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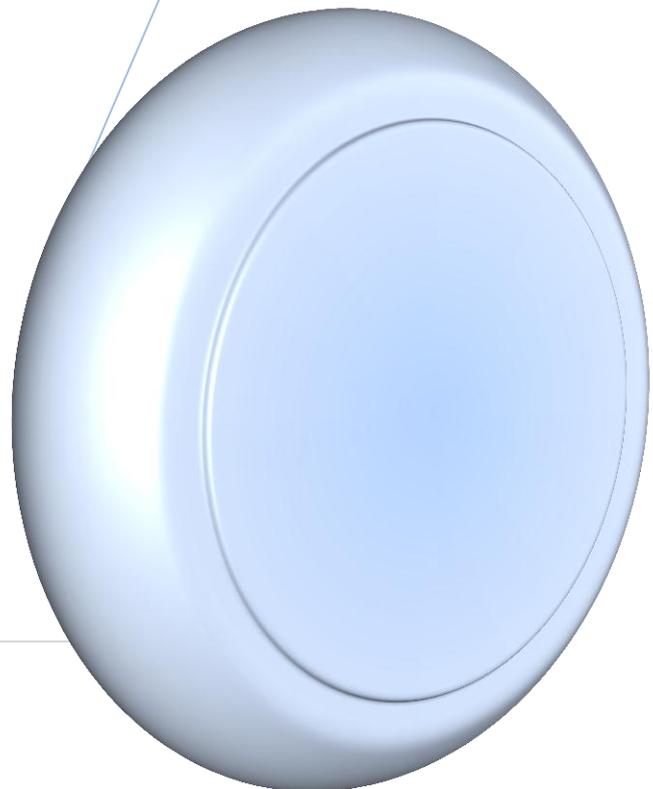
## **Strategic Plan of the Jordanian Association for Family Planning and Protection [JAFPP] 9/2011-9/2014**

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Prepared by the Strategic Planning Task Force at the Association with a technical support by Strengthening Family Planning Project in the period 5-23 June 2011; approved by the Board of Directors in their meeting held on 24 June 2011

**7/18/2011**

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*Our Vision for the Society we serve:*

*Quality reproductive health services are available for all, regardless of their economic situation.*

*Our vision for our Organization*

*JAFPP is a solid, sustainable organization that serves its society as a leading agency for reproductive health services and programs, grasps external opportunities and challenges, and is on the front lines to achieve social impact.*

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# STRATEGY OUTLINE

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# About JAFPP

The Jordanian Association for Family Planning and Protection [JAFPP] is a social not-for-profit entity that is open to membership and voluntary participation for all of these who believe in its mission to provide protection and reproductive health for the family in Jordan. Established in 1964, the Association has not stopped even for one day providing services of reproductive health and awareness in this field. Its services have outreached all areas in Jordan.

At present, the Association is seen as a pioneer and core entity when it comes to family planning and women health. It manages seventeen clinics all over the provinces with 111 employees working for it including 23 female doctors who have helped build a distinguished reputation for the Association by virtue of the quality medical service they deliver. In parallel, the executive team of the Association have, tapping on their long experience, contributed to maintaining and sustaining the Association mission at every milestone and phase of the reproductive health and family planning history in Jordan.

## **Our Mission**

The Jordanian Association for Family Planning and Protection is a social voluntary not-for-profit entity that delivers distinguished programs and services in the field of reproductive and sexual health for woman and family based on its belief that accessing such services is a human right.

## **Our Vision**

- JAFPP societal vision—Quality reproductive health services are available for all, regardless of their economic situation.
- JAFPP organizational vision—JAFPP is a solid, sustainable organization that serves its society as a leading agency for reproductive health services and programs, grasps external opportunities and challenges, and is on the front lines to achieve social impact.

## **Our Values**

- The Association values its wide variety of expertise and individuals within
- The Association values integrity, equality, and diversity
- The Association values transparency in its internal and external communications
- The Association values the high quality level and innovation in everything it performs

This strategic plan is a roadmap that helps the Association to go on the right track as it provides us with the guidance and direction with regard to deliver our mission competently while creating the required impact. It also depicts our status three years from now “our vision” and answers, “how and what do we do?” to reach this vision.

We have identified in depth and objectively the strengths and weaknesses of the Association; we have considered the opportunities and threats we stand.<sup>1</sup> In several discussion, research, and study rounds we could identify the strategies and initiatives that would help us further our strengths and overcome our weaknesses while making use of the available opportunities. We have planned to challenge the threats that we stand. This strategy is but the fruit of all of these efforts.

## **Strategic Framework of the Plan**

**Mission** - There is a consensus over the nature of the Association mission vis-à-vis the initiatives and programs that fall within the scope of work of the Association which operates in the field of protecting family health by providing medical and educational services in the field of reproductive health targeting women at present and seeking to serve other family members in the future. As the Association is a not for profit organization does not contradict with introducing income generating activities and services as long as such an income would help cover the Association expenses so that it can continue to deliver its mission.

Meaning and scope of the Association mission were thoroughly discusses and agreed upon during a workshop held for this purpose. Points concluded from this discussion are documented in a report enclosed with the Strategy<sup>2</sup>.

**Vision**- as a civil society organization, we are led with a vision that goes beyond our own conditions. We look forward to a community that has the freedom of choice when it comes to family planning. Apart from their economic status, each person shall have the right to receive the service in the first place and receive a high quality service in the second place. We, at the Association, seek through our medical and educational services in the domain of reproductive health to outreach every spot that lacks governmental and/or private sector services. We seek to provide accurate knowledge in terms of family planning methods supported with evidence based points while dismissing misconceptions that affect a free choice of a family planning method. More and above, we seek to have every person receive high quality reproductive health and family planning services apart from the economic status of that person.

As this strategic plan covers a transitional phase of the Association operation (the coming three years) and because we are committed to this vision that we do not want to turn into an unrealizable dream, our interim vision will be focused on realizing a model- a good service that everybody can have access to apart from their economic conditions.

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<sup>1</sup> Enclosure/Annex (1)- a summary of the results of SWOT Analysis

<sup>2</sup> Enclosure/Annex (2)- Consensus on Mission and Values

We realize that to achieve our vision for the society, we need to exert a big effort to improve the institutional status of the Association to be more stable and capable of standing the financial sustainability challenge. Therefore, we are committed to implement our vision for our organization to become a major and leading player in the arena of family planning and reproductive health as well as sustaining this role. Three years from now, we must have achieved the financial and institutional sustainability for the Association.

**Four Strategic Goals** - We have set four strategic goals to achieve our vision. These goals are comprehensive and integrated; they embrace all components related to the Association operation: (i) quality including medical, management and efficiency, and client satisfaction; (ii) usage including marketing services of the Association in the community and advocate the family planning and reproductive health issues; (iii) continuous learning and development of the Association, and (iv) sustainability. This strategic framework of the goals have been inspired from a paper submitted by HNP to the World Bank with regard to interim goals that must be included in any program aimed at improving the general system of health services (enclosed with the Strategy)<sup>3</sup>.

These four goals build on the Association strengths; handle the weaknesses and tap on the opportunities available for the Association while creating solutions to dismiss threats.

Clear performance indicators have been set for each goal to help us further implement these goals; and strategies and functions to secure such an implementation have been already identified.

The following pages present our four strategic goals and the way they will be implemented as well as the projects and functions that will help us implement them.

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<sup>3</sup> Enclosure/Annex (3)- JAFPP Approach to develop the three-year strategic plan

# Four Strategic Objectives

## Quality and Efficiency of Services (Page 5)

### Goal:

To provide clinical, training, education, and information services with the highest level of quality that JAFPP can reach through the efficient use of available resources and within the HCAC quality assurance and King's Award for Excellence frameworks.

## Utilization/Social Marketing (Page 12)

### Goal:

To reposition JAFPP as a service provider that delivers differentiated reproductive health and family planning services and as a leading organization that advocates for family planning and influences people's behavior.

### Vision:

JAFPP societal vision—Quality reproductive health services are available for all, regardless of their economic situation.

JAFPP organizational vision—JAFPP is a solid, sustainable organization that serves its society as a leading agency for reproductive health services and programs, grasps external opportunities and challenges, and is on the front lines to achieve social impact.

## Learning Institution (Page 14)

### Goal:

To transform itself into an institution that continuously learns and improves through self-driven initiatives for learning, training, and modernizing.

## Sustainability (Page 16)

### Goal:

To identify effective means to secure resources that will enable JAFPP to respond to needs and changes within a sustainable financial and institutional environment.

## Quality and Efficiency:

### First Strategic Goal:

*Reach the best level of clinical, training, and educational services quality that the Association can implement through the optimal use of available resources in order to be able to distinguish its services compared to other providers of reproductive health services. This goal comprises three objectives that cover all quality dimensions:*

**Objective 1.1:** In terms of quality of medical services - achieve a high and consistent level of quality medical branded services by obtaining an internationally recognized accreditation certificate and using the best available evidence, all in line with the World Health Organization Parameters.

**Objective 1.2:** In terms of quality of management- implement a comprehensive institutional development process that guarantees a continuous improvement of the clinics and headquarter efficiency with the aim of optimizing use of the Association resources.

**Objective 1.3:** In terms of Client satisfaction- Have clients reach the loyalty level so that the Association will become their first choice to receive reproductive health services.

### Quality of Medical Services

**Objective 1.1:** achieve a high and consistent level of quality medical branded services by obtaining an internationally recognized accreditation certificate and using the best available evidence, all in line with the World Health Organization Parameters.

To achieve this objective, the Association builds on its strengths as it delivers an integrated package of reproductive health services including counseling services. Also on the existing medical guidelines, despite that they are not updated, they are based on criteria approved by the World Health Organization and the International Parenthood Federation; which makes it easier to achieve an accreditation such as HCAC.

By achieving this objective, we will overcome the weaknesses of our medical services as we will work on developing the infection preventive system and upgrade/replace outdated equipment along with an intensive training to update knowledge of the medical staff and improve medical guidelines.

The Association stands an exceptional opportunity to achieve this objective by virtue of having the HCAC accreditation commission and the potential support to the Association. In addition, Ta'ziz Project for Family Planning is assisting with the renovation of current clinics/equipment; purchase of clinics, and new equipment; and support to provide and adopt good practices and effective tools. Indeed! We need to assume our responsibility and make use of these opportunities.

Achieving the objective of quality service delivery in line with international parameters, the Association will stand the major challenge of delivering branded services compared to the governmental and/or private sector services that are still limited in remote areas of Jordan.

### **Proposed Strategies to Achieve the Objective**

#### **Strategy 1.1.1:**

Obtain an accreditation certificate by JHAP/HCAC for two of the Association clinics and have them as excellence centers; and initiate the accreditation process for the other clinics.

- Implement an awareness campaign in the Association with regard to application and acquisition of the accreditation certificate.
- Complete the updating process for the medical guidelines to include all family planning and reproductive health services that the Association delivers.
- Set the quality management system that secures compatibility of systems, policies and procedures in practice with the accreditation criteria.
- Train the staff on the program of the accreditation certificate
- Identify the two clinics that will obtain the accreditation certificate and document the policies and procedures of operation including those relevant to the operation of the Association as required for the accreditation certificate.
- The preliminary assessment of the extent to which systems, and procedures are compatible with the criteria of accreditation and set a developmental plan to overcome the weaknesses and gaps of compatibility.
- Implement initiatives of improvement in order to be in line with the accreditation criteria
- Apply for the accreditation

#### **Strategy 1.1.2:**

Improve the infrastructure and equipment of clinics in a manner to fulfill requirements of high quality service delivery

- Complete the renovation process for all the medical equipment and instruments that are identified on the renovation list by implementing a monitoring and evaluation system to establish availability of medical instruments and equipment under the Maintenance Department during the strategic plan period
- Implement plans to develop the infrastructure of the clinics of the Sports City and Zerqa as well as the clinics of Al-Hussein and Irbid in case of purchasing them
- Set a plan to purchase the other clinics not owned by the Association (whether the same premises or new locations in the same area based on a relevant assessment of the location) and work on providing the required finances for this purpose.

### **Strategy 1.1.3**

Conduct intensive training and rehabilitation programs for the medical service providers

- Complete the training launched in 2010 with the support of Ta'ziz Project aimed at updating the medical and administrative knowledge and skills of those working at the clinics and which has been set after identifying the training needs.
- Implement the second phase of rehabilitating the staff of clinics by launching an on the job training program with an eye on training social workers and nurses (females).
- Prepare and implement training programs related to the reproductive health services other than family planning and that were not included in the training program of Ta'ziz Project.

### **Strategy 1.1.4**

Apply internationally and locally recognized standards in terms of preventing contagious disease eruption including medical waste management.

- Create a system and set of procedures to manage prevention of contagious disease eruption including medical waste management.

### **Performance Indicators**

1. Two clinics are awarded the JHAP/HCAC accreditation certificates and approved as centers of excellence
2. Updated medical guidelines are available for five services delivered
3. Number of trained service providers and number of training hours
4. Number of clinics the infrastructure of which has been upgraded by implementing the model developed for clinic design.
5. Rate of implementation of the plan to upgrade medical equipment and instruments
6. A system for medical waste management is in place

## Quality of Management:

**Objective 1.2:** Implement a comprehensive institutional development process that guarantees a continuous improvement of the clinics and headquarter efficiency with the aim of optimizing use of the Association resources.

To achieve this objective, we build on the events launched starting early this year in terms of institutional transformation including updating the Bylaw of the Association, approval of the Delegation of Authorities and Code of Ethics, approving the updated organizational structure and the job description directory, and adopting a new policy for human resources. All of these are components of a supporting framework to improve governance and strategic management of the Association.

By achieving this objective, we will further a developmental process for the procedures of operation and competence improvement by means of re-engineering these procedures. We will strengthen and update management systems required for an improved management quality and efficiency. These systems include: supervision of clinics and customer (client) relation management as well as maintenance management.

### Proposed Strategies to Achieve the Objective:

#### Strategy 1.2.1:

Implement a comprehensive program for institutional development in line with King Abdullah Award for Performance Excellence

- Re-engineer operations at clinics to achieve the best efficiency of prompt service delivery and solve the problem of long waiting period that the client has to spend for the doctor to see her.
- Set indicators that measure the clinics' proficiency and continuous monitoring of the level of efficiency achieved. Also, identify the management factors (if any) that contribute to the success or failure of the clinic to achieve its performance indicator.
- Develop a total maintenance system both preventive and corrective for the facilities and equipment of the Association.
- Upgrade the computerized information systems at the Association including the accounting, warehouse, procurement, and information functions. Also, automate systems of the human resources' management, membership management, institutional performance monitoring, and the website of the Association.
- Upgrade the information network infrastructure and its supplies of machines and printers.
- Update the procurement system so that it will include policies and procedures that help fulfill the needs of diversified service delivery.
- Document management policies and procedures of the Association required for the application for the Excellence Award and complementing the quality management system under HCAC requirements.

- Apply for and participate in the standard of “the best practice score” under King Abdullah Award for Excellence and which is designated for associations
- Apply for and participate in King Abdullah Award for Excellence of Associations.

### **Strategy 1.2.2**

Enhance the collective leadership of the Association by means of reviving committees; and implementing the authorization document, and the institutional performance management and appraisal.

- Create and implement the role of committees supporting the Board of Directors by setting clear plans of action derived from the strategic plan.
- Develop the internal communication manual which organizes the method, rotation, and objectives of communication between the Board of Directors; its committees and executive staff.
- Set annual plans of action derived from the strategic plan and identifying the roles and responsibilities of the several parties and agencies concerned with implementation.
- Implement and continue the development of the performance management system of both parts: “self-assessment of governance” and the “dashboard” as well as implementing corrective measures resulting from the implementation of the system.

### **Strategy 1.2.3:**

Continue with the process of institutionalizing and developing the human resources and creating a supportive culture to implement and respect good practices to be adopted in this respect.

- Complete the creation of the Human Resource Department
- Implement the Human Resource Management and Development System that has been developed in cooperation with Ta’ziz Project.
- Set and enforce mechanisms to secure a continuous monitoring of the extent to which the HR system is implemented.
- Review the HR policies and procedures a year after starting with its implementation
- Provide coaching to help assume responsibilities depending on mechanisms and fields of coordination and communication with other functions “jobs” as per the job description of each job.
- Continuous monitoring of the work load and persistent development of jobs as well as role assignment to help maintain the Association as an organization free from redundancy and of a high productivity level.

### **Strategy 1.2.4:**

Establish and implement central services to be delivered by the Association other than the clinical and medical counseling services

- Conduct a feasibility study to create a service for information provision for the purposes of research, study, and planning for the research centers and universities. If proved to be feasible, this service must be sustained and maintained.
- Establish the service of training and consultations in the field of reproductive health and family planning
- Organize and deliver the service of providing training halls and event management.

### **Performance Indicators:**

- 1.** The “Mark of best practice” is obtained and the Association joined the Excellence Award
- 2.** Rate of reduced waiting time at the clinic
- 3.** Rate of reduced total time per client at the clinic due to improved productivity and proficiency of clinics
- 4.** Reduced rate of interrupted operation of clinics due to unavailability, broken, or damaged medical equipment and instruments
- 5.** Computerized systems to manage performance, membership and human resources
- 6.** Number of recommendations issued by committee meetings and that are adopted in the plans of action
- 7.** Number of members of committees including competent, and academia figures in addition to consultants involved in the scope of work of the Association other than the Board members.
- 8.** Number of decisions made by the Board of Directors and Committees based on the performance monitoring reports
- 9.** Annual plans for the three years derived from the strategic plan
- 10.** Rate of implementation of the HR Management System in terms of appointment and appraisal of employees; training and job rotation
- 11.** Number of joint tasks and initiatives among departments

## Client Satisfaction

**Objective 1.3:** Have clients reach the loyalty level so that the Association will become their first choice to receive reproductive health services.

The Association conducted a survey of the clients' opinions of the services delivered to them. The results were highly satisfactory in terms of quality and cost of service; method of dealing; and information they receive. However, some clients seek the service at the public sector due to cost; or they go to the private sector facilities as they are better convinced with the service provider competence there. Therefore, the Association will be working during the coming three years on enhancing the clients' conviction with the Association services until they reach the aspired loyalty level.

### Proposed Strategies to Achieve this Objective

#### Strategy 1.3.1

Create and manage an interaction relation between the clients and the clinic and respond to their demands whenever possible

- Implement client satisfaction measurement using the card devised for this purpose
- Provide suggestion boxes at clinics and identify the person to be in charge of follow up
- Train the relevant clinic staff on interacting with clients in terms of communication skills

#### Strategy 1.3.2

Enhance a woman friendly environment inside the Association clinics

- A hospitality system for clients at each clinic
- Improve the interior design of clinics to help provide a relevant and comfortable environment (such as colors, seats, and music).
- Provide a cafeteria in the clinic that sells its services to the clients. This should be managed by the Association friends in the local community in line with a standardized system to be adopted by the Association.
- Provide some space "room" in the clinic for children and furnish it with the required equipment and urge clients to contribute to this process.

#### Strategy 1.3.3

Secure provision of the best quality service delivery for a relevant fee

- Study the extent to which the service recipient accepts an increase of fees and submit relevant recommendations
- Hold periodical (monthly) meetings for the executive staff in order to secure the best service delivery

#### Performance Indicators:

1. Percentage of Client satisfaction
2. Continuity rate
3. Number of new clients coming to the Association as a result of marketing made by old clients

## Social Marketing

### Second Strategic Goal:

*Reposition JAFPP as a service provider that delivers differentiated reproductive health and family planning services and as a leading organization that advocates for family planning and influences people's behavior.*

Market studies conducted by the Association with the support of Ta'ziz Project revealed that there is a significant opportunity for the Association to expand its market and enhance the use of family planning services. The gap between general knowledge of family planning methods and the rate of use is large (only 60% of women in the reproduction age use methods including 15% using traditional methods). Therefore, a marketing effort should pay back in terms of increasing the number of users especially if such an effort is focused on correcting wrong convictions that impede a large number of women from using modern family planning methods.

Improving quality in a manner to compete with the quality level at the private sector while maintaining competitive service fees will help the Association expand and deliver services among a larger number of women looking for quality against reasonable fees.

Thus, the goal of restoring the position of the Association and its services as well as concentrating the Association role in terms of advocacy will help the Association benefit from these opportunities.

### Proposed Strategies to Implement the Objective

#### Strategy 2.1:

Promote the clinics in the local communities

- Set and implement a marketing plan for Aqaba clinic to help increase the number of clients and contribute to covering the clinic costs on a piloting basis.
- Institutionalize the social marketing activities for clinics which is being implemented by Ta'ziz Project and build the institutional capacity of the social marketing department in order to secure continuity for this approach.
- Set a marketing plan for each clinic separately among those clinics that have been upgraded
- Implement the marketing plans for five clinics and work on providing the financial resource for implementation.
- Organize and revive the friends network (men and women) of the Association

#### Strategy 2.2

Restore position of the Association as an organization delivering high quality services for relevant fees within a woman friendly environment

- Set and implement a marketing plan based on promoting strengths of the clinics and values of the Association

**Strategy 2.3:**

Go on with studying and identifying the market demands and work on fulfilling them

- Update the service package at the Association in line with the market demands as identified in the market studies conducted in 2011.
- Establish and implement the functions of market research and study at the Association in order to identify the need for improving or upgrading new services that are consistently required by the market
- Provide diversified reproductive health/family planning services

**Strategy 2.4:**

Develop the Association role in advocacy of reproductive health and family planning issues on all levels of the Jordanian Community

- Develop the institutional capacity of the Association to set and implement plans to help advocate issues of reproductive health and family planning
- Set an annual plan for public relation management and advocacy activities including networking and partnership build up with the civil society, governmental sector, and private sector institutions

**Performance Indicators:**

1. Volume of demand for services delivered by the Association clinics
2. Rate of the Association contribution to the use of family planning services on the national level
3. Rate of the Jordanian Community conviction with the important role of the Association as a pioneer and distinguished organization in delivering reproductive health and family planning services

## Learning Institution

### Third Strategic Goal:

*Transform JAFPP into an institution that continuously learns and improves through self-driven initiatives for learning, training, and modernizing*

The Association is distinguished for being a well-established organization that embraces long and accumulative experiences in delivering reproductive health services. As other organizations, it is a highly matured organization to the extent that it entered into a phase of recession with limited research and development inclination.

The hard phase that the Association passed through before 2010 as well as the increasing challenges of expansion while sustaining the financial and institutional capacity for the operation and services of the Association had their enormous impact on it. Thus, the Association has to immediately start with a self-modernization and development process as well as finding all creative methods to restore its position within the domain of family planning and reproductive health services. It has to secure a sustainable development and continuous learning process. In the coming three years, the Association will be keen on turning into an educated organization capable of self-initiatives to improve and update its institutional performance and role in the community.

To achieve this objective, the Association will build on its strengths and grasp the opportunities available including: the high capacity of staff to respond to change; continuous interaction of the Association with the projects of international donors and organizations; which provides an idea about the best international practices. In addition, there is a large volume of information being gathered at present in relation with the performance of clinics, the dashboard, and the self-assessment tool for governance that has been recently approved.

### Proposed Strategies to Achieve the Objective:

#### Strategy 3.1:

Create and urge the learning, research and development culture among the Association staff members as well as the Association members in general

- Link the training and job habilitation programs to the employee performance appraisal system
- Develop and implement a system for knowledge management to secure exchange and integration of knowledge among the Association staff and members
- Urge female doctors to join the Continuous Medical Education (CME) programs and get prepared to fulfill requirements of enrolling them in such programs in case they become mandatory.

- Partner with universities and medical institutes and attract them to use the infrastructure and resources of the Association to implement training and education projects in the domain of reproductive health.
- Identify a group of national and international events (functions) in the reproductive health domain and the field of strategic management of NGOs and set plans to attend these events.
- Link the medical staff with initiatives such as CATS and EBM as well as urging female doctors to approve and implement evidence based knowledge, practices, and medical procedures.

### **Strategy 3.2**

Create a supportive environment to implement initiatives to further improvement of institutional performance on a continuous basis

- Promote and organize periodical meetings and gatherings among departments and clinics or among the Association committees in order to discuss strengths, weaknesses, opportunities, and challenges diagnosed while implementing the performance management systems and quality assurances. Also, discuss and propose initiatives for improvement and benefiting from opportunities in support of the role of the Board of Directors in this respect.
- Urge employees to introduce initiatives of improvement by providing financial and moral incentives for them in recognition of their accomplishments in this respect.
- Set an effective approach to manage change at the Association and form a team for change management.

### **Performance Indicators:**

1. A training plan is in place and linked to the strategic goals of the Association
2. Knowledge management system
3. Number of female doctors enrolled at the CME
4. A partnership agreement with an educational or training institution to designate the Association as a training center
5. Number of functions and employees attending them within the Association mandate
6. Number of self-initiatives at the Association to improve institutional performance

## Sustainability

### Fourth Strategic Goal:

*To identify effective means to secure resources that will enable JAFPP to respond to needs and changes within a sustainable financial and institutional environment.*

The Association enjoys a strong and wide scope infrastructure that secures continuity of service provision despite challenges; it also has an experienced and professional staff in the field of family planning. The Association has approved and put in place a modern Charter and authorization procedure that will contribute to institutionalizing operation at the Association and protect it from any turbulence.

In fact the Association has several opportunities to achieve the goal of sustainability; the sustainable political support by the governmental officials including the Ministry of Health and providing supplies for family planning as well as the support provided by donors, local community and clients have all been factors to put the Association in the position of the largest NGO among the civil society organizations that must be partners in any efforts related to reproductive health and family planning. Yes, the Association has friends and partners supporting it to achieve sustainability.

The Association will build on these strengths and opportunities to overcome challenges threatening its continuity; namely, the lack of female doctors on the labor market, the accumulating financial deficit that can deplete the Association savings in a few years, and the maintenance of medical equipment and instrument availability.

### Proposed Strategies to Achieve the Goal

#### Strategy 4.1

Implement a financial sustainability plan for services delivered by the Association in a manner to cover all expenses of such services

- Approve a plan for amending fees of reproductive health services in order to improve capacity of clinics to cover their expenses
- Conduct an economic feasibility study to introduce new services in reproductive health and set a plan for this purpose when proved feasible
- Set a plan to purchase clinics in order to control current expenses

#### Strategy 4.2

Diversify the income sources for the Association in order to reduce its reliance on donor funding

- Set and implement a marketing plan and selling services of training rooms at the Association
- Set and implement a plan to rent property of the Association
- Study possible operation of clinics by third parties after office hours and set a plan and implementation machinery in case of proving feasible

- Safe investment of finances available at the Association
- Communicate with governmental and civil donors, and international companies in Jordan to raise funds

### **Strategy 4.3**

Retention of the medical staff at the Association and improve potentials to provide it with new medical staff

- Set a strategy to help improve the Association capacity to recruit female doctors
- Set a replacement plan for doctors in order to secure uninterrupted service delivery at clinics when the doctor quits. This plan should include chartered midwives to replace doctors in case of emergencies and in line with the law provisions.

### **Strategy 4.4:**

Further enhancement of good governance at the Association

- Restructure the Association membership in a manner to enhance good governance and protect it from any fluctuations that might result from internal conflicts or intervention by supervisory agencies.
- Follow up implementation of the Association Charter and set prompt and continuous corrective measures

### **Strategy 4.5**

Partner with governmental, civil and private organizations in order to support the main role of the Association in the domain of reproductive health and family planning

- Partner with medical academic agencies to receive medical staff for training and habilitation according to teaching curricula at these institutions
- Organize again the Association participation in the activities of governmental, civil and private organizations to secure continuity and persistence of partnerships with these organizations.

### **Performance Indicators:**

1. Increase the rate of expense coverage by clinics
2. Decreased deficit in the Association budget
3. Increased number of clinics owned by the Association
4. Increase the rate of income from non-health services
5. Reduced cases of closed down clinics due to the shortage in doctors
6. Increase the rate of women members at the Association and the rate of members with professions related to the mandate of the Association
7. The number of partnerships (MOUs and agreement) established by the Association



2	Complete the updating process for the medical guidelines to include all family planning and reproductive health services that the Association delivers.															guidelines are available for five services delivered
3	Set the quality management system that secures compatibility of systems, policies and procedures in practice with the accreditation criteria.															
4	Train the staff on the program of the accreditation certificate															
5	Identify the two clinics that will obtain the accreditation certificate and document the policies and procedures of operation including those relevant to the operation of the Association as required for the accreditation certificate.															
6	The preliminary assessment of the extent to which systems, and procedures are compatible with the criteria of accreditation and set a developmental plan to overcome the weaknesses and gaps of compatibility.															
7	Implement initiatives of improvement in order to be in line with the accreditation criteria															
8	Apply for the accreditation															
	<b>Strategy 1.1.2: Improve the infrastructure and equipment of clinics in a manner to fulfill requirements of high quality service delivery</b>															

1	Complete the renovation process for all the medical equipment and instruments that are identified on the renovation list by implementing a monitoring and evaluation system to establish availability of medical instruments and equipment under the Maintenance Department during the strategic plan period	12 ult. + ident equip	continuously ident. Equip. + nonmedical										Rate of implementation of the plan to upgrade medical equipment and instruments
2	Implement plans to develop the infrastructure of the clinics of the Sports City and Zarqa as well as the clinics of Al-Hussein and Irbid in case of purchasing them	3	3	2	2	2	2	2	2	1	2	1	Number of clinics the infrastructure of which has been upgraded by implementing the model developed for clinic design.
<b>Strategy 1.1.3 Conduct intensive training and rehabilitation programs for the medical service providers</b>													
1	Complete the training launched in 2010 with the support of Ta'ziz Project aimed at updating the medical and administrative knowledge and skills of those working at the clinics and which has been set after identifying the training needs.												Number of trained service providers and number of training hours
2	Implement the second phase of rehabilitating the staff of clinics by launching an on the job training program with an eye on training social workers and nurses (females).												

3	Prepare and implement training programs related to the reproductive health services other than family planning and that were not included in the training program of Ta'ziz Project.													
	<b>Strategy 1.1.4</b> <b>Apply internationally and locally recognized standards in terms of preventing contagious disease eruption including medical waste management.</b>													
1	Create a system and set of procedures to manage prevention of contagious disease eruption including medical waste management.													A system for medical waste management is in place
	<b>Objective 1.2: Implement a comprehensive institutional development process that guarantees a continuous improvement of the clinics and headquarter efficiency with the aim of optimizing use of the Association resources.</b>													
	<b>Strategy 1.2.1:</b> <b>Implement a comprehensive program for institutional development in line with King Abdullah Award for Performance Excellence</b>													
1	Re-engineer operations at clinics to achieve the best efficiency of prompt service delivery and solve the problem of long waiting period that the client has to spend for the doctor to see her.													25% reduced waiting time at the clinic



8	Apply for and participate in the standard of “the mark of best practice” under King Abdullah Award for Excellence and which is designated for associations													The “Mark of best practice” is obtained and the Association joined the Excellence Award
9	Apply for and participate in King Abdullah Award for Excellence of Associations.													
	<b>Strategy 1.2.2</b> <b>Enhance the collective leadership of the Association by means of reviving committees; and implementing the authorization document, and the institutional performance management and appraisal.</b>													
1	Create and implement the role of committees supporting the Board of Directors by setting clear plans of action derived from the strategic plan.													<p>1. Six recommendations issued by committee meetings and that are adopted in the plans of action</p> <p>2. At least one member in each committee is selected from competent, and academia figures in or from consultants involved in the scope of work of the Association other than the Board members.</p>

2	Develop the internal communication manual which organizes the method, rotation, and objectives of communication between the Board of Directors; its committees and executive staff.														Four joint tasks and initiatives among departments
3	Set annual plans of action derived from the strategic plan and identifying the roles and responsibilities of the several parties and agencies concerned with implementation.														Annual plans for the three years derived from the strategic plan
4	Implement and continue the development of the performance management system of both parts: "self-assessment of governance" and the "dashboard" as well as implementing corrective measures resulting from the implementation of the system.														At least five decisions made by the Board of Directors and Committees based on the performance monitoring reports
<b>Strategy 1.2.3:</b> <b>Continue with the process of institutionalizing and developing the human resources and creating a supportive culture to implement and respect good practices to be adopted in this respect.</b>															
1	Complete the creation of the Human Resource Department														90% Rate of implementation of the HR Management System in terms of appointment and appraisal of employees; training and job rotation
2	Implement the Human Resource Management and Development System that has been developed in cooperation with Ta'ziz Project.														
3	Set and enforce mechanisms to secure a continuous monitoring of the extent to which the HR system is implemented.														









	<b>Strategy 2.3: Go on with studying and identifying the market demands and work on fulfilling them</b>													
1	Update the service package at the Association in line with the market demands as identified in the market studies conducted in 2011.													
2	Establish and implement the functions of market research and study at the Association in order to identify the need for improving or upgrading new services that are consistently required by the market													
3	Provide diversified reproductive health/family planning services													
	<b>Strategy 2.4: Develop the Association role in advocacy of reproductive health and family planning issues on all levels of the Jordanian Community</b>													
1	Develop the institutional capacity of the Association to set and implement plans to help advocate issues of reproductive health and family planning													
2	Set an annual plan for public relation management and advocacy activities including networking and partnership build up with the civil society, governmental sector, and private sector institutions													

<b>Third Strategic Goal: Transform JAFPP into an institution that continuously learns and improves through self-driven initiatives for learning, training, and modernizing</b>													
<b>Strategy 3.1: Create and urge the learning, research and development culture among the Association staff members as well as the Association members in general</b>													
1	Link the training and job habilitation programs to the employee performance appraisal system												1. A training plan is in place and linked to the strategic goals of the Association 2. Knowledge management system 3. All JAFPP doctors enrolled at the CME 4. A partnership agreement with an educational or training institution to designate the Association as a training center
2	Develop and implement a system for knowledge management to secure exchange and integration of knowledge among the Association staff and members												
3	Urge female doctors to join the Continuous Medical Education (CME) programs and get prepared to fulfill requirements of enrolling them in such programs in case they become mandatory.												
4	Partner with universities and medical institutes and attract them to use the infrastructure and resources of the Association to implement training and education projects in the domain of reproductive health.												



3	Set an effective approach to manage change at the Association and form a team for change management.													
<b>Fourth Strategic Goal: To identify effective means to secure resources that will enable JAFPP to respond to needs and changes within a sustainable financial and institutional environment.</b>														
<b>Strategy 4.1 Implement a financial sustainability plan for services delivered by the Association in a manner to cover all expenses of such services</b>														
1	Approve a plan for amending fees of reproductive health services in order to improve capacity of clinics to cover their expenses													
2	Conduct an economic feasibility study to introduce new services in reproductive health and set a plan for this purpose when proved feasible													
3	Set a plan to purchase clinics in order to control current expenses	5	7			7			3					
<b>Strategy 4.2 Diversify the income sources for the Association in order to reduce its reliance on donor funding</b>														
<ol style="list-style-type: none"> <li>1. Rate of expense coverage by clinics is 100%</li> <li>2. Deficit in the Association budget decreases from 40% to 15%</li> <li>3. All clinics are owned by the Association</li> <li>4. Rate of income from non-health services increases from 10% to 30%</li> </ol>														

1	Set and implement a marketing plan and selling services of training rooms at the Association														
2	Set and implement a plan to rent property of the Association														
3	Study possible operation of clinics by third parties after office hours and set a plan and implementation machinery in case of proving feasible														
4	Safe investment of finances available at the Association														
5	Communicate with governmental and civil donors, and international companies in Jordan to raise funds														
<b>Strategy 4.3 Retention of the medical staff at the Association and improve potentials to provide it with new medical staff</b>															
1	Set a strategy to help improve the Association capacity to recruit female doctors														No cases of closed down clinics due to the shortage in doctors
2	Set a replacement plan for doctors in order to secure uninterrupted service delivery at clinics when the doctor quits. This plan should include chartered midwives to replace doctors in case of emergencies and in line with the law provisions.														

	<b>Strategy 4.4: Further enhancement of good governance at the Association</b>													
1	Restructure the Association membership in a manner to enhance good governance and protect it from any fluctuations that might result from internal conflicts or intervention by supervisory agencies.													
2	· Follow up implementation of the Association Charter and set prompt and continuous corrective measures													
	<b>Strategy 4.5 Partner with governmental, civil and private organizations in order to support the main role of the Association in the domain of reproductive health and family planning</b>													
1	Partner with medical academic agencies to receive medical staff for training and habilitation according to teaching curricula at these institutions													
2	Organize again the Association participation in the activities of governmental, civil and private organizations to secure continuity and persistence of partnerships with these organizations.													

## **LIST OF ANNEXES**

**Annex 1:**Detailed Analysis of Strengths, Weaknesses, Threats and Opportunities

**Annex 2:**A Paper on Mission, Vision and Values and its Importance in the Strategic Planning process

**Annex 3:**The Approach to Develop JAFPP Strategic Plan

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# **Annex 1**

Detailed Analysis of Strengths, Weaknesses,  
Threats and Opportunities

## SWOT Results

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<p><b>QUALITY</b></p> <p><b>I. Client expectations</b>                      The overall perception among users of JAFPP services is that JAFPP has high quality clinics that meet their needs:</p> <ul style="list-style-type: none"> <li>- Good reputation</li> <li>- Cost is affordable</li> <li>- Providers competency</li> <li>- Users are satisfied with JAFPP operational services</li> <li>- Users are satisfied with information they get in response to their questions.</li> <li>- Branded as a female friendly space</li> </ul> <p><b>II. Clinical quality</b></p> <ul style="list-style-type: none"> <li>- JAFPP provides a comprehensive package of health reproductive services including counseling services.</li> <li>- Guidelines, although not updated, follow international practices (WHO and IPPF)</li> </ul> <p><b>III. Management quality</b></p> <ul style="list-style-type: none"> <li>- Clear financial management systems that are based on sound management systems and that are efficiently implemented.</li> <li>- An efficient and comprehensive Health Information Management System.</li> <li>- A new bylaw and delegation of authorities that support governance improvements.</li> <li>- An updated organizational structure and job descriptions</li> <li>- A comprehensive human resources system is under development.</li> </ul>	<p><b>QUALITY</b></p> <p><b>I. Client expectations</b></p> <ul style="list-style-type: none"> <li>- Users are dissatisfied with the amount of time it takes to see a physician.</li> <li>- Only 50% of clients come to JAFPP because of Provider’s competencies</li> <li>- Family planning services portfolio: Clients seek non-family planning services (38% of users); obtain supply for current methods (28%). Other family planning services do not exceed 7% (for each) of reason why clients come to JAFPP.</li> <li>- Service portfolio does not meet 37% of the former users’ needs</li> </ul> <p><b>II. Clinical quality</b></p> <ul style="list-style-type: none"> <li>- Clinics are poorly laid out in terms of infection prevention.</li> <li>- Most equipment, instruments and supplies are out of date or not functional.</li> <li>- No refresher training has been held since two years ago. No physician has received training on Nuva-Ring and only one doctor is qualified to use Implanon. Physicians need ultrasound training. Other training needs have been also identified.</li> <li>- Several medical guidelines, all outdated, are still in use.</li> <li>- Counseling services need reformulation.</li> <li>- Poor Cleanliness of some clinics</li> </ul> <p><b>III. Management quality</b></p> <ul style="list-style-type: none"> <li>- Unclear operation procedures and systems that allow for personal styles to inform management of tasks.</li> <li>- Supervision within the clinic and from HQ to clinics is irregular, unsystematic and not always viewed as supportive.</li> <li>- Roles, responsibilities and reporting relationships are often unclear and lack of delegation of authorities.</li> <li>- No clear succession plans</li> <li>- No effective mechanisms used to capture client perception. The implementation of the client-feedback system is inconsistent. Data resulted from it is not analyzed nor used for improvements.</li> <li>- Information generated by the association is not used for planning or decision making.</li> <li>- Weak maintenance management capacity including purchasing of maintenance services, lack of procedures.</li> <li>- Weak human resources management capacity</li> <li>- Old and limited IT infrastructure that does not allow for the automation of a number of operations.</li> </ul>

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<p><b>EFFECIENCY</b></p> <ul style="list-style-type: none"> <li>- Three clinics are evaluated as high efficiency clinics (Al Hussain, I-rbid 1 and almahattah). These can be used as models for benchmarking.</li> </ul> <p><b>UTILIZATION</b></p> <ul style="list-style-type: none"> <li>- Location of four of JAFPP clinics have been identified as excellent in terms of access and population served.</li> <li>- JAFPP has outreach activities as a main pillar of its family planning service portfolio.</li> <li>- JAFPP has been effective in disseminating the general knowledge about FP). As the only NGO that has institutionalized family planning outreach activities; Statistics show that 75% of users of JAFPP services obtained their information about FP from community health workers visits and health facility (this is compared to only 38% of the wider population of users and potential users that know from health workers and facilities).</li> </ul> <p><b>LEARNING</b></p> <ul style="list-style-type: none"> <li>- Continues exposure to donors' projects and international organizations brings to the association international experiences and good practices.</li> <li>- Capability of staff to change is high</li> <li>- Recently introduced Dashboard</li> </ul> <p><b>SUSTAINABILITY</b></p> <ul style="list-style-type: none"> <li>- Strong and large infrastructure that allows for the continuation of service provision despite the challenges faced by the association.</li> <li>- Professional staff with long years of experience in the field of family planning.</li> </ul>	<p><b>EFFECIENCY</b></p> <ul style="list-style-type: none"> <li>- Patient flow is not efficient and creates long serving time for patients. (which creates bottleneck is the waiting time to see the physician).</li> <li>- Most of the clinics are under-utilized and do not recover their costs.</li> </ul> <p><b>UTILIZATION</b></p> <ul style="list-style-type: none"> <li>- Location of six of JAFPP clinics have been identified as poor that result in weak access to JAFPP services provided by those clinics.</li> <li>- Facilities are small for current patient load</li> <li>- Clinics' hours of operations are short (clinics are closed after 2 pm. This creates access difficulties for working women.</li> </ul> <p><b>LEARNING</b></p> <ul style="list-style-type: none"> <li>- There is no systematic management or monitoring of the association's overall performance and accordingly there are no lessons learned or corrective actions that ensure continuous improvements.</li> <li>- Despite the data that is collected frequently, decision making and strategic directions are not informed by the collected data.</li> <li>- No systematic training assessment needs and training of employees.</li> </ul> <p><b>SUSTAINABILITY</b></p> <ul style="list-style-type: none"> <li>- More improvement in governance, particularly in the following areas: <ol style="list-style-type: none"> <li>1. Management of Board Meetings and the collective leadership of the board.</li> <li>2. Membership structure and interaction with the association's activities.</li> <li>3. Implementation of the Bylaw, particularly the provisions related to board meetings, membership of the association and delegation of authorities.</li> <li>4. Lack of systematic management of human resources.</li> </ol> </li> <li>- No strategies to retain physicians and control their turnover.</li> <li>- Association activities are not financial self-sustained; there is an annual deficit of JD0.5 million.</li> <li>- Reserves are used to cover deficit</li> <li>- The weak institutional capacity to maintain the equipment (part of it is due to its misuse) and no reserves are planned for renewal of equipment when depreciated.</li> </ul>

## **OPPORTUNITIES**

### **QUALITY & EFFECIENCY**

- HCAC project and the potential accreditation support.
- Renovation and buying of new clinics and equipment.
- Support coming for TAZIZ project that will help introduce and adopt good practices and effective tools

### **UTILIZATION**

Significant opportunities for market expansion:

- General Awareness of family planning methods is high among users and potential users, while those who use modern family planning are only 60%. This provides a potential market of 40% of women in their reproductive age.
- Users of traditional methods (15%) can move to modern methods if misconceptions are removed.
- Method effectiveness is identified as the second most influential factor affecting choice of family planning methods. This is in favor of usage of modern methods on the account of traditional methods.
- Family income is the second main reason (54%) affecting family size decision.
- There is a learning curve among women that goes up throughout the different times of their reproductive health regarding the benefits of family planning. Disseminating lessons learned among young people will overcome social pressure.
- Users rely on health providers to obtain information about methods. Yet, only 22% stated the health care provider's guidance influenced their choice of method
- 84% of non-users of JAFPP heard about JAFPP services through relatives and friends which provide an opportunity for social marketing campaigns to increase number of users.
- Provider competency and affordability are the two most important reasons for choosing providers. This is where JAFPP can potentially be positioned.
- JAFPP received subsidized family planning methods.
- Opportunity to expand with three new clinics

### **LEARNING**

- TA'ZIZ project provides a unique learning opportunity for JAFPP.

### **SUSTAINABILITY**

- Sustained political support from government officials, and support of donors, community and patients.
- Ministry of Health support in providing the family planning method supply.
- As and NGO that is positioned as the largest civil society organization, there is an opportunity for JAFPP to establish a number of networking & partnerships

## **THREATS**

### **QUALITY & EFFECIENCY**

- Differentiating JAFPP services as distinct and different from government services

### **UTILIZATION**

- Lack of knowledge regarding side effects of methods. Many misconceptions regarding family planning methods exist while research shows that side effects and personal health concerns is the most influential factor affecting choice of family planning methods.
- Husband's advice is the first reason (61%) affecting family size decision. There are other social pressures that hinder family planning decisions.
- IUD is the most commonly used FPM
- 50% of former users of JAFPP go to other providers (66% to private providers and 31% to MOH). 66% of nonusers of JAFPP use other providers: 30% private & 24.1% MOH.
- Competition is becoming a growing threat
- Inability to hire female physicians which leads to closing clinics. Also, Clinics distance form Amman have problem in attracting and retaining doctors.

### **LEARNING**

- Transfer of Donors projects experiences

### **SUSTAINABILITY**

- Pressure on the government to cut expenses might result in removing subsidy from Ministry of Health.
- Lose donors' support because of inability to deliver or emerging of new competitors.
- Inflation in prices and increased cost of living that results in increasing staff salary and cost of owning clinics.

# **Annex 2**

A Paper on Mission, Vision and Values and its Importance in the Strategic Planning process

## **Mission, Vision and Values and its importance in the Strategic Planning process**

Not every plan is a strategic plan. Strategic plan is an instrument that will be providing guidance and direction to JAFPP on how to fulfill its **Mission** with efficiency and impact. It will also indicate how JAFPP plans to articulate and coordinate all of its strategic objectives as well as describe in a very concise way which resources are needed and how those resources are going to help in the accomplishment of the **Mission**.

The **mission** statement is the road map; it keeps the Association heading into the right direction. The **mission** statement answers the questions what and why.

The strategic planning process requires development of the basis of a **vision** statement for the organization. As important as the **Mission** Statement is the **Vision** Statement that will describe in few precise words what the association should develop as a dream for success. But although the **Vision** is a dream it has to be realistic, based on facts not on wishful thinking or heart feelings.

JAFPP's current Board members have already being exposed to examples of **vision** statements formulated by similar successful organizations in other parts of the world and have accepted the need to formulate one **vision** statement of their own. It is well known and understood that an organization similar to JAFPP has and "needs to go through more than one cycle of strategic planning before it can develop a truly effective vision for itself"<sup>4</sup>.

The **value** statement on the other hand, answers basically the questions how the association wants to treat others and how to treat it. Some examples of values presented to the Board and the senior management included integrity, honesty and respect among others. All those values are shared by both Board members as well as the senior management.

During the workshop on Strategic Thinking and Strategic Planning, six of the 11 members of JAFPP's Board of Directors were asked to write down in their own words the meaning and scope of the current Mission statement, which was used as a baseline. Then there was a capacity building exercise on Strategic Thinking and Planning and the same question was formulated.

The results although not dramatic or groundbreaking show that in most cases the JAFPP board members has a similar interpretation of the Mission statement. Nevertheless, it is still a source of discussion the nature of the Association. Some

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<sup>4</sup> John M. Bryson and Farnum K Alston, Creating and Implementing your Strategic Plan- 2005

members strongly believe that non-profit means JAFPP is a charity, and as such should not charge for services or products, yet another group interpret non-profit as a type of organization that can charge for products and services an amount that will allow the JAFPP to recuperate totally or partially the cost of the service and or product.

Before the participants were exposed to the workshop, a majority of them thought that JAFPP's services and programs were to be aiming only at women. After the workshop, there was a change of opinion and some of them suggested opening a clinical service for men. A similar case was happening with the interpretation of programs and services; however after the facilitation some members suggested the inclusion of training programs, as the initial step to other programs.

In summary, the Mission statement as it is right now it is interpreted by most of board members in a similar way, with discrepancies on the nature of JAFPP. So the question seems to be TO CHARGE or NO TO CHARGE. This thorny issue has to be sort out as soon as possible so that the participants to the Strategic Planning process will have the opportunity of discussing alternatives for funding the JAFPP now and in the immediate future.

The current Mission statement allows some flexibility and the possibility of adding services and activities, as well as moving towards other populations without changing the statement.

The above does not mean that JAFPP should keep the same Mission statement for years to come. It is highly recommended and encouraged that the Board should re-visit the mission statement as often as every six months to a year. The Governance Committee within the board should be assigned this task; once the committee analyzes and agrees the statement can come with recommendations for the rest of the Board to amend or modify the mission in order to make sure that the statement reflects the purpose of the association.

The Vision and Values statement require more time to be openly discussed and accepted, first by the Board members, then the Senior Staff, and once agreed on the statements have to be presented to the General Assembly for adoption , modification or rejection.

### **Current JAFPP's Mission Statement:**

“JAFPP's Mission as a voluntary non-profit organization is to provide high quality reproductive and sexual health services and programs for women and families, based on its belief that access to such services is a basic human right.”

## **[1] Voluntary:**

Free decision, need to see the association as an entity, not as an agent for personal benefit.

Voluntary also means:

### **Resources**

Be ready to give money; have access to money; access to other resources like foundations, government, corporations and availability for active participation.

### **Community connections**

With religious organizations, corporate, education, military, media, monarchy, political parties, philanthropy, small businesses, social services, etc.

### **Qualities**

Among the qualities of a volunteer is to have leadership skills; willingness to work as well as availability and feel a personal connection with JAFPP's mission statement.

### **Personal Style**

Consensus builder; good communicator, strategist, visionary and bridge builder

### **Areas of expertise**

The most common areas of expertise are in : Management; investments; fund raising; law; marketing; government; human resources, strategic planning, public policy, work other NGOs and many others.

## **[2] Non-profit**

Not seeking or producing profits; exists for the public benefits. Money earned must be retained by the Association, and used for its own expenses, operations and programs.

The Association can charge for its services and can implement a sustainability plan that might require increasing income from provided services.

The 2009 Jordanian law for Associations allows for running income generating projects. Therefore, services and programs can generate income that will be cover expenses of providing the service or programs or can even generate surplus used in expansion of services and programs.

### **[3] High Quality**

Service or product provided is better; high positive impact on who receives the service.

A better service compared to others; unique services not found in the market, in compliance with internationally recognized standards.

Female doctors provide our services; this is a quality aspect

Best value for money.

With more competition JAFPP should keep differentiating its services.

### **[4] Reproductive and sexual health,**

Right of all to make choices regarding their own sexuality and reproduction, providing these respects the rights of others to bodily integrity.

### **[5] Services**

Services are facilities providing the public with the use of something.

JAFPP services are not predetermined rigid medical services. New services might be introduced, while old services removed. It depends on the strategic assessments and direction JAFPP takes.

The pre-marriage tests can be an example of a service that might be introduced.

### **[6] Program:**

A system of projects or services intended to meet a public need

Examples of programs are: Awareness and educational campaigns that target potential users; training of Ministry of Health staff and private sector in addition to training of JAFPP medical staff; training of local communities' leaders.

Programs are elements of JAFPP that feeds the Association with more users of its services; therefore it is important to activate this part of the mission. It is the first step to receive services.

Programs carried out by volunteers at the local communities' level are important. It is not a source of loss that can only take place if there is fund.

Programs should always relate to the mission and should be balanced with services. In formulating programs, flexibility is required to go with the dynamics around us.

## **[7] Families:**

Families are defined as a fundamental social group in society consisting of parents and children. According to Jordan's laws, a family includes all members living in the same house.

Men are beneficiaries of JAFPP services.

JAFPP might introduce services for men. This will be a niche. Experience showed that it is difficult to reach out men; therefore services to men will remain limited.

Women, both married and single are beneficiaries of JAFPP services. Kids are not covered

## **[8] Belief:**

Acceptance of a fact, opinion, or assertion as real or true, without immediate personal knowledge

## **[9] Protection**

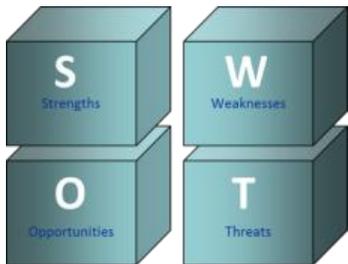
Protection is health and social protection through providing both medical preventive and curing services for women and men that will reflect on the family as a whole.

# **Annex 3**

## The Approach to Develop JAFPP Strategic Plan

# **JAFPP Strategic Planning Process**

12 May – 30 June, 2011



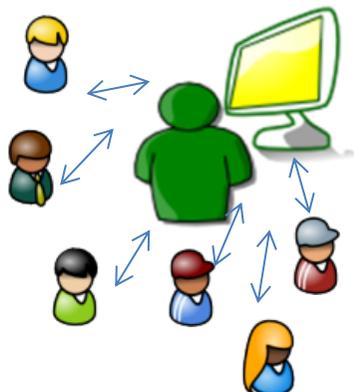
Analyze and use findings of the Market studies & organizational assessments to

Present to the board for discussion and approval in a retreat arranged end of



**JAFPP Strategic Planning Task Force**

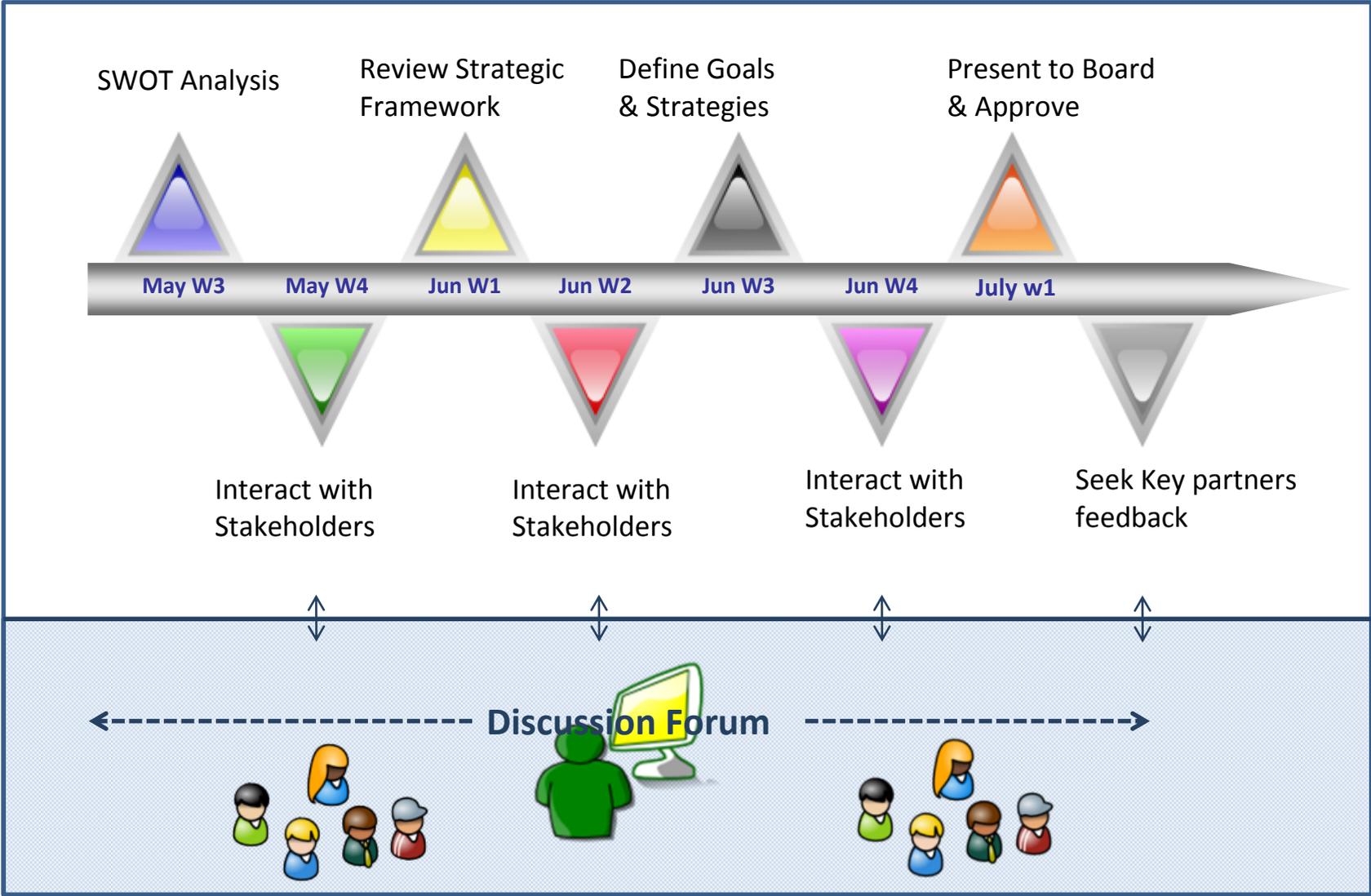
Run an online discussion Forum to get stakeholders input



Develop a Draft Strategic Plan that incorporates the five goals identified by the



# Timeframe of JAFPP Strategic Planning Process



# Structure of Goals/Strategic Objectives

#	Intermediate Outcomes* (core performance domains)	Strategies suggested by HNP
1	<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>Clinical quality: care provided to a patient is safe and medically appropriate</li> <li>Managerial quality: degree to which administrative systems such as procurement, HR and data management support the delivery of high-quality clinical care</li> <li>Client satisfaction: a measure and a counter point to the technical standards of clinical and managerial quality (patient-centered service delivery)</li> </ul>	Standards & guidelines
2	<p><b>Efficiency</b></p> <p>Is a relative measure that compares inputs used (e.g. human, technological, financial) to outputs attained (number and level of services)</p>	Process improvement and technology and tool development (those relevant to supply side)
3	<p><b>Utilization</b></p> <p>Volume of services delivered or number of visits and new clients. While straightforward to measure as an intermediate outcome, setting standards for the ‘right’ level of utilization can be difficult due to the influence of diverse and variable client demand patterns.</p> <p>Access - the potential ability of an organization’s potential clients to obtain its services – results in observable utilization, therefore it is a measure of utilization.</p>	Major strategy areas potentially useful for improving performance among health care organizations: Process improvement and technology and tool development (those relevant to demand side)
4	<p><b>Learning</b></p> <p>Refers to the process by which an organization acquires new knowledge and translates this knowledge into organizational practices.</p>	Education and training; Organizational culture
5	<p><b>Sustainability</b></p> <p>The organization’s ability to continue delivering needed and valued services. Dimensions of sustainability include sustained political support from government officials, sustained community and patient support, and predictable access to needed inputs (e.g. financing, trained HR)</p>	Organizational design; Incentives; Leadership and management

\* it is suggested that JAFPP draw on five intermediate outcomes identified by the HNP discussion paper on the guide for developing strategies for improving health care delivery (presented to the World Bank).

## How to identify strengths, weaknesses, opportunities & threats

<p><b>Strengths</b></p> <p><i>What are your de facto strengths?</i> <i>What are your competitive strengths?</i> <i>What are your perceived versus real strengths?</i> <i>What other internal factors will help you?</i></p>	<p><b>Weaknesses</b></p> <p><i>What are your de facto weaknesses?</i> <i>What are your competitive weaknesses?</i> <i>What are your perceived versus real weaknesses?</i> <i>What other internal factors will hinder you?</i></p>
<p><b>Opportunities</b></p> <p><i>What current opportunities do you face?</i> <i>What future opportunities do you face?</i> <i>What opportunities do you face re. competitors?</i> <i>What other external factors will help you?</i></p>	<p><b>Threats</b></p> <p><i>What current threats do you face?</i> <i>What future threats do you face?</i> <i>What threats do you face re. competitors?</i> <i>What other external factors will help you?</i></p>