



JORDAN NATIONAL REPRODUCTIVE HEALTH/FAMILY PLANNING STRATEGY

AT A GLANCE

Policy Brief

Photo credit: Charles Roffey

Background

Jordan's rapid population growth presents a challenge for social and economic progress, due to limited resources, low economic growth, and environmental stress. At its current rate of growth, the population is projected to double to 13 million in 30 years, increasing the strain on social services, infrastructure, and natural resources. Accessible, high-quality family planning (FP) services and information enable women and families to plan and space their childbearing, leading to improved maternal and child health and laying the groundwork for development and sustainable population growth.

To improve FP services and availability in Jordan, the Higher Population Council (HPC), with support from the USAID-funded Health Policy Project (HPP) and in cooperation with all stakeholders, developed the National Reproductive Health/Family Planning Strategy 2013–2017. The strategy assesses the reproductive

health (RH)/FP environment in Jordan, and describes the interventions required to improve RH/FP services and use to ultimately achieve the Demographic Opportunity and reap its benefits for society.

This policy brief summarizes the strategy, which describes three main challenges to the FP program: 1) policy 2) access, and 3) beliefs and behaviors, and outlines the interventions planned to address them. The strategy is based on a participatory process led by the HPC that involves public, civil society, and private stakeholders as well as international donors. It includes all national-level outcomes that partners will achieve within five years to improve the RH/FP environment and support achievement of the Demographic Opportunity thereby improving the welfare of all Jordanian citizens. The HPC will coordinate strategy implementation and monitoring by these stakeholders.

Policy

Problem: The process of policy change is challenging, especially when there are policy barriers to implementation. Financing for national FP commitments has not been allocated sufficiently and current donor funded FP initiatives have not proven to be sustainable. Furthermore, there has been an overall lack of commitment to achieving the results of the national Demographic Opportunity policy. There is a need for coordination between organizations to avoid redundancy in strategic planning.

Action Plan: Multisectoral implementation and activation of RH/FP policies to increase the effectiveness of policy uptake, supported by adequate financing and M&E.

- Strengthen the capacity of HPC and national stakeholders in the areas of advocacy, RH/FP policy analysis, and M&E
- Conduct national-level advocacy initiatives using updated evidence-based advocacy tools to gain support for RH/FP policies among decisionmakers, civil society leaders, media professionals, and religious leaders
- Integrate proposed interventions into the budgets of various stakeholders
- Improve information systems for M&E and annual planning for national stakeholders, including service statistics, training, and geographic data
- Unify and upgrade national-level RH/FP standards, terminology, and indicators
- Identify policy barriers using evidence from programs, studies, and surveys, and address them with revised policies
- Design and implement FP policies in support of the Demographic Opportunity

Access

Problem: Access to high-quality RH/FP supplies, care, and comprehensive information is inconsistent across geographic regions and communities, especially rural areas. The most effective and cost-efficient long-term FP methods are not available in all areas,

and quality-of-care issues, such as provider bias and poor counseling, prevent women from accessing the FP methods best suited to their needs. There are too few female service providers to meet demand, and healthcare staff systems are not well supported by M&E or supportive supervision. Over time, the use of less-effective traditional FP methods has increased, and use of modern methods has decreased or stagnated.

Action Plan: Construct a comprehensive system for quality management of equitable RH/FP services at the national and subnational levels.

- Build service quality with improved quality control and supportive supervision measures, recruitment protocol, and staff assessment, especially in subsidiary areas, addressing provider bias and high discontinuation rates
- Upgrade the procurement and logistic systems to maximize efficiency
- Update and maintain training programs with evidence-based scientific data and nationally consistent terminology
- Integrate FP within primary care and maternal and child health services, including postnatal and postabortion services
- Increase high-quality RH/FP services in under-served geographic areas, providing necessary staff, commodities, equipment, and infrastructure

Beliefs and Behaviors

Problem: Social and cultural barriers, as well as persistent misinformation, prevent women and families from using FP. Preference for female providers, health concerns, fear of side effects, as well as social norms about family size and fertility are also barriers. Although FP is generally viewed favorably, this attitude is not translated into behavior.

Action Plan: Improve the quality, coverage, and comprehensiveness of health-related communication to address sociocultural stigma and misconceptions about RH/FP.

- Develop and implement activities to raise awareness of RH/FP programs with national partners in schools, universities, mosques,

churches, and youth communities, while also supporting men's participation in RH/FP counseling

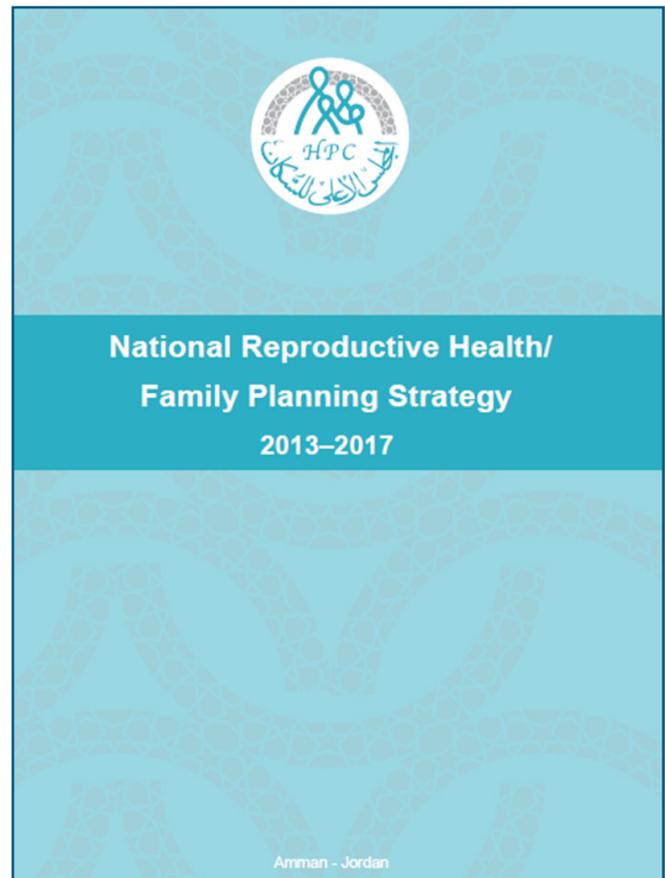
- Communicate the health benefits of birth spacing
- Integrate communication activities into the annual plans of partner institutions and organizations, including sufficient allocation of human and financial resources
- Build the capacity of health communication and media personnel regarding RH/FP messages
- Institutionalize RH/FP messaging to achieve sustained, long-term impact

Monitoring & Evaluation

Liaison officers from the implementing bodies will periodically gather performance data, and review them with the annual plans to track progress. The participating entities will also regularly review performance indicators with the HPC, and submit the following M&E reports:

- Annual review of performance indicators: This will include all partners in all sectors.
- 2015 mid-term review of the strategy: The results and recommendations of this review will be used to amend interventions and revisit the strategy where necessary.
- Mid-2017 final evaluation of the strategy: This evaluation will measure achievement of long-term strategy results, and the findings will help future policy and strategy development.

The National Reproductive Health/Family Planning Strategy also outlines the responsibilities of various implementing and supporting partners including government bodies, Royal Medical Services, academic institutions, the private sector, and the media. Engaging support for and commitment to RH/FP efforts across sectors will optimize the efficiency of resource use, contributing to the achievement of Jordan's RH/FP objectives and development goals.



www.hpc.org.jo

Contact Us

Health Policy Project
One Thomas Circle NW, Suite 200
Washington, DC 20005
www.healthpolicyproject.com
policyinfo@futuresgroup.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with CEDPA (part of Plan International USA), Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.