



Strengthening Family Planning Project

تعزيز تنظيم الأسرة

JAFPP Stakeholders' Perception Study

Submitted to:

Ziad Muasher
Agreement Officer's Representative (AOR)
USAID/Jordan

Reed Ramlow
Chief of Party
Strengthening Family Planning Project
Abt Associates Inc.

Prepared by:
Sarah Kamhawi, MPH
Monitoring, Evaluation and Research Officer
Strengthening Family Planning Project
Abt Associates Inc.

December 2013

Strengthening Health Outcomes through the Private
Sector (SHOPS)

Associate Cooperative Agreement No. 278-A-00-10-
00434-00

The information contained in this document is considered CONFIDENTIAL and is intended for the recipient and their authorized representatives only. Any unauthorized distribution is strictly prohibited without the prior written consent of submitter.

Acknowledgements

The Strengthening Family Planning Project (*Ta'ziz Tanzim Al Usra* or *Ta'ziz* in short) initiated this study in order to provide the Jordan Association for Family and Protection (JAFPP) with information that may assist it in strengthening its role as a leader and advocate in the field of family planning and reproductive health in Jordan. Sincere thanks are due to Mr. Bassam Anis, Executive Director, and Ms. Wafa Nafe' Saleh, Social Marketing and Membership Manager at the JAFPP, who played a key role in preparing for the study and who revised the interviewer guide.

Thanks are also due to the *Ta'ziz* team that played a key role in identifying participants for the study. Importantly, we thank Dr. Nadia Al-Alawi, former Monitoring, Evaluation and Research Advisor, who prepared the interviewer guide and study design. Special thanks are also due to Batoul Maraqa, who made appointments with respondents, took notes during interviews, transcribed all interviews and coded data into matrixes. We also thank Dr. Maha Shadid, Deputy Chief of Party, and Houda Khayame, Social Marketing Manager for their support and assistance.

Finally, we extend warm thanks to all study respondents for their time and input.

Table of Contents

Acknowledgements.....	1
Table of Contents.....	2
Abbreviations.....	3
Executive Summary.....	4
Introduction.....	7
The Strengthening Family Planning Project.....	7
The Jordanian Association for Family Planning and Protection.....	7
Methodology.....	8
Summary of Findings.....	9
Leadership in FP/RH in Jordan.....	9
Definition of Leadership.....	9
Identification of national FP leaders.....	10
JAFPP as a Leader in FP/RH.....	12
Suggestions to help JAFPP strengthen its role as a leader.....	15
Willingness to form a partnership with JAFPP.....	18
Advocacy for FP/RH in Jordan.....	20
Identification of national advocates for FP/RH.....	20
JAFPP as an Advocate for FP/RH.....	21
Suggestions to help JAFPP strengthen its role as an advocate.....	24
Willingness to form a partnership with JAFPP.....	27
Suggested partners.....	28
Awareness of and Current Perception of JAFPP.....	29
Conclusions and recommendations.....	34
Leadership Findings and Conclusions.....	34
Advocacy Conclusions.....	34
General Conclusions.....	35
Key Recommendations.....	36
Leadership.....	36
Advocacy.....	36
Image.....	36
Appendix I: Consent and guide.....	38
Guide in English.....	38
Guide in Arabic.....	41

Abbreviations

EBM	Evidence Based Medicine
FP/RH	Family Planning/Reproductive Health
GFJW	General Federation of Jordanian Women
HPC	Higher Population Council
IFH	Institute for Family Health
JAFPP	Jordanian Association for Family Planning and Protection
JNC	Jordan Nursing Council
JRO	Jordan Relief Organization
JOHUD	The Jordanian Hashemite Fund for Human Development
MAIAHP	Ministry of Awqaf, Islamic Affairs and Holy Places
MOH	Ministry of Health
MOSD	Ministry of Social Development
NWD	Network Doctor
UNFPA	United Nations Population Fund
UNRWA	United Agency Relief and Works Agency
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Methodology

Interviews were conducted with representatives of 22 stakeholders in the field of FP/RH between April 1, 2013 and May 28, 2013. All interviews were conducted and transcribed in Arabic, coded and organized into matrixes for analysis. Interviews were recorded when permission was given by the respondent.

Key Findings: Leadership

- When asked who is considered to be a leader in FP/RH in Jordan, the most mentioned leaders without prompting were the MOH (17), the JAFPP (10), the HPC (10), and UNRWA (7). Two said that the JAFPP was a leader in the past.
- JAFPP is considered to be a leader in FP/RH nationally primarily for its role in service delivery and the availability of female physicians at its clinics. The perception of JAFPP's role as a leader diminished after the 1990's and many associate this diminishment with financial and administrative problems faced by the JAFPP in the recent past.
- Participant suggestions for regaining or strengthening JAFPP's role as a leader are as follows:
 - Form partnerships and provide assistance to other institutions who work in similar sectors, not limited to FP/RH (10)
 - Broaden its reach and scope of work to include women's health in general (6)
 - Change the leadership (4)
 - Improve services (2)
- All civil society stakeholders view the JAFPP as a rich resource of experience and expertise and it presents itself as a successful institution to this day. Its role as a leader may need to be strengthened and publicized.
- All respondents expressed a desire to collaborate with the JAFPP.

Key Findings: Advocacy

- The most mentioned key advocates for FP include the Higher Population Council (14), the MOH (8), and USAID funded projects (8). JAFPP was only mentioned by two respondents and only in relation to advocacy at the community level.
- When asked directly about JAFPP's role in advocating for FP nationally, four participants believed that the JAFPP is a key advocate.
- The JAFPP can capitalize on its legacy and its name, which was generally associated with quality. Many of those who knew of JAFPP's origins spoke of it with warmth and even recalled some of the old campaigns run by the JAFPP in its earlier years.
- Participant suggestions to help JAFPP become a key advocate for FP are that the JAFPP should first have strong internal organization with leadership that holds a vision that includes advocacy, a precise strategic approach for advocacy, and most importantly, that the JAFPP needs to create new partnerships, and renew and strengthen old and existing partnerships.

- Three out of six media professionals who specialize in health did not know about the JAFPP and among those who knew of the JAFPP, two had not published anything about the JAFPP for many years.
- The topic of FP was of importance to all media professionals and all remarked that this topic gives allowance for coverage of events, however to a limited extent. It is clear from the respondents that the JAFPP has not been capitalizing on such opportunities even though they would be of no cost to the JAFPP.
- JAFPP's partnership with the HPC is clearly important to respondents and the HPC is viewed as a key advocate for FP in Jordan. It is unfortunate, however, that JAFPP's partnership with the HPC is perceived to be ineffective or even nonexistent.

Other Key Findings

- Institutional stakeholders, policy makers and donors are aware of JAFPP's struggles in the past and of the involvement of USAID and Ta'ziz in helping JAFPP regain its role as a leader in FP/RH. Other civil society stakeholders and the media, however, know of the troubles but are unsure of what happened with the JAFPP afterwards.
- Fourteen out of the 22 participants were aware of the collaboration between the JAFPP and Ta'ziz. Among those, eight believed that the resultant changes are minimal but many emphasized that not enough time had lapsed since the collaboration's initiation. Those who noted poor development believed that the obstacle is the leadership of the JAFPP, which has not changed. Positive developments include clinic purchasing and renovation, and crosscutting training with private sector physicians.
- The JAFPP's absence from the media and its limited involvement with others is interpreted negatively by other institutions and the media.

Recommendations: Leadership

- The JAFPP should look back at its history in order to identify the qualities, which made it a leader and pioneer in FP in the past, and assess why it is now viewed as a leader with limitations.
- The JAFPP must strengthen and form new collaborations with policymakers, institutional stakeholders and civil society stakeholders who focus on women and who have strong community outreach programs.
- Most civil society organizations look to the JAFPP as a role model and would likely benefit from JAFPP's administrative and financial experience and expertise in training. The JAFPP should provide such assistance to other civil society organizations that in return could provide JAFPP with wider community outreach, which will strengthen the JAFPP's role as a leader nationally.
- The JAFPP may explore new approaches to aiding women's health so that it may once again present itself as a pioneer to donors and other stakeholders. Any new approaches need to be evaluated for feasibility.

Recommendations: Advocacy

- The JAFPP should first reestablish itself as a leader before attempting to play a key role in advocating for FP.

- The JAFPP should play a more active role in key meetings with the HPC and other policymakers since many respondents reported that the JAFPP's participation is equivalent to that of an observer.
- In order to play a role in advocacy, the JAFPP should have full-time staff that specializes in advocacy and the board of directors should have at least one member who is a specialist in building support and advocacy.

Recommendations: Image

- JAFPP should have a public relations and marketing department with media specialists who can form long-standing agreements with health representatives in newspapers, television channels and radio shows. Jordan's media is limited and it is easy to identify and network with key individuals who may play the role of advocates for the JAFPP on the public front. The JAFPP should also have a relationship with one skilled journalist who has a background in health topics so that he/she may foster such relationships and may act as a consultant to the JAFPP.
- The JAFPP should publicize its recent developments to other stakeholders and to the public after emerging from its administrative and financial crisis since most respondents were aware of the crisis but many do not know how the JAFPP emerged from it and what the association is doing today.
- None of the respondents knew that the JAFPP's mission includes advocacy for FP/RH. This indicates that key stakeholders are unaware of the JAFPP's mission and objectives.
- It is not enough for the JAFPP to have its physicians appear on television shows or in newspapers or have its logo displayed at the end of television spots. The JAFPP should finance its own awareness campaigns in order to capture the full attention of the public if it aims to be a key advocate for FP.

Introduction

The Strengthening Family Planning Project

The Strengthening Family Planning project (referred to as Ta'ziz from hereon), managed by Abt Associates, aims to support the government of Jordan's strategic plans for reproductive health and FP by expanding the availability, quality, and use of FP services within the private, non-governmental sector. The project has the following component areas that align with its expected results.

- A. Strengthened management and governance systems and increased financial sustainability at the Jordan Association of Family Planning and Protection (JAFPP)
- B. Increased access to and improved quality of private sector FP services
- C. Increased demand for FP products and services in the total market

The Jordanian Association for Family Planning and Protection

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 continuously provided and promoted FP/RH services. The JAFPP currently provides FP/RH services throughout the country through 17 health centers.

The JAFPP's mission is to *deliver 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.*

JAFPP envisions as *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.*

The association plans to realize its vision by taking the following four strategic steps:

- 1) ensuring service quality, management efficiency and client satisfaction;
- 2) increasing usage of its services through marketing in the community and advocating for family planning and reproductive health;
- 3) advancing continuous learning and development, and
- 4) achieving sustainability.¹

The purpose of this study is to provide the JAFPP with information that will help it address the second and fourth steps. JAFPP requires a concise public relations strategy in order to position

¹ JAFPP Strategic Planning Task Force. "Strategic Plan of the Jordanian Association for Family Planning and Protection [JAFPP] 9/2011-9/2014"

itself as an advocate and a leader. Such positioning will increase its ability to attract donors and will thus ensure sustainability. For this reason, the Ta'ziz project identified and conducted in-depth one-on-one interviews with representatives of key stakeholders in the field of FP/RH in order to:

- 1) Identify the characteristics and qualities associated with leadership and advocacy
- 2) Identify leaders and advocates in FP/RH and assessing whether JAFPP is considered to be among those mentioned
- 3) Identify qualities and characteristics which make or do not make JAFPP a leader and/or advocate in RH/FP
- 4) Identify how JAFPP is viewed currently as compared to the past
- 5) Identify potential opportunities for partnerships with relevant stakeholders
- 6) Provide the JAFPP with recommendations

Methodology

In-depth one-on-one interviews were conducted with senior level staff in relevant institutions or with private sector health providers.

Task leaders from the Ta'ziz project formulated a list of relevant stakeholders in FP/RH. Table 1 depicts the number of attempted and successfully completed interviews for this study. The list included eight donors, two policy maker institutions, three institutional stakeholders, 12 civil society stakeholders, five private sector providers, and 11 media sources. Interviews were successfully conducted with nearly 70% of the targeted institutions and individuals; participants included representatives for two donors, two policy makers, two institutional stakeholders, six civil service stakeholders, four private sector providers and 6 media channels. Media channels included two radio stations with programs relating directly to family health and social issues, two television stations with morning television shows covering family health topics, and two newspaper health editors.

Interviews were conducted between April 1, 2013 and May 28, 2013. Respondents were first approached by telephone and were informed that the Ta'ziz project was conducting a perception study about the JAFPP and that their participation was kindly requested. Multiple attempts were made in order to reach targeted respondents and at times it was necessary to identify representatives within the institutions whose work related to RH/FP.

Interviews were conducted in private when possible and lasted between 30 and 50 minutes. Respondents were read a consent script prior to starting the interview, which was then signed by the Ta'ziz Monitoring, Evaluation and Research Officer, who facilitated all interviews. Another Ta'ziz staff member was present to take notes and was later responsible for transcribing the interviews. Interviews were conducted and transcribed in Arabic. Interviews were audio recorded when permission was given by the respondent in order to facilitate transcription.

It was most challenging to arrange meetings with donors. Some donor institutions reported that they did not provide funding for RH/FP initiatives and others were not responsive after multiple attempts by telephone and by email.

Because the discussions were in Arabic, respondent comments are not direct quotes. They are English translations of statements made by respondents in Arabic.

Table 1: Participating institutions				
	Listed	Attempted	Successful	Success rate
Donors	8	8	2	25%
Policy makers	2	2	2	100%
Institutional stakeholders	3	3	2	67%
Civil service stakeholders	12	9	6	67%
Private sector providers	5	4	4	100%
Media	11	6	6	100%
Total	41	32	22	69%

Summary of Findings

Leadership in FP/RH in Jordan

Definition of Leadership

Respondents were first asked to define what leadership was in their opinion.

❖ Donors (n=2)

Both donor institutions heightened the importance of having a clear vision in the role of any leading institution. One of the donors emphasized the importance of having a clear plan in order to attain this vision and the importance of forging partnerships with others and providing assistance to others who may contribute to or share the vision. A leader also motivates others to reach the goals of the institution.

❖ Policymakers (n=2)

Policymakers answered that leadership requires creativity and pioneering. Leadership also relates to identifying goals and having plans in place in order to reach those goals. Finally, leadership requires working with and supporting others.

❖ Institutional stakeholders (n=2)

Leadership is associated with creativity and vision. Both respondents mentioned that a leader is capable to getting the most from financial and human resources. Leadership also relates to identifying goals and having plans in place in order to reach those goals. One respondent mentioned that a leader is accountable and allows for transparency.

- ❖ Civil society stakeholders (n=6)
Four out of the six respondents answered that leadership requires creativity and pioneering. Two mentioned that leaders support and work with others and make decisions. One mentioned vision.
- ❖ Private sector providers (n=4)
One respondent answered that leadership requires creativity and another mentioned that a leader has a vision. Other respondents mentioned problem solving, creating a hospitable work environment and having self-motivation.
- ❖ Media (n=6)
Media professionals explained that leaders have inspirations, take initiative, extract the best from others without pressuring them, and make others believe in one common dream that they could achieve together. Leadership also requires expertise and management skills.

Identification of national FP leaders

After providing their own definition of leadership, respondents were informed that for the purpose of this study, a leader in the field of FP has a distinguished role in creating awareness, delivering high quality FP counseling and services to Jordanian community members.

- ❖ Donors (n=2)
Only one of the donors answered that JAFPP is a national leader in FP/RH. They first mentioned Queen Noor Al-Hussein Institute for Family Health because,

they have a more comprehensive approach towards women's health and they have good relationships with their surrounding communities and they invest in training their employees ... and they work in FP but they do not consider it to be their only work, and from my perspective it is a better strategy than being only known for FP.

Other mentioned leaders were the RMS health center in Tafila and UNRWA.

One respondent clarified that there is not a single institution, whether private or public, which plays a leading role in all three aspects mentioned above. When asked why there are no leaders in FP, the respondent stated,

there is no leadership with a strong belief in the objective of FP. You will find people, who possess some motivation, passion and action, but they changed depending on the circumstances and they change with them... These are not [the leaders] I refer to. I refer to people who are real believers in FP and [the] population density [issue] in Jordan.

The MOH was mentioned by both donors. One respondent reported that the flaw in the MOH is the high turnover rate in physicians and midwives and assignments for midwives are often dictated by personal relationships with decision makers. The other respondent also mentioned that the quality of MOH health centers varies depending on the staff. The MOH, however, is continuously evolving and improving itself and increasing the capacity of its staff.

❖ Policy makers (n=2)

Policy makers identified leaders in FP. Both mentioned the MOH first for its role in service provision. Others mentioned by both policy makers are the HPC, the private sector in general, the JAFPP, and the UNRWA. One respondent mentioned Aman.

❖ Institutional stakeholders (n=2)

The MOH and the HPC were mentioned by both respondents. The MOH, one respondent expanded, is responsible for providing services to remote areas with low socioeconomic populations for even if the JAFPP provides services with symbolic prices, some will still not be able to afford such prices and it is the MOH's duty to cover those areas.

One mentioned donors, women's associations, the media, and USAID funded projects and specified that they each complement one another. Religious leaders were also mentioned. The JAFPP was not mentioned.

❖ Civil society stakeholders (n=6)

Five out of the six said that there are leaders in FP locally and one did not know. Among those who said that leaders exist, four mentioned the MOH. Two mentioned JAFPP's leading role in the past and one mentioned them as current leaders. One did not mention the JAFPP.

Others mentioned the UNRWA (3), HPC (2), the MAIAHP (1), the RMS (1), Aman (1), and the MOSD (1).

The MOH was considered a leader for the volume and geographical proliferation of the FP services it provides. However, one respondent specified that when one discussed leadership, they must go beyond reach and volume. UNRWA, in their opinion, is a leader because,

there is high quality and they have standards which they follow and they gather data. The subject of counseling has a working system and the [UNRWA] is unique for its strong infrastructure and distinctive geographic coverage.

❖ Private sector providers (n=4)

All four physicians replied that there are leaders in FP locally. The MOH was mentioned by two physicians, one of whom specified the MOH's role in service delivery, raising awareness and providing counseling. One physician mentioned UNRWA for its efforts at raising awareness and counseling.

Two physicians stated that the private sector physicians are leaders and one specified the Association of Obstetricians and Gynecologists of Jordan, which plays a key role in raising awareness and providing proper counseling to women.

One replied that the Ta'ziz project is a leader because it helps physicians improve themselves and it has campaigns to promote FP. Another physician mentioned the JAFPP first because it concentrates more than others on FP.

One mentioned the HPC for its role in policymaking.

❖ Media (n=6)

Five out of the six replied that there are local leaders and one did not know.

The most mentioned was the MOH (4), followed by the JAFPP (3), the HPC (3), the MOSD (2), the media (2) and other various entities such as the Health Policy Project.

JAFPP as a Leader in FP/RH

Respondents were asked directly if they considered the JAFPP to be a leader in FP/RH if they had not mentioned it without prompting.

❖ Donors (n=2)

The JAFPP was mentioned as one of the leaders by both donor respondents; however, with reservation. One respondent highlighted their outreach capacity and stated, *I think that the Association has a very important role and it needs to take a leading role as an association in providing reproductive health services.*

The other donor representative mentioned the JAFPP as a leader in service provision for three qualities. First, it has female physicians, which meets the preference of most Jordanian women. Second, it does not have high turnover in its staff. Third, it is a specialist in FP, especially for the IUD in the past and now it has expanded its services to include Implanon.

Even after mentioning these positive qualities, both donors felt that the JAFPP had taken a step-back as a leader. One respondent emphasized that the JAFPP, *“was a leader, and we must acknowledge that at the current stage they have lost much of that role.”* The donor specified that the shift occurred in the late 1990’s or early 2000’s, when the JAFPP *“began to think and work as though they are a private institution ... and financial issues were very important and I do not believe was successful ... they used have the work philosophy of an association and now they work as a private sector organization (focused on) income generation.”*

❖ Policy makers (n=2)

Both mentioned the JAFPP without prompting, however, one specified that this leadership role was in the past and another mentioned that its role as a leader is regressing. What makes the JAFPP a leader now is the availability of female physicians and social workers at each health center. The public sector does not have one individual at the health center whose sole responsibility is to provide proper FP counseling. Having a social worker allows the woman the right amount of time and attention she needs to make the proper decision about her FP choices. One respondent highlighted that JAFPP has a good reputation and that clients trust them and another highlighted the good quality of services provided at the clinics.

The JAFPP also played a leading role in providing training and TOT for FP methods such as the IUD.

❖ Institutional stakeholders (n=2)

When asked if the the JAFPP was a leader in FP, one stated,

Of course. They are the leaders in terms of specialization, proliferation, success in providing the service over time, and have a specialized medical staff to provide services.

However, the respondent expanded that it is possible that the current administrators do not have the experience required for handling such programs. Even so, the respondent believed that JAFPP's collaboration with USAID was positive and that can be seen at the health centers.

❖ Civil society stakeholders (n=6)

When unprompted, two had mentioned the JAFPP as a leader because of its role in the past while one considered it a leader currently. After prompting, one respondent said that the JAFPP had been a leader in the past only and another did not know. Those who mentioned the JAFPP's leadership role in the past also said that that role is diminishing. It was noted that the JAFPP *is an element that cannot be denied even though its role is diminishing.*

Overall, it was mentioned that the JAFPP was a pioneer and that it had introduced FP to the country. The name of the JAFPP is associated with quality and people trust it.

One respondent who did not mention JAFPP as a current leader stated that even though the respondent is a member of the JAFPP, the respondent does not feel the Association's presence perhaps due to the administrative body or the lack of promotion. This indicates that the association is not a leader. Regardless, the respondent knows that the quality of care at the clinics is good.

Another who did not consider the JAFPP to be a current leader explained:

I speak from my experience from the past 10 years. When I started, there were 19 JAFPP clinics and the JAFPP played a leading and distinguished role with these 19 clinics as compared to 260 health centers belonging to the MOH. They had a primary, clear and tangible role and if you mentioned the word FP what would come to your mind immediately was the JAFPP. I felt that this role disappeared some years ago. Now if you want to mention who provides services without considering the quality or anything else in the field of FP, you will need time to recall the JAFPP.

Two main reasons were given by respondents for the JAFPP's diminishing role as a leader in FP. First, the JAFPP characterized themselves solely as providers of FP services and did not expand this role. One respondent mentioned that they also provide RH services, however these services are not dominant and the JAFPP will remain limited to FP.

Second, it was also observed by most that the JAFPP does not collaborate with others who work for women's rights and wellbeing and therefore the JAFPP does not play a big role as a leader in FP/RH. For instance, it was said:

They distanced themselves from the institutional community. There used to be people belonging to the Association such as administrative and technicians, who had strength, were influential and had leadership personalities. I felt that their absence greatly impacted [the Association].

Those who knew of the JAFPP's history linked this distance to a period when the JAFPP went through difficulties administratively and financially and when the sustainability of the JAFPP was questionable. It was noted that the institutional community did not know what was happening and the JAFPP did not communicate with its partners about its developments and future plans.

❖ Private sector providers (n=4)

Three out of the four had mentioned the JAFPP as a leader in FP; however, one mentioned them in a limited capacity because they do not serve all levels of society.

A key factor that makes the JAFPP a leader according to two physicians is the role the JAFPP plays in training providers on the IUD.

One of the physicians did not know very much about the JAFPP except that the doctor never heard complaints from patients who went to the JAFPP for a FP service.

One physician had a very positive opinion about the JAFPP, stating

People know [the JAFPP], its services are cheaper and at a reasonable price for those who live in this area, Marka. Women know the JAFPP well and its reputation is excellent and they have female physicians. We took courses on the IUD with them and their service is excellent and they are present in areas for a long time and they attained experience.

One physician held a negative opinion of JAFPP, their medical staff and their skills at inserting IUDs. The physician recalled removing incorrectly placed IUDs multiple times. When asked whether JAFPP was a leader, the doctor replied

They are leaders mostly because they are closer to free of charge compared to others, but they are not leaders scientifically. They are leaders because they are the oldest among other associations and people seek them as they seek the UNRWA or the [public] health center, not because of their vast knowledge but because they are cheaper than other places only to make due. But they are not leaders, impossible.

One physician had mentioned that private sector providers view the JAFPP as a competitor, which hinders its ability to play a leading role. Subsequent to this interview, two physicians were asked whether they viewed the JAFPP as a competitor. One answered

no, this depends on the community health worker (CHW) who visits houses because they (CHWs) distribute patients to doctors... I receive patients who want to space between

pregnancies but they do not have the means, so I refer them to the JAFPP and I make many referrals ... You work based on peoples' means.

When the other was asked whether they felt that the JAFPP competes with the respondent's services, the doctor answered

No, livelihood is from God and the most important thing is your patient's conviction. Many come and tell me that they used to go to the JAFPP because it was cheaper... I am not against ... I benefit from them because I work on the [incorrectly] inserted IUDs that come my way through them.

❖ Media (n=6)

Only half of the six media professionals mentioned the JAFPP as a leader, one of whom specified that the JAFPP's role is diminishing. Some of the respondents could not distinguish JAFPP from others in the same field. For example, one replied,

The issue is not that I do not consider them to be leaders, but the opposite, they have a big role. But truly it is unclear and not always understood that the activity is from the association, Ta'ziz, USAID, from the MOH as an initiative, or from the WHO... especially since in the previous year and the years before there were many organizations with similar names.

Only one of the respondents stated that their leading role relates to an active presence in the media. Other reasons include their geographical distribution, the type of provided services provided at the clinics, and institutional strength.

Media professionals were also asked if the JAFPP had a presence in Jordanian media.

One newspaper editor replied,

No, their presence in the media is almost non-existent and the reason why is not the media, it is that they keep their distance from the media. For example, the JAFPP is willing to pay 10,000 dinars for a small campaign that no more than 10-20 women are aware of whereas they are not willing to pay 200 dinars for a journalist who would benefit them in media work and coverage and reach much more than the campaign.

Journalists were also asked when was the last time that they published or broadcasted something about the JAFPP.

One responded,

Since three years. I might have seen [something] but not something significant because there is no interest in [our] journalists.

Suggestions to help JAFPP strengthen its role as a leader

❖ Donors

The donor's suggestions relate to the vision of the JAFPP and its leadership. One donor emphasized the importance of a clear vision with relation to geographical areas and work methodologies. One suggestion is to expand beyond the provision of FP methods only, for their standard of success must be greater, it should be to give integrated reproductive health services and address all issues relating to women.

The other donor presented a different perspective. If the JAFPP broadens its services by, for example, the treatment of chronic disease, it will dilute its impact in FP and will not be able to compete with the public sector, which is highly subsidized and provides such services free of charge. JAFPP should study the landscape before deciding to expand services.

Medications can be bought at a much lower cost if they are obtained through a donor such as the UNFPA or USAID.

The other respondent stated that the JAFPP needs new leadership and that this change must occur at the executive level. A new executive who possesses skills in promoting ideas, persuasion and leadership is needed to help steer the Board towards the association's vision.

The salaries of JAFPP medical staff are not competitive with the private sector, which makes it hard for the JAFPP to recruit the best health providers. As for the purchasing of new clinics, one respondent advises against it given that in the past, the JAFPP was able to provide health services through 16 health centers to a larger number of women than what the MOH was delivering from over 400 health centers. Quality of services is more important than number of clinics.

When one examines the most recent results of the Jordan Health and Population Survey, one may infer that the quality of services at the JAFPP has diminished since the CPR is constant.

Finally, it is essential for the JAFPP to forge and maintain strong relationships with communities and society as a whole.

❖ Policymakers (n=2)

All respondents suggested that JAFPP change its staff by bringing in new health providers who are passionate about women's health and FP. When asked whether the JAFPP can regain its role as a leader in FP, one respondent stated,

they persevere and it is possible that they need people who are more passionate about providing the service, and for the JAFPP to attract passionate people it needs to pay. The current generation will not accept starting off from where we started.

At the same time, those health providers who perform well and who have extensive experience should be supported and rewarded.

The JAFPP also needs to take advantage of missed opportunities. It was noted that the JAFPP had never approached one of these key policymakers for assistance on the policy-level, even though the respondent expressed a willingness to provide assistance whenever necessary.

In addition, the JAFPP may expand its services beyond FP/RH, by providing child vaccinations, for instance, so that it can capture unmet need and missed opportunities. However, this respondent was unsure of how flexible JAFPP's mandate was and did not know if such a comprehensive approach to women's health would be feasible.

One respondent noted that there needs to be a change the leadership at the JAFPP while the other stated that the leadership needs to be more knowledgeable of women's health and the medical field.

❖ Institutional stakeholders (n=2)

One respondent answered that the JAFPP could strengthen its role by not limiting itself to FP only, since it is a controversial topic in all societies. He suggests that it work more on raising awareness and mention the demographic opportunity.

This respondent further suggested that there be a restructuring of the administration of the JAFPP and that job roles be institutionalized such that they not depend on individuals, but rather they should depend on systems. The respondent noted that the administrative body at the JAFPP is elected, which may result in the inclusion of individuals who are not passionate about the JAFPP's mission. It is also important to have a funding plan in order to reach financial sustainability.

The other respondent was unsure if the JAFPP worked solely in reproductive health, but he also suggested that the JAFPP could expand its role by covering topics such as domestic violence, economic assistance, among others. However, the respondent believes that as an association,

all its roles are supportive roles, and we would be burdening it with more than it can handle if we expected of it to play a leading or primary role because there are ministries, councils such as the HPC, and these councils have financial allocations and budgets, while associations rely on donations.

❖ Civil society stakeholders (n=6)

Civil society stakeholders were eager to provide advice and suggestion in order to see JAFPP play a leading role in FP. One respondent did not provide any suggestions.

All five highlighted the importance of reaching out to other institutions in order to form collaborations and in order to provide support to smaller institutions. The JAFPP should make use of its name and its reputation and its extensive experience. Small institutions could benefit greatly from JAFPP's expertise in the provision of medical training and in health systems including its well-known database.

Other suggestions include broadening the services within the realm of women's health in general (2), increasing the marketing efforts (1), changing the leadership (1), and reaching rural areas outside of Amman (1).

One respondent suggested that the JAFPP seek new methods which are not provided by the MOH so that they may specialize in the new method and market itself as the unique provider of that method.

❖ Private sector providers (n=4)

Two physicians made suggestions in order to strengthen JAFPP's role as a leader. Both suggested that the JAFPP expand its reach to rural areas or by focusing not only on one societal level. Both also suggested that the JAFPP forge new partnerships with the private sector through the Association of Obstetricians and Gynecologists of Jordan and other self-delivery points throughout the kingdom.

The JAFPP should work on making private sector doctors their partners rather than their competitors. There should be a coordination of service delivery points and activities between the two by meeting with the Association of Obstetricians and Gynecologists of Jordan.

One also suggested that the JAFPP play a more active role in promoting itself through advertisements and awareness campaigns.

❖ Media (n=6)

Five out of the six emphasized the importance of collaboration between the JAFPP and the media. More the one respondent emphasized the importance of hosting regular meetings with all broadcasting channels in order to conduct brainstorming sessions about JAFPP's media needs.

Also, the JAFPP needs to have liaison officers at all broadcasting channels in order to promote its stories and its news. All three suggested that the JAFPP form a media unit which is connected with the president which would be formed by media specialists who can form a marketing strategy for the Association.

Most specifically, one editor said:

There should be a journalist who works with [the JAFPP] in return for a predetermined budget to cover his transportation at the least... This would be done on an individual level ... without the involvement of any other party because this activity is normal for a journalist. But he must have enough experience in FP/FP and he must possess good journalistic ability.

Two also stated that the JAFPP should form more partnerships with other institutions in order to present itself as a leader.

Willingness to form a partnership with JAFPP

❖ Donors (n=2)

Both respondents suggested that the JAFPP would be eligible for future funding from their donor institutions. One clarified that funds would only be given for the purposes of capacity building through trainings, particularly relating to gender-based violence, but not for the

covering of direct medical costs. The other said that direct funding is a possibility and that it depends on the strength of the financial rules and regulations of the JAFPP.

Donors hope that the JAFPP will regain its share of the market so that it may impact RH indicators. It remains, however, that the donors wish to see a clear vision and strong leadership within the organizational structure of the association.

❖ Polymakers (n=2)

One policymaker suggests that the JAFPP approach them when they encounter challenges related to decision makers on the policy level. Further collaborations can relate to community outreach and the training of providers on Implanon. The JAFPP already receives strong support from one of the policy makers and this support will be continued.

❖ Institutional stakeholders (n=2)

Both respondents expressed an interest in working with the JAFPP. One suggested that they help in gaining support for FP from the communities. The other will continue providing the JAFPP with support with relation to logistical planning and tax obligations.

❖ Civil society stakeholders (n=6)

All interviewed institutional representatives were willing and even eager to create partnerships with the JAFPP. All respondents suggested collaborations through which their institutions could benefit from JAFPP's administrative and technical experience and only one respondent mentioned that the benefit from collaborations would relate to a national goal to improve women's health and help women take a larger role in the work force.

The JAFPP is renowned for its training capacities and various respondents expressed an interest in benefitting from that resource. One respondent expressed that training on medical procedures should be unified and the JAFPP could play an integral role in such a process.

The JAFPP also have proliferation into communities that other institutions lack. Some suggested a partnership whereby JAFPP could tap into hundreds of women-focused community based organizations in order to increase their client base which increasing the availability of FP services to women in remote areas.

One respondent, who was not very familiar with the JAFPP suggested that the JAFPP provide funds in support of their institution's efforts.

❖ Private sector providers (n=4)

Two physicians answered that they would be willing to collaborate with the JAFPP, one would not be willing to do so and one did not know enough about the JAFPP to specify.

One suggested that they collaborate with private sector specialists in order to develop policies and programs through a medical and social perspective and suggested that this be done through the Society of Obstetricians and Gynecologists of Jordan. The JAFPP may also play a key role in reaching areas that are hard to reach.

❖ Media (n=6)

Media professionals would gladly strengthen their ties with the JAFPP if they were to be approached. The JAFPP may capitalize on the media due to its status as an NGO, which would grant it lower costs for self-promotion and even allow it to be on the air free-of charge.

The one major suggestion was the link the topic of FP with current events and also present case studies. Even those professionals who did not know about the JAFPP were willing to forge new alliances if the JAFPP were to approach them.

Advocacy for FP/RH in Jordan

Advocacy was defined to respondents as “when we talk about advocacy building and lobbying for FP and reproductive health we mean attracting the attention of community members about this issue and work with other individual and organization to create a positive change in society, defending human or group right to have access to FP and RH services. Lobbying is also a tool to influence governments to make a change in a policy or legislation regarding FP and RH issues”

Identification of national advocates for FP/RH

❖ Donors (n=2)

On the policy level, both donors mentioned that the HPC was a key advocate for RH/FP. One also mentioned the MOH. As for the community level, one donor mentioned JOHUD, Noor Al Hussein Foundation, JAFPP and other small associations and the other did not know.

❖ Policy makers (n=2)

Policy makers identified the HPC, MOH and donors such as USAID and UNFPA as the key advocates for FP on the policy level. Others advocates include UNICEF and WHO.

On the community level, the JAFPP was mentioned by one respondent. Other advocates are the Jordanian Association of Business and Professional Women, Ministry of Education, We are all Jordan Youth Commission, King Abdullah II Fund for Development, and the Jordanian Association of Arab Women.

❖ Institutional stakeholders (n=2)

Both mentioned the HPC, one mentioned the USAID funded project JHCP and another mentioned the MOH. One mentioned JAFPP.

❖ Civil society stakeholders (n=6)

Five out of the six respondents said that there are local advocates for FP. One reported that advocacy for FP is ineffective because FP is linked to Jordan’s limited national resources while the national political policy allows for an unlimited influx of refugees, making the message invalid.

On the policy level, two said that the MOH is a key advocate, two mentioned the HPC and two mentioned USAID or its projects. Other advocates include the National Council for

Family Affairs, the High Health Council, Jordanian Forum for Women, Women's Union, Aman, and the MAIAHP.

On the community level, USAID funded HSS-II, JOHUD, Noor Al Hussein Foundation, and Arab Women Association were mentioned.

None mentioned the JAFPP without prompting.

❖ Private sector providers (n=4)

All doctors agreed that there are advocates for FP in Jordan. Two mentioned the HPC, one mentioned USAID funded project Ta'ziz. One noted the role of community health workers who go to women's houses and the role of mass-media without defining which institutions were responsible for these activities. None mentioned the JAFPP.

❖ Media (n=6)

All media professionals confirmed that there are advocates for FP in Jordan. On the policy level, three said that USAID or USAID funded projects were advocates, three mentioned the HPC, two mentioned the MOH, and two mentioned journalists, television and radio. The UNRWA, Royal Health Awareness Society, and the MOSD were mentioned once. Two mentioned associations or civil society institutions in general. None mentioned the JAFPP.

A general concern is that there is a lot of media coverage about FP in Jordan and it has become difficult to distinguish the sources of the messages from one another. The problem is that organizations work independently of one another and tend to duplicate each other's efforts.

JAFPP as an Advocate for FP/RH

❖ Donors (n=2)

Only one donor mentioned JAFPP for its role in the community however they were unsure how active the JAFPP was in advocating on the policy level.

One mentioned that the JAFPP does not promote itself in a noticeable matter even though the respondent recalled seeing JAFPP physicians and nurses on the television. It was also said that the JAFPP are not strong supporters of FP on the public front.

The other did not believe that the JAFPP played an advocacy role.

❖ Policy makers (n=2)

The JAFPP was mentioned as an advocate by one policy maker, however the respondent said, *the JAFPP tries but its participation is not great.*

Both policy makers stated that the JAFPP does not play a key role as an advocate nationally. One noted that the JAFPP never approached them for any support regarding policies relating to FP. The respondent also said,

However, they have activities on the level of raising communities' awareness by working with women, youth, and men but not with great momentum and these efforts are not covered in the media for people to learn that the JAFPP plays this role. Perhaps the [JAFPP's] role in the media needs to be strengthened.

Moreover, one respondent had never heard about any JAFPP activities relating to the promotion of FP/RH.

The JAFPP does participate in meeting with other institutions; however their participation brings attention because it is inconsistent. Their participation is not strong and they are not leaders. Maybe they have problems in their structure.

❖ Institutional stakeholders (n=2)

When asked who was a key advocate for FP, one mentioned the JAFPP without prompting because of the acceptability of the services delivered by the JAFPP and the increase in client numbers indicates that the JAFPP advocates for FP. After prompting, the other respondent agreed that the JAFPP is an advocate for FP.

According to the respondents, the JAFPP is an advocate for FP because of the proper counseling it provides to women and because their clinics are accessible and their prices are low.

❖ Civil society stakeholders (n=6)

When asked directly whether the JAFPP is an advocate for FP, one said yes, three said no, and two did not know.

Three said that the JAFPP plays a role, however its role could be strengthened. Three said that they do not hear about JAFPP's outreach activities, one of whom specified that it had been years since they had any such news.

It was stated,

What I've seen, and I might be wrong, is that their role in raising awareness and changing social norms started to decline. I no longer see outreach activities as I used to see in the past. Since the beginning of 2000 and even after 2005 by a little we used to always see awareness programs, field visits and campaigns... I no longer see these activities. Their work has become limited to providing the services and not more.

Another stated,

[The JAFPP] is a defender of women and they have female doctors and Jordanian women prefer female doctors. The association's indicators should increase. But the strongest indicator is that they have not gained the public's confidence and we have not noticed an expansion of services whether on the side of methods or geographically. If not for my work, I would have not known that they existed as a woman.

This was confirmed by other respondents, many of whom looked back at JAFPP's campaigns and activities fondly.

Two mentioned JAFPP's weak role in proposing or advocating for policies for FP.

One mentioned,

[Advocacy] is one of their weak points. The JAFPP contributes since they are part of the 'think tanks' that take place, however to be honest, what is the extent of their contribution? I go back to the issue of leadership. They do not sit in the middle of the meeting and propose policies or work towards policies they wish for. They are always on the receiving end of policies more than they are entrepreneurs for creating policies. After that, they reject the policies, but why?

Two said that the JAFPP's role has become limited to providing the FP service and that their role in raising awareness and changing society's behaviors has diminished.

The JAFPP is viewed as an observer in key HPC meetings by two of the respondents. It was stated, *from my experience, they attend, are silent and then they leave.*

Reasons for JAFPP's minimal role in advocacy include JAFPP's isolation from other institutions, administrative issues and internal conflicts, and the absence of a vision which requires advocacy and gaining public support.

❖ Private sector providers (n=4)

When asked, two out of the four doctors believed that the JAFPP advocates for FP. One knew that advocacy is among the objectives of the JAFPP's strategy and that was their only reason for answering that the JAFPP is an advocate for FP. The other noted that they see Ta'ziz advertisements however they do not recall seeing any advertisements relating to the JAFPP.

Among those who did not believe that the JAFPP advocates for FP, one said that the JAFPP might have been an advocate in the past, however there is more competition now and it is more difficult for an association to stand out amongst its peers. The other said that the JAFPP provides the service and advocacy should come from the HPC. That is, it is not the role of the JAFPP to play the role of the advocate.

❖ Media (n=6)

Three respondents did not know about the JAFPP and therefore could not answer whether the JAFPP is an advocate for FP or not. Among those who did know about the JAFPP, one affirmed that the JAFPP advocates for FP, one said the JAFPP does not play any role in advocacy and one was unsure.

One said,

I only encounter them in media events only or in conferences or training workshops. The last workshop with them was in Aqaba ... in April 2012. The only impression that I felt was that

they are training once again on how to deal with an audience and how to gain support, even though they should be the ones who are hosting the workshop. They should be the leaders.

Another respondent could not define the JAFPP's role in advocacy due to their absence from the media.

The one media professional who did think that the JAFPP was a key advocate for FP could not with certainty describe its role as an advocate. He said that he thought that the JAFPP was a member of *the women's fund* and the HPC, but was uncertain.

The others reported that they had not heard about JAFPP's involvement with any activities relating to the topic of advocacy. One respondent conducted a search on the internet during the interview in order to verify whether they were aware of the JAFPP or not. The respondent noted that the logo looked familiar and that they had seen it in multiple television spots, however they still did not know precisely what the JAFPP did or what its mission was.

Suggestions to help JAFPP strengthen its role as an advocate

❖ Donors (n=2)

One donor said,

*In order to play this role locally, the Association should ask itself if it truly wants to play this role. If so, then the JAFPP should have much stronger partnerships than what it has right now and they also should have different skills. As an association they should have a broader spectrum of employees that is different from when work is on the level of service delivery. The donor returned to emphasize that the JAFPP should, *return to their vision, based on it they should return to their mission ... and based on that they should identify the skills they require.**

In order to advocate for FP, the JAFPP must form strong partnerships with other associations on the national and community level.

The other respondent suggests that there be an advocacy specialist on the board of directors of the JAFPP and that there be a team of specialists who can implement the advocacy plan.

❖ Policy makers (n=2)

Policy makers suggest that the JAFPP have staff that specializes in advocacy so that the JAFPP may emphasize its role as an advocate for FP. Moreover, the JAFPP needs to promote itself through all media outlets and by directly contacting women.

❖ Institutional stakeholders (n=2)

Suggestions include improving internal organization and institutionalizing work procedures within the JAFPP. Moreover, the JAFPP should make *real* partnerships with all service providers, work with parliament members, private and public sector physicians and the JAFPP should have a plan through which they can reach important individuals for advocacy in communities.

One respondent noted,

[The JAFPP] reached the level of competition in their work and for access to grants and this is something unhealthy. I have 3,000 charitable associations and the door for volunteering is open to all and the best proves their presence through their relationship with the community, donors and through their work.

The respondent also noted that JAFPP's front-line employees did not have the skills needed to be advocates. It was noted that only leaders and senior-level employees are seen at such advocacy workshops.

To this respondent, the JAFPP has a distinguished presence as compared to other associations because the JAFPP has been able to attain funds from the UNFPA and from USAID, and these donors give grants based on principles and studies and do not take risks with their funds.

❖ Civil society stakeholders (n=6)

The JAFPP should have leaders who know the difference between advocacy and raising awareness and who can work on the policy level.

Respondents also recommend that the JAFPP create effective partnerships with other institutions in order to be able to advocate for FP. Moreover, respondents acknowledged JAFPP's experience and some expressed an interest in learning from this experience. This experience can be alluring to many smaller and newer institutions and would give the JAFPP a leading role as an advocate.

The JAFPP could play a key role as an advocate if it shared its resources with others. One suggestion was for the JAFPP to allow learning from its MIS system.

Among JAFPP's most distinguished things is its database. I think that it would be a very leading step for the JAFPP if they shared the learned lessons from this database and its development with other institutions. I do not think that [the database] has been employed in spite of my belief that the database was built in a very intelligent manner... the idea is for me to be able to use this data for advocacy and decision making and for me to benefit from it as a partnering institution in the process of service provision. If you do not work to build support then I will, if you do not conduct outreach activities then I can take your numbers, know where the people are and build on it.

It was also suggested that the JAFPP should connect with public and private networks such as a private doctors' network and that they should look into non-traditional roles and partnerships.

❖ Private sector providers (n=4)

One doctor maintained that it is the job of the government to advocate for FP; however, the JAFPP should still inform the people about itself in order to become a defender of FP.

Another highlighted the importance of the JAFPP's partnering with others, especially private sector physicians. The JAFPP must gain the acceptance of the Association of Obstetricians and Gynecologists of Jordan so that they may create a paradigm shift whereby the private sector views the JAFPP as a partner as opposed to a competitor. The physician explained,

The war against [the JAFPP] is from the private sector and not the public sector. The public sector needs any other institutions that may withstand the burden with it, therefore if it felt that the JAFPP helps it then it will thank it. But the private sector will view the JAFPP as competitors even though I believe that they do not compete. But for this feeling you will find that the private sector fights them.

Finally, there was a suggestion to add the logos of official associations on any JAFPP marketing materials in order to gain the support of the public.

❖ Media (n=6)

One suggestion is for the JAFPP to rejuvenate itself and to connect itself with all possible media channels including print, electronic, radio and television so that people may know that there is an association specializing in FP. *I do not know why the role of media and communication was ignored by an association of this size*, said one respondent.

Another highlighted the importance of media for an organization such as the JAFPP. They said,

[The JAFPP] has to work on its message directly with the people, the public and media. The association's activities and media are parallel lines and they should not be separated. Media is like the water that you water the plants with.

The other suggestion is to collaborate closely with the HPC, which knows the most about population growth in the country and its relationship with economic growth and sustainability and is a resource for journalists. When asked if the JAFPP has a good relationship with the HPC, one noted

I have worked with the HPC since 1998, from its inception ... I have never seen anyone represent the JAFPP in any meeting or committee relating to the HPC ... There is no relationship or communication amongst them even though it should be the opposite.

It was also noted that news needs relate to everyday events and realities for it to be captivating to the audience. One television producer explained that they would not send a reporter to an ordinary "open day" event. Instead, they would give attention to events where people share their personal experiences and successes.

The JAFPP should also use social media in order to get its news out. For instance, the JAFPP should have a Facebook page which media channels could "like" in order to get updates about JAFPP's events. This requires that the JAFPP form strong relationships with media representatives who can then initiate such connections through social media.

Willingness to form a partnership with JAFPP

❖ Donors (n=2)

One donor said that they could not foresee a partnership with the JAFPP in order to advocate for FP. They would partner with institutions such as the MOH and the mission council. The donor said that the JAFPP could strengthen its capacities as advocates by forming partnerships with other institutions that have partnerships with with this donor agency; however, a direct and primary partnership is unlikely.

❖ Policymakers (n=2)

Both respondents represent institutions which are already partnered with the JAFPP. Both parties however clearly communicated that the partnership with the JAFPP has not reached its full potential.

One respondent observed that the JAFPP appears to take for granted that the support they receive from them is guaranteed, they therefore do not seek this policymaker for non-material support nor do they interact with them with relation to advocating for FP.

❖ Institutional stakeholders (n=2)

One of the respondents reported that there is already a strong partnership with the JAFPP and this will continue. The other expressed an interest in partnering with the JAFPP.

❖ Civil society stakeholders (n=6)

None of the six civil society stakeholders reported having active partnerships with the JAFPP, however all six respondents expressed an interest in partnering with the JAFPP. One, however, specified that they would want to deal with the JAFPP directly and not through intermediates.

Suggested collaborations include a suggestion for the JAFPP couple play a role in setting forth legislation that aims to broaden the roles of midwives and nurses in FP service provision and for the JAFPP to implement and pilot such legislations, thus play a key and leading role in the broadening of nurse and midwives roles and responsibilities.

Other respondents expressed an interest in benefitting from JAFPP's experience in allocating funds and interacting with donors. One suggested that through partnerships donor funds may be allocated more effectively.

One expressed that they could advocate for FP in local communities if the JAFPP decided not to play that role and that the JAFPP could give technical assistance and training to associations and individuals on the topic of violence and family protection. Others suggested dividing up roles in order to reach the highest number of targeted groups.

❖ Private sector providers (n=4)

One doctor did not have the desire to work with the JAFPP because partnering with the JAFPP for advocacy publically would be harmful to the doctor's private clinic. Another

doctor had a very different attitude towards the JAFPP and was glad to refer clients who could not afford the doctor's services to the JAFPP.

❖ Media (n=6)

All respondents expressed a strong desire to work with the JAFPP in order to increase awareness about the JAFPP and FP in general. Collaborations include the provision of media coverage in accordance to an official agreement with the JAFPP, hosting JAFPP staff on television and radio shows, hosting a television program or uploading digital videos to the television channel's website.

Suggested partners

❖ Donors (n=2)

Both respondents mentioned the HPC and Aman association. On the higher level, other suggested institutions include the parliament, the MOH for policies and strategies and the media.

On the community level, donors suggested forging partnerships with associations dealing with youth, JOHUD, Zein Al Sharaf Institute, Noor Al Hussein Foundation, and small associations in various governorates.

One suggestion was for the JAFPP to work the plethora civil society associations which have development programs, for the JAFPP my incorporate FP into these associations' work-plans. The JAFPP may also provide support for new associations wanting to
The JAFPP should approach the UNFPA, said one donor.

❖ Policy makers (n=2)

They suggested key partner is the MOH on the level of policies and legislation. The JAFPP could adopt the MOH's guidelines. Other potential partners are members of the National Steering Committee for reproductive health, charitable organizations such as the CCA, youth associations, civil society associations in areas surrounding JAFPP clinics and universities.

❖ Institutional stakeholders (n=2)

The JAFPP should have strong partnerships with the MOH, other associations, the HPC, Higher Family Council. JAFPP should also approach religious leaders through the MAIAHP because they could be key advocates at the community level. It was noted the JAFPP reached the point where it competes with other NGOs such as Aman, which is *unhealthy*.

❖ Civil society stakeholders (n=6)

Suggested partnerships include the MOH. One suggested that the JAFPP cover areas not covered by MOH.

❖ Private sector providers (n=4)

To be advocates for FP, doctors suggest that the JAFPP partner with the MOH, charitable organizations, media, and the University of Jordan. One doctor stated that any publication or campaign that the JAFPP might wish to conduct in the future should be accompanied by

logos from the MOH, the Jordanian Association for Obstetricians and Glaciologists and the Jordanian Association for General medicine under the Jordan Medical Association. Such collaborations would increase the public's trust in any disseminated messages and would remove doubts about the agendas behind FP campaigns.

❖ Media (n=6)

Media professionals suggest that the JAFPP partner with all possible modes of media in order to increase awareness of the JAFPP's activities and mission. Focus should be given to other potential partners such as the MOH, HPC, MOSD, and newspaper representatives who cover health issues in the country.

The JAFPP could benefit from the experience of the International Organization of Migration's Counter-Trafficking initiative, which had recently held a meeting with all media representatives in order to strategically increase its presence in the media.

Awareness of and Current Perception of JAFPP

Respondents were asked whether they noted changes in the JAFPP from the time they first learned of the JAFPP and from 2010 on. They were also asked whether they were aware of JAFPP's partnership with Ta'ziz.

❖ Donors (n=2)

Both donors had provided the JAFPP with financial funds in the past and one continues to do so to this day. One of the respondents crossed paths with the JAFPP in 2003-2004 through the respondent's job and without having read the JAFPP's mission statement, the respondent believed that the Association's mission is to provide FP and some RH services and the respondent did not know whether there was a bigger mission than that. The other became acquainted with the JAFPP in 2005 through the respondent's job.

Both discussed the name of the JAFPP. One mentioned that the "protection" part of the title originated from the organization's roots in the West Bank. The other stated that the JAFPP does a lot more than just FP and they might consider changing their name. However, they acknowledge changing their name would have implications for *they are defined by their name and changing it would result in the loss of their branding. It possible that the name indicates FP, however, the [JAFPP] does a lot more than that.*

When asked about the role JAFPP plays in FP on the national level, both said that the role is limited to service delivery. One, however, said that they were uncertain of their response because they are not aware of what the JAFPP is doing currently. This respondent was asked what it indicates to them that they are not aware of JAFPP's activities, and their response was:

It is possible that they do not deliver the right picture about their work and this means that a chain of communication has been somewhat broken and that they have to fix it whether through current or potential partners.

One donor clearly believes that the JAFPP regressed in its role as a leader and advocate for FP. When asked about any noted changes after 2010, the donor says,

I cannot say that they are regaining their place as they were in the past ... and I do not know the reasons.

It was noted that the JAFPP was given support from this donor agency before, however the JAFPP faced administrative problems and the agency was reducing support given to associations with limited outreach capacities.

The other donor did not know of recent changes relating to how JAFPP runs their clinics or what their work in the field entails. The donor remarked that the story of the JAFPP's board of directors was famous and the change in the board was a big and notable occurrence.

❖ Policymakers (n=2)

When asked about what they knew about the JAFPP, policymakers who had known of the JAFPP for many years reflected on the JAFPP's big role in service provision and in raising awareness through advertisements and marketing materials. JAFPP's current role, as described by the policymakers, is limited to service provision to women of reproductive age. One mentioned that the JAFPP still plays a role in raising awareness about FP; however that role was stronger in the past.

All policymakers noted that the JAFPP's role had diminished but they also acknowledge that the JAFPP, with its partnership with USAID, is working to regain its role. It was noted that not enough time has passed in order to truly see the improvements and that more time is needed. Generally speaking, the direction that is being taken is viewed positively.

There was one concern regarding the utility of some of the efforts. One policy maker noted:

They experienced a setback but they are trying to improve. I do not know if the efforts were studied, but some radical improvements need to be made and not just in renovating clinics. For example, the Mahata [clinic]; the place was disgusting but the work was excellent. The subject relates to the spirit of the work and not with the place.

The other policymaker believed that renovations and clinic purchasing is an excellent step towards sustainability. Both policymakers viewed the support that the JAFPP receives from Ta'ziz positively with relation increasing capacity with relation to quality, administration, finances and service provision.

When asked about a different role for the JAFPP in the future, both believed that the JAFPP should not change its role of service provider nor its focus on FP.

❖ Institutional stakeholders (n=2)

Both respondents first encountered the JAFPP between the years 2000 and 2005. One of the respondents did not know about the JAFPP's current activities because of an absence of any direct connection with the JAFPP. The respondent noted that they encounter the JAFPP in

meetings hosted by the MOH or the HPC. The respondent had a positive opinion about the JAFPP and believed that it does its work well even with the constant struggle for such associations to secure funds. When asked whether the JAFPP's presence in the community level was noticeable, the respondent answered,

It is possible that their presence is not noticed greatly in rural areas, but in the cities even if the JAFPP did not reach the people directly, the people will go to the JAFPP to seek their services.

The other respondent, who first encountered the JAFPP through his work in 2000, was knowledgeable about the JAFPP and their current affairs. The respondent knew of the JAFPP's health services and that they play a role in raising awareness about FP/RH. They knew about the role of Ta'ziz in assisting the JAFPP in empowering the public, providing services and FP methods, institutionalizing the work, building infrastructure, purchasing of clinics, provision of medical equipment, and the training of employees.

When asked about any noted changes since 2010, the respondent noted that a direct evaluation has yet to be conducted; however, the purchase of new clinics through the grant is viewed as a success. Technical improvements have yet to be evaluated.

As for future roles, one reported that the JAFPP should work towards gaining peoples' trust, raising awareness and advocacy and the other noted the importance of restructuring the administrative body of the association.

❖ Civil society stakeholders (n=6)

One respondent did not know much about the JAFPP or its current activities. All remaining respondents spoke knowledgeably of the JAFPP's role in service provision and raising awareness about FP/RH. Two of the respondents were members of the JAFPP and another was still a member at the time of the interview.

Respondents spoke very fondly about the JAFPP as they knew it in the past. Many reported that the JAFPP were the pioneers for FP services in Jordan, even before the MOH. One remarked that she knew the JAFPP since she was a little girl in Irbid in the 1970's when she used to accompany her mother to the JAFPP. One respondent became acquainted with the JAFPP in the 1980's, three did in the 1990's and one did in the early 2000's.

Five of the respondents mentioned the financial and administrative troubles of the past without prompting. When asked what happened since then, one respondent said,

Truthfully, I do not know. They need to restore their image in front of the public, which is the most important thing as health service providers... they have to work hard and there are many opportunities for creativity and I believe that they have the qualifications needed for them to return as they once were.

Five out of the six are aware of the support which the JAFPP receives from USAID through Ta'ziz. Three believe that the support has been ineffective. It was noted,

Honestly we have to evaluate the magnitude of money that is spent on empowering [the JAFPP] and what happens as a result. We could say that it should be spent on something else, and the other problem is that there aren't any other organizations with the same excellence that the JAFPP possesses so you do not want to lose them.

Two others expressed a similar concern regarding the amount of support given to the JAFPP with relation to what is seen from the most recent Jordan Population and Family Health Survey, which showed that the JAFPP's share of the FP market is on the decline.

Another concern related to the sustainability of the current efforts to assist the JAFPP.

Until now, I believe that Ta'ziz are the ones working. There has not been a change in leadership so with all the trainings that have happened in the association, until now if [Ta'ziz] leaves them they will return to what they were. I think that the change in leadership is what we could not accomplish, and I do not know why.

The explanation for this slow progress, said the respondent, is that the members of the board of directors are *dinosaurs* and that a strong leadership is needed to change the board's mentality. This opinion was shared by two others.

One respondent mentioned that broadening the focus from women of reproductive age to women who are undergoing menopause is a very positive move. However, such broadening efforts do not happen in one or two years because they require processes that are rooted and institutionalized.

❖ Private sector providers (n=4)

One physician did not know about JAFPP's activities or its status. Physicians did not have accurate information about the JAFPP and one knew very little. It was incorrectly reported that the JAFPP has 7-8 clinics nationally by one physician. Others correctly said that the JAFPP focuses on low-income areas and that it provides FP services.

One physician knew of the JAFPP from its inception, another from a workshop with Ta'ziz and a third from the early 2000's.

When the others were asked about the partnership with Ta'ziz, two were aware of the partnership and one was not. Opinions about JAFPP's progress as a result of the partnership were divided. One physician did not see any progress with the JAFPP's service provision while the other had very positive remarks about the partnership.

The most notable progress, said the evidence-based medicine group physician, was that JAFPP physicians are now attending seminars with network and private sector doctors, which helps remove boundaries between the two sectors. This is a needed step so that the JAFPP may approach the Association of Obstetricians and Gynecologists of Jordan so that they may divide regions and work in order to reduce redundancy of services and meet unmet need.

❖ Media (n=6)

As mentioned before, three of the six media professionals did not know about the JAFPP. Those who did know about the JAFPP noted that their role in the media diminished greatly. It was said that the JAFPP comes short with regards to media coverage, it actively distances itself from the media, and one noted that the JAFPP's activity in newspapers decreased by 90-95% in the past five years.

Regardless of its absence from the media, of the media professionals expressed positive attitudes towards the JAFPP's health services and its role in raising awareness. It was said that the JAFPP was among the best and that it is among the few associations which focus primarily on FP, which was a positive attribute. This media professional became acquainted with the JAFPP after 2010.

The two others professionals, who became acquainted with the JAFPP in the 1990's, had less positive attitudes. One noted that the JAFPP became entrenched in the communities and it no longer cares about the opinion of the people and another remarked that the JAFPP's role was diminishing due to continuous administrative turnover and a lack of funding.

The media professionals were asked what they inferred from an absence from the media. One replied,

The absence of media for an association of this magnitude means that it is not successful and is scared to appear on the scene. There is no confidence in the unspoken and people's trust will remain non-existent if media remains absent.

Another said,

In my opinion, a distance from the media means that there is an error caused by a weakness in performance. If there wasn't a weakness in their performance then the domain would be open to journalists. If you ask them, they would say that they have media coverage and that they deal with journalist, but I honestly do not see their activity and you can refer to their archives. They should have a media archive ... since they are supposed to save all published news about them.

None of the media professionals were aware of a partnership between JAFPP and Ta'ziz even though many knew about Ta'ziz. One said that from the perspective what is seen in the media,

Ta'ziz's support is useless because it did not produce anything [in the media] ... The last time I published anything about the association was 10 years ago and that was an event for an opening under the auspices of Queen Basma.

Conclusions and recommendations

Leadership Findings and Conclusions

When asked who is considered to be a leader in FP/RH in Jordan, the most mentioned leaders without prompting were the MOH (17), the JAFPP (10), the HPC (10), and the UNRWA (7). Two said that the JAFPP was a leader in the past.

Many respondents expressed that the JAFPP's leading role is diminishing mostly due to three key reasons:

1. The JAFPP has not evolved its scope of work or strategies in recent years.
2. It faced administrative and financial problems which resulted in its seclusion from the rest of the institutional community
3. The leadership and technical staff are lackluster, without a passion for FP.

Suggestions for regaining or strengthening its role as a leader are to:

- Form partnerships and provide assistance to other institutions who work in similar sectors, not limited to FP/RH (10)
- Raise more awareness about the JAFPP and conduct awareness campaigns (8)
- Broaden its reach (7)
- Expand its scope of work to include women's health in general (6)
- Change the leadership (4)
- Improve services (2)

There appears to be a consensus among various stakeholders about the key role that JAFPP played as a pioneer in the field of FP; however, there is also a consensus that this role has deteriorated since. It is difficult to provide one clear solution to such a quandary. Some respondents suggested that the JAFPP become pioneers in something new by introducing a new FP method to the Jordanian market, by expanding its efforts to serve women who are undergoing menopause or by simply expanding its services such that they adopt a more comprehensive approach to women's health. Others value that JAFPP's specialization is in FP and believe they should focus solely on FP but should expand their services or rearrange their clinics so that they may reach a larger number of clients.

All civil society stakeholders suggested collaborations that would help them increase their institutional capacities and outreach, which suggests that the JAFPP is seen as a rich resource and that it presents itself as a successful institution to this day. Its role as a leader may need to be strengthened and publicized.

Advocacy Conclusions

When asked whether there are advocates for FP in Jordan, 21 of the 22 participants answered that there were key advocates nationally. The most mentioned include the Higher Population Council (14), the MOH (8), and USAID funded projects including the Private Sector Project/Ta'ziz and the Jordan Health Communication Partnership (8). JAFPP was only mentioned by two respondents and only in relation to advocacy on the community level, indicating that it is not viewed as a strong advocate for FP/RH.

When asked directly about JAFPP's role in advocating for FP, four participants answered that the JAFPP plays a key role in advocating for FP, mostly on the community level by raising awareness.

The JAFPP can capitalize on its legacy and its name, which was generally associated with quality. Many of those who knew of JAFPP's origins spoke of it with warmth and even recalled some of the old campaigns run by the JAFPP in its earlier years. Before working on advocacy, however, the JAFPP must first strengthen its role as a leader in the field of FP/RH. It is evident from various respondents that the JAFPP must first have strong internal organizations, a leadership with a vision that includes advocacy, a precise strategic approach for advocacy, and most importantly, the JAFPP needs create new, reestablish old and strengthen existing partnerships before it can advocate for FP.

Three out of six media professionals who specialize in health did not know about the JAFPP and among those who knew of the JAFPP, two had not published anything about the JAFPP for many years. In order to be an advocate, the JAFPP must invest in its relations with broadcasting channels and capitalize on the opportunities it has been missing for many years.

The topic of FP was of importance to all media professionals and all remarked that this topic gives allowance for free coverage of events, however to a limited extend. It is clear from the respondents that the JAFPP has not been capitalizing on such opportunities even though they would be of no cost to the JAFPP.

JAFPP's partnership with the HPC is clearly important to respondents and the HPC is viewed as a key advocate for FP in Jordan. It is unfortunate, however, that JAFPP's partnership with the HPC is perceived to be ineffective or even non-existent.

General Conclusions

Institutional stakeholders, policy makers and donors are aware of JAFPP's struggles in the past and of the involvement of USAID and Ta'ziz in helping JAFPP regain its role as a leader in FP/RH. Other civil society stakeholders and the media, however, know of the troubles but are unsure of what happened with the JAFPP afterwards.

Fourteen out of the 22 participants were aware of the collaboration between the JAFPP and Ta'ziz. Among those, eight believed that the resultant changes are minimal, but many emphasized that not enough time had lapsed since the collaboration's initiation. Those who noted poor development believed that the obstacle is the leadership of the JAFPP, which had not

changed. Positive developments include clinic purchasing and renovation, and crosscutting trainings with private sector physicians.

The JAFPP's absence from the media and its limited involvement with others is interpreted negatively by other institutions and the media. It is interesting to note that the media professional who became acquainted with the JAFPP in 2010 had very positive attitudes towards the JAFPP while those who knew the JAFPP in the 1990's believe that the JAFPP's role is diminishing and that their absence from the media is almost an insult to media professionals. To them, the JAFPP should recognize the importance of proper media coverage and should reach out to them in an official manner.

Key Recommendations

Leadership

- The JAFPP should look back at its history in order to identify the qualities which made it a leader and pioneer in FP in the past and assess why it is now viewed as a leader with limitation.
- The JAFPP must strengthen and form new collaborations with policymakers, institutional stakeholders and civil society stakeholders who focus on women and who have strong community outreach programs.
- Most civil society organizations look to the JAFPP as a role model and would likely benefit from JAFPP's administrative and financial experience and expertise in training. The JAFPP should provide such assistance to other civil society organizations that can in return provide JAFPP with wider community outreach, which will strengthen the JAFPP's role as a leader nationally.
- The JAFPP may explore new approaches to aiding women's health so that they may once again present themselves as pioneers to donors and other stakeholders. Any new approaches need to be evaluated for feasibility.

Advocacy

- The JAFPP should first reestablish itself as a leader before attempting to play a key role in advocating for FP.
- The JAFPP should play a more active role in key meetings with the HPC and other policy makers since many respondents reported that the JAFPP's participation is equivalent to that of an observer.
- In order to play a role in advocacy, the JAFPP should have full-time staff that specializes in advocacy and the board of directors should have at least one member who is a specialist in building support and advocacy.

Image

- JAFPP should have a public relations and marketing department with media specialists who can form longstanding agreements with health representatives in newspapers, television channels and radio shows. Jordan's media is limited and it is easy to identify and network with key individuals who may play the role of advocates for the JAFPP on the public front. The JAFPP should also have a relationship with one skilled journalist

who has a background in health topics so that he may foster such relationships and may act as a consultant to the JAFPP.

- The JAFPP should publicize its recent developments to other stakeholders and to the public after emerging from the administrative and financial crisis since most respondents were aware of the crisis but many did not know how the JAFPP emerged from it and what the association is doing today.
- None of the respondents knew that the JAFPP's mission includes advocacy for FP/RH. This indicates that key stakeholders are unaware of the JAFPP's mission and objectives.
- It is not enough for the JAFPP to have its physicians appear on television shows or in newspapers or have its logo displayed at the end of television spots. The JAFPP should finance its own awareness campaigns in order to capture the full attention of the public if it aims to be a key advocate for FP.

Appendix I: Consent and guide

Guide in English

JAFPP Institutional Stakeholder Perception Study

I am a member of a team doing a study on the perceptions of institutional stakeholders on the Jordanian Association of Family Planning and Protection. We would like to invite you to participate in this study.

This study is voluntary. Your decision whether or not to participate will not affect you in any way.

Would you like to hear more about this study in order to help you decide whether to participate?

If yes, continue.

If no, thank them for their time.

The study is being conducted by Abt Associates. The purpose of the study is to learn how different organizations view JAFPP. The findings will be used by Abt to better support JAFPP in providing family planning services.

We would like to ask you and other stakeholders like yourself to take part in individual interviews. We will be asking questions about your views on JAFPP.

The discussion will last for about 1 hour.

The information you discuss will be kept confidential. Your name will not be recorded and will never be used in summary reports.

You may refuse to answer any question. You may end your participation at any time during the discussion.

Do you have any questions about this study?

Do you give your consent to take part in the interview?

If yes, continue.

If no, thank them for their time.

I certify that the nature and purpose, potential benefits, and possible risks associated with participating in this research have been explained to this participant.

Signature of person recruiting and obtaining consent

Interview Guide

Section -1- General perception of JAFPP as a local FP leader

1. What is your perception of leadership as a concept?

A clarification- if needed- : when we talk about leadership in family planning field we mean having a distinguished role in creating awareness, delivering high quality consulting and FP services to Jordanian community members.

2. Are there local leaders in the family planning field?
 - a. If No, why?
 - b. If Yes:
 - i. In your opinion, who are the local leaders in FP field?
 1. If participant mentions JAFPP as a local leader, ask for justification.
 2. If participant doesn't mention JAFPP as a local leader:
 - a. Do you believe that JAFPP is a local leader in the FP field?
 - i. If Yes, why?
 - ii. If No:
 1. In your opinion, how can JAFPP become a local FP leader?
 2. Do you have the readiness as an institute to partner with JAFPP and support it to become a local FP leader (question asked to institution-organization that has no partnership with JAFPP).
 3. Does your institution-organization have a vision to enhance the existing relation with JAFPP and support it to become a local FP leader (question asked to a partner institution-organization)
 4. What is the purpose of your cooperation with the JAFPP to become a local FP leader?

Section-2- JAFPP efficiency perception

3. What do you know about JAFPP?
4. What is your perception about JAFPP's mission?
5. What is the role that JAFPP plays in the FP field in Jordan?

A clarification-if needed- : About JAFPP's current role: JAFPP works in protecting family's health through raising awareness and delivering RH medical services. JAFPP is currently targeting women, but that does not restrict serving the rest of family members in future.

6. In your opinion, can JAFPP have a different future role in FP field locally, if yes, how, else, justify your answer.

Section-3- Perception of JAFPP's role in lobbying for FP and RH issues

A clarification-if needed: when we talk about advocacy building and lobbying for FP and reproductive health we mean attracting the attention of community members about this issue and work with other individual and organization to create a positive change in society, defending human or group right to have access to FP and RH services . Lobbying is also a tool to influence governments to make a change in a policy or legislation regarding FP and RH issues

7. Are there parties or institutions that work to advocate support for the FP and RH issues locally?
- a. If No, why?
 - b. If Yes:
 - i. In your opinion, what are the parties-institutions that work to advocate support for the FP and RH issues locally?
 1. If participant mentions JAFPP as a body that works to gain support, ask for justification.
 2. If participant doesn't mention JAFPP as a body that works to gain support:
 - a. Do you believe that JAFPP currently plays a vital role in lobbying for FP and RH issues locally?
 - i. If Yes, why?
 - ii. If No:
 1. In your opinion, how can JAFPP play a vital role in lobbying for the FP and RH issues in Jordan?
 2. Do you have the readiness as a party-institution to ally with JAFPP and support it to play a vital role in lobbying for the FP and RH issues in Jordan? (question asked to the institution-organization that has no alliance with JAFPP)
 3. Does your institution-organization have a vision to develop the work as an ally with JAFPP to support it to play a vital role in lobbying for FP and RH issues in Jordan? (question asked for organization-institution

- that does have an existing alliance with JAFPP)
4. What is your purpose from allaying with JAFPP so it has a vital role in lobbying for FP and RH issues in Jordan?
 8. What are the parties that can partner with JAFPP to accomplish its objectives from your point of view?
 9. Do you believe your institution-organization can expand its cooperation level with JAFPP performing different kind of activities? What are they?

Section-4- Perception about the partnership between JAFPP and Ta'ziz (for those who know about the JAFPP)

10. You mentioned that you became acquainted with the JAFPP in ____ (question 3). Did your perception towards the JAFPP change since then?
11. Do you know about the partnership between the JAFPP and Ta'ziz?
 - a. Did you notice or hear about any changes in the JAFPP since 2010?
 - b. If yes, what are the changes?
12. Do you have any other observations?

Guide in Arabic

دراسة تصور المؤسسات الشريكة و ذات العلاقة عن الجمعية الاردنية لتنظيم و حماية الاسرة

فريقنا يقوم بدراسة استقصائية عن تصور المؤسسات الشريكة و ذات العلاقة حول الجمعية الاردنية لتنظيم و حماية الاسرة و نرجو أن تتعاونوا معنا و ذلك بالإجابة على أسئلة هذا الاستبيان.

إن مشاركتكم في هذه الدراسة طوعية كما أن قراركم بالمشاركة أو عدمها لن يؤثر عليكم بأي شكل من الأشكال .

هل ترغبون في معرفة المزيد عن هذه الدراسة كي تتمكنوا من اتخاذ قرار المشاركة فيها أم لا ؟

إذا كان الجواب نعم، استمر .

إذا كان الجواب لا، أشكرهم على وقتهم.

تقوم شركة أبت (Abt Associate) بإجراء هذه الدراسة و التي تهدف التعرف على مدى فهمكم و إدراككم الذهني الخاص حول الجمعية الاردنية لتنظيم و حماية الاسرة و طبيعة عملها .سوف تساعدنا نتائج هذا البحث في دعم الجمعية في توفير خدمات تنظيم الأسرة بشكل أفضل.

نود أن نطلب من منظماتكم – مؤسستكم و مثيلاتها من أصحاب الإهتمام المشترك المشاركة في المقابلات الفردية التي سنقوم من خلالها بطرح أسئلة حول آرائكم بالجمعية و نؤكد لكم بأن المعلومات التي سيتم مناقشتها ستظل سرية كما أن اسمكم لن يتم تسجيله و لن يظهر في أي من التقارير.

من حقكم رفض الإجابة عن أي سؤال كما يحق لكم إنهاء المقابلة في أي وقت.

هل لديكم أية أسئلة حول هذه الدراسة؟

هل توافق على المشاركة في المقابلة؟

إذا كان الجواب نعم، استمر .

إذا كان الجواب لا، أشكرهم على وقتهم.

أقر أدناه بأنه قد تم شرح غرض هذه الدراسة بالكامل و كذلك الفوائد و المخاطر المرتبطة بمشاركتي في هذا البحث.

دليل المقابلة

قسم 1: التصور العام عن ريادة الجمعية محلياً في مجال تنظيم الاسرة

1. ما هو تصورك لمفهوم الريادة؟

فقرة توضيحية اذا استلزم التوضيح: عندما نتكلم عن الريادة المحلية في مجال تنظيم الأسرة فإننا نعني بذلك القيام بدور متميز في تقديم التوعية والمشورة والخدمات المتعلقة بموضوع تنظيم الأسرة بجودة عالية لأفراد المجتمع الأردني.

2. هل يوجد رواد محليين في مجال تنظيم الأسرة؟

a. اذا كان الجواب لا، لماذا؟

b. اذا كان الجواب نعم:

i. من هم الرواد المحليين في مجال تنظيم الاسرة بنظرك؟

1. اذا ذكر المشارك الجمعية كرائد محلي، اطلب منه تعليل الإجابة.

2. اذا لم يذكر الجمعية كرائد محلي:

a. هل تعتقد أن الجمعية رائدة على المستوى المحلي في مجال تنظيم الاسرة ؟

i. إذا كان الجواب لا:

1. لماذا؟

2. برأيك كيف يمكن للجمعية أن تصبح رائدة في مجال تنظيم الأسرة محلياً؟

- a. هل عندكم الإستعداد كمؤسسة لعقد شراكة مع الجمعية لدعمها كي تصبح رائدة في تنظيم الأسرة محلياً؟ (يُطرح هذا السؤال للمؤسسة-المنظمة التي لا ترتبط بشراكة مع الجمعية)
- b. هل لدى مؤسستكم رؤياً لتطوير العلاقة مع الجمعية لدعمها كي تصبح رائدة في تنظيم الأسرة محلياً؟ ما هي؟ (يُطرح هذا السؤال للمؤسسة-المنظمة التي ترتبط أصلاً بشراكة مع الجمعية)
- c. ما هو غرضكم من التعاون مع الجمعية كي تصبح رائدة في تنظيم الأسرة محلياً؟

قسم 2: التصور عن فاعلية الجمعية

3. ماذا تعرف عن الجمعية الاردنية لتنظيم و حماية الاسرة؟

4. ما هو تصورك عن مهمة الجمعية؟

5. ما هو الدور الذي تلعبه الجمعية في مجال تنظيم الاسرة في الأردن؟

فقرة توضيحية عن دور الجمعية الحالي: الجمعية تعمل في مجال حماية صحة الأسرة من خلال تقديم خدمات طبية وتوعوية في مجال الصحة الإنجابية وهي تستهدف المرأة في الوقت الحالي، الا أن ذلك قد لا يمنع خدمة باقي أفراد الأسرة في المستقبل.

6. برأيك، هل يمكن أن يكون للجمعية دور مستقبلي مختلف في مجال تنظيم الاسرة محلياً؟ اذا كانت الإجابة نعم، كيف؟ اذا كانت الإجابة لا.. فعمل إجابتك.

قسم 3: التصور عن دور الجمعية في كسب التأييد في قضايا الصحة الإنجابية

فقرة توضيحية: عندما نتكلم عن مفهوم كسب التأييد لقضية الصحة الإنجابية و تنظيم الأسرة فإننا نعني تبني هذه القضية محور الاهتمام العام ونقل وجهة نظر القاعدة الشعبية تجاه هذه القضية لصناع القرار. التحدث بصوت مرتفع و جذب اهتمام أفراد المجتمع نحو قضية الصحة الإنجابية و تنظيم الأسرة و العمل مع الآخرين من أفراد و منظمات لإحداث تغيير إيجابي في المجتمع، المدافعة عن حقوق شخص أو جماعة من أجل الوصول للخدمات المتعلقة بالصحة الإنجابية و تنظيم الأسرة.

7. هل يوجد جهات أو مؤسسات تعمل على كسب التأييد لقضية تنظيم الأسرة و الصحة الإنجابية محلياً؟

c. إذا كان الجواب لا, لماذا؟

d. إذا كان الجواب نعم:

i. برأيك , ما هي الجهات – المؤسسات التي تعمل على كسب التأييد لقضية تنظيم الأسرة و الصحة الإنجابية محلياً؟

1. اذا ذكر المشارك الجمعية كجهة تعمل على كسب التأييد, اطلب منه تليل الإجابة.

2. اذا لم يذكر الجمعية كجهة تعمل على كسب التأييد:

a. هل تعتقد أن الجمعية تلعب دوراً أساسياً في كسب التأييد لقضية تنظيم الاسرة و

الصحة الإنجابية في الاردن حالياً؟

i. إذا كان الجواب نعم, لماذا؟

ii. إذا كان الجواب لا:

a. برأيك كيف يمكن للجمعية أن تلعب دوراً أساسياً

في كسب التأييد لقضية تنظيم الاسرة و الصحة

الإنجابية في الاردن حالياً؟

b. هل عندكم الإستعداد كمؤسسة للتحالف مع

الجمعية لدعمها كي تلعب دوراً أساسياً في كسب

التأييد لقضية تنظيم الاسرة و الصحة الإنجابية في

الاردن ؟ (يُطرح هذا السؤال للمؤسسة-المنظمة

التي لا ترتبط بتحالف مع الجمعية)

i. هل لدى مؤسستكم/ منظماتكم رؤيا,

تصور للعمل مع الجمعية كإئتلاف

لدعمها كي تلعب دوراً أساسياً في كسب

التأييد لقضية تنظيم الاسرة و الصحة

الإنجابية في الاردن ؟

ii. ما هو غرضكم من التعاون مع الجمعية

كي يصبح لها دور أساسي في كسب

التأييد لقضية تنظيم الاسرة و الصحة

الإنجابية في الاردن ؟

8. ما هي الجهات التي يمكن أن تكون شريكة مع الجمعية لتحقيق أهدافها؟
9. هل تعتقد أن بإمكان مؤسساتكم/منظمتكم توسيع أطر التعاون مع الجمعية بأنشطة مختلفة؟ ما هي؟

قسم 4: التصور عن الشراكة بين الجمعية ومشروع تعزيز تنظيم الأسرة

(للذين يعلمون عم الجمعية)

10. قلت انك تعرفت على الجمعية في _____ (سؤال رقم 3). هل تغيرت رؤيتك نحو الجمعية منذ ذلك الوقت؟
11. هل تعرف عن الشراكة بين الجمعية ومشروع تعزيز تنظيم الأسرة؟
- a. هل لاحظت او سمعت عن اية تغييرات في الجمعية منذ بداية الشراكة في 2010؟
- b. إذا كان الجواب نعم، ما هي التغييرات؟
12. هل لديك أي ملاحظات أخرى؟