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Jordan Communication, Advocacy and Policy Activity

Annual Report

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Acronyms

AMEP	Activity Monitoring and Evaluation Plan
AWSO	Arab Women Speak Out
CBO	Community-Based Organizations
CCA	Circassian Charity Association
CDCS	USAID Jordan's Country Development Cooperation Strategy
CHW	Community Health Worker
CIS	Civic Initiatives Support Program
CITI	Collaborative Institutional Training Initiative Program
CSO	Civil Society Organization
CSS	Centre for Strategic Studies
DHS	Demographic and Health Survey
DOS	Department of Statistics
EMPHNET	Eastern Mediterranean Public Health Network
FCO	Al-Farouq Charitable Society for Orphans /Al Farouq Medical Centers
FGD	Focus Group Discussion
FP/RH	Family Planning and Reproductive Health
GHPPC	Governorate Health, Population and Policy Committee
GOJ	Government of Jordan
GUVS	General Union for Voluntary Societies
HCY	Higher Council for Youth
HCAD	Health Communication and Awareness Directorate
HHC	Higher Health Council
HPC	Higher Population Council
HPI	Health Policy Initiative
HPP	Health Policy Project
HSS II-Bridge	Health Systems Strengthening II Bridge Project
ICCS	Islamic Center Charity Society
IFH	Institute for Family Health
INJAZ	"Accomplishment" (for the creation of economic opportunities for Jordanian youth)
IRB	Institutional Review Board
IUD	Intra-Uterine Device
JAFPP	Jordanian Association for Family Planning and Protection
JCAP	Jordan Communication, Advocacy and Policy Activity
JCCFH	Jordan Civil Coalition for Family Health (formerly Family Planning Coalition)
JCP	Jordan Competitiveness Program
JHCP	Jordan Health Communication Partnership
JMI	Jordan Media Institute
JOHUD	Jordan Hashemite Fund for Human Development
JRTV	Jordan Radio and Television Corporation
KAP	Knowledge, Attitudes and Practices
LCC	Local Coordinating Committee
M&E	Monitoring and Evaluation
MESP	Monitoring and Evaluation Support Project
MAIAHP	Ministry of Awqaf, Islamic Affairs and Holy Places
MOH	Ministry of Health

MOI-LDD.....	Ministry of Interior-Local Development Department
MOSD.....	Ministry of Social Development
MOU.....	Memorandum of Understanding
MWRA.....	Married Women of Reproductive Age
NGO.....	Non-Governmental Organization
OCP.....	Oral Contraceptive Pill
PCPU.....	Population Communication Production Unit
PIRS.....	Performance Indicator Reference Sheets
PSP-One.....	Private Sector Partnerships One Project
RAPID.....	Resources for the Awareness of Population Impacts on Development
RFP.....	Request for Proposals
RH.....	Reproductive Health
RME.....	Research, Monitoring and Evaluation
RMS.....	Royal Medical Services
SBCC.....	Social and Behavior Change Communication
SHOPS.....	Strengthening Health Outcomes through the Private Sector
SOW.....	Scope of Work
SSC.....	Strategic Steering Committee
TOR.....	Terms of Reference
TOT.....	Trainer of Trainer
WCHD.....	Women and Child Health Directorate
USAID.....	United States Agency for International Development

Executive Summary

Abt Associates Inc. and its partners are implementing the United States Agency for International Development (USAID) Jordan Communication, Advocacy, and Policy (JCAP) Activity through Cooperative Agreement No. AID-278-A-14-00002, which commenced on August 1, 2014 and is scheduled to run in four phases ending on July 31, 2019. JCAP supports the Jordan National Family Planning Strategy and contributes to USAID/Jordan's priority result of "Improved family health outcomes in Jordan." The Activity's overall strategic objective is to increase the use and continuation of family planning/reproductive health (FP/RH) services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan. JCAP's expected outcomes have two components: 1) increased demand for family planning services and 2) improved capacity and enabling environment.

In this first year of the Activity, JCAP launched key actions in both components to form a coherent and mutually reinforcing dynamic of change. JCAP worked with the Higher Population Council (HPC) the Ministry of Health (MOH), the Ministry of Interior (MOI) and other stakeholders including community organizations and other stakeholders to form an active and committed constituency for policy and advocacy at national, ministry, governorate and local levels. In light of this partnership, JCAP developed detailed approaches to carry out its strategic directions in Social and Behavioral Change Communication (SBCC), advocacy and policy, including the Champions program, and gender mainstreaming. JCAP reinvigorated SBCC for family planning in Jordan through an integrated promotional campaign, household visits and local community efforts to increase understanding of and support for the use of family planning by families to enable them to achieve their personal goals.

JCAP applied selection criteria for the first set of target districts that included population size and density, total fertility rates, percentage of Syrians, and proportion of the population within the lowest wealth quintile. This resulted in selection of the following intervention areas: Jerash Governorate, Mafraq Qasabah District, Irbid Bani Obeid and Al-Koura Districts, Amman Quaismeh District, and Na'oor Sub-district, Tafileh Hasa District, and Ma'an Huseineiya District. Furthermore, JCAP identified key players in these areas to support its interventions. The Activity enlisted the support of 34 government and national Champions and 33 community Champions to be the advocates for population, development, and FP/RH issues.

JCAP achieved important first year outputs that set the stage for improvements both in demand for family planning/reproductive health services and in creating a policy environment that supports reduced population growth over the longer term:

Overarching Activities

- JCAP established a Strategic Steering Committee (SSC) under the leadership of the HPC to provide strategic guidance, ensure harmonization of all actions with the country's population and family planning priorities, and monitor progress. SSC members have highlighted opportunities for the Activity to coordinate and expand reach, such as FP/RH and demographic opportunity programs implemented by the Ministry of Social Development (MOSD), and the role of religious and tribal leaders.
- JCAP conducted a population-based Knowledge, Attitudes and Practices (KAP) survey to measure knowledge, attitudes and practices with respect to fertility choices and family planning practice in the Activity intervention and control areas. It sampled 4067 married women in

reproductive age (MWRA). The KAP survey provided important information about fertility choices, FP practices, and social and cultural norms that prevent women from using a modern FP method. JCAP will use the survey findings to tailor the channels, form, and content of the Activity's social and behavior change communication and advocacy activities. The KAP survey will serve as the foundation for end line assessment of the Activity's impact.

- JCAP launched a Grants Program and awarded the first tranche to national Civil Society Organizations (CSOs); the Jordan Hashemite Fund for Social Development (JOHUD), INJAZ and the Islamic Charity Center Society (ICCS). These grantees completed the development of their annual implementation, monitoring, and evaluation work plans. They modified their field-intervention modules, incorporating family planning, gender, and population growth-related content. By the end of Year 1, the grantees have already completed more than 30 community awareness group discussions, reaching 800 men and women in targeted communities.

Component 1 Key Achievements

- To reduce misinformation and promote the adoption and continued use of an effective family planning method in Jordan, JCAP resumed the Oral Contraceptive Pills (OCP) campaign originally developed under the Strengthening Health Outcomes through the Private Sector (SHOPS/Ta'ziz) project, achieving significant reach as estimated through a third party media assessment, IPSOS:
 - 354,144 MWRA aged 20-40 years saw or heard at least one placement of the campaign
 - 296,168 mothers-in-law aged 40+ saw or heard at least one placement of the campaign
 - 342,056 married men age 20-50 years saw or heard at least one placement of the campaign
- JCAP revised the family planning community outreach program and carried it forward. Community health workers conducted a total of 466,961 household FP counseling visits and reached 232,194 women, 179,785 of whom were MWRA. This generated 29,139 new users of modern contraceptive methods. A total of 20,867 poor and/or high-maternal-risk women received FP vouchers to obtain free services from a private sector network doctor, 74% of whom redeemed the vouchers.

Component 2 Key Achievements

- JCAP revived the Jordan Coalition for Family Planning established under SHOPS/Ta'ziz and expanded it from four to seven members, who pledged to work jointly and advocate for improved family health in Jordan. The coalition, "Jordan Civil Coalition for Family Health" (JCCFH) is envisioned to be an independent advocacy and regulatory body that can influence the family planning policy environment and implement joint community-based family planning demand generation and fertility awareness interventions.
- As an important step in establishing powerful local constituencies for demographic and social progress, JCAP partnered with the Ministry of Interior-Local Development Directorate (MOI-LDD) and obtained a Ministerial Decree to establish Governorate Health and Population Policy Committees (GHPPCs). JCAP worked with each of the six committees that cover all of its initial intervention areas to identify and prioritize of population and family planning policy issues relevant to their constituents at the governorate levels. JCAP is assisting these six GHPPCs to create locally relevant policy development advocacy action plans.

- JCAP collaborated with the HPC to launch the national Champions program that activated 34 national and governmental figures to act as advocates in population and development in family planning and reproductive health. JCAP also collaborated with the JCFFH to identify 33 Community champions who demonstrate interest in and commitment to furthering the causes of population growth, family planning, women's health, gender equality, female empowerment, and youth issues.
- JCAP assisted the MOH to identify priority policy issues and prepare a policy development/advocacy plan that identifies and prioritizes action items to improve the internal FP/RH service delivery policy environment at the MOH.
- JCAP updated and began disseminating the Resources for the Awareness of Population Impacts on Development (RAPID) data tool to stakeholders.

Given the complex nature of social and behavioral change communication and the need to engage multiple stakeholders, JCAP concluded a successful inception year in which JCAP completed most of the planned interventions. JCAP faced a variety of implementation challenges, including some delays in activities such as the implementation of the baseline KAP survey and obtaining all data needed to update indicators for the RAPID. In addition, the JCAP team needed to provide additional capacity building to support grantee readiness to implement programs and the roles and timelines for the Champions program. JCAP found solutions to these challenges to set the stage for a productive and impactful Year 2 program, as described further in this report. For example, JCAP made minor modifications to its team roles and responsibilities so they can effectively implement planned activities for Year 2. While developing Year 2 workplan, JCAP made sure that planned activities reflect a realistic absorptive capacity of its counterparts. JCAP also modified the Champions approach to work with a sub-set of 10-12 focal champions and develop advocacy actions tailored to the profile and interests of each Champion.

Over the course of the year JCAP produced 15 products and reports listed on page 63. The full reports were provided either as stand-alone submissions or attached to earlier progress reports.

Governors Pledge to Support Jordan’s Development Goals by Overcoming Population Growth Challenges

USAID through its JCAP Activity supports Jordan’s efforts to realize the demographic opportunity by enabling the policy environment for reduced population growth and generating demand for essential health care services, including FP/RH.



Governors with the Ministry of Interior SG, Acting USAID Mission Director and the HPC SG during the Governors' meeting

On May 26, 2015, under the auspices of His Excellency the Minister of Interior and the US Ambassador, JCAP collaborated with the MOI-LDD to host a meeting for Jordan’s Governors to discuss their roles in achieving Jordan’s population and development goals. This was an unprecedented event in which local leaders publicly discussed the impact of high population growth on Jordan’s development goals.

A speech by USAID Deputy Mission Director Christopher Crowley on behalf of US Ambassador Wells highlighted

the importance of the partnership between the two governments in achieving population and development goals, pointing out that “We continue to work together with the Jordanian Government to improve the health and wellbeing of Jordanian families.” The HPC Secretary General presented the demographic opportunity and informed the governors about the negative effect of high population growth on the country’s resources and its development goals.

“We continue to work together with the Jordanian Government to improve the health and wellbeing of Jordanian families.”
 USAID Deputy Mission Director

Governors recognized that one solution does not fill the needs of all the governorates. Therefore collaboration with and among local municipalities is essential to meet the population growth challenge, which the Syrian refugee crisis exacerbates.



Jordan's Governors gather with the Ministry of Interior SG, HPC SG, Acting USAID Mission Director and representatives from USAID Population and Family Health office

The Governors pledged to support the development and implementation of multi-sectoral policy advocacy and community awareness plans by the Governorate Health and Population Policy Committees, with the support of JCAP. They recommended that the HPC and JCAP consider the population diversity among governorates and take advantage of the decentralization strategy to optimize results.

JCAP Activity Description

JCAP works closely with local partners to increase demand for family planning and reproductive health (FP/RH) services. To achieve that goal, JCAP implements Social and Behavioral Change Communication (SBCC) and policy advocacy activities. Its synergistic approach amplifies community voices through national multi-channel campaigns and builds the advocacy capacity of government, Civil Society Organizations (CSOs) and selected Champions to strengthen the policy environment. Integrated JCAP interventions will enable families and young people in Jordan to make informed fertility choices and use family planning services to achieve more prosperous lives.

JCAP is designed to ensure that behavior change and advocacy activities reinforce each another. The voices and efforts of Jordanian communities and strengthened government and civil society institutions enhance one another through the planned campaigns and fora. This, in turn, improves the enabling environment for healthy, well-planned families and equitable access to family planning information and services. JCAP establishes and maintains synergistic linkages between advocacy strategies and national and community-based social behavior change communication (SBCC). These linkages will be used to: 1) reduce pluralistic ignorance and increase demand for family planning and reproductive health; 2) enable more effective family planning, reproductive health, and demographic opportunity advocacy strategies; and 3) generate an enabling environment for policy change that includes family planning and population issues in multi-sectoral and governorate agendas.

JCAP collaborates with the Higher Population Council (HPC), the Ministry of Health (MOH), and other relevant government counterparts to build their institutional capacity for advocacy and policy change. The Activity team also builds the capacity of community organizations to mobilize local voices and promote healthier fertility behaviors and modern contraceptive use. JCAP applies the socio-ecological model of change, adapted to the Jordanian context. This model integrates policy advocacy community mobilization and SBCC interventions to achieve the Activity objectives.

Overarching Activities in Year One

Establishment of the Strategic Steering Committee (SSC)

JCAP with the HPC to establish the Strategic Steering Committee (SSC), composed of representatives from the HPC, MOH, Ministry of Social Development (MOSD), Ministry of Awqaf and Islamic Affairs, Jordanian Senate, Jordan Television, civil society, the private pharmaceutical sector, and USAID. The committee's mandate is to provide continuous oversight and guidance to the JCAP's implementation process. SSC members have highlighted opportunities for the Activity to coordinate and expand reach, such as family planning, reproductive health, and demographic opportunity programs implemented by the MOSD, and the role of religious and tribal leaders. The members also stressed the importance of developing a sustainability plan and strategic plan that ensure the appropriate allocation of resources, program ownership, and sustainable impact.

During Year I, the committee members met quarterly for updates on the progress and achievements of JCAP. The Activity shared its Gender Strategy with the committee and presented the initial results of its review of previous USAID-funded communication, policy, and advocacy projects: the Jordan Health Communication Project (JHCP); Health Policy Initiative (HPI); and Health Policy Project (HPP). JCAP received feedback from the SSC members concerning the grants program, including guidance to unify behavior change and advocacy messages to target audiences across grantees, especially youth. They reviewed follow up and monitoring mechanisms to track the quality and effectiveness of grantees'

program implementations. JCAP also shared the Religious Leaders' communication toolkit, and the SSC members acknowledged and supported the integration of appropriate gender messages in the toolkit materials.

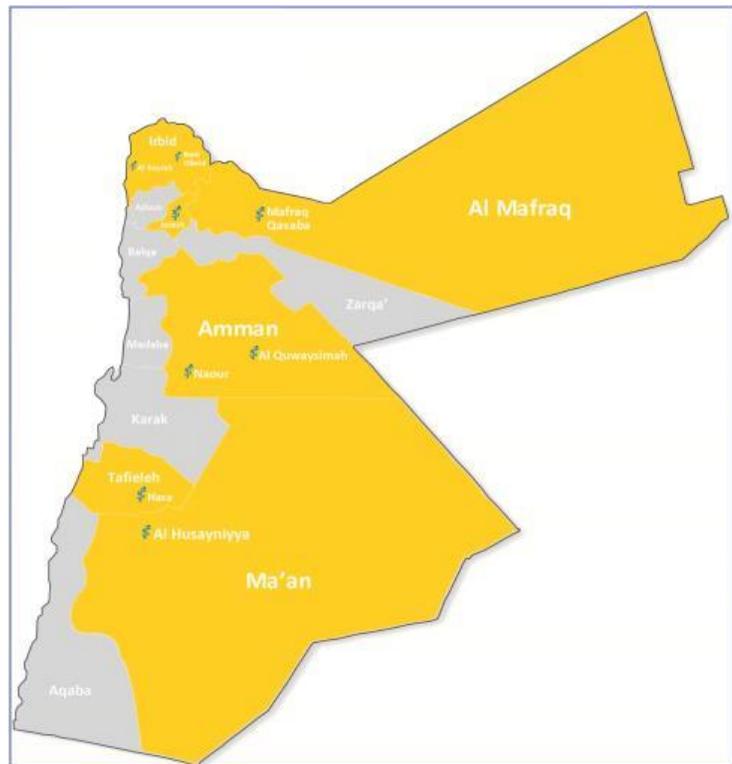
During the quarterly progress review meetings with the SSC, members provided guidance on JCAP's strategies and provided recommendations to modify and update the Activity's Champions strategy, the SBCC strategy, and the gender strategy. JCAP updated the strategy documents, incorporating SSC recommendations and using them to refine the implementation of Year 1 activities and in the development of the Year 2 annual work plan.

During the review of initial findings of the previous USAID-funded communication, policy, and advocacy projects, the SSC members proposed to integrate messages related to Islam and family planning in the Arab Women Speak Out (AWSO) modules. SSC members proposed using the content of the Religious Leaders' toolkit to foster acceptance of family planning from the religious point of view. They proposed targeting Syrian refugees through the AWSO intervention. SSC members also recommended that JCAP help the HPC conduct a mid-term review of the HPC National Reproductive Health Strategy 2013-2017 during the Activity's second year. JCAP started preparing for the mid-term strategy review and expects to complete it before the end of Year 2.

Geographic Prioritization

In its inception period, JCAP collaborated with the HPC to develop a geographic selection and prioritization process to focus its on-the-ground interventions. The Activity applied selection criteria that included population size and density, total fertility rates, and percentages of Syrians and vulnerable populations (those ranking among the lowest wealth quintile). JCAP consulted with USAID and other implementing partners to ensure that its planned geographic prioritization aligns with the development priorities of USAID and the Government of Jordan (GOJ).

Based on the criteria, JCAP selected the following geographic areas as Phase I focal intervention areas: Jerash Governorate, Mafraq Qasabah District, Irbid Bani Obeid and Al-Koura Districts, Amman Quaismeh District, and Na'oor Sub-district, Tafileh Hasa District and Ma'an Huseineiya District.



■ Governorates including JCAP phase 1 focal intervention areas

As detailed under the grants sections in Components 1 and 2, JCAP tailored the scope of work of its first and second tranche grant awards to these geographic areas. JCAP designed and implemented its baseline Knowledge, Attitudes and Practices (KAP) survey to collect and measure fertility and family planning variables from these eight sites while assigning eight other geographic areas with similar socio-demographic criteria as counterfactual (control) sites.

As JCAP transitions to Phase 2 in Year 3, it will expand the geographic scope, scaling up interventions with proven impact and incorporating lessons learned from the implementation process during Phase 1.

Situation Analysis

KAP Baseline Survey

JCAP conducted a population-based survey in Year 1 to guide the Activity and enable eventual measurement of program impact. The study targeted MWRA in selected districts to measure knowledge, attitudes, and practices with respect to fertility choices and family planning practices. The survey also measured social and cultural norms and behavioral determinants related to gender roles, empowerment, decision making, and sources of information on family planning. JCAP commissioned the Center for Strategic Services (CSS) at Jordan University to perform all aspects of data collection, including field work and data entry. The East Mediterranean Public Health Network (EMPHNET) performed data checking, cleaning, statistical analysis, and initial drafting of the report.

The survey reached 4,076 Jordanian (81%) and Syrian (19%) MWRA. All respondents answered the same questionnaire. The sample was drawn from the 2004 Jordan Census frame updated by the Department of Statistics (DOS). The sample covered eight JCAP intervention districts and sub-districts and eight matched control sites. The subsample of Syrian MWRA was selected from 4 of the 16 total districts where large populations of Syrians lived within host communities. The sample findings are representative of MWRA living in the 16 sites and are not generalizable to the national population of MWRA.

With support from JCAP and EMPHNET, CSS led a workshop on KAP survey instrument and field implementation in June for 80 enumerators and 16 field supervisors. After the workshop, the team piloted the survey instrument in Amman using paper forms. The team then conducted an enumerator review/debriefing to clarify and ensure enumerators understood all details, including content refinements and instructional prompts in the “tablet” data entry program.



KAP survey instrument and field implementation workshop conducted for enumerators

The survey team completed the field work in June, 2015. The team collected data from the sample while JCAP’s Research, Monitoring, and Evaluation team made field observation visits using a monitoring tool developed to ensure data quality and adherence to the protocol. The team documented all findings and ensured that CSS made any necessary modifications.

On September, 2015, JCAP invited USAID and relevant stakeholders to meet to learn and discuss the main findings of the KAP study. Participants included the MOH and governorate health directors, governmental health institutions (HPC, High Health Council, Royal Medical Services (RMS), NGOs that provide family planning services, other USAID partners Monitoring and Evaluation Support Project (MESP), Civic Initiatives Support Program (CIS), Health Systems Strengthening II Bridge Project HSS II-Bridge), UN organizations that would benefit from the study, and JCAP’s implementing partners. The presentation of the survey results generated a lively discussion about the different findings and about the reproductive health of Syrians in Jordan. JCAP will use the study findings to guide its approaches in a way that can measurably increase the uptake and use of integrated family planning services.

The survey findings shed light on family planning program areas that are successful and as a result may not be priorities for further investments. These areas include the following:

- Awareness about family planning methods is almost universal, with 95% of respondents able to recall at least one family planning method
- Women are reasonably empowered to contribute to the decision related to their fertility, the number of their children, and the use of contraceptive methods
- Religious factors are not major deterrents to family planning practices in Jordan
- Most women know where to obtain a family planning method (87%). The public sector had the major share of delivering services to sample respondents who sought services within the 12 months preceding the survey (63%)
- Respondents expressed awareness of the benefits of family planning, citing its benefits to their own health and wellbeing, to their families, and to Jordan's socio-economic growth
- Syrians did not differ significantly from Jordanians with regard to their fertility preferences and their attitudes and behavior toward family planning. Syrian women tend to marry younger, however. Syrian respondents were younger, resided more in urban areas, and were less educated and poorer.



Dr. Malak Al Ouri, Director of WCHD, during the KAP dissemination event

Findings with Program Implications

a. Fertility Preferences

- A desire to have larger families remains a dominant social norm. More than half of the respondents (61%) wanted four or more children. The respondents' average ideal family size was 3.7 (the same for both Jordanians and Syrians)
- Despite the finding that a majority of respondents (71%) denied having a child sex preference, almost half of them (45%) indicated that they will continue bearing children until they have a son
- Most of the respondents had been exposed to a family planning method (83%) and most of them knew where to obtain the service (87%). Yet 40% of their last pregnancies were unplanned. When asked about their last pregnancy/childbirth, 12% indicated that it was mistimed, 20% did not want to have any more children, and 8% were undecided or gave a fatalistic response

These findings underline the need for JCAP to shape its communication approach to counter these cultural norms. Presenting positive deviance is one approach to emphasize the benefits families with fewer children or with only girl children can reap. The finding that a substantial number of pregnancies are mistimed or not wanted implies the need for JCAP to help couples make clear decisions on their fertility preferences and take follow-through actions to realize these decisions.

b. Knowledge, Beliefs, and Use of Family Planning Methods

- Intrauterine devices (IUDs) were the most common method of family planning at 21%, followed by withdrawal at 14%. Oral contraceptive pills (OCPs) were the third most

common method at 10%, and male condoms ranked fourth at 6%. Respondents considered withdrawal more effective than all hormonal methods

- Concerns about family planning method side effects and safety remain the most prevalent reason for not using modern contraceptive methods (47% of the responses)
- One third of the respondents still do not believe that modern methods are more effective than traditional methods. 44% rated the effectiveness of the pill as moderate or low; 36% rated the effectiveness of the IUD as moderate or low. By contrast, 58% characterized withdrawal, the main traditional method, as highly effective
- 77% believed that use of contraception by newly married women will reduce their ability to get pregnant in future.
- Almost half (46%) of the respondents expressed a desire to limit childbearing. However, among this group, 25% were not using any contraceptive method



These findings show the importance for JCAP to provide more and improved communication and messages about the common side effects of hormonal methods, both in terms of the overall safety of the products and how women have successfully handled the side effects. Furthermore, JCAP can provide more targeted information on the effectiveness of the different methods, especially comparing modern to traditional method effectiveness. Finally, JCAP should take actions to improve communication to counter the strong, dominant belief that newly married couples risk their fertility if they use modern methods before giving birth to their first child.

c. Family Planning Messages

- Traditional media (TV, radio, newspaper, magazines) continue to be the most trusted source for family planning information
- Medical providers ranked as the most trusted non-media source for family planning information (94%), followed by household outreach workers (86%)

d. Gender Related Findings

- More than half of respondents (52%) agreed that a woman should tolerate violence (verbal, physical, sexual) to keep the family together
- 72% of respondents actively contribute to making decisions related to visits to healthcare, visits for family planning and reproductive health, and major household purchases

Almost all women (94%) cited joint decision making on number of children, while 73% cited joint decision making on family planning use. These findings show that the majority of women report some empowerment around family planning and reproductive health decision making. However many still experience limitations on their mobility and participation in the making key decisions and lack full empowerment to take actions to ensure the welfare of their children and themselves.

JCAP used the KAP study findings in the development of Year 2 workplan. JCAP will submit the detailed KAP report to USAID at the start of Year 2.

Community Health Workers



“I am a leader in my area.”

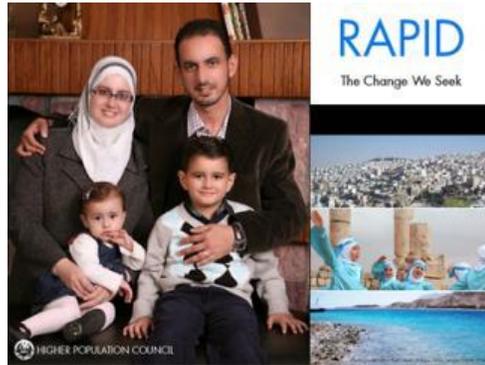
Ahlam Khawaldeh, a 25-year-old community health worker in the Community Outreach Program, is the first female to be a professional in the field in Alqadissyah/Tafileh Governorate. “In the beginning, people disapproved of my work being a female. Even I was afraid that I will not be accepted. But after the training that I received through the program, I became fully confident and gained credibility among my people. Now they trust the information that I give them, they come to me for advice, and they look forward to my visits.”

Two local NGOs, GUVS and CCA, implement the Community Outreach Program through the USAID-funded Activity JCAP “*Tawasol* in Arabic.” The program has 116 community health workers employed in various governorates in the Kingdom. These CHWs counsel married women of reproductive ages and provide them with information about modern family planning methods and the importance of birth spacing. They also give the women interested in using modern family methods referrals to health centers or the Private Doctors Network. In one year, these outreach workers conducted a total of 466,961 household counseling visits about family planning, reaching 232,194 married women of reproductive age.

“I became fully confident and gained credibility among my people. Now they trust the information that I give them, they come to me for advice, and they look forward to my visits.”
Ahlam Khawaldeh

Secondary Data Analysis

In Quarter 1, JCAP conducted an analysis of secondary data from evaluations and reports focused on family planning informational gaps and potential research needs in Jordan.¹ JCAP then conducted an analysis of existing documentation, reports, and evaluations of USAID/Jordan predecessor projects' SBCC and Advocacy/Policy interventions.² This structured learning review helped identify and prioritize those activities or components of SBCC and Advocacy/Policy activities that had been most successful and appeared to be promising practices for



The RAPID report developed by the USAID-funded HPP

replication/scale-up. On the basis of these initial findings, JCAP completed an in-depth study of the prioritized USAID/Jordan predecessor projects' SBCC and Advocacy/Policy activities. The study entailed a series of interviews with key informants who had direct involvement with previous programs. Building on these interviews, JCAP used the past experience to make meaningful, measurable improvements to transform media, change behaviors, and re-energize partnerships for policy change.

JCAP presented the report, "Findings and recommendations from a key informant interview study on previous USAID-funded SBCC and Advocacy/Policy interventions in Jordan," and discussed it with USAID and national partners during JCAP Year 2 work planning retreat in early September 2015. The discussions helped guide design and implementation decisions and support JCAP in making appropriate program investments.

Activity Monitoring and Evaluation Plan (AMEP)

During Year 1, JCAP revised its approved AMEP based on the feedback from USAID and the Monitoring and Evaluation Support Project (MESP). JCAP amended the language of selected indicators to ensure that the AMEP strategically aligns with the USAID-Jordan's mission performance management plan and that indicators accurately measure the Activity's on-the-ground interventions. JCAP also revised the Life-of-Activity targets, incorporating findings from the KAP survey.

Dev Results

JCAP is one of 14 Activities from five USAID/Jordan sectors (Economic Development and Energy/ Education and Youth/ Health/ Gender/ Democracy and Governance) participating in the first implementation phase of the new USAID/Jordan Performance Monitoring System. Dev Results, a web-based platform, will be a central repository for implementing partner data using a standardized format. That will facilitate a more efficient and strategic use of program monitoring information.

During Year 1, JCAP's Deputy Chief of Party, the RME team, and IT staff members participated in the May 2015 Dev Results launch session for the health and gender sector at MESP. Following this meeting, the JCAP RME team completed the Dev Results Indicator template based on the JCAP AMEP indicators (version 1.4) and sent it to USAID for feedback. USAID held a meeting in June 2015 with JCAP to

¹ Report submitted with Q1 progress report entitled: Analytic Summary of Family Planning in Jordan: A secondary Literature Review.

² Report submitted with Q2 progress report entitled: USAID-funded Family Planning / Reproductive Health Activities in Jordan: Review, Analysis, and Recommendations

discuss issues/queries (especially those related to indicator disaggregation), after which JCAP modified and resubmitted its Dev Results Indicator template.

TraiNet

During Year 1, JCAP successfully registered with USAID's TraiNet web system using an RI ID, Site ID, and password. JCAP is now entering training data into the system.

RAPID/Demographic Opportunity and Data Use Workshops through the US Census Bureau

In Quarter 2, the US Census Bureau collaborated with JCAP and the HPC to provide two workshops that contributed to building HPC and other partners' capacity for evidence-based advocacy and policy development. These two workshops were: *Understanding Demographic Dividend* and *Presentation and Evaluation of Health Data for Decision Making*. JCAP and the HPC identified participants and dates for these workshops and supported logistic preparations. Staff from the Technical Assistance and Capacity Building Branch, International Programs Center for Technical Assistance, Population Division, US Census Bureau conducted the workshops (20 participants each) in August 2015.



Dr. Sawsan Al Majali, HPC SG, at the opening of the Demographic Opportunity Workshop

Gender Mainstreaming

In Year 1, JCAP developed a gender strategy to define and guide JCAP's work and ensure gender mainstreaming across all its activities, especially those of its grantee CSOs. The strategy includes an action plan and M&E indicators. It is a living document that JCAP may modify as it moves forward and new opportunities arise. JCAP proactively and continuously reviews and strengthens gender elements in all Activity processes and products, including CSO grantee interventions. For instance, the terms of reference (TOR) for CSO grantees included measures to ensure that they incorporate gender concepts into curricula and training modules

JCAP worked closely with IRIS Group International, a recognized international partner for gender, on approaches and indicator measures for the Activity-level and KAP baseline survey. IRIS provided gender assessment tools and guidance in applying a Gender Analysis and Integration Matrix to sensitize staff to gender norms and decision-making at the household level that are likely to influence family planning method choice, discontinuation, and method switching.

JCAP partner led the design of a qualitative study titled "Exploring the Relationship between Gender Norms and Family Planning Practices in Jordan." The study will employ Focus Group Discussions (FGDs) and qualitative data analysis to investigate and deepen the understanding of gender norms and behaviors related to family planning. JCAP developed three FGD guides, which are ready for pilot testing. In Year 2, the research will explore gender norms and behaviors related to family planning in JCAP geographic sites, sampling MWRA, married men, unmarried Jordanian youth, and Syrian refugees (both married adults and unmarried youth).

JCAP obtained approval from the Institutional Review Board (IRB) committee of the office of Scientific Affairs and Research at King Hussein Cancer Center. JCAP also obtained Abt IRB approval, conditional upon the certification of primary investigators by the Collaborative Institutional Training Initiative Program (CITI). The CITI covers research ethical considerations and protection of human research subjects. Three members of the JCAP research team obtained CITI certification. JCAP implementing



JCAP targets all members of the Jordanian family in its activities

partner, Team International, experienced delays in obtaining official government approval, due to confusion between the Ministry of Interior and the MOH as to which entity should provide final approval to start the field work. JCAP is coordinating with counterparts at the MOH to expedite the approval process.

In December 2014, JCAP sponsored a high-level seminar titled “Gender and Reproductive Health: International Evidence and the Jordanian Context” to focus attention on the global evidence showing the interrelationships between gender and FP/RH issues. During the seminar, HPC Secretary General, Dr. Sawsan Majali highlighted key elements of the demographic opportunity and population growth status in Jordan. JCAP shared global evidence highlighting the interrelationship among reproductive health, gender equality, and women empowerment. She presented the local context, highlighting selected empowerment indicators for Jordanian women and how they link to total fertility and contraceptive practice. The seminar used an interactive approach and encouraged participants to share their opinions and experiences on gender-related issues and challenges in Jordan. The participants also discussed some recommendations and suggestions for interventions and future cooperation with JCAP partners to widen information dissemination.

To ensure inclusion of gender concerns in the first tranche of the grants program, JCAP helped each grantee review its approach, training curricula, and messages. The goal was to make sure they focus on empowering women to make informed family planning decisions and seek information and services about their family’s health and wellbeing. JCAP adopted the same approach in designing the scope of the second tranche program, which JCAP will award during Quarter I of Year 2. In the process of establishing the SSC and selection of national, government, and community Champions, JCAP followed a gender-balanced selection process in which women are equally represented and empowered to define and advance gender issues and related interventions.

Syrian Refugees

To ensure a wide reach to Syrian host communities, JCAP included a large presence of Syrian refugees as one of the selection criteria for the Activity’s priority geographic areas during Phase I. Moreover, the first tranche grants programs took into consideration community outreach to Syrian refugees for FP/RH awareness raising and knowledge improvement activities. In the KAP baseline survey, JCAP placed special emphasis on assessing Syrians’ family planning-related behaviors and how these behaviors influence their fertility choices. The KAP study indicated that Syrian refugees, residing in the surveyed areas, tend to be younger, less educated, poorer and more urban than their Jordanian counterparts. The findings showed, however, similar fertility preferences and comparable family planning practices to Jordan women. Building on these findings, JCAP will design messages and communication strategies that address common concerns of Syrian and Jordanian women.

Youth Involvement

During Year 1, JCAP incorporated youth-targeted interventions into the grant programs and reached thousands of male and female youth in their communities. In Year 1, the gender team reviewed work plans and monitoring and evaluation plans of the first tranche grantees to ensure that the programs targeted youth through a number of channels. The gender team also introduced youth concepts within the second tranche grants scope of work for both SBCC and Advocacy/Policy components. Through the second tranche grants in Year 2, JCAP will augment youth-focused activities with additional grantee interventions to ensure that engagement and participation of young people is broad and multi-channelled. This includes assisting youth groups to engage in activities such as film-making; interactive theater; peer-to-peer and debate sessions.

Initiation of the JCAP Grants Program

During Year 1, JCAP implemented the Grants program in close collaboration with the HPC and MOH. To initiate the Grants Program, JCAP developed a Grants Manual and Handbook, which USAID approved, to provide clear guidance on implementation of the grants program. The manual specified the roles and responsibilities of the grantees toward JCAP, the grantor. The manual also included steps and procedures required to ensure that the program achieves its objectives and goals and that grantees use the money appropriately to achieve program objectives. The handbook, printed in English and Arabic languages, provides step-by-step instructions to grantees to ensure that they comply with the grants awarding procedures and that they monitor and report their progress accurately. Building on the approved Grants Manual, JCAP developed the Annual Program Statement (APS). The APS is a short document that communicates the grant purpose and situates it with JCAP's overall strategic goals, deliverables, and expectations. After an initial misperception from JCAP that the APS was officially approved by the Activity Officer Representative (AOR), JCAP obtained formal approval from the Agreement Officer (AO).

In April 2015, JCAP granted the first tranche of its Grants program to Jordan Hashemite Fund for Social Development (JOHUD), INJAZ, and Islamic Charity Center Society (ICCS). JCAP met with the grantees and discussed the program's expected technical outcomes and operations procedures. The goal was to ensure smooth execution of the grants program and to finalize work plans activities, schedules, monitoring indicators, and reporting procedures as per JCAP templates. JCAP helped the grantees finalize their curricula, manuals, and training modules to make sure that they accurately and effectively convey SBCC and Advocacy/Policy content. The data collection and reporting tools and templates include selection criteria for grant coordinators, activity summary report, training attendance sheet, next month's activity plan, and monthly, quarterly, and final narrative reports. The JCAP RME team provides regular support to the grantees' teams.

Capacity Building for the First Tranche Grantees

JCAP initiated its work with the grantees by assessing their technical capacity. Based on this assessment, the Activity prioritized the following capacity building actions in Year 1:

After signing the grant awards, JCAP helped the first tranche grantees incorporate evidence-based family planning, reproductive health, and gender-related



Wa'ezat during the capacity building training on family planning and reproductive health

messages in their previously developed community mobilization training modules. JCAP also helped the grantees develop an integrated monitoring and reporting system to monitor progress toward awareness-raising outcomes under each grant.

JCAP helped the grantees frame family planning and reproductive health in the context of religious beliefs of their target groups. JCAP commissioned a communication expert to design a capacity building program for educators from religious leaders and *Wa'ezat*—whom JCAP will recruit under the ICCS grant—to cover family planning and reproductive health issues and communication skills. The consultant reviewed existing religious leaders' training curricula and updated the content to integrate family planning and reproductive health messages in line with JCAP's objectives.

Second Tranche of the Grants Program



CBOs during the orientation on the orientation for the second tranche grants

At the end of Year 1, JCAP issued a request for applications (RFA) to potential grantees to implement community-based health awareness and community mobilization interventions. The objectives of the second tranche are to increase knowledge of the benefits of family planning and about modern family planning methods and their benefits; promote birth spacing of at least three years, focusing on the positive impacts on child and maternal health and family wellbeing; promote the concept of small family size;

encourage couple dialogue to plan for their future family and to decide when they are best suited to provide for a child's overall wellbeing; and promote understanding of gender principles, women rights, and gender equity, including equal access to social, economic, and political opportunities. JCAP received and started reviewing and scoring 28 applications from potential grantees. JCAP will complete the selection process and will award at least three grants during Quarter 1 of Year 2.

Training of Youth Peers: Youth Clubs in Jordanian Communities

This is the story of Um Abdalla, a Syrian woman aged 26.

“I was 16 years old and living in Syria. I always dreamt of marrying a man from another country and my wish came true when a woman from Jordan came to visit us carrying a picture of her son. She asked for my hand and I accepted.

“My husband is 11 years my senior. From the start of our marriage, my mother-in-law interfered in our private lives. She insisted that we should have many children immediately while we were still young, even though we had financial difficulties. My husband and I decided to postpone bearing children until our finances improved. I used oral contraceptive pills, but when my mother-in-law found out, she created problems for me, and she made my husband force me to stop.

“I got pregnant after two months of my marriage. I was very young and my parents-in-law were very controlling. No sooner had I delivered that my mother-in-law wanted another child even though my husband and I had agreed to wait after our first baby. My husband used the condoms, but unfortunately he didn’t commit to using it all the time, and the result was two babies in the first two years of marriage.

“I decided to use contraceptives regardless. Marital problems broke out between us because of our financial strains and my mother-in-law’s interference. When my mother-in-law found out that I am using family planning she said, “You have to bear children; it’s not up to you! And if you don’t want, I will find another wife for my son.”

“I got divorced and I took my children with me. My eldest is a daughter in third grade and my son is in the second grade. My husband remarried and had more children. My kids and I are living in Jordan alone. My family is still in Syria and I cannot reach them. I decided that I don’t want to marry again. I don’t want to have someone planning my life and controlling me.

“Now I dream that every young woman knows her rights. She should not marry in haste. I wish that every young woman realizes that it is her right to plan a family and its future life with her husband, and her husband alone.”

Um Abdalla completed the basic course on FP/RH and gender conducted by the Youth club of JOHUD, along with 240 other young men and women. This training is part of JCAP’s advocacy activities, funded by USAID and implemented by JOHUD, a CSO. Um Abdalla also attended a follow-up training to cascade her training to her peers and raise awareness among the youth on family planning issues and the demographic opportunity.

“Now I dream that every young woman knows her rights. She should not marry in haste. I wish that every young woman realizes that it is her right to plan a family and its future life with her husband, and her husband alone.”
Um Abdalla



Youth during training of youth peers

I. Component I: Demand for FP/RH Services Increased

In Year 1, JCAP developed its SBCC Strategy, which serves as a roadmap to identify and guide future directions for JCAP SBCC activities.

To ensure the validity of the health information and messages in the SBCC materials, JCAP and the MOH created four technical committees comprising members from the WCHD, HCAD, and School Health Directorate to review all SBCC material contents during the Activity timeframe, organized as follows:

- a) Review of Religious Leaders training kit
- b) Design of the family planning campaign
- c) Review of the family planning content for school health communication materials
- d) Review of the FP/RH content of all JCAP printed materials

I.1 Support CSOs to Promote Family Planning and Reproductive Health

Design SBCC Component of the Grants Program

As a key part of its SBCC Strategy, JCAP included a robust SBCC component in the Grants Program. Following the award of the first tranche grants, JCAP worked with each grantee team to develop operational, program, and monitoring and evaluation (M&E) plans for the awarded SBCC activities. JCAP also worked closely with each grantee's team on content development to ensure that their training curricula modules integrated FP/RH and gender topics and messages.

- JOHUD: In Year 1, JOHUD initiated eight youth clubs and recruited 240 members. These youth clubs will conduct community-based youth peer-to-peer communication sessions, short films, and interactive theater. The purpose is to raise peers' awareness about healthy, FP/RH, and gender practices and foster their intentions to make informed fertility choices.

Eighteen youth educators attended a trainer of trainer (TOT) workshop on FP/RH and gender issues. Youth educators then conducted eight training workshops for the 240 youth club members on the same topics. One hundred members from the youth clubs attended peer-to-peer training workshops on planning and conducting peer-to-peer education. In Year 2, the trained youth club members will conduct peer-to-peer sessions addressing couple dialogue, life planning, early marriage, and women empowerment, reaching 7,200 youth. Other youth club members will receive training on debate skills, film making, and interactive theater scenario writing and performing.

- INJAZ: The INJAZ grant program for SBCC is two-fold: 1) We Are Social Leaders (WASL), which targets youth aged 18-25 and trains participants to conceptualize and implement initiatives addressing FP/RH and gender issues; and 2) GOAL, which targets schoolgirls aged 14-17 and uses sports to engage girls in life skills, including integrating FP/RH education, and to empower them to make informed choices about their health. During Year 1, JCAP helped INJAZ adapt a training kit integrating FP/RH and gender topics. INJAZ selected 16 youth centers from partner institutions such as the High Youth Council, JOHUD, "We are all Jordan" Commission, universities, and colleges to participate in WASL. INJAZ also selected 15 secondary schools to participate in GOAL programs. Starting in Quarter 1 of Year 2, INJAZ will conduct GOAL classroom sessions covering reproductive health, early marriage, life planning, and family size

issues during the first semester of the academic year. The following semester, GOAL classroom sessions will cover gender and family planning.

- ICCS: In Year 1, ICCS recruited 18 educators, including 10 men and eight women. JCAP trained the educators on FP/RH and gender issues, group facilitation, and communication skills to increase community support for FP/RH and the role of women in building a healthy and productive society. ICCS conducted 30 group discussions: 16 men group discussions reached 414 men and 14 women group discussions reached 368 women.

JCAP will measure the behavioral effects of these interventions in Year 2.

Build CSOs SBCC Technical Capacity

Based on the grantees' SBCC capacity assessment, the Activity achieved the following capacity building actions in Year 1:

- JOHUD: JCAP supported JOHUD in reviewing and adapting the youth FP/RH training modules and the SBCC peer-to-peer training modules and implementation methodology. In Year 2, JCAP will measure the behavioral results of these interventions.
- INJAZ: JCAP supported INJAZ in adapting GOAL and WASL modules to integrate FP/RH and gender topics. JCAP also helped INJAZ design the adapted GOAL manual.
- ICCS: JCAP commissioned a communication expert who designed a capacity building program for ICCS educators to cover FP/RH issues, group facilitation, and communication skills. The expert also conducted five-day training for the 18 educators. In Year 2, these educators will conduct FP/RH education sessions for both men and women.



Cover page of INJAZ GOAL manual on FP/RH, gender and life planning

1.2 Implement National FP Campaigns

In Year 1, JCAP assessed the design and media strategies of the previous family planning campaigns³, including method-specific campaigns conducted under Strengthening Health Outcomes through the Private Sector (SHOPS/Ta'ziz) and the Hayati Ahla campaign conducted under Jordan Health Communication Partnership (JHCP) Activity. JCAP developed a revised campaign strategy to promote such behavior change as moving toward smaller families and to increase demand for FP/RH services.



OCP TV spot screen including partners' logos

To oversee this effort, JCAP established a Campaign Design Committee with the MOH Woman and Child Health Directorate (WCHD), the MOH Health Communication and Awareness Directorate (HCAD), and HPC. JCAP developed a revised campaign strategy that the Committee approved, and that JCAP will launch in Year 2. The campaign messages will reflect the quality of life attained through

³ SHOPS/USAID, Evaluation of the Reach and Effect of the IUD social marketing Campaign, Wave 2 - July 2014
USAID/Jordan, Evaluation of Jordan Health Communications Program – October 2011

adopting life planning for a smaller family size and family planning practices using modern family planning methods. This co-creation process with partners including MOH, HPC, RMS, UNRWA and JAFPP is taking longer than if JCAP were to have designed it alone. This delay is more than justified, however, by the added value reaped from consensus building and ownership JCAP built with its partners.

Resume Modern Method-Specific Campaign

JCAP resumed the integrated method-specific campaign for the Oral Contraceptive Pills (OCP) developed under SHOPS/*Ta'ziz*. The decision to resume the OCP campaign alone was to prevent method cannibalization between OCP and IUD, i.e., OCP users shifting to IUD use after another IUD campaign wave. The findings of a post-tracking survey of the first wave of the OCP campaign showed its effectiveness in increasing knowledge, correcting misconceptions, improving attitudes, and contributing to an increased use of OCPs.

JCAP adapted the messages delivered during the “edutaining” (educational-entertaining) lectures to focus on discontinuation and adjusted the media plan toward cost-effective channels to reach the target audience. JCAP included the logos of the Royal Medical Services (RMS) and the NGOs from the Jordan Civil Coalition for Family Health (formerly Family Planning Coalition). The endorsement from additional organizations such as the RMS with a strong constituency provides additional credibility and reinforces the power of the campaign messages.

JCAP ran a multi-component campaign wave from mid-December 2014 through mid-March 2015, implementing a synergistic mix of mass media TV and radio spots, public relations, merchandising in private clinics and pharmacies, community lectures, and social media.

Based on IPSOS⁴ statistics, the campaign achieved the reach shown in Table I among targeted audiences. Reach is defined as audience who saw or heard at least one placement of the campaign.

Table I. OCP campaign reach, December 15, 2014 – March 15, 2015

Target audience	Reach
MWRA, 20 – 40 years	354,144
Mothers-in-law, 40+ years (Influencers)	296,168
Married men, 20 – 50 years (Influencers)	342,056

OCP campaign implementation metrics

a. Mass Media Advertising

- TV placements: 371 TV spots aired on Jordan TV and Ro'ya TV⁵
- Radio placements: 312 radio spot airings on Hayat FM, Hala FM, and Amman FM

Gross rating points (GRP) achieved by the JCAP campaign:

- 1,729.93 GRP for married women of reproductive age (20-40)
- 2,660.32 GRP for mothers in law (40+)
- 1,712.59 GRP for married men age (20-50)

⁴ IPSOS is the second largest survey-based research group worldwide, operating in more than 66 countries. IPSOS advertising metrics are the statistical reference for professionals to assess campaigns' reach. www.ipsos.com

⁵ Numbers reflect the campaign period, January – March 2015

GRP is a media indicator that reflects the combination of audience reach through selected media channels and the frequency of audience exposure to these media channels. Media plans seek to achieve the highest GRP possible through a defined budget and campaign timeframe. Common business practice advertising has established 1,500 GRP as representative of an acceptable level of reach and frequency. The GRP values for the JCAP campaign audiences exceed this benchmark.

b. Public Relations

As part of these campaigns, JCAP accomplished the following media placements to provide in-depth information to address misconceptions, correct knowledge, and improve attitudes toward OCPs:

- Four TV broadcasts with JCAP Network doctor advocates, three on Jordan TV and one on Ro'ya TV. These interviews covered the topics of FP/RH and modern methods of contraception in detail, with a focus on OCPs
- Two radio broadcasts with JCAP Network Doctors on Hala FM and Amman FM
- One press release and one feature story on local daily media outlets and social websites, including: Al-Rai, Al-Ghad, Addustour, Petra Online, Al-Madana news, Al-Wakeel, Assawsana, Ro'ya Online, Arab Index, NewHub, Rum rem, Assabeel, Al-Anbat, Ahkelak, and Al-Arab Al-Yawm

c. Public Outreach through “Edutaining” Lectures

During the three-month campaign, 1,511 women, 1,213 of whom were MWRA, participated in family planning edutainment sessions held in JCAP geographic focal sites. To foster mothers' attention on the lecture messages, JCAP provided children with day care while women engaged in quizzes with prizes. This accompanied a lecture by a female doctor on FP/RH that highlighted the safety and effectiveness of OCPs.

Thirty-two percent of the women who attended the lectures received more personalized family planning counseling by Community Health Workers, and 21% received vouchers for free family planning services at private sector providers.



Women in Jerash learning about family planning at an edutainment lecture

The table below shows the breakdown of participants in these sessions.

Table 2. “Edutaining” lectures achievements

Governorate	District	Number of women reached	Number of MWRA(*)	Number of MWRA who received counseling on FP(**)	Number of MWRA who received voucher for FP(***)
Mafrq	Qasaba	218	175	104	64
Jarash	Qasaba	115	102	67	22
Ma'an	Husainyah	116	101	43	8
Amman	Queismeh	303	246	78	69
Amman	Naour	65	53	16	7
Irbid	Bani Obeid	157	103	30	26
Irbid	Al Koura	391	304	53	46
Tafileh	Al Hasa	146	129	21	14
Total		1511	1213 (80%)	412 (34%)	256 (21%)

(*): Total number of MWRA / Total number of women reached

(**): Total number of MWRA who received counseling on FP / Total number of MWRA

(***): Total number of MWRA who received vouchers for FP / Total number of MWRA

d. Merchandising

During Year I, JCAP initiated a public-private partnership with a private pharmaceutical company, Delta International. In the memorandum of understanding with JCAP, Delta committed to provide free detailing services, including the distribution of stands and promotional OCP brochures to 1,000 pharmacies and 400 private medical clinics. Delta targeted relevant service providers such as obstetricians, gynecologists, and female general practitioners. In return, Delta International received the opportunity to promote its product Lactipro® during the edutainment lectures. Lactipro® is a nutritional supplement that enhances lactation by supporting natural breastfeeding.

- 895 pharmacies detailed
- 341 medical clinics detailed

e. Social Media

In Year I, JCAP assumed responsibility of the “Osritna”⁶ Facebook page, which SHOPS/Ta’ziz initiated during its OCP media campaign. The purpose was to generate traffic and provide information about and visibility for the campaign activities with questions and answers, contests, photos on the “edutaining” lectures, and links to the TV broadcasts.

⁶ Arabic for: Our family

Table 3. Facebook page “Osritna.com” statistics from Oct. 24, 2013 to Oct. 24, 2015

Indicator	Number
Total reach	458,575
Total impressions	723,643
Number of people who engaged with page (unique users)	32,006
People "talking about the page"	23,367
Viral reach	64,182
Number of likes	24,451

Initiate a Community Based SBCC Campaign

The community-based SBCC activities conducted under the grants that will start in Year 2 will constitute the “below-the-line” – non mass-media channels – part of the newly designed family planning campaign. These activities include short film screenings, drama performances using interactive theater plays, and group discussions to reinforce mass media messages. This will ensure that consistent messages are communicated across mass media and below-the-line channels.

1.3 Assess the Feasibility of Reactivating JRTV Population Media Production Unit

Following USAID approval, JCAP issued a sub-agreement with the Jordan Media Institute (JMI) to conduct a feasibility assessment for reactivating the Population Communication and Production Unit (PCPU) at Jordan Radio and Television Corporation (JRTV). In Year 1, JCAP and the HPC reviewed and approved the JMI methodology plan. JMI will conduct the assessment in Quarter 1 of Year 2. If effective and viable, the JRTV/PCPU would present an attractive opportunity to convey advocacy messages for population and development and the demographic opportunity at a mass level.

1.4 Improve Community Outreach Program

Maintain a Community Outreach Program by CCA & GUVS

JCAP, the Circassian Charity Association (CCA), and the General Union of Volunteer Societies (GUVS) assumed the activities of the community outreach program from SHOPS/Ta’ziz. Before resuming implementation, JCAP assessed the program’s approach and reduced the home visits per client from eight to a maximum of five. JCAP also introduced client-tailored communication techniques through counseling sessions segmented according to client profile and individual reproductive needs.

As detailed in the table below, community health workers from CCA and GUVS conducted a total of 466,961 household FP counseling visits and reached 232,194 MWRA.



A lady in Baq'a providing information to the CHW for her history and to assess her situation

Additional results achieved during Year I include the following:

- 29,139 new acceptors of modern methods who switched from traditional methods, subdivided as follows: 10,526 IUDs, 10,194 OCPs, 698 Implanon, 6,593 Condoms, 978 Injectables, 90 Female sterilization, 59 Suppositories, and one Nova Ring.
- 20,867 poor/high-maternal-risk women received family planning vouchers to obtain free services from a private sector network doctor, 59% of whom redeemed the vouchers and sought the referrals.

Table 4. Community Outreach Program Year I Achievements vs Targets

Indicators	Targets	Cumulative to date (FY15)
Number of women reached by the Community Health Workers (CHWs)	231,412 women including 175,665 MWRA	232,194 women including 179,785 MWRA
Number of FP counseling visits	452,260	466,961
New acceptors of modern contraceptive methods	26,350 acceptors (15% of MWRA visited)	29,139 acceptors (16% of MWRA visited)

Careline for Voucher Recipients

Concurrent with the outreach program, JCAP continued Careline follow-up phone calls SHOPS/Ta'ziz initiated. According to the SHOPS/Ta'ziz Jordan evaluation of the Careline,⁷ the Careline follow-up telephone calls increased the uptake of free family planning vouchers among outreach clients. Results are statistically significant and demonstrate that more women in the treatment group acted upon the vouchers compared with the control group (58% and 52%, respectively).

In Year I, CCA and GUVS conducted telephone follow-up with 27,639 clients, encouraging them to act on the referrals and vouchers they received and providing new acceptors with an opportunity to inquire about their newly-used methods, possible side effects, and the way to receive follow-up services.

Review Activity's Community Outreach Program Strategy

During Year I, JCAP reviewed the community outreach program approach with its two implementing partners, CCA and GUVS, and designed and tested a more efficient approach that increases married women reach from 70% to 80% of total women visited. This approach enabled a reduction of follow up visits to only five from eight and introduced a segmented counseling approach with messages designed to respond to individual target audience needs. This allows a more cost-effective use of community health workers.

Implement a New Community Outreach Program

JCAP implemented the new Community Outreach Program approach starting in Quarter 3 of Year I. JCAP trained all community health workers (CHWs) from CCA and GUVS to identify the family

⁷ Source: Kamhawi S., Halassa M., Evaluation of Careline Follow-up Calls, SHOPS Project – February 2015

planning needs of women visited according to their stage in the reproductive life cycle stage, e.g., newly-married or limiter, and according to their use of any family planning method. The training included discussion skills to analyze the modern-method related barriers for traditional method users or non-users. Thus the CHWs could promote family planning methods that best fit the fertility objectives of the woman.

1.5 Leverage Social Media, Web and Mobile Communication

Launch Digital Storytelling Contest for Youth

With the support of JCAP in Year 1, JOHUD identified 20 members from its youth social clubs as filmmaking members and trained them on FP/RH and gender issues. This laid the groundwork for a digital storytelling contest for youth, which will start early in Year 2 as part of the JOHUD grant program.

1.6 Build on Successful JHCP Activities

In Year 1, JCAP conducted a secondary review of activities conducted by the USAID-funded Jordan Health Communication Partnership (JHCP) project. JCAP also conducted eight in-depth interviews with key informants using a standard interview guide with additional intervention-specific questions. The completed review of JHCP interventions recommended that JCAP continue with and scale up the following:

- A National Family Planning Campaign
- Religious Leaders Program
- Arab Women Speak Out™ (AWSO™)

a. Religious Leaders

JCAP formed a technical committee from the HPC, MOH, and Ministry of Awqaf, Islamic Affairs and Holy Places (MAIAHP) to assess the Religious Leaders training kit, which USAID-JHCP developed with the support of an expert in family planning communication in the Islamic context. The Committee reviewed the existing Religious Leaders training curricula and updated the content to integrate FP/RH messages in line with JCAP's objectives. Since the KAP findings indicated that religious leaders are not major influencers on family planning use, this activity will be revised in Year 2 in coordination with MAIAHP.

b. Arab Women Speak Out

JCAP assessed the AWSO™ training program during the secondary review and will amend the modules in Year 2 to integrate family planning topics, include male engagement, and work with Syrian refugees. JCAP also will consider scaling up the intervention, which was limited to Irbid governorate under JHCP, and expand it throughout JCAP's eight geographic areas.

Optimizing the Use of JHCP SBCC Materials

JCAP used the materials of the Health Competent School initiative USAID-JHCP had developed to support development of the FP/RH content of the INJAZ GOAL program.



Youth digital storytelling

Minister of Interior Announces the establishment of Governorate Health and Population Policy committees

In February 2015, the MOI issued a decree to establish six GHPPCs in Irbid, Mafraq, Jerash, Tafileh, Ma'an, and Amman.



The official letter form the Ministry of Interior to form GHPPCs

This decree, developed as a result of the joint advocacy efforts by the HPC, MOI-LDD, and JCAP, reflects the GOJ's appreciation of the need to face the negative effects of population growth and the Syrian refugee influx on local governorates' social and economic goals. Local inter-sectoral mechanisms are the most effective way to tackle these challenges.

Each GHPPC, chaired by the Assistant Governor for Development, includes the Directors of Health, Awqaf and Social Development, youth and women leadership representatives, and representatives from the local civil society. GHPPCs are mandated to act as the local population development nucleus. They lead the design of multi-sectoral policy advocacy and community awareness interventions tailored to meet local governorate development needs and priorities.

In collaboration with the HPC, USAID's JCAP Activity builds the institutional capacity of the GHPPC members in population and development, advocacy for policy development and reform, and FP/RH. JCAP helps the six committees develop, implement, and monitor tailored advocacy action plans to respond to priority policy issues in population growth, development, and FP/RH.

By building the capacity of the GHPPCs, JCAP will contribute to expanding the base of local leaders and Champions capable of using evidence-based data and tools. It will enhance the ability of leaders and Champions to help women and youth make informed fertility choices and gain better access to FP/RH information and services.



Basma Al Hababbeh, a member of Ma'an GHPPC presenting priority areas to be tackled through the GHPPC in Ma'an Governorate

2. COMPONENT 2: CAPACITY AND ENABLING ENVIRONMENT IMPROVED

Since its inception, JCAP worked with the HPC, MOH, MOI, stakeholders and community organizations to form an active policy and advocacy constituency at the national, governorate and community levels. JCAP developed clear strategic approaches in advocacy and policy, including the Champions program and finalized these approaches with the counterparts and the Strategic Steering Committee. These activities contribute to improving the family planning policy environment by raising the awareness of national and community leaders to the population growth challenges the Kingdom is facing and involving them in the advocacy movement for FP/RH policy change. Their advocacy efforts will be translated into gradual integration of population growth and family planning related policies in national and local development plans.

2.1 Support CSOs to Improve an Enabling Environment for FP/RH

Design the Advocacy and Policy Component of the Grants Program

During Year 1, JCAP developed the Grants program to engage with local CSOs, assisting them to implement community awareness and bottom-up advocacy interventions and to support community champions. Each of the three one-year grants to JOHUD, ICCS and INJAZ had activities related to community mobilization to promote family planning and reproductive health, gender and the demographic opportunity.

- a. JOHUD: During Year 1, JCAP helped JOHUD develop its work plan and incorporate FP/RH and the demographic opportunity into its training modules tailored for community leaders. JOHUD established eight support groups of 15 members in each JCAP area, a total of 120 community leaders, to conduct community awareness sessions on FP/RH, gender, and the demographic opportunity. The groups also highlighted the role of women and young people, both in shaping policy issues and in helping the country achieve its socioeconomic growth goals. JOHUD initiated the training of the eight support groups on FP/RH, gender, and the demographic opportunity.

JOHUD also used its established media channel, *Farah Al Nas* radio station, to amplify community voices and support community mobilization through:

- Drive back show: Eight open questions, one topic on a weekly basis, covered RH/FP, gender, and population related issues
- Eight weekly shows with eight Champions and key national figures broadcast for 30 minutes discussed JCAP interventions
- Eight advocacy messages broadcast (one message on a weekly basis, eight times a day) tackling the demographic opportunity and family planning issues

- b. INJAZ: In Year 1, the JCAP team helped INJAZ develop its work plan and adapt its community mobilization and debate training modules to reflect FP/RH and gender messages. INJAZ trained 11 youth project coordinators on debate skills in preparation for 24 debate sessions scheduled during Year 2.

Also in Year 1, INJAZ started integrating FP/RH, gender, and demographic opportunity topics within its three sessions per governorate “*Tiwar Al Ajyal*” (Generations Dialogue) sessions. These sessions engaged participants in open dialogues about topics such as life planning, marriage preparedness, family planning, and gender.

- c. ICCS: In Year 1, JCAP helped ICCS develop its work plan and adapt community mobilization training modules to reflect FP/RH, gender, and demographic opportunity messages. ICCS established eight social committees of 15 members each, for a total of 120 influential men, women, and youth, and trained them on family planning, gender, and the demographic opportunity. ICCS will conduct community sessions to promote interactive discussions of Jordan's population growth, the demographic opportunity, and the impact of population on development, gender, and women's rights. These, among other policy advocacy and SBCC interventions, will gradually change the social construct towards more acceptance of family planning as a means to attaining better lives.

Assist the Family Planning Coalition with the development of an Advocacy Plan

In Year 1, JCAP facilitated the participation of the Coalition members in advocacy training courses the Civic Initiative Support Activity (CIS) conducted. JCAP also conducted additional context-specific advocacy training. The training provided members with hands-on knowledge and skills on how to use society's power relations to achieve people's rights and how to influence policy makers to introduce required changes in the legal framework and policy.

JCAP conducted two workshops with Jordan Civil Coalition for Family Health (JCCFH) members in which they agreed on a list of priority policies that they will analyze in Year 2. JCAP helped Coalition members develop a joint advocacy action plan, which they will update annually to improve plans and policies for family planning programs. The actions of the Coalition members will enable them to both better promote their own programs and serve as advocates with their respective constituencies.

Expand the Family Planning Coalition membership

During Year 1, JCAP expanded the membership of the Jordan Family Planning Coalition, which SHOPS/Ta'ziz had established, by identifying three new members: Farouq Charitable Organization for Orphans (FCO), Al Amal Charitable Association (ACA), and the Institute of Family Health (IFH). In May 2015, Coalition members signed a joint memorandum of understanding (MOU) pledging to work together to improve FP/RH policy and awareness. During that event, the Coalition announced its new name: The Jordan Civil Coalition for Family Health (JCCFH). After assessing the capacity of Coalition members, JCAP conducted training for its members using tailored outlines for basic and advanced advocacy planning courses.



Fouq Al Sada group conducted a short sketch about family planning during the MOU signing ceremony

2.2 Build Capacity of Champions and Local Institutions

During Year 1, JCAP collaborated with the HPC to define a joint strategic vision of the Champions program. The HPC reviewed and endorsed JCAP's proposed Champions Program Strategy, which laid out the approach for selecting Champions and engaging them in population and family planning policy advocacy and community mobilization and awareness interventions.

Establish Champion Program

In Year 1, JCAP helped the HPC identify and contact more than 35 national and government figures willing to act as change agents and advocates in population, development, and FP/RH. Selected

Champions included opinion leaders, youth leaders, women leaders, religious leaders, Parliament members, celebrities, media representatives, and nongovernmental, governmental, and community-based organizations' representatives.



National champions at the launch of the Champions Program

In March 2015, the HPC launched the Champions program in collaboration with JCAP. During the event, Dr. Al Majali, the HPC Secretary General, presented the impact of family planning and population growth on national development goals. The JCAP COP introduced JCAP to the Champions. The COP summarized USAID's contribution to improving lives of Jordanian families by enabling men, women, and young people to enjoy healthy, prosperous lives by adopting informed decisions about their health, fertility, and family planning goals. Participants engaged in a lively discussion around population and development issues, the value of the Champion program, and their anticipated roles and responsibilities.

Despite a successful launch of the program, JCAP faced challenges implementing the Champions program at its full scale. Initial expectations of the roles and timelines of Champions were overly ambitious. Working with more than 35 national Champions was also challenging. Champions working on a voluntary basis need close follow up since they are generally unable to devote large amounts of their time to this effort. In Year 2, JCAP will work with a sub-set of 10-12 focal champions and develop advocacy actions tailored to the profile and interests of each Champion.

Community Champions

In Year 1, JCAP collaborated with the JCFFH to identify 33 community Champions who demonstrated interest in and commitment to furthering the causes of population growth, family planning, women's health, gender equality, female empowerment, and youth issues. JCAP initiated a capacity-building program in advocacy strategies with the Community Champions to prepare them to lead community-based advocacy activities in Year 2.

Establish a Fellows Program

JCAP originally planned to work with the HPC in Year 1 to recruit young graduates from relevant educational disciplines and start building their capacity to work with and provide assistance to government and national Champions. The HPC recommended postponing the initiation of the Fellows program to Year 3 after the Champions program is well underway.

Establish Governorate Health and Population Policy Committees (GHPPCs)

As presented in its Year 1 work plan, JCAP originally planned to establish Local Development Units (LDU) in each intervention district to serve as focal and coordinating bodies and support community mobilization and advocacy efforts at the governorate level. JCAP consulted with the HPC and the Ministry of Interior-Local Development Department (MOI/LDD) and agreed that building governorate-level multi-sectoral capacity is essential to sustaining local policy development and advocacy activities.

Therefore, instead of creating LDUs at this stage, JCAP advocated for the creation of the Governorate Health and Population Policy Committees.

In February 2015, JCAP supported the MOI/LDD to issue a Ministerial Decree to establish GHPPCs in each of the six governorates of JCAP's Phase I intervention areas: Jerash, Amman, Irbid, Mafraq, Tafileh and Ma'an. Each committee is led by the Assistant Governor for Local Development. Members include the



An introductory meeting with Mafraq GHPPC members

Director of Health, Director of Awqaf, Director of Social Development, women affairs representative, youth representative, an NGO representative, and a media representative. The purpose of these committees is to create a sustainable group at the Governorate level capable of designing and implementing multi-sectoral, evidence-based programs that contribute to improving the socioeconomic standards of local populations.

The main responsibilities of the GHPPCs are the following:

- Facilitate and support interventions JCAP introduces (including the activities of Champions) in each governorate, help mobilize communities in support of health and population goals, and provide JCAP-supported grantees with assistance and guidance
- Contribute to the development, review, and revision of health and population policy and advocacy plans at the governorate level
- Support evidence-based decision-making and planning processes at the governorate level by contributing to the generation of data and statistics related to the impact of population growth on development
- Provide ongoing assistance to CSOs conducting JCAP supported activities

During Year I, the six GHPPCs started operations with support from JCAP representatives. JCAP organized introductory meetings in each of the selected Governorates, during attendees discussed the TOR the MOI/LDD had approved. The committees discussed the focus, applications, and mechanisms the committees are expected to employ to achieve their mandate, including support for JCAP



A panel discussion around partnerships for a balanced population growth was conducted during the GHPPC meeting

Champions work and how JCAP would assist the GHPPCs.

In September 2015, JCAP conducted a two-day workshop for members of the six GHPPCs. The objectives of the workshop were to specify each governorate's needs and priorities with regard to the national family planning strategy; clarify JCAP's mandate; discuss the GHPPC TOR; clarify expected roles and responsibilities; and establish the basis for knowledge sharing among governorates. During the

workshop, committee members discussed obstacles facing family planning and population and brainstormed solutions to implement at the local level. Members prioritized policy barriers and community-awareness issues according to their overall impact and intervention feasibility. GHPPC members identified and discuss their roles and responsibilities in supporting their governorates' population and family planning policy issues. As JCAP transitions to Year 2, it will use the results of these discussions to help GHPPCs implement policy development, advocacy, and community mobilization action plans.

2.3 Support HPC and MOH Advocacy and Policy Initiatives

In Year 1, JCAP finalized the “Policies, legislation and strategies related to family planning in Jordan: Analysis, review and recommendation” report. This report reviewed 24 documents, including strategies and action plans from different institutions and nine laws and by-laws related to family planning policies. The first section covers the achievements attained in FP/RH strategies in the HPC and MOH based on the available M&E reports; implementation process challenges; and an initial set of recommendations for national family planning issues and policies. The second section of the report provides a review and analysis of family planning-related legislation, covering supportive and hindering factors. It also contains recommendations on amendments to ensure legal support for the provision of family planning information and services. JCAP and its partners used the report as one of the tools to identify the priority policies for action.



Assistant Secretary General for Technical Affairs and Strategic Planning Coordinator at the HPC presenting priority policy issues during an advocacy workshop

Based on the results of the “Policies, legislation and strategies related to family planning in Jordan: Analysis, review and recommendations” report, JCAP supported several HPC meetings that included participants from the MOH and other important stakeholders. Participants identified a list of actions that could improve the family planning enabling environment, including:

- Amend regulations to enhance midwives' role in family planning services since the 1959 midwifery law # 7 presents a legal barrier to midwives' role in these services
- Amend the 2010 personnel status law # 36, Article number 10 section b, in regard to age of marriage eligibility
- Ensure sustainability of trained staff to provide long-term family planning services through adoption of clear instructions governing movement and rotation of family public sector providers
- Increase the budget allocated for the purchase of family planning methods
- Make provision of post-partum and post-miscarriage FP/RH counseling after birth and miscarriage a requirement for maternal services in hospitals
- Include FP/RH and demographic opportunity issues in universities and schools curricula
- Involve the private sector and CSOs with the Governmental sector in the development and implementation of policies related to family planning
- Establish regulations to include family planning services in private health insurance plans

With these policy issues in mind, JCAP worked with the HPC's technical committee to analyze the family planning policy environment and review and update its advocacy and policy development scope. The analysis and policy review process revealed the need to act on and modify a subset of policy issues

that have the most direct impact on fertility choice and family planning practice. These issues include the following:

Priority Policy Issue 1: Jordan continues to suffer from the lack of trained female family planning service providers, especially in remote clinics. Training and empowering midwives to provide IUD insertion services at MOH clinics proved to be effective in expanding access to IUD insertion services. Policies and regulations that govern the role of midwives in the delivery of family planning services (including IUD insertion and removal) remain unclear, which creates uncertainty as to whether midwives have legal authorization to provide the service. Working in close collaboration with the MOH, JCAP will help the HPC advocate for a new law and related procedures that support the role of midwives as fully authorized service providers. Enacting this law will significantly contribute to expanding the availability of trained female service providers and will contribute to improving access to a wider range of IUD services.

Priority Policy Issue 2: The legal age of marriage in Jordan is 18. However, exemptions allow judges to approve younger-age marriages. By involving members of the SSC and relevant champions, JCAP will help the HPC advocate for amendment of the 2010 personal status law # 36 to stipulate the minimum legal age for marriage in article 10, section b. Amending this law to eliminate the exemptions will reduce the percentage of under-aged marriages, currently 13% of all marriages in Jordan.

In addition, JCAP will assist HPC and MOH in the modification of other policies and procedures that prevent full and equitable access to wide contraceptive choices throughout Jordan's public and private service delivery points. These issues include long-term retention of trained family planning service providers at MOH units, incorporating family planning- and population-growth related issues in secondary school and university curricula, and introducing policies or legislation to include family planning services in private health insurance plans.

In May, HPC and JCAP hosted the Secretary General of the MOI, 11 Governors, and the Deputy USAID Mission Director in a meeting where JCAP introduced the Activity's goal, objectives, and Year 1 work plan. During the meeting, Dr. Sawsan Majali presented a synopsis of the demographic situation in Jordan, highlighting population growth and its impact on the country's resources and development goals. During her presentation, Dr. Majali emphasized the role of the Governorates in achieving national development goals and overcoming population challenges (See meeting report in Appendix 2). Governors discussed the role of the LDUs and expressed their willingness to support the GHPPCs in their governorates.

Many recommendations directed at the HPC, JCAP, and the committees themselves came out of the governors meeting. The main recommendations are the following:

- Take into consideration the diversity of communities inside each governorate and customize approaches and programs in a culturally sensitive manner
- Involve decision-makers and field workers when developing strategic plans. By doing this, JCAP will benefit from opportunities such as the current decentralization efforts implemented in multiple governorates
- Consider advocating the creation of new regulations that regulate Syrians' internal moves within Jordan to help the GOJ easily identify their locations and gather more accurate demographic and socioeconomic data for the governorate development plans
- Take into account the impact of Syrian refugees on the demographic opportunity for Jordan

- Focus on family planning programs and their impact on development and strategic planning projects
- Provide a report from the HPC that includes data and information on population and development issues to all governorates

2.4 Optimize the Use of RAPID Presentations and Relevant Policy Tools

Resources for the Awareness of Population Impacts on Development (RAPID) is a tool that projects the social and economic consequences of high fertility and rapid population growth on sectors such as labor, education, health, energy, urbanization, and agriculture. The RAPID program raises policymakers' awareness of the importance of fertility and population growth as determinant factors affecting social and economic development. By working at the national and governorate levels, JCAP is helping the HPC optimize the use of RAPID as part of its policy and advocacy approach for the demographic opportunity.

Update National-level RAPID Presentation

During Year 1, JCAP developed an updated national RAPID report based on data related to Jordanians and excluding foreign residents in Jordan. Dr. Sawsan Majali disseminated it in a presentation on August 24 during the National Family Planning Day.

JCAP and the HPC recognize the importance of developing a special RAPID for the Syrian refugees in Jordan and combining it with the updated national RAPID. This comprehensive RAPID would give a more realistic picture of the actual situation and the subsequent social and economic challenges that the Kingdom will face if population growth remains unchanged. However, this activity is on hold until government-verified data on the Syrian refugee population become available.

Develop Governorate-level RAPID Presentations

In Year 1, JCAP finalized governorate RAPID reports for Irbid, Mafraq, Jerash, and Amman based on data from each governorate. The projection scenarios were similar to the national RAPID for high, medium, and low population growth. This enables decision makers at the governorate levels to appreciate relevant data and use them in their local development plans.

JCAP will include the governorate RAPIDs in the RAPID communication toolkit, with a set of multimedia and print materials to support national counterparts and the Champions in their advocacy activities.

Develop RAPID Dissemination/Operationalization Plan

JCAP drafted a RAPID dissemination plan to be adapted with the HPC, MOH, MOI, grantees, and the Champions in Year 2 to fit with their respective advocacy plans. The plan:

- Specifies the pertinent research findings and products for dissemination
- Identifies the end users who will apply/use the research findings and products
- Identifies the dissemination partners: individuals, organizations, or networks that can reach end users
- Identifies the possible methods and channels to communicate advocacy messages
- Allows evaluation and determines indicators of success such as the degree to which these concepts are reflected in the governorates local development and future decentralization plans.

2.5 Strengthen MOH Advocacy and Policy Capacity

In Year 1 through consultative meetings and workshops, JCAP helped the Women and Child Health Directorate (WCHD) identify key policy issues and barriers and related procedural bottlenecks that hinder the expanded availability of options for family planning methods and services throughout the MOH's service delivery units. Incorporating capacity building in policy development and formulation and advocacy, JCAP helped the WCHD draft a policy development/ advocacy plan that tackles three key MOH operational/procedural policies: expanding the delivery of family planning and women and child health services in MOH hospital outpatient clinics; ensuring long-term retention of trained family planning service providers; and ensuring the provision of adequate family planning methods at MOH points of service. The WCHD has begun taking active measures to advocate for procedural reform in order achieve these policies.

2.6 Develop Media Advocacy

At the beginning of Year 1, JCAP helped the HPC assess its Media Committee established in 2004. The HPC recommended restructuring the Media Committee, after the assessment identified weaknesses in the committee's capacity and the need to reconsider its membership and mandate. JCAP engaged the media to amplify the effect of advocacy/policy related events (Annex 1: media coverage). During Year 2, JCAP will work closely with the HPC to establish a media network and will help the HPC acquire the technical capacity to use data and advocacy tools such as the RAPID presentations. JCAP will mobilize trained media network members to cover relevant advocacy events and track media placements.

Outreach and Communication Strategy

JCAP Communication Toolkit

During the Activity's first year, JCAP developed a bilingual brand identity and used it on all Activity materials (stationary, presentations, publications, banners, and roll ups). JCAP developed guidelines and standards for using the identity. They comply with the USAID marking plan

JCAP Communication Library

In Year 1, JCAP established a communication library to serve as a resource center for JCAP staff and all partners. JCAP routinely updates it with photos, videos, publications, and branding guidelines for the Activity, USAID, and partners. During the coming year, JCAP will make the library accessible to partners and will share selected content via the JCAP website.

JCAP Website

During Year 1, JCAP developed a website that followed the JCAP brand in both English and Arabic. JCAP spent the development time needed to create an engaging and content-rich website in both English and Arabic. USAID approved the site's content. During Quarter 1 of Year 2, JCAP will launch the website along with all other social media platforms to serve as a resource center and act as an online hub for partners, Champions, and grantees.



The website includes information about the JCAP's interventions, activities, approaches, and publications, a media center, and a photo and video library.

Monitoring and Evaluation

During Year 1, JCAP updated and revised its approved AMEP to reflect the project scope, implementation approach, client priorities, and feedback from the USAID-funded Monitoring and Evaluation Support Project (MESP). JCAP amended the language of selected indicators to ensure that the AMEP strategically aligns with the USAID-Jordan's Performance Management Plan. Upon finalization of the JCAP KAP Survey, the AMEP revisions incorporated baseline and life-of-project targets for selected indicators.

During Year 1, JCAP developed comprehensive data collection tools and templates to guide the collection and management of data the project and grantees generated. These tools will ensure collection of all data variables, per the individual indicator Performance Indicator Reference Sheet (PIRS). The data will include numerator, denominator, and relevant disaggregation details such as nationality, sex, and age.

For instance, JCAP created an Excel-based 'Champions' activity tracker to capture the level of engagement of each Champion over time. In addition, JCAP created an Access-based, JCAP Activity database to capture critical details of individual project activities. Both databases support, inform, and contextualize the project activities that feed into AMEP indicator measurement and provide a historical record of all relevant activities. JCAP decentralized data entry for these databases. JCAP technical leaders manage the data entry. Technical staff received orientation and training on how to use the databases, templates, and other reporting formats. In addition, JCAP absorbed an existing Oracle database for extensive data collection and management of the health workers outreach program.

Since the Grants Program is a large component of JCAP work, JCAP collaborated closely in Year 1 with the first tranche of grantees to build their capacity to conduct reliable M&E. JCAP helped design their individual M&E reporting mechanisms, including templates for monthly and quarterly reports, data collection instruments and tools, and guidelines for collecting and submitting data elements required for JCAP AMEP indicators. JCAP will continue to tailor its M&E technical support to grantees to meet the needs of the Activity while building grantees' capacity to design and implement robust M&E for their family planning programs in the future.

JCAP worked closely with the MESP team to ensure the project contributes meaningful results to DevResults and other USG reporting mechanisms, as appropriate. Since DevResults is a newly launched system in Jordan, it has taken significant time to ensure the appropriate set up of JCAP indicators in the system. JCAP engaged in DevResults orientation and training workshops and in several collaborative consultation meetings to create an indicator system with appropriate disaggregations. The Activity also prepared for routine data quality audits (DQA) for selected indicators and will continue to refine its own internal DQA practices to ensure accuracy, reliability, validity, and timeliness.

Challenges, Lessons Learned and Solutions

JCAP concluded a successful first year, completing most of the planned interventions. Nevertheless, challenges arose due to the complex nature of social behavior and policy advocacy processes and the need for strategic alignment and engagement with multiple stakeholders. The challenges prevented the Activity from accomplishing all activities and milestones planned for Year 1. The Year 1 work plan

presented an ambitious set of activities, demonstrating the commitment of JCAP staff to achieve rapid progress against all Activity objectives. However, all parties agree that JCAP will not be effective if it appears to be working independently and if it does not apply innovative approaches and tools. So implementation of each aspect of the plan required extensive commitment of resources, especially staff time, from its partners. These partners often had conflicting priorities in certain time periods, some of which required delays in planned JCAP activities. We have described some of these challenges and solutions below.

KAP Baseline

Challenge: The KAP baseline survey faced delays due to an unanticipated change in plans from JCAP's initial implementing partner, the Department of Statistics (DOS). Initially, DOS agreed to perform key aspects of the survey, including drawing the sampling frame, conducting the survey in the field, data entry, and data cleaning. Because of the upcoming national census, DOS received instructions not to engage in any other surveys just before the survey's start. In June 2015, DOS notified JCAP that it would no longer be available to perform its role in the KAP survey. Therefore, JCAP needed to revise its timing and engage a new partner for this survey.

Lesson learned: While DOS is the recognized authority for population statistics in Jordan and the owner of the sampling frame for all population-based samples, it is not the only body in Jordan qualified or able to do population based surveys. Relying solely on a government agency that is subject to conflicting priorities (in this case, the national census) to perform key field activities is risky.

Solution: To mitigate the resulting delays, JCAP prioritized and expedited all processes under JCAP control to move the partner selection process ahead. After exploring other possibilities, JCAP issued a subcontract with a research center at the University of Jordan, the Center for Strategic Services (CSS), which completed the survey following rigorous performance and quality standards. JCAP worked with CSS, with support from EMPHNET, to complete all initial steps quickly. The field work for the survey took place in June with results disseminated by the end of September. This exceptionally rapid production of the results allowed JCAP to use the findings to prepare the Year 2 work plan.

RAPID Update

Challenge: The RAPID data collection process took longer than initially planned. Data were not readily available, and official validation of proposed assumptions took longer than expected. The HPC also faced delays in obtaining official validation of estimated projections. Challenges included a lack of demographic data related to the Syrian refugees in Jordan and data on costs, which are not readily available from different government sectors.

Lesson Learned: Obtaining data and assistance from a variety of national organizations that are not directly tied to the national FP/RH program requires regular and patient follow-up.

Solution: Subsequent JCAP work plans will reflect a realistic absorptive capacity from its counterparts. In some cases, detailed data that would be useful are not available, so JCAP must modify the RAPID presentation itself to focus on the indicators based on available data.

Grants Program

Challenge: JCAP took longer than expected to build the Grants management program and initiate its first tranche. After award of the first tranche grants, JCAP needed more time than originally estimated to support detailed planning and initial implementation of the programs of each grantee.

Lesson Learned: JCAP should have expedited the grants management program since its inception. JCAP should have also closely engaged the AOR and the AO and finalized the Grants Manual and Handbook at an earlier date of the year. Even grantees with previous experience under USAID projects need support to identify a set of interventions matching their programmatic skills with JCAP priority areas. Grantees are likely to need support to recruit qualified staff and implement effective competency-based training programs.

Solution: JCAP conducted additional one-on-one meetings to work intensively with each grantee. These meetings enabled JCAP to clarify mutual agreements, facilitate their contracting processes, and assure that other key mechanisms were in place before the programmatic work began. Subsequent JCAP work plans will include a period for more hands-on mentoring of grantees before they begin implementing their programs.

Champions Program

Challenge: JCAP's initial expectations of the roles and time commitments of Champions were overly ambitious. Negotiating and finalizing the Champions strategy with the HPC took longer than expected and resulted in recruiting a relatively large number (36) of national and governorate Champions, who required significant team time and effort. The JCAP team was not able to provide the follow up needed to keep the Champions engaged and support each one separately.

Lesson Learned: While they may be interested and committed to promoting FP/RH, Champions working on a voluntary basis are unable to devote large amounts of time on a regular basis.

Solution: In the coming year, JCAP will work with a sub-set of 10-12 focal champions and develop advocacy actions tailored to the profile and interests of each Champion. JCAP will help the HPC develop action plans for each focal champion to support the implementation of a specified policy advocacy plan, including a media advocacy process selected from HPC policy priorities.

Activity Monitoring and Evaluation Plan (AMEP)

Challenge: The JCAP AMEP submission and approval process took longer than expected. To be inclusive and responsive, JCAP sought feedback from different audiences, held joint meetings with monitoring and evaluation (M&E) experts, including MESP staff, and received a variety of ideas and suggestions about the design. While this process achieved a wider ownership and deeper consideration of how M&E results will reflect JCAP activities, it prolonged the AMEP approval process.

Lesson learned: Since JCAP was one of the first new activities in Jordan that the MESP supported, the process was not as smooth as it could have been. Future revisions of AMEPs (for other USAID-funded Activities and JCAP) would benefit from written guidance and timetables so that the process, roles, responsibilities, and deadlines for different steps are clear to all parties. JCAP should have acted more expeditiously developing and finalizing the AMEP and incorporating guidance from MESP and USAID.

Solution: JCAP held multiple consultative meetings with MESP, USAID Program Office, and M&E experts from Abt's home office. As a result, JCAP revised its approved AMEP and amended the language of selected indicators to ensure that the AMEP strategically aligns with the USAID-Jordan's mission performance management plan. JCAP also ensured that indicators accurately measure the Activity's on-the-ground interventions. JCAP revised the Life-of-Activity targets, incorporating findings from the KAP survey. JCAP refined indicators to reflect additional clarity on the nature and level of planned JCAP program activities and results, especially with respect to gender and youth. JCAP resubmitted to USAID the revised AMEP document with updated Indicators and Five Year Table in October 2015.

Gender Study

Challenge: The original plan for the Gender Qualitative Study called for IRIS Group International to perform data coding and analysis through NVivo, a qualitative data analysis software program designed for use in English. This methodology would require Arabic to English translation of the 42 focus group transcripts, a time consuming and costly option that carried the risk of losing the meaning of the FGD data. Furthermore, JCAP and its implementing partner experienced delays in securing final government approval required to implement the FGDs.

Lesson learned: Nuances in language are extremely important in qualitative research using focus groups, so even state-of-the-art tools may not be the best solution if they cannot capture these nuances.

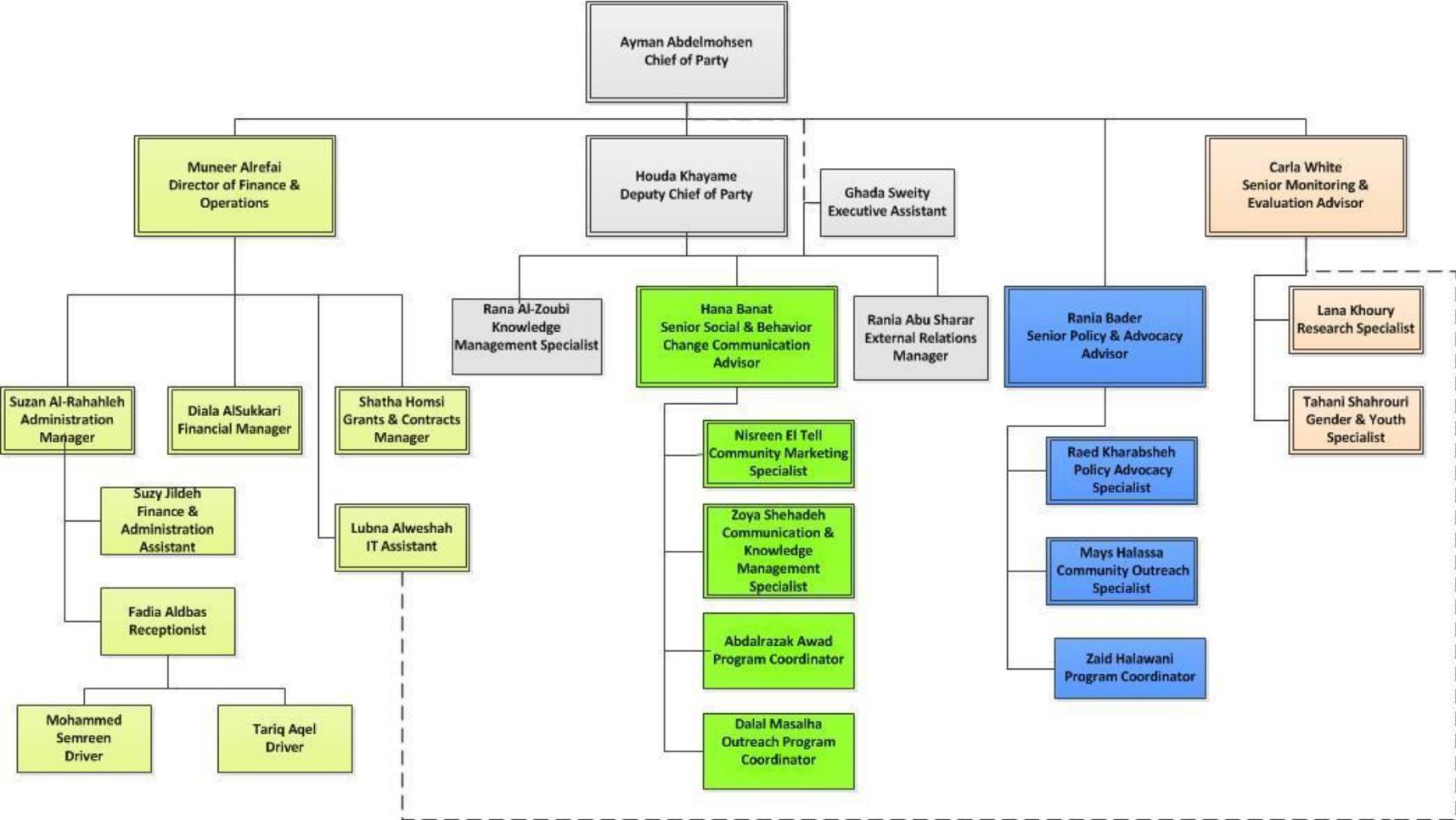
Solution: JCAP reallocated the tasks and budgeted funds from IRIS Group International back to Abt and redesigned the study protocol to use the services of a local bilingual consultant with strong background skills in qualitative data analysis and gender. The transcript analyses will be executed in Arabic, with the findings reported in English. JCAP is working with the MOH to expedite the approval process. Once JCAP obtains IRB approval from the GOJ, JCAP and its implementing partner for the study will complete it before the end of Quarter 1 of Year 2.

Operations and Finance

Staffing

During Year 1, JCAP completed the hiring of its technical and operations team, currently comprised of 26 full-time employees. JCAP added six local non-key positions and deleted two positions. As presented in the modified organizational chart (next page), the Activity team was modified so that it relies more and invests on local resources to effectively implement its scope and achieve anticipated results. The six added local positions are: Technical Communications Specialist, Outreach Program Coordinator, Senior Program Coordinator, Program Coordinator, External Relations Manager, and Executive Assistant. The two eliminated positions are Social Media & Digital Design Specialist and Grants Accountant.

JCAP Organizational Chart



Administration

In November 2014, JCAP moved to its new office premises after being temporarily hosted by HSS Bridge Activity office. JCAP completed the procurement of office furniture and equipment and the two vehicles as per the approved budget. JCAP also completed its Social Security Corporation and the Department of Income and Sales Taxes registration.

During Year I, JCAP developed the Grants Manual and Handbook which were approved by USAID on December, 2014 and August, 2015 respectively. The manual specified the roles and responsibilities of the grantees toward JCAP and presented necessary procedures required to effectively implement the grant awards and ensure compliance with Abt's and USAID grant awarding and procurement policies and procedures. JCAP also developed and disseminated the Annual Program Statement that communicates the grants purpose to potential grantees.

During Year I, JCAP issued eight subagreements with local implementing partners for the total value of \$412,039. JCAP issued to subagreements with our two community outreach implementing partners for the total value of \$1,326,678. Finally, JCAP awarded three grants under tranche one to JOHUD, INJAZ and ICCS for a total value of \$748,830.

Finances:

At Activity inception, JCAP opened a bank account at Standard Chartered Bank in Amman. , In August, 2015, the bank started applying new account maintenance fees, which JCAP believed were unjustifiable. JCAP closed its Standard Chartered Bank account in September, 2015 and established a new bank account at Citibank, Amman.

Budget Information:

Budget Line Item	Budget	Total Actual expenditures thru Q3 FY15	Actual expenditures for Q4 FY 15			Total Actual expenditures Q4 FY15	Total Actual expenditures as of Sept. 30, 2015	Remaining Balance
			Jul-15	Aug-15	Sep-15			
Direct Labor Cost & Associated Indirect Cost	\$8,672,789	\$1,792,991	\$137,611	\$157,752	\$226,977	\$522,340	\$2,315,331	\$6,357,458
Other Direct Costs	\$2,414,550	\$446,695	\$99,519	\$17,652	\$27,323	\$144,494	\$591,189	\$1,823,361
Sub-Agreements	\$5,629,054	\$1,318,616	\$46,790	\$120,584	\$301,649	\$469,023	\$1,787,639	\$3,841,415
Other Indirect Costs	\$2,283,475	\$426,070	\$45,169	\$36,421	\$56,071	\$137,661	\$563,731	\$1,719,744
Module 1: Sub-Grants	\$3,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000,000
Module 2: Unfunded Budget Allocation	\$5,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$5,000,000
Module3:Emerging Opportunities Fund	\$3,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000,000

Total Amount	\$29,999,868	\$3,984,372	\$329,089	\$332,409	\$612,020	\$1,273,518	\$5,257,890	\$24,741,978
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Obligated Federal Funds & Pipeline

Total Obligation as of September 30, 2015	\$10,179,139
Cumulative costs through June 30, 2015	\$3,984,372
Cumulative costs from July 1, 2015 through September 30, 2015	\$1,273,518
Pipeline	\$4,921,249
Monthly burn rate	\$424,506
Months of pipeline	12 Months

Cost Share

Abt Associates is committed to a cost share contribution of 10% of the federal funding received. During Year I, JCAP used the cost share methods in accordance with 22 CFR 226.23 as per the approved cost share plan. As of September 30, 2015 JCAP achieved the amount of USD 295,013 as follows:

Year I Cost Share as per the agreement	\$206,703
Achieved Cost Share through Outreach Sub agreements	\$139,609
Achieved Cost Share through media / other Sub agreements	\$135,076
Achieved Cost Share through our partners	\$11,153
Achieved Cost Share through sub grants	\$9,175

Year I Quarterly Milestones Update / September 30, 2015

Planned Outputs	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Status / Comments
Creation of the Strategic Steering Committee (SSC)					
SSC created and functional	SSC members designated, TOR finalized JCAP Year I workplan presented to SSC	JCAP quarterly review conducted	JCAP quarterly review conducted	JCAP quarterly review conducted	Completed
Geographic Prioritization					
JCAP priority intervention areas selected	Selection and mapping criteria defined Priority intervention areas identified, concurred by HPC and approved by USAID				Completed
Creation of Local Coordination Committees (LCCs) renamed Governorate Health and Population Policy Committees (GHPPC)					

Eight LCCs created and functional		LCC members designated, TOR finalized	JCAP monthly progress review meetings conducted	JCAP monthly progress review meetings conducted	Completed
Situation Analysis					
Secondary data analysis review completed	Secondary data analysis review report produced <i>“Documentation and investigation of previous USAID-funded Jordan FPIRH” interventions</i>				Completed
Baseline KAP survey completed	Protocol and methodology developed	Data collection completed, data analysis initiated	Baseline KAP report produced	Baseline KAP findings disseminated	Completed
Design and Implementation of Grants					

Grants awarded	Grants' manual finalized TORs for first tranche grants' program finalized	Grants Handbook/guide produced Grants to first tranche CSOs awarded	TORs for second tranche grants program finalized Institutional capacity of second tranche CSOs assessed	Short-list of second tranche potential grant applicants finalized Grants to second tranche CSOs awarded	Completed for first tranche Second tranche grants postponed to Year 2
1. Demand for FP/RH Services Increased					
1.1 Support CSOs to Promote FP/RH					
<i>1.1.1. Design SBCC Component of the Grants Program</i>					
SBCC component of CSO grants program designed and awarded	SBCC TOR for first tranche finalized	First tranche SBCC grants awarded	SBCC TOR for second tranche finalized	Second tranche SBCC grants awarded	Completed for first tranche Second tranche grants postponed to Year 2
<i>1.1.2. Build CSOs' SBCC Technical Capacity</i>					
Grant CSOs' SBCC capacity strengthened		SBCC capacity needs identified through technical checklists National Communication and PR firm selected	SBCC training modules developed SBCC training for first tranche CSO grantees conducted		Completed for JOHUD and ICCS INJAZ postponed to Year 2
1.2. Implement National FP campaigns					

<i>1.2.1. Resume Modern Method-Specific Campaign</i>					
OCP campaign resumed	Media plan finalized				Completed
	One month multi-channel OCP campaign implemented	Two-month multi-channel OCP campaign implemented			
<i>1.2.2. Implement a New Modern-Methods Campaign</i>					
New campaign concept designed and implemented		Creative brief for new campaign concept developed	New campaign materials designed, pretested and produced	Two-month campaign implemented	In progress
<i>1.2.3. Initiate Community Based SBCC Campaign</i>					
Community-based SBCC content developed				Creative brief for SBCC concept developed	In progress
<i>1.3. Assess the Feasibility of Reactivating JRTV Population Media Production Unit</i>					
Media unit's needs identified			Feasibility assessment completed		Postponed to Year 2
<i>1.4. Improve Community Outreach Program</i>					
<i>1.4.1. Maintain a Community Outreach Program by CCA & GUVS</i>					
Community outreach visits conducted	123,830 visits conducted	123,830 visits conducted			Completed
<i>1.4.2. Review Activity's Community Outreach Program Strategy</i>					

Community outreach program strategy reviewed		New community outreach strategy reviewed/updated			Completed
<i>1.4.3. Implement a New Community Outreach Program</i>					
New community outreach program implemented		New community outreach visits targets established for Q3 and Q4	New household visits for Q3 achieved	New household visits for Q4 achieved	Completed
<i>1.5. Leverage Social media, Web and Mobile Communication</i>					
High impact social communication tools and channels identified		Social and digital communication strategy produced			In progress
<i>1.5.1. Launch Digital Storytelling Contest for Youth</i>					
Digital story-telling contest implemented			Youth groups identified through partner CSOs Contest designed by youth groups	Contest launched Journalists engaged for media coverage	In progress
<i>1.5.2. Establish Routine Digital Dialogues</i>					

Routine digital dialogue established				Firms developing SMS-based tools identified	Completed
<i>1.5.3. Develop Interactive Digital Applications</i>					
Interactive digital application identified				Digital application firm identified and selected Scope of work for development and testing of an app/game prototype finalized	Modified / Due to high costs and extensive time length necessary to develop a app/game, recommendation from Bidaya to focus on social media educational entertainment
I.5. Build on Previous USAID Funded Activities					
<i>1.5.1. Religious Leaders</i>					
Religious leaders intervention reviewed and integrated		JHCP training modules reviewed and updated	Training events conducted in year 1 districts	Religious leaders actively engaged in CSOs' community events	In progress
<i>1.5.2. Arab Women Speak Out (AWSO®)</i>					
AWSO® intervention reviewed			AWSO® intervention assessed and training module reviewed		In progress
<i>1.5.3. Mabrouk Packets</i>					

Mabrouk Packets intervention reviewed			Mabrouk Packets intervention assessed and contents reviewed		Completed: Mabrouk Packets intervention assessed as part of the secondary review of JHCP interventions. It was not among the top three priority interventions to carry on by JCAP.
2. Capacity and enabling environment improved					
2.1 Support CSOs to Improve an Enabling Environment for FP/RH					
2.1.1. <i>Design the Advocacy and Policy Component of the Grants Program</i>					
Advocacy and Policy (A/P) component of CSO grant program designed and awarded	TOR for A/P first tranche finalized	First tranche A/P grants awarded	A/P TOR for second tranche finalized	Second tranche A/P grants awarded	Completed for first tranche Second tranche grants postponed to Year 2
Grant CSO A/P capacity strengthened		A/P capacity needs identified through technical checklists A/P training modules developed	A/P training for first tranche CSO grantees conducted		In progress
2.1.2. <i>Assist the FP Coalition with the Development of an Advocacy Plan</i>					
FP coalition advocacy plan developed and implemented		FP coalition advocacy planning workshop conducted, strategic priorities identified	FP Coalition members trained in A/P	Advocacy activities initiated as per plan	In progress
2.1.3 <i>Expand the FP Coalition Membership</i>					

FP Coalition expanded		Three new coalition members identified and signed the FP Coalition mission statement	New FP Coalition member's institutional advocacy capacity built		Completed
2.2. Build Capacity of Champions and Local Institutions					
<i>2.2.1. Establish Champion Program</i>					
National and government champions					
National and government champions identified and engaged	6-8 national champions and 6-8 government champions identified	6-8 national champions and 6-8 government champions participated in the brainstorming workshop on advocacy messages for FP to achieve the demographic opportunity			Completed
Champions' FP/RH advocacy capacity built		National and government champions' advocacy needs assessed Brainstorming workshop materials developed Champion advocacy capacity toolkit developed	12-16 national and government champions trained/oriented		Delayed: Champion approach was over ambitious and modified.

Champions participated in media advocacy activities			Champions' media advocacy plan developed (TV, Radio and Newspapers)	Champions' media advocacy plan implemented through five media broadcasts with national and government champions	Completed
Annual advocacy event conducted				Champions' led advocacy event attended by 100 stakeholders and policymakers	Cancelled: Modified Champions approach will be implemented in Year 2
Community Champions					
Community champions identified and engaged		10 community champions identified and engaged			Completed
Community Champions' FP/RH advocacy capacity built		Community champions advocacy needs assessed	Community champions' advocacy training toolkit developed 10 champions trained in advocacy skills, public and media speaking skills	10 community champions participated in a comprehensive workshop on advocacy skills, public and media speaking skills	In progress

<p>Community advocacy plan developed and implemented</p>				<p>Community advocacy plans developed</p> <p>Five community advocacy events/activities conducted by community champions within their communities</p>	<p>Completed</p>
<p>Town hall meeting conducted</p>				<p>One town hall meeting conducted</p>	<p>Postponed to Year 2</p>
<p><i>2.2.2. Establish a Fellows Program</i></p>					
<p>Fellows recruited at government and community level</p>			<p>Fellowship program discussed with and accepted by SSC</p> <p>Circular issued by HPC to establish fellowship program</p>	<p>40 fellows selected at government and community levels</p>	<p>Delayed / Fellows' program postponed to Year 3, based on HPC recommendation to first establish a solid champions' program during Year 2</p>

Fellows capacity built			Fellows training toolkit developed	40 fellows trained in RAPID, management, communication and leadership skills	
2.3. Support HPC and MOH advocacy and policy initiatives					
HPC advocacy and policy plan developed	HPC-led technical taskforce established	Report summarizing priority policies and advocacy strategies finalized and circulated HPC priority advocacy and policy action plan developed	National FP/RH Strategy Reviewed National advocacy forum established	Advocacy plan developed	In progress
HPC and MOH advocacy and policy capacity built		HPC and MOH staff trained in management, communication and leadership skills	HPC and MOH staff trained in A/P analysis and monitoring		Completed
HPC M&E and data reporting systems assessed			HPC M&E and data reporting systems assessed		Cancelled
2.4. Optimize the Use of RAPID Presentations and Relevant Policy Tools					
2.4.1. Update National-Level RAPID Presentations					

National RAPID updated		Current National RAPID updated	National RAPID presentation updated	Policy briefs and advocacy materials produced	Completed
<i>2.4.2. Develop Governorate-Level RAPID Presentations</i>					
Governorate RAPID tools and presentations updated		Governorate-level RAPID content agreed-upon with LCC Governorate-level RAPID tool updated	Governorate-level RAPID presentations updated	Policy briefs and advocacy materials produced	In progress
<i>2.4.3. Develop RAPID Dissemination/Operationalization plan</i>					
National RAPID presentation disseminated			Five sectoral national RAPID dialogues conducted	National RAPID presentation and policy briefs and advocacy materials disseminated	In progress
Governorate RAPID presentations disseminated				Governorate-level RAPID presentations, policy briefs and advocacy materials disseminated	Postponed to Year 2
<i>2.5. Strengthen MOH Advocacy and Policy Capacity</i>					

WCHD and HCAD advocacy and policy capacity built		Institutional advocacy and policy capacity building strategy developed	Advocacy action plan developed and presented to relevant MOH directorates and JFDA Contraceptive policy barriers identified		Completed
2.6. Develop Media Advocacy					
Advocacy capacity of HPC Media Committee strengthened	HPC Media Committee needs assessment conducted	Media Committee refresher on demographic opportunity conducted	Media representatives trained on RAPID		In progress
Champions and FP Coalition media activities designed and initiated			Champions and FP Coalition advocacy media plan developed	Two media events held	Cancelled: Champions approach modified and JCCFH capacity building process initiated instead.
HPC and MOH bi-annual media events executed		One media event held		One media event held	Completed

Results Framework Indicator Tracking Table

Results Framework Indicator Tracking Table FY 2015⁸

Indicators	Disaggregation	Baseline Year (USFY)	Baseline Value	Q1 FY2015	Q2 FY2015	Q3 FY2015	Q4 FY 2015	FY 2015 Target	FY2015 Results	Data Source
Activity Objective (IR 3.1): Use of integrated FP/RH services increased										
JCAP Goal: Increase use and continuation of FP/RH services as a safe, effective and acceptable way to ensure a healthy family, build a sustainable community and maintain a secure Jordan										
a. Percentage of MWRA who report discontinuing FP methods within the last two years ⁹	By method & Per PIRS	2015	22%	N/A	N/A	N/A	N/A	N/A	22%	KAP baseline
b. Number of acceptors of modern contraceptive methods generated among MWRA reached through household visits	Per PIRS	2014	39,885 (SHOPS FY2014)	7,538	7,129	7,326	7,146	26,000	29,139	Project Records
c. Percentage of MWRA who believe that birth spacing will contribute to better opportunities for parents and children	Per PIRS	2015	73%	N/A	N/A	N/A	N/A	N/A	73%	KAP baseline
Result 1 (Sub-IR 3.1.2): Demand for FP/RH services increased										
1.a Percentage of MWRA reached in household visits who acted on an FP voucher received with JCAP support	Per PIRS	2014	58% (SHOPS FY2014)	62%	63%	54%	57%	58%	59%	Outreach project records
1.b Percentage of MWRA who have discussed use of FP methods with their spouse (personal use) in last 6 months	Per PIRS	2015	51%	N/A	N/A	N/A	N/A	N/A	51%	KAP baseline
1.c Percentage of MWRA/target audience who recall JCAP campaign spots/ messages	Per PIRS	2014	30% (SHOPS campaign data)	N/A	N/A	N/A	N/A	N/A	N/A	KAP endline Media Campaign Survey
1.d Percentage of MWRA who agree that couples should decide together the number of children to have ¹⁰	Per PIRS	2015	92%	N/A	N/A	N/A	N/A	N/A	92%	KAP baseline

⁸ Q1 FY2015: October – December 2014; Q2 FY2015: January – March 2015; Q3 FY2015: April – June 2015; Q4 FY2015: July – September 2015.

⁹ Indicator proposed to be replaced with ‘Discontinuation’ as defined and measured in the JPFHS 2012

¹⁰ Indicator proposed to be removed due to very high baseline value

Results Framework Indicator Tracking Table FY 2015⁸

Indicators	Disaggregation	Baseline Year (USFY)	Baseline Value	Q1 FY2015	Q2 FY2015	Q3 FY2015	Q4 FY 2015	FY 2015 Target	FY2015 Results	Data Source
1.e Percentage of MWRA who report a smaller 'ideal' family size	Per PIRS	2015	33%	N/A	N/A	N/A	N/A	N/A	33%	KAP baseline
Sub Result 1.1 Increased strategic communication through multi-channel FP social marketing campaigns at national level										
1.1.a Number of Communication Campaigns & multi-channel initiatives supported by JCAP	Per PIRS	2015	0	1 (OCP campaign)	0 (OCP continues)	0	0	1	1	Project Campaign records
Sub Result 1.2 Increased knowledge and positive perception of modern FP methods and fertility norms										
1.2.a Number of civil society organizations (CSOs) implementing SBCC and household outreach activities with JCAP support that meet performance criteria	Per PIRS	2015	2	2	2	5	5	6	5 ¹¹	Project records
1.2.b Number of household counseling visits for FP/RH supported by JCAP	Per PIRS	2015	550,470 (SHOPS 2014)	132,248	131,132	101,839	101,742	450,000	466,961	Project Outreach Records
1.2.c Percentage of MWRA/ target audience able to demonstrate knowledge on the benefits of FP	Per PIRS	2015	50%	0%	N/A	N/A	N/A	N/A	50%	KAP Baseline
Result 2: 3.2 Capacity and Enabling Environment for FP/RH Strengthened										
2.a Family Planning Effort (FPE) Index Policy sub-component score	No	2014	Mean Score 62.2	N/A	NA	N/A	N/A	N/A	N/A	Avenir Health & Futures Group
2.b Number of FP/RH related policies/regulations/administrative procedures in development stages of analysis, drafting and consultation, legislative review, approval or implementation as a result of JCAP assistance	Per PIRS	2015	0	0	0	10-Stage 1	0 ¹²	10-Stage 1	10-Stage 1	Project Records

¹¹ In Q1 and Q2, 2 CSOs implemented work. In Q3, 3 more CSOs initiated work. At Q4, 5 CSOs were still implementing

¹² During Q4 FY2015, there were 10 policies/regulations/administrative procedures still in Stage 1. Per USAID reporting requirements, a policy/regulation/procedure is only counted once until it transfers to the next stage of development.

Results Framework Indicator Tracking Table FY 2015⁸

Indicators	Disaggregation	Baseline Year (USFY)	Baseline Value	Q1 FY2015	Q2 FY2015	Q3 FY2015	Q4 FY 2015	FY 2015 Target	FY2015 Results	Data Source
Sub Result 2.1.1 Enhanced capacity of key audiences to respond positively to population and FP/RH issues										
2.1.a Number of JCAP supported FP Champions actively engaged in public activities	Per PIRS	2015	0	0	0 ¹³	2	5	30 ¹⁴	6 ¹⁵	Project Records
2.1.b Number of JCAP supported FP Fellows actively engaged in strengthening institutional support	Per PIRS	2015	0	0	0	0	0	0 ¹⁶	0	Project Records
Sub Result 2.2 HPC, MOH and NGO/CBO capacity to implement FP/RH advocacy and policy initiatives strengthened										
2.2.a Number of civil society organizations (CSOs) engaged in advocacy work supported by JCAP meeting performance criteria	Per PIRS	2015	0	0	3	3	3	4	3 ¹⁷	Project Records
2.2.b Number of RAPID /evidence-based advocacy presentations, supported by JCAP	By model & Per PIRS	2015	0	0	0	1	1 ¹⁸	5	2	Project Records
Gender and Youth Cross Cutting										
GXC1 Percentage of target population with an increased understanding of gender principles ¹⁹	Per PIRS	2015	0%	N/A	N/A	N/A	68%	0%	68%	Project Records
GXC2 Percentage of respondents reporting increased agreement with the concept that males and females should have equal access to social, economic and political opportunities ²⁰	Per PIRS	2015	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project Records

¹³ During Q2 FY2015, J-CAP identified 67 Champions in total (20 at the national level; 15 at the governorate level; and 33 at the community level), but no Champions were yet actively engaged in public activities.

¹⁴ The Champions' approach was modified in Q3 to focus intensively on a smaller cadre of "focal champions", and this affected reaching the original FY2015 target.

¹⁵ This indicator is defined as the count of champions that are 'actively engaged' during a specific reporting period. The cumulative total is not a sum of quarterly results, since the same Champion may be active over different reporting periods.

¹⁶ The J-CAP Fellows Activity was postponed to FY2017.

¹⁷ In Q2, 3 new CSOs began working and continued through Q3 and Q4.

¹⁸ J-CAP has supported the completion of four additional RAPID governorate reports, but by the end of Q4 FY 2015 they had not yet been developed into presentation form.

¹⁹ Indicator was aligned to the M- PMP in Q4 FY 2015.

²⁰ Indicator was aligned to the M- PMP in Q4 FY 2015.

Results Framework Indicator Tracking Table FY 2015⁸

Indicators	Disaggregation	Baseline Year (USFY)	Baseline Value	Q1 FY2015	Q2 FY2015	Q3 FY2015	Q4 FY 2015	FY 2015 Target	FY2015 Results	Data Source
YXC1 Percentage of Youth reached who intend to discuss FP use with their partner during engagement before marriage	Per PIRS	2015	0%	0%	0%	0%	N/A ²¹	0%	0%	Project Records
YXC2 Percentage of Youth reached who actively supported FP/gender discussions with peers or community	Per PIRS	2015	0%	0%	0%	0%	0%	0%	0%	Project Records
Cross Cutting										
XC1 Number of trainings, workshops, awareness raising or events conducted with JCAP support to increase knowledge/ skill	Per PIRS	2015	0	4	14	5	69	30	92	Project Records
XC2 Number of research studies supported by JCAP providing evidence on population issues and FP/RH	Per PIRS	2015	0	1	1	2	1	6	5	Project Records
XC3 Number of functioning partnerships established by JCAP with governmental, public or private sector organizations, or groups to promote FP/RH	Per PIRS	2015	0	2	6	0	0	8	8	Project Records
XC4 Number of communication, advocacy or other materials & tools created with JCAP support	Per PIRS	2015	0	1	5	0	9	9	15	Project Records
XC5 Number of news stories or media presentations (social, digital, interactive platforms) linked to JCAP efforts	Per PIRS	2015	0	0	2	6	24	9	32	Project Records Media Company Reports

²¹ This indicator relies on reporting from J-CAP supported grantees. The data received from grantees for this period was not usable due to quality concerns. J-CAP will be supporting grantees to improve its data quality to avoid future issues.

Products and Publications in Year I

A variety of products and publications were produced by JCAP in Year I. These include:

1. JCAP Grants Manual
2. JCAP Grants Handbook
3. Analytic Summary Report, Secondary Literature Review
4. USAID-funded Family Planning/Reproductive Health Activities in Jordan: Review, Analysis, and Recommendations
5. Findings and Recommendations from a Key Informant Interview Study on Previous USAID-funded SBCC and Advocacy/Policy Activities in Jordan
6. JCAP Gender Strategy
7. JCAP SBCC Strategy
8. ICCS educator Communication Skills Guide (Arabic)
9. ICCS Educator FP/RH and Gender Guide (Arabic)
10. INJAZ GOAL Teacher FP/RH and Gender Guide (Arabic)
11. WASL FP/RH and Gender Training Module (Arabic)
12. Community outreach review report
13. JCAP Advocacy and Policy Strategy
14. JCAP Champions Strategy
15. Policies, Legislations and Strategies Related to Family Planning in Jordan: Review, Analysis and Recommendations

Annex I: JCAP Year I Media Coverage

JCAP Year One Media Coverage

Press Release (PR) titled “Our health and our comfort is in family planning” Campaign Serves 1500 women.					
Brief Description	Quote	Date Released	Channel	Direct Mention of USAID	Language
Issued by JCAP upon completion of the OCP campaign.	“The diversity of the awareness sessions were the main attraction to women interested to learn about modern family planning methods, side effects, receive medical advice from a female doctor and hear other women’s experiences.” Do’a Oran, President of Rahma River Charity Organization	March 11, 2015	Print and online newspapers: Petra News Agency, Al Rai, Addustour, Al Ordan Al Youm, Al Wakeel News, Roya News, Rm Rem, Al Madena News, Rum Online and Fann bfann	No	Arabic
PR titled “Community Coalition spearheads national efforts to boost family health policy in Jordan.”					
Issued by JCAP on the occasion of the expansion of the FP Coalition and signing of the MOU.	"The country is facing economic and social hardships and the rapid population growth imposes further challenge to achieve the national development goals” r Dr. Manal Tahtamoni, a member of the Coalition Steering Committee. “An effective family planning program will yield fruitful results, improve health of mothers and	May 6, 2015	Print and online newspapers: Petra News Agency, Addustour, Al Ghad, Al Arab, New Hub and Rm Rem	Yes	Arabic

	enhance the socio-economic status of Jordanians.”				
PR titled “Launch of JCAP GHPPC in Jerash”					
Brief Description	Quote	Date Released	Channel	Direct Mention of USAID	Language
Covered by the media representative in Jerash GHPPC. It introduces the JCAP Activity and announces the formation of the Jerash GHPPC and explains the role and objective of the GHPPC in Jerash.	“The governorate will dedicate all available resources to ensure the success of this intervention to achieve its objectives aimed at improving the well beings of families,” emphasized Dr. Ziad Rawashdeh, Governor Assistant for Development.	May 27, 2015	Amen FM website	Yes	Arabic
PR titled “The role of Governorates in achieving national population goals”					
Issued by USAID during the Governors’ meeting organized by JCAP	“Family planning should be considered a means for improving women’s and children’s health, benefiting economic development and decreasing the burden on already-stretched natural resources,” said Deputy Mission Director Crowley.	May 27, 2015	Print, online and TV media: Petra, Al Ghad, Al Wakeel, Assawsana, Al Madena News, Arab Index, Roya News, Roya TV, JTV, Al Hurra and FACT Jo	Yes	Arabic and English
PR titled “Planning meeting to activate GHPPC in Irbid”					
Brief Description	Quote	Date Released	Channel	Direct Mention of USAID	Language
Covered by the media representative in Irbid GHPPC. It mentions the	N/A	June 4, 2015	Online newspaper: Petra News Agency	Yes	Arabic

population challenges facing Irbid and the need to develop advocacy plans to overcome them					
PR titled “Meeting to discuss population challenges in Irbid”					
Covered by Irbid Chamber of Commerce where the Community Champions program was launched. The HPC highlighted the population challenges facing the country	“In this time, Jordanians are in need of FP programs which the Ministry of Health is providing as well as involving the community to increase awareness of FP.” Dr. Haidar Al Ootom, Irbid Health Director	June 10, 2015	Online newspaper: Petra News Agency	Yes	Arabic
PR titled “Launch of JCAP GHPPC in Tafileh”					
Covered by the media representative in Tafileh GHPPC. It introduces the JCAP Activity and announces the formation of the Tafileh GHPPC and explains the role and objective of the GHPPC in Tafileh	N/A	June 30, 2015	Online newspaper: Petra News Agency	Yes	Arabic
PR titled “JCAP supports national efforts to improve family health in Mafraq”					
Brief Description	Quote	Date Released	Channel	Direct Mention of USAID	Language
Covered by the media representative in Mafraq GHPPC. It introduces the JCAP Activity and announces the formation of the Mafraq GHPPC and explains the role and objective of the GHPPC in Mafraq	“The governorate will dedicate all its possible facilities in order for the GHPPCs to develop its areas in partnership with the local community.” Abdullah Dalbouh, Head of the Local Development Unit in Mafraq	July 1, 2015	Online newspaper: Petra News Agency	Yes	Arabic

PR titled “Champions Program addresses population and family planning priorities”					
Covered by Petra News Agency during the second Champions meeting where the four policy thematic areas (FP/RH, Youth, Women Empowerment, Refugee Influx) presented and discussed by the HPC and JCAP	N/A	July 7, 2015	Online newspaper: Petra News Agency	Yes	Arabic
TV Interview with Champion Hamdi Murad					
JTV interview with Hamdi Murad discussing early marriage as part of the Champions Program	“Young women and men should be mature both emotionally and financially before starting a family.” Professor Hamdi Murad	August 19, 2015	JTV Yawm Jadeed show	Yes	Arabic
PR titled “GHPPC workshop warns that the gap between population growth and the country’s resources is increasing”					
Brief Description	Quote	Date Released	Channel	Direct Mention of USAID	Language
Covered by Petra News Agency during the meeting held for all GHPPCs where the national RAPID was presented by Dr. Sawsan Al Majali, HPC SG	“The natural population growth as well as the unnatural due to immigrations has put continuous challenges on Jordan’s resources especially health, we will be in need of more hospitals if it continues at this rate.” Dr. Daifallah Al Lozi, MOH SG	September 9, 2015	Online newspaper: Petra News Agency and AlMadeeneh News	Yes	Arabic

Examples of Media Clippings



1500 سيدة يستفدن من حملة «صحتنا وراحتنا.. بتنظيم أسرنا

11-03-2015 تاريخ النشر: الأربعاء

عمان - احمد النسور - اختتم مشروع تواصل لسعادة الأسرة الذي اطلق ضمن الحملة الوطنية للصحة الانجابية وتنظيم الأسرة تحت شعار «صحتنا وراحتنا.. بتنظيم أسرنا» نشاطاته امس.

ونفذ المشروع وزارة الصحة بالتعاون مع المجلس الأعلى للسكان وبالشراكة مع الخدمات الطبية الملكية والاونروا والجمعية الأردنية لتنظيم وحماية الأسرة وجمعية أمان الأردنية وعيادات الحسين العمالية. وتمكنت الحملة من التواصل مع أكثر من (1500) سيدة في سن الانجاب عبر سلسلة من المحاضرات التثقيفية والتوعوية على مدى ثلاث شهور في عدد من القرى النائية في المملكة والمصنفة ضمن مناطق جيوب الفقر وشملت محافظات: (عمان، جرش، اربد، المفرق، الطفيلة ومعان).

وتضمنت المحاضرات الإجابة على استفسارات النساء المشاركات من قبل طبيبات اخصائيات في صحة الاسرة والنسائية والتوليد ومرشدات توعية صحية مدربات لتقديم المشورة الصحية وتزويد النساء بتحويلات طبية مجانية صالحة لثلاثة أشهر لذوات الدخل المحدود منهن لتمكينهن من الحصول على خدمات وسائل تنظيم الأسرة مجاناً من خلال عيادات طبية متخصصة. وتم تقديم ما يزيد عن 250 تحويلة طبية و 380 استشارة (...) كما وجهت الحملة العديد من الرسائل الإعلامية عبر المحطات الإذاعية والتلفزيونية تمحورت حول أهمية المباشرة بين الأحمال وعملت على تصحيح عدد من المفاهيم الخاطئة المتعلقة باستخدام حبوب تنظيم الأسرة وبأنها تعد وسيلة آمنة.

وأشادت رئيسة جمعية نهر الرحمة الخيرية الدكتورة غادة القيسي بجهود الحملة التي تمكنت من الوصول لألوية ومناطق نائية و إلى العائلات السورية في الأردن والتي تعاني من ضعف واضح بأهمية تنظيم الأسرة وأبعاده الاجتماعية والاقتصادية والصحية العائدة على المجتمع والأسرة، بالإضافة إلى ضعف المعرفة بأماكن تقديم خدمات تنظيم الأسرة في الأردن وخاصة في الألوية المصنفة ضمن جيوب الفقر.

وقالت مديرة مركز الأميرة بسمة للتنمية التابع للصندوق الهاشمي للتنمية البشرية في لواء الحسا دعاء العوران «لقد كان لتنوع الفعاليات التي تقدمها المحاضرات التوعوية، العامل الرئيسي في جذب السيدات من خلال تقديم المعلومة الطبية واستعراض تجارب السيدات مع وسائل تنظيم الأسرة والحديث عن الإشاعات التي يتم تداولها بين السيدات حول هذه الوسائل ومناقشة مدى صحتها من خلال تواجد الطبيبة الأخصائية.»

وأشادت مستفيدة سورية ياسمين الحلبي (29 عاماً) ولديها خمسة أطفال من الحملة وقالت «أن الإشاعات التي تدور حول وسائل تنظيم الأسرة جعلتني ولأكثر من عشرة سنوات أستبعد فكرة استخدام هذه الوسائل خاصة أنني في مجتمع يحث على كثرة الإنجاب، ولكن تبين لي أن هذه الإشاعات عارية عن الصحة.»

ائتلاف مجتمعي يقود جهود تفعيل السياسة الصحية بالأردن ائتلاف مجتمعي يقود جهود تفعيل السياسة الصحية بالأردن

تم نشره في الأربعاء 6 أيار / مايو 2015. 12:00 صباحاً

عمان- وقعت أمس في عمان مذكرة تفاهم أثناء احتفال أعضاء الائتلاف الأهلي الأردني لصحة الأسرة، تؤكد على التزامهم المشترك لدعم جهود كسب التأييد في مجال تنظيم الأسرة.

وحضر الاحتفال، ممثلون من وزارة الصحة والمجلس الأعلى للسكان ومؤسسات المجتمع المدني، إذ تعهد أعضاء الائتلاف على العمل سوياً، لكسب تأييد المجتمع وصناع القرار للتأثير على السياسات الخاصة بالصحة الإنجابية وتنظيم الأسرة.

وتوسع الائتلاف هذا العام، ليشمل أعضاء جددًا من مؤسسات المجتمع المدني لزيادة تمثيله على مستوى القاعدة الشعبية، وتعزيز قدرته على إحداث تغيير على مستوى السياسات وكسب التأييد.

ويضم الائتلاف منذ تأسيسه: الاتحاد العام للجمعيات الخيرية، وجمعيات: الاردنية لتنظيم وحماية الأسرة، والمركز الإسلامي الخيري، والخيرية الشركسية.

وتوسع هذا العام ليضم معهد العناية بصحة الأسرة/ مؤسسة نور الحسين، وجمعيتي الأمل الخيرية والفاروق الخيرية للأيتام/ مراكز الفاروق الطبية.

وأشارت عضو اللجنة التوجيهية للائتلاف، الدكتورة منال التهموني، للمصاعب الاقتصادية والاجتماعية التي تواجهها المملكة في ظل النمو السكاني المتزايد، ما يفرض مزيداً من التحديات في سبيل تحقيق الأهداف الإنمائية الوطنية.

وأكدت التهموني على أن "وجود برنامج تنظيم أسرة فعال، سيكون له نتائج إيجابية لتحسين صحة المرأة والوصول للرفاه الاقتصادي والاجتماعي للاردنيين".

يشار ان مشروع "تواصل لسعادة الأسرة" والممول من الوكالة الأميركية للتنمية الدولية وبالتعاون مع المجلس الأعلى للسكان ووزارة الصحة، سيدعم أنشطة الائتلاف في الفترة المقبلة، وذلك بتوفير الدعم الفني لأعضائه.

وقال عضو اللجنة التوجيهية للائتلاف محمود الحراشنة، إننا "كقادة للمجتمع المدني، نؤمن بان تنظيم الاسرة، ركيزة اساسية في استراتيجية التنمية الاقتصادية في الاردن". واضاف الحراشنة "يجب علينا، نحن مؤسسات المجتمع المدني مساعدة الجهود الحكومية، باقتراح حلول فعالة وقابلة للتطبيق تسهم بتحسين صحة الاسرة الاردنية وتحقيق رفاهها".



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تاريخ و وقت الاضافة: 08:24:58 2015-05-27



امن اف ام -اطلقت وزارة الداخلية يوم الثلاثاء، في محافظة جرش، مشروع "تواصل" لسعادة الاسرة بالتعاون مع وكالة الانماء الامريكية usaid ويستمر خمس سنوات.

وقال محافظ جرش فاروق القاضي الذي اعلن عن انطلاق المشروع الذي يأتي ضمن ثماني مناطق بالمملكة، انه يهدف الى تطوير وتحديث خطط السياسات الصحية والسكانية على مستوى المحافظة وتحديث بيانات واحصاءات اثر نمو السكان على التنمية لتمكين الادارات المحلية من وضع خططها التنموية واتخاذ القرارات المبنية على الارقام لمواجهة التحديات السكانية فيها.

واضاف ان المشروع من شأنه ان يعمل على دعم وتسهيل تنفيذ الانشطة وتقديم الدعم لمنظمات المجتمع المدني المنفذة لانشطة المشروع على مستوى المحافظة.

واشار الى تشكيل لجنة مؤلفة من 8 اعضاء برئاسة مساعد محافظ جرش لشؤون التنمية الدكتور زياد الرواشدة وعضوية مديري الصحة والتنمية الاجتماعية والاقواق ووحدة التنمية في المحافظة وممثلين عن الجمعيات الخيرية والتطوعية والقيادات النسائية والشبابية .

وقال الرواشدة خلال اجتماع عقد بدار المحافظة ان المحافظة ستسخر كل الامكانيات المتاحة لإنجاح هذا المشروع وتحقيق اهدافه التي تصب في سعادة الاسرة في المناطق المستهدفة ضمن اولويات وبرامج تحقق اهدافه مؤكدا ضرورة اشراك عدد كبير من ابناء المجتمع المحلي وفعالياته في المشروع.

واكد السعد ان المشروع من شأنه تعزيز التواصل مع المجتمعات المحلية للوصول الى سعادة الاسرة من خلال تنظيم لقاءات موسعة وزيارات ميدانية توعوية ونشاطات تنموية للمجتمع خاصة المرأة والشباب والعمل على كسب تاييد المجتمعات المحلية بما يخدم كافة مناطق المحافظة ويحقق سعادة الاسرة.

11 محافظا يجتمعون لاستعراض الأهداف السكانية والتنمية



جانب من الاجتماع

26/5/2015

رؤيا - علي الاعرج - اجتمع محافظو المملكة في عمان اليوم لمناقشة دور المحافظات في تحقيق أهداف الأردن السكانية والتنمية.

وقد تم الاجتماع بمساعدة مشروع "تواصل" لسعادة الأسرة الممول من الوكالة الأمريكية للتنمية الدولية، بالشراكة مع مديرية التنمية المحلية في وزارة الداخلية.

وناقش المحافظون خلال الاجتماع تأثير عدم تراجع معدل الانجاب على زيادة معدل النمو السكاني مما يشكل عبئا على الأهداف الاجتماعية - الاقتصادية للأردن.

وحضر الاجتماع عطوفة أمين عام وزارة الداخلية سمير مبيضين ونائب مدير بعثة الوكالة الأمريكية للتنمية الدولية كريس كرولي اللذان قاما بتقديم ملاحظاتهم وآرائهم.

وإيماناً بأهمية العمل لتحقيق هذه الأهداف، فقد تم تشكيل لجان السياسات الصحية والسكانية في المحافظات، لتتألف بشكل أساسي من أعضاء ممثلين لوزارة الداخلية ولوزارات أخرى في المحافظات وذلك لكسب التأييد في مجال الصحة الإنجابية وتنظيم الأسرة ولدعم التداخلات في السياسات على مستوى المحافظات.

وفي كلمته خلال الاجتماع، قال كرولي، "يجب اعتبار تنظيم الأسرة وسيلة لتحسين صحة الأمهات والأطفال، وإفادة التنمية الاقتصادية، بالإضافة إلى تخفيف العبء على الموارد الطبيعية المحدودة."

ومن جهته، قال مبيضين، "نحن ممتنون للولايات المتحدة الأمريكية والشعب الأمريكي لحرصهم الكبير على دعم الأردن في تحقيق أهدافه السكانية والتنمية."

ويجدر بالذكر أن مشروع "تواصل" لسعادة الأسرة، الممول من الوكالة الأمريكية للتنمية الدولية، يعمل مع المجلس الأعلى للسكان، ووزارة الصحة، والشركاء الآخرين الحكوميين وغير الحكوميين لزيادة تقديم خدمات تنظيم الأسرة والصحة الإنجابية والطلب عليها.

بحث آليات تنفيذ مشروع دعم السياسات الصحية والسكانية بأربد



اجتماع اللجنة التحضيرية لمشروع دعم السياسات الصحية والسكانية بأربد

أربد 4 حزيران (بترا)- تدارست اللجنة التحضيرية لمشروع دعم السياسات الصحية والسكانية الذي ينفذ ضمن برنامج "تواصل لسعادة الأسرة" في عدد من محافظات المملكة بدعم وتمويل من الوكالة الأمريكية للتنمية الدولية

وتناول أعضاء اللجنة في الاجتماع الذي عقد اليوم الخميس برئاسة مساعد محافظ أربد للتنمية بسام فريجات رئيس اللجنة الخاصة بالمشروع في محافظة أربد، بحضور ممثلين عن المجلس الأعلى للسكان ووزارات الصحة والأوقاف والتنمية وهيئة شباب كلنا الأردن ومنظمات المجتمع المدني ووسائل الإعلام آليات ومحاو تنفيذ المرحلة الأولى من المشروع في لواء بني عبيد والكورة

ويهدف المشروع الى تطوير وتحديث السياسات الصحية والسكانية على مستوى المحافظات المشمولة به وتحديث قاعدة البيانات والمعلومات الاحصائية ذات الأثر على التنمية المحلية بما يسهم ببلورة خطط تنموية مناسبة واتخاذ قرارات مبنية على الحقائق والارقام لمواجهة التحديات السكانية

كما يهدف المشروع الى دعم منظمات المجتمع المدني المشاركة في تنفيذ أنشطة ومحاو المشروع على صعيد المحافظة والألوية المشمولة به وتسهيل تنفيذ الأنشطة المتصلة بالمشروع

وبحثت اللجنة احتياجات المحافظة وألويتها لمواجهة تحديات النمو السكاني الطبيعي وغير الطبيعي والضغط الذي يشكله اللجوء السوري على القطاعات الرئيسية فيها وأهمية تغيير الأنماط الصحية ذات الأثر على التضخم السكاني من خلال أنماط انجابية تركز على تنظيم الأسرة وتباعد الاحمال

واكدوا أهمية وضع تشريعات وقوانين تعزز التغيير المطلوب في هذه الجوانب دون المساس بالجوهر الديني بما يخدم تحسين المستوى الاقتصادي والاجتماعي والصحي لمجموع السكان



اطلاق مشروع تواصل لسعادة الاسرة في الطفيلة

الطفيلة 30 حزيران (بترا) - انطلق في الطفيلة مشروع تواصل لسعادة الاسرة الممول من الوكالة الاميركية للتنمية الدولية الرامي لدعم الجهود الوطنية في تحسين صحة الاسرة وتحقيق الرفاهية الاقتصادية والاجتماعية.

وقال مدير المشروع ايمن عبد المحسن ان المشروع يهدف الى زيادة الطلب على خدمات تنظيم الاسرة والصحة الإنجابية وتحسين وتمكين بيئة السياسات الداعمة لهذه الخدمات.

وأضاف ان مشروع تواصل الممتد على خمس سنوات سيقوم من خلال اللجان المشكلة في المحافظات المستهدفة بأنشطة تستهدف تحسين مستويات الخدمات الصحية وتعزيزها، حيث اختار المشروع لواء الحسا لانطلاق عمله ليصار الى تعميمه على بقية مناطق الطفيلة بالتعاون مع وزارة الصحة والمجلس الاعلى للسكان والحملة الوطنية لتنظيم الاسرة، فيما يركز على صحة الاسرة الاردنية وسلامة افرادها وبشكل خاص النساء والرجال بالإضافة الى فئة الشباب والفئات المعنية ذات التأثير على الممارسات الخاصة بتنظيم الاسرة.

واكد خبير السياسات السكانية والصحية في المشروع رائد الخرابشة ضرورة تكاتف الجهود وتعاون الجميع لتحقيق اهداف المشروع التي تصب في خدمة المناطق المستهدفة بشكل مباشر من خلال الزيارات الميدانية والبرامج والخطط التي تحقق اهداف المشروع في تحقيق سعادة الاسرة، لافتا الى الأنشطة التنفيذية للمشروع التي ستنفذ بالتعاون مع ثلاث جمعيات أهلية.

وبين ان المشروع ينفذ في ست محافظات لاسيما التي تحتضن لاجئين سوريين فيما المشروع الممول من الوكالة الاميركية للإنماء الدولي سيسهم في تطوير واقع الخدمات الصحية والسكانية وربطها بالأبعاد التنموية.

لقاء يبحث التحديات السكانية والتنمية في اربد

اربد 10 حزيران (بترا)- ناقش قادة مجتمعات محلية في اربد ومنظمات أهلية ذات صلة بموضوع السكان والتنمية، اوليات ومحاور العمل للمرحلة الاولى من مشروع "تواصل لسعادة الاسرة" الممول من الوكالة الاميركية للتنمية الدولية.

واستعرض الحضور في اجتماعهم اليوم الاربعاء بقاعة غرفة تجارة اربد التحديات السكانية والتنمية في الاردن واثر اللجوء السوري على الخدمات الاساسية في المملكة.

واكدوا اهمية العمل على دعم الجهود الوطنية في قضايا الصحة الانجابية وتنظيم الاسرة لتحقيق نمو سكاني متوازن والوصول الى الفرصة السكانية في اطار الجهود الرامية الى الموائمة بين الموارد والسكان بالحد المقبول.

واشاروا الى ضرورة تقديم الدعم المباشر لخدمات البنية التحتية وقطاعات التعليم والصحة والمياه والطاقة والبنية التي تأثرت بشكل كبير جراء موجات اللجوء السوري وشكلت تحديا امام فرص التنمية في المناطق التي شهدت لجؤ اعداد كبيرة اليها واثرت على مستوى الخدمات المقدمة للسكان.

ولفت مدير مديرية صحة المحافظة الدكتور حيدر العتوم الى الدور الذي تقوم به وزارة الصحة في تقديم خدمات تنظيم الاسرة والى اهمية دور المجتمع المحلي في دعم وانجاح الجهود الوطنية في برامج الصحة الانجابية التي بات المجتمع الاردني بحاجة اليها اكثر من اي وقت مضى.

(--بترا) م ق/س أ/ ابوعلبة
07:05 - 10/6/2015م



مشروع " تواصل " يدعم الجهود الوطنية لتحسين الاسرة في المفرق

المفرق الاول من تموز (بترا) - نظمت محافظة المفرق اليوم، بالتعاون مع مشروع "تواصل" لسعادة الاسرة ، لقاء مع اللجنة المشكلة من ممثلي مختلف قطاعات المحافظة المشرفة على المشروع في المفرق.

ويأتي هذا اللقاء لعرض ابعاد مشروع " تواصل " الذي ينفذ في محافظة المفرق بتمويل من الوكالة الامريكية للتنمية الدولية USAID، في دعم الجهود الوطنية الرامية الى تحسين صحة الاسرة، وتحقيق الازدهار والرفاهية الاقتصادية والاجتماعية لها، اضافة الى بيان مهام اللجنة في تطوير وتحديث خطط السياسات الصحية والسكانية على مستوى المحافظة.

وقال مدير المشروع ايمن عبد المحسن، ان "تواصل" يهدف الى زيادة الطلب على خدمات تنظيم الاسرة والصحة الإنجابية وتحسين وتمكين بيئة سياسات داعمة لهذه الخدمات على المستوى الوطني، لافتا الى انه تم توسيع نطاق المشروع وكافة العوامل المتعلقة برفاه الاسرة الاردنية وسلامة افرادها الى بعد تنموي سكاني سياسي، ليكتسب شمولية كاملة لدعم سعادة الاسرة بالتعاون مع المجلس الاعلى للسكان ووزارة الصحة والعديد من الشركات في القطاعين الحكومي وغير حكومي.

ولفت الى اختيار ستة ألوية لمحافظة المملكة بالمراحل الاولى المشروع الممتد لخمس سنوات عبر لجان شكلت في تلك المحافظات للإشراف على تنفيذ المشروع، تنطلق اوائل شهر اب للعام الحالي وتنتهي نهاية شهر ايلول لعام 2019 ، مشيرا إلى التركيز على بناء القدرات المؤسسة لهذه اللجان في تحسين مستويات الخدمات الصحية التنموية والسياسية وتعزيزها لضمان استمراريتها حتى بعد انتهاء المشروع.

وقال خبير السياسات وكسب التأييد في المشروع رائد الخرابشة، ان "تواصل" استهدف قضية المفرق كبدية لانطلاق المشروع ليصار تعميمه على باقي ألوية المحافظة في مراحل متتالية تهدف الى زيادة الطلب على خدمات تنظيم الاسرة والصحة الإنجابية عبر دعم مؤسسات المجتمع المدني للترويج لخدمات تنظيم الاسرة والصحة الإنجابية وتطبيق أنشطة لكسب التأييد والاتصال للتغير الاجتماعي والسلوكي بما يخص ذلك اضافة الى تعزيز القدرات البيئة المحلية.

واشار الى ان المشروع يسعى من خلال انشطته الى تأكيد التكامل بين تمكين المرأة ومشاركة الرجل وزيادة مشاركة الشباب بالإضافة للوصول الى مجتمعات المضيفة للاجئين السوريين خارج المخيمات في الاردن، لافتا الى ضرورة تكاتف الجهود وتعاون الجميع لتحقيق اهداف المشروع التي تصب في خدمة المناطق المستهدفة بشكل مباشر.

وقال رئيس وحدة التنمية في المحافظة عبد الله ابو دلبوح انه سيتم عقد العديد من اللقاءات قبل انطلاق المشروع ووضع ومراجعة الخطط التي سيتم تنفيذها من خلاله في المحافظة لافتا الى انه سيتم تسخير كل الامكانيات المتاحة لإنجاح هذا المشروع وتحقيق اهدافه التي تصب في سعادة الاسرة في المناطق المستهدفة للمساهمة في تطوير الايجابي للمنطقة بمشاركة ابناء المجتمعات المحلية.

برنامج الرواد يناقش الاولويات المتعلقة بالسكان وتنظيم الاسرة

عمان 7 تموز (بترا)- ناقش برنامج الرواد الذي اطلقه مشروع تواصل لسعادة الاسرة، بالتعاون مع المجلس الاعلى للسكان القضايا والاولويات المتعلقة بالسكان وتنظيم الأسرة، في محاور الشباب وتمكين المرأة وتنظيم الاسرة والصحة الانجابية والهجرة، في مسعى لكسب التأييد ودعم السياسات التنموية.

وبحث أعضاء البرنامج الذين يمثلون قادة الرأي على المستويات الوطنية والمحلية والحكومية في اجتماعهم الثاني اليوم الثلاثاء، في كل محور الهدف العام منه والقضايا التي يركز عليها والانشطة المنوي تنفيذها لتحقيق الاهداف ومؤشرات الاداء والجهات المنفذة وتاريخ البدء وانجاز العمل والاحتياجات الفنية والدعم اللوجستي المطلوب وغيرها.

وقالت امين عام المجلس الاعلى للسكان الدكتورة سوسن المجالي خلال الاجتماع، "ان المجلس هو المرجعية الوطنية للقضايا والمعلومات السكانية المتعلقة بالتنمية، والمساهمة في وضع السياسات والاستراتيجيات وخطط العمل ومتابعة وتقييم تنفيذها وكسب التأييد ونشر الوعي حولها، وتعزيز القدرات الوطنية في هذا المجال بالتنسيق مع الشركاء والجهات المعنية."

وعرضت القضايا والاولويات المتعلقة بالسكان وتنظيم الأسرة في محاور عمل البرنامج، ومنها محور الشباب الذي يعالج عدة قضايا منها الزواج المبكر، ونقص المعلومة والخدمات المقدمة للشباب في مجال الصحة الانجابية وتنظيم الاسرة والضعف في تهيئة الشباب للزواج والتأخر في سن الزواج والعمل والبطالة وانماط الحياة الصحية غير السليمة.

اما في محور تمكين المرأة، فتتوزع القضايا التي يتناولها بين ارتفاع الرغبة بالإنجاب لدى السيدات، وزيادة متوسط حجم الاسرة المثالي وتدني نسبة المشاركة الاقتصادية للمرأة وضعف البيئة الداعمة لعملها فضلا عن وجود تشريعات تعزز مفهوم الاسرة الكبيرة واخرى غير داعمة لعمل المرأة وبفائها بسوق العمل.

ولفتت المجالي الى ان محور تنظيم الاسرة والصحة الانجابية يتناول عدة موضوعات منها نقص مقدمي الخدمة للاناث وعدم تغطية التأمينات غير الحكومية لخدمات تنظيم الاسرة وضعف خدمات المشورة والتفاوت في جودة الخدمات المقدمة وقلّة الخيارات المتوفرة من الوسائل الحديثة لتنظيم الاسرة في القطاع العام وغيرها.

ويركز محور الهجرة على غياب مرجعية موحدة وبيانات واضحة لغير الأردنيين وعدم وجود بيانات متعلقة بالمهاجرين تختص بتنظيم الاسرة فضلا عن الخطط التنموية لم تأخذ وجودهم بعين الاعتبار والافتقار الى سياسات واضحة لتشغيلهم، والتعرف على سلوكياتهم الانجابية.

واشار مدير مشروع تواصل لسعادة الاسرة الممول من الوكالة الاميركية للتنمية الدولية الدكتور ايمن عبد المحسن ان المشروع الذي بدأ في اب الماضي ومدته خمس سنوات، يركز ضمن خطة عمله على محورين الاولى يعنى بزيادة الطلب على خدمات تنظيم الاسرة والثاني على تمكين ودعم بيئة السياسات لقضايا السكان والتنمية.

وعرض ابرز نشاطات المشروع ومنها تفعيل دور المحافظين في مجال السكان والتنمية وتشكيل لجان السياسات الصحية والسكانية بالمحافظات واعتماد الشروط المرجعية الخاصة بها واعتماد مركز الدراسات الاستراتيجية في الجامعة الأردنية لتطبيق دراسة المعرفة والأبحاث والسلوك.

ومن انجازات المشروع ايضا بحسب الدكتور عبد المحسن اطلاق برنامج الرواد على المستوى الوطني والمجتمعات المحلية ومراجعة السياسات والتشريعات المتعلقة بالصحة الانجابية وتنظيم الأسرة ودعم مديرية صحة المرأة والطفل في وزارة الصحة لتطوير خطة عمل للمناصرة وبناء قدرات الكوادر ودعم المجلس الأعلى للسكان لتطوير استراتيجية لكسب التأييد وتحديث برنامج اثر النمو السكاني على التنمية.

يشار الى ان الرواد على المستوى الوطني والحكومي والمحلي يمثلون قيادات برلمانية، قادة رأي، رجال دين، صحفيين وإعلاميين، فئات، وشباب قياديين ومشاهير ومسؤولين من جهات حكومية لها دور حيوي في تحقيق الأهداف التنموية الوطنية، وقادة منظمات المجتمع المدني، شيوخا وزعماء عشائر، وواعظين وواعظات، مدرسين ومدرسات، قادة شباب، أعضاء مجالس بلدية.



ورشة السياسات الصحية والسكانية تحذر من ازدياد الفجوة بين النمو السكاني والموارد

17:00 09-09-2015

المدينة نيوز:- ناقشت ورشة عمل لجان السياسات الصحية والسكانية بالمحافظات المنبثقة عن مشروع تواصل لسعادة الاسرة الممول من الوكالة الأمريكية للتنمية الدولية التي عقدت اليوم الاربعاء في عمان الواقع والتحديات امام تحقيق فرص التنمية الشاملة والمستدامة المستندة الى الموازنة بين السكان والموارد.

واكد المتحدثون في الجلسة الافتتاحية للورشة التي تستمر يومين اهمية خلق مفاهيم جديدة تتصل بالصحة الانجابية نظرا لانعكاساتها المباشرة على كفاية الموارد وتحسين اقتصاديات السكان وتحقيق الرفاهية للمواطن.

وحذروا من ان عدم تغيير الانماط الصحية المتصلة بتنظيم الاسرة سيخلق فجوة كبيرة بين الموارد والسكان يؤثر على الامن الاقتصادي والاجتماعي لمجموع السكان داعين للعمل الجماعي والتشاركي للوصول الى المحافظات والالوية والاطراف والمناطق النائية بالتعاون مع الوحدات التنموية في المحافظات والمناخ الدعوية والثقافية والاعلامية ومنظمات المجتمع المدني.

واشار امين عام وزارة الصحة الدكتور ضيف الله اللوزي الى ان المؤشرات الوطنية لصحة المواطن تدل على تقدم الاردن في هذا المجال مدلا على ارتفاع معدل اعمار الوفيات الى 72 سنة للذكور و76 سنة للإناث الى جانب انخفاض معدل وفيات الامهات والاطفال الرضع اضافة الى اعلان الاردن خاليا من الامراض السارية والوبائية وتوفير افضل الخدمات الصحية والطبية في القطاعين العام والخاص.

واوضح ان النمو الطبيعي للسكان وغير الطبيعي نتيجة الهجرات القسرية وضع القطاع الصحي في الاردن امام تحديات مستمرة في التوسع العمودي والافقي بخدمات الرعاية الصحية مبينا ان مجموع الاسرة في الاردن يبلغ 13 الف سرير بمعدل 18 سريرا لكل 10 آلاف مواطن وهو ما يعني اننا بحاجة الى مزيد من المستشفيات اذا ما بقيت الفجوة قائمة بين الموارد والسكان.

ونوهت امين عام المجلس الاعلى للسكان الدكتورة سوسن المجالي بأن تأثيرات النمو السكاني غير المتوازن على الفرصة السكانية انعكاس مباشر للجوء السوري.

وبينت ان ذلك اثر على مستوى الخدمات المقدمة للمواطنين في جميع القطاعات، مشيرة الى ان معدل الانجاب للمرأة في الاردن يبلغ 3.5 طفل لكل امرأة.

واشار المتصرف احمد الخطاطبة من مديرية التنمية المحلية في وزارة الداخلية الى ان الوزارة ممثلة بوحدات التنمية تأخذ على عاتقها الاهتمام بالدور التنموي بالشراكة مع القطاعات والجهات ذات العلاقة كمحور اساس في صميم عملها انطلاقا من رؤيتها بايجاد البيئة الملائمة لخلق فرص التنمية في المحافظات والاطراف على وجه الخصوص لافتا الى ان المشاريع والقوانين الاصلاحية اللامركزية ستسهم بتعزيز هذا الدور وزيادة المشاركة الشعبية في صنع القرار.

واكد مدير مشروع تواصل الدكتور ايمن عبدالمحسن ان الاردن من الدول المتقدمة في الاستجابة لمتطلبات تغيير الانماط الصحية والانجابية بما يعكس على الخطط التنموية الرامية الى الموازنة بين النمو السكاني والموارد وتقديم الخدمات الفضلى على الصعد كافة.

ولفتت الدكتورة نغم ابو شقرة من ادارة المشاريع في مكتب الصحة والسكان في الوكالة الامريكية للتنمية الدولية الى دعم الجهود الرسمية والاهلية الرامية الى تحفيز انتاج انماط انجابية تتفق مع الواقع وتساعد على التخطيط المستقبلي للموارد وكفايتها.

JTV Interview with Hamdi Murad



<https://www.youtube.com/watch?v=JAKYNx-ChCM>