Bureau (2010). Priority Actions and Recommendations for contraceptive security
- National FP Coordinating Board (2009). Revitalization of Family Planning in Indonesia: a strategy for empirically based Implementation
- National Family Planning costed implementation program 2010-2015. Reproductive and Child health section March 2010. MOH Tanzania.
- UNRWA (2012). UNRWA Health Program: Briefing about Jordan
- UNRWA (2011 Health in A Nutshell: A Snapshot of UNRWA Services in Jordan.
- World Wildlife Fund (WWF) 2005. Logical Framework Analysis.
- USAID/Jordan Population and Family Health Program Assessment, December 2009 The Global Health Technical Assistance Project
- USAID. Jordan Urban Poverty Assessment September 23, 2009
- Jeffery, Roger and Alaka M. Basu (1996). "Schooling as Contraception?" In Girl's Schooling, Autonomy and Fertility Change in South Asia. Roger Jeffery and Alaka M. Basu (eds.). Thousand Oaks, C.A.: Sage Publications. Pp. 15-47
- Soliman, O., El-Fiki. M., A Proposed Disaggregation Model of the National Target Total Fertility Rate Using Analytic Hierarchy Process: A Case Of Egypt,2012, Published RCAEM, 2012, Proceedings of 2nd Regional Conference on Applied Engineering Mathmatics,2012
- Tara M. Sullivan, Jane T. Bertrand, Janet Rice, James D. Shelton. Skewed Contraceptive Method Mix: Why it Happens, Why It Matters. J.Biosocial.Sci,(2006) 38, 501-521, 2005 Cambridge University Press

Annexes

Annex I : Table of the Logic Framework of Jordan's National RH/FP Strategy (2013–2017)

Long-Term Result: Reproductive Health/Family Planning environment (policies/services/information) that supports achievement of the Demographic Opportunity and contributes to the welfare of Jordan's citizens

Indicator: National Total Fertility Rate
Intermediate Result 1: Policies supporting RH/FP issues

Indicator: Number of policies supporting RH/FP issues adopted

Outputs and Indicators	Interventions	Assumptions & Risks
Output 1: 1.1 RH/FP-related policies supporting the DO developed and are implemented in all sectors **Indicators of Output 1:** 1.1.1 RH/FP policies adopted and/or implemented at the national level	– Design and implement advocacy initiatives at the national level to support the proposed RH/FP and DO policies with an M&E plan – Integrate the interventions of the RH/FP Strategy and DO in the plans, programs and budgets of various stakeholder institutions – Strengthen the capacities of the HPC and national stakeholders in the area of: • Advocacy to be able to advocate for decision makers and civil society leaders, media professionals and religious leaders to change RH/FP policies in accordance with DO. In addition to developing and upgrading advocacy tools based on the results of latest studies and research • RH/FP policies analysis • Monitoring and Evaluation – Design and implement policies supportive of RH/FP , which include:	**Assumptions:** • Political Stability • Commitment of decision makers to effective positive change and adopting new policies **Risks:** • Lack of financial resources • Loss of motivation and commitment – Turnover of decision-makers' positions – Mechanisms of policy approval

Outputs and Indicators	Interventions	Assumptions & Risks
	• Policy for including population and development concepts, including family planning, in Jordanian University courses • Policy for including family planning services in private health insurance plans • Policy for simplifying contraceptives procurement processes • Policy for retaining trained staff on family planning services • Policy for providing post-natal and post-abortion counseling at hospitals • Policy for changing the methods mix towards more effective methods • Policy for securing contraceptives to private sector for free through the MOH • Policy for including family planning services within the comprehensive health insurance program through the Social Security Corporation	
Output 2: 1.2 System in place to identify and address operational barriers **Indicators of Output 2:** 1.2.1 Number of operational policy barriers identified and addressed	– Strengthen the capacities of the HPC and national stakeholders in identification of problems/barriers and prioritization based on the evidence, information available and the results of the surveys and studies – Design and implement a process to identify and address barriers to implementing a new or existing policy and to identify the need for a new policy	**Assumptions:** • Commitment of decision makers to effective positive change and adopting new policies **Risks:** – Lack of financial resources – Loss of motivation and commitment – Turnover of decision-makers – Mechanisms of policy approval

Outputs and Indicators	Interventions	Assumptions & Risks
Output 3: 1.3 Comprehensive information system on FP in place and used to support decisions and M&E **Indicators of Output 3:** 1.3.1 Number of advocacy tools developed 1.3.2 Number of decisions made based on reports issued from the developed information system 1.3.3 Number of national studies and surveys implemented in the area of population and RH/FP that enable the policy environment	- Support multisectoral collaboration - Upgrade and activate a comprehensive system for RH/FP information that includes information on services, geographic maps, contraceptives logistics and training data - Design and implement studies in the area of population and RH/FP that will improve the policy environment - Unify and upgrade RH/FP standards, terminology and indicators at a national level for services, information and statistics - Use information systems data and outputs to prepare the annual plans for relevant national institutions and to conduct studies to measure the impact of RH/FP interventions and initiatives (e.g. study of missed opportunities) - Strengthen capacities of partners in the area of Information Technology, and use of information systems to prepare periodic administrative and M&E reports	**Assumptions:** - Perception and awareness of people working in this area of the importance of scientific research and data in making decisions and supporting policies **Risks:** - Lack of financial resources - Resistance to change

Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible

Indicators:

- National contraceptive prevalence rate (CPR) for modern methods
- CPR for modern methods in the governorates
- CPR for modern contraceptives of the lowest welfare groups
- Percentage of increase in couples years of protection (CYP) segregated by provider
- Discontinuation rate of family planning methods in the first year of use
- Percentage of unmet need according to geographic areas and economic prosperity groups
- Percentage of centers providing RH/FP services that provide four modern family methods (one of them is IUD or implant)

Outputs and Indicators	Interventions	Assumptions & Risks
Output 1: 2.1 Comprehensive system for managing RH/FP services implemented at all levels **Indicators of Output 1:** 2.1.1 Percentage of service providing centers whose stocks of family planning methods have run out 2.1.2 Number of subsidiary health centers that introduced family planning services 2.1.3 Number of new Health centers/clinics providing RH/FP services by NGOs or private sector 2.1.4 Percentage of service providing centers with a team consisting of, at least, a physician and midwife/nurse to provide services 2.1.5 Percentage of health directorates implementing an effective supervision system for maternal and child health care services 2.1.6 Number of health centers that achieved primary health care/family planning accreditation standard 2.1.7 Number of hospitals providing post-natal and post-abortion family planning services for women	Development and implementation of: • HR System/principles focusing on appropriate recruitment and distribution of staff, performance assessment and incentives to maintain distinguished capacities, especially in subsidiary areas • Quality Control and Supportive Supervision System to assess and follow-up RH/FP services and procedures in the public and private sectors • Financial system supporting family planning services with an upgrade of the procurement and provision system (logistic) for family planning methods	**Assumptions:** - Retention of qualified health workers - Establishment of culture of quality and evaluation **Risks:** - Lack of financial resources - Government commitment

Outputs and Indicators	Interventions	Assumptions & Risks
Output 2: 2.2 More equitable distribution of high quality RH/FP information and services **Indicators of Output 2:** 2.2.1 Number of new acceptors of modern family planning method 2.2.2 Percentage of post-partum women receiving family planning counseling before discharge from a hospital 2.2.3 Percentage of post-partum women receiving family planning method before discharge from the hospital 2.2.4 Percentage of post-abortion women who received FP counseling before discharge from hospital 2.2.5 Percentage of post-abortion women who received FP service before discharge from hospital 2.2.6 Accumulative number of service providers trained on topics related to RH/FP segregated by training topic and trained group 2.2.7 Level of client satisfaction with the services provided for RH/FP	- Update and maintain the content of training programs for family planning service providers based on scientific evidence, and unify the terminology and concepts for RH/FP used in service delivery points - Expand services to areas where family planning services are not available - Provide necessary requirement for providing RH/FP services, including equipment, methods, infrastructure, and qualified and sufficient trained medical staff in the areas most in need at the primary health care level and at the hospitals level - Strengthen the capacities of service providers in counseling and service provision to reduce unmet need and missed opportunities, and integrate family planning within the primary health care/maternal and child health packages, as well as integrating RH/FP counseling and services in hospitals for post-natal and post- abortion women before discharge from hospital - Implement protocols and quality standards of family planning services based on scientific evidence	**Assumptions:** - Availability of human and financial resources - Availability of trained staff **Risks:** - Commitment by decision-makers - Sustainability of financial sources
Output 3: 2.3 Wider choice of modern FP methods **Indicators of Output 3:** 2.3.1 Number of choices of family planning methods available in Jordan	- Increase choices of modern family planning methods by adding new modern family methods to the available mix of methods	

Intermediate Result 3: Positive change in RH/FP beliefs and behaviors in community

Indicators:

- Desired total fertility rate
- Number of new acceptors of modern family planning method
- Percentage of annuale increase in CYP
- Median birth spacing intervals

Outputs and Indicators	Interventions	Assumptions & Risks
Output 1: 3.1 Awareness raised on RH/ FP in communities **Indicators of Ouput 1:** 3.1.1 Percentage of improvement in the attitudes of the target audience towards RH/FP 3.1.2 Number of effective community committees focusing on raising awareness on RH/FP (Community Health Committees)	- Support the convention of partnerships with national institutions to increase demand for RH/FP services - Strengthen the capacities of health communication and media providers - Develop and implement awareness programs	**Assumptions:** - The will of all segments of society to change reproductive health concepts and behaviors **Risks:** - Slow change in the behaviors and attitudes of community - Limited availability of media workers specializing in reproductive health/ family planning both in the media organizations or in relevant organizations
Output 2: 3.2 Health communication and media initiatives for RH/FP are implemented **Indicators of Output 2:** 3.2.1 Number of institutions implementing awareness programs in the area of family planning 3.2.2 Number of programs/ awareness campaigns implemented at the national level	- Develop and implement awareness programs and campaigns in cooperation with relevant national partners and institutions to change community concepts on family planning, which support men's participation and reach schools, universities, mosques, churches, youth communities and local community leaders - Interventions with decision makers to advocate for the implementation of communication and media initiatives - Integrate communication and media activities on RH/FP issues in the annual plans of the partners - Implement awareness and communication initiatives and provide human and financial resources	**Assumptions:** - Strong will by community-based organizations to contribute to change - Social and economic change is relatively stable - Availability of financial resources and supportive media organizations **Risks:** - Lack of financial resources and their sustainability - Resistance to change - High cost of awareness programs, especially those that use informational materials

Outputs and Indicators	Interventions	Assumptions & Risks
Output 3: 3.3 Communication and media initiatives and awareness raising programs are institutionalized **Indicators of Output 3 :** 3.3.1 Percentage of improvement in the attitudes of the target audience towards RH/FP	- Institutionalize successful awareness and communication initiatives • Hayati Ahla (My Life is Better) • Mabrouk 1 and Mabrouk 2 Initiatives • Training kit initiative for religious leaders on family health in the Ministry of Awqaf and Islamic Affairs • Hayati Ahla Ambassadors Initiative • Arab Women Speak Out Initiative • Consult and Choose Initiative	**Assumptions:** - Recognize the importance of sustainability and adopt successful initiatives in all sectors **Risks:** - Legal status of institutionalization - Increased cost of media programs and campaigns - Lack of allocated financial and human resources in national institutions and reliance on donors

Annex II: Roles and responsibilities of partners and timeframe of National Strategy for RH/FP for the years 2013-2017

In order to achieve the goals of the strategy it is important that all parties in different sectors commit to their roles at all levels whether they are directly implementing activities, coordinating or supporting.

The proposed strategy has been developed in coordination with most of participating entities and roles and responsibilities have been distributed according to set plans to suit the representative bodies. The participating entities can be classified according to their role in the strategy as follows:

Coordinating Entity: This strategy will be implemented by a range of implementing and supporting entities, under the coordination of the Higher Population Council.
Implementing Entities: Ministry of Health, Royal Medical Services, Jordanian Association for Family Planning and Protection, UNRWA, Higher Population Council, Ministry of Awqaf and Islamic Affairs, Ministry of Education, Ministry of Higher Education and Scientific Research, Ministry of Interior, Ministry of Social Development, Ministry of Communications and Information Technology, Civil Status Department, Department of Statistics, Jordanian Universities, research institutions, Higher Health Council, Higher Youth Council, Health Care Accreditation Council, Jordanian Medical Council, Jordanian National Forum for Women, civil society organizations, Noor Al Hussein Foundation/Family Health Care Institute, Queen Zein Al Sharaf Institution for development (ZEIND), Circassians Charity Association, General Union of Charity Associations, Pharmacists Association, Jordanian Society for Health Insurance, Aman Association, private health insurance companies, pharmaceutical companies, Food and Drug Administration, the Joint Procurement Department, the Social Security Corporation and other NGOs.

Supporting entities: Ministry of Planning and International Cooperation (MOPIC), United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). USAID represented by the Health Systems Strengthening II Project, Strengthening Health Outcomes through Private Sector (SHOPS), and the Health Policy Project.

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 1: Policies supporting RH/FP issues								
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**					**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**	
Output 1: RH/FP related policies supporting the DO developed and are implemented in all sectors	- Design and implement advocacy initiatives at the national level to support the proposed RH/FP and DO policies with an M&E plan	**Implementing entities:** HPC (Communication Unit, Reproductive Health Program) **Cooperating entities:** Partners **Supporting entities:** HPP and donors	Every year issues that need advocacy are discussed and prioritized. Advocacy materials are prepared, and meetings held with decision makers.					- Number of instances advocacy materials were used - Number of decision makers met
	- Integrate the interventions of the RH/FP Strategy and DO in the plans, programs and budgets of various stakeholder institutions	**Implementing entities:** Various stakeholders **Cooperating entities:** HPC (Reproductive Health Program)	✓	✓	✓	✓	✓	- Number of ministries/ - institutions that integrated interventions into their plans and allocated financial resources for such interventions

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 1: Policies supporting RH/FP issues								
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**					**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**	
	Strengthen the capacities of the HPC and national stakeholders in the area of: • Advocacy to be able to advocate for decision makers and civil society leaders, media professionals and religious leaders to change RH/FP policies in accordance with DO. In addition to developing and upgrading advocacy tools based on the results of latests tudies and research • RH/FP policies analysis • M&E	**Implementing entity :** HPC **Supporting entities :** HPP and donors	Training and preparat-ion of advocacy tools List the policies, prioritize and design the policies and advocacy plan	Updating advocacy tools Policy adoption and implemen-tation	✓ Policy monitor-ing	✓	✓	- Number of advocacy tools updated by HPC based on the outcomes of training courses - Follow-up reports on training - Number of entities and personnel which have been trained on policy, advocacy and M&E

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy							
Intermediate Result 1: Policies supporting RH/FP issues							
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**				**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**
	- Design and implement policies supportive of RH/FP • Policy for including population and development concepts, including family planning, in Jordanian university courses • Policy for including family planning services in private health insurance plans • Policy for simplifying contraceptives procurement processes • Policy for retaining trained staff on family planning services • Policy for providing postnatal and post-abortion counseling at hospitals • Policy for changing the methods mix towards more effective methods	**Implementing entities :** HPC and partners **Supporting entities :** HPP and donors	List the policies, prioritize and design the policies and set up an advocacy plan	Policy adoption and implementation	Policy monitoring and assessment			- Number of meetings with decision makers - Number of materials developed - Number of studies conducted

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 1: Policies supporting RH/FP issues								
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**					**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**	
	• Policy for securing contraceptives to private sector for free through the MOH • Policy for including family planning services within the comprehensive health insurance program through the Social Security Corporation							
Output 2: System in place to identify and address operational barriers	Strengthen the capacities of the HPC, and national stakeholders in : - identification of problems/barriers and prioritization based on the evidence, information available and the results of the surveys and studies	**Implementing entities :** HPC and partners **Supporting entities :** Donors	✓	✓	✓	✓	✓	- Number of concluded meetings - Number of agencies involved in the implementation of the proposed policy - Number of training courses

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 1: Policies supporting RH/FP issues								
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**					**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**	
	- Design and implement a process to identify and address barriers to implementing a new or existing policy and to identify the need for a new policy - Support multisectoral collaboration							- Number of trainees
Output 3 : Comprehensive information system on FP in place and used to support policy decisions and M&E	- Upgrade and activate a comprehensive system for RH/FP information that includes information on services, geographic maps, contraceptives logistics and training data	**Implementing entites :** HPC and MOH **Supporting entities :** HSS II Project and donors	Upgrade the system and the website of PROMISE		Activate and increase demand for the program			- Number of reports issued by the Information System - Follow-up reports on updating database and the percentage of reports from centers and hospitals providing the service

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy							
Intermediate Result 1: Policies supporting RH/FP issues							
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**				**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**
							- Digital maps posted on the web page of the ministry
	- Design and implement studies in the area of population and RH/FP that will improve the policy environment	**Implementing entities:** HPC and partners **Cooperating entity:** DOS **Supporting entities:** Donors	- Follow up on the implementation of ongoing studies - Select the desired studies conducted and provide necessary funding			Update the population and family health survey, and implement it periodically	- Report on the number of variables to be added to the population survey - Official correspondence to include these variables in the population and family health survey - Number of studies carried out - Number of donors

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 1: Policies supporting RH/FP issues								
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**					**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**	
	- Unify and upgrade RH/FP standards, terminology and indicators at a national level for services, information and statistics	**Implementing entity :** HPC **Cooperating entities :** Partners and DOS **Supporting entities :** HPP, HSS II, SHOPS UNFPA, and WHO ,	✓	✓	✓			- Number of meetings held with partners to standardize concepts - Number of variables added to the information systems
	- Strengthen capacities of partners in the area of information technology, and use of information systems to prepare periodic administrative and M&E reports for various stakeholder institutions	**Implementing entities :** MOH, RMS, JAFPP, UNRWA, HSS II, SHOPS **Cooperating entities :** HPC and partners	✓	✓	✓	✓	✓	- Number of workshops implemented for capacity building on ICT and use of information systems - Number of employees trained on information technology and information systems

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 1: Policies supporting RH/FP issues								
Outputs	**Interventions**	**Implementing, Cooperating, Supporting Entities**	**Timeframe**					**Key Indicators to Measure Interventions' Achievements**
			2013	**2014**	**2015**	**2016**	**2017**	
								- Number of entities with trained personnel
	- Use information systems data and outputs to prepare the annual plans for relevant national institutions and to conduct studies to measure the impact of RH/FP interventions and initiatives	**Implementing entities :** All partners and research institutions **Cooperating entity :** HPC	✓	✓	✓	✓	✓	- Number of government al organizations requested data for annual plans preparation - Number of studies conducted to assess the effectiveness and impact of implemented interventions

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
Output 1: Comprehensive system for managing RH/FP services implemented at all levels	Development and implementation of: - HR System/principles focusing on appropriate recruitment and distribution of staff, performance assessment and incentives to maintain distinguished capacities, especially in subsidiary areas	**Implementing entities:** MOH, RMS, JAFPP and UNRWA **Supporting entities:** HSS II, and SHOPS	Upgrade the system		Apply and evaluate the system		Make final evaluation of system	- Follow-up reports on the implementation of the system
	- Quality Control and Supportive Supervision System to assess and follow-up RH/FP services and procedures in the public and private sectors		Upgrade the system		Apply it		System evaluation	- Follow-up reports on the implementation of the quality assurance system

Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
	- Financial system supporting family planning services with an upgrade of the procurement and provision system (logistic) for family planning methods		Identify the priorities of support on the national level		Develop the system		Evaluate system effect - iveness	- Follow-up reports on the implementation ofthe financial system supporting family planning services and methods - Follow-up reports on the procurement and supply system
Output 2: More equitable distribution of high quality RH/FP services	- Upgrade the content of training programs for family planning service providers based on scientific evidence, and unify the terminology and concepts for RH/FP used in service provision points	**Implementing entities:** MOH, RMS, JAFPP and UNRWA **Cooperating entities:** HSS II, and SHOPS	Evaluate and upgrade the current content and unify concepts and terminology		Use the upgraded training content and print the manuals and glossary and distribute them across service delivery points			- Follow-up reports on developing and upgrading the content of service providers' training programs - New and upgraded content

Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
	- Expand services to areas where family planning services are not available	**Implementing entities:** RMS, JAFPP and other NGOs. **Cooperating entities:** donors	Identify geographic areas that need services		Provide services			- Number of locations for the provision of new services - Number of entities participating in the provision of family planning services
	- Provide necessary requirement for providing RH/FP services, including equipment, methods, infrastructure, and qualified and sufficient trained medical staff in the areas most in need at the primary health care level and at the hospitals level	**Implementing entities :** MOH, RMS, JAFPP and UNRWA **Supporting entities :** HSS II SHOPS	Identify geographic areas that need upgrading in infrastructure		Provide necessary requirements and equipment Make supervisory visits		Ongoing develop-ment and provision of require-ments	- Number of supervisory visits made - Reports of supervisory visits - Number of equipped centers

Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
	- Strengthen the capacities of service providers in counseling and service provision to reduce unmet need and missed opportunities, and integrate family planning within the primary health care/maternal and child health packages, as well as integrating RH/FP counseling and services in hospitals for post-natal and post-abortion women before discharge from hospital	**Implementing entities:** MOH, RMS, JAFPP, UNRWA and other NGOs **Supporting entities:** HSS II and SHOPS	Continuously train providers on the acquisition of skills on counseling and services provision					- Training reports - Reports on integrating family planning into the primary health care/maternal and child health packages
	- Implement protocols and quality standards of family planning services based on scientific evidence	**Implementing entity:** MOH, RMS, JAFPP and UNRWA **Supporting entities :** HSS II and SHOPS	✓	✓	✓	✓	✓	- Follow-up reports on the implementation of protocols and standards of family planning services and training plans

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 2: Equitable and high quality RH/FP information and services made accessible								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
Output 3: Wider choices of FP methods	- Increase choices of family planning methods by adding new family methods to the available mix of methods	**Implementing entity:** SHOPS **Cooperating entities:** MOH, pharmaceutical companies, Food and Drug Administration and the Joint Procurement Department.	Conduct feasibility studies and implem-ent pilot phase to add new methods	Add new methods	Develop and implement training program and promote new choices			- Number of initiatives implemented to provide new choices - Number of choices added yearly to choices of family planning methods

Roles of Partners and Timeframe for Jordan's National RH/FP Strategy								
Intermediate Result 3: Positive change in RH/FP beliefs and behaviors in community								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
Output 1: Awareness raised on RH/FP in communities	- Support the convention of partnerships with national institutions to increase demand for RH/FP services - Strengthen the capacities of health communication and media providers	**Implementing entities:** HPC and partners **Cooperating entity:** HPC **Supporting entities:** Donors	✓	✓	✓	✓	✓	- Number of meetings organized in order to increase demand for RH/FP - Number of entities participating in meetings organized in order to increase demand for RH/FP - Number trainings and trainees
Output 2: Health communication and media initiatives for RH/FP are implemented	- Develop and implement awareness programs and campaigns in cooperation with relevant national partners and institutions to change community concepts on family	**Implementing entities:** MOH, HPC and SHOPS **Cooperating entities:** HPC, HHC in cooperation with partners	✓	✓	✓	✓	✓	- Follow-up reports on implementation of activities

Intermediate Result 3: Positive change in RH/FP beliefs and behaviors in community								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
	planning, which support men's participation and reach schools, universities, mosques, churches, youth communities and local community leaders	**Supporting entities:** Donors						
	- Interventions with decision makers to advocate for the implementation of communication and media initiatives - Integrate communication and media activities on RH/FP issues in the annual plans of the partners - Implement awareness and communication initiatives and provide human and financial resources	**Implementing entities:** MOH, HPC,HHC and partners **Supporting entities:** Donors	✓	✓	✓	✓	✓	- Number of partners whose plans included annual communication activities for RH/FP issues - Number of meetings held with decision makers to gain support for communication and media activities for RH/FP issues - Number of decision makers supporting the

Intermediate Result 3: Positive change in RH/FP beliefs and behaviors in community								
Outputs	**Interventions**	**Implementing, Supporting, Cooperating Entities**	**Timeframe**					**Key Indicators Used To Measure Achievement of Interventions**
			2013	**2014**	**2015**	**2016**	**2017**	
								implementation of the strategy (through participation in events, press releases, etc.)
Output 3: Communication and media initiatives and awareness raising programs are institutionalized	Institutionalize successful awareness and communication initiatives: 1. Hayati Ahla (My Life is Better) 2. Mabrouk 1 and Mabrouk 2 3. Training kit initiative for religious leaders on family health in the Ministry of Awqaf and Islamic Affairs 4. HayatiAhla Ambassadors Initiative 5. Arab Women Speak Out Initiative 6. Consult and Choose In itiative	**Implementing entity:** MOH, HPC, Ministry of Awqaf and Islamic Affairs, Civil Status Department, Jordanian universities in Irbid, Queen Zein Al-Sharaf Institute for development (ZENID), Jordanian National Forum for Women **Supporting entities:** Donors and the Higher Population Council	Evaluating readiness of organizations for institutionalization and identifying obstacles		Institutionalize and implement			- Periodic follow-up reports on the progress made in the institutionalization of education and communication initiatives

Annex III: Indicators of RH/FP National Strategy for 2013-2017

The achievement of the targeted long term result is measured by:

1. National total fertility rate

The achievement of intermediate results is measured by the following indicators:

1. Number of policies supporting RH/FP issues adopted
2. National contraceptive prevalence rate (CPR) for modern methods
3. CPR for modern methods in the governorates
4. CPR for modern contraceptives of the lowest welfare groups
5. Percentage of increase in couples annual years of protection (CYP) segregated by provider
6. Discontinuation rate of family planning methods in the first year of use
7. Percentage of unmet need according to geographic areas and economic prosperity groups
8. Percentage of centers providing RH/FP services that provide four modern family methods (one of them is IUD or implant)
9. Desired total fertility rate
10. Number of new acceptors of modern family planning method
11. Median birth spacing intervals

The achievement of the outputs is measured by the following indicators:

1. RH/FP policies adopted and/or implemented at the national level
2. Number of operational policy barriers identified and addressed
3. Number of advocacy tools developed
4. Number of decisions made based on reports issued from the developed information system
5. Number of national studies and surveys implemented in the area of population and RH/FP that enable the policy environment
6. Percentage of service providing centers whose stocks of family planning methods have ran out
7. Number of subsidiary health centers that introduced family planning services
8. Number of a new Health centers/clinics providing RH/FP services by Non-Governmental Organization (NGO) or private sector
9. Percentage of service providing centers with a team consisting of, at least, a physician and midwife/nurse to provide services
10. Percentage of health directorates implementing an effective supervisory system for maternal and child health care services
11. Number of health centers that achieved primary health care/family planning accreditation standards
12. Number of hospitals providing post-natal and post-abortion family planning services for women

13. Number of new acceptors of modern family planning method
14. Percentage of post-partum women receiving family planning counseling before discharge from a hospital
15. Percentage of post-partum women receiving family planning method before discharge from the hospital
16. Percentage of post-abortion women who received FP counseling before discharge from hospital
17. Percentage of post-abortion women who received FP service before discharge from hospital
18. Accumulative number of service providers trained on topics related to RH/FP segregated by
    training topic and trained group
19. Level of client satisfaction with the services provided for RH/FP
20. Number of choices of modern family planning methods available in Jordan
21. Percentage of improvement in the attitudes of the target audience towards RH/FP
22. Number of effective community committees focusing on raising awareness on RH/FP
23. Number of institutions implementing awareness programs in the area of family planning
24. Number of programs/awareness campaigns implemented at the national level

Annex IV: Indicator Reference Sheets for RH/FP National Strategy 2013 - 2017

Indicator Reference Sheet						
Indicator Reference	**Indicator name**	**National Total Fertility Rate**				
Long-term result indicator	**Definition**	The average number of children a woman would have by the end of her reproductive life (15-49 years of age) if she were to bear children all the years of her reproductive life according to the age-specific fertility rates in a given year				
	Unit of Measurement	Children per woman				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Population and Family Health Survey				
	Responsible partner(s)	Department of Statistics				
	Measurement frequency	Every five years				
	Current Value (2012)	3.5				
	Targeted Value[46] (non-cumulative drop)	2013	2014	2015	2016	2017
		3.4	3.3	3.2	3.1	3.0

[46]Based on Population and Family Health Survey 2012 results and the 2010 revision of RHAP II and National Agenda a goal that was carried out by HPC and its partners based on 2009 Jordan PFHS findings.

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Number of policies supporting RH/FP issues adopted**				
Intermediate result 1 indicator	**Definition**	The number of new or amended legislations, new or amended national or sectoral policies (e.g. health sector, education sector) or laws, oriented towards supporting RH/FP adopted and approved by relevant entities, such as parliament or ministries				
	Unit of Measurement	Policies adopted				
	Type (quantitative vs. qualitative)	Quantitative and qualitative (number and description of the law or policy and its significance in improving the policy environment in support of RH/FP, e.g. type of law or policy, issued addressed and potential impact)				
	Source of data	M&E annual reports for quantitative and interviews and relevant reports for qualitative				
	Responsible partner(s)	HPC				
	Frequency of measurement	Every year				
	Current Value	4 in 2012[47]				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		2	2	2	2	2

[47] Depending on results of HPC M&E report 2012

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**The National contraceptive prevalence rate (CPR) for modern methods, and in the governorates, and for the lowest welfare groups**				
Intermediate result 2 Indicators	**Definition**	The percentage of married women in reproductive age (15-49 years) who is currently using a modern family planning method. It is calculated by dividing the number of married women in reproductive age (15-49) who use modern family planning methods by the total number of married women in reproductive age x 100%. It can also be calculated according to governorates and various welfare groups				
	Unit of Measurement	Married women of reproductive age group currently using modern family planning methods				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Population and Family Health Survey				
	Responsible partner(s)	DOS				
	Measurement frequency	Every five years				
	Current Value (2012)	National CPR for modern methods is 42.3% CPR for modern methods in the governorates is as follows: (Amman 41.6%, Balqa 41.6%, Zarqa 46.5%, Madaba 42.2%, Irbid 43.9%, Mafraq 36.7%, Jarash 42.7%, Ajloun 41.0%, Karak 40.0%, Tafilah 41.5%, Ma'an 30.7, Aqaba 43.2%				
	Targeted value [48] (non-cumulative increase)	2013	2014	2015	2016	2017
	National CPR	46.2%	47.3%	48.3%	49.4%	50.4%
	CPR in Governorates	+1%	+1%	+1%	+1%	+1%
	CPR for lowest welfare groups	41.2%	43.3%	45.3%	47.4%	49.4%

[48]Targeted value will be projected based on future married women in reproductive age group (MWRA) and results of Population and Family Health Survey 2012 with respect to: percent currently married, age at first child, duration of postpartum insusceptibility to pregnancy, method mix, infertility and abortion.

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Percentage of increase in couples years of protection (CYP) segregated by provider**				
Intermediate result 2 and 3 indicator	**Definition**	The estimated protection provided by FP services during a one-year period, based upon the volume of all contraceptives distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYPs for each method are then summed over all methods to obtain a total CYP. The indicator is specifically important for the purpose of compiling the impact of various family planning methods. The rate of increase is calculated as follows (number of couples protected in the targeted year - the number of couples protected in the previous year ÷ the number of couples protected in the previous year) X 100%				
	Unit of Measurement	Years				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of the JCLS (MOH, UNRWA, JAFPP, RMS, Universities' Hospitals, other NGOs)				
	Responsible partner(s)	MOH/WCHD				
	Frequency of measurement	Every year				
	Current Value (2012) [49]	228,808 (2012); broken down by sector: 137,061 for public sector and 91,747 for NGOs				
	Targeted value [50] (non-cumulative increase)	2013	2014	2015	2016	2017
		%1	%1	%1	%1	%1

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Discontinuation rate of family planning methods in the first year of use**				
Intermediate result 2 indicator	**Definition**	Percentage of woman of reproductive age group who are not using any method of contraception and report not wanting any more children or wanting to delay the birth of their next child. The unmet need is calculated as follows: (total number of women wishing to delay or prevent pregnancy and do not use contraceptives ÷total number of married women in reproductive years x 100%. It can also be calculated according to geographic differences and economic welfare groups				
	Unit of Measurement	Married women age 15 - 49 who discontinued using family planning methods				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Population and Family Health Survey				
	Responsible partner(s)	DOS				
	Frequency of measurement	Every five years				
	Current Value (2012)[51]	47.8% (minus 20% for justifiable reasons = 27.8%) for all methods				
	Targeted value (non-cumulative drop)	2013	2014	2015	2016	2017
		%1	%1	%1	%1	%1

[49] CYP factors used in 2012 are: 4.6 for IUD, 15 for pill, 120 for condom, 4 for injectable, 2.6 for implanon.
[50] Between 2009 and 2012 CYP grew at an annual rate of 3% based on contraceptive logistics data analysis.

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Percentage of unmet need according to geographic areas and economic prosperity groups**				
Intermediate result 2 indicator	**Definition**	Percentage of woman of reproductive age group who are not using any method of contraception and report not wanting any more children or wanting to delay the birth of their next child. The unmet need is calculated as follows: (total number of women wishing to delay or prevent pregnancy and do not use contraceptives ÷total number of married women in reproductive years x 100%. It can also be calculated according to geographic differences and economic welfare groups				
	Unit of Measurement	Married women age 15-49 wishing to delay or prevent pregnancy and do not use family planning methods				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Population and Family Health Survey				
	Responsible partner(s)	DOS				
	Frequency of measurement	Every five years				
	Current Value (2009)	11% (6% for women who wish to stop bearing children, 5% for women who wish to space between births; 2009)				
	Targeted value (non-cumulative drop)	2013	2014	2015	2016	2017
		0.5%	0.5%	0.5%	0.5%	0.5%

[51] Some reasons for discontinuation are justifiable such as shifting to more effective method and desire to become pregnant and both account for around 20% points. First-year discontinuation rate increased since last DHS.

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Percentage of centers providing RH/FP services that provide four modern family methods (one of them is IUD or implant)**				
Intermediate result 2 indicator	**Definition**	Percentage of centers that provide four modern family planning methods, including implants or IUDs. It will be considered if it dispenses 4 modern methods, one of which is IUD or implants during a period of 2 months each quarter and three quarters out of four quarters per year. The percentage is calculated as follows: (Number of centers providing four modern family planning methods without discontinuation ÷ total number of centers providing the services)x100%				
	Unit of Measurement	Centers providing RH/FP services				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of JCLS				
	Responsible partner(s)	Providers of FP methods supplied by JCLS				
	Frequency of measurement	Every year				
	Current Value (2011)	21.8% MOH				
	Targeted value (cumulative increase)	2013	2014	2015	2016	2017
		%23	%26	%29	%32	%35

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Desired total fertility rate**				
Intermediate result 3 indicator	**Definition**	Average number of children that a woman desires to have during her reproductive life				
	Unit of Measurement	Children per woman				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Population and Family Health Survey				
	Responsible partner(s)	DOS				
	Frequency of measurement	Every five years				
	Current Value (2012)	Will be available by end of 2013				
	Targeted value (non-cumulative drop)	2013	2014	2015	2016	2017
		0.3	0.3	0.3	0.3	0.3

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Number of new acceptors of modern family planning method**				
2.2.1 Output indicator	**Definition**	The indicator has several definitions, new users are the ones who used a modern family planning method for the first time in their life Due to differences by various entities, the indicator will be calculated differently until a definition is standardized as planned in the current national strategy				
	Unit of Measurement	New users				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Service providers				
	Responsible partner(s)	MOH, JAFPP, UNRWA, RMS, SHOPS network doctors, other NGO's for geographical area				
	Frequency of measurement	Annually				
	Current Value (2012)	165.269				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		2%	2%	2%	2%	2%

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Median birth spacing intervals**				
Intermediate result 3 indicator	**Definition**	Median interval between two successive live births. The WHO recommends at least 3 years betwe en two successive live births				
	Unit of Measurement	Months				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Population and Family Health Survey				
	Responsible partner(s)	DOS				
	Frequency of measurement	Every five years				
	Current Value	31.1 months ,(2009) 2012 figure is not available				
	Targeted value (cumulative increase)	2013	2014	2015	2016	2017
		Two months in five years				

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Number of operational policy barriers identified and addressed**				
1.2.1 Output indicator	**Definition**	Operational policies include the rules, regulations, guidelines, etc. that guide health systems and services. Operational policy barriers are problems in RH/FP programs that have their roots in this level of policies. These problems, and their policy roots, can be identified through studies, assessments, surveys, or even through media attention. Problem identification is ideally based on analysis that suggests practical and cost-effective solutions to developing, reforming and/or implementing operational policies				
	Unit of Measurement	Operational policy barriers identified and addressed				
	Type (quantitative vs. qualitative)	Quantitative and qualitative				
	Source of data	M&E annual reports (number and description of the problem identified, the policy root of the problem, the operational policy identified to be developed, reformed and/or implemented, the action taken and the expected result)				
	Responsible partner(s)	HPC and MOH				
	Frequency of measurement	Every year				
	Current Value (2012)	6				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		2	2	2	2	2

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Number of advocacy tools developed**				
1.3.1 Output indicator	**Definition**	The number of tools including policy briefs/fact sheets / power point presentations/ RAPID presentation and/or films and others developed and updated based on new RH/FP variables for the purpose of gaining support				
	Unit of Measurement	Advocacy tools				
	Type (quantitative vs. qualitative)	Quantitative and qualitative (number and description of the tool, including the issue it addresses and its significance; dissemination of the material and audiences who have received it; reaction to the material, including feedback received on the material)				
	Source of data	Annual M&E reports and other relevant documentation and interviews, as needed				
	Responsible partner(s)	All partners				
	Frequency of measurement	Every year				
	Current Value	Not available				
	Targeted value (non-cumulative)	2013	2014	2015	2016	2017
		2	2	2	2	2

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Number of decisions made based on reports issued from the developed information system**				
1.3.2 Output indicator	**Definition**	Number of management decisions made that are intended to make improvements in the RH/FP program based on reports issued from the information system and HPC M&E annual reports on achievements, obstacles and necessary adjustments				
	Unit of Measurement	Decisions				
	Type (quantitative vs. qualitative)	Quantitative and qualitative (number and a description of the decision made, who made the decision, what information they were acting on, to address what improvement, and the potential significance and impact of the decision)				
	Source of data	M&E annual reports and interviews and review of other relevant reports				
	Responsible partner(s)	HPC and partners				
	Frequency of measurement	Every year				
	Current Value	Not available				
	Targeted value (non-cumulative)	2013	2014	2015	2016	2017
		System upgrade	2	2	2	2

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Number of national studies and surveys implemented in the area of population and RH/FP that enable the policy environment**				
1.3.3 Output indicator	**Definition**	Number of national studies and surveys that include indicators to measure the impact, results, and outputs in the area of population and RH/FP				
	Unit of Measurement	Studies or surveys				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	PROMISE (Population Research Observation Management Information System Evaluation) and Population and Family Health Survey				
	Responsible partner(s)	HPC, DOS and Partners				
	Frequency of measurement	Every five years for the Population and Family Health Survey and every year for the studies				
	Current Value (2012)	The Population and Family Health Survey was conducted in 2012 and three studies were conducted for the HPC				
	Targeted value (non-cumulative)	2013	2014	2015	2016	2017
		4	3	3	3	4

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Percentage of service providing centers whose stocks of family planning methods have ran out**				
2.1.1 Output indicator	**Definition**	Percentage of health centers providing the services and are provided by supplies from JCLS which ran out of at least one modern family planning method during a specific period (six months). The percentage is calculated as follows: (Number of centers providing the services that ran out of family planning methods ÷ total number of centers providing the services) x 100%				
	Unit of Measurement	Centers providing RH/FP services				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of JCLS the supply system in Jordan on family planning methods				
	Responsible partner(s)	MOH/WCHD				
	Frequency of measurement	Every year				
	Current Value (2011)	4.5% for MOH (2011)				
	Targeted value (non-cumulative drop)	2013	2014	2015	2016	2017
		4.2%	3.9%	3.6%	3.3%	3.0%

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Number of subsidiary health centers that introduced family planning services**				
2.1.2 Output indicator	**Definition**	Number of subsidiary health centers at the MOH that introduced family planning services (Village Centers). The number is calculated as follows: (Number of subsidiary health centers that introduced family planning services in the previous year + Number of subsidiary health centers that introduced family planning services in this year)				
	Unit of Measurement	Subsidiary health centers (village health center)				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of JCLS				
	Responsible partner(s)	MOH/WCHD				
	Frequency of measurement	Every year				
	Current Value (2011)	46				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		2	2	2	2	2

Indicator Reference Sheet						
Indicator Number &Reference	**Indicator name**	**Number of new health centers/clinics providing RH/FP services by NGOs or private sector**				
2.1.3 Output indicator	**Definition**	Number of new health centers/clinics providing RH/FP services by NGOs or private sector in different areas in need of such services				
	Unit of Measurement	New health center/clinic providing RH/FP services				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Annual reports by NGOs and JCLS				
	Responsible partner(s)	JAFPP and other NGOs providing the service				
	Frequency of measurement	Every year				
	Current Value (2012)	17 clinics for JAFPP				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
	JAFPP	3	3	2		
	Other NGOs providing FP services	1	2	2	-	-

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Percentage of service providing centers with a team consisting of at least a physician and midwife/nurse to provide services**				
2.1.4 Output indicator	**Definition**	The proportion of service providing health centers with a male or female physician and a midwife serving at least 2 months every quarter to the total number of centers providing the service. The percentage is calculated as follows: (Number of centers providing the service with a team of male/female doctor and a midwife ÷ total number of centers providing the service) X100%				
	Unit of Measurement	Centers providing RH/FP services				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Maternal and Child Health Information System (MCHIS)				
	Responsible partner(s)	MOH/WCHD				
	Frequency of measurement	Every year				
	Current Value	Not available				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		to be calculated in 2013	%6	%9	%12	%15

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Percentage of health directorates implementing an effective supervisory system for maternal and child health care services**				
2.1.5 Output indicator	**Definition**	Percentage of MOH directorates implementing an effective supervisory system for family planning services. It is calculated as follows: Number of health directorates implementing an effective supervisory system for family planning services within a period of time ÷ total number of health directorates within the same period). Monitoring this indicators reflects the level of improvement in supervisory skills and institutionalization of the system in following up on the quality of care provided at the maternal and child healthcare centers				
	Unit of Measurement	Health directorates				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Supervis ory reports sent by health directorates, to the WCHD, including the annual program for supervisory visits and monthly reports on the visits.				
	Responsible partner(s)	MOH/ WCHD				
	Frequency of measurement	Every year				
	Current Value (2011)	38.3%				
	Targeted value (cumulative increase)	2013	2014	2015	2016	2017
		66.7%	83.3%	100%	100%	100%

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Number of health centers that achieved primary health care/family planning accreditation standards**				
2.1.6 Output indicator	**Definition**	Health centers that met the quality control standards for RH/FP accreditation by the Health Care Accreditation Council (HCAC). It is calculated by adding the number of health centers meeting the primary health care/family planning accreditation standards to the total number of health centers				
	Unit of Measurement	Health Center				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of the Quality Control Directorate at the MOH and HCAC				
	Responsible partner(s)	MOH/Quality Control Directorate, other NGO's				
	Frequency of measurement	Annually				
	Current Value (2012)	28 MOH center				
	Targeted value (cumulative increase)	2013	2014	2015	2016	2017
		4.5%	10%	12%	14%	15%

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Number of hospitals providing post-natal and post-abortion family planning services for women**				
2.1.7 Output indicator	**Definition**	Number of public hospitals providing post-natal and post-abortion family planning services for women and before discharge from hospital. The indicator reflects on minimizing missed opportunities due to counseling on family planning methods				
	Unit of Measurement	Hospital				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of JCLS and annual report by RMS and other University Hospitals				
	Responsible partner(s)	MOH/ WCHD/Hospitals administrations RMS/Planning and Information Directorate University Hospitals				
	Frequency of measurement	Annually				
	Current Value	19 (13 for the MOH, 6 for RMS)				
	Targeted value (cumulative increase)	2013	2014	2015	2016	2017
	MOH	13	15	17	19	22
	RMS	6	6	6	7	7
	Jordan Universities	1	1	2	2	

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Percentage of post-partum women receiving family planning counseling before discharge from a hospital**				
2.2.2 Output indicator	**Definition**	It is the proportion of women who received post-partum family planning counseling before discharge from a hospital applying the counseling services to the total number of women who delivered in the hospital during the same period. The ratio is calculated as follows: number of women who received post-partum family planning counseling before discharge from hospital ÷ total number of women who give birth in the same period and in the same hospital) x100%				
	Unit of Measurement	Post-partum woman				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of hospitals applying this services				
	Responsible partner(s)	MOH/WCHD/Hospital administration RMS/Planning and Information Directorate Universities' Hospitals				
	Frequency of measurement	Annually				
	Current Value	MOH 32.8% (2011) and (RMS 27.6%)				
	Targeted value	2013	2014	2015	2016	2017
	MOH (cumulative increase)	45%	50%	60%	65%	75%
	RMS and others (non-cumulative increase)	5%	5%	5%	5%	5%

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Percentage of post-partum women receiving family planning method before discharge from the hospital**				
2.2.3 Output indicator	**Definition**	It is the percentage of women who received post-partum modern family planning methods before discharge from hospital, including Lactational Amenorrhea (LAM). The percentage is calculated as follows: (number of women who used post-partum family planning methods before discharge from hospital during a specific period of time ÷ total number of women who give birth in the same period and in the same hospital) x100%				
	Unit of Measurement	Post-partum woman				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of hospitals applying this services				
	Responsible partner(s)	MOH /WCHD/Hospital administration RMS/Planning and Information Directorate Universities' Hospitals				
	Frequency of measurement	Annually				
	Current Value	MOH 17.8% (2011) and (RMS 17.3%)				
	Targeted value (increase)	2013	2014	2015	2016	2017
	MOH (cumulative increase)	30%	35%	40%	45%	50%
	RMS and others (non-cumulative increase)	5%	5%	5%	5%	5%

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Percentage of post-abortion women who received family planning counseling before discharge from hospital**				
2.2.4 Output indicator	**Definition**	It is the percentage of post-abortion women who received family planning counseling before discharge from hospital. The percentage is calculated as follows: (number of post-abortion women who received family planning counseling before discharged from MOH during a specific period of time ÷ total number of post- abortion women in the same hospitals and in the same period) x100%				
	Unit of Measurement	Post-abortion woman				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of hospitals applying this services				
	Responsible partner(s)	MOH - WCHD/Hospital administration				
	Frequency of measurement	Annually				
	Current Value	MOH 41% (2011)				
	Targeted value (cumulative increase)	2013	2014	2015	2016	2017
	MOH	45%	50%	55%	60%	65%

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Percentage of post-abortion women who received modern FP method before discharge from hospitals**				
2.2.5 Output indicator	**Definition**	It is the percentage of post-abortion women who received family planning methods before discharge from hospital. The percentage is calculated as follows: (number of post-abortion women who received family planning methods before discharge from MOH hospitals during a specific period of time ÷ total number of post-abortion women in the same hospitals and in the same period) x100%				
	Unit of Measurement	Post-abortion women				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Reports of hospitals applying this services				
	Responsible partner(s)	MOH/WCHD/Hospital administration				
	Frequency of measurement	Annually				
	Current Value	MOH 19.3% (2011)				
	Targeted value (cumulative increase)	2013	2014	2015	2016	2017
	MOH	20%	23%	23%	25%	25%

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Accumulative number of service providers trained on topics related to RH/FP segregated by training topic and trained group**				
2.2.6 Output indicator	**Definition**	Number of service providers trained on skills and services related to RH/FP including physicians, nurses, midwives, pharmacist and social and community health workers classified by training topic and trained group. Training sessions should be at least three hours long and topics include counseling on RH/FP, insertion and removal of long term contraceptives.				
	Unit of Measurement	Trained provider				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	Annual M&E report				
	Responsible partner(s)	MOH, RMS, UNRWA, JAFPP and other NGOs providing FP services				
	Frequency of measurement	Annually				
	Current Value (2012)	3820 (850 MOH, 308 RMS, 2567 private sector & NGO, 95 UNRWA)				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		%5	%5	%5	%5	%5

Indicator Reference Sheet		
Indicator Number& Reference	**Indicator name**	**Level of client satisfaction with the services provided for RH/FP**
2.2.7 Output indicator	**Definition**	The indicator measures the level of client satisfaction with the services provided for RH/FP
	Unit of Measurement	Satisfaction level is high, medium, low
	Type (quantitative vs. qualitative)	Quantitative
	Source of data	Client satisfaction report
	Responsible partner(s)	UNRWA, JAFPP
	Frequency of measurement	Annually
	Current Value	80%
	Targeted value	Maintaining achieved levels

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	**Number of choices of new modern family planning methods available in Jordan**				
2.3.1 Output indicator	**Definition**	Number of choices of modern family planning methods available for clients in the private and public sectors in Jordan every year, after having feasibility, effectiveness, and safety verified				
	Unit of Measurement	New modern family planning method				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	HPC M&E annual report, SHOPS annual report, and MOH annual reports				
	Responsible partner(s)	HPC, MOH, and SHOPS				
	Frequency of measurement	Annually				
	Current Value	6 methods: contraceptive pills (combined and progesterone only pills), IUDs, condoms, implant (Implanon), three months progesterone injections (Depo-Provera), Nuvaring				
	Targeted value (non-cumulative)	2013	2014	2015	2016	2017
		Two new methods in three years				

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Percentage of improvement in the attitudes of the target audience towards RH/FP**				
3.1.1 and 3.3.1 Output indicator	**Definition**	The indicator measures the changes in attitudes of citizens who received awareness on family planning through awareness programs and campaigns				
	Unit of Measurement	individuals supporting the RH/FP programs				
	Type (quantitative vs. qualitative)	Quantitative and qualitative				
	Source of data	Results of surveys on Jordanian citizens' knowledge, attitudes, and practices related to family planning				
	Responsible partner(s)	HPC				
	Frequency of measurement	Once during the implementation of the strategy				
	Current Value	Not available				
	Targeted value (increase)	2013	2014	2015	2016	2017
					75% improvement	

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Number of effective community committees focusing on raising awareness on RH/FP**				
3.1.2 Output indicator	**Definition**	The indicator measures the number of community health committees that conduct community activities to increase the awareness and demand on RH/FP services. This indicator is one of the criteria and standards for the accreditation of health centers in RH/FP				
	Unit of Measurement	Community committees				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	HPC annual report M&E report and HCAC reports.				
	Responsible partner(s)	MOH/Quality Directorate				
	Frequency of measurement	Annually				
	Current Value	70 committees				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		4.5%	10%	12%	14%	15%

Indicator Reference Sheet						
Indicator Number & Reference	**Indicator name**	Number of institutions implementing awareness programs in the area of family planning				
3.2.1 Output indicator	**Definition**	Number of institutions implementing awareness programs for different classes of society in family planning				
	Unit of Measurement	Institutions				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	HPC annual M&E report				
	Responsible partner(s)	HPC and MOH/Awareness and Health Information Directorate				
	Frequency of measurement	Annually				
	Current Value	12 institutions[52]				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		10%	10%	10%	10%	10%

[52] MOH, Ministry of Education, Ministry of Social Development, Ministry of Awqaf, Ministry of Interior, CSPD, HYC, ZEIND, CCA, GUVs, Noor Al-Hussein Foundation, JAFPP,

Indicator Reference Sheet						
Indicator Number& Reference	**Indicator name**	**Number of programs/awareness campaigns implemented at the national level**				
3.2.2 Output indicator	**Definition**	Number of programs/awareness campaigns implemented at the national level with the purpose of changing attitudes and behaviors of community about family planning methods				
	Unit of Measurement	Programs/awareness campaigns				
	Type (quantitative vs. qualitative)	Quantitative				
	Source of data	HPC annual M&E report				
	Responsible partner(s)	HPC and MOH/Awareness and Health Information Directorate, SHOPS				
	Frequency of measurement	Annually				
	Current Value	Two campaigns each year				
	Targeted value (non-cumulative increase)	2013	2014	2015	2016	2017
		2	2	2	2	2

Annex V: Matrix of Long and Intermediate Results and Outputs' Indicators, Sources of Data, and Frequency of Measurement

Long Term Result	Indicator	Current value	Targeted value [53]					Responsible partner(s)	Measurement frequency
			2013	2014	2015	2016	2017		
RH/FP environment (policies/services/information) that supports achievements of the Demographic Opportunity and contributes to the welfare of Jordanian's citizens	**National Total Fertility Rate**	3.5 (2012)	3.4	3.3	3.2	3.1	3.0	DOS/ Population and Family Health Survey	Every 5 years

[53] To be reviewed after the release of full DHS data for 2012

Intermediate Result 1: Policies supporting RH/FP issues								
Indicators	**Current value**	**Targeted value**					**Responsible partner(s)**	**measurement Frequency**
		2013	**2014**	**2015**	**2016**	**2017**		
Number of policies supporting RH/FP issues adopted	4 in 2012	2	2	2	2	2	HPC	Annually
Output 1: RH/FP-related policies supporting the Demographic Opportunity developed and are implemented in all sectors								
1.1.1 RH/FP policies adopted and/or implemented at the national level								
Output 2: System in place to identify and address operational barriers								
1.2.1 Number of operational policy barriers identified and addressed	6	2	2	2	2	2	HPC	Annually
Output 3: Comprehensive information system on FP in place and used to support policy decisions and M&E								
1.3.1 Number of advocacy tools developed	Not available	2	2	2	2	2	All partners	Annually
1.3.2 Number of decisions made based on reports issued from the developed information system	Not available	System upgrade	2	2	2	2	HPC and partners	Annually
1.3.3 Number of national studies and surveys implemented in the area of population and RH/FP that enable the policy environment	The Population and Family Health Survey was conducted in 2012 and three studies were conducted by HPC	4	3	3	3	4	HPC, DOS, partners	Every five years for the Population and Family Health Survey and every year for the studies

Intermediate Result 2: Equitable, and high quality RH/FP information and services made accessible								
Indicators	Current value	Targeted value					Responsible partner(s)	Measurement frequency
		2013	2014	2015	2016	2017		
National CPR for modern methods	42.3% (2012)	46.2%	47.3%	48.3%	49.4%	50.4%	DOS/ Population and Family Health Survey	Every 5 years
CPR for modern methods in the governorates	Amman 41.6% Balqa 41.6% Zarqa 46.5% Madaba 42.2% Irbid 43.9% Mafraq 36.7% Jerash 42.7% Ajlun 41.o% Karak 40.0% Tafilah 41.5% Ma'an 30.7% Aqaba 43.2%	+1%	+1%	+1%	+1%	+1%	DOS/ Population and Family Health Survey	Every 5 years
CPR for modern contraceptives of the lowest welfare groups	36.6% (2009)	41.2%	43.3%	45.3%	47.4%	49.4%	DOS/ Population and Family Health Survey	Every 5 years

Intermediate Result 2: Equitable, and high quality RH/FP information and services made accessible								
Indicators	Current value	Targeted value					Responsible partner(s)	Measurement frequency
		2013	2014	2015	2016	2017		
Percentage of increase in CYP	(228,808 for 2012) broken down by sector: 137,061 for public sector and 91,747 for	1%	1%	1%	1%	1%	MOH / WCHD/ JCLS	Annually
Discontinuation rate of family planning methods in the first year of use	47.8% (2012)	1% Drop	1% Drop	1% Drop	1% Drop	1% Drop	DOS/ Population and Family Health Survey, MOH/ WCHD, Sentinel Surveillance Study	Every 5 years
Percentage of unmet need according to geographic areas and economic prosperity groups	11% (6% for women who wish to stop bearing children, 5% for women who wish to space between births; (2009)	0.5% drop	0.5% drop	0.5% drop	0.5% drop	0.5% drop	DOS/ Population and Family Health Survey	Every 5 years
Percentage of centers providing RH/FP services that provide four modern family methods (one of them is IUD or implant)	21.8% (2011)	23%	26%	29%	32%	35%	MOH / WCHD/JCLS	Annually

Intermediate Result 2: Equitable, and high quality RH/FP information and services made accessible									
Indicators		Current value	Targeted value					Responsible partner(s)	Measurement frequency
			2013	2014	2015	2016	2017		
Output 1: Comprehensive system for managing RH/FP services implemented at all levels									
2.1.1	Percentage of service providing centers whose stocks of family planning methods have run out	4.5% (2011)	4.2%	3.9%	3.6%	3.3%	3.0%	MOH / WCHD/ JCLS	Annually
2.1.2	Number of subsidiary health centers that introduced family planning services	46	2	2	2	2	2	MOH / WCHD/JCLS	Annually
2.1.3	Number of new health centers/clinics providing RH/FP services by NGOs or private sector	17 clinics for JAFPP	3	3	2	---	---	JAFP, Noor Al Hussein Foundation / Family Health Care Institute, Other NGOs providing FP services	Annually
		Other NGOs providing FP services	1	2	2	---	---		Annually

Intermediate Result 2: Equitable, and high quality RH/FP information and services made accessible									
Indicators		Current value	Targeted value					Responsible partner(s)	Measurement frequency
			2013	2014	2015	2016	2017		
2.1.4	Percentage of service providing centers with a team consisting of at least a physician and midwife/nurse to provide services	Not available	To be calculated in 2013	6% increase	9% increase	12% increase	15% increase	MOH / WCHD / MCHIS	Annually
2.1.5	Percentage of health directorates implementing an effective supervisory system for maternal and child health care services	38.3% (2011)	66.7%	83.3%	100%	100%	100%	MOH / WCHD	Annually
2.1.6	Number of health centers that achieved primary health care/family planning accreditation standards	28 (2012)	4.5%	10%	12%	14%	15%	MOH/Quality Directorate	Annually

Intermediate Result 2: Equitable, and high quality RH/FP information and services made accessible									
Indicators		Current value	Targeted value					Responsible partner(s)	Measurement frequency
			2013	2014	2015	2016	2017		
2.1.7	Number of hospitals providing post natal and post abortion family planning services for women	19 (13 for MOH), (6 for RMS)	13 MOH	15 MOH	17 MOH	19 MOH	22 MOH	MOH/WCHD /Hospitals administrations RMS/Planningand Information Directorate University Hospitals	Annually
			6 RMS	6 RMS	6 RMS	7 RMS	7 RMS		
			1 University Hospitals	1 University Hospitals	2 University Hospitals	2 University Hospitals			
Output 2:More equitable distribution of high quality RH/FP services									
2.2.1	Number of new acceptors of modern family planning method	Not available	2% increase	2% increase	2% increase	2% increase	2% increase	MOH, JAFPP, UNRWA, RMS, SHOPS network doctors, other NGO's	Annually
2.2.2	Percentage of post-partum women receiving family planning counseling before discharge from a hospital	MOH 32.8% (2011)	45%	50%	60%	65%	75%	MOH/WCHD/ Hospital administration RMS /Planning and Information Directorate	Annually
		RMS 27.6%	5%	5%	5%	5%	5%		
2.2.3	Percentage of post-partum women receiving family planning method before discharge from the hospitals	MOH 17.8% (2011)	30%	35%	40%	45%	50%	MOH/WCHD/ Hospital administration	Annually
		RMS 17.3%	5%	5%	5%	5%	5%	RMS /Planning	

Intermediate Result 2: Equitable, and high quality RH/FP information and services made accessible								
Indicators	Current value	Targeted value					Responsible partner(s)	Measurement frequency
		2013	2014	2015	2016	2017		
	Others	5%	5%	5%	5%	5%	and Information Directorate	Annually
2.2.4 Percentage of post-abortion women who received FP counseling before discharging from hospital	MOH 41% (2011)	45%	50%	55%	60%	65%	MOH/WCHD/ Hospital administration	Annually
2.2.5 Percentage of post-abortion women who received FP service before discharging from hospital	MOH 19.3% (2011)	20%	23%	23%	25%	25%	MOH/WCHD/ Hospital administration	Annually
2.2.6 Accumulative number of service providers trained on topics related to RH/FP segregated by training topic and trained group	850 MOH 2567 private sector and NGOs 308 RMS 95 UNRWA	5% Increase	5% Increase	5% Increase	5% Increase	5% Increase	MOH, RMS, JAFPP, UNRWA and other NGOs providing FP services	Annually
2.2.7 Level of client satisfaction with the services provided for RH/FP	80%	Maintaining achieved levels					UNRWA, JAFPP	Annually

Intermediate Result 2: Equitable, and high quality RH/FP information and services made accessible								
Indicators	**Current value**	**Targeted value**					**Responsible partner(s)**	**Measurement frequency**
		2013	**2014**	**2015**	**2016**	**2017**		
Output 3: Wider choices of FP methods in Jordan								
3.2.1 Number of choices of new modern family planning methods available in Jordan	6 methods: pills (combined and progesterone only pills), IUDs, condoms, implant (implanon), three month progesterone injections (Depoprovera), Nuvaring	Two methods in three years					HPC, MOH and SHOPS	Annually

Intermediate Result 3: Positive change in RH/FP beliefs and behaviors in the communities								
Indicators	**Current value**	**Targeted value**					**Responsible partner(s)**	**Measurement frequency**
		2013	**2014**	**2015**	**2016**	**2017**		
Desired total fertility rate	Not available	0.3 drop	0.3 drop	0.3 Drop	0.3 drop	0.3 Drop	DOS/ Population and Family Health Survey	Every 5 years
Number of new acceptors of modern family planning method (see indicator 2.2.1)	Not available	2% increase	2% increase	2% increase	2% increase	2% increase	MOH, UNRWA and JAFPP	Annually
Percentage of increase in CYP	(228,808 for 2012) broken down by sector: 137,061 for public sector and 91,747 for NGOs	1%	1%	1%	1%	1%	MOH / WCHD/ JCLS	Annually
Median birth spacing intervals	31.1 months	Two months in five years (increase)					DOS/ Population and Family Health Survey	Every 5 years
Output 1: Awareness raised on RH/FP in communities								
3.1.1 Percentage of improvement in the attitudes of the target audience towards RH/FP	Not available	-	National study to measure Jordanians attitudes	Study results	Design and evaluate programs based on results, 75% improvement		HPC	Once during the implementation of the strategy

Intermediate Result 3: Positive change in Reproductive Health / Family Planning beliefs and behaviors in the communities								
Indicators	**Current value**	**Targeted value**					**Responsible partner(s)**	**Measurement frequency**
		2013	**2014**	**2015**	**2016**	**2017**		
3.1.2 Number of effective community committees focusing on raising awareness on RH/FP	70 committees	4.5% Increase	10% Increase	12% Increase	14% Increase	15% Increase	MOH /Quality Directorate	Annually
Output 2: Health communication and media initiatives for RH/FP are implemented								
3.2.1 Number of institutions implementing awareness programs in the area of family planning	12 institutions	10% Increase	10% Increase	10% Increase	10% Increase	10% Increase	HPC, MOH/ Communication Directorate	Annually
3.2.2 Number of programs/ awareness campaigns implemented at the national level	Two campaigns each year	2	2	2	2	2	HPC,MOH/ Communication Directorate and SHOPS	Annually
Output 3: Communication and media initiatives and awareness raising programs are institutionalized								
3.3.1 Percentage of improvement in the attitudes of the target audience towards RH/FP	Not available	-	National study to measure Jordanians' attitudes	Study results	Design and evaluate programs based on results		HPC / Results of surveys on Jordanian citizens' knowledge, attitudes, and practices related to family planning	Once during the implementation of the strategy

Annex VI: Members of Planning Committee for RH/FP National Strategy

Dr. Nidal Shakir Al-Azab	Director of the WCHD/Ministry of Healthy
Dr. Anwar Al-Taher	The United Nations Relief and Works Agency for Palestine Refugees in the Near East - UNRWA
Dr. Salma Al-Zu'bi	JAFPP
Ziyad Obeidat	Director of Monitoring and Evaluation Directorate/Ministry of Planning and International Cooperation
Anwar Ziyadat	Journalist at the Al-Arab Al-Yawm

Technical Team/HPC

Dr. Raeda Al-Qutob	HPC Secretary General
Rania Al-Abbadi	Secretary General Assistant for technical affairs/Strategic Planning Coordinator
Hana Al-Soub	Secretary General Asistant for the affairs of media and communications
Manal Ghazzawi	Coordinator of the RH/FP National Strategy, and assistant at the Programs Unit
Dr Inas Al-Assaf	RH technical adviser

Annex VII: Obstacle Recording Form

Entity name:

Laison Officer

☐ **First** ☐ **Second** ☐ **Third** ☐ **Fourth**

Intervention	Type and description of obstacle	Suggested solutions	Planned activity to overcome obstacle	Partner/supporting entity

This section is to be filled by the HPC

Measures taken to resolve problem		Participating entities	Decisions made
Measure	**Date**		

Annex IX: Biannual Monitoring Report

Biannual monitoring report of progress compared to transitional outputs in the National RH/FP Strategy 2013

Name of entity that submits the report:
Result:
Output:

Intervention	Planned activity	Partner/supporting entity	Implementation date		What has been achieved of plan	Notes
			Planned	Actual		

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