Jordan's National Strategy Reproductive and sexual health

2020 - 2030

Acknowledgements

The Higher Population Council (HPC), in cooperation with all partners from ministries, government and quasi-governmental institutions, civil society organizations and the private sector, is pleased to launch the National Strategy for Reproductive and Sexual Health 2020 – 2030, which was prepared with the support of the United Nations Population Fund (UNFPA). The strategy adopts a vision of ensuring full access to integrated sexual and reproductive health services and information for every beneficiary, thereby ultimately achieving the well-being of families in Jordan.

The strategy identifies four strategic pillars: the enabling environment; services and information; sustainability and governance; and society. The strategy adopts the goals of the third goal of the 2015 - 2030 sustainable development goals, on health and the targets of the international strategy for maternal, child and adolescent health (every mother and every child 2015 - 2030), the Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health, as well as the targets of the Conceptual Regional Framework for Sexual and Reproductive Health Integration in Primary Health Care.

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The sexual and reproductive health steering committee, established by HPC, will carry out a key role in following up on the implementation of the strategy, achievement of goals and highlighting successful experiences in relation to the strategy.

We pray that we succeed in implementing this strategy under the leadership of His Majesty King Abdullah II.

Secretary General
Dr. Abla Amwai

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Executive Summary

Sexual and reproductive health (SRH) is an indicator of the overall wellbeing of societies and countries. It is not merely a measurement of maternal and child health. Therefore, the eight millennium development goals (2000-2015) and the targets under Sustainable Development Goals 3 and 5 (2015-2030) have emphasized many SRH aspects and indicators and have been embedded in relevant international and regional strategies. According to the General Population and Housing Census of 2015[1], the total population of Jordan stands at 9.5 million, including 2.9 non-Jordanians (mostly refugees and foreign labour) and 6.6 million Jordanians.

The political and economic conditions in the Middle East are key drivers of population growth in Jordan. Hosting waves of refugees from Palestine, Iraq, Syria, Libya, Yemen and other countries, the Jordanian healthcare system has been under tremendous pressure to accommodate large numbers of refugees and displaced persons due to conflict, war, crisis and emergency humanitarian conditions in the Arab region. Women, girls, and children make up a large proportion of the population facing health risks, particularly SRH risks, due to fragile and unstable conditions.

The desk review of relevant SRH studies, reports and strategies revealed that the achievement of SRH targets in Jordan is faced by challenges, including limited integration of SRH programs in primary healthcare programs at health centers and obstetrics/gynecology services in hospitals. Other challenges include the lack of programs that assess the level of SRH services provided by the public and private sectors, compliance of service providers with approved protocols, service user satisfaction with the protocols, weak SRH services provided to Syrian refugees, the financial, social, cultural and awareness barriers preventing Syrian refugees from accessing services. In addition, challenges include weak services in public healthcare centers for sexual health, sexually transmitted diseases, adolescent and youth health, lack of a comprehensive package of essential SRH services for this age group, and lack of specialized and integrated SRH services (medical, psycho-social and family) to ensure accessibility for all groups including minorities, and minorities at risk of exclusion or discrimination, such as persons with disabilities, survivors of rape and sexual violence, and people with HIV and their contacts. Other key challenges include the lack of SRH and adolescent health service providers, lack of specialized SRH training programs for service providers, weak legislation and mechanisms to support rights-based SRH service delivery, lack of coordination among donors who fund SRH and family planning programs, lack of one official body that coordinates among organizations, concentration on vertical programs, limited courses targeting youth and SRH health in medical schools, lack of adolescent health educational programs in school curricula aligned with the prevailing social culture, weak SRH IT systems, lack of funding and consistent availability of comprehensive SRH medicine and supplies, lack of SRH awareness programs aimed at engaged couples (pre-marriage reproductive health education), lack of private health sector participation in SRH awareness programs, and lack of periodic, sustainable, and specialized SRH programs in the media. 2

The National Sexual and Reproductive Health Strategy (2020-2030) offers a reference framework for stakeholders in Jordan, to develop, align or include in institutional plans the necessary interventions to achieve universal access to SRH services and information, thereby achieving the well-being of households in Jordan. Based on evidence, data and lessons learned from national, Arab and international reports, NSRHS takes into account SRH priorities within the Jordanian context and will support the achievement of the 2015-2030 Sustainable Development Goals, particularly Goal 3 on health and well-being. The strategy will also enhance advocacy to mobilize more institutional, national and international resources to fund SRH executive plans.

The vision of NSRHS (2020-2030) is to provide universal access to comprehensive SRH services and information to achieve the well-being of households in Jordan. NSRHS consists of four components; Enabling environment, Services and information, Society, and Sustainability and governance. The strategy adopts the targets of SDG 3 that is related to health, the Global Strategy for Women's, Children's and Adolescents' Health (Every Woman, Every Child 2015–2030), the Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health, as well as the Regional Conceptual Framework for Sexual and Reproductive Health Integration in Primary Health Care.

[1] 2015General Housing and Population Census, Department of Statistics

[2] Sexual and Reproductive Health Issues and Priority Research based on the Results of the Population and Family Health Survey (2017-2018), HPC

Rationale for developing the National Sexual and Reproductive Health Strategy

The World Health Organization and the 1994 Cairo International Conference on Population and Development (ICPD) Programmer of Action define sexual and reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes". UNFPA[3] also defined good sexual and reproductive health as "a state of complete physical, psychological and social well-being in all matters related to the reproductive system". This means the ability to enjoy a satisfying and safe reproductive life, the ability to conceive, the freedom to decide how many children to have and when, and the affirmation of the right of men and women to know and use the family planning methods suitable for them, the ability of women to go through pregnancy, childbirth and postpartum period safely, and offering couples the best opportunity to give birth to a physically, psychologically and socially healthy child[4].

At the Nairobi Summit that was held in 2019 on the 25th anniversary of the 1994 International Conference on Population and Development (ICPD), Jordan pledged[5] to "end all preventable maternal and child deaths" and "gender-based violence" against women, girls and young people, and "meet the family planning needs" as a right for millions of women.

Sexual and reproductive health significantly impacts the overall well-being of individuals and societies and has been the center of growing attention from a health, economic, and sustainable development perspective. The third sustainable development goal, which aims to "ensure healthy lives and promote well-being for all at all ages", considers SRH as indispensable for achieving sustainable development in countries most affected by conflict and crisis. The Covid-19 pandemic in 2020 revealed the need to treat SRH as a priority, as women could not access SRH and family planning services and vaccination during the lockdown. A UN report indicated that the Covid-19 pandemic has led to an unprecedented crisis, disrupting progress towards the achievement of SDGs. The most vulnerable groups and the poorest were the most affected. The health, social and economic crisis caused by the pandemic threatened the lives and livelihoods of many, making the achievement of SDGs more difficult[6].

Desk reviews of SRH studies, reports and strategies concluded that the achievement of SRH targets in Jordan is faced by challenges, namely weak information and programs on SRH and adolescent and youth health, lack of a comprehensive package of essential SRH services, lack of specialized and integrated SRH services (medical, psycho-social and family) targeting groups or minorities at risk of exclusion or discrimination, such as persons with disabilities, survivors of rape and gender-based violence, AIDS patients and their contacts and the associated lack of sexual health and adolescent health service providers, lack of SRH training programs targeting service providers, lack of legislation and mechanisms for implementing rights-based SRH service delivery.

Given the importance of SRH programs and services in Jordan, HPC, in its capacity as a national entity concerned with coordinating efforts in the field of SRH with the active participation and collaboration of all national stakeholders, embarked on drafting a well-denied strategy that identifies and coordinates national efforts in SRH across governmental, non-governmental and private sectors, the media, and local communities.

[3] https://arabstates.unfpa.org/ar/topics/
[4] WHO: http://www.who.int/topics/reproductive_health/en/
[5] https://news.un.org/ar/story/2019/11/1043601
[6] https://www.un.org/ar/coronavirus/articles/above-all-human-crisis-calls-solidarity

Strategy formulation methodology

A participatory strategic planning approach was adopted to develop the National Sexual and Reproductive Health Strategy (2020-2030). The approach relied on broad participation, coordination and collaboration with all stakeholders, engaging all government, non-government, civil society, private sector and scientific and research institutions in the field of SRH in Jordan. With support from UNFPA, the development of the strategy relied on an analysis of the current situation of sexual and reproductive health issues against international indicators in this field. The work approach consisted of the following stages and steps:
Stage I: Review relevant SRH strategies and studies at the national and international levels.
Stage II: Develop the results-based conceptual framework and strategic planning model
Stage III: Analyze the current situation of SRH in Jordan and identification of planning inputs
Stage IV: Identify priority issues and strategic topics that will be addressed by the National Sexual and Reproductive Health Strategy (2020-2023)
Stage V: Identify references, guiding principles, and core values
Stage VI: Identify the impact and outcomes of the national SRH strategy (2020-2023)
Stage VII: Identify outputs and inputs of the National SRH Strategy (2020-2023)
Stage VIII: Develop the interventions and indicators matrix
Stage IX: Develop a monitoring and evaluation methodology and indicator cards
Stage X: Develop a communication plan and stakeholder roles in monitoring strategy implementation

Review of relevant national, regional and international SRH documents, strategies and studies

This phase included a review of all reports, strategies and documents related to SRH and identified the key issues (strategic issues) that should be covered by the strategy. The review included the following:

- Relevant international, regional and Arab SRH strategies, including the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) [7], UNFPA strategic plan 2018-2021[8], Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030 League of Arab States[9], A Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab States[10], My Body, My Life, My World Through a COVID-19 Lens -2020, by UNFPA [11]
- National reports related to the ICPD, SDGs and the Jordan Vision 2025[12], and progress made.
- Relevant national SRH strategies, plans, reports and documents
- Findings of related SRH studies in Jordan
- Similar strategies from other Arab and western countries, and learn about the experience of similar institutions and benefit from the lessons learned.
- National health-related strategies and Nahda project.
- National Youth Empowerment Strategy (2019-2025) [13]
- National Sexual and Reproductive Health/ Family Planning Strategy[14] and related annual M&E reports (2013-2018), and minutes of meetings.
- The strategy's mid-term reports and final impact assessment report (2013-2018) [15]

According to the review, sexual and reproductive health issues at the global, Arab and national levels are defined as follows:

[7] WHO, Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) ,2015
[8] UNFPA Strategic Plan 2018-2021
[9] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health, 2019-2030, League of Arab States
[10] A Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab States, MENA HPF, 2018.
[11] My Body, My Life, My World Through a COVID-19 Lens 2020https://www.unfpa.org/featured-publication/my-body-my-life-my-world-through-covid-19-lens
[12] Jordan 2025: A national vision and strategy
[13] National Strategy for Youth 2019-2025, Ministry of Youth http://moy.gov.jo/sites/default/files/lstrtyjy_0.pdf
[14] National SRH/ Family Planning Strategy (2013-2018), HPC
[15] Final Impact Assessment of the Strategy (2013-2018)- Higher Population Council

Sexual and reproductive health globally

Figures show[16] that between 1990 and 2015, maternal mortality decreased by 44%, and around 830 preventable maternal deaths occur each day. Developing regions account for approximately 99% of maternal deaths (60% in vulnerable situations, including crisis and post-crisis settings), as only 50% of women in developing regions receive the health services they need, including reproductive health services.

The unmet need for family planning remains a major challenge due to the slowdown in meeting the need and the increase in the need for family planning methods, especially in developing countries. About 200 million women around the world do not access the family planning methods they need. Ensuring access of women to the family planning methods they need, and access of all women and children to services in accordance with global health standards will decrease unplanned pregnancies by 70%, unsafe abortion by 67%, maternal mortality ratios by 67% Compared to 2014, and neonatal mortality ratios by 77%.

More than 6 million children worldwide die each day before reaching the age of five. This rate has dropped by 58% since 1990. Four out of five under-five deaths occur in developing countries and the poorest countries. Children born into poor households are (two times) more likely to die compared to those from wealthier households. Children born to mothers with basic education have a better chance in life than mothers who are illiterate.

Girls, adolescents and young women experience marginalization, inequalities and violence, putting them at higher risk of contracting HIV. In 2013, the number of female adolescents living with HIV reached 2.1 million. Moreover, forced sterilizations are practiced against girls, especially girls with severe intellectual and mental disabilities to prevent pregnancy in the event of rape. Males with intellectual disabilities are also subjected to forced sterilization, albeit at a lower rate than females.

Demographic changes worldwide have resulted in a larger young population of adolescents and youth, and consequently have given rise to more adolescent-health challenges. The United Nations considers adolescent health and the provision of resources to meet their health-related needs a long-term investment. Global statistics indicate that 1.4 million adolescents die each year, of which 97% are in middle and low-income countries. Child marriage, forced marriage and adolescent pregnancies declined, while the percentage of women aged 20-24 reported to have married before the age of 18 has declined from 32% in 1990 or so, to 26% by 2015. Estimates from 2015 showed that 15.3 million children were born to adolescent mothers, and that number is expected to increase to 19.2 million by 2035. [17]

Rising tension in many areas of armed conflict and disasters around the world have increased humanitarian emergencies, and the need for humanitarian aid for women, children and adolescents. In 2016, more than 125 million people needed humanitarian aid. Genital mutilation, otherwise known as female genital mutilation (FGM), is one of the most common forms of violence practiced against women and girls. More than 200 million women and girls have been subjected to genital mutilation in 30 countries in Africa, the Arab region and Asia, and 3 million girls annually are subjected to this inhumane practice that violates girls' and women's right to health, security, safety and dignity. The sustainable development agenda seeks to eliminate this practice by 2030[18]. In addition, reproductive health was affected globally by the covid-19 pandemic in 2020, as unmet family planning needs and gender-based violence increased.

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[16] Trends in Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division https://apps.who.int/iris/bitstream/handle/10665/193994/WHO_RHR_15.23_ara.pdf?sequence=8

[17] Trends in maternal mortality: 1990 to 2015, Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division https://apps.who.int/iris/bitstream/handle/10665/193994/WHO_RHR_15.23_ara.pdf?sequence=8

[18] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030, Arab League

SRH in the Arab region

The Arab region from the Atlantic Ocean to the Indian Ocean consists of 22 countries in Africa and West Asia and has a population of 350 million. 50% of the population are below the age of 25. UNDP data from Arab states in 2017[19] revealed the following indicators:

- Average life expectancy is 70.5 years
- Maternal mortality ratio is 156 per 100,000 live births
- 50% of the population live in rural areas
- 58% of the world's refugees are from Arab states, 60% live in the Arab region.
- 61 million need humanitarian assistance in 6 Arab states.

A World Bank report issued in February 2018[20] on maternal and child health in the Middle East and North Africa showed that the average child mortality in the Arab region dropped by 63%, while average maternal deaths dropped by 56% between 1990 and 2015. Maternal and child health is one of the indicators (determinants) that reflect the general health status of societies. Despite the noticeable decline in child and maternal mortality in the Arab region, the continuation of the decline (sustainability) is a major challenge for the region in light of the economic, social and demographic changes in the region. In addition to the humanitarian situation in regions (and countries) experiencing instability, conflicts or crises.

The report indicated that countries with a high per capita gross domestic product and low birth rates are the ones that have a noticeable decrease in child and maternal mortality ratios. In spite of the remarkable improvement over time in the Arab region, one in every 40 children dies in the first year of their life from preventable causes. Deaths are affected by health status, availability of health services, nutrition, birth spacing, access to clean drinking water and sanitation.

Infant mortality (in the first year of life) is 24 deaths per 1,000 births, and is below the global average (35 deaths per 1,000 births), but higher than the regions of Asia and the Pacific (17 per 1,000 births) and Latin America and the Caribbean (16 per 1,000 births). These regions have the same level of income as the Arab region.

The Arab region has achieved vaccination coverage for diphtheria, pertussis and tetanus, covering 89% of children (UNICEF 2014). This percentage is above the global average (84%) and is close to the percentage in developed regions (Latin America and the Caribbean, 93%) and East Asia and the Pacific(92%). 18% of children in the Arab region suffer from short stature. This percentage is lower than the global average, but higher than Latin America and the Caribbean (11%) and East Asia and the Pacific (12%).

Use of family planning methods is less than 60% in two-thirds of the Arab countries, and the unmet need is 10% in three quarters of the Arab countries. Furthermore, the total fertility rate exceeds 3 children per woman of reproductive age in 42% of the countries. (More than 4 children in five countries).

UNDP data for Arab states in 2017 [21]provides the following indicators:

- Women's participation rate in the labour market is only 22.7%
- 37% of women have experienced a form of violence in their lifetime
- 14% of girls marry under the age of 18

- One third of females (ages 20-24) married before reaching the age of 18. The rate of use of family planning methods is lower among married teenage girls due to the lack of knowledge, the inability to make decisions related to reproductive health, exposure to pregnancy and childbirth complications such as bleeding and premature labor, and neonatal fistula spread as a result of obstructed labor . 6.5% of women who develop neonatal fistula develop it in their teens.

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[19] file:///C:/Users/Dr.Ibrahime/Downloads/RP%202018-2021%20English.pdf Arab Development Report of 2017, UNDP
[20]Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030, Arab League https://arabstates.unfpa.org/sites/default/files/pub-pdf/arabic_rmncah_strategy_final_for_web_15-6-2020.pdf
[21] file:///C:/Users/Dr.Ibrahime/Downloads/RP%202018-2021%20English.pdf Arab Development Report of 2017, UNDP

- Adolescent fertility rate, defined as the number of births per thousand women (up to the age of 15-19), is 39 births on average, with significant variations from one country to another. The highest rate in the Arab countries is 105 births per 1,000 women aged 15-19 years. This reflects the prevalence of early marriage in a large number of Arab countries and the subsequent health complications resulting from adolescent pregnancy and childbirth, which could result in death. Early marriage also has social and psychological implications including dropping out of school and higher rates of violence against women and girls. Conflicts, displacement and migration in the Arab region in recent years have contributed to increasing burdens on women and girls, cases of violence, and hindered access to reproductive health services. From this standpoint, the Cairo Declaration for Arab Women and the Strategic Plan for the Advancement of Arab Women, adopted by the League of Arab States, approved the development of mechanisms to eliminate violence against women and girls.

The Arab region is considered one of the regions with a high rate of spread of HIV, according to a situation analysis in the conceptual framework for Eliminating Mother to Child transmission of infection (2012). Antiretroviral Therapy Coverage (ARV) is still low in the Arab region, at less than 13%. HIV testing for pregnant women is not applied in general, and the coverage of HIV testing is considered one of the lowest rates compared to other regions.

Although the Arab region has made an overall progress with regard to health indicators, there are differences and inequalities in achieving the targets between and within countries. In some countries, the health system is under pressure responding to the needs of large numbers of refugees and displaced people due to conflict. Women and girls constitute a large proportion of this population and face a higher proportion of reproductive health risks as a result of these fragile and precarious conditions[22].

The state of sexual and reproductive health in Jordan

The population of Jordan is around 9.5 million according to the Population and Housing Census of 2015[23] (including 2.9 million non-Jordanians, who are mostly refugees and foreign labour). On the other hand, the population of Jordanians stands at about 6.6 million. According to the aforementioned census, the percentage of disabilities is 11.2% of the total population, (approximately 1.2 million, excluding children aged 5 years or less). Persons with disabilities are among the groups most vulnerable to exclusion and exclusion from reproductive health services and rights, and girls with disabilities are more vulnerable to sterilization practices and sexual assault.

The political and economic conditions in the Middle East have also contributed to increasing the population in Jordan, and saw waves of refugees come from different countries including Palestine, Iraq, Syria, Libya, and Yemen. The healthcare system in Jordan has been strained by large numbers of refugees and displaced persons due to conflicts, war, crises and humanitarian emergencies in the Arab region. Girls, women and children constitute a large proportion of the population facing health risks, particularly SRH-related risks, as a result of vulnerable and unstable conditions. According to the findings of the Population and Family Health Survey 2017-2018[24], and the related review of SRH Issues and priority research [25], the following issues were identified to describe the status of sexual and reproductive health in Jordan:

- The percentage of women (aged 25-49 years) who married under the age of 18 years is high and stands at (15%), even though it has decreased compared to previous population and family health surveys. However, recent specialized studies on child marriage according to the age of marriage indicate that child marriage among Jordanians tended to increase in 2012-2015 (from 9.7% in 2012 to 11.6% in 2015), and reached very high levels among Syrian women, increasing from 35.3% in 2012 to 43.8% in 2015.)
- The percentage of adolescent marriage has increased (10% of married women aged 15-18 years who have married under the age of 15).

[22] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030, Arab League https://arabstates.unfpa.org/sites/default/files/pub-pdf/arabic_rmncah_strategy_final_for_web_15-6-2020.pdf

[23] Population and Housing Census 2015, Department of Statistics

[24] Population and Family Health Survey 2017-2018, Department of Statistics http://www.dos.gov.jo/dos_home_a/main/linked-html/DHS2017.pdf

[25] Sexual and Reproductive Health Priorities and Studies based on the Results of the Population and Family Health Survey (2017-2018)

- A relatively large percentage of childbirths (16%) occurs within less than 18 months after the previous childbirth. On the other hand, there is a steady increase in the median interpregnancy interval over time**,** which affects fertility and the health of mothers and children alike.
- Total fertility rate varies greatly from one governorate to another (despite dropping to 2.7 children) based on governorate, nationality, and urban and rural settings. Total fertility rate among Syrian women in Jordan is high, standing at 4.7 children per woman of reproductive age.
- While the percentage of unplanned or unintended pregnancies is low compared to previous surveys, it stands at (14%), according to the results of the Population and Family Health Survey 2017.
- (5.2%) of women (aged 15-19 years) have given birth, 1% of them gave birth before the age of 15, and 7% of women (aged 25-49 years) have given birth before reaching the age of 18 years
- The use of family planning methods decreased from 61% to 52% between the two most recent surveys. While not reflected in the total fertility rate, it reflects an increase in the rates of unintended or unplanned pregnancies and a reduction of interpregancy intervals.
- The use of modern family planning methods decreased from 40% to 37% between the two most recent surveys.
- The use of modern family planning methods varies according to the governorates, nationality, educational level and level of well-being (25% in Ma'an and 43% in Jerash; 32% for Syrian women, 38% for Jordanian women, 35% for women in the lowest welfare quintile compared to 39% in the higher quintile).
- Cessation of family planning methods is high (30%), due to reasons related to the inadequacy of the method (12%) or failure of the method (11%), and the desire for a more effective method (9%).
- The percentage of unmet need for family planning methods stands at (14%) in 2017-2018 after it declined from 27% in 1990 to 12% in 2012. This percentage varied by governorate, educational level and nationality (17% in Madaba and Mafraq, 10% in Ajloun and Tafilah, 20% for uneducated women, 13% for women with secondary education, 19% for Syrian women, compared to 14% for Jordanian women).
- A large percentage of women (79%) do not currently use contraception and have not discussed family planning with health service providers, which reflects the lack of interest of service providers in providing awareness services about the importance of using these methods and the lack of awareness of women in consulting service providers about family planning issues.
- The percentage of married women (ages 15 to 49 years) who make informed decisions about sexual relations, the use of contraception and reproductive health care (58.2%) decreased.
- A large percentage of men (55%) were not exposed to family planning messages in the media, despite the fact that the majority of decisions to use or not use contraception are taken together with the spouse.
- Under-five mortality rates vary by governorate, the highest in Mafraq governorate (23) deaths per 1000, and the lowest in Aqaba (10) deaths per 1000.
- Under-five mortality rate increased among children born to Syrian mothers (25 per 1000) compared to those born to Jordanian mothers (16 per 1000).
- Under-five mortality rate is high for children born to mothers without an education or have primary school level education (22 per thousand) compared to deaths of children born to mothers whose mothers have attained higher education (13 per thousand).
- The percentage of women who received healthcare in the first trimester of pregnancy decreased from 91% in the Population and Family Health Survey in 2012 to 85% in the 2017-2018 Survey.
- The percentage of mothers whose last child was protected from neonatal tetanus decreased (only 28% received the tetanus vaccine during pregnancy).
- There are differences depending on regions, educational level, levels of well-being and nationality with regard to health care provided to women during pregnancy and after childbirth.
- Cesarean deliveries (26% of all births) is high. The significant difference between planned and unplanned Caesarean deliveries, indicates that there is a large proportion of this type of operation that is not required or necessary. There are also differences according to age, governorate, and nationality within the area.
- Married women face obstacles and challenges in accessing healthcare, such as physical barriers, distance from the health facility, not knowing where they have to go, obtaining approval to go to the doctor, and the fear that the service provider in the health facility is not a female (42% of women suffer from At least one problem).
- There are physical obstacles that women with disabilities face in accessing reproductive health services, especially with regard to the lack of reasonable accommodations in facilities and buildings that provide these services for wheelchair users and the lack of information in accessible formats such as sign language, large print and Braille. This is in addition to the lack of qualified medical and nursing staff to communicate with people with different disabilities.

- Low turnout of young couples to pre-marital medical examinations, at the rate of (42% and 42.9%) for males and females respectively (for the age group below 20 years), and (57.9%, 59.3%) for the age group (20-34 years).
- (17%) of newborns were of a low birth weight (less than 2.5 kilograms).
- Younger mothers (aged less 20 years) and mothers (aged 35-49) years are somewhat more likely give birth to babies of low birth weight (21% and 20%) respectively.
- (81%) of children (aged 1-14 years) have been subjected to at least one type of violent discipline methods, and 14% of the respondents believe that corporal punishment is necessary to raise a child properly.
- (37%) of families are not covered by the health insurance umbrella. (42%) of women (aged 15 to 49 years old) did not have health insurance. This may increase the percentage of unmet needs and reduce the rate of demand for modern family planning methods for women who are not covered by health insurance, especially since there are reports that show that family planning services are not covered by private health insurance.
- The percentage of ever-married women who have comprehensive knowledge of HIV decreased from (13%) in the 2012 survey to 9% in the 2017-2018 survey. The percentage of women who are aware of ways to prevent HIV dropped from (52% to 42%) during these two surveys. The level of knowledge varies significantly by governorates and the nationality of the women.
- The percentage of women who are young (15-24 years) and have comprehensive knowledge of HIV decreased (7%), so has the percentage of young men of the same age group (8%).
- The study showed that a large percentage of women and men have inaccurate information about the transmission of the AIDS virus. The percentage of women and men (aged 15 - 49 years) who do not know that HIV can be transmitted during pregnancy, childbirth and breastfeeding is (50% and 42%) respectively. Only (26%) of women and men know that the risk of AIDS transmission to the child can be reduced when a mother consumes some special medicines. The study also revealed discriminatory attitudes towards people with HIV (90% among women and 87% among men).
- The percentage of ever married women and men (aged 15-49) with sexually transmitted diseases, except AIDS, are (34. 33%) respectively.
- (11%) of men who have heard about sexually transmitted diseases, except AIDS, and have reported catching an STD infection in the past 12 months of the survey.
- A large percentage of married women (46%) (aged 15-49 years) and men of the same age group (69%) agree that beating a wife is justified at least in one of the following circumstances: burning food, arguing with the husband, going out without telling the husband, neglecting the children, disobeying the husband, insulting the husband, having relations with another man.
- Among men, attitudes justifying wife beating become more common with increasing education; only 56% of men with no education agree to beating wives, as compared with 72% of men with a secondary education and 68% of men with more than a secondary education.
- A considerable amount of women have experienced physical violence, especially from their spouse. (15%) of Ever-married women (aged 15-49 years) who experienced any type of physical violence since the age of 15 reached (21%). The percentage of women who experienced any form of physical violence in the last 12 months reached (14%). The source of violence is primarily (71%) from the current spouse, (15%) from a former spouse, (13%) from a brother, (12%) from the father, and (9%) from the mother.
- (26%) of married women (ages 15-49) have experienced physical, sexual or psychological violence by the current or last spouse, while 20% of women experienced violence by an intimate partner in the last 12 months, with 7% reporting repeated incidents of violence during that period. This phenomenon continued to exist despite the decrease in percentages compared to the 2012 survey rate of (34%). This violence has an impact on other family members. The survey indicated that women whose fathers beat their mothers were more inclined to experience violence by an intimate partner more than women who report that their fathers did not beat their mothers.
- The rate of seeking help among ever-married women (aged 15-49 years) who have been subjected to any form of physical or sexual violence by a spouse is low (19% only).
- The percentage of ever-married women (aged 15-49 years) who have been subjected to violence (physical, sexual, or emotional) by the spouse / partner between varies by governorate, the highest being (36%) in both Zarqa and Balqa 'governorates, and the lowest in Ajloun governorate (10%).
- Violent discipline of children under the age of fourteen is prevalent (81% of children who were subjected to severe psychological, physical, or physical punishment).
- A small percentage of married women (aged 15-49 years) work (only 13%).

- The percentage of women who can refuse to have sexual intercourse with their husbands according varies by region, educational level and family welfare (75% in the southern region, compared with 68% in the northern region and 65% in the central region; 59% among those with no education, 89% for those with a higher education level; 60% for women in the least-well-off quintile and 75% in the highest quintile).

In light of these data and upon reviewing SRH reports, studies and strategies in Jordan to identify the issues that were not highlighted or covered by the survey, the situation of SRH in Jordan can be described as follows[26]:

- Weak legislation and mechanisms that enable the implementation of a rights-based SRH service delivery.
- Lack of specialized and integrated SRH services (medical, psycho-social, and family) targeting the groups at highest risk of exclusion, including persons with disabilities, survivors of rape and sexual violence and AIDS patients and their contacts[27].
- Limited integration of SRH programs and primary health programs in health centers and OB/GYN services in hospitals.
- Lack of programs that assess current level of SRH services in the public and private sectors, compliance of service providers with the adopted protocols and customer satisfaction with the services.
- SRH services offered to Syrian refugees are weak, and financial, social, cultural and awareness barriers prevent Syrian refugees from accessing these services[28].
- SRH, STD and adolescent health services in public health centers targeting young people are weak, and a comprehensive package of essential SRH services for this age group does not exist[29].
- Lack of SRH and adolescent health service providers and specialized SRH training programs for service providers[30].
- Lack of coordination between international donor organizations that support SRH and family planning programs, lack of an official entity that coordinates and oversees the work of these organizations, and focus of these organizations on vertical programs.
- Limited university courses in adolescent health and sexual and reproductive health.
- School curricula lack educational programs that cover adolescent health, including adolescent SRH, in line with the prevailing culture and in accessible formats such as sign language, Braille and large print for persons with disabilities,
- Weak SRH IT systems[21]
- Lack of funding and inconsistent availability of integrated SRH medicine and supplies[31]
- Absence or weakness of SRH awareness-raising programs for couples engaged to be married, (reproductive health education and rehabilitation before marriage)
- Weak participation of the private health sector in SRH awareness programs[32].
- Lack of regular, sustainable and specialized media programs in sexual and reproductive health[33].
- Reproductive health service providers are biased towards some modern family planning methods, especially permanent methods[34].
- Circulating false information about the side effects of modern family planning methods and the weakness of information and informed education programs to counter this information[23].
- Weak private health insurance coverage for family planning services and sexual health counseling[35].

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

The Higher Population Council held a specialized work attended by all partner government, non-governmental, private sector and donor agencies to analyze the internal and external factors including the enabling environment of relevant

[26] Sexual and Reproductive Health Issues and Priority Research based on the Results of the Population and Family Health Survey (2017-2018)

[27] Higher Population Council; Share- Net Jordan (2018). Position Paper on the Rights of Persons with Disabilities to Reproductive Health Services and Sex Education. https://www.share-net-jordan.org.jo/sites/default/files/Position%20Paper-SRHof%20Persons%20with%20Disabilities-Eng%20%28004%29_1.pdf

[28] Harvard School of Public Health (2019). Understanding and meeting the sexual and reproductive health [SRH] needs of Jordanian and Syrian youth. https://www.hsph.harvard.edu/women-and-health-initiative/projects/understanding-and-meeting-the-sexual-and-reproductive-health-needs-of-jordanian-and-syrian-youth/

[29] United Nations (2018).United Nations Youth Strategy: Youth 2030. https://www.un.org/youthenvoy/wp-content/uploads/2018/09/18-00080_UN-Youth-Strategy_Web.pdf

[30] Higher Population Council (2015). Jordan Agenda Setting for Sexual and Reproductive Health and Rights Knowledge Platform (Share-Net International). http://share-netinternational.org/wp-content/uploads/2017/02/Annex-9-Jordan-agenda-setting-and-mapping.pdf

[31] Higher Population Council (2009). Critical Review and Annotated Bibliography of Selected Studies in Family Planning in Jordan (2001 to Date); March 2009.

[32]

[33] Saheb, Maha (2017). UNFPA Assessment of SRH Integration in Selected Arab Countries "Jordan Country Report".

[34] Higher Population Council (2009). Critical Review and Annotated Bibliography of Selected Studies in Family Planning in Jordan (2001 to Date); March 2009.

[35] Higher Population Council (2011). Feasibility of Family Planning Services Inclusion within Public and Private Employers Health Insurance Plans; August,2011.

legislation and legal frameworks, as well the opportunities and threats facing selected sexual and reproductive health issues using the SWOT analysis to improve the current situation.
The SWOT analysis identified gaps, challenges, as well as opportunities that help to re-define core issues and identify the strategic direction with respect to sexual and reproductive health. The main results of the SWOT analysis were as follows:

Strengths	Weaknesses
• Supporting legislation such as the Domestic Violence Law and other laws are available • A qualified workforce is available • Medication and methods are available • IT systems are available • Primary healthcare centers across the kingdom • Availability of a good infrastructure • Availability of an inter-sectorial communications umbrella through HPC. • Availability of health strategies • Service accessibility • A healthcare institutions accreditation system exists • Health services are provided through multiple sectors • Funding for family planning, antenatal and postnatal care, and domestic violence support exists. • Training programs on some SRH components • Supportive supervision system for some reproductive health issues at MOH • Updated guiding manuals on some SRH components • Adopted national manuals on some SRH components and GBV such as the manual on rape survivors . • Active civil society institutions in delivering reproductive health services and information • Some reproductive health and child health services are offered free of charge. • Youth-friendly SRH service standards exist • National reproductive health service standards approved by the Prime Ministry.	• Laws and legislation do not cover all components of SRH and failure to enforce some laws • SRH is not a priority • Lack of capacity in the governmental sector and non-governmental organizations to manage funding • Lack of trained personnel in all SRH issues • Medicines and supplies are not available in all regions • Information systems are not integrated at the national level • Poor infrastructure in some areas • Lack of funding and limited budget allocations • Weak accountability and absence of a clear umbrella for accountability • Supervision and monitoring systems are weak and do not cover all SRH components by the systems. • Lack of information and studies on sexual and reproductive health issues at the national level • Weak integration of comprehensive SRH into primary health care • Reproductive health services do not cover all groups in the life cycle, such as adolescents and youth, • Lack of standardized training and procedural manuals on all components of SRH • Lack of leadership training programs in the field of SRH • High trained staff turnover rate • Weak coordination between partners and absence of multilateral partnerships • Lack of a standardized package of SRH services • The accreditation and standards system do not cover all SRH issues. • Vertical SRH programming • Lack of active participation by some sectors in the development and implementation of policies and strategies for sexual and reproductive health, such as the media, religious institutions and the private sector • Weak referral system for SRH services • SRH concepts are not included in school curricula and university education • Lack of private sector participation in SRH-related issues • Low participation of men and boys in SRH programs • Lack of equal and equitable provision of reproductive health services across regions, economic groups, and minorities who are most vulnerable to exclusion or discrimination, such as persons with disabilities and refugees.
Opportunities	**Threats**
• Donor interest in SRH and youth issues • The Decentralization Law • Amendment of the Midwifery Law • The Medical Accountability Law • The Medical Accountability Law in place • National Maternal Mortality Registry in place • An entity that approves healthcare standards • The possibility of activating multiple partnerships between the public sector, the private sector and non-governmental organizations • The existence of a crisis response plan • The existence of an international and regional programs and trend to integrate SRH into primary healthcare • Launch of the Regional Framework for Integrating Sexual and Reproductive Health into primary healthcare • The Arab Strategy for Maternal, Child and adolescent Health	• The negative impact of crises and disputes • The economic situation and its impact on government spending on SRH. • Constant changes in leadership and decision-makers • Inconsistent funding streams and changing donor interests. • Trained staff turnover • Retirement and social security systems and lack of attention to job succession plans. • Lack of coordination among supporting agencies • Social misconceptions about the handling of SRH issues • Inability to institutionalize and sustain programs, and reliance on external funding.

Main challenges and key issues

An analysis of the current situation revealed the following challenges in Jordan with respect to SRH:

1. SRH is not treated as a national priority and is not linked to sustainable development goals and Nairobi Summit commitments
2. While there are numerous reproductive health strategies and plans, some of them are not put into action and lack coordination and integration of efforts.
3. Conflict and crises in some countries of the region, epidemics and natural disasters and their direct and indirect impact on access to SRH and GBV services for different groups, especially groups at high risk of exclusion such as women, girls, adolescents, youth, refugees, persons with disabilities and older persons.
4. 4Inconsistent and inequitable access to quality services in some regions and some groups within one region.
5. Lack of comprehensive and standardized SRH indicators
6. Weak health information systems and lack of integration with different healthcare services and sectors
7. Shortage and maldistribution of qualified human resources in SRH and GBV, hindering quality SRH service delivery, and weak supervision system.
8. Lack of a sufficient, sustainable and prioritized budget for SRH issues, reliance on donor funding for SRH programs, and lack of institutionalized and sustainable programs.
9. Weak coordination and collaboration among sectors to take into account the social limitations of SRH, fragmentation of support for SRH and GBV services and programs from international and local organizations, vertical programming and lack of multi-sectoral programs.
10. Lack of a standardized package of SRH and GBV services, lack of unified training and procedural manuals on all SRH components.
11. Prevailing misconceptions in society about SRH and GBV, the prevailing taboo culture, non-engagement of local communities in the development and implementation of SRH interventions, and the lack of participation of men, boys and youth.
12. SRH and GBV concepts not included in school and university curricula
13. Absence of national programs on reproductive and sexual education for youth, adolescents, and persons with disabilities, and their limitation to institutional programs and initiatives
14. Poor documentation of national level programs, initiatives and services, in addition to weak research and studies related to reproductive health, especially with regard to reproductive health for young people, adolescents, people with disabilities and the elderly.
15. The reproductive and sexual health sector is marginalized in crisis response and not considered as a basic primary service
16. Lack of SRH services and information online platforms, especially during crises
17. Lack of mobile stations / teams to facilitate access to SRH services

In view of these challenges and the results of the SWOT analysis, the following priority issue stand out and will be addressed by the strategy:

1. Review, update, and develop new, laws and regulations on SRH to ensure the provision of integrated SRH services and information

2. A need to allocate budgets and sources of funding and grants to SRH and GBV programs.

3. Ensure access to SRH and GBV services and information and for the most vulnerable groups of women, children, adolescents, youth, refugees, persons with disabilities and the elderly in general, taking into account crisis and emergency situations.

4. Define and develop a package of essential SRH services, including procedural and indicative guides and capacity-building programs, including emergencies and crises, with a focus on the most marginalized groups such as youth, adolescents, people with disabilities and the elderly.

5. Include SRH and GBV concepts in school and university curricula and to use innovative and interactive tools, such as electronic applications, to provide SRH information, advice and services, particularly to reach adolescents, youth and people with disabilities.
6. Prioritize SRH and GBV when responding to crises
7. Build the capacities of workers in various sectors on issues, services and information on sexual and reproductive health, with a focus on the privacy of different groups
8. Provide a national information system to collect and provide information and indicators for sexual and reproductive health services
9. Develop and improve the infrastructure to facilitate the integration of sexual and reproductive health services and gender-based violence
10. Develop supervision, monitoring and evaluation systems that include SRH services and standardize national performance indicators.
11. Create mechanisms for communication, coordination and partnerships between various sectors on issues of SRH and GBV.
12. Engage different sectors, including the private sector, religious institutions and the media, in implementing the strategy and find mechanisms to involve the local community and its institutions in developing interventions and programs to raise awareness and promote positive social attitudes towards SRH and GBV issues,.
13. Enhance documentation of national implementation efforts, and support research and studies that focus on SRH and GBV in general, and particularly on different groups such as adolescents, youth, people with disabilities, and the elderly.

Identification of SRH Components adopted by the Strategy

During the strategy development workshop that analyzed the current situation of SRH issues, facilitated extensive discussions on SRH components and aimed to set the framework for developing a package of SRH services, a small meeting was held for a group of experts representing partner institutions. The meeting reviewed the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)[36]; the United Nations Population Fund Strategic Plan - 2018-2021; the Arab Multi-sectoral Strategic Plan for Maternal, Child and Adolescent Health 2019 - 2030[37] of the League of Arab States; the conceptual framework for integrating sexual and reproductive health into Primary Health Care in the Arab Countries - 2018[38] issued by UNFPA and the Health Policy Forum in the Middle East; and the World Health Organization Reference Manual for Response Services for Women Experiencing Intimate Partner Violence or Sexual Violence[39]. Participants agreed on the SRH components that will be included in the national strategy according to the life cycle, as follows:

[36] WHO, Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) ,2015
[37] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030, Arab League
[38] A Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab States, MENA HPF, 2018.
[39] https://www.unfpa.org/sites/default/files/resource-pdf/Essential-Services-Package-Module-2-ar.pdf

Life cycle	Services and Information	Shared services and information
Newborns and infants (0-1 years)	• Neonatal care • Infant care and natural breastfeeding	The following components are integrated in all the previous components: • Nutrition • Mental health • Referrals • Inclusion of persons with disabilities • Service management, monitoring and quality control
Childhood (1-9 years)	• Gender based violence, including care for survivors of rape • Child care • Parental care • Vaccines • School health	
Adolescents and youth Adolescence (10-19 years) Youth (12-30 years)	• Family planning • Sexually transmitted infections, including HIV, AIDS and reproductive system infections • Gender based violence, including care for survivors of rape • Premarital care • Physiological changes that include physical, psychological and emotional changes • Vaccines • School health and healthy lifestyles • SRH education for adolescents and youth	
Childbearing age 15-49 years	• Premarital care • Preconception care • Antenatal care • Labour care • Natural breastfeeding • Postnatal care • Family planning • Sexually transmitted infections, including HIV, AIDS and reproductive system infections • Gender based violence, including care for survivors of rape • Infertility • Post-abortion care • Reproductive cancers and breast cancer • Reproductive morbidity	
Post reproductive age Above 50	• Sexually transmitted infections, including HIV, AIDS and reproductive system infections • Gender based violence, including care for survivors of rape • Reproductive cancers • Menopause services	

The methodology for developing the National Sexual and Reproductive Health Strategy relied on a combination of the goals-oriented planning model and the theory of change model. The general objective and specific strategic goals were identified based on the current situation analysis, challenges and key strategic issues. Following that, the general objective was aligned to an impact. The specific strategic goals were defined as outcomes, and outputs were identified to help reach those results. The partners followed a collaborative approach to develop the necessary interventions to achieve the required outputs, as follows:

Objective of the Strategy

Achieve universal access to integrated sexual and reproductive health services and information for the well-being of individuals and families in Jordan

Specific Strategic Goals

The National Sexual and Reproductive Health Strategy (2020-2030) contains four strategic goals across four pillars:

1. Develop enabling and supportive legislation and policies for integrated sexual and reproductive health services (enabling environment)
2. Provide inclusive, integrated, quality SRH information and services for the whole population (individuals) across the Kingdom (information and services)
3. Establish positive social trends, perceptions and attitudes toward sexual and reproductive health (community)
4. Develop integrated, institutionalized and sustainable SRH information and services within effective sectoral partnerships (sustainability and governance)

References and guiding principles of the strategy

The strategy relied on a number of references and guiding principles, especially with respect to the right to access health services, including sexual and reproductive health services, in so far as it is a key human rights principle. The strategy relied on the following references:

- Jordanian Constitution
- Universal Declaration of Human Rights, 1948
- Convention on the Rights of the Child no . 260 of 1990
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979
- Nairobi Summit on ICPD25 Commitments,
- ICPD Programme of Action (ICPD 25)
- UNFPA Strategic Plan (2018-2021)
- 2030 Agenda / Sustainable Development Goals (2015-2030)
- UN Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)
- Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health (2019-2030)
- Jordan 2025: A National Vision and Strategy
- Public Health Law No.47 of 2008
- Law on Protection Against Domestic Violence no.15 of 2017
- Law on the Rights of Persons with Disabilities No.20 of 2017
- National Strategy for Human Resource Development (2016-2025)

Core Values of the Strategy

The strategy has a set of values based on the principles of human rights, justice and equality:

- Upholding the right to health as a human right
- Equality and non-discrimination in the distribution and provision of health services and information
- Partnerships, collaborations and multi-sectoral interventions
- A human-centered approach of the strategy
- Social participation
- information and knowledge-sharing
- Evidence-based decision-making
- Accountability
- Harnessing human potentials and innovations

Vision and Impact

Universal access to integrated sexual and reproductive health services and information to achieve the wellbeing of individuals and families in Jordan

Results-based strategic framework

The conceptual framework of the Jordanian National Sexual and Reproductive Health Strategy was based on the Theory of Change, which describes how a set of results in the short and medium term are aligned to reach a long-term goal. The following figure shows how the Strategy relied on SRH-related inputs and interventions along four main pillars (the enabling environment; information and services, Society; sustainability and governance) to reach the results on three levels, namely outputs, medium-term outcomes and impact or the long-term goal that defines the vision of universal access to integrated SRH services and information for the well-being of individuals and families in Jordan.

The following table shows how the inputs and interventions are linked to the outputs and outcomes along the four pillars of the strategy (the enabling environment, information and services, society and sustainability and governance)

Impact	**Universal access to integrated Sexual and reproductive health services and information to help realize the wellbeing of individuals and families in Jordan**			
	Enabling environment	**Information and services**	**Society**	**Sustainability and Governance**
Outcomes	1- Enabling legislation and policies on integrated and comprehensive SRH and GBV issues.	2. Integrated, comprehensive, and inclusive quality SRH services and information for the whole population across the Kingdom	3. Positive social attitudes, beliefs and practices towards SRH and GBV issues.	4- Integrated, institutionalized and sustainable SRH information and services within effective sectoral partnerships
Outputs	Documented commitment and support from decision makers to include all SRH components in the developed and approved programs.	2.1- Standardized national SRH service package that covers different SRH components and lifecycle approach (age groups)	3.1- A society that has knowledge and positive attitudes towards SRH and GBV issues.	4.1- A documented national framework with clear accountability mechanism to follow up on strategy implementation
				4.2- Supportive leaders trained in SRH advocacy and monitors strategy implementation
	Policies that support integrating relevant SRH components in primary healthcare services and services of related sectors	2.2-Equitable access to high-quality SRH services and information	3.2- Active participation by men, women, adolescents, youth, persons with disabilities and older persons in SRH programs.	4.3- Institutionalized sectoral and programmatic partnerships, initiatives, and projects on SRH issues and services.
	Sufficient budgets allocated for SRH programs (services/ medicine and supplies/ infrastructure/ capacity building)	2.3-SRH information available through different communication methods and in different formats for all population groups, including persons with disabilities.	3.3-Active participation by media, religious institutions and educational institutions in promoting SRH programs and information,	4.4- Comprehensive and integrated sectoral and institutional services that encompass SRH and crisis readiness and response.
	An SRH resources and services information management system that ensures access to quality information.	2.4-Available and sustainable SRH, services, supplies and medicine for all population groups across all regions.	3.4- Increasing demand for SRH and GBV services.	4.5- Knowledge, research and studies that inform SRH priorities, programs.
	Sufficient, qualified and trained staff in SRH components and issues.	2.5-Specific standards for high quality SRH services that meet the needs of the population	3.5- Active participation and role of CSOs, government institutions and international organizations in providing integrated SRH services and information.	4.6- M&E reports documenting work plans executed by partners in support of SRH services, information, policies, decisions and budgets and demand
		2.6- comprehensive SRH services and information to deal with crises and emergencies.		4.7- Financial allocations to institutionalize SRH services and interventions

Strategic inputs	1- Review existing policies and legislation that support SRH for all groups, and assess their impact and effectiveness including during crisis and emergency. 2-Introduce policies and legislation that promote SRH concepts to ensure that all SRH services are covered by a clear legislative umbrella. This includes policies for the public sector to support civil society in achieving sustainability. 3- Integrate SRH in different national strategies and plans , particularly focusing on the most vulnerable groups, including adolescents, youth, women, persons with disabilities and older persons. 4-Develop guiding principles and protocols to support the integration of SRH and GBV services on all levels, including during crises and emergencies . 5- Include SRH activities in the budgets of partner' work plans, and control the funding and disbursement process including during emergencies and crises. 6- Develop and update an e-system of all components of SRH services that connects different sectors 7- Develop advocacy plans through all partners for legislation and policies supporting SRH. 8- Develop SRH and GBV capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials. 9-Formulate policies to support the integration of SRH products 10- Develop a comprehensive policy for SRH at the ministry of health	1- Develop a standardized SRH services package that covers all SRH components including, GBV and the lifecycle approach to SRH with particular focus on adolescents and youth. 2- Develop, update, and make available standardized national manuals and protocols on comprehensive SRH services and adopt them at the national level. 3- Build the capacity of service providers, including community health awareness professionals, in delivering quality SRH and GBV services according to the adopted national standards. 4-Guiding and procedural manuals to be approved by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018. 5- Integrate SRH information and services in health accreditation standards and standards for youth-friendly health centers 6- Support and strengthen IT systems of SRH components for all age groups at the national level 7- Provide all SRH components and supplies at all points of service as per the manuals, including family planning methods. 8- Develop and activate a service delivery quality control and measurement system. This includes developing supportive supervision of SRH services to include all SRH components. 9- Provide diversified and innovative methods of communication of SRH and GBV services based on age groups, particularly youth and persons with disabilities.. 10- Provide the minimum level of SRH services during emergencies and crisis (MISP) 11-Support SRH education programs for adolescents and youth within formal and informal education.	1- Develop and implement comprehensive SRH and GBV awareness programs with special focus on adolescents and youth. 2- Develop diversified and innovative methods of communication of SRH and GBV services based on age groups, particularly youth and persons with disabilities. 3 Train and qualify community-based groups and committees in working with parents، teachers and school supervisors to address SRH، violence and harassment. 4-promoting gender concepts and roles within families 5- Integrate SRH and GBV issues in home visit programs 6- Integrate SRH and GBV issues in religious preaching and counselling programs. 7 Develop SRH and GBV educational materials for universities 8- Civil society organizations programs include SRH awareness-raising services and activities 9-Develop and implement comprehensive SRH training and qualification programs for community leaders. 10-Enhance media awareness and capacity of SRH and GBV issues 11- Integrate SRH and GBV issues in youth programs, youth centers. 12- Enhance the participation of men, boys and young men in SRH interventions to increase the effectiveness of programs. 13- develop and operationalize community health committees and engage them in developing and implementing SRH programs. 14-Cooperate with national, youth and women committees and other committees	Form and activate a steering committee representing all sectors to follow up on the achievement of the strategy's results and make the necessary decisions. 2- Develop and activate a technical committee representing all sectors to follow up on the implementation of the plan's interventions and indicators 3- SRH strategy endorsed by the Prime Ministry and circulated to all concerned ministries. 4- Develop a national monitoring, evaluation and supervision system to regularly follow up on reports documenting partner work plans. 5- Establish effective multilateral or multi sector partnerships (initiatives, programs and projects) that include all components of SRH and GBV. 6- Develop and implement detailed annual partner work plans covering all SRH components and GBV. 7- Conduct and use studies and research on all SRH components and their related impact, including investigative studies to identify social attitudes towards SRH issues. 8-Identify mechanisms to ensure the implementation of evidence-based research outcomes and recommendations 9- Share the outcomes and recommendations of studies and research with all stakeholders. 10- Different interventions, programs and services documented. 11 Partners allocate in their annual budgets funds to institutionalize SRH services and interventions. 12- Supportive leadership trained in SRH advocacy and

	11- Integrate in SRH and GBV services and information in emergency, readiness and response plans	12- Activate and implement the response plan to address crises and emergency and ensure continuous SRH services 13-Enhance the integration of SRH services in primary healthcare, especially youth friendly health services. 14-Provide information and data disaggregated by sex, age, health status, type of disability, and other indicators that are sensitive to different population groups. 15- Develop a specialized training manual and hold a workshop on how to address the sexual needs of persons with disabilities	15- Activate the role of community committees during crisis and emergency response with respect to SRH and GBV. 16- Integrate SRH and GBV issues in school curricula and textbooks	engaged in monitoring strategy implementation.
Inputs and systems	Leadership and decision-maker support Private sector engagement and support Laws and policies Health financing Workforce Medicine and supplies Information Technology Infrastructure Studies, research and information Social response and participation	Services mix Information Accessibility Access to service Supply Continuous quality improvement Management and oversight	Social response and participation Role of CSOs and NGOs Religious institutions Culture and customs Media Mainstreaming gender and reproductive rights Studies, research and information	Leadership and governance Coordination Accountability Institutionalization and sustainability Crisis readiness and response Information and studies Integration Performance management, monitoring and evaluation Studies, research and information

The following table shows how strategic interventions are linked to the outputs and outcomes under the Enabling Environment pillar:

Pillar: Enabling Environment		
Strategic inputs	**Outputs**	**Outcomes**
1.1.1-Develop advocacy plans through all partners for legislation and policies supporting SRH.	1.1-Documented commitment and support from decision makers to include all SRH components in the developed and adopted programs.	1. Enabling legislation and policies on integrated and comprehensive SRH and GBV issues.
1.1.2- Integrate SRH in different national strategies and plans , particularly focusing on groups with the highest risk of marginalization, including adolescents, youth, women, persons with disabilities and older persons.		
1.1.3- Develop guiding principles and protocols to support the integration of SRH and GBV services on all levels, including during crises and emergencies .		
1.2.1- Review existing policies and legislation that support SRH for all groups, and assess their impact and effectiveness including during crisis and emergency.	1.2- Policies that support integrating relevant SRH components in primary healthcare services and services of related sectors	
1.2.2- Introduce policies and legislation that promote SRH concepts to ensure that all SRH services are covered by a clear legislative umbrella. This includes policies for the public sector to support civil society in achieving sustainability.		
1.2.3-Formulate policies to support the integration of SRH products		
1.2.4-Develop a comprehensive policy for SRH at the ministry of health		
1.2.5- Integrate SRH and GBV services and information in emergency, readiness and response plans		
1.3.1-Include SRH activities in the budgets of partner' work plans, and control the funding and disbursement process including during emergencies and crises .	2.3- SRH information accessible in different formats for all groups, including persons with disabilities.	
1.4.1- Develop and update an e-system of all components of SRH services that connects different sectors	1.4- An SRH resources and services information management system that ensures access to quality information.	
1.5.1- Develop SRH and GBV capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials.	1.5- Sufficient, qualified and trained staff in SRH components and issues.	

The following table shows how strategic interventions are linked to the outputs and outcomes under the Services and information Pillar

Pillar: Services and Information		
Strategic inputs	**Outputs**	**Outcomes**
2.1.1- Develop a standardized SRH services package that covers all SRH components including, GBV and the lifecycle approach to SRH with particular focus on adolescents and youth.	2.1- A standardized national SRH service package covering all the adopted SRH components and the entire lifecycle (age groups)	2. Integrated، comprehensive, and inclusive quality SRH services and information for the whole population across the Kingdom
2.1.2- Develop, update, and make available standardized national manuals and protocols on comprehensive SRH services and adopt them at the national level.		
2.1.3- Guiding and procedural manuals adopted by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.		
2.2.1- Provide all SRH components and supplies in all service delivery locations as per the guiding manuals, including family planning methods.	2.2- Equitable access to high-quality SRH services in the public and private sectors	
2.2.2- Enhance the integration of SRH services in primary healthcare, especially youth friendly health services.		
2.3.1-Strengthen and reinforce SRH components across all age groups at the national level in IT systems	2.3- SRH information accessible in different formats for all groups, including persons with disabilities.	
2.3.2-Provide diversified and innovative methods of communication of SRH and GBV services based on age groups, particularly youth and persons with disabilities.		
2.3.3-Support SRH education programs for adolescents and youth within formal and informal education.		
2.3.4-Provide information and data disaggregated by sex, age, health status, type of disability, and other indicators that are sensitive to different population groups.		
2.4.1-Provide all SRH components and supplies at all points of service as per the manuals, including family planning methods.	2.4 - Available and sustainable SRH services, supplies and medicine for all groups in all regions.	
2.5.1- Develop and activate a service delivery quality control and measurement system. This includes developing supportive supervision of SRH services to include all SRH components.	2.5- Specific standards for high-quality SRH services that meet the needs of the population	
2.5.2- Build the capacity of service providers, including community health awareness professionals, in delivering quality SRH and GBV services according to the adopted national standards.		
2.5.3- Develop and activate a service delivery quality control and measurement system. This includes developing supportive supervision of SRH services to include all SRH components.		
2.5.4- Integrate SRH information and services in health accreditation standards and standards for youth-friendly health centers and integrate accessibility standards for persons with disabilities.		
2.6.1-Provide the minimum level of SRH services during emergencies and crisis (MISP)	2.6- Complete SRH information and services to respond to crisis and emergencies.	
2.6.2-Activate and implement the response plan to address crises and emergency and ensure continuity of SRH services		

The following table shows how strategic interventions are linked to the outputs and outcomes under the Society Pillar

Pillar: Society		
Strategic inputs	**Outputs**	**Outcomes**
3.1.1- Develop and implement comprehensive SRH and GBV awareness programs with special focus on adolescents and youth.	3.1- A society with positive knowledge and attitudes towards SRH and GBV issues.	3- Positive social attitudes, beliefs and practices towards SRH and GBV issues.
3.1.2-Develop innovative SRH and GBV communication tools and methods according to different age groups, particularly youth and persons with disabilities.		
Reinforce the concept of gender and gender roles in families		
3.2.1-Enhance the participation of men, boys and young men and persons with disabilities in SRH interventions to increase program effectiveness.	3.2- Effective participation by men, women, adolescents, youth, persons with disabilities and the elderly in SRH programs.	
3.2.2-Develop and implement comprehensive SRH training and qualification programs for community leaders.		
3.2.3- Integrate SRH and GBV issues in youth programs, youth centers and organizations concerned with persons with disabilities.		
3.3.1-Integrate SRH and GBV issues in preaching and counselling programs.	3.3- Effective participation by the media and and religious and educational institutions in promoting and raising awareness of SRH programs and information	
3.3.2-Develop SRH and GBV educational materials for universities.		
3.3.3- Raise media awareness and capacity in SRH and GBV issues.		
3.3.4-Integrate SRH and GBV issues in school curricula and textbooks		
3.4.1- Integrate SRH and GBV issues in home visit programs	3.4- Increased demand for SRH and GBV services.	
3.4.2- Train and qualify community teams and committees in working with parents، teachers and school supervisors to address SRH, violence and harassment.		
3.4.3- Develop and operationalize community health committees and engage them in developing and implementing SRH programs.		
3.4.4- Activate the role of community committees during crisis and emergency response with respect to SRH and GBV.		
3.5.1- Integrate SRH and GBV services and awareness-raising activities in the programs of CSOs, and reinforce positive social practices towards SRH for persons with disabilities addressing involuntary sterilization practices, especially hysterectomy of girls with intellectual and mental impairment.	3.5- Effective role and participation by civil society institutions, government institutions and international organizations in providing comprehensive SRH services and information.	
3.5.2- Cooperate with national, youth and women committees and other committees		

The following table shows how strategic interventions are linked to the outputs and outcomes under the sustainability and governance pillar:

Pillar: Sustainability and Governance		
Strategic inputs	**Outputs**	**Outcomes**
4.1.1-Establish and activate a steering committee representing all sectors to monitor the achievement of the strategy's outcomes and take the necessary decisions.	4.1- A documented national framework with clear accountability procedures to follow up on strategy implementation	4. Integrated، institutionalized and sustainable SRH information and services within effective sectoral partnerships
4.1.2- Establish and activate a technical committee representing all sectors to follow up on the implementation of the plan's interventions and indicators.		
4.1.3- National SRH Strategy endorsed by the Prime Ministry and disseminated to all concerned ministries.		
4.2.1- SRH Strategy endorsed by the Prime Ministry and disseminated to all concerned ministries.	4.2- Supportive leaderships trained in SRH advocacy and monitoring strategy implementation	
4.2.2- Supportive leadership trained in SRH advocacy and engaged in monitoring strategy implementation.		
4.3.1-Establish and engage effective multilateral or multisector partnerships (initiatives, programs and projects) that include all components of SRH and GBV.	4.3- Institutionalized sectorial and program partnerships, initiatives and projects on SRH information and services.	
4.3.2- Develop and implement detailed annual partner work plans that encompass all components of SRH and GBV.		
4.4.1-Develop and implement detailed annual partner work plans that encompass all components of SRH and GBV.	4.4- Comprehensive and integrated sectorial and institutional plans encompassing SRH issues, including crisis readiness and response.	
4.5.1-Conduct and use studies and research on all components of SRH and related consequences, including investigative studies on the knowledge and attitudes in society towards SRH and GBV.	4.5- Knowledge and research guiding SRH priorities and programs.	
4.5.2-Identify mechanisms to ensure the implementation of the outcomes and recommendations of evidence-based studies and research		
4.5.3-Share the results and recommendations of studies and research with stakeholders.		
4.6.1 -Develop a national electronic monitoring, evaluation and supervision system that regularly follows up on reports documenting partner work plans.	4.6- M&E reports documenting work plans executed by partners in support of SRH services, information, policies, decisions and budgets and demand	
4.6.2- Different interventions, programs and services documented.		
4.7.1- Partners allocate in their annual budgets funds to institutionalize SRH services and interventions.	4.7-Financial allocations available to institutionalize SRH services and interventions.	

Assumptions

The general framework of the strategy shows the inputs and systems that, if available, will support the achievement of the interventions, outputs and outcomes. These inputs are the human and financial resources, data and evidence upon which decision-making, monitoring and evaluation are based. The strategy sets the following assumptions to support the achievement of the desired outcomes and impact.

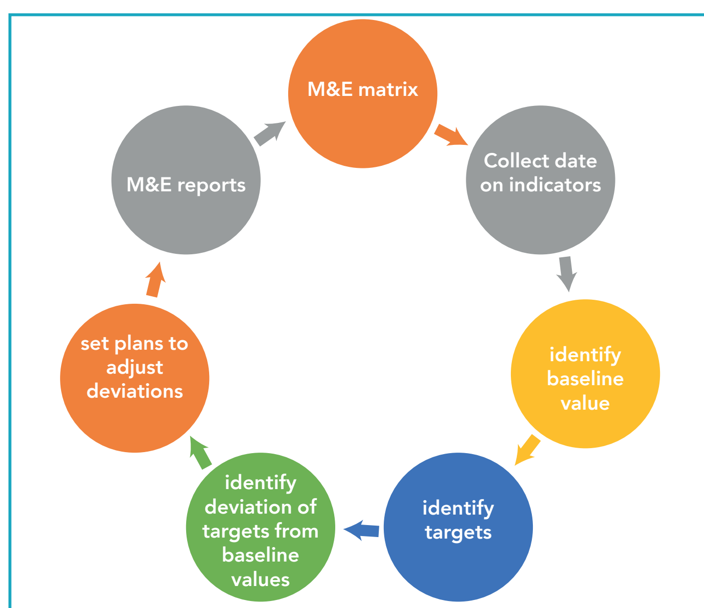
- Adoption and activation of SRH policies
- Achieving universal access to SRH services including access for persons with disabilities and the elderly.
- Increased demand for SRH services
- More private-sector participation
- Leadership support for SRH
- Identification and development of priority policies
- Provision of sufficient and results-oriented resources
- Provision of data to monitor progress towards results
- Provision of the necessary funding to implement strategy interventions
- Partners to develop and implement annual work plans with sufficient budgets
- Leadership focus on and integration of gender issues and women's reproductive rights in laws and policies, as they impact supply and demand for SRH services in the public and private sectors.
- Provision of evidence and research findings to inform the adoption of priority policies and decisio

Monitoring and Evaluation of the Strategy

A methodology has been identified to monitor and evaluate the National Sexual and Reproductive Health Strategy (2020-2023) to enable plan developers and policymakers to assess the effectiveness of tracking progress against goals, thereby helping to reach and sustain the impact of policies and program and share experiences among partners. A review of the strategy will be carried out every three years to identify progress towards achieving the strategic interventions as well as impact and outcome indicators. The interventions of partners will also be reviewed on annual basis.

A list of the strategy's indicators has been developed, classifying indicators into input, process, output and outcome indicators, linking them to goals, and assigning base values and targets for the period of 2019-2030 to ensure the achievement of the 2030 SDG indicators. The monitoring and evaluation plan contains indicator cards (Annex 1) to standardize data collection methods and reporting templates.

The following graph illustrates the steps of the M&E methodology for the National Sexual and Reproductive Health Strategy (2020-2030)



Roles and Responsibilities

As per the above methodology, HPC and each partner will carry out the following roles and responsibilities:

Partner roles and responsibilities

1. Disseminate the National SRH Strategy (2020-2023) to stakeholders.
2. Integrate the National SRH Strategy (2020-2023) in the strategic plans of partner agencies.
3. Collect data pertaining to the indicators of National SRH Strategy 2020-2023 as per the goals, interventions and indicators matrix.
4. Use the indicators card as reference for all information related to the indicator.
5. Identify the baseline value of indicators
6. Identify the targets and use the targets in the plan and the SDG targets as guidelines.
7. Identify the gaps between targets and baseline values of indicators
8. Develop an executive plan based on the strategy, particularly the goals, interventions and indicators matrix. The plan should identify the following:
    - Goals and desired outcomes
    - Outputs
    - Activities
    - Key performance indicators
    - Responsibility and frequency of measurement
    - Other sectors' role and contribution to implementing the executive plan

9. Organize workshops or meetings to raise awareness of the new strategy, its components and how the executive plan is developed.
10. Regularly review the executive plan to consider adjustments of inputs and identify reasons for deviations and gaps in achieving indicator targets.
11. The concerned institutions provide HPC with reports (using the report template in Annex 2) and update on progress on a regular basis.

Role and Responsibility of HPC

The National Sexual and Reproductive Health Strategy (2020-2023) constitutes an overall framework for partners' contributions to improving SRH outcomes through strengthening the healthcare systems to enhance responsiveness, accessibility, quality and integration for better health equity and non-discrimination, and lower morbidity and mortality rates within the context of the 2030 SDGs. The role of HPC is to guide partners and follow up on their implementation of the strategy through approved mechanisms, and ensure the effectiveness of interventions and programs at the strategy level. On the other hand, partners will develop work plans to implement, follow up on, and verify the effectiveness of these interventions at their respective institutional level. HPC will also issue an annual monitoring and evaluation report summarizing the monitoring and evaluation reports submitted by the partners.

HPC, in cooperation with its partners, formed the Steering Committee and the Technical Committee to follow up on the implementation of the strategy. The terms of reference for both committees were developed so that the Steering Committee approves the strategy and holds periodic meetings to follow up on strategy implementation progress, while the Technical Committee periodically reviews the effectiveness of the strategy's interventions and Partners' commitment to implementing the interventions, monitors strategy indicators, and submits reports and recommendations to the steering committee.

Strategic Indicators Matrix

Impact Indicators

Impact: Universal access to integrated Sexual and reproductive health services and information to help realize the wellbeing of individuals and families in Jordan					
Indicator No.	**Indicator**	**Base value**	**Target value 2030**	**Source of data**	**Frequency**
IR 1	Maternal mortality rate per 100,0000 live births	29.8 [40]	19	National Registry	Annual
IR 2	National total fertility rate	2.7 [41]	2.2	Population and Family Health Survey, Civil Status and Passports Department	Every five years
IR 3	Infant mortality rate	17	TBD	Population and Family Health Survey	Every five years
IR 4	ĩNeonatal mortality rate per 1,000 live births	11	TBD	Population and Family Health Survey	Every five years
IR 5	Under-five mortality rate per 1,000 live births	19	TBD	Population and Family Health Survey	Every five years
IR 6	demographic dependency ratio	61.4 [42]	TBD	Department of Statistics	Annual
IR 7	Adolescent birth rate	27 per 1000 (ages 15-19)	TBD	Population and Family Health Survey	Every five years
IR 8	HIV Incidence Rate per 1,000 of uninfected population	41 cases [43]	TBD	National Registry, MOH	Annual
IR 9	Percentage of women aged 15 who have experienced physical, psychological or sexual violence	2.7 % Physical violence 3.3 % Sexual violence 16.1 % Psychological violence	TBD	Population and Family Health Survey	Every five years
IR 10	Percentage of women who experienced violence in the last 12 months, including women with disabilities	13% Physical violence 3 % Sexual violence 16 % Psychological violence	TBD	Population and Family Health Survey	Every five years
IR 11	Marital Infertility	TBD	TBD	Population and Family Health Survey	Every five years

[40] National Registry Report, 2019
[41] Population and Family Health Survey in Jordan (2017-2018), Department of Statistics
This also applies to indicators: IR2, IR3, IR4, IR5,
[42] Jordan in Figures, 2018, Department of Statistics
[43] Monitoring Registry at MOH 2019

Outcome Indicators

Outcomes:

1 Enabling legislation and policies on integrated and comprehensive SRH issues.

2- Integrated, comprehensive, and inclusive quality SRH services and information for the whole population across the Kingdom

3- Positive social attitudes, beliefs and practices towards SRH issues.

4-Integrated, institutionalized and sustainable SRH information and services within effective sectoral partnerships

Indicator No.	Indicator	Base Value	Target Value 2030	Source of data	Frequency of data
OR 1	**National Contraceptive Prevalence rate(CPR)**	37 %	19	Population and Family Health Survey	Every five years
OR 2	Under-five anemia	32 %	2.2	Population and Family Health Survey	Every five years
OR 3	Malnutrition prevalence rate (weight to height ratio < +2 or > 2 point from the standard deviation from the WHO average child growth standards) among children under five, classified by type (wasting syndrome and overweight)	TBD	TBD	Population and Family Health Survey	Every five years
OR 4	*Percentage of women aged 20-24 who married before the age of 18.*	9.7 %	TBD	Population and Family Health Survey	Every five years
OR 5	National percentage of unmet need for family planning services	14 %	TBD	Population and Family Health Survey	Every five years
OR 6	National contraceptive discontinuation rate in the first year	30 %	TBD	Population and Family Health Survey	Every five years
OR 7	Couple-years of protection (CYP)	TBD	TBD	MOH reports	Annual
OR 8	Desired fertility rate	2.4	2	Population and Family Health Survey	Every five years
OR 9	Median interpregnancy interval	TBD	TBD	Population and Family Health Survey	Every five years
OR 10	Percentage of live births with low birth weight	16.7 %		Population and Family Health Survey	Every five years
OR 11	Prevalence of anemia in pregnant women	43 %		Population and Family Health Survey	Every five years
OR 12	*Percentage of young men and women aged 15-24 or "at risk" who have comprehensive and correct knowledge about HIV prevention.*	TBD	TBD	Population and Family Health Survey	As needed
OR 13	*Infection/ prevalence rate of sexually transmitted diseases*	TBD	TBD	Annual MOH report	Annual
OR 14	*Percentage of youth offered SRH services when needed*	TBD	TBD	Study	As needed
OR 15	*Percentage of increase/ decrease in cases of violence against women and children*	TBD	TBD	Annual report of the National Team for Family Protection Against Violence	Annual
OR 16	*Percentage of persons with disabilities out of the total cases of women and children who have experienced violence.*	TBD	TBD	Annual report of the National Team for Family Protection Against Violence	Annual
OR 17	*Number of girls and boys who experienced gender based violence.*	TBD	TBD	Annual report of the National Team for Family Protection Against Violence	Annual
OR 18	*SRH service beneficiaries' satisfaction rate*	TBD	TBD	Periodic study	Annual
OR 19	Percentage of C- section operations	26 %	TBD	MOH reports	Annual
OR 20	*New cases of reproductive cancers*	TBD	TBD	Population and Family Health Survey	Every five years
OR 21	*Percentage increase in handled GBV cases and/ or referrals to GBV services by healthcare providers.*	TBD	TBD	Annual report of the National Team for Family Protection against Violence and the annual report of GBVIMS	Annual
OR 22	*Persons with disabilities who have access to RH services*	TBD	TBD	Population and Family Health Survey	Every five years

Output Indicators

Pillar: Enabling Environment						
Strategic inputs	**Indicator No.**	**Indicator**	**Baseline value2020**	**Target Value 2030**	**Source of data**	**Frequency of data**
Documented commitment and support from decision makers to include all SRH components in the developed and adopted programs.	OP 1	Percentage of laws and regulations promoting SRH concepts that have been developed / updated and adopted to ensure that all SRH services are covered under a clear legislative umbrella out of the total number of laws and regulations promoting SRH concepts that have been identified for this purpose	TBD	100 %	Steering Committee	Annual
Policies that support integrating relevant SRH components in primary healthcare services and services of related sectors	OP 2	Percentage of policies promoting SRH concepts that have been developed and adopted to ensure that all SRH services are covered under a clear legislative umbrella out of total number of policies promoting SRH concepts and identified for this purpose.	TBD	100 %	Steering Committee	Annual
Sufficient budgets allocated for SRH programs (services/ medicine and supplies/ infrastructure/ capacity building)	OP 3	Percentage of partner institutions that have integrated SRH services in the budgets of their work plans.	TBD	100 %	partner reports	Annual
	OP 4	Effective policy in place to support the integration of SRH products	No	Yes	Ministry of Health	Annual
An SRH resources and services information management system that ensures access to quality information.	OP 5	Completion rate in Developing an SRH services e-system connecting different sectors	0 %	100 %	Steering Committee	Annual
Sufficient, qualified and trained staff in SRH components and issues.	OP 6	Percentage of health staff trained in SRH components and qualified to handle the different needs of beneficiaries	TBD	100 %	partner reports	Annual
	OP 7	Percentage of staff in the education sector trained in SRH components and issues	TBD	100 %	partner reports	Annual
	OP 8	Percentage of staff in the religious sector (Ministry of Awqaf) trained in SRH components and issues	TBD	100 %	partner reports	Annual

Pillar: Services and Information						
Strategic inputs	**Indicator No.**	**Indicator**	**Baseline value2020**	**Target Value 2030**	**Source of data**	**Frequency of data**
A standardized national SRH package covering SRH components, including lifecycle (age groups, and persons at risk of marginalization including persons with disabilities, older persons and refugees)	OP 9	Availability of a standardized national SRH package covering SRH components, including lifecycles (age groups, and persons at risk of marginalization including persons with disabilities, older persons and refugees)	No	Yes	Steering Committee	Annual
	OP 10	Number of capacity building programs for service providers, including community health awareness professionals, in delivering quality SRH and GBV services according to the adopted national standards.	No	TBD	Steering Committee	Annual
	OP 11	Number of Guiding and procedural manuals adopted by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.	TBD	TBD	Steering Committee	Annual
Equitable access to high-quality SRH services in the public and private sectors	OP 12	Percentage of institutions/ points of service that provide the standardized national SRH service package that covers different SRH components and lifecycle approach (age groups) by governorate.	0 %	TBD	partner reports	Annual
SRH information available in various accessible formats for all groups, including persons with disabilities	OP 13	Percentage of institutions/ points of service that provide SRH information in various accessible formats to all groups, including persons with disabilities.	TBD	TBD	partner reports	Annual
Available and sustainable SRH service supplies and medicine for all groups in all regions.	OP 14	Percentage of institutions/ points of service with available SRH supplies and medicine for all groups.	TBD	TBD	partner reports	Annual
High quality SRH services that meet the needs of the population in accordance with specific standards.	OP 15	Percentage of institutions/ points of service implementing the supportive supervision system for SRH services.	TBD	TBD	partner reports	Annual
	OP 16	Number of points of service applying accreditation standards for SRH services	0	TBD	partner reports	Annual
	OP 17	Percentage of trained staff in SRH components and GBV (Ministry of Awqaf)	TBD	100 %	partner reports	Annual

Strategic inputs	Indicator No.	Indicator	Baseline value2020	Target Value 2030	Source of data	Frequency of data
A society with positive knowledge and attitudes towards SRH issues.	OP 18	Percentage of change in the knowledge and attitudes of groups of society towards SRH as per pre and post surveys	TBD	TBD	Study	Annual
Effective participation by men, women, adolescents and youth in SRH programs.	OP 19	Participation rate of men, young men, boys and males with disabilities in SRH awareness raising programs according to partner report.	TBD	TBD	Partner reports	Annual
	OP 20	Participation rate of women, female adolescents and girls in SRH awareness-raising programs according to partner reports.	TBD	TBD	Partner reports	Annual
Effective participation by media and religious institutions in promoting and raising awareness of SRH programs and information.	OP 21	TV and radio coverages, interviews and appearances on SRH issues.	0	TBD	partner reports	Annual
	Op 22	Number of programs/ activities implemented by religious institutions to promote and raise awareness of SRH programs and information.	TBD	TBD	partner reports	Annual
	OP 23	Number of press materials published in the printed media on raising awareness of SRH programs and information.	TBD	TBD		
Increased demand for SRH services.	OP 24	Percentage of increase in demand for SRH services year-on-year as per partner reports.	TBD	TBD	partner reports	Annual
Effective role and participation by civil society institutions, government institutions and international organizations in providing comprehensive SRH services and information.	OP 25	Number of programs receiving support from international organizations to provide integrated SRH services and information as per partner reports.	TBD	TBD	partner reports	Annual
	OP 26	Percentage of civil society institutions out of partner institutions that integrated SRH awareness activities in their programs	TBD	TBD	partner reports	Annual
Effective participation by men, women, adolescents and youth in SRH programs.	OP 27	Number of private institutions that have integrated in their programs SRH awareness activities or supported SRH programs according to partner reports.	Not available	TBD	partner reports	Annual

	or No.		value2020	Value 2030	data	of data
A documented national framework with clear accountability procedures to follow up on strategy implementation	OP 28	Percentage of compliance with holding steering committee meetings.	-	TBD	Steering Committee	Annual
	OP 29	Percentage of compliance with holding technical committee meetings.	-	TBD	Technical committee	Annual
Supportive leaderships trained in SRH advocacy and monitoring strategy implementation.	OP 30	Number of leaders trained in SRH advocacy and monitoring strategy implementation	0	TBD	partner reports	Annual
Institutionalized sectorial and program partnerships, initiatives and projects on SRH information and services.	OP 31	Number of programs, initiatives and projects on SRH information and services implemented through sectorial and programmatic partnerships.	0	TBD	partner reports	Annual
Comprehensive and integrated sectorial and institutional plans encompassing SRH issues, including crisis readiness and response.	OP 32	Available comprehensive and integrated sectorial and institutional plans encompassing SRH issues, including crisis readiness and response.	-	TBD	partner reports	Annual
Knowledge and research guiding SRH priorities and programs.	OP 33	Percentage of SRH studies and research for which policy briefs were developed.	TBD	TBD	partner reports	Annual
	OP 34	Number of studies and research papers uploaded to Share-Net and "My Right" websites.	TBD	TBD	partner reports	Annual
M&E reports documenting work plans executed by partners in support of SRH services, information, policies, decisions and budgets and demand	OP 35	Percentage of partner agencies that presented M&E reports documenting the implemented plans to support SRH information, services, policies, decisions budgets and demand for related issues.	TBD	TBD	partner reports	Annual

Input Indicators

Pillar: Enabling Environment						
Strategic inputs	**Indicator No.**	**Indicator**	**Baseline value2020**	**Target Value 2030**	**Source of data**	**Frequency of data**
1 Review existing policies and legislation that support SRH for all groups, and assess their impact and effectiveness,	IN 1	List of current policies and legislation that support SRH concepts	No	Yes	Steering Committee	Annual
2- Introduce policies and legislation that promote SRH concepts to ensure that all SRH services are covered by a clear legislative umbrella. This includes policies for the public sector to support civil society in achieving sustainability.	IN 2	List of policies and legislation promoting SRH concepts that should be developed to ensure full coverage of all SRH services under a clear legislative umbrella.	No	Yes	Steering Committee	Annual
3- Develop guiding principles and protocols to support the integration of SRH and GBV services on all levels.	IN 3	List of guiding principles and protocols supporting integration of SRH services on all levels	No	Yes	Steering Committee	Annual
	IN 4	Completion rate in developing the guiding principles and protocols supporting integration of SRH services on all levels.	0 %	100 %	Steering Committee	Annual
4- Include SRH activities in the budgets of partner' work plans, and control the funding and disbursement process.	IN 5	Percentage of partner institutions that have integrated SRH services in the budgets of their work plans.	TBD	100 %	partner reports	Annual
5- Develop and update an e-system of all components of SRH services that connects different sectors	IN 6	A conceptualization/ study of the comprehensive SRH services e-system, that ensures connection between different sectors.	No	Yes	Steering Committee	Annual
	IN 7	Completion rate in developing and updating an SRH services e-system connecting different sectors	0 %	100 %	Steering Committee	Annual
6- Develop advocacy plans through all partners for legislation and policies supporting SRH.	IN 8	Advocacy plans created through all partners for legislation and policies supporting SRH.	No	Yes	partner reports	Annual
7- Develop SRH capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials.	IN 9	SRH capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials.	No	Yes	partner reports	Annual
	IN 10	Execution rate (or percentage of partners executing) SRH capacity building programs for services providers at all health and educational facilities	TBD	100 %	partner reports	Annual
8-Formulate policies to support the integration of SRH products	IN 11	A list of policies that support the integration of SRH products and human resources.	No	Yes	Ministry of Health	Annual
	IN 12	Completion rate of developing policies that support the integration of SRH products and human resources.	0 %	100 %	Ministry of Health	Annual

	or No.		value2020	Value 2030	data	of data
1- Develop a standardized national SRH service package covering all the adopted SRH components and the entire lifecycle (age groups)	IN 13	A standardized national SRH service package covering all the adopted SRH components and the entire lifecycle (age groups)	No	Yes	Steering Committee	Annual
2- Develop, update, and make available national manuals and protocols on all components of SRH services and adopt them at the national level	IN 14	List of national guiding manuals and protocols on all components of SRH services	No	Yes	Steering Committee	Annual
	IN 15	Completion rate of developing, updating, and making available national manuals and protocols on all components of SRH services	0 %	100 %	Technical committee	Annual
3- Build the capacity of service providers, including community health awareness professionals, in delivering quality SRH and GBV services according to the adopted national standards.	IN 16	List of capacity building programs for service providers, including community health awareness professionals, in delivering quality SRH and GBV services to different population groups including persons with disabilities, older persons and adolescents, according to the adopted national standards.	No	Yes	Technical committee	Annual
	IN 17	Completion rate of capacity building programs for service providers, including community health awareness professionals, in delivering quality SRH and GBV services according to the adopted national standards.	0 %	100 %	partner reports	Annual
	IN 18	Number of male and female nurses and midwives trained in SRH issues	69	TBD	Jordanian Nursing Council	Annual
	IN 19	Number of students in nursing college who graduated in 2020 and are trained in SRH issues	14	TBD	Jordanian Nursing Council	Annual
4- Guiding and procedural manuals to be approved by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.	IN 20	List of Guiding and procedural manuals approved by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.	No	Yes	Steering Committee	Annual
	IN 21	Completion rate in approving guiding and procedural manuals that require approval from the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018,	0 %	100 %	Technical committee	Annual
5- Integrate SRH information and services in health accreditation standards and standards for youth-friendly health centers and integrate accessibility standards for persons with disabilities.	IN 22	An updated copy of health accreditation standards that include SRH information and services, for the accreditation of health institutions, and standards for youth-friendly health centers	No	Yes	HCAC	Annual
6-Support and strengthen IT systems of SRH components for all age	IN 23	A conceptualization / study of an IT system that covers all SRH services and ensures connectivity among different sectors.	No	Yes	Steering Committee	Annual

groups at the national level	IN 24	Completion rate in developing an SRH services e-system connecting different sectors	0 %	100 %	Technical committee	Annual
7- Provide all SRH components and supplies at all points of service as per the manuals, including family planning methods.	IN 25	Percentage of points of service were all SRH components and supplies, including family planning methods, are available as per the guiding manuals	TBD	100 %	partner reports	Annual
8- Develop and activate a service delivery quality control and measurement system. This includes developing supportive supervision of SRH services that includes all SRH components.	IN 26	An updated version of the supervisory support system that includes all SRH components	No	Yes	Steering Committee	Annual
9-Provide innovative communication tools and methods for SRH information addressing different age groups and persons with disabilities.	IN 27	List of SRH information communication tools by age group, especially for persons with disabilities	No	Yes	Technical committee	Annual
	IN 28	Number of SRH information communication tools developed by age group, especially for persons with disabilities.	0	TBD	partner reports	Annual
10- Enhance the participation of men, boys, young men, including persons with disabilities, in SRH interventions to increase the effectiveness of programs.	IN 29	Participation rate of men, boys, young men, including persons with disabilities, in SRH interventions	TBD	TBD	partner reports	Annual

1- Develop and implement awareness programs on all components of SRH.	IN 30	Number of SRH awareness programs developed and implemented	TBD	TBD	partner reports	Annual
2- Develop diversified and innovative methods of communication of SRH and GBV services based on age groups, particularly youth and persons with disabilities.	IN 31	Number of communications tools on SRH information developed according to age groups and people with disabilities.	TBD	TBD	partner reports	Annual
3- Train and qualify community teams and committees in working with parents، teachers and school supervisors to address SRH, violence and harassment.	IN 32	Number of community teams and committees qualified or trained in SRH, violence and harassment to work with parents and the teaching and supervisory staff in schools	TBD	TBD	partner reports	Annual
4- promoting gender concepts and roles within families	IN 33	Number of programs conducted promoting gender concepts and roles within families for both parents	TBD	TBD	partner reports	Annual
5- Integrate SRH issues in home visit programs	IN 34	An updated guiding manual on the home visits program that includes SRH issues	No	Yes	partner reports	Annual
6- Integrate SRH issues in religious preaching and counselling programs.	IN 35	A training manual for preachers in SRH issues	No	Yes	partner reports	Annual
	IN 36	Number of conducted preaching and counselling program/ activities covering SRH issues conducted	TBD	TBD	partner reports	Annual
7- Develop SRH curricula for universities.	IN 37	Number of universities that have developed and adopted SRH curricula	TBD	TBD	partner reports	Annual
8-Civil society organizations programs include SRH awareness-raising services and activities	IN 38	Percentage of civil society institutions out of partner institutions that integrated SRH awareness activities in their programs	0 %	100 %	partner reports	Annual
9-Develop and implement training and qualification programs in all components of SRH for community leaders	IN 39	Number of training and qualification programs in all components of SRH for community leaders	TBD	TBD	partner reports	Annual
	IN 40	Number of community leaders trained in all components of SRH issues.	TBD	TBD	partner reports	Annual
	IN 41	Number of conducted SRH capacity building programs for the media	0	TBD	partner reports	Annual
10-Enhance media awareness and capacity of SRH issues	IN 42	Number of media professionals trained in raising SRH awareness	0	TBD	partner reports	Annual
11- Integrate SRH issues in youth programs and youth centers	IN 43	Percentage of youth centers that integrated SRH in youth programs	0 %	100 %	partner reports	Annual

1- Form and activate a steering committee representing all sectors to follow up on the achievement of the strategy's results and make the necessary decisions.	IN 44	Letter on forming the steering committee that represents all sectors to follow up on the achievement of the strategy's results and take the necessary decisions.	No	Yes	HPC	Annual
	IN 45	Number of meetings of the steering committee that represents all sectors to follow up on the achievement of the strategy's results and take the necessary decisions.	TBD	TBD	Steering Committee	Annual
2- Develop and activate a technical committee representing all sectors to follow up on the implementation of the plan's interventions and indicators	IN 46	Letter on forming the technical committee that represents all sectors to follow up on the implementation of all interventions and achievement of indicators.	No	Yes	HPC	Annual
	IN 47	Number of meetings of the technical committee that represents all sectors to follow up on the implementation of all interventions and achievement of indicators.	TBD	TBD	Technical committee	Annual
3- SRH strategy endorsed by the Prime Ministry and circulated to all concerned ministries.	IN 48	Letter by the Prime Ministry endorsing the SRH strategy and circulating it to all concerned ministries.	No	Yes	Steering Committee	Annual
4- Develop a national monitoring, evaluation and supervision system to regularly follow up on reports documenting partner work plans.	IN 49	A national monitoring, evaluation and supervision system in place to regularly follow up on reports documenting partner work plans.	No	Yes	Steering Committee	Annual
	IN 50	Annual completion rate in implementing strategy interventions	0 %	TBD	Technical committee	Annual
5- Establish and engage effective multilateral or multisector partnerships (initiatives, programs and projects) that include all components of SRH and GBV.	IN 51	Number of established multilateral or multisector partnerships (initiatives, programs and projects) that include all components of SRH.	TBD	TBD	partner reports	Annual
6- Develop and implement individual detailed annual partner work plans covering all SRH components.	IN 52	Percentage of partners who have developed and implemented detailed and comprehensive annual partner work plans covering all SRH components	0 %	TBD	partner reports	Annual
7- Conduct and use studies and research on all SRH components and their related impact, including investigative studies to identify social attitudes towards SRH issues.	IN 53	Number of SRH research and studies published	TBD	TBD	partner reports	Annual
8- Identify mechanisms to ensure the implementation of evidence-based research outcomes and recommendations	IN 54	Number of policy briefs issued in relation to SRH studies and research	TBD	TBD	partner reports	Annual
	IN 55	Number of conferences/ meetings held between publishers of research and studies and various partners to discuss research findings and recommendations	TBD	TBD	partner reports	Annual
9- Share the outcomes and recommendations of studies and research with all stakeholders.	IN 56	Number of SRH conferences held.	TBD	TBD	partner reports	Annual

Communication plan and partners roles in monitoring strategy implementation

The communication plan relies on the distribution of roles and responsibilities to different partners following the identification of the types of partners and the roles they should take on. The following table explains the type of potential partners and the roles they can assume:

Entity	Required Roles
Government (Ministry of Health, Ministry of Youth, Ministry of Awqaf and Islamic Affairs and Endowments, Ministry of Education, Ministry of Social Development, Higher Council for the Rights of Persons with Disabilities, Public Security Department, Jordanian Nursing Council, other concerned ministries and government agencies)	• Policy setting, coordination, monitoring and leadership • Capacity building, and setting up an enabling legal environment • Enhance and mainstream budget planning and monitoring • Direct the necessary SRH and GBV interventions at the national and sectoral levels
CSOs, NGOs, societies	• Develop and implementing programs and activities for prevention, treatment, care and support in the field of SRH. • Create awareness and demand for SRH services and rights. • Implement a safe space approach to create awareness of and demand for reproductive services and rights. • Promote the participation of adolescents and youth in local communities, and increase knowledge about sexual abuse, gender-based violence, child marriage, and HIV prevention
Academic institutions (universities and research centers)	• Generate knowledge about SRH, including conducting necessary studies and research on SRH issues and the most vulnerable groups such as refugees, adolescents and people with disabilities • Knowledge translation of research findings to enhance the use of research • Knowledge sharing and dissemination • Mainstream integrated education within the framework of university education. This includes pre-practice training in medical and nursing colleges
Media	• Create the necessary awareness to increase knowledge and demand for SRH services and information. • Design and produce SRH programs, including on child marriage and GBV. • Build professional capacity and enhance the role of media in SRH issues • Conduct e-campaigns to raise awareness of SRH services and information. • Design and produce SRH communication and outreach materials on. • Mobilize support for SRH and GBV issues among youth through seminars, debates and short clips.
Donors	• Participate in formulating policies • Provide technical support • Provide financial support
Religious institutions	• Integrate SRH messages and information in ongoing activities • Use media and outreach messages, materials and programs to highlight the importance of SRH. • Create awareness of reproductive health
MPs and policymakers	• Formulate the necessary legislation to support SRH and reform existing laws. • Support government, NGO and the private sector-programs targeting vulnerable groups in their constituencies.
Private sector	• Identify SRH issues in their institutional and operational agenda • Mobilize private sector financial and other resources to support SRH activities. • Expand corporate social responsibility interventions to include SRH

Partner Interventions, Activities and Indicators Matrix

Interventions under the Enabling Environment Pillar

Strategy interventions	Proposed partner interventions and activities during the strategy implementation period	Implementer	Partners	Indicator
1- Review and assess the impact of policies and legislation supporting SRH	1- Form a committee of experts to review existing sexual and reproductive health policies and legislation	HPC	Steering Committee members	Letter on forming the committee
	2- Develop a list of the required policies and legislations that serve reproductive and sexual health, especially the groups most vulnerable to abuse such as persons with disabilities	Experts committee	Steering Committee members	List of policies
	3- Hold national workshops to discuss and agree on proposed policies and legislation and come up with a nationally agreed upon list	HPC	Steering Committee members	Number of workshops Workshop outcomes report
	4- Review the indicators that show the feasibility and results of implementing supporting policies and legislation to measure their effect, even if they need to be modified.	HPC	Steering Committee members	List of indicators
2- Introduce policies and legislation that promote SRH concepts to ensure that all SRH services are covered by a clear legislative umbrella.	1- Advocate policies and legislation that need activation or creation through holding meetings with decision-makers	HPC	Steering Committee members	Advocacy activity report Number of advocacy activities
	2- Disseminate policies and legislation to be included them in the strategies, programs and projects of the relevant ministries and relevant bodies	HPC	Steering Committee members	Number of policies circulated
	3- Amend the Law No. 7 of 1959 on Midwifery and Maternity and Child Care	Jordanian Nursing Council	Steering Committee members	Copy of amended law
3- Develop guiding principles and protocols to support the integration of SRH and GBV services on all levels.	1- Update / develop and standardize sexual and reproductive health protocols in all sectors	MOH and technical committee or experts committee	UNFPA, USAID, Steering committee, technical committee	Updated protocols in place New protocols in place
	2- Develop tools and checklists for advice on women and child health services to be used in monitoring the performance of staff during counseling and supportive supervision visits	MOH and technical committee or experts committee	UNFPA، USAID Steering committee, technical committee	Checklists in place
	3- Define the concept and components of the comprehensive SRH services package to meet the needs of all age groups	MOH and technical committee or experts committee	Ministry of Health, HPC	Approved list of service package content
	4- Disseminate the policy of SRH service delivery to ensure adherence in all service delivery sites	All partners	UNFPA	Number and title of policies circulated
	5- Implement reproductive health services protocols and procedural guides in women-friendly centers	Ministry of Health Institute for Family Health ,National Women's Health Care Center	UNFPA	Number of women friendly centers implementing the protocols
4- Include SRH activities in the budgets of partner' work plans, and control the funding and disbursement process.	1- Increase the allocations in MOH budget to purchase enough family planning methods to meet the needs of MOH and all partners.	Ministry of Health	UNFPA، USAID , other donors	Percentage of growth in MOH procurements of family planning methods
	2- Advocate the government to increase budgetary support for SRH services.	Steering Committee	Steering Committee members , donors	Number of advocacy activities
	3- Work with the steering committee to identify the expected costs of SRH activities and support mechanisms.	HPC	Partners, donors, MOPIC	Value of annual estimated budgets allocated for SRH

	4- Hold meetings with decision-makers in the relevant institutions and ministries with the aim of reviewing their budgets and the possibility of allocating part of them for SRH activities.	HPC	Steering Committee members	Number of meetings held
5- Develop and update an e-system of all components of SRH services that connects different sectors	1- Update the current Hakeem system or develop a new one to meet demand and expand it to include all SRH services and all points of service and try to link all sectors together (governmental, military, private ...) to facilitate communication with and identify target groups. 2- Conduct a study to assess the current monitoring mechanisms and identify strengths and weaknesses for improvement and ensure that SRH indicators are included in the monitoring mechanisms 3- Update and expand the list of reproductive health indicators to reflect all services provided, including gender information, violence, discrimination, and services for adolescents, youth and people with disabilities.	HAKEEM HPC HPC	Ministry of Health ، USAID , Private Hospitals Association UNFPA UNFPA	HAKEEM updating completion rate Study available Updated list of RH indicators
6 Develop advocacy plans through all partners for legislation and policies supporting SRH	1- Identify an umbrella, such as HPC, to lead advocacy campaigns for legislation and policies through all partners 2- Build the capacity of educational and religious institutions in promoting SRH issues through preaching lessons and Friday mass prayer khutba 3- Hold meetings with partners to develop integrated advocacy plans for SRH issues 4- Develop advocacy plans and implement activities regarding the sterilization of girls and women with disabilities.	HPC MOE Ministry of Awqaf, Islamic Affairs and Holy Sites HPC HDC	All partners HPC, Institute for Family Health , UNFPA All partners All partners	Legislation advocacy campaigns conducted by the Council Number of training courses held for religious preachers and teachers Number of religious preachers trained Number of teachers trained Number of meetings with partner agencies Advocacy plan in place Number of advocacy activities conducted
7- Develop SRH capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials.	1- Develop/ update and standardize training manuals for relevant SRH service providers 2- Train health staff in SRH service protocols 3- Update the training manual for copper IUD insertion and removal 4- Update the training manual on insertion and removal of the implanon nxt. 5- Adopt all training programs of MOH on a national level through an accredited committee 6- Identify the training needs of reproductive health service providers, including the delivery of counselling on gender, domestic violence, youth needs, the comprehensive package of SRH services. 7- Develop training toolkits for health staff in preconception and pre-marital counselling 8- Develop a multi-dimensional training plan that covers all partners. 9- Build an electronic system to monitor training in SRH issues and completion rates. 10- Participate in making capacity building programs comprehensive and inclusive of SRH programs accessibility requirements for persons with disabilities,	MOH and Steering committee or experts committee National team of trainers MOH, in cooperation with MOH expert, High Health Council expert, Jordanian Nursing Council , Medical Council UNFPA ,Steering committee Steering committee HPC, MOH	UNFPA, donors Steering committee UNFPA/, and donors UNFPA UNFPA Steering committee HPC/ JOHUD, UNRWA, Institute for Family Health UNFPA MOH, HPC, Institute for Family Health , UNFPA, Donors UNFPA، USAID	List of manuals that require updating List of manuals that need to be developed Number of updated manuals Number of developed manuals Number of trained staff Percentage of trained staff Updated manual Updated manual List of programs that need to be approved Number of programs approved Letter on approving the training programs A needs assessment study A training toolkit in pre-marital counselling

	and provide information in accessible formats to persons with disabilities. This is a cross-cutting role, but can also cover the inclusion of disabilities in the developed policies, strategies and capacity building programs. 11- Develop a specialized training manual and hold a workshop on how to address the sexual needs of persons with disabilities	HPC HDC HDC	MOH, HPC, Institute for Family Health, UNFPA, donors. HPC, MOH, Institute for Family Health , UNFPA, donors	Training toolkit in preconception counselling Annual training plan in place E-monitoring system in place to monitor trainings
8- Formulate policies to support the integration of SRH products	1- Identify the nature of policies that need to be developed for supporting the integration of SRH products 2- Formulate and adopt policies to support the integration of SRH products	Steering committee MOH Steering committee , MOH	UNFPA، USAID UNFPA، USAID	A policy in place to support the integration of SRH products A policy in place to support the integration of SRH products

Interventions under the Services and Information Pillar

Strategy interventions	Proposed partner interventions and activities during the strategy implementation period	Implementer	partners	Indicator
1- Develop a standardized national SRH service package covering all the adopted SRH components and the entire lifecycle (age groups)	1- Form an experts committee or enlist the help of an expert to review the existing service packages and their coverage of the needed services. 2- Identify the provided SRH service package and divide it into groups according to the size of the clinic or health center, staff, readiness and demand.	Steering Committee Experts committee, Steering committee	Ministry of Health , UNFPA Ministry of Health ,UNFPA	Letter on forming the committee Service package document
2- Develop, update, and make available national manuals and protocols on call components of SRH services and adopt them at the national level.	1- Form a multidisciplinary team to review and update procedural and guiding manuals 2- Guiding and procedural manuals approved by the Medical and Health Standards Committee based on Article (6) of the Medical and Health Liability Law No. 25/2018 3- Prepare guidelines for each sector according to the target group and adopt all training programs available in the Ministry of Health on a national level 4- Form a national health education and awareness committee to review existing materials, verify the accuracy of information and standardize health messages. 5- Provide various SRH communications in different formats according to age groups and particularly for persons with disabilities. 6- Develop manuals on raising reproductive health awareness, and make the manuals available at Islamic centers-Ministry of Awqaf 7- Develop the standards of integrated SRH service-friendly centers for all age groups 8- Qualify service delivery centers for accreditation as integrated SRH-friendly centers for all age group	Steering Committee Steering Committee Steering Committee Steering Committee Steering Committee Ministry of Awqaf, Islamic Affairs and Holy Places , Steering committee Steering Committee , HCAC Steering Committee, HCAC	Donors Jordanian Nursing Council /High Health Council/ Medical Council partners partners and donors partners and donors Donors Donors Donors	Letter forming the team Letters endorsing the manuals List of manuals Number of manuals Letter on establishing the committee Number of letters developed and sensitive to the needs of persons with disabilities. Guiding manuals Standards for Integrated SRH Service Friendly centers Number of service delivery centers accredited as integrated SRH service friendly centers
3- Build the capacity of service providers, including community health awareness professionals, in delivering quality SRH and GBV services according to the adopted national standards.	1- A training of trainers for service providers in using the SRH manuals. 2- Approve a multi-sectoral national training team to cover these trainings. 3- Conduct specialized training courses for SRH service providers based on the manuals that will be prepared for this purpose. 4- Develop a mechanism for accrediting service providers upon meeting the accreditation conditions agreed upon as part of the nationally adopted protocol.	MOH, Institute for Family Health Steering Committee MOH, Institute for Family Health Steering Committee MOH, Institute for Family Health	UNFPA، USAID, HPC, Royal Medical Services, National Women's Health Care Center JAFPP , Private Hospitals Association Partners UNFPA, HPC, Royal Medical Services, National Women's Health Care Center , Private Hospitals Association Steering Committee members	Number of TOTs held Number of trainers trained Team of trainers list Number of courses Number of service providers trained Approved accreditation mechanism in place

	5- Train staff of private hospitals in the essential SRH Services package 6- Train the Family Protection Department, Juvenile police, Anti-Human Trafficking Unit in SRH issues 7- Hold TOTs in the following topics: integrating maternal and child health counselling services, service stations, insertion and removal of copper IUDs, Implanon Nxt implants, the supply system for modern family planning methods, gender-based violence, rape survivor care, family planning, postpartum care, breastfeeding, clinical evidence during, during and after childbirth, breast cancer 8- Hold refresher workshops for maternal and child health supervisors in the records, reports and files of maternal and child health services at health centers 9- Integrate RH manual training in the continuing education program. 10- Training of trainers in pre-marriage and pre-conception counselling training toolkits 11- Provide training in pre-marital and pre-conception counselling to service delivery staff at the National Women's Health Care Center, Institute for Family Health, and women-friendly health centers 12- Hold reproductive health training courses targeting service providers in cooperation with the Family Counselling Center at the Ministry of Awqaf. 13- Train staff in developing and delivering community awareness-raising programs and announcing the offered SRH services. 14- Hold staff training workshops in providing SRH services to persons with disabilities. 15- Develop the job descriptions of midwives to enable them to deliver integrated SRH services.	Institute for Family Health Maternal and Child Health Directorate-MOH Institute for Family Health Maternal and Child Health Directorate-MOH Maternal and Child Health Directorate-MOH Maternal and Child Health Directorate-MOH National Women's Health Care Center ,Maternal and Child Health Directorate-MOH , Institute for Family Health Ministry of Awqaf, Islamic Affairs and Holy Places National Women's Health Care Center ,Institute for Family Health ,UNRWA Institute for Family Health Royal Medical Services ,UNRWA MOH	Private Hospitals Association UNFPA UNFPA UNFPA UNFPA UNFPA UNFPA Steering Committee members Steering Committee members Steering Committee members, HDC Steering Committee members , Jordanian Nursing Council	Training of trainers attendance list. Training workshops attendance lists. Training of trainers attendance list. Training workshops attendance lists. Training of trainers attendance list. Training workshops attendance lists. Implanon nxt training workshops attendance lists Number of manuals included in the continuing learning program Training of trainers attendance list. Pre-marriage and pre-conception counselling training workshops attendance lists. Pre-marriage and pre-conception counselling training workshops attendance lists. Number of training programs Training workshops attendance lists. Number of training programs Number of participating service providers Number of training programs Number of participating service providers Amended midwives job description

4- Guiding and procedural manuals to be approved by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.	1- Guiding and procedural manuals to be approved by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018. 2- Develop monitoring and reporting mechanisms and draft the guiding manual to standardize the definition of indicators, and monitoring and reporting methods to ensure accuracy and standardized terminology. 3- Conduct manual orientation workshops for all partners to familiarize them with the manuals and look into the possibility of adopting or amending the manuals through the proper channels. 4- Follow up on the national monitoring of maternal deaths project and maternal death rates by organizing or attending annual meetings to review reports.	Steering Committee Steering Committee Technical committee Technical committee Steering Committee	Medical and health standards committee Technical committee Partner agencies Partner agencies	Letter endorsing the manuals Copy of the guiding manual for monitoring and follow up. Number of workshops Number of participating partner agencies Workshop reports Number of participating partner agencies Annual meeting to present the maternal mortality monitoring report.
5- Integrate SRH information and services in health accreditation standards and standards for youth-friendly health centers a	1- HPC and HCAC integrate SRH information and services and the youth friendly centers standards in the health institutions accreditation standards. 2- Hold awareness programs about child marriage, and prepare and circulate standardized educational materials for all partners 3- Implement youth-friendly standards in points of service or activity locations. 4- Implement women-friendly standards at points of service.	HPC, HCAC Royal Medical Services, Institute for Family Health, MOH, JAFPP , National Women's Health Care Center Royal Medical Services, Institute for Family Health, MOH, JAFPP National Women's Health Care Center Royal Medical Services, Institute for Family Health, MOH, JAFPP , National Women's Health Care Center	Technical committee UNFPA UNFPA UNFPA	An updated copy of health accreditation standards that include SRH information and services, Number of awareness lectures held Number of institutions that have adopted youth-friendly standards in points of service or activities implementation sites Number of points of service or activity implementation sites that have implemented youth-friendly standards Number of points of service that implemented women-friendly standards
6- Support and strengthen IT systems of SRH components for all age groups at the national level	1- Identify the entity responsible for collecting and requiring data from all sectors at the national level 2- Develop and rollout IT system that includes all SRH services to all partners 3- Update a registry of all SRH services 4- Develop and disseminate reports that include all SRH services to all partners	HPC MOH, HPC MOH, HPC MOH, HPC	UNFPA UNFPA UNFPA	Letter on forming the steering committee Percentage of SRH components included in the IT system Percentage of partner institutions that use the IT system. Copy of the updated registry of SRH services Report templates
7- Provide all SRH components and supplies at all points of service as per the manuals, including family planning methods.	1- Identify a list of supplies, including medicines, contraception and medical consumables, for the comprehensive SRH essential service package 2- Review of MOH procurement list to ensure that it covers all needs 3- Scale up the provision of family planning and reproductive health services to 20 clinics covering 9 governorates.	Steering Committee Ministry of Health JAFPP	UNFPA Donors	List of supplies Copy of an updated MOH procurements list

	4- Maintain the provision of 5 types of modern family planning methods. 5- Provide pap smear and vaginal smear tests for the early detection of cervical cancer and reproductive and sexually transmitted diseases.	Institute for Family Health Institute for Family Health	MOH, UNFPA	Number of JAFPP clinics that offer SRH services Percentage of IFH clinics that provide five types of modern family planning methods Percentage of IFH clinics that offer pap smear and vaginal smear tests for early detection of cervical cancer, reproductive and sexually transmitted diseases.
8-Develop and activate supportive supervision of SRH services so as to include all components of SRH services.	1- Update and disseminate nationwide the supervision system that includes all SRH services, supervision of medical health centers, check lists of pregnancy counselling, perinatal, family planning, child counselling 2- Train supervisors in the updated supportive supervision system 3- Train private hospital staff in the supportive supervision system 4- Develop a mechanism to ensure inter-sector coordination and collaboration 5- Develop and share with partners the annual plan of field visits to ensure that healthcare centers are visited 6- Develop tools and checklists for supportive supervision of SRH services. 7- Develop an annual program of planned supervisory visits	Steering Committee Ministry of Health MOH, Institute for Family Health Steering Committee MOH, JAFPP Institute for Family Health , Royal Medical Services, National Women's Health Care Center Ministry of Health MOH, JAFPP Institute for Family Health , Royal Medical Services, National Women's Health Care Center	JAFPP, Institute for Family Health , Royal Medical Services, National Women's Health Care Center JAFPP, Institute for Family Health Royal Medical Services, National Women's Health Care Center Private Hospitals Association	Updated version of the supportive supervision system Letter circulating the checklists for each SRH service to the supervision team. Number of training courses held Number of supervisors trained Number of training courses held Number of supervisors trained Regular coordination meeting minutes Copy of the annual plan of each supervisory visits partner. Copy of updated checklists Annual supervisory visits plan Percentage of supervisory visits/ conducted visits reports A bi-annual monitoring and evaluation report at the institute
9 - provide innovative communication tools and methods for SRH information addressing different age	1- Develop and disseminate various printed, visual, or audio guiding materials to persons with disabilities, based on the type of disability 2- Develop a mobile app on reproductive health	Ministry of Health and HDC UNRWA UNRWA، Institute for Family Health	Institute for Family Health، UNFPA، Royal Medical Services Institute for Family Health	Number of guiding materials developed targeting persons with disabilities Completion rate of application activation

groups and persons with disabilities.	3- Make SRH websites and apps accessible to persons with disabilities. 4- Develop and launch the SRH mobile messages service 5- Develop and launch the hotline service for SRH consultations. 6- Develop and launch the educational messages service for persons with disabilities	Institute for Family Health Institute for Family Health Institute for Family Health	HDC, UNFPA UNFPA UNRWA USAID UNFPA UNFPA, HDC	Completion rate of developing an electronic communication system for persons with disabilities. Number of educational reproductive health mobile text messages sent Hotline service exists Number of educational SRH mobile text messages sent
10- participation of men, boys, and young men, in SRH interventions to increase the effectiveness of programs.	1- Develop educational and guiding family planning messages and tools for men 2- Develop SRH behavioral change programs for men, boys and young men 3- Introduce SRH educational materials in school curricula for all levels. 4- Conduct youth awareness workshops in SRH services 5- Conduct awareness workshops about the role of men in supporting women's access to SRH services. 6- Hold lectures to raise awareness of reproductive health issues	Maternal and Child Health Directorate-Ministry of Health Royal Health Awareness Society MOE Institute for Family Health Institute for Family Health Royal Medical Services	UNFPA UNFPA Institute for Family Health UNFPA / JOHUD JNCW/ JOHUD	List of guiding messages and tools on family planning for men. Behavioral change program Letter endorsing SRH educational materials in school curricula Number of youth awareness workshops on SRH services held. Number of awareness workshops about the role of men in supporting women's access to SRH services. Number of awareness-raising lectures in reproductive health conducted

Interventions under the Society Pillar

Strategy interventions	Proposed partner interventions and activities during the strategy implementation period	Implementer	partners	Indicator
1- Develop and implement awareness programs covering all components of SRH	1- Develop SRH awareness messages for apps. 2- Develop training programs and materials on reproductive health 3- Train a core team in all components of SRH issues 4- Train health supervisors and coordinators in schools and concerned teachers in the purpose of raising awareness of all SRH components. 5- Conduct specialized SRH awareness workshops 6- Conduct SRH awareness workshops for National Aid Fund beneficiaries 7- Develop educational programs for newly married couple in coordination with the Family Counselling Unit at Ministry of Awqaf. 8- Train male and female preachers in providing reproductive health advice. 9- Include SRH issues in the work of local community committees and community health committees 10- Develop training materials and manuals to raise awareness 11- Conduct a community health awareness program in SRH services 12- Develop and implement an awareness program about reproductive health issues with special focus on the groups that need it the most such as people with disabilities, and survivors of violence. 13- Develop and disseminate outreach messages to promote reproductive health issues	UNRWA MOE MOE MOE JOHUD JAFPP Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Places HPC, institutions concerned with developing and implementing awareness campaigns, donors HPC, MOH, Royal Health Awareness Society Institute for Family Health Royal Medical Services, Institute for Family Health HPC, MOH, Royal Health Awareness Society	Ministry of Health , Institute for Family Health Ministry of Health ,Institute for Family Health Ministry of Health ,Institute for Family Health Institute for Family Health UNFPA National Aid Fund MOH, Institute for Family Health MOH, Institute for Family Health UNFPA, USAID UNFPA, USAID UNFPA , HDC/ JOHUD UNFPA, HDC/ JOHUD	Number of educational health messages sent Copy of the training program Number of trainers trained Numb of health supervisor, coordinators and teachers in schools trained. Number of workshops held Number of workshop attendees Number of workshops held number of workshop attendees Number of implemented programs Number of newly-married participants Number of trained preachers Copies of local community committees and community health committees plans addressing SRH issues. Availability of training manuals Number of implemented programs Number of program beneficiaries Number of implemented programs Number of beneficiaries from the program. Number of available outreach materials Number of distributed outreach materials Percentage of target audience who watched or heard reproductive health messages

2- Develop diversified and innovative methods of communication of SRH and GBV services based on age groups, particularly youth and persons with disabilities.	1- Develop educational materials for reproductive health counseling, pre-marital and pre-conception counseling 2- Promote reproductive health issues through social media under the supervision of Ministry of Awqaf staff 3- Promote reproductive health issues by phone messages through the Jordan Telecommunications Commission, to reach everyone 4- Develop and launch educational health mobile messaging services for SRH services on 5- Develop and launch the hotline service for SRH advice 6- Develop and launch for health and sexual messaging service for people with disabilities	National Women's Health Care Center Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Places Institute for Family Health Institute for Family Health Institute for Family Health	UNFPA Ministry of Health MOH UNFPA UNFPA UNFPA, HDC	Copies of educational materials Number of innovative outreach materials dissiminated through social media Number of messages published Number of messages published Hotline service available and active Number of messages developed and disseminated
3- Qualify community-based groups and committees in working with parents، teachers and school supervisors to address SRH, violence and harassment.	1- Train a core team in SRH issues. 1- Train educational council members in educational directorates in reproductive health issues. . 2- Give seminars and lectures to students in the local community 3- Prepare a qualified team from the local community in Tafilah Governorate to raise awareness and educate about reproductive health. 4- Prepare and implement community awareness-raising programs about using modern family planning methods and the importance of adhering to the national vaccinations program. 5- Train and build capacity of staff from Princess Basma Ceters for Human Development in SRH, violence, harassment, and child marriage. 6- Establish reproductive health awareness committees that include male and female preachers. 7- Train local council members across different regions in delivering awareness programs 8- Build the capacity of military education school supervisors in SRH issues in coordination with Royal Medical Services and MOE.	MOE MOE MOE National Women's Health Care Center National Women's Health Care Center JOHUD Ministry of Awqaf HPC, Institute for Family Health Royal Medical Services	MOH, Institute for Family Health, Royal Health Awareness Society MOH, Institute for Family Health, Royal Health Awareness Society Institute for Family Health, Royal Health Awareness Society UNFPA UNFPA MOH, Institute for Family Health, Royal Health Awareness Society MOH, Institute for Family Health, Royal Health Awareness Society UNFPA	List of core team of trainers Number of training workshops Number of trained education council members at education directorates Number of seminars and lectures Number of attending students Number of team members prepared and qualified. Number of awareness programs conducted Number of community teams and committees trained and qualified to build the capacity of parents at Princess Basma Centers for Development Number of established committees Number of male and female preachers participating in awareness committees Number of trained local council members Number of supervisors trained
4 - Promoting gender concepts and roles within families for both parents	1- Organize trainings in gender 2- Organize training workshops for JOHUD team to qualify it to provide awareness workshops in gender and gender roles using various interactive tools.	UNRWA JOHUD Ministry of Awqaf, Islamic Affairs and Holy Places		Number of workshops held Number of trainers Number of workshops held Number of trainees

	3- conduct gender training workshops, in collaboration with the Ministry of Awqaf, attended by male and female preachers. 4- Hold regular meetings with service providers to reinforce gender concepts 5- Adopt a team of trainers comprising experts from different institutions to give trainings in gender issues	Royal Medical Services JNCW, HPC	HPC All partners	Number of training workshops Number of participating female and male religious preachers Number of regular meetings with service providers to reinforce gender concepts. Number of accredited trainers
5- Integrate SRH issues in home visit programs	1- Conduct home visits that include family planning and reproductive health advice 2- Prepare a home visits program to discuss reproductive health issues in collaboration with the Family Counselling Unit at the Ministry of Awqaf 3- Integrate SRH topics in the home visits program and provide guiding manuals and educational materials.	JAFPP Ministry of Awqaf, Islamic Affairs and Holy Places Institute for Family Health	USAID Institute for Family Health UNFPA USAID	Number of home visits at each governorate Number of home visits addressing reproductive health Number of home visits at each governorate
6- Integrate SRH issues in religious preaching and counselling programs.	1- Train male and female preachers in reproductive health issues through workshops and seminars. 2- Obligate male and female preachers to give at least one lesson a month on reproductive health 3- Engage Quran Centers in community committees and enhance the role of Iftaa' Department in explaining the importance of maintaining reproductive health 4- Issue awareness brochures about reproductive health and include supportive examples from the Quran and Sunnah	Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Places	HPC, Institute for Family Health	Number of male and female preachers participating in the seminars and workshops Percentage of religious lessons addressing reproductive health Percentage of Quran Centers participating in community committees Number of publications issued
7- Develop SRH curricula for universities.	1- Hold meetings with decision makers in agencies concerned with developing educational materials to advocate the integration of SRH issues, including SRH for persons with disabilities, in university education. 2- Develop proposed SRH curricula through workshops, and benefit from successful international, or Arab experiences or experienced experts in this field. 3- Collaborate with the Nursing College / University of Jordan to develop SRH training materials for nursing students. 4- Develop and introduce an SRH training diploma in collaboration with the German Jordanian University and Philadelphia University	HPC, Royal Health Awareness Society HPC, Royal Health Awareness Society Royal Health Awareness Society, Institute for Family Health Institute for Family Health	UNFPA UNFPA	Number of meetings held List of proposed curricula Copy of training materials Training curriculum list of contents
8 - Civil society organizations programs include SRH awareness-raising services and activities	1- Conduct interventions through existing JOHUD programs and at Princess Basma Centers for Human Development. 2- Conduct RH courses attended by male and female religious preachers in collaboration with CSOs. 3- Enhance the role of youth associations in promoting RH issues.	JOHUD Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Youth	Institute for Family Health UNFPA	Number of implemented interventions -Number of awareness courses. - Number of participating civil society organizations

	4- Build the capacity of associations and CSOs in SRH issues. 5- Engage local community organizations in workshops to raise awareness of RH issues, including reproductive cancers.	Institute for Family Health Royal Medical Services		Number of interventions carried out by youth entities to promote RH issues. Number of associations and civil society organizations trained. Number of associations and civil society organizations engaged
9- Develop and implement comprehensive SRH training and qualification programs for community leaders	1- SRH training and capacity building for staff of Princess Basma Centers for Human Development 2- National conferences and seminars attended by community leaders, including religious leaders at the Ministry of Awqaf, Islamic Affairs and Holy Places. 3- Develop an comprehensive SRH capacity building program for community leaders	JOHUD Ministry of Awqaf, Islamic Affairs and Holy Places Institute for Family Health	HPC UNFPA	Number of community leadership training and qualification programs -Number of national conferences and seminars addressing SRH issues. -Number of supportive community leaders Number of SRH community headers capacity building programs conducted
10- Enhance media awareness and capacity of SRH issues	1- Participate in and support the National Population Media Strategy and collaborate with HPC to conduct a training for the selected media group at JAFPP training center. 2- Support the media sector in promoting reproductive health issues. 3- Train media professionals in reproductive health issues in cooperation with the Family Counselling Service at the Ministry of Awqaf, Islamic Affairs and Holy Places. 4- Collaborate with the Ministry of Awqaf and the media sector to promote the concept of reproductive health and explain its importance to the target group. 5- Develop and disseminate media materials on SRH issues.	JAFPP , HPC Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Places Institute for Family Health	HPC HPC HPC UNFPA	Number of media professionals trained in promoting RH issues Media usage rate in promoting RH issues. Number of media professionals trained in promoting reproductive health Utilization rate of media outlets to promote reproductive health Number of outreach materials published
11- Integrate SRH issues in youth programs and youth centers	1- Train curricula committee members in SRH issues. 2- Survey school curricula and textbooks to identify SRH content. 3- Integrate SRH concepts in school curricula and textbooks 4- Implement interventions through existing JOHUD programs and Princess Basma Development Centers using interactive tools that attract youth. 5- Integrate SRH issues in plans of youth committees and women's committees 6- Conduct SRH awareness workshops in youth centers in cooperation with the Ministry of Awqaf. 7- Conduct health programs, activities and camps, including Al Hussein Labour and Building Camps 2019 and a complete camp for reproductive health. 8- Conduct and implement SRH awareness programs for youth	MOE MOE, Experts Committee MOE, Steering committee JOHUD JOHUD Ministry of Youth Ministry of Youth Institute for Family Health	Institute for Family Health, Royal Health Awareness Society Steering Committee Donors Donors	Number of curricula committee members trained Curricula and school textbooks survey to identify the extent to which SRH concepts are integrated in school text books. School curricula and textbooks which have integrated reproductive health concepts Number of interventions conducted Committee plans that contain SRH issues Number of awareness workshops Number of young participants in workshops Number of youth centers supporting reproductive health issues. Number of health programs, activities and camps, including Al Hussein Camp for work and construction 2019, that have integrated reproductive health issues. Number of awareness workshops. Number of young participants in workshops.

Interventions under the Sustainability and Governance Pillar

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator
1- Form and activate a steering committee representing all sectors to follow up on the achievement of the strategy and make the necessary decisions.	1- Develop the terms of reference of the committee for adoption by decision-makers. 2- Identify representation standards for service providers and stakeholders. 3- Establish the committee, develop its work plan and assign priorities. 4- SRH strategy adopted by the committee and sent to the Prime Ministry for endorsement and circulation to all concerned ministries. 5- Follow up on the implementation of the strategy and take appropriate decisions to achieve its results. 6- Conduct SRH advocacy activities to support the achievement of the strategy's results. 7- Conduct an annual review of the strategy and update it.	HPC HPC HPC Steering Committee Steering Committee Steering Committee Steering Committee	Donors Donors Donors	Steering committee terms of reference Committee work plan Committee meeting minutes Meeting minutes Number of SRH advocacy activities conducted by committee strategy annual review report and update
2- Develop and activate a technical committee representing all sectors to follow up on the implementation of the plan's interventions and indicators	1- Develop the terms of reference of the committee for adoption by decision-makers. 2- Identify representation standards for service providers and stakeholders. 3- Establish the committee, develop its work plan and assign priorities. 4- Follow up on the implementation of the plan's interventions and indicators. 5- Develop a field action plan for the technical committee to monitor the implementation of interventions and indicators through field visits. 6- Draft regular monitoring and evaluation reports and present them to the steering committee	HPC HPC HPC Technical committee Technical committee Technical committee	Donors Donors Donors	Technical committee TOR Technical committee TOR Committee's work plan Meeting minutes Executive plan strategy annual review report and update
3- SRH strategy endorsed by the Prime Ministry and circulated to all concerned ministries.	1- Hold meeting at the level of decision makers to take a policy decision on the adoption of the strategy by the Prime Ministry 2- Conduct national orientation campaigns for decision-makers to adopt the SRH strategy.	Steering Committee HPC, Institute for Family Health	Donors Donors	Meeting minutes Number of meetings
4- Develop a national monitoring, evaluation and supervision system to regularly follow up on reports documenting partner work plans.	1- Develop a national monitoring, evaluation and supervision system to regularly follow up on reports documenting partner work plans.	Steering Committee	Donors	Monitoring system in place

5- build / strengthen multilateral or sectoral partnerships (initiatives, programs, projects) that encompass all SRH components.	1- Enhance partnership with MOH to ensure sustainable modern family planning methods. 2- Build multi-lateral local community partnerships through non-profit organizations, including disability organizations, that provide psychosocial support and reproductive health and GBV education 3- Continue to strengthen partnerships at the national level through joint programs to support the achievement of the SRH strategy goals.	UNRWA Steering Committee Steering Committee	Steering Committee Donors Donors	Agreement or MOU in place Partnerships established Number of active partnerships
6- Develop and implement individual detailed annual partner work plans covering all SRH components.	1- Conduct multi-sectoral workshops to develop work plans, goals and implementation, monitoring and evaluation strategies for all sectors. 2- Conduct sector-specific workshops to discuss the annual comprehensive work plan of each sector. 3- Establish a team of sector liaison officers to implement the strategy reporting to the plan's coordinator at HPC. 4- Develop and implement annual plans and document progress.	Steering Committee Steering Committee Steering Committee partners	Donors Steering Committee Steering Committee Steering Committee	Number of workshops Number of work plans developed Number of workshops Letter assigning liaison officers. Percentage of partners who developed the plans
7- Conduct and use studies and research of SRH components and related impact.	1- Form a team to conduct studies and research in SRH components. 2- Conduct methodological studies of SRH components 3- Follow up on the outcomes and recommendations of research and studies and their impact on strategy implementation.	Steering Committee Partner agencies, universities and research centers. Steering Committee	Partner agencies, universities and research centers. Donors	Team's terms of reference Number of studies List of study topics Meeting minutes
8- Identify mechanisms to ensure the implementation of evidence-based research outcomes and recommendations	1- Include the outcomes and recommendations of studies and research in project proposals and to attract funding.	Steering Committee	Donors	
9- Share the outcomes and recommendations of studies and research with all stakeholders.	1- Coordinate multi-sectoral meetings discuss the outcomes and recommendations of studies and research 2- Monitor and document the outcomes of meetings to inform the identification of topics of relevant future studies. 3- Participate in campaigns and visits to disseminate the outcomes and recommendations of studies and research to all stakeholders.	Steering Committee Steering Committee Steering Committee	Donors Donors Donors	Number of meetings Minutes/ reports

Annex (1): Indicator Reference Cards

Indicator Reference Card	
Indicator	Maternal mortality rate per 1,000 live births
Description	Number of maternal deaths from causes related to pregnancy and childbirth per 100,000 live births
Measuring Unit	Ratio
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of maternal deaths ________________________X 100,000 Number of live births
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	National Registry of Maternal Deaths – Ministry of Health
Responsibility	MOH
Frequency of Measurement	Annually

Indicator Card	
Indicator	National total fertility rate
Description	The average number of children born to a woman of childbearing age (15-49) as per the prevailing age-specific fertility rate in a specific year.
Measuring Unit	Child per woman- ratio
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	General fertility rate = (number of live births in a year / number of females at reproductive age (49:15)*1000 Age-specific fertility rate = (number of live births in a year/ number of mothers in a specific age group mid-year)*1000 Total fertility rate = the total of all age-specific fertility rates /1000 women*5
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	Population and Family Health Survey report, Department of Statistics, Civil Status and Passports Analysis.
Responsibility	Department of Statistics
Frequency of Measurement	5-year Population and Family Health Survey (covers all nationalities), Civil Status and Passports Analysis (covers Jordanians only)

Indicator Card	
Indicator	Infant mortality rate
Description	Number of child deaths within 12 months of birth per 1,000 live births
Measuring Unit	Rate
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Infant deaths ______________________ X 1,000 Live births
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Neonatal mortality rate per 1,000 live births
Description	Children dying in their first month of birth per 1,000 live births
Measuring Unit	Neonatal child-rate
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of neonatal deaths by day 28 in a given period ____________________________________X1000 Number of live births in the same period
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Under five mortality rate per 1,000 live births
Description	This indicator measures the probability of a child born in a specific year dying before reaching the age of 5, subject to the prevailing age-specific mortality rate at that time.
Measuring Unit	Rate
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Under-five deaths in a specific period ________________ X1000 Live births in the same period
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	1- Population and Family Health Survey Report 2- Civil Status Department Report
Responsibility	1- Department of Statistics 2- Civil Status Department
Frequency of Measurement	1- Population and Family Health Survey every 5 years Civil Status Department Report – annual

Indicator Card	
Indicator	Demographic dependency ratio
Description	Proportion of the population (under 15 years old and over 65) to total population aged 15=64
Measuring Unit	Ratio
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of population under 15 years old + number of population over 65 years old ________________X100 Population (15-64)
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	Department of Statistics report
Responsibility	Department of Statistics
Frequency of Measurement	Annually

Indicator Card	
Indicator	Adolescent birth rate
Description	The annual number of births to women aged 15-19 years per 1,000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15-19 Births during adolescence to women aged 15-19 years in a specific geographical location divided by the number of women aged 15=19 in the same geographic location (for a specific period, usually a calendar year) multiplied by 1.000 to derive a rate.
Measuring Unit	Rate
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of births to females aged 15-19 ______________________________X 1000 Number of females aged 15-19
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	Population and Family Health Survey every 5 years

Indicator Card	
Indicator	HIV Incidence Rate per 1,000 of uninfected population
Description	This indicator measures the number of new HIV infections per 1000 of uninfected population
Measuring Unit	Number
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of new HIV infections in a given period ______________________________X 1000 Total uninfected population
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	National surveys and monitoring systems
Responsibility	MOH
Frequency of Measurement	Annually

Indicator Card	
Indicator	Percentage of women aged 15 who have experienced physical, psychological or sexual violence
Description	This indicator measures the success of interventions to combat harmful practices and violence against women, children and adolescent girls by calculating the percentage of women aged 15 years and over who have been subjected to physical, psychological or sexual violence
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of women aged 15 years and over who have experienced physical, psychological or sexual violence in a given period____X100 % Total number of women aged 15 and over in the same period
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	1- Population and Family Health Survey Report 2- Report by the National Team for Family Protection against Violence
Responsibility	1- Department of Statistics 2- National Council for Family Affairs
Frequency of Measurement	1- Population and Family Health Survey every 5 years 2- Report by the National Team for Family Protection against Violence - Annual

Indicator Card	
Indicator	Marital infertility
Description	Percentage of women of reproductive age (15-49 years) at risk of pregnancy (non-pregnant, sexually active, non-users of family planning, and non-breastfeeding) who report trying to conceive for two years or more.
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	women of reproductive age (15-49 years) at risk of pregnancy (non-pregnant, sexually active, non-users of family planning, and non-breastfeeding) who report trying to conceive for 2 years or more ____ X 100% women of reproductive age (15-49 years)
Indicator Level	❑ Input ❑ Process ❑ Output ❑ Outcome ☑ Impact
Indicator Source	1- Population and Family Health Survey Report
Responsibility	1- Department of Statistics
Frequency of Measurement	1- Population and Family Health Survey every 5 years

Indicator Card	
Indicator	National Contraceptive Prevalence rate (CPR)
Description	Percentage of currently married women aged 15-49 years who are using any modern family planning method. The percentage is calculated by dividing the number of married women of reproductive age (15-49) who use modern family planning methods by the total number of married women of reproductive age x 100%.
Measuring Unit	Women of reproductive age who are currently using family planning methods – percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Women of reproductive age (aged 15-49) who use a family planning method ____X100 % Number of women of reproductive age (15-49)
Indicator Level	☐ Input ☐ Process ☐ Output ☑ Outcome ☐ Impact
Indicator Source	2- Population and Family Health Survey Report
Responsibility	2- Department of Statistics
Frequency of Measurement	2- Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Under-five anemia
Description	This indicator measures the percentage of children aged 6-59 months who have hemoglobin deficiency (measurement 8>g / dL)
Measuring Unit	Women of reproductive age who currently use modern family planning methods - percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of children aged between 6 and 59 months tested for hemoglobin in a given period who have a hemoglobin less than 8 g/dL) ____ X 100 % Number of children aged between 6 and 59 months tested for hemoglobin in the same period
Indicator Level	☐ Input ☐ Process ☐ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	The prevalence of malnutrition (weight-for-height >2+ or <2-point standard deviation from the World Health Organization Child Growth Standards average) among children under five, disaggregated by gender (wasting and overweight)
Description	This indicator measures the prevalence of malnutrition (weight-for-height >2+ or <2-point standard deviation from the World Health Organization Child Growth Standards average) among children under five, disaggregated by gender (wasting and overweight)
Measuring Unit	Women of reproductive age who currently use modern family planning methods – percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	The prevalence rate of malnutrition (weight-for-height >2+ or <2-point standard deviation from the World Health Organization Child Growth Standards average) among children under five, disaggregated by gender (wasting and overweight)
Indicator Level	☐ Input ☐ Process ☐ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Proportion of women aged 20-24 who married by age 18
Description	This indicator measures the success of interventions to combat harmful practices and violence against women, children and adolescent girls by calculating the proportion of women aged 20-24 who were married before the age of 18
Measuring Unit	Women of reproductive age who currently use modern family planning methods – percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	$\frac{\text{Number of women aged 20-24 who married by age 18 in a given period}}{\text{Total number of women aged 20-24 at the same period of time}} \times 100\%$
Indicator Level	☐ Input ☐ Process ☐ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	National rate of unmet need for family planning services
Description	Percentage of women of reproductive age who do not use any method of family planning but wish to delay the next pregnancy (spacing) or stop having children permanently. The unmet needs are calculated as follows: (Total number of women who want to delay or prevent pregnancy and do not use family planning methods ÷ Total number of married women of childbearing age x 100%) It can also be calculated according to geographical differences and economic welfare brackets
Measuring Unit	Married women of reproductive age (15-49) who wish to delay or prevent pregnancy and do not use family planning methods – Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Total number of women who want to delay or prevent a pregnancy but do not use family planning methods ______________________________ X 100% Total number of married women in reproductive age
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	National contraceptive discontinuation rate in the first year
Description	Represents the percentage of women who stopped using family planning methods within 12 months of using them. It can be calculated by dividing the number of women who stopped using family planning methods by the total number of women using them at the beginning of the year x 100%.
Measuring Unit	Married women aged (15-49) and have stopped using family planning methods- percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Total number of women who have stopped using family planning methods ______________________________ X 100% Total number of women using family planning methods at the beginning of the year
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Data Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Couple-years of protection (CYP)
Description	This indicator measures protection expectations using family planning methods during a year according to the number of family planning methods distributed to beneficiaries during this period. The value of the indicator is calculated by multiplying the quantity of each method of family planning distributed to the beneficiaries by a conversion factor, which gives an estimate of the period of protection against pregnancy for each method. The total sum of the couples' years of protection for all methods is then calculated to obtain the overall protection index. This indicator is important to identify the impact of the different methods of family planning. The percentage increase is calculated as follows (number of protected pairs in the target year - number of protected pairs in the previous year ÷ number of protected pairs in the previous year) x 100%.
Measuring Unit	Couples' years of protection – rate
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of couples protected in a target year – number of couples protected in the previous year____X 100% Number of protected couples in the previous year
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Data Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Desired fertility rate
Description	Average number of children a woman desires to give birth to during her reproductive life
Measuring Unit	Rate
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Average number of children a woman desires to give birth to during her reproductive life
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Median birth interval
Description	The median interval between the birth of a live child and another. The World Health Organization recommends an interval of at least 3 years between the birth of one child and the next
Measuring Unit	One month to one calendar year
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Median interval between one live birth and another
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Percentage of live births under normal birth weight (low birth weight)
Description	This indicator measures the percentage of live births under normal birth weight (low birth weight)
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	$\frac{\text{Number of live births weighing less than 2500 grams}}{\text{Number of live births}} \times 100\,\%$
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Prevalence of anemia in pregnant women
Description	This indicator measures the percentage of pregnant women who experience Hypohemoglobinemia (measurement <11g/dL) during pregnancy.
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of pregnant women who experience Hypohemoglobinemia (measurement <11g/dL) during pregnancy ____ X100 % Total number of pregnant women tested for levels of hemoglobin in the blood during the same period
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Percentage of young men and women aged 15-24 or “at risk” who have comprehensive and correct knowledge about HIV prevention.
Description	This indicator measures awareness of HIV prevention mechanisms among young men and women between the ages of 15 and 24, or those “at risk”
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of youth aged 15-24 or “at risk” who have comprehensive and correct knowledge of HIV prevention ____ X 100 % Number of youth aged 15-24 or “at risk” surveyed
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	Studies
Responsibility	HPC
Frequency of Measurement	Based on the study

Indicator Card	
Indicator	Infection/ prevalence rate of sexually transmitted diseases
Description	Number of new cases of STI reporting (concurrent or etiological reporting) in a specified time period (year)
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of new cases of sexually transmitted infections reported ______________________________ X 100 % Population
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	MOH reports
Responsibility	MOH
Frequency of Measurement	Annually

Indicator Card	
Indicator	Percentage of youth offered SRH services when needed
Description	Percentage of young people who needed and received SRH services
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of young people aged 15-24 who received SRH services when needed in a specific period of time ______________________________X 100% Total number of beneficiaries of SRH services in the same period
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	Partner reports
Responsibility	Partners
Frequency of Measurement	Annually

Indicator Card	
Indicator	Percentage of increase/ decrease in cases of violence against women and children
Description	This indicator measures the percentage increase/ decrease in cases of violence against women and children
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of documented cases of violence against women and children in a year ____X 100 % Number of documented cases of violence against women and children in the previous year
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Report by the National Team for Family Protection against Violence
Responsibility	National Council for Family Affairs
Frequency of Measurement	• Annually

Indicator Card	
Indicator	Percentage of people with disabilities out of the total cases of women and children who have been subjected to violence
Description	This indicator measures the Percentage of people with disabilities out of the total cases of women and children who have been subjected to violence
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of people with disabilities out of total cases of women and children subjected to violence in a year ____X 100 % Number of documented cases of violence against women and children in the same year
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Report by the National Team for Family Protection against Violence
Responsibility	National Council for Family Affairs
Frequency of Measurement	• Annually

Indicator Card	
Indicator	Proportion of women aged 20-24 who married by age 18
Description	This indicator measures the success of interventions aimed at combatting harmful practices and violence against women, children and adolescent girls by calculating the proportion of women aged 20-24 who married before the age of 18
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of women aged 20-24 who married by age 18 in a given period ____ X 100% Total number of women aged 20-24 at the same period of time
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	• Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Indicator Card	
Indicator	Number of girls and boys who experienced gender based violence.
Description	This indicator measures the number of girls and boys who experience gender based violence.
Measuring Unit	Number
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of girls and boys who experienced gender based violence in a given year
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ ⍰ Impact
Indicator Source	• Report by the National Team for Family Protection against Violence
Responsibility	National Council for Family Affairs
Frequency of Measurement	• Annually

Indicator Card	
Indicator	SRH service beneficiaries' satisfaction rate
Description	This indicator measures the rate of beneficiaries satisfaction with SRH services
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of surveyed beneficiaries of SRH services who responded as satisfied and very satisfied ______________________________X 100% Number of beneficiaries of SRH services surveyed
Indicator Level	☐ Input ☐ Process ☐ Output ☑ Outcome ☐ Impact
Indicator Source	Partner reports
Responsibility	Partners
Frequency of Measurement	Annually

Indicator Card	
Indicator	Births by caesarean section
Description	This indicator measures the percentage of births by caesarean section
Measuring Unit	Percentage
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of Births by caesarean section in a given year ______________________________X 100% Total live births in the same year
Indicator Level	☐ Input ☐ Process ☐ Output ☑ Outcome ☐ Impact
Indicator Source	Ministry of Health reports
Responsibility	MOH
Frequency of Measurement	Annually

Indicator Card	
Indicator	number of new cases of reproductive system cancers
Description	This indicator measures the number of new cases of reproductive system cancers
Measuring Unit	Number
Indicator Type (Qualitative or Quantitative)	Qualitative
Indicator Calculation Method (Indicator formula)	Number of new cases of reproductive system cancers
Indicator Level	❑ Input ❑ Process ❑ Output ☑ Outcome ☐ Impact
Indicator Source	Population and Family Health Survey Report
Responsibility	Department of Statistics
Frequency of Measurement	• Population and Family Health Survey every 5 years

Annex (2): Strategy Monitoring and Evaluation Report
Impact Indicators

Impact: Universal access to integrated SRH services and information for the wellbeing of families in Jordan							
Indicator no.	**Indicator**	**Base Value2020**	**Target value for year........**	**Current value**	**Achievement rate**	**Target value 2030**	**Completion rate against target 2030**
	Maternal mortality ratio per 100,000 live birth.						
	National Total Fertility rate						
	Infant mortality rate						
	Neonatal mortality rate per 1,000 live births.						
	Under-five mortality rate per 1,000 live births						
	Demographic dependency ratio						
	Adolescent fertility rate						
	HIV incidence rate (per 1000 of uninfected)						
	Percentage of women aged 15 who have experienced physical, psychological or sexual violence						
	Marital Infertility						

Outcome Indicator

Outcomes:

1- Supportive and enabling policies for integrated SRH issues
2- Integrated, quality SRH information and services for the whole population across the Kingdom
3- Positive social attitudes, beliefs and practices towards SRH issues.
4- Integrated, institutionalized and sustainable SRH information and services within effective sectoral partnerships

Indicator no.	Indicator	Base value 2020	Target value for (year)........	Current Value	Achievement rate	Target value 2030	Target achievement in 2030
	National Contraceptive Prevalence rate(CPR)						
	Under-five anemia						
	The prevalence of malnutrition (weight-for-height >2+ or <2-point standard deviation from the World Health Organization Child Growth Standards average) among children under five, disaggregated by gender (wasting and overweight)						
	Proportion of women aged 20-24 who married by age 18.						
	National percentage of unmet family planning needs						
	National contraceptive discontinuation rate in the first year of marriage						
	Couple-years of protection (CYP)						
	Desired fertility rate						
	median interpregnancy interval						
	Percentage of live births with birth weight						
	Prevalence of anemia in pregnant women						
	Percentage of young men and women aged 15-24 or “at risk” who have comprehensive and correct knowledge about HIV prevention						
	Infection/ prevalence rate of sexually transmitted diseases						
	Percentage of youth offered SRH services when needed						
	Percentage of increase/ decrease in cases of violence against women and children						
	Percentage of persons with disabilities out of the total cases of women and children who have experienced violence						
	Percentage of women aged 20-24 who married before the age of 18						
	Number of girls and boys who experienced gender based violence						
	SRH service beneficiaries’ satisfaction rate						
	Percentage of Caesarean section operations						
	New cases of reproductive cancers						

Output indicators

Pillar: Enabling Environment								
Strategy Interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ....**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
Documented commitment and support from decision makers to include all SRH components in the developed and adopted programs.		Percentage of laws and regulations promoting SRH concepts that have been developed / updated and adopted to ensure that all SRH services are covered under a clear legislative umbrella out of the total number of laws and regulations promoting SRH concepts that have been identified for this purpose						
Policies that support integrating relevant SRH components in primary healthcare services and services of related sectors		Percentage of policies promoting SRH concepts that have been developed and adopted to ensure that all SRH services are covered under a clear legislative umbrella out of total number of policies promoting SRH concepts and identified for this purpose.						
Sufficient budgets allocated for SRH programs (services/ medicine and supplies/ infrastructure/ capacity building)		Percentage of partner institutions that have integrated SRH services in the budgets of their work plans.						
		Activated policies in place to support the integration of SRH commodities						
An SRH resources and services information management system that ensures access to quality information.		Completion rate in developing a comprehensive SRH services e-system connecting different sectors.						
Sufficient, qualified and trained staff in SRH components and issues.		Percentage of health staff trained in SRH components and issues						
		Percentage of staff in the education sector trained in SRH components and issues						
		Percentage of staff in the religious sector (Ministry of Awqaf) trained in SRH components and issues.						

Pillar: Services and Information								
Strategy Interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ……..**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
A standardized national SRH package covering SRH components, including lifecycle (age groups)		Availability of a standardized national SRH package covering SRH components, including lifecycle (age groups)						
		Number of capacity building programs for service providers, including community health awareness professionals, in delivering quality SRH services according to the adopted national standards.						
		Number of Guiding and procedural manuals adopted by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.						
Equitable access to high-quality SRH services in the public and private sectors		Percentage of institutions/ points of service that provide the standardized national SRH service package that covers different SRH components and life-course approach (age groups) by governorate.						
SRH information available in various accessible formats for all groups, including persons with disabilities		Percentage of institutions/ points of service that provide SRH information in various accessible formats to all groups, including persons with disabilities.						
Available and sustainable SRH service supplies and medicine for all groups in all regions.		Percentage of institutions/ points of service with available SRH supplies and medicine for all groups.						
High quality SRH services that meet the needs of the population in accordance with specific standards.		Percentage of institutions/ points of service implementing the supportive supervision system for SRH services.						
		Number of points of service applying accreditation standards for SRH services						

Pillar: Society								
Strategy Interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ....**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
A society with positive knowledge and attitudes towards SRH issues.		Percentage of change in the knowledge and attitudes of groups of society towards SRH as per pre and post surveys						
Effective participation by men, women, adolescents and youth in SRH programs.		Participation rate of men, young men, boys and males with disabilities in SRH awareness raising programs according to partner report.						
		Participation rate of women, female adolescents and girls in SRH awareness-raising programs according to partner reports.						
Effective participation by media and religious institutions in promoting and raising awareness of SRH programs and information.		Number of media programs that promoted and raised awareness of SRH programs and information.						
		Number of programs/ activities implemented by religious institutions to promote and raise awareness of SRH programs and information.						
Increased demand for SRH services.		Percentage of increase in demand for SRH services year on year as per partner reports.						
Effective role and participation by civil society institutions, government institutions and international organizations in providing integrated SRH services and information.		Number of programs receiving support from international organizations to provide integrated SRH services and information as per partner reports.						
		Percentage of civil society institutions out of partner institutions that integrated SRH awareness activities in their programs						
Effective participation by men, women, adolescents and youth in SRH programs.		Number of private institutions that have integrated in their programs SRH awareness activities or supported SRH programs according to partner reports.						

Pillar: Sustainability and Governance								
Strategic Interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ……..**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
A documented national framework with clear accountability procedures to follow up on strategy implementation		Percentage of compliance with holding steering committee meetings.						
		Percentage of compliance with holding technical committee meetings.						
Supportive leaderships trained in SRH advocacy and monitoring strategy implementation.		Number of leaders trained in SRH advocacy and monitoring strategy implementation						
Institutionalized sectorial and program partnerships, initiatives and projects on SRH information and services.		Number of programs, initiatives and projects on SRH information and services implemented through sectorial and programmatic partnerships.						
Comprehensive and integrated sectorial and institutional plans encompassing SRH issues, including crisis readiness and response.		Available comprehensive and integrated sectorial and institutional plans encompassing SRH issues, including crisis readiness and response.						
Knowledge and research guiding SRH priorities and programs.		Percentage of SRH studies and research for which policy briefs were developed.						
		Number of studies and research papers uploaded to Share-Net and “My Right” websites.						
M&E reports documenting work plans executed by partners in support of SRH services, information, policies, decisions and budgets and demand		Percentage of partner agencies that presented M&E reports documenting the implemented plans to support SRH information, services, policies, decisions budgets and demand for related issues.						

Input Indicators

Pillar: Enabling Environment								
Strategy Interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ....**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
1-Review of current policies and legislation that support SRH concepts and the impact of their implementation on SRH issues		List of current policies and legislation that support SRH concepts						
2- Introduce policies and legislation that promote SRH concepts to ensure that all SRH services are covered by a clear legislative umbrella. This includes policies for the public sector to support civil society in achieving sustainability.		List of policies and legislation promoting SRH concepts that should be developed to ensure full coverage of all SRH services under a clear legislative umbrella.						
3 Set guiding principles and protocols to support the integration of SRH and GBV services on all levels.		Guiding principles and protocols to support the integration of SRH and GBV services on all levels are in place						
		Achievement rate of developing guidelines and protocols that support integration and SRH services at all levels						
4- Include SRH activities in the budgets of partner' work plans, and control the funding and disbursement process		Percentage of partner institutions that have integrated SRH-related activities into their budgets and work plans.						
5-Develop and update an e-system of all components of SRH services that connects different sectors		A conceptualization/ study of the comprehensive SRH services e-system, that ensures connection between different sectors.						
		Completion rate in developing and updating a comprehensive SRH services e-system that connects different sectors						
-6 Develop advocacy plans through all partners for legislation and policies supporting SRH.		Advocacy plans created through all partners for legislation and policies supporting SRH.						
7- Develop SRH capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials.		SRH capacity building programs in place for service providers at all health and educational facilities and ensure availability of needed supplies and materials.						
		Completion rate of (or percentage of institutions that implemented) SRH capacity building programs for service providers at all health and educational facilities						
8-Formulate policies to support the integration of SRH commodities		A list of policies that support the integration of SRH commodities and human resources.						
		Completion rate of developing policies that support the integration of SRH commodities and human resources.						

Pillar: Services and Information								
Strategic Interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ……..**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
1- Develop a standardized national SRH service package covering all the adopted SRH components and the entire lifecycle (age groups)		A standardized national SRH service package covering all the adopted SRH components and the entire lifecycle (age groups)						
2- Develop, update, and make available national manuals and protocols on all components of SRH services and adopt them at the national level.		List of national guiding manuals and protocols on all components of SRH services						
		Completion rate of developing, updating, and making available national manuals and protocols on all components of SRH						
3- Build the capacity of service providers, including community health awareness professionals, in delivering quality SRH services according to the adopted national standards.		List of capacity building programs for service providers, including community health awareness professionals, in delivering quality SRH services according to the adopted national standards.						
		Completion rate in conducting capacity building programs for service providers, including community health awareness professionals, in delivering quality SRH services according to the adopted national standards.						
5- Guiding and procedural manuals to be approved by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.		List of Guiding and procedural manuals approved by the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018.						
		Completion rate in approving guiding and procedural manuals that require approval from the Health Standards Committee according to Article (6) of the Medical and Health Liability Law no. 25 of 2018,						
5- Integrate SRH information and services in health accreditation standards and standards for youth-friendly health centers		An updated copy of health accreditation standards that include SRH information and services, for the accreditation of health institutions, and standards for youth-friendly health centers						
6- Support and strengthen IT systems of SRH components for all age groups at the national level		A conceptualization / study of an IT system that covers all SRH services and ensures connectivity among different sectors.						
		Completion rate in developing an SRH services e-system connecting different sectors						
7- Provide all SRH components and supplies in all service provision locations as per the		Percentage of points of service were all SRH components and supplies, including family						

manuals, including family planning methods		planning methods, are available as per the guiding manuals							
8- Develop and activate a service delivery quality control and measurement system. This includes developing supportive supervision of SRH services to include all SRH components.		Updated version of the supportive supervision system that includes all SRH components							
9- Provide innovative communication tools and methods for SRH information addressing different age groups and persons with disabilities.		List of SRH information communication tools by age group, especially for persons with disabilities							
		Number of SRH information communication tools developed by age group, especially for persons with disabilities.							
10-Enhance the participation of men, boys and young men in SRH interventions to increase the effectiveness of programs.		Participation rate of men, boys and young men in SRH interventions.							

Pillar: Society								
Strategic interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ....**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
1- Develop and implement awareness programs covering all components of SRH		Number of SRH awareness programs developed and implemented						
2 Develop innovative communication tools and methods for SRH information addressing different age groups and persons with disabilities.		Number of communications tools on SRH information developed according to age groups and people with disabilities.						
3-Train and qualify community teams and committees in working with parents، teachers and school supervisors to address SRH, violence and harassment.		Number of community teams and committees qualified or trained in SRH, violence and harassment to work with parents and the teaching and supervisory staff in schools						
4- Promoting gender concepts and roles within families		Number of programs conducted promoting gender concepts and roles within families for both parents						
5-Integrate SRH issues in home visit programs		An updated guiding manual on the home visits program that includes SRH issues						
6- Integrate SRH issues in religious preaching and counselling lessons.		A training manual for preachers in SRH issues						
		Number of conducted preaching and counselling program/ activities covering SRH issues conducted						
7- Develop SRH curricula for universities.		Number of universities that have developed and adopted SRH curricula						
8- Civil society organizations programs include SRH awareness-raising services and activities		Percentage of civil society institutions out of partner institutions that integrated SRH awareness activities in their programs						
9- Develop and implement training and qualification programs in all components of SRH for community leaders		Number of training and qualification programs in all components of SRH for community leaders						
		Number of community leaders trained in all components of SRH issues.						
		Number of conducted SRH capacity building programs for the media						
10- Enhance media awareness and capacity of SRH issues		Number of media professionals trained in raising SRH awareness						
11- Integrate SRH issues in youth programs and youth centers		Percentage of youth centers that integrated SRH in youth programs						

Pillar: Sustainability and Governance								
Strategic interventions	**Indicator no.**	**Indicator**	**Base value 2020**	**Target value for (year) ……..**	**Current Value**	**Achievement rate**	**Target value 2030**	**Target achievement in 2030**
1-Form and activate a steering committee representing all sectors to follow up on the achievement of the strategy and make the necessary decisions.		Letter on forming the steering committee that represents all sectors to follow up on the achievement of the strategy's results and take the necessary decisions.						
		Number of meetings of the steering committee that represents all sectors to follow up on the achievement of the strategy's results and take the necessary decisions.						
2- Develop and activate a technical committee representing all sectors to follow up on the implementation of the plan's interventions and indicators		Letter on forming the technical committee that represents all sectors to follow up on the implementation of all interventions and achievement of indicators.						
		Number of meetings of the technical committee that represents all sectors to follow up on the implementation of all interventions and achievement of indicators.						
3- SRH strategy endorsed by the Prime Ministry and circulated to all concerned ministries.		Letter by the Prime Ministry endorsing the SRH strategy and circulating it to all concerned ministries.						
-4 Develop a national monitoring, evaluation and supervision system to regularly follow up on reports documenting partner work plans.		A national monitoring, evaluation and supervision system in place to regularly follow up on reports documenting partner work plans.						
		Annual completion rate in implementing strategy interventions						
5- Establish effective multilateral or multisector partnerships (initiatives, programs and projects) that include all components of SRH and GBV.		Number of established multilateral or multisector partnerships (initiatives, programs and projects) that include all components of SRH.						
6- Develop and implement individual detailed annual partner work plans covering all SRH components.		Percentage of partners who have developed and implemented detailed and comprehensive annual partner work plans covering all SRH components						
7- Conduct and use studies and research on all SRH components and their related impact, including investigative studies to identify social attitudes towards SRH issues.		Number of SRH research and studies published						
8- Identify mechanisms to ensure the implementation of evidence-based research outcomes and recommendations		Number of policy briefs issued in relation to SRH studies and research						
		Number of conferences/ meetings held between publishers of research and studies and various partners to discuss research findings and recommendations						
9- Share the outcomes and recommendations of studies and research with all stakeholders.		Number of SRH conferences held.						

Annex (3): Desk review of relevant SRH strategies, reports and studies

The main relevant documents, strategies and reports are:
The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)[1]
This Global Strategy is much broader, more ambitious and more focused on equity than its predecessor. It is universal and applies to all people (including the marginalized and hard-to-reach), in all places (including crisis situations) and to transnational issues. It focuses on safeguarding women, children and adolescents in humanitarian and fragile settings and upholding their human rights to the highest attainable standard of health, even in the most difficult circumstances.
For the first time, adolescents join women and children at the heart of the Global Strategy. This acknowledges not only the unique health challenges facing young people, but also their pivotal role alongside women and children as key drivers of change in the post-2015 era. By investing in the right policies and programmes for adolescents to realize their potential and their human rights to health, education and full participation in society, we can unleash the vast human potential of this "SDG Generation" to transform our world.
This Global Strategy takes a life-course approach that aims for the highest attainable standards of health and well-being—physical, mental and social— at every age. A person's health at each stage of life affects health at other stages and also has cumulative effects for the next generation. Moreover, the Global Strategy adopts an integrated and multisector approach, recognizing that health-enhancing factors including nutrition, education, water, clean air, sanitation, hygiene and infrastructure are essential to achieving the SDGs.

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) indicated that women, children and adolescents still face numerous interrelated health challenges that are exacerbated by poverty, inequality and marginalization. The most important of these challenges are:
Women's health Challenges
Despite progress, societies are still failing women, most acutely in poor countries and among the poorest women in all settings. Gender-based discrimination leads to economic, social and health disadvantages for women, affecting their own and their families' well-being in complex ways throughout the life course and into the next generation. Gender equality is vital to health and to development.

Child health Challenges
The high rates of preventable death and poor health and well-being of newborns and children under the age of five are indicators of the uneven coverage of life-saving interventions and, more broadly, of inadequate social and economic development. Poverty, poor nutrition and insufficient access to clean water and sanitation are all harmful factors, as is insufficient access to quality health services such as essential care for newborns. Health promotion, disease prevention services (such as vaccinations) and treatment of common childhood illnesses are essential if children are to thrive as well as survive.
adolescent and youth health Challenges
Globally, millions of adolescents die or become sick from preventable causes. Too few have access to information and counselling and to integrated, youth-friendly services, and especially to sexual and reproductive health services without facing discrimination or other obstacles. In many settings, adolescent girls and boys face numerous policy, social and legal barriers that harm their physical, mental and emotional health and well-being. Among adolescents living with disabilities and/or in crisis situations, the barriers are even greater.
Environmental health challenges:
Environmental factors such as clean water and air, adequate sanitation, healthy workplaces and safe houses and roads all contribute to good health. Conversely, contaminated water, polluted air, industrial waste and other environmental hazards are all significant causes of illness, disability, and premature deaths. They contribute to and result from poverty, often across generations.
Humanitarian and fragile settings
The SDGs will not be reached without specific attention to countries with humanitarian and fragile settings that face social, economic and environmental shocks and disasters.37 Risks include conflict and violence, injustice, weak institutions, disruption to health systems and infrastructure, economic instability and exclusion, and inadequate capacity to respond to crises.38 It is crucial and urgent for the international community to better support countries in upholding fundamental human rights across the life course in every setting.
The strategy articulated the following vision:
By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies.

[1] The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), WHO- 2915

The conceptual framework of the Global Strategy focuses on the life-course approach, and outlined the following interventions and enabling factors:

<table>
<tr><th>Life Course</th><th>Interventions</th><th>Enabling Environment</th></tr>
<tr><td>Women’s health</td><td>•sexual and reproductive health information and services;
• nutrition;
• management of communicable and non-communicable diseases;
• screening and management of cervical and breast cancer;
• gender-based violence prevention and response;
• pre-pregnancy risk detection and Management</td><td rowspan="4">HEALTH SYSTEM ENABLERS
• policies for universal health coverage;
• sufficient and sustainable financing;
• health workforce supported to provide good-quality care everywhere;
• commodity supply;
• health facility infrastructure;
• community engagement;
• mainstreaming emergency preparedness;
• human rights-,equity-and gender based approaches in programming;
• accountability at all levels

MULTISECTOR ENABLERS
• policies and interventions in key sectors: finance and social protection;
• education;
• gender;
• protection—registration, law and justice;
• water and sanitation;
• agriculture and nutrition;
• environment and energy;
• labour and trade;
• infrastructure, including facilities and roads;
• information and communication technologies;
• Transport</td></tr>
<tr><td>Pregnancy, childbirth and postnatal care</td><td>•antenatal care, and childbirth care;
• safe abortion and post-abortion care;
• prevention of mother-to-child transmission of HIV;
• management of maternal and newborn complications;
• postnatal care for mother and baby;
• extra care for small and sick babies</td></tr>
<tr><td>Child health and development</td><td>•Breastfeeding
• infant and young child feeding;
• responsive caregiving and stimulation;
• immunization; prevention and management of childhood illness and malnutrition;
• treatment and rehabilitation of congenital abnormalities and disabilities</td></tr>
<tr><td>Adolescent health and development</td><td>• Health education;
• supportive parenting;
• nutrition; immunization;
• psychosocial support;
• prevention of injuries, violence, harmful practices and substance abuse;
• sexual and reproductive health information and services;
• management of communicable and non-communicable diseases</td></tr>
</table>

UNFPA Strategic Plan 2018-2021[2]

The goal of the strategic plan, 2018-2021, is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”.

The goal is the same as that of the previous UNFPA strategic plan, 2014-2017. Evaluative evidence has confirmed that the goal remains relevant and is an effective entry point for contributing to the 2030 Agenda.

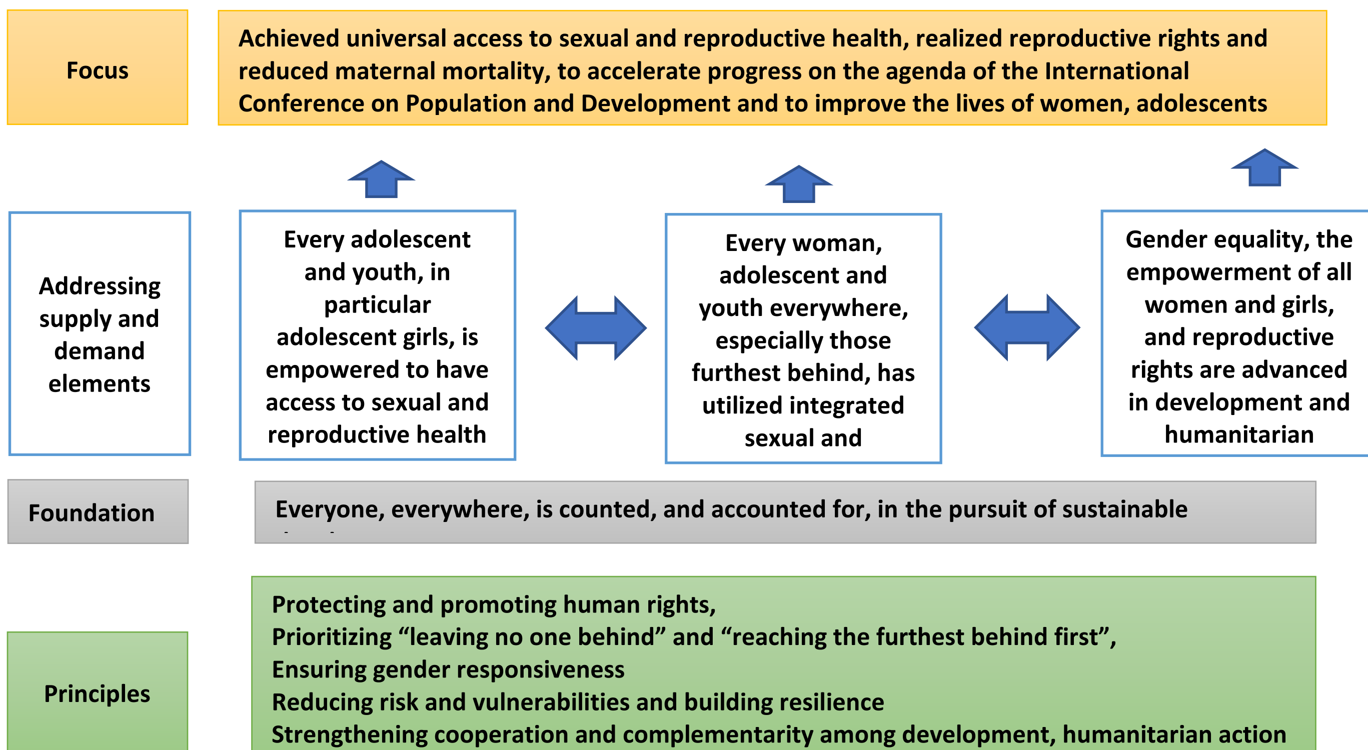
The plan will work towards three transformative and people-centred results:

1. An end to preventable maternal deaths
2. an end to the unmet need for family planning; and
3. an end to gender-based violence and
4. all harmful practices, including female genital mutilation and child, early and forced marriage

The following figure illustrates the change model for achieving the goal of the UNFPA Strategic Plan 2018-2021

[2] UNFPA Strategic Plan 2018-2021

Change model for achieving the goal of the UNFPA Strategic Plan 2018-20212021-2018



Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030 – League of Arab States[3]

The Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030- League of Arab States provided an analysis of the situation in the Arab region and the world with respect to sexual and reproductive health as follows:

International situation

According to available data, between 1990 and 2015, maternal mortality ratio decreased by 44%, but there are around 830 women who die everyday from maternity-related preventable causes. Almost all maternal deaths (99%) happen in developing countries (60% of which are in vulnerable situations, including being currently in crises or in the immediate post-crisis phase). Only 50% of women in developing countries have access to the healthcare services they need, including reproductive health services.

Unmet needs for family planning still represent a significant challenge, given the slowness in providing for these needs and increased demand for family planning services over time, especially in developing countries, where almost 200 million women around the world do not have access to needed family planning services.

Moreover, with women getting access to needed family planning services, and when women and children get access to all health service they need, based on WHO’s standards, this will lead to a decrease in unplanned pregnancies by 70%, and a decrease in unsafe abortions by 67%. Maternal deaths will decrease by 67% in comparison to 2014 rates, while the newborn mortality rate will decrease by 77%.

Around 6 million children die every year across the world before reaching 5 years of age. This number represents a decrease of about 58% in comparison to 1990. Four out of five deaths of children under the age of five occur in developing and least developed countries. Children born to poor families are twice as often more likely to die compared to children in wealthier families. Children born to mothers with some basic education have a better chance in life compared to children born to illiterate mothers.

Girls, adolescents and young women face the problems of marginalization, inequality and violence, increasing their vulnerability to HIV infection. In 2013, the number of adolescents living with HIV reached 2.1 million.

The demographic shifts in different regions of the world increased the age group of young adolescents and youth. This resulted in health challenges for adolescents. The United Nations considers caring for adolescent health, and providing resources for fulfilling the health needs of this age group, a long-term investment. International statistics indicate that 1.4 million adolescents die annually

[3] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Hea… 2030- League of Arab States

across the world, and 97% of these deaths occur in middle and low-income countries due to four main reasons:

Deaths related to pregnancy, giving birth and abortion	15٪
Road accidents and injuries	14٪
Violence in different forms	12٪
AIDS and Tuberculosis	11٪

The most substantial health problems facing adolescents are problems resulting from malnutrition (anemia, weight gain and obesity), and mental health problems (20%). The WHO estimates that two thirds of premature deaths, and one third of the burden of disease in adulthood, is the result of diseases and behaviors forming in young age (adolescents and youth).
Child marriage, forced marriage and teenage pregnancy have decreased. The percentage of women between 20-24 years who reported their marriage before the age of 18 decreased from 32% in 1990, to 26% in 2015. In 2015, estimates indicated the birth of 15.3 million babies to teenage mothers, and this number is expected to reach 19.2 million children by 2035.
The rise in tensions and conflicts in many areas witnessing armed conflicts and disasters around the world has led to an increase in emergency situations and humanitarian conditions, and an increase in the need for humanitarian aid for women, children and adolescents. In 2016, more than 125 million people were in need of humanitarian assistance. FGM (female genital mutilation), also known as 'female circumcision', is one of the most common manifestations of violence against women and girls. There are more than 200 million women and girls who have been subjected to FGM across 30 countries in Africa, the Arab region, and Asia. 3 million girls are exposed annually to this inhumane practice that violates the right of girls and women to health, security, safety and dignity. The international development agenda (SDGs) is working to eliminate this practice by 2030[4].

Arab Situation[5]

The Arab region extends from the Atlantic to the Indian Ocean. It includes 22 countries in Africa and West Asia. The population is approximately 350 million, 50% of which are under 25 years. UNDP data for the Arab World 2017 shows the following indicators:

- Percentage of people living on less than 1.25 USD/day is 7.4%
- Human Development Index reached 0.69
- Average life expectancy is 70.5 years
- Maternal mortality ratio is 156 for each 100,000 live birth
- 50% of the population live in rural areas
- 58 % of the world's refugees are from Arab countries, 60% of them live in the Arab region
- 61 million need humanitarian assistance in 6 Arab countries.

Analysis of the Current Situation of Healthcare Systems
It is well-known that healthcare systems in Arab states face many challenges, usually multidimensional and complex, and this applies to most countries, regardless of the level of social, economic or healthcare development in the country. Addressing these challenges is crucial to achieving universal health coverage. Often, Arab states face problems of insufficient funding, and the presence of a higher share of direct health out of pocket payments. These payments may become more in some low-income countries, and these are considered one of the main challenges to providing comprehensive and high-quality healthcare services and to ensure the availability of adequate health workforce, improve access to medicines and basic technology, and bridge the gaps that currently exist in health information systems. On the other hand, the need for political will and commitment at the highest levels, to move towards universal health coverage with high-quality healthcare services for the population and individuals, is the prevailing and foremost challenge for many countries.

Maternal and Child Health in the Arab Region [6]
According to the World Bank report released in February 2018 on maternal and child health in the MENA region, the average mortality rate in the Arab region for children decreased by 63%, while the average maternal mortality ratio decreased by 56% between 1990 and 2015. The maternal and child health situation is considered one of the indicators (determinants) that reflect the general health status of societies. Despite the noticeable decrease in maternal and child deaths in the Arab region, achieving sustained decline is a major challenge for the region in light of the economic, social and demographic changes taking place on the regional level, in addition to the humanitarian situation in territories and states witnessing instability, conflicts, or crises.
The report indicated that countries with a high per capita gross domestic product (GDP per capita) and countries with lower birth rates, are the ones that enjoy the marked decrease in child and maternal mortality. Despite a significant improvement, over time, in the Arab region, one child out of every 40 children dies in the first year of life from preventable causes. Deaths are influenced by the health status and availability of healthcare services, nutrition, birth spacing, and access to clean drinking water and sanitation.

[4] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030- League of Arab States
[5] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030- League of Arab States
[6] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030- League of Arab States

Newborn mortality rate (in the first year of life) is 24 per 1,000 live births, which is less than the global average (35 deaths per 1,000 live births). It is, however, higher than the average in Asia-Pacific region (17 per 1,000 live births) and Latin America and the Caribbean (16 per 1,000 live births), whereas these regions are equal to the Arab region in terms of income levels.

Around 83% of births in the Arab region received follow-up of pregnancy by professionals, which is equal to the global average, but it is less than other regions equal in income levels (East Asia and the Pacific, Latin America and the Caribbean), in which the follow-up of pregnancy by professionals exceeds 90%.

Also, birth with the help of skilled birth attendants in the Arab region (79%) exceeds the global average (68%), but it is less than the regions of Latin America and the Caribbean, and East Asia & the Pacific.

The Arab region has achieved coverage with immunizations from diphtheria, pertussis and tetanus, of 89% of children (UNICEF, 2014) exceeding the global average (84%) and approaching the coverage rates in the stated above comparable regions (Latin America and the Caribbean (93%), East Asia and the Pacific (92%).

Around 18% of children in the Arab region suffer from stunting, which is lower than the global average, but higher than Latin America and the Caribbean (11%), and East Asia and the Pacific (12%).

The rate of using family planning services is less than 60% in two thirds of the Arab countries, while unmet needs reach 10% in three quarters of the Arab countries. The total fertility rate exceeds 3 children per woman in reproductive age in 42% of the countries (more than 4 children per woman in reproductive age in five countries).

Gender Equality and Violence Against Women and Girls[7]

Gender Equality and Violence Against Women and Girls 2017 data from the UNDP in the Arab region show the following indicators:

There is a sustained gender gap.

Women participation in the workforce is only 22.7%.

37% of women faced some form of violence over their lifetime.

14% of girls get married under the age of 18.

One third of women aged 20- 24 years got married before reaching 18 years. Use of family planning is lower among married adolescent girls, due to a lack of knowledge and the inability to make decisions related to their reproductive health. They are subject to complications of pregnancy and childbirth, such as bleeding and premature birth. Neonatal fistula is widespread as a result of obstructed labor. 6.5% of women who had a neonatal fistula had it in their teens.

The adolescent fertility rate is defined as the number of births per thousand women (by women aged 15-19 years), which stands on average at 39 births, with severe variation in this rate between countries. The highest rate in Arab states is 105 births by women aged 15-19 years per 1,000 births, which is an indicator of the prevalence of early marriage in a substantial number of Arab States to be consistent with the rest. This phenomenon lead to health complications that result from pregnancy and childbirth in adolescence, which may lead to death, in addition to social and psychological repercussions, school dropouts and high levels of violence against women and girls. Conflicts, displacement and refugee crises that the Arab region has witnessed in recent years have contributed to increasing the burden on women and girls, increasing episodes of violence, and the difficulty in accessing reproductive health services. From this standpoint, the Cairo Declaration for Arab Women and The Strategic Plan for the Advancement of Arab Women, adopted by the League of Arab States, established mechanisms to eliminate violence against women and girls.

Adolescents Health in Arab Countries[8]

The age composition of the population of the Arab region is relatively young. 20% of the population are adolescents (10-19 years), while almost a third of the population is in the age group (0-14 years). The age group (15-45 years) represents one fifth of the population. Providing information about the adolescent age group (10-19 years) is a major challenge in most Arab countries, because most household surveys target children and women of childbearing age, while surveys for youth and adolescents are of low prevalence

Adolescent Health Risk Factors include the following:

- Malnutrition, which is more prevalent in countries with limited capabilities and countries suffering from humanitarian conditions, armed conflicts, or wars. Obesity and overweight are also common in some countries.

Traffic accidents and violence. The Arab region has one of the highest rates compared to other regions.

Smoking and dangerous behaviors including alcohol and drug consumption.

Psychological health problems, at 23% in the age group (10-14 years), and 24% in the age group (15-19 years).

Adolescent smoking and the absence of physical training. These combined are one of the risk factors threatening adolescent health.

HIV[9]:

The Arab region is considered one of the regions with an accelerated epidemic prevalence of HIV, according to the situation analysis conducted as part of the conceptual framework of the Strategy to prevent infection from mother to child (2012). The coverage with Antiretroviral (ARV) treatment is still low in the Arab region, and does not exceed 13%. HIV testing for pregnant women is not generally applied, and the test coverage rate is one of the lowest compared to other regions.

[7] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030- League of Arab States

[8] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030- League of Arab States

[9] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Hea[illegible]-2030), League of Arab States

Although the Arab region has achieved overall progress with regard to health indicators, there are differences and inequities in achieving goals between and within countries. In some countries, the healthcare system is under pressure due to the response to the needs of large numbers of refugees and IDPs, due to conflict. Women and girls make up a large proportion of this population and face a higher chance of reproductive health risks as a result of these fragile and unstable conditions.

The Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health (2019-2030) included the following strategic pillars:

1- National legislation and policies
2- Healthcare system and universal health coverage
3- Basic health services package
4- Human resources
5- Health information systems
6- Preparedness and response to emergencies, disasters and crises
7- Confronting harmful practices and violence
8- Promoting the role of civil society, media and local community representatives
9- partnerships, cooperation, coordination and integration among various relevant sectors,

The Multi-Secotral Arab Strategy for Maternal, Child and Adolescent Health (2019-2030) [10] aims to achieve the following strategic goals:

1-1 . Establish a supporting umbrella of legislations, laws and policies, that guarantee the right to health for mothers, children and adolescents.
1-2 Promoting healthcare systems so as to become more coherent and more able to provide healthcare services to mothers, children and adolescents.
1-3 Guarantee the presence of a comprehensive package of healthcare services for mothers, children and adolescents.
1-4 Enhance the efficiency of healthcare professionals and reaching appropriate distribution of human resources.
1-5 Develop health information and data systems and management, with the optimal use of research and studies.
1-6 Develop the resilience and readiness of healthcare systems so as to be able to respond to the health needs of mothers, children and adolescents in humanitarian settings.
1-7 Develop a comprehensive system supportive to opposing all harmful practices and violence against women, girls and children.
1-8 Raise community awareness about maternal, child and adolescent health issues by strengthening the role of civil society organizations and community representatives.
1-9 Achieving integration between all relevant sectors, for the benefit of maternal, child and adolescent health through partnerships, continuous coordination and cooperation.

Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab States – 2018, UNFPA and the Middle East and North Africa Health Policy Forum[11]

The conceptual framework for integrating sexual and reproductive health in primary healthcare in Arab states aimed to enhance SRH services in Arab states through integrating them in primary health care within the context of universal health coverage.

The framework aims to achieve the following specific goals:

1. Improve response to integrate SRH services at the policy, regulations, points of service, and society levels.
2. Improve institutional and administrative capacities and develop regulations to facilitate the integration of SRH services in primary health care.
3. Improve access to high-quality comprehensive SRH services within the context of primary health care.

The framework offers a perspective into the nature of the required interventions at four levels; policy and regulations, systems, institutions, and the national level.

[10] Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health (2019-2030), Arab League
[11] A Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab States, MENA HPF, 2018

The framework also proposed a life course approach to offer a package of SRH services as per the figure below:
SRH service package as per the conceptual framework for integrating SRH services in primary healthcare in the Arab States -2018:

Life course	Services and Information	Integration points	Indicator
Newborn 0-1 year	Neonatal care, including vaccinations Natural breastfeeding	Maternal visits	Infant mortality rate Under-five mortality rate
Childhood 1-9 years	Counselling: gender-based violence.	Child growth and development assessment Vaccines School health	Number of girls and boys who experienced GBV.
Adolescence 10-19 years, and reproductive age 15-49	Family planning messages Sexually transmitted infections, including HIV, AIDS, reproductive infections. Gender based violence, including care for rape survivors Pre-marriage care Physiological changes Vaccines Pre-conception care Prenatal care Labour care Infertility Post-abortion care Reproductive cancers and breast caner Reproductive morbidity	Vaccines Taking advantage at points of service, including taking advice on urinary tract infections, fertility, infertility or pregnancy visits The need to engage universities	Percentage of men and women with comprehensive and sound knowledge on STD and HIV prevention. Percentage of women and girls (15-49 years) who were subjected to genital mutilation by age, or other forms of GBV. Incidence of STDs Percentage of anemia among pregnant women % of pregnant women who completed four health center pregnancy review visits Incidence of post-abortion complications % of women who underwent unsafe abortions and who received appropriate aftercare Maternal mortality and maternal morbidity rate % of the primary health centers where three family planning methods are available, including emergency contraception The rate of contraceptive use Rate of smoking cessation after pregnancy is confirmed Proportion of patients who received fertility / infertility services upon request
Post-reproductive years – over 50 years	Advice Sexually transmitted infections, including HIV and reproductive tract infections. Gender-based violence Reproductive cancers Menopause services	Vaccines General consultation	HIV incidence rate (per 1000 of uninfected) Mammogram and uterine cancer screening policy in place Mother to child transmission of HIV Percent of infants of HIV-positive mothers receiving appropriate care. Percent of women receiving menopause services when requested.
Throughout the life course	Risk assessment through screenings or physical examinations Training of health professionals in integrated SRH services and referral mechanisms. Referrals among different levels of service Mental health assessments and referral. Psychosocial support services Post rape care services	Vaccines General consultation	HIV incidence rate (per 1000 of uninfected) Number of physicians in primary healthcare per 1,000 of population Percentage of points of healthcare service that offer medical and counselling services to women who underwent genital mutilation operations by age or other forms of GBV. Percentage of cases that received post rape care when needed.

National Reproductive Health / Family Planning Strategy (2013-2018)[12]

[12] National Reproductive Health/ Family Planning Strategy (2013-2018), Higher Population Council

The National Reproductive Health / Family Planning Strategy (2013-2017) was considered the roadmap for implementing a successful family planning program. Developed in 2013, the national strategy was based on an in-depth analysis of the status of the status of reproductive health/ family planning program in Jordan. The strategy focuses on guiding national efforts across all regions and social and economic classes, with particular attention to the most needy citizens in Jordan, and also focuses on enhancing intersectorial cooperation.

The national Reproductive Health/ Family Planning Strategy was updated and extended for one year to 2018 based on the findings of the mid-term assessment carried out between December 2015 and June 2016. The update included a review of related documents, semi-annual and annual monitoring and evaluation reports of the strategy, in-person interviews with key implementing partners and a SWOT analysis. The review revealed that the strategy was effective in implementing interventions that enhanced the enabling environment for reproductive health/ family planning services and improving family planning indicators in Jordan, but may benefit from a new framework to update results and define inputs, outputs, outcomes and impact. There is also a need to reduce the number of indicators that primarily focus on outputs, outcomes and impact, while taking into consideration non-Jordanians who benefit from reproductive health/ family planning information and the impact of the Syrian refugee crisis on outputs and outcomes.

The updated strategy included a comprehensive framework for reproductive health/ family planning that is strongly linked to the Jordan Vision 2025, which aims to consistently enable Jordan to achieve a demographic transition by 2030 by reaching a total fertility rate of 2.1 per woman of childbearing age, and transforming social and economic policies to realize the demographic dividend.

The updated framework of the strategy takes into account the results of the mid-term strategy review, current issues and challenges, the policy environment influencing the implementation of interventions, availability and quality of information and services, and the prevailing social beliefs and behaviors towards family planning. It also presents the key inputs, outputs and outcomes across the three key areas of results at the policy, supply/ services, and demand levels, in addition to cross-cutting issues and the desired overall impact of the strategy.

The key interventions aim to achieve the following:

1. An enabling legislative and policy environment for reproductive/ family issues (policy)
2. Accessible, quality and equitable reproductive health/ family planning (supply)
3. A society with positive attitudes, beliefs and behaviors towards reproductive health/ family planning (demand)

National Reproductive Health/ Family Planning Strategy 2013-2018 Mid-Term Report[13]

The as-is assessment of the strategy's monitoring and evaluation process revealed that the majority of implementing partners did not institutionalize the strategy interventions in their annual plans, and did not develop separate comprehensive plans and budgets for implementation. The results also showed a lack of monitoring and evaluation systems, procedures to verify the accuracy and validity of data on progress made by partners, and lack of adherence to using the monitoring and evaluation templates circulated by HPC. In addition, the assessment revealed that partners did not adopt specific and documented procedures to review progress reports before submitting them to HPC. With respect to monitoring and evaluation responsibilities, the assessment showed the leadership in partner institutions and the steering committee played a weak role in supporting, raising awareness of and advocating strategy interventions in their respective institutions to overcome obstacles in implementation.

National Reproductive Health/ Family Planning Strategy (2013-2018) end-of-term report[14]

The end-of-term report highlighted the following key results achieved based on a review of the key performance indicators:

Impact indicators

Three out of five impact indicator targets were achieved, namely reducing the total fertility rate, the dependency ratio and maternal mortality. Markedly, total fertility rate decreased from 3.5 to 2.7 as per the results of the Demographic and Health Survey in 2017, where the target value was 3. On the other hand, infant mortality rate did not change since 2012, which means that the goal has not been achieved.

Outcome indicators

Two out of nine indicators were achieved, namely the outcome indicators related to policies. The results of the Demographic and Health Survey showed that the targets of the indicators on unmet family planning needs and the prevalence of family planning methods. At the time of releasing this report, no information has been obtained regarding the other five indicators.

Output indicators

Out of twelve output indictors on policies, supply and demand were achieved, the targets of seven indicators were achieved. Those indicators are related to enabling reproductive health and family planning policies as well as the supply of family planning methods through hospitals. On the other hand, no communication campaigns on family planning were conducted following the mid-term strategy review, which means that the targets of the related indicator were not achieved.

Intervention indicators

[13] National Reproductive Health/ Family Planning Strategy 2013=2018 Mid-Term Report, Higher Population Council

[14] تقرير نهاية [illegible] راتيجية الوطنية للصحة الانجابية وتنظيم الاسرة (2013-2018) المجلس الأعلى للسكان

The achievement of the three intervention indicators was not verified due to irregular and unclear reports and feedback from partners.

Main achievements and successes[15]

In-depth interviews with partners revealed that the strategy was successful in making family planning a national and institutional health priority. Partners also commended the role of the Higher Population Council in leading efforts to follow up on the implementation of the strategy, despite limited resources.

The end-of-term report confirmed that the strategy was successful at the policy level and at the level of increasing access to family planning methods. The strategy also enabled the development of monitoring and evaluation systems at some partner agencies. According to the assessment, the 29 indicators of the strategy were realized, achievements were made at the policy and supply levels and total fertility rate decreased.

Weaknesses and opportunities for improvement

Despite its name, the national reproductive health and family planning strategy focused only on family planning in the majority of its interventions as per the end-of-term report. Moreover, the report noted that some sectors did not participate in developing and implementing the strategy, such as the private sector and the Ministry of Planning and International Development, and should be involved in developing the strategy for 2019-2023. The report also confirmed some challenges such as the lack of accountability mechanisms, lack of attention to the quality of services, lack of alignment between this strategy and other related national and regional strategies, and the lack of funding.

In addition, the end-of-term assessment report proposed the following recommendations for developing the Sexual and Reproductive Health Strategy for 2019-2023:

- Expand the scope of the strategy to include other SRH-related topics such as youth and adolescent health, in addition to family planning
- Focus on all population groups and subgroups
- Enhance coordination between partners so that it guarantees the participation and commitment of everyone in implementation.
- Develop partner accountability and commitment monitoring mechanisms
- Develop an executive plan stemming from the strategy.
- Align national SRH strategy goals with relevant international and regional goals.

Family Planning Costed Implementation Plan (2020-2024)[16]

- This plan comes as part of the National Sexual and Reproductive Health Strategy (2020-2024) and serves as a guiding document for developing family planning programs with all stakeholders from different sectors, including civil society and the private sector. The plan offers detailed information and costs of high-impact strategic activities to achieve national goals. More specifically, the plan seeks to:
- Develop a unified roadmap for stakeholders across all sectors: this includes government entities, international organizations, civil society and the private sector. The plan helps to align all activities to meet national needs for family planning services by inviting stakeholders to develop their respective family planning programs in line with the strategy detailed in the document to limit fragmentation of national efforts .
- Illustrate priority areas of intervention for family planning programs based on consultations with stakeholders.
- Identify the needed financial resources: the plan includes the estimated costs to enable the Ministry of Health and its partners to determine Jordan’s financial needs and accordingly allocate a budget for the family planning program over the next five years. As such, this plan is a tool for mobilizing resources and securing commitments from donors and governments for the family planning program, identifying funding gaps and guiding advocacy efforts.
- Determine the desired performance across all levels: this plan offers key milestones and indicators that the government can use to monitor annual performance and progress against goals on different levels of the results framework, including goals and outputs.
- Estimate impact: the Family Planning Costed Implementation Plan includes estimates of the population, health and economic impact of the family planning program and provides clear evidence that can be used to mobilize resources.

[15] تقرير نهاية المدة للاستراتيجية الوطنية للصحة الانجابية وتنظيم الاسرة (2013-2018) المجلس الأعلى للسكان

[16] Family Planning Costed Implementation Plan (2020-2024), Ministry of Health

The plan, which includes four pillars, four objectives, six outcomes and 10 outputs, will be adopted as an integral part of the National Sexual and Reproductive Health Strategy in the following form[17]:

Pillar: Service delivery	**Pillar: Commodity Security**	**Pillar: Demand Generation**	**Pillar: Enabling Environment**
Goal: Increase the prevalence of modern contraceptive methods in Jordan	Goal: Increase the prevalence of modern contraceptive methods in Jordan	Goal: Increase the prevalence of modern contraceptive methods in Jordan	Goal: Increase the prevalence of modern contraceptive methods in Jordan
Outcome 1.1: Access to FP planning services for women of reproductive age increased	Outcome 2.1: Availability of contraceptive methods at all points of service increased	Outcome3.1: Attitudes towards family planning improved	Outcome 4.1: Family planning policy environment improved
Output 1.1.1: FP points of service expanded in the public and private sectors.	Output 2.1.1: Contraceptives supply management systems updated	Output 3.1.1: Specialized technical capacities in FP social and behavioral communication for change enhanced	Output: 4.1.1: Family planning advocacy program to adopt prioritized policies, regulations and budgets implemented
Outcome 1.2: Quality of FP services delivered to women of reproductive age improved.		Output: 3.1.2: community engagement program to promote FP operationalized	Output: 4.1.2: Governance for Family Planning Costed Implementation plan
Output 1.2.1: FP service providers sufficiently equipped.	Output 2.1.2: Distribution and transportation process of contraceptives to FP points of service updated.	Outcome: 3.2: Demand for family planning services increased	
Output 1.2.2: National supportive supervision of FP services implemented		Outcome 3.2.1: FP media and community based SBCC programs strategically provided.	

Sexual and Reproductive Health Status Quo Assessment

An assessment of the status of sexual and reproductive health services in the Middle East and North Africa was implemented by the Health Policy Forum and the UNFPA in 2018 and revealed the following key challenges at the regional level:

- Limited sustainability of services due to staff-related obstacles, including training, management of SRH services, distribution of healthcare professionals and their concentration in major cities.
- The need for specific guiding manuals that take into account SRH components at the national and regional levels and provision of related training programs
- Lack of sufficient staff and training and lack of and increased workload in addition to high job turnover
- Vertical programming of donor-funded interventions did not help in achieving the integration and inclusion of sexual and reproductive health services.
- The increasing role of the private sector is not clear and there is insufficient information about the quantity and quality of services provided in this field.
- The need to coordinate efforts between the private sector, the public sector and universities on the coverage and quality of services and information, and overlap and duplication
- The necessity of having an integrated sexual and reproductive health service package with the need for an information and referral system for it
- The lack of a unified information system linking beneficiaries' data between primary and secondary health care
- Conflicts and war in the region pose a continuous threat to the access and quality of sexual and reproductive health services, as well as the resulting determinants such as the lack of privacy and confidentiality
- Services focus only on family planning, antenatal care and child health services
- Integration of SRH services is not a priority at the policy level and necessary funds are not allocated in the budget
- Comprehensive SRH medicine, equipment and supplies are not regularly available due to insufficient and inconsistent budget allocations

Sexual and Reproductive Health Priorities, Issues and Studies based on the Population and Family Health Survey Results 2017-2018 (HPC -2019)[18]

[17] The Jordanian Family Planning Costed Implementation Plan 2020-2024, Ministry of Health. 2019

[18] Sexual and Reproductive Health Priorities, Issues and Studies based on the Population and Family Health Survey Results 2017-2018, HPC, 2019

The Higher Population Council conducted a study of priority sexual and reproductive health issues and studies based on the results of the Population and Family Health Survey 2017/2018 to set an updated national agenda for sexual and reproductive health research priorities based mainly on sexual and reproductive health issues highlighted by the results of the Population and Family Health Survey 2017/18 as well as issues, studies and reports that this survey did not address. After an in-depth analysis of the findings of the Population and Family Health Survey Report 2017-2018 and based on the World Health Organization's concept of the dimensions and components of sexual and reproductive health, the SRH issues in Jordan have been identified and classified according to the following main topics:

1) ` Marriage and Exposure to the Risk of Pregnancy
2) Fertility
3) Family Planning
4) Infant and Child Mortality
5) Maternal and Child Health
6) Sexual Transmitted Diseases
7) Domestic Violence
8) Women's Empowerment and Gender Equality

In addition to the Population and Family Health Survey 2017-2018, the most important reports, studies and strategies related to sexual and reproductive health in Jordan were reviewed to identify related issues that the survey did not show or were not among the topics included in the survey. The following are the most important of these issues, classified under two headings: sexual and reproductive health and family planning:

1) Reproductive and Sexual Health

- Limited integration between sexual and reproductive health programs, primary health care programs in health centers, and obstetrics and gynecology services in hospital.[19]
- Shortage and weakness of programs that evaluate the level of sexual and reproductive health services currently provided in the public and private sectors, the extent to which service providers adhere to the approved protocols, and the extent of the beneficiaries' satisfaction with them. [20]
- Weak SRH services provided to Syrian refugees and the existence of financial, social, cultural and awareness barriers that prevent them from accessing these services[21].
- Weak services in sexual health and sexually transmitted diseases and adolescents and youth health in government health centers and the absence of an integrated package of essential SRH services health directed to these age groups [22] .
- Absence of Essential Package for Sexual and Reproductive Health for Vulnerable Groups (medical, psychological, social, and family) directed at the most vulnerable groups, such as people with special needs, victims of rape and sexual violence, AIDS patients and their contacts[23].
- Shortage of providers of sexual health and adolescent health and insufficient specialized training programs in sexual health for service providers[24].
- Weak legislation and mechanisms leading to the application of a rights-based approach in sexual and reproductive health service delivery[25].
- Lack of coordination between international donor organizations that finance sexual and reproductive health a,nd family planning programs, and the absence of a unified official arm to coordinate and control the work of these organizations, and focus of these organizations on vertical programs.[26]

19 Raeda Al-Qutob and Maha AlSaheb (2017). Assessing the Integration of Sexual and Reproductive Health into Primary Health Care with the Aim of Achieving Universal Health Coverage in Jordan. 5th International Congress on Primary Healthcare & Family Medicine November 29-30, 2017 Madrid, Spain. http://www.imedpub.com/proceedings/assessing-the-integration-of-sexual-and-reproductive-health-into-primary-health-care-with-the-aim-of-achieving-universal-1286.html

20 Higher population Council (2019), Workshop for Developing the National Sexual and Reproductive Health Strategy, August 28, 2019

21 Harvard Scholl of Public Health (2019). Understanding and meeting the sexual and reproductive health [SRH] needs of Jordanian and Syrian youth. https://www.hsph.harvard.edu/women-and-health-initiative/projects/understanding-and-meeting-the-sexual-and-reproductive-health-needs-of-jordanian-and-syrian-youth/

22 United Nations (2018).United Nations Youth Strategy: Youth 2030. https://www.un.org/youthenvoy/wp-content/uploads/2018/09/18-00080_UN-Youth-Strategy_Web.pdf

23 Higher Population Council; Share- Net Jordan (2018). Position Paper Rights of Persons with Disabilities to Reproductive Health Services and Sex Education. https://www.share-net-jordan.org.jo/sites/default/files/Position%20Paper-SRHof%20Persons%20with%20Disabilities-Eng%20%28004%29_1.pdf

24 Higher Population Council (2015). Jordan Agenda Setting for Sexual and Reproductive Health and Rights Knowledge Platform (Share-Net International). http://share-netinternational.org/wp-content/uploads/2017/02/Annex-9-Jordan-agenda-setting-and-mapping.pdf

25 Higher Population Council, 2016, National Reproductive Health/ Family Planning Strategy, 2018-2023, Midterm Review,

26 Higher population Council (2019), Workshop for Developing the Nat[illegible]ual and Reproductive Health Strategy, August 28, 2019

- Limited availability of specialized courses in adolescent health and sexual and reproductive health in medical and health colleges in universities[21] .
- The need for school curricula for educational programs that cover the health of adolescents and include sexual and reproductive education, with content and style suitable for the prevailing social and religious culture in society.[21]
- Weak SRH information systems.[21]
- Weak funding and irregular availability of medicines and supplies for integrated sexual and reproductive health services[27].
- Absence or weakness of awareness programs directed to those who are about to get married related to sexual and reproductive health and pre-marriage Counseling (reproductive education and rehabilitation before marriage).
- Weak participation of the private health sector in awareness programs for sexual and reproductive health services[28] .
- Absence of sustainable and periodic programs in the media specialized in sexual and reproductive health[29].
- Maternal Mortality is mostly among the less advantaged, less educated and uninsured and 60% of them are preventable[30]

2) Family Planning

- Bias of some reproductive health service providers towards some modern family planning methods, especially permanent methods[31].
- Significant shortage of female family planning service providers, especially in areas outside the capital[32] .
- Prevalence of false information about the side effects of modern family planning methods and weak information and education programs to counter this information.[23]
- Weak coverage of private health insurance programs for family planning services and counseling related to sexual health[33].

The study also identified priority studies and research in sexual and reproductive health issues that emerged from the Population and Family Health Survey 2017/2018, categorized according to the following pillars: the enabling environment (policies), the institutional level (programs), and the individual and society level (services) as follows:

1) Pillar: enabling environment (policies). The main 6 priorities were:

- Study the reasons for the low demand for preventive examinations, such as preventive examinations for breast cancer and cervical cancer
- Study the trends of declining breastfeeding rate (divorced until the age of two years) among women in Jordan
- Study the phenomenon of domestic violence against women (factors, motives and causes)
- Study the trends, causes, and health and social risks of teenage marriage and pregnancy
- What are the factors that affect unplanned or unwanted pregnancies?
- An analysis of inequality in the provision of reproductive health services in Jordan

2) Pillar: Institutional level (programs)

- Study the causes of high rates of anemia among mothers (aged 15-49 years), and how rates b vary by governorate
- Study the causes of high rates of anemia among children aged (6-59 months), and how they vary by governorate
- Look into the low percentage of children (aged 6-23 months) who reach the minimum acceptable nutritional standards
- The reasons behind the different infant and under-five mortality rates by governorate, urban and rural areas, the educational level of mothers, the mother's nationality, and the mother's age at birth
- The impact of empowering women on reducing exposure to any high risk deliveries, and propose policies, programs and services that help reduce this percentage
- What are the factors that affect determining the period between marriage and first childbearing, and the differences in this period between governorates, nationality, educational level, level of well-being, urban and rural?

3) Pillar: Individuals and Society level (services)

- Study and evaluate the unmet sexual and reproductive health needs, with a focus on youth, adolescents, and Syrian women
- Study the factors and causes that contributed to the decline in the use of family planning methods in general and in the use of modern family planning methods among married women in aged 15-49 years.

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[27] Higher Population Council (2009). Critical Review and Annotated Bibliography of Selected Studies in Family Planning in Jordan (2001 to Date); March 2009.

[29] Saheb, Maha (2017). UNFPA Assessment of SRH Integration in Selected Arab Countries "Jordan Country Report".
[30] Higher Population Council (2009). Maternal Mortality in Jordan 2007.
[31] Higher Population Council (2009). Critical Review and Annotated Bibliography of Selected Studies in Family Planning in Jordan (2001 to Date); March 2009.
[32] Strategic Plan of the Higher Population Council 2018 -2022, HPC 2018
[33] Higher Population Council (2011). Feasibility of Family Planning Services Inclusion within Public and Private Employers Health Insurance Plans; August, 2011.

- Study the reasons behind the high rate of Births by caesarean section in Jordan
- The causes and factors behind the steady infant mortality rate and the relatively high rate of perinatal mortality.
- Study the causes and determinants of the discrepancy between the desired and actual childbearing gap by nationality, governorates, levels of well-being and levels of education
-

The study also identified priority SRH studies and research that require data from outside the scope of the Population and Family Health Survey (2017-2018) along three pillars:

1) Pillar: enabling environment (policies). The main 6 priorities were:

- Map out and study specialized educational courses and topics in the field of adolescent health and sexual and reproductive health in the educational curricula and propose appropriate modifications
- Maternal mortality in Jordan: What deaths can be prevented and how can this be achieved?
- Map human resources that provides sexual and reproductive health services in the public and private sectors to identify gaps in numbers, distribution and training
- Map out and review legislation related to sexual and reproductive health and propose amendments or legislation necessary to promote sexual and reproductive health
- Map out and review legislations related to the empowerment of women, indicate strengths and weaknesses, and propose amendments or legislation necessary to empower women economically, socially, politically and healthily.

2) Pillar: Institutional level (programs)

- Assess the role and impact of current information and educational programs on positive sexual and reproductive health trends and practices
- Assess the level and extent of integration of SRH programs into primary health care programs
- Assess the extent to which the results and outputs of the Population and Family Health Survey 2012 were used in the sexual and reproductive health programs

3) Pillar: Individuals and Society (services)

- Examine possible public private partnership models in the SRH services and how to benefit from global experiences in this field
- Study and evaluating the unmet needs of the most vulnerable groups such as those with intellectual disability / autism, victims of rape and sexual violence, AIDS patients and their contacts
- Assess the level of SRH services currently provided in the public and private sectors and the extent to which service providers adhere to the approved protocols and the extent of the beneficiaries' satisfaction

Annex (4) Year 1 executive plan

Interventions under the Enabling Environment Pillar

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
1- Review and assess the impact of policies and legislation supporting SRH	1. Form a committee of experts to review existing sexual and reproductive health policies and legislation 2. Develop a list of the required policies and legislations that serve reproductive and sexual health, especially the groups most vulnerable to abuse such as persons with disabilities 3. Hold national workshops to discuss and agree on proposed policies and legislation and come up with a nationally agreed upon list	HPC Expert committee HPC	Steering committee members Steering committee members Steering committee members	Letter on establishing the committee List of policies Number of workshops Workshop outcome reports	January2020 March 2020 March - October 2020
2- Introduce policies and legislation that promote SRH concepts to ensure that all SRH services are covered by a clear legislative umbrella.	4. Advocate policies and legislation that need activation or creation through holding meetings with decision-makers 5. Disseminate policies and legislation to be included them in the strategies, programs and projects of the relevant ministries and relevant bodies 6. Amend the Law No. 7 of 1959 on Midwifery and Maternity and Child Care	HPC HPC Jordanian Nursing Council	Steering committee members Steering committee members Steering committee members	Advocacy activity reports Number of advocacy activities Number of policies circulated Copy of amended law	April-December 2020 October-December 2020 June 2020
3- Develop guiding principles and protocols to support the integration of SRH services on all levels.	7. Update / develop and standardize sexual and reproductive health protocols in all sectors 8. Define the concept and components of the comprehensive SRH services package to meet the needs of all age groups	MOH, technical committee, or expert committee Technical committee, or expert committee	UNFPA ،USAID, steering committee, technical committee MO, HPC	Updated protocols New protocols Approved list of the service package contents	April 2021 December 2020
4- Include SRH activities in the budgets of partner' work plans, and control the funding and disbursement process	9. Increase the allocations in MOH budget to purchase enough family planning methods to meet the needs of MOH and all partners. 10. Advocate the government to increase budgetary support for SRH services.	MOH Steering committee	UNFPA ،USAID , and other donors Steering committee members و Donors	Percentage of growth in the budget of MOH for purchasing family planning methods.	December 2020 September-December 2020

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
	11. Work with the steering committee to identify the expected costs of SRH activities and support mechanisms. 12. Hold meetings with decision-makers in the relevant institutions and ministries with the aim of reviewing their budgets and the possibility of allocating part of them for SRH activities.	HPC HPC	Partners, donors, Ministry of Finance, Ministry of Planning Steering committee members	Number of advocacy activities Amount of estimated annual budgets for SRH activities Number of meetings held	September-December 2020 October-December 2020
5- Develop and update an e-system of all components of SRH services that connects different sectors	13. Hold meetings with Hakeem to look into the possibility of updating the current system or develop a new one to meet demand, and scape up the system to include all SRH services and points of services, and connect different sectors. 14. Conduct a study to assess the current monitoring mechanisms and identify strengths and weaknesses for improvement and ensure that SRH indicators are included in the monitoring mechanisms	Hakeem HPC	USAID, MOH, Private Hospitals Association UNFPA	Completion rate of Hakeem system upgrading A study	September-December 2020 April-December 2020
6- Develop advocacy plans through all partners for legislation and policies supporting SRH.	15. Identify an umbrella, such as HPC, to lead advocacy campaigns for legislation and policies through all partners 16. Hold meetings with partners to develop integrated advocacy plans for SRH issues 17. Develop advocacy plans and implement activities regarding the sterilization of girls and women with disabilities.	HPC HPC Higher Council for the Rights of Persons with Disabilities	All partners All partners All partners	Number of legislation advocacy campaigns by HPC Number of meetings with partners Advocacy plan in place Advocacy activities implemented	January-December 2020 April-December 2020 April-December 2020
7 - Develop SRH capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials.	18. Develop/ update and standardize training manuals for relevant SRH service providers 19. Update the training manual for copper IUD insertion and removal	MOH , steering committee or experts committee MOH in cooperation with expert	UNFPA, donors UNFPA UNFPA	List of manuals that require updating List of manuals that require developing Number of updated manuals Updated manual	April-December 2020 April-December 2020

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
	20. Update the training manual on insertion and removal of the implanon nxt. 21. Develop training toolkits for health staff in preconception and pre-marital counselling	MOH in cooperation with expert Steering committee	HPC, JOHUD, UNRWA, Institute for Family Health	Updated manual A training toolkit in pre-marital counselling Training toolkit in preconception counselling	April-December 2020 April-December 2020
8- Formulate policies to support the integration of SRH commodities	22. Identify the nature of policies that need to be developed for supporting the integration of SRH commodities 23. Formulate and adopt policies to support the integration of SRH commodities	Steering committee , MOH Steering committee, MOH	UNFPA ،USAID UNFPA ،USAID	Policy in place to support the integration of SRH commodities policies to support the integration of SRH commodities	January – April 2020 April-December 2020

Services and Information Pillar Interventions

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
1- Develop a standardized national SRH service package covering all the adopted SRH components and the entire life-course (age groups)	1. Form an experts committee or enlist the help of an expert to review the existing service packages and their coverage of the needed services. 2. Identify the provided SRH service package and divide it into groups according to the size of the clinic or health center, staff, readiness and demand.	Steering committee Experts committee and the steering committee	MOH, UNFPA MOH, UNFPA	A letter on establishing the committee Service package document	February 2020 June 2020
2- Develop, update, and make available national manuals and protocols on all components of SRH services and adopt them on a national level.	3. Form a multidisciplinary team to review and update procedural guiding manuals i. 4. Develop guiding and procedural manuals for each sector according to target groups and adopt all MOH training programs at the national level 5. Form a national health education and awareness	Steering committee Steering committee Steering committee	Donors Partners Partners , donors	A letter establishing the team List of manuals Number of manuals A letter establishing the committee	February-December 2020 February-December 2020

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
	committee to review existing materials, verify the accuracy of information and standardize health messages.				September 2020
3- Build the capacity of service providers, including community health awareness professionals, in delivering quality SRH services according to the adopted national standards.	6. Hold TOTs in the following topics: integrating maternal and child health counselling services, service stations, insertion and removal of copper IUDs, Implanon Nxt implants, the supply system for modern family planning methods, gender-based violence, rape survivor care, family planning, postpartum care, breastfeeding, clinical evidence during, during and after childbirth, breast cancer	MOH ، Institute for Family Health,	UNFPA ، USAID , HPC, RMS, National Women's Health Care Center, Jordanian Association for Family Planning and Protection	Number of courses Number of service providers trained	February-December 2020
5- Integrate SRH information and services in health accreditation standards and standards for youth-friendly health centers	7. Hold awareness programs about child marriage, and prepare and circulate standardized educational materials for all partners 8. Implement youth-friendly standards in points of service or activity locations. 9. Implement women-friendly standards at points of service.	Royal Medical Services, Institute for Family Health, MOH, JAFPP , National Women's Health Care Center Royal Medical Services, Institute for Family Health, MOH, JAFPP , National Women's Health Care Center Royal Medical Services, Institute for Family Health, MOH, JAFPP , National Women's Health Care Center	UNFPA UNFPA UNFPA	Number of awareness workshops held Number of institutions that have adopted youth-friendly standards in points of service or activities implementation sites Number of points of service or activity implementation sites that have implemented youth-friendly standards Number of points of service that implemented women-friendly standards	February-December 2020 February-December 2020 February-December 2020

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
6-Support and strengthen IT systems of SRH components for all age groups at the national level	10. Identify the entity responsible for collecting and requiring data from all sectors at the national level	HPC	UNFPA	Letter on forming the steering committee	March 2020
7- Provide all SRH components and supplies at all points of service as per the manuals, including family planning methods.	11. Maintain the provision of 5 types of modern family planning methods. 12. Provide pap smear and vaginal smear tests for the early detection of cervical cancer and reproductive and sexually transmitted diseases.	Institute for Family Health Institute for Family Health	MOH, UNFPA	Percentage of IFH clinics that provide five types of modern family planning methods Percentage of IFH clinics that offer pap smear and vaginal smear tests for early detection of cervical cancer, reproductive and sexually transmitted diseases.	Year round Year round
9- Provide various communication materials on SRH for different age groups and persons with disabilities.	13. Develop and disseminate various printed, visual, or audio guiding materials for persons with disabilities according to types of disability. 14. Develop and launch the SRH educational mobile messages service	MOH, Higher Council for the Rights of Persons with Disabilities Institute for Family Health	IFH, UNFPA ، Royal Medical Services UNFPA UNRWA USAID	Number of developed guiding materials aimed at people with disabilities Number of educational mobile text messages on SRH services sent	September-December 2020 February-December 2020
10-Enhance local community participation, including men, boys and young men, in SRH interventions to enhance program effectiveness.	15. Develop messages and educational tools on family planning for men	Maternal and Child Health Directorate/ MOH	UNFPA	List of guiding messages and tools on family planning for men.	February-December 2020

Society Pillar Interventions

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
1- Develop and implement awareness programs covering all components of SRH	1- Develop reproductive health training materials and programs 2- Train health supervisors and coordinators in schools and concerned teachers in the purpose of raising awareness of all SRH components. 3- Develop educational programs for newly married couple in coordination with the Family Counselling Unit at Ministry of Awqaf. 4- Train male and female preachers in providing reproductive health advice. 5- Include SRH issues in the work of local community committees and community health committees	Ministry of Education Ministry of Education Ministry of Awqaf Ministry of Awqaf Royal Health Awareness Society, Institute for Family Health	MOH Institute for Family Health MOH, Institute for Family Health Institute for Family Health MOH, Institute for Family Health UNFPA , USAID	Copy of the training program Number of health supervisor, coordinators and teachers in schools trained Number of programs implemented Number of newly married participants Number of trainer preachers (males and females) Copies of local community committees and community health committees plans addressing SRH issues.	February-April 2020 April-December 2020 April-December 2020 April-December 2020 September-December 2020
2-Develop innovative communication tools and methods for SRH information addressing different age groups and persons with disabilities.	1- Develop educational materials on reproductive health, pre-marriage, and pre-conception counselling. 2-Promote reproductive health issues through social media under the supervision of Ministry of Awqaf staff. 3- Develop and launch the SRH educational mobile messages service	NWHCC Ministry of Awqaf Institute for Family Health	UNFPA MOH UNFPA	Copies of educational materials Number of innovative outreach materials disseminated through social media. Number of disseminated messages	February-April 2020 September-December 2020 September-December 2020
3- Qualify community-based groups and committees in working with parents ، teachers and school supervisors to address SRH, violence and harassment.	1- Train a core team in SRH issues. 2- Train educational council members in educational directorates in reproductive health issues. .	Ministry of Education Ministry of Education	MOH, Institute for Family Health, Royal Health Awareness Society	List of core training team. Number of training workshops Number of trained educational council	April-December 2020

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
	3- Give seminars and lectures to students in the local community	Ministry of Education	MOH, Institute for Family Health, Royal Health Awareness Society	members in education directorates Number of seminars and lectures Number of attending students	April-December 2020
	4- Prepare a qualified team from the local community in Tafilah Governorate to raise awareness and educate about reproductive health.	NWHCC	Institute for Family Health, Royal Health Awareness Society	Number of team members qualified	April-December 2020
	5- Prepare and implement community awareness-raising programs about using modern family planning methods and the importance of adhering to the national vaccinations program.	NWHCC	UNFPA	Number of awareness programs conducted	April-December 2020
	6- Train and build capacity of staff from Princess Basma Ceters for Human Development in SRH, violence, harassment, and child marriage.	Jordanian Hashemite Fund for Human Development - JOHUD	UNFPA	Number of community teams and committees trained and qualified to build parents' capacities at Princess Basma Development Centers.	April-December 2020
	7- Establish reproductive health awareness committees that include male and female preachers.	Ministry of Awqaf	MOH, Institute for Family Health, Royal Health Awareness Society	Number of committees established	April-December 2020
			MOH, Institute for Family Health, Royal Health Awareness Society	Number of male and female preachers participating in awareness committees	April-December 2020
4- Promoting gender concepts and roles within families for both parents	1- Hold trainings in gender	UNRWA		Number of workshops held Number of trainees	April-December 2020
	2-Hold training workshops for JOHUD team to qualify it to provide awareness workshops in gender and gender roles using various interactive tools.	Jordanian Hashemite Fund for Human Development - JOHUD		Number of workshops held Number of trainees	April-December 2020
	3-conduct gender training workshops, in collaboration with the Ministry of Awqaf, attended by male and female preachers.	Ministry of Awqaf	HPC	Number of training workshops Number of participating male and female preachers	April-December 2020
	4-Hold regular meetings with service providers to reinforce gender concepts	Royal Medical Services JNCW, HPC	All partners	Number of regular visits with service providers to enhance	

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
	5- Adopt a team of trainers comprising experts from different institutions to give trainings in gender issues			their knowledge of gender concepts Number of approved trainers	April-December 2020 April-December 2020
5-Integrate SRH issues in home visit programs	16. Conduct home visits that include family planning and reproductive health advice 17. Prepare a home visits program to discuss SRH issues in collaboration with the Family Counselling Unit at the Ministry of Awqaf	الجمعية الاردنية لتنظيم وحماية الاسرةInstitute for Family Health Ministry of Awqaf	USAID Institute for Family Health	Number of home visits in each governorate Number of home visits addressing reproductive health	January- July 2020 April-December 2020
6- Integrate SRH issues in religious preaching and counselling programs.	18. Train male and female preachers in reproductive health issues through workshops and seminars. 19. Obligate male and female preachers to give at least one lesson a month on reproductive health 20. Engage Quran Centers in community committees and enhance the role of Iftaa' Department in explaining the importance of maintaining reproductive health	Ministry of Awqaf Ministry of Awqaf Ministry of Awqaf	HPC, Institute for Family Health	Number of male and female preachers participating in the seminars and workshops Percentage of religious lessons addressing reproductive health Percentage of Quran Centers participating in community committees	April-December 2020 Year round April-December 2020
7- Develop SRH curricula for universities.	21. Hold meetings with decision makers in agencies concerned with developing educational materials to advocate the integration of SRH issues, including SRH for persons with disabilities, in university education. 22. Develop proposed SRH curricula through	HPC, Royal Health Awareness Society HPC, Royal Health Awareness Society	UNFPA	Number of meetings held List of proposed curricula	April-December 2020 April-December 2020

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
	workshops, and benefit from successful international, or Arab experiences or experienced experts in this field. 23. Collaborate with the Nursing College / University of Jordan to develop SRH training materials for nursing students.	Royal Health Awareness Society, Institute for Family Health	UNFPA	Copy of training materials	April-December 2020
8- Civil society organizations programs include SRH awareness-raising services and activities	24. Conduct a number of interventions through existing JOHUD programs at Princess Basma Development Centers. 25. Conduct courses on reproductive health attended by preachers in collaboration with civil society organizations. 26. Enhance the role of youth centers in promoting reproductive health issues. 27. Engage civil society organizations in awareness workshops on reproductive health including reproductive cancers	Jordanian Hashemite Fund for Human Development - JOHUD Ministry of Awqaf Ministry of Youth Royal Medical Srevices	Institute for Family Health	Number of interventions conducted - Number of awareness courses - Number of participating CSOs. Number of interventions conducted by youth associations to promote reproductive health Number of civil society organizations and associations engaged.	April-December 2020 April-December 2020 April-December 2020 يونيو – ديسمبر 2020
9-- Develop and implement training and qualification programs in all components of SRH for community leaders	28. Train and build the capacity of staff at Princess Basma Centers for Human Development in SRH issues. 29. Organize national conferences attended by community leaders, including religious leaders from Ministry of Awqaf.	Jordanian Hashemite Fund for Human Development - JOHUD Ministry of Awqaf	HPC	Number of community leadership training and qualification programs - Number of national conferences and seminars addressing reproductive health issues. - Number of supportive community leaders.	April-December 2020 April-December 2020
10--Increase media awareness and capacity in SRH issues	30. Participate in and support the National Population Media Strategy and collaborate with HPC to conduct a training for the selected media group at JAFPP training center.	JAFPP , HPC Ministry of Awqaf, Islamic Affairs and Holy Places	HPC HPC	Number of media professionals trained in promoting reproductive health Utilization rate of media outlets to	April-December 2020

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
	31. Support the media sector in promoting reproductive health issues. 32. Train media professionals in reproductive health issues in cooperation with the Family Counselling Service at the Ministry of Awqaf, Islamic Affairs and Holy Places. 33. Collaborate with the Ministry of Awqaf and the media sector to promote the concept of reproductive health and explain its importance to the target group. 34. Develop and disseminate media materials on SRH issues.	Ministry of Awqaf, Islamic Affairs and Holy Places Ministry of Awqaf, Islamic Affairs and Holy Sites Institute for Family Health	HPC UNFPA	promote reproductive health Number of media professionals trained in promoting reproductive health Utilization rate of media outlets to promote reproductive health Number of outreach materials published	April-December 2020 April-December 2020 April-December 2020 April-December 2020
11- Integrate SRH issues in youth programs and youth centers	35. Train curricula committee members in SRH issues. 36. Implement interventions through existing JOHUD programs and Princess Basma Development Centers using interactive tools that attract youth. 37. Integrate SRH issues in plans of youth committees and women's committees 38. Conduct SRH awareness workshops in youth centers in cooperation with the Ministry of Awqaf. 39. Develop and implement SRH youth awareness programs	MoE Jordanian Hashemite Fund for Human Development - JOHUD Jordanian Hashemite Fund for Human Development- JOHUD - Ministry of Youth Family Health Institute	Institute for Family Health, Royal Health Awareness Society Donors Donors	Number of curriculum members who have been trained The number of entries made Committee plans include reproductive and sexual health issues Number of awareness workshops The number of young people participating in the workshops Number of awareness workshops The number of young people participating in the workshops	April-December 2020 April-December 2020 April-December 2020 April-December 2020 April-December 2020

Sustainability and Governance Pillar Interventions

Strategic interventions	Proposed partner interventions and activities during the strategy implementation period	Implemented by	partners	Indicator	Timeframe (month)
1- Form and activate a steering committee representing all sectors to follow up on the achievement of the strategy and make the necessary decisions.	1- Develop the terms of reference of the committee for adoption by decision-makers. 2- Identify representation standards for service providers and stakeholders. 3- Establish the committee, develop its work plan and assign priorities. 4- SRH strategy adopted by the committee and sent to the Prime Ministry for endorsement and circulation to all concerned ministries. 5- Follow up on the implementation of the strategy and take appropriate decisions to achieve its results. 6- Conduct SRH advocacy activities to support the achievement of the strategy's results. 7- Conduct an annual review of the strategy and update it.	HPC HPC HPC Steering committee Steering committee Steering committee Steering committee	Donors Donors Donors	Steering Committee Terms of Reference Steering Committee Terms of Reference Committee work plan Committee meeting minutes Meeting minutes Number of SRH advocacy activities conducted by the committee Strategy annual review and update report	January 2020 January 2020 February 2020 March 2020 Quarterly August-December 2020 December 2020
2-Devlop and activate a technical committee representing all sectors to follow up on the implementation of the plan's interventions and indicators	1- Develop the terms of reference of the committee for adoption by decision-makers. 2- Identify representation standards for service providers and stakeholders. 3- Establish the committee, develop its work plan and assign priorities. 4- Follow up on the implementation of the plan's interventions and indicators. 5- Develop a field action plan for the technical committee to monitor the implementation of interventions and indicators through field visits. 6- Draft regular monitoring and evaluation reports and present them to the steering committee	HPC HPC HPC Technical committee Technical committee Technical committee	Donors Donors Donors	Technical committee TOR Technical committee TOR Committee's work plan Meeting minutes Executive plan Annual review report and updating of the strategy	January2020 January 2020 March 2020 Quarterly August-December 2020 December 2020
3- SRH strategy endorsed by the Prime Ministry and circulated	1- Hold meeting at the level of decision makers to take a policy decision on the adoption of the strategy by the Prime Ministry	Steering committee	Donors	Meeting minutes	February 2020

to all concerned ministries.	2- Conduct national orientation campaigns for decision-makers to adopt the SRH strategy.	HPC, Institute for Family Health	Donors	Number of meetings	April-December 2020
4- Develop a national monitoring, evaluation and supervision system to regularly follow up on reports documenting partner work plans.					
5- Build / strengthen multilateral or sectoral partnerships (initiatives, programs, projects) that encompass all SRH components.	1- Enhance partnership with MOH to ensure sustainable modern family planning methods. 2- Build multi-lateral local community partnerships through non-profit organizations, including disability organizations, that provide psychosocial support and reproductive health and GBV education. 3- Continue to strengthen partnerships at the national level through joint programs to support the achievement of the SRH strategy goals.	UNRWA Steering committee Steering committee	Steering committee Donors Donors	Agreement or MoU Number of partnerships established Number of effective partnerships	April-December 2020 April-December 2020 April-December 2020
6- Develop and implement detailed annual partner work plans covering all SRH components.	1- Conduct multi-sectoral workshops to develop work plans, goals and implementation, monitoring and evaluation strategies for all sectors. 2- Conduct sector-specific workshops to discuss the annual comprehensive work plan of each sector. 3- Establish a team of sector liaison officers to implement the strategy reporting to the plan's coordinator at HPC. 4- Develop and implement annual plans and document progress.	Steering committee Steering committee Steering committee Partners	Donors Steering committee Steering committee Steering committee	Number of workshops Number of work plans developed Numb of workshops A letter on assigning liaison officers Percentage of partners who developed their plans	April-December 2020 April-December 2020 April-2020 April-December 2020
7- Conduct and use studies and research of SRH components and related impact.	1 - Form a team to conduct studies and research in SRH components -	Steering committee	Partner agencies, universities and research centers.	Team's TOR	April-2020
8- Identify mechanisms to ensure the implementation of evidence-based research outcomes and recommendations					
9- Share the outcomes and recommendations of studies and research with all stakeholders.					

Annex (4): Costed Implementation Plan of partners – Year 1 (2020)

Executive Plan of the National Sexual and Reproductive Health Strategy of 2020

Organization: Ministry of Education

Pillar: Enabling Environment

Strategic interventions	Activity	Activity implementation indicator	Timeframe (month)	Activity Cost	Partners
Include SRH activities in the budgets of partner' work plans, and control the funding and disbursement process including during emergency and crisis.	-Integrate reproductive health into one of the pillars of the ministry of education strategy 2018-2022 - Allocate a budget for reproductive health projects and topics	Sexual and Reproductive health services included in the Ministry of Education strategy and budgets	1/1/2020-1/4/2020		HPC Ministry of Education
- Develop advocacy plans through all partners for legislation and policies supporting SRH.	- Prepare a plan related to the implementation of reproductive health components. Preparing publications on reproductive health and distributing them to schools -Follow up the distribution of publications in schools.	A plan for reproductive health components A publication on reproductive health	1/2 /2020-1/3/2020		HPC Curriculum and Textbooks Management

Pillar: Services and Information

Strategic interventions	Activity	Activity implementation indicator	Timeframe (month)	Activity Cost	Partners
- Develop, update, and make available national manuals and protocols on call components of SRH services and adopt them at the national level..	- A guiding manual on reproductive health	A guiding manual that highlights the main components of reproductive health and related activities.	1/3/2020 - 1/10/2020		HPC Ministry of Education

Pillar: Society

Strategic interventions	Activity	Activity implementation indicator	Timeframe (month)	Activity Cost	Partners
Integration of reproductive health concepts in schools curricula and textbooks	-Train curricula committee members in SRH issues -Develop an SRH concepts matrix - Survey school curricula and textbooks to identify SRH content. - Integrate SRH concepts in school curricula and textbooks	Curricula committee members trained in reproductive health issues. Quantitative and qualitative study on the inclusion of reproductive health in curricula and textbooks. Matrix of concepts for reproductive health Books that include concepts of reproductive health	1/3/2020-1/6/2020		HPC MOE/ Curricula and Textbooks Management

Pillar: Sustainability and Governance

Strategic interventions	Activity	Activity implementation indicator	Timeframe (month)	Activity Cost	Partners
- Form and activate a steering committee representing all sectors to follow up on the achievement of the strategy and make the necessary decisions.	- Appoint a representative of the ministry of education to the steering committee - Determine the mandate of and activate the steering committee - Make appropriate decisions to achieve the goals of the national reproductive health strategy	A new steering committee to follow up on the results of the National Reproductive Health Strategy.	Continuous		HPC, Ministry of Education and other partner sectors
- Develop and activate a technical committee representing all sectors to follow up on the implementation of the plan's interventions and indicators	- Appoint a representative of the ministry of education to the technical committee - Determine the mandate of and activate the technical committee - Follow up on the implementation of the plan's interventions and indicators	A new technical committee to follow up on the implementation of the plan's interventions and indicators	Continuous		HPC, Ministry of Education and other partner sectors

Ministry: Ministry of Awqaf Islamic Affairs and Holy Sites
Pillar: Enabling Environment

Strategic intervention	Activity	Partners	Indicator	Timeframe (month)	Cost
1- Develop advocacy plans through all partners for legislation and policies supporting SRH.	1- Strengthen the capabilities of educational and religious institutions in promoting reproductive health issues through preaching lessons, counseling and Friday sermons	-MOPIC	- Numbe		
2- Develop SRH capacity building programs for service providers at all health and educational facilities and ensure availability of needed supplies and materials.	1- Improve the quality of reproductive health information 2- Hold training workshops for service providers in cooperation with the Family Counselling Department at the Ministry of Awqaf	-MOPIC -MOH	-Number of participants in workshops		

Ministry: Ministry of Awqaf Islamic Affairs and Holy Sites
Pillar: Services and Information

Strategic interventions	Activity	Partners	Indicator	Timeframe	Activity cost
1- Develop, update, and make available national manuals and protocols on all components of SRH services and adopt them on a national level.	1- Spread awareness about the importance of reproductive health issues by providing guidelines in Islamic centers affiliated with the Ministry of Awqaf 2- Use the media to promote reproductive health issues	-MOH -MOICT	-Number of produced outreach materials - Number of distributed outreach materials - Percentage of target group that saw or heard messages on reproductive health		
2- Build the capacity of service providers, including community health awareness professionals, in delivering quality SRH services according to the adopted national standards.	1- Conduct training programs on reproductive health and engage service providers, in cooperation with the family counseling service at the Ministry of Awqaf	-MOPIC -MOH	-Number of training programs. - number of participating service providers		
3-Increase the participation of boys and men in SRH interventions to enhance programs effectiveness	1-The need for clarity and information on reproductive health issues for men through awareness-raising workshops 2-Inclusion of reproductive health issues in the lessons of preachers and imams of mosques	-MOPIC	-Number of awareness activities and outreach campaigns conducted. - Number of male participants		

Ministry: Ministry of Awqaf Islamic Affairs and Holy Sites
Pillar: Society

Strategic intervention	Activity	Partners	Indicator	Timeframe (month)	Cost
1- Develop and implement awareness programs covering all components of SRH	1- Develop educational programs for newly married couple in coordination with the Family Counselling Unit at Ministry of Awqaf. 2- Train male and female preachers in providing reproductive health advice.	-MOH	-Number of implemented programs - Number of newly married participants - Number of trainee preachers (males and females) - Number of creative outreach materials and percentage of their use.		
2 -Develop innovative communication tools and methods for SRH information addressing different age groups and persons with disabilities.	1- Promote reproductive health issues through social media supervised by Ministry of Awqaf staff. 2- Promote reproductive health issues through the Telecommunications Authority by sending text messages that reach everyone	-Ministry of Information	Innovative outreach materials used, and the percentage of use.		

3- Train and qualify community teams and committees in working with parents، teachers and school supervisors to address SRH, violence and harassment.	1- Train male and female preachers on reproductive health issues 2- Forming reproductive health awareness committees in which female and male preachers participate	-MOH	-Number of training workshops -Number of male and female preachers participating in awareness committees		
4- Promoting gender concepts and roles within families for both parents	1- Conduct training workshops on gender in cooperation with the Ministry of Awqaf, in which female and male preachers participate 2- Promote the concept of gender through preaching lessons and sermons	-MOSD	-Number of training workshops -Number of participating male and female preachers		
5- Integrate SRH issues in home visit programs	1- Prepare a home visits program to discuss SRH issues in collaboration with the Family Counselling Unit at the Ministry of Awqaf	-MOSD	-number of home visits that addressed reproductive health issues		
6- Integrate SRH issues in religious preaching and counselling programs.	1- Training female and male preachers on reproductive health issues through workshops and seminars 2- Male and female preachers to give at least one monthly lesson on the subject of reproductive health	-MOH	-Number of female and male preachers participating in the workshops and seminars - Percentage of preaching lessons tackling reproductive health issues		
7- Include SRH awareness-raising services and activities in programs of civil society organizations	1- Conduct courses on reproductive health attended by preachers in collaboration with civil society organizations. 2- Enhance the role of youth centers in promoting reproductive health issues.	-MOSD -Ministry of Youth	-Number of awareness courses - Number of participating CSOs.		
8- Develop and implement training and qualification programs in all components of SRH for community leaders	1- Hold national conferences and seminars in which a number of community leaders, including religious leaders in the Ministry of Awqaf, participate	-MOPIC -MOH	-Number of national conferences and seminars addressing reproductive health - Number of supportive community leaders		
9-Increase awareness of media in SRH issues	1- Support the media sector in promoting reproductive health issues. 2- Train media professionals in reproductive health issues in cooperation with the Family Counselling Service at the Ministry of Awqaf, Islamic Affairs and Holy Places. 3- Collaborate with the Ministry of Awqaf and the media sector to promote the concept of reproductive health and explain its importance to the target group.	-MOPIC -Media institutions	-Number of media professionals trained in promoting reproductive health -Utilization rate of media outlets to promote reproductive health		
10- Integrate SRH issues in youth programs and youth centers	1- Conduct SRH awareness workshops in youth centers in cooperation with the Ministry of Awqaf. 2- Increase youth awareness of reproductive health issues, especially those about to get married.	-Ministry of Youth - MOSD	-number of awareness workshops - Number of young people participating in the workshops - Number of youth centers supporting reproductive health issues		

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