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Subject: Request for Applications (RFA) Number: **RFA-278-14-00004**
USAID JORDAN COMMUNICATION, ADVOCACY AND POLICY (J-CAP) ACTIVITY

The United States Agency for International Development (USAID) Mission in Jordan (USAID/Jordan) is seeking applications for funding to a support a program entitled **USAID Jordan Communication, Advocacy and Policy (J-CAP) Activity** to increase the use of integrated family planning and reproductive health (FP/RH) services and the utilization of modern family planning methods in Jordan. Please refer to the Program Description for a complete statement of goals and expected results.

USAID/Jordan expects to award one Cooperative Agreement based on this RFA to the responsible applicant whose application offers the best value to the U.S. Government. Subject to the availability of funds, USAID/Jordan intends to provide approximately $30,000,000 to be allocated over a period of five years with an anticipated start date of June 2014.

The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended. Issuance of this RFA does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for costs incurred in the preparation and/or submission of an application.

This Request for Applications (RFA) and any future amendments can be downloaded from http://www.grants.gov. Select "Final Grant Opportunities," then click on "Browse by Agency," and select the "U.S. Agency for International Development," and search for this RFA. If there are problems downloading the RFA from the Internet, please contact the Grants.gov help desk at 1.800.518.4726 or support@grants.gov for technical assistance.

Applicants who are eligible to apply are U.S., international or national organizations, faith-based and community organizations, or educational institutions. Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation Part 31 for for-profit organizations, or each of their successor regulations), may be paid under the Cooperative Agreement.

The Applicant shall submit applications in electronic copy format, only as described in Section IV. The application process will be performed in three phases. There will be a short written application phase (Phase 1) and three to five applicants from this phase will be invited to present their application in person at USAID/Jordan at the oral presentation phase (Phase 2). During the third phase, the apparently

successful applicant will provide a full program description and financial budget that will be incorporated into the award.

An award will be made to that responsible applicant whose application best meets the requirements of this RFA and the selection criteria contained herein. Applicants who come under consideration for an award that have never received USAID funding will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate (if applicable).

Please read the application specifications for the Initial Application and Oral Presentation Phases carefully. Applications must be received by the closing date and time indicated at the top of this cover letter. Late applications will not be considered for award. Applications must be directly responsive to the terms and conditions of this RFA. Telegraphic or fax applications are not authorized for this RFA and will not be accepted.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved at the discretion of the Agreement Officer (AO). For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer." Applicants should also note that the documents listed in this RFA under "Other Information" are intended only as sources for background information that may be helpful to applicants, but are not part of the RFA. All guidance included in this RFA takes precedence over any reference documents referred to in the RFA.

Any clarification questions concerning this RFA should be submitted in writing to Ms. Alexis McGinness via email at amcginness@usaid.gov by the date listed above.

Thank you for your interest in USAID/Jordan programs. USAID looks forward to your organization's participation.

Sincerely,

Ragheda Rabie

Ragheda Rabie
Agreement Officer

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Acronyms

AO	Agreement Officer
AOR	Agreement Officer's Representative
BCC	Behavior Change Communication
CA	Cooperating Agreement
CAT	Critically Appraised Topics
CBO	Community-Based Organization
CCA	Circassian Charity Association
CDCS	Country Development Cooperation Strategy
CFR	Combined Federal Regulations
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DO	Development Objective
EA	Environmental Assessment
ECS	Environmental Capability Statement
EMMP	Environmental Monitoring and Management Plan
ESF	Economic Support Fund
ESR	Environmental Status Report
FBO	Faith Based Organizations
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
GHI	Global Health Initiative
GOJ	Government of Jordan
GUVS	General Union for Voluntary Societies
HPC	Higher Population Council
HSS II	Health Systems Strengthening II Project
HSS	Health Systems Strengthening
IEE	Initial Environmental Examination
IR	Intermediate Result
JAFPP	Jordan Association for Family Planning and Protection
JHCP	Jordan Health Communication Partnership
JHUCCP	Johns Hopkins University Bloomberg School of Public Health's Center for Communication Programs
M&E	Monitoring and Evaluation
M&M	Monitoring and Mitigation
MCH	Maternal and Child Health
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-governmental Organization
NICRA	Negotiated Indirect Cost Rate Agreement
NPC	National Population Commission
NPS	National Population Strategy
OMB	Office of Management and Budget
PFH	Population and Family Health
RFA	Request for Applications
RH	Reproductive Health
RHAP	Reproductive Health Action Plan

RMS	Royal Medical Services
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SDO	Special Development Objective
SHOPS	Strengthening Health Outcomes through the Private Sector project
Sub-IR	Sub-Intermediate Result
TA	Technical Assistance
TEC	Technical Evaluation Criteria
TFR	Total Fertility Rate
UN	United Nations
UNICEF	United Nations International Children Emergency Fund
UNFPA	United Nations Fund for Population Assistance
UNHCR	United Nations High Commission for Refugees
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

I. SECTION I: FUNDING OPPORTUNITY DESCRIPTION

A. Introduction

The US Agency for International Development (USAID)/Jordan's Population and Family Health (PFH) Office is issuing this Request for Applications (RFA) for a five-year, $30 million Cooperative Agreement to increase the use of integrated family planning and reproductive health (FP/RH) services and the utilization of modern family planning methods in Jordan. This will be achieved through social and behavior change and advocacy activities focused on changing norms and attitudes related to family planning and reproductive health in order to increase the acceptability of, demand for, and use of modern contraceptives and increase national level and community level support for family planning and reproductive health as a key component of national development. This activity is designed to support the Government of Jordan's (GOJ) goal to slow population growth by improving contraceptive prevalence rates (CPR),[1] and lowering the total fertility rate (TFR)[2] from 3.8 to 2.1 by 2030 to support the achievement of the Demographic Opportunity.[3] This activity will be referred to as the USAID "J-CAP" Activity throughout this RFA.

B. Background and Context

1. Overview and Development Challenges in Jordan

Jordan has one of the fastest growing populations in the world, which has grown from 2.1 to over 6.3 million people since 1979. At the current growth rate of 2.2%, the population is expected to double by 2040. For a country with limited resources, especially water and energy, rapid population growth presents a significant challenge to the GOJ's development goals and long term stability. Furthermore, Jordan is experiencing a demographic transition with a huge "youth bulge," as 31% of the population is between the ages of 15 and 29. Jordan's rapid population growth will also continue to hamper the country's efforts to improve economic and social indicators and provide quality services in essential areas such as healthcare and education.

According to the United Nations High Commission for Refugees (UNHCR), there were more than 550,000 registered Syrian refugees in Jordan as of January 2014. Approximately 20% live in refugee camps and 80% live in Jordanian communities. The influx of refugees has placed increasing pressure on Jordan's health system, is straining the GOJ's ability to deliver public health services, and shifts resources from other priorities.

Jordan experienced a remarkable fertility decline from 7.4 children per woman in 1976 to 3.5 in 2012;[4] however the TFR has been stagnant since 2002 with no statistically significant declines. Even though contraceptive prevalence increased from 40 in 1990 to 61% in 2012, this increase has been almost entirely through increased use of traditional methods, which represent 19% of the total contraceptive prevalence rate. Modern method use has remained constant since 2002 at approximately 42% of

[1] According to the World Health Organization, the contraceptive prevalence rate defines the proportion of women of reproductive age who are (or whose partner is) using a contraceptive method at a given point in time

[2] The total fertility rate is a national average of the number of children a woman has during her reproductive years

[3] This target is set in the GOJ National Population Strategy (Sep. 2000), and outlined in the 2004 National Agenda, but was updated by the HPC in the National Reproductive Health Action Plan and Agenda on May 6, 2010. The new target is a TFR of 3.0 by 2017.

[4] Jordan Population and Family Health Survey 2012.

currently married women.[5]

Knowledge of family planning in Jordan is high, but even if women and men might want to have fewer children, space births, or delay the first birth, this desire does not mean they will adopt family planning. Increasing the use of integrated FP/RH services and the utilization of modern family planning methods in Jordan requires the adoption of new behaviors and changing norms.[6]

2. Government of Jordan Commitments

The GOJ recognizes that unabated population growth impedes Jordan's ability to achieve socioeconomic progress and reduce poverty and unemployment and has taken a number of steps to address its population challenges. Despite these efforts, the broader political climate remains challenging and family planning is rarely incorporated into GOJ strategic planning, budgeting, and policy formulation. Support from the most senior levels of government is necessary to ensure an enabling environment in support of Jordan's demographic goals. Key stakeholders are the Ministry of Health and the Higher Population, but all GOJ entities must consider population growth and demographic trends in their planning and budgeting.

In 1973, concerns over population growth led to the establishment of the National Population Council, formally reorganized as the National Population Commission (NPC) in 1994. In 2002, the GOJ established the Higher Population Council (HPC), replacing the NPC, with a mandate to support GOJ efforts to address the linkages between population growth and sustainable development. Following the approval of the first Reproductive Health Action Plan (RHAP) (covering the period 2003-2007), the GOJ approved the second RHAP in 2008 (2007-2012), which was strengthened by the inclusion of an Activity Monitoring & Evaluation Plan to track progress and improve accountability. The RHAP aims to coordinate FP/RH assistance and promotes the concept of a Demographic Opportunity to raise knowledge and influence positive behavior change.

The Ministry of Health is a key stakeholder and is the largest provider of family planning services in Jordan. The MOH Strategic Plan for Family Planning (2013-2017) responds to challenges and obstacles facing the MOH family planning program and aims to support national efforts to improve family planning related indicators in order to achieve GOJ population goals. To support the implementation of the strategy, the MOH works to increase coverage and access to family planning and reproductive health services, improve the quality of services, and ensure services are comprehensive. Furthermore, the MOH provides modern, highly effective and safe family planning methods for free to public and non-governmental organizations to ensure the sustainability and availability of modern methods.

The MOH and the HPC are working to support the achievement of the GOJ stated goal to lower TFR to 3.0 by 2017 and to 2.1 by 2030. Nonetheless, even if the GOJ is able to realize these goals, the population is still projected to grow to an estimated 10.5 million by 2040. Even though the broader political climate remains challenging, with an appropriate level of technical guidance and support, the GOJ has the potential to build a culture of accountability, with a focus on results, while simultaneously strengthening national interest in, commitment to, and acceptability of population and FP/RH issues.

[5] Jordan Population and Family Health Survey 2012.
[6] http://www.coregroup.org/storage/Social_Behavior_Change/FPCurriculum-online.pdf

3. Relationship with USAID/Jordan Country Development Cooperation Strategy and USG Activities

USAID/Jordan's goal in the 2013-2017 Country Development Cooperation Strategy (CDCS) is to improve prosperity, accountability, and equality for a stable, democratic Jordan. In support of this goal, the PFH Office's activities increase the use of quality healthcare services, specifically FP/RH and maternal and child health (MCH), and ensure linkages to supporting host community systems in areas affected by the large numbers of refugees entering to and staying in Jordan. The USAID J-CAP Activity will contribute directly to Development Objective (DO) 3 of the USAID/Jordan CDCS; specifically to the Intermediate Result (IR) 3.1, as well as Sub-Intermediate Result (Sub-IR) 3.1.2 and Sub-IR 3.1.3. Activities which directly contribute to *Sub-IR 3.1.1* are programmed under other mechanisms.

- **Development Objective 3** – Essential Services to the Public Improved
    - **Intermediate Result 3.1** – Use of Integrated Family Planning and Reproductive Health Services Increased
        - ***Sub-IR 3.1.1:*** *Access to and Quality of FP/RH, Maternal and Neonatal Health Services Improved*
        - **Sub-IR 3.1.2:** Demand for FP/RH Services Increased
        - **Sub-IR 3.1.3:** Capacity and Enabling Environment Improved

The USAID J-CAP Activity will not only work closely with current and future USAID/Jordan PFH activities and implementing partners, but will be expected to coordinate with other USAID offices and USG agencies, as appropriate, as unabated population growth affects many other sectors. A few illustrative examples of opportunities for cross-sectoral coordination are included here. These examples are merely illustrative, and opportunities for collaboration should not be limited to the following: To engage youth, the activity shall coordinate with the USAID/Jordan Education Office to explore outreach opportunities. To enforce the links between FP/RH and economic growth it shall coordinate with the USAID/Jordan Economic Growth Office, particularly related to workforce opportunities for women. It shall work with the USAID/Jordan Water Resources and Environment Office to link messages on water and energy conservation to population growth. It shall coordinate with the USAID/Jordan Democracy and Governance Office team to build the institutional and management capacity of NGOs and CBOs; expand social dialogue on gender equality; and strengthen advocacy for female empowerment. Gender roles can be barriers to the uptake of FP/RH; therefore the USAID J-CAP Activity shall also collaborate with all forthcoming USAID/Jordan gender focused activities and integrate gender into all activity components to help reduce gender disparities in the health sector as related to demand for family planning. This activity will also work across all ministries ensure population issues and family planning are included in strategic planning and budgeting. In their effort to respond to the Syrian crisis, multiple USG agencies are engaged in the health sector in Jordan focusing on delivering humanitarian aid to refugees while strengthening host communities' systems and infrastructure. This activity will also support host communities in order to complement and leverage the investments of other USG Agencies and respond to the Syrian crises and related needs as it develops.

4. Relationship with GOJ, Local Stakeholders, and Other Donor Programs

USAID/Jordan's PFH Office has a positive working relationship with the GOJ through its historic support for the HPC, MOH, several other ministries, and national and local NGOs. The USAID J-CAP Activity will continue to support the GOJ through the MOH and the HPC to bolster the level of attention given to the implications of rapid population growth on national development. This activity, as part of

USAID/Jordan's Population and Family Health portfolio, will directly support the GOJ National Reproductive Health/Family Planning Strategy (2013-2017) and the MOH Strategic Plan for Family Planning (2013-2017).

The MOH is a key stakeholder for all SBC activities. The MOH Strategic Plan for Family Planning (2013-2017) outlines five strategic objectives: (1) improve quality of and access to family planning services and counseling; (2) strengthen family planning information and support systems functionality and utilization; (3) strengthen the supportive policy environment for family planning; (4) improve effectiveness and efficiency of family planning human resources management; and (5) increase community awareness and demand for family planning. The USAID J-CAP Activity will directly support strategic objectives 3 and 5 through its advocacy and policy activities (component 2) and outreach and demand generation activities (component 1).

The National Reproductive Health/Family Planning Strategy (developed by the HPC) aims to support the achievement of the Demographic Opportunity in order to contribute to the welfare of Jordanian society, through three intermediate results: (1) improve the RH/FP policy environment and leadership's commitment to provide resources and approve policies that support FP/RH services; (2) increase equitable access to high quality RH/FP information and services; (3) advocate for positive change in FP/RH beliefs and behaviors in the community. The USAID J-CAP Activity will directly support strategic objectives 1 and 3 through its advocacy and policy activities (component 1 and 2).

The USAID J-CAP Activity and the USAID/Jordan PFH portfolio align with the objectives of the GOJ, and all activities will continue to provide substantial support to help the GOJ achieve its goals and objectives as outlined in national strategies. See Section D, Implementation and Activity Modules for more details on the activity components.

The USG, through USAID, is the largest donor to Jordan's health sector, and USAID/Jordan chairs the health sector donor coordination group. As a leader in the health sector, USAID/Jordan works with other donor partners to ensure complementarity of programming and to minimize the duplication of efforts in support of GOJ goals and objectives. The USAID J-CAP Activity shall also work collaboratively with other relevant stakeholders as appropriate.

5. USAID/Jordan Population and Family Health Programming

USAID/Jordan's PFH portfolio addresses both supply of and demand for quality FP/RH services. On the supply side, USAID supports the public, private, and NGO sector to improve access to and quality of FP/RH services in line with the GOJ National Population Strategy. On the demand side, USAID supports the GOJ's population and development objectives to increase demand for FP/RH services by providing accurate and technically sound FP/RH information through social and behavior change (SBC) activities, policy development and enactment, and advocacy efforts. The theory is that improving the supply, demand, and enabling environment in an integrated manner will lead to an increased use of integrated FP/RH services.

USAID/Jordan has long supported SBC activities and behavior change communication (BCC) activities to promote GOJ development goals in maternal and child health and family planning. Approaches included policy development, advocacy, media campaigns, social- and community-mobilization, and interpersonal

communication. While many of these interventions succeeded in enhancing public awareness, efforts are still needed to stimulate positive changes in attitudes and practices towards creating lasting behavior change – particularly with reference to fertility preferences, use of modern contraceptives for family planning, birth spacing, gender preferences, and GOJ support for FP/RH issues.

To streamline the portfolio, USAID/Jordan will be solidifying all demand generation and advocacy activities under the USAID J-CAP Activity. Supply side activities will continue to be supported in both the private and public sectors under other mechanisms. USAID/Jordan's implementing partners regularly collaborate under the direction of the USAID/Jordan PFH Office; all current and future activities will continue to work under the direction of the USAID/PFH Office and in close coordination to support GOJ and USAID goals and objectives. Descriptions of previous and ongoing USAID/Jordan PFH Activities can be found in Attachment 6.

C. Program Description

1. Overview

This activity will be USAID/Jordan's primary social and behavior change communications activity responsible for increasing the use of integrated family planning and reproductive health services; increasing the demand for modern family planning; and strengthening capacity and the enabling environment. This will be achieved through social and behavior change, advocacy, and policy activities focused on changing norms and attitudes related to family planning and reproductive health in order to increase the acceptability of, demand for, and use of modern contraceptives. Activities will also engender a supportive policy environment and will increase national level and community level support for family planning and reproductive health as a key component of national development. In line with the goals and objectives of USAID Forward, this activity will manage sub-grants to non-governmental organizations, community based organizations, civil society organizations, women's groups, youth, underrepresented groups, and/or other local organizations to further the objectives of the activity. The purpose of these sub-grants will be two-fold: (1) to support the goals and objectives of the USAID J-CAP Activity and (2) to build local capacity among indigenous organizations.

This activity has two main objectives which will be achieved through activities implemented under the two main USAID J-CAP Activity components. See Attachment 1.

- **Component 1: Demand for Family Planning and Reproductive Health Services Increased**
- **Component 2: Capacity and Enabling Environment Strengthened**

A holistic and well informed design shall be based upon available strategies, research, and reports to develop a thoughtful, strategic, and effective plan – even if all activities cannot be implemented at once. The design shall also ensure that both objectives are fully addressed as they are mutually dependent and are critical to the activity's overall success. Research demonstrates that when families recognize that family planning supports maternal, neonatal, and child health, the use of FP/RH services increases significantly. However, despite reportedly high knowledge of modern family planning methods among women of reproductive age, the modern CPR in Jordan has more or less stagnated over the past decade.[7] This activity shall address the known barriers to increasing modern CPR and identify and deconstruct drivers of high fertility. A baseline shall be completed to inform design and identify the

[7] Jordan Demographic and Health Surveys (DHS)

drivers of high fertility in Jordan, the root causes of known and unknown barriers (societal, political, and economic), and the best way to overcome barriers to support the achievement of activity objectives. This baseline shall also be used to measure progress throughout the life of the activity.

At a minimum, it is anticipated that the USAID J-CAP Activity will address these known barriers:

- Preference for and social pressures to have large families.[8]
- Preference for less-effective, traditional contraceptive methods.
- Social and cultural factors including preferences for sons over daughters, and women's valued identity as mothers – *gender roles and norms*.
- Insufficient mobilization of youth.
- Inconsistent government support and/or commitment to family planning and population issues and the inclusion of population issues in policy planning.
- Limited leadership capacity and effective advocates within the GOJ, public sector, private sector, women's groups, and community level in support of FP/RH.

There are other known barriers to increased use of family planning: high discontinuation rates for modern family planning methods; persistent unmet need for FP (12%); and provider bias against hormonal and other long-acting contraceptive methods. These barriers are relevant to the FP/RH landscape in Jordan and shall be considered in the activity design. But addressing these barriers is the responsibility of USAID/Jordan's other PFH activities that focus on service delivery and thus will be addressed by other implementing mechanisms. See Attachment 6.

This activity will not be limited to only behavior change communication activities and shall focus on **social and behavior change** to affect norms and attitudes related to family planning and reproductive health and **advocacy** to increase support for family planning and reproductive health as a key component of national development to strengthen the enabling environment. Communication is a key component of social and behavior change activities, but the USAID J-CAP Activity shall go beyond simply providing information to target audiences and shall affect real changes in attitudes. Activities shall also create an environment that enables the desired behavior change and supports the people who want to adopt or facilitate the change. The USAID J-CAP Activity shall also strengthen the enabling environment and increase national and community level support for family planning and reproductive health as a key component of national development. Applicants are also advised to propose innovative ways to improve the policy environment through advocacy interventions in support of the increased use of family planning services and improved visibility of national family planning programs. Specifically, these activities are meant to support senior GOJ policy and decision-makers in elevating population and family planning issues to national prominence with key policy, fiscal, and planning entities.

This activity is focused on health outcomes, and therefore the MOH and HPC are key GOJ partners and stakeholders, but this activity shall employ a multisectoral approach. A multisectoral approach can promote synergy between different sectors, often combining health services with interventions that address women's economic empowerment, literacy, political participation, and mobility/access. Through a multisectoral and gendered approach, multidimensional barriers can be addressed to confront women's disempowerment and the complex factors that lead to poor reproductive health. To achieve the desired family planning outcomes, it is important that the USAID J-CAP Activity collaborate

[8] The Jordan Demographic and Health Survey 2009 reported an ideal desired family size of 4.2 children

with all relevant USAID activities, including PFH activities, as well as relevant activities of other sectors, donors, and stakeholders. There are different levels of beneficiaries for this activity including but not limited to: Jordanian families; GOJ policy and decision makers; community and local government level leaders; health workers, civil society, and NGO leaders. These various stakeholders shall be consulted in a collaborative manner to ensure a comprehensive design. All interventions under this activity shall support the achievement of the two primary activity objectives as outlined in the RFA.

This award includes a funding module for sub-grants. The sub-grants will not only support the goals and objectives of this activity, but also of USAID Forward, since upon completion of the USAID J-CAP Activity, recipients will have the ability to directly manage activities and funds in support of GOJ population goals and can continue to engender a supportive FP/RH environment in the absence of sustained technical support. Research indicates that despite donor investments, civil society in Jordan remains weak. The main challenges facing civil society in Jordan are advocacy, financial viability, and organizational capacity.[9] As such, Applicants are to build the institutional and management capacity of sub-grant recipients through sub-grants and capacity building activities. See Section I, Part D.1 - Module 1: Sub-Grants. These shall be NGOs and/or CBOs that can or do conduct outreach related to increased demand for FP/RH, advocate around family planning and population issues, engender a supportive environment in their communities, and/or other programs in support of activity objectives. Applicants shall focus interventions on supporting institutional strengthening, financial management, training, and capacity building to increase the ability of select NGOs and CBOs to strategically plan, implement and evaluate reproductive health social and behavior change activities at the community level. Prior to engaging with NGOs, however, the Recipient shall assess the NGO landscape and identify potential partners for engagement over the life of this activity. Identifying new partners shall not be at the expense of capacity building for existing USAID/Jordan partners. This includes the Community Health Committees supported by the USAID-funded HSS II activity and the outreach activities carried out by the Circassian Charity Association (CCA) and General Union for Voluntary Societies (GUVS) under the SHOPS activity.[10] Since outreach is primarily a demand generation activity, it is envisioned that outreach activities will transition from SHOPS to the new USAID J-CAP Activity upon award, to streamline USAID/Jordan mechanisms and reduce overlap. Both components are expected to utilize the sub-grants module to achieve the activity objectives as detailed under each component description. For example, local organizations have a role in increasing demand for FP/RH services, through community outreach and grassroots level communication activities. Civil society, including NGOs and community based organizations, can serve as leaders to affect positive social and behavior change in support of FP/RH. See Section I, Part E – Technical Considerations for more details.

2. Geographic Focus

The USAID J-CAP Activity will work throughout Jordan at both the national and community levels. The traditional determinants of health behavior and family planning use are age, education, urban/rural residence, and economic status. In the Jordanian context, some of these variables correlate in the expected way (i.e. – fertility is higher among the poor than the wealthy); however for most of these variables, the difference in fertility rates is negligible (i.e. - FP/RH related behaviors of Jordanians are relatively homogenous). For example, if interventions targeted the poorest quintile of the population to raise their use of family planning to the level of the next highest group, and the interventions succeeded

[9] USAID's Civil Society Organization Sustainability Index for the Middle East and North Africa. http://www.usaid.gov/middle-east-civil-society. 2011.
[10] See Annex1: USAID/Jordan Population and Family Health Activities for more details.

in this goal, the CPR would increase by less than one percentage point.[11] Segmenting can be an effective approach to reach diverse groups with appropriate messages, but one group (women, men, youth, couples, etc.) cannot be targeted at the expense of another group. The USAID J-CAP Activity shall ensure it reaches audiences with appropriate interventions and activities – audiences include men, women, youth, religious leaders, community leaders, health workers, GOJ stakeholders, etc.; however messages may need to be tailored for different groups to be most effective. For example, youth may require a different set of messages and a greater sensitivity to the subjects of FP/RH and sexual activity. However, with youth more open to new ideas, attitudes and behavior change can produce long-term impacts.[12]

The Recipient must work at both the community and national levels through interventions focused on interpersonal communication as well as community-level activities and long term cyclical communication initiatives. The USAID J-CAP Activity shall consider areas of high population density to be the focus of community level interventions. USAID/Jordan's experience with BCC activities demonstrate that focused community level campaigns can achieve results; therefore a phased approach with maximum coverage based on available data and potential for impact shall be considered.

Northern Jordan has been particularly affected by the influx of Syrians. This activity will not work directly with Syrians living in refugee camps because USG support for this population is managed through the U.S. Department of State's Population, Refugees, and Migration (PRM) Bureau. However, given that approximately 80% of Syrians are living outside of refugee camps within Jordanian communities, this represents a large portion of the Syrian population that utilizes Jordanian public health services and is projected to also impact long-term population growth rates. The USAID J-CAP Activity will not target Syrians at the expense of other beneficiaries, and activities shall not be developed to specifically benefit one subpopulation over another; however all populations living in Jordan should be entitled to healthcare regardless of nationality (i.e. – Jordanian, Syrian, Palestinian, Iraqi, etc). USAID/Jordan health programs shall provide equitable access to healthcare across subpopulation groups, including vulnerable populations. Activities should benefit the entirety of Jordanian society, without respect to nationality, in support of the GOJ national development and demographic goals.

3. USAID J-CAP Activity Components

a) Component 1: Demand for Family Planning and Reproductive Health Services Increased

This component's activities will aim to increase the demand for and utilization of FP/RH services and reduce unmet need for family planning. Behaviors and attitudes toward desired family size, birth spacing, and the acceptability of contraceptive use should favor the utilization of FP/RH services so that demand for and utilization of FP/RH services increase. Evaluations of the family planning landscape in Jordan indicate that cultural values can be changed, but that family planning messages must be tailored to specific audiences; introduced in the context of development and Jordanian family and cultural values; and demonstrate the health and socioeconomic benefits of family planning. Research demonstrates that communities with increased knowledge of reproductive health and their rights are more effective in both demanding and using quality services. Activities shall be designed that actively

[11] JHCP, Evaluation of the Mabrouk II: You've Become a Mother and Father Initiative, November 2010, and Religious Leaders' Knowledge, Attitudes, Practices and Public Speaking about Family Planning and Reproductive Health: Results from Baseline and Endline Surveys in Zarqa Governorate, Jordan, 2010. June 2011.
[12] USAID/Jordan: Evaluation of the Jordan Health Communication Program. 2011.

educate beneficiaries about their rights to high-quality services, provide essential knowledge of reproductive processes and the benefits of family planning, and foster skills to articulate needs and rights. In this way activities can catalyze more sustainable behavior change. Activities shall also aim to increase the acceptability of family planning use and the small family norm through outreach, interpersonal, and community-based interventions. Social and behavior change activities and campaigns shall be implemented at various levels, i.e. the national, sub-national, and community levels.

USAID/Jordan's research on gender, FP/RH, and communication with religious leaders, community leaders, government officials, medical personnel, academics and students, and others demonstrates that: if they are to be understood and accepted, messages about family planning should be presented in the context of Jordanian family and religious values. There is receptivity and recognition of the importance of family planning when it is considered in broader contexts, such as: (i) life planning, especially among youth and students; (ii) the economic situation of the family; (iii) the need for more attention to each child in critical early childhood years; (iv) child spacing for the health of the mother and child; (v) the importance of continuing education before having children; (vi) compatibility with religious beliefs; (vii) the importance of couples' communicating about FP methods, spacing, and number of children desired. Approaching family planning in terms of spacing, not limiting family size, has proven more effective in the Jordanian context. For example, religious leaders objected to the limitations on the number of children, especially the use of sterilization, which was considered to be inconsistent with Islam unless there is a medical rationale. Male support and involvement for improved health and socioeconomic outcomes in favor of FP/RH is crucial.

To effect this social and behavior change, the activity will need to develop messages and interventions that address both the health and development impacts of high fertility; short birth spacing intervals; and take the broader contexts for delivering messages into account. For example, the link between unsustainable population growth and the difficulty in reaching long term national development planning goals, as well as the link between gender equity and female empowerment to achieving national development objectives should be taken into account. This could be achieved by increasing public knowledge of healthy timing and spacing of pregnancy, the relationship between birth spacing and maternal/child health, as well as socioeconomic benefits of family planning. This could include community outreach to increase community awareness and demand for family planning; having respected leaders voice support for and model the change; getting special interest groups involved; training service providers; SBC campaigns; and working with community groups.

Communication activities are an essential piece of this component and shall utilize a range of different channels including mass media and information and communication technology (ICT), including social media; community-level activities; and interpersonal communication. Although basic knowledge of family planning is high amongst married women in Jordan compared to many other countries, this has not translated into increased use of modern contraceptives in the past decade. Even if women and men want to have fewer children, space births, or delay the first birth, this desire does not mean they will adopt family planning when highly effective methods are available. Increasing the use of modern family planning requires that individuals adopt new behaviors.[13] Additionally, it is important to note that while basic knowledge of family planning is high (nearly universal), the DHS survey assesses knowledge of ever married and currently married women. Knowledge of family planning amongst men is likely much lower, and should be taken into account in program design, particularly since men are the primary decision makers in many Jordanian households.

[13] http://www.coregroup.org/storage/Social_Behavior_Change/FPCurriculum-online.pdf

The integration of gender into all SBC activities is critical to the success of these investments. Gender-sensitive activities encourage women and community organizations to renegotiate relationships with partners and officials, recognizing that recipients of services also have something to offer health and community officials. By providing the skills for renegotiating relationships and power dynamics, gender sensitive projects build capacity for change among those who are traditionally disenfranchised and can also promote sustainability.

Illustrative Activities:

- Implement national level social and behavior change campaigns.
- Implement integrated community level FP/RH focused social and behavior change activities to reach women, men, couples, and religious leaders.
- Conduct community outreach – reaching women, men, and youth.
- Educate local media and promote their role in the dissemination of information related to population growth and development.
- Increase public knowledge about FP/RH and the related benefits (i.e. birth spacing, women's empowerment, benefits of small family size etc.).

b) Component 2: Capacity and Enabling Environment Strengthened

The policy environment, social constructs, economic opportunities, and gender norms all affect the family planning landscape and enabling environment in Jordan. To that end, the primary objective of this component is to strengthen the enabling environment in support of FP/RH. This includes advocacy, strengthening advocacy capacity, improving the policy environment, and building local capacity to sustain effective social and behavior change interventions that ultimately lead to an increased use of integrated FP/RH services. This also includes working with various Ministries to raise awareness of population pressures and ensure that population issues and family planning are incorporated into GOJ strategic planning, budgeting, and policy formulation. The work conducted under this component requires close collaboration with the MOH and the HPC.

Even though there are concerns at the highest levels of government in Jordan about rapid population growth, these concerns are generally not translated into strong programmatic support for family planning. This is in part a result of the following: (1) the large family norm is culturally strong; and (2) family planning is typically given lower priority by policy makers than other health agendas (e.g., non-communicable diseases and maternal and neonatal health). The USAID J-CAP Activity will work with the GOJ and local stakeholders to effect change and generate strong programmatic and policy support for FP/RH to strengthen the enabling environment. Other key influencers are civil society groups including NGOs and community based organizations, which can serve as leaders to affect positive change in support of FP/RH.

At present, there are an insufficient number of influential family planning advocates that can mobilize community-level and senior-level political support for family planning in the context of population and development. The USAID J-CAP Activity shall support the identification and skill development of potential FP/RH advocates in Jordan. Advocates are key to changing norms, supporting an enabling policy environment, empowering women and girls, and changing (or even reversing) any unsupportive policies. However, it is important to note that emphasis shall be placed on the *quality*, not *quantity* of advocates.

Increased awareness of the impact of population growth on health and development is necessary at all levels of government, both national and local; and it is especially important for those officials in sectors that do not address health issues on a daily basis. Most sectors in Jordan are adversely affected by population growth pressures, both from high fertility and incoming refugees, and therefore must incorporate population growth into strategic planning, budgeting, and policy formulation. Activities shall target decision makers within the GOJ, including at other line Ministries in coordination with other USAID Technical Offices, to create an enabling environment throughout Jordan. Strengthening the enabling environment does not mean only working with the MOH and the HPC and other stakeholders in the health sector. For example, the increasing population has led to many overcrowded classrooms and double-shifted schools in order to keep up with the growth rates, straining the Education Sector and challenging the Ministry of Education (MOE) is to keep up with the increasing demand for new schools. Strategic planning and budget forecasting that take population growth into account could help the MOE more effectively and efficiently use resources to cope with future growth. Many Ministries, such as the MOE, have a role to play as key stakeholders and supporters of the GOJ population goals since they experience firsthand the adverse effects of unabated population growth on their respective sectors.

The MOH and HPC shall be leaders to drive the advocacy efforts at other Ministries and within the GOJ writ large. Their advocacy roles shall be strengthened so they have the tools and capacity to affect the family planning policy and advocacy landscape in Jordan and to design and execute SBC activities in support of the GOJ's population goals. The MOH and HPC require a broader base of political support to strengthen and sustain their efforts in family planning, population, and development – and to secure adequate budgetary support to achieve their FP/RH related goals and objectives. The USAID J-CAP Activity shall also build the capacity of USAID/Jordan's national partners in the public, private, and NGO sectors to lead family planning advocacy efforts throughout the country. As part of these efforts and with an eye towards sustainability, the Recipient shall build upon previous SBC and advocacy interventions in cases where the effectiveness of the previous USAID supported activities is evident.[14] The Recipient shall focus on building the capacity of these local and national partners to sustain and effectively plan, execute, and evaluate family planning and population campaigns on the national level and serve as effective advocates to steer the national dialogue.

The MOH is the single largest provider of FP services in Jordan and is committed to improving national family planning indicators. Adequate support, budget, and capacity at the MOH are necessary to effect change and support the enabling environment; therefore the MOH shall be a key stakeholder in all SBC activities. For example, the USAID J-CAP Activity could work with the MOH's Health Promotion Directorate to build its capacity to adequately budget for and effectively plan and execute health communication campaigns in support of FP/RH and related behaviors. It could also work with the Women and Child Health Directorate to engender support for FP/RH as key to improved outcomes in maternal, neonatal, and child health. Activities could also focus on elevating women's health within the MOH and at the national level. The Recipient will also be expected to allow flexibility to respond to the needs of the MOH, per USAID's guidance and approval, given the circumstances surrounding Jordan's health profile in light of ongoing unrest in neighboring States and the rapid influx of refugees. This includes, but is not limited to, potentially responding to the MOH's needs to launch media campaigns in response to emergency health situations or potential emerging epidemics. See Section I, Part D – Implementation and Activity Modules for more details.

[14] This refers mainly to activities carried out by the USAID-funded Jordan Health Communication Partnership, which ended on January 31, 2013

The USAID J-CAP Activity shall assist the HPC to strengthen its role as the national policy and coordinating body for all population issues in support of its efforts to achieve desired fertility rates. Specifically, this includes reinforcing the HPC's capacity to plan and execute national health communication and SBC activities in the context of the HPC's Demographic Opportunity Policy Paper, as well as to measure the impact of said campaign towards the GOJ's desired demographic goals. The Recipient could support the HPC to advocate for higher levels of funding for women's health activities and ensure that the impact of rapid population growth and the need to balance the limited national resource base are understood at the highest levels of government.

Ultimately, and by the end of this activity, it is envisaged that the MOH and the HPC will have strengthened capacity and be leaders supporting the improved enabling environment for FP/RH, per their respective mandates. For example, each should have the capacity to advocate for better budget planning for rapid population growth and serve as effective opinion leaders in support of population related issues. Other Ministries in Jordan should also understand population growth issues, serve as advocates in support of family planning, and give consideration to each in their strategic planning and budgeting. In addition to the HPC, MOH, and other Ministries, Applicants are encouraged to propose innovative approaches to engage influential members of society, including, but not limited to, religious leaders, policy makers, community leaders, health workers, civil society, Jordanian celebrities, and other key stakeholders to build their capacity to serve as effective advocates in support of women's health and FP/RH.

Illustrative Activities:

- Strengthen advocacy capacity of GOJ and non-GOJ partners in support of FP/RH.
- Raise awareness among key GOJ stakeholders of the importance of FP/RH to national development and translate this awareness into practice to improve the enabling environment.
- Support the MOH and HPC to advocate for inclusion of population growth and the demographic opportunity into planning and budgeting at the MOH and with other GOJ stakeholders.
- Strengthen efforts to place policy into practice for FP/RH.
- Strengthen management and governance in support of improved FP/RH activities.
- Build MOH and HPC capacity to execute high quality SBC activities in support of demographic goals and the GOJ national development plan.
- In country capacity to design and implement SBC campaigns strengthened.
- Strengthen capacity of civil society to take a leadership role in FP/RH and the enabling environment.
- Strengthen efforts toward women's empowerment and change unsupportive policies.
- Support the MOE to be key stakeholder in youth empowerment and enabling environment for FP/RH activities.

D. Implementation and Activity Modules

This activity will be divided into four phases; this implementation plan is designed to hold the Recipient accountable to the program description and to meeting the goals and objectives. A phased award plan also provides USAID/Jordan with the flexibility to redirect or terminate the Award depending upon performance, success, and GOJ and USAID priorities. The first phase will commence upon award and last for two years, the subsequent three phases will be one year each – if all phases are awarded this will be a five year activity. An external mid-term evaluation will be conducted to coincide with the end of the second year, i.e. end of phase one. USAID/Jordan will use these findings and their experience with the Recipient to determine whether the activity is adhering to the program description and on track for

achieving the desired results, or if the program requires modification to better accomplish program goals. At this point USAID/Jordan will elect to award and fund the next phase, redirect the activity, or terminate the activity. USAID/Jordan may select to fund the final three phases on a yearly basis or may elect to fund all three years after the mid-term evaluation. If the program is not meeting U.S. Foreign Policy goals USAID/Jordan may elect not to further fund the award after or during any of the phases. The Application shall detail how the Recipient will structure the activity to align with the phased approach but with a goal of implementing all five phases. See Section II, Part D, Implementation Schedule for more details.

The USAID J-CAP Activity has three funding modules that must be included in the proposed budget as well as considered in the design of all activities. These modules are set up to ensure that sufficient budget is allocated to the provision of sub-grants, to respond to emerging needs as identified by USAID and the GOJ, as well as allow for a ceiling increase if the AO and AOR deem it necessary to achieve the goals and objectives of this activity. These modules also provide USAID some flexibility to direct the Recipient throughout implementation of the Activity. Applicants must consider and respond to these modules in their technical applications and budget submissions.

1. Module 1: Sub-Grants

The Recipient is responsible for managing a sub-grants program to execute activities that further the goals and objectives of the USAID J-CAP Activity. This sub-grants program will total a minimum of $3,000,000 over the life of the activity. In the application, the Applicant shall detail how it will utilize this module, when it will be initiated, the administration and management plan, and how it will support building sustainable local capacity. In line with USAID Forward, these sub-grants will not only support the goals and objectives of the USAID J-CAP Activity but upon completion of the Award, sub-grant recipients will have the ability to manage activities and funds in support of GOJ population goals and can continue to engender a supportive FP/RH environment in absence of sustained technical support. **The costs for capacity building and administration are separate from the $3 million to be provided in sub-grants.**

USAID/Jordan shall consent to all sub-grants, activities under sub-grants, and changes to scopes or budgets of all sub-grants. All activities shall be designed, approved, and implemented according to the relevant standard USAID procedures. The Recipient shall utilize an Activity Database, accessible by the USAID/Jordan AOR, to document and report on sub-grants. This can be simply an excel spreadsheet or other simple format. The Recipient should not invest significant time or resources to create a web-based/ complex database.

The Recipient shall: (1) execute the activities under this module according to the scopes of work and proposed activities of sub-grantees as approved by the AOR; (2) monitor the activities for technical and programmatic soundness, and; (3) evaluate them against their individual goals and the goals of the USAID J-CAP Activity. The Recipient's performance in this regard will be monitored by the AOR through the Activity M&E Plan. See Section VI, Part D, Monitoring and Evaluation. The Activity M&E Plan will detail the benchmarks and indicators, but the Recipient will be responsible for ensuring the capacity building activities for select sub-grantees result in autonomous entities capable of soliciting and receiving direct funding from donors and the GOJ and carrying out activities without sustained technical support.

In order to ensure a complete understanding of the relationship, the roles and responsibilities, and the

processes for activity making, including grant making, the Recipient will be required to submit a Grants Manual for AOR concurrence and for AO approval. This manual shall be based on the ADS and 22 CFR 226 and the information provided in this Program Description.

a) Sub-Grant Program Details

Given the broader challenges related to increasing use and acceptability of family planning in Jordan, Applicants are invited to propose creative strategies to engage and strengthen local organizations through sub-grants. Applicants shall propose budgetary amounts (included as line items in the budget) and illustrative activities which may include, but are not limited to, capacity building assistance such as development of human resources, financial management, behavior change, public relations, program reporting, and technical management to organizations that can serve to support the objectives of the USAID J-CAP Activity during and, most importantly, after the implementation of this activity to ensure sustainability.

All capacity building components with sub-grantees shall be provided by the Recipient in an integrated and comprehensive capacity building plan to ensure consistency and alignment of capacity development and training under this Award. As part of the application to USAID for approval of the selected grantee(s), the Recipient shall specify how they will provide the technical oversight and coordination of the grantee(s) to ensure alignment, strategic linkages, and accountability of the activities carried out to further the specified activity objectives. The Recipient is responsible for the budgetary oversight of all grants under this program. The same local organization may receive several sub-grants under this module for different and specific activities in line with USAID J-CAP Activity objectives with no maximum overall limit on the total number of grants to one local organization. However, all local organizations that expend $300,000 or more of USAID funding in any fiscal year are subject to audit per ADS 591.3.2.1 and other USG rules and regulations.

The Applicant shall provide a capacity building plan, indicating what kind of capacity building measures will be put in place under this module. Sub-grant recipients shall benefit from the capacity building measures in order to be better poised to receive direct funding from donors in the future and to manage activities in absence of sustained technical support. The capacity building plan shall present the sub-grantee's recommended approach based on best practices and demonstrated understanding of the country context.

Sub-grants are intended for local entities. The grantees under the sub-grants program can include a wide range of governmental and non-governmental organizations, including but not limited to local faith-based groups; youth associations; cooperatives; associations; informal groups; non-governmental organizations (NGOs); local, regional, and national governments; student groups; media; private sector; and coalitions of these entities.

The AOR and the Recipient shall discuss areas of grant concentration (geographic and type) as well as programmatic approaches. Activities must be designed in accordance with U.S. Government policy. The Recipient, in coordination with USAID, may be required to involve various stakeholders (public, private, local community) in the process of grant identification, development, implementation, and support.

b) Grant Making Procedures

Recipient staff, in close coordination with the AOR, plays a critical role in actively identifying grantees, developing grant activities with the grantee, entering grant information in the Activity Database, and ensuring that the database is updated with grant information as implementation progresses. The Recipient will monitor and evaluate the grantee deliverables and report regularly to the AOR.

The Recipient, after working with the potential grantee(s), will review all grant proposals before submitting them for clearance to the AOR to ensure they are consistent with all USAID policies and procedures and in line with the USAID J-CAP Activity and USAID/Jordan objectives. The Recipient shall ensure that grants comply with all USAID regulations and relevant U.S. assistance legislation and policies, including Family Planning legislative and statutory compliance and anti-terrorism certifications.

Sub-Grant Modifications: Written requests must be submitted to the AOR for extensions to sub-grant, revisions/updates to procedures, guidelines, staffing plans, and other documentation for which USAID approval is required. These Recipient requests for approval or action by USAID shall be submitted to the AOR in time for diligent review and action before action by USAID is due.

The Recipient will develop a Grants Manual, Grant Cycle Flow Chart, a summary of Grant Making Procedures, and a Grants Handbook/Guide for Grantees – all of which require approval by the AO and AOR. See Section VI, Part C.3, Other Deliverables Under Module 1: Sub-Grants for further explanation and expectations related to this deliverable.

c) Activity Database

The Activity Database will be used as a management tool to facilitate the grant cycle, to manage staff, monitoring and evaluation, and reporting. The Activity Database will be used by USAID and the Recipient. The Activity Database is primarily intended to be a tracking tool to facilitate program management and financial tracking and can simply be in the form of an excel spreadsheet or other simple format. Applicants should not spend extensive time or resources to create a web-based database. See Section VI, Part C.3 Other Deliverables Under Module 1: Sub-Grants for further explanation of this deliverable.

2. Module 2: Unfunded Budget Allocation

The total estimated cost of this award is $25 million; however the award will be written for $30 million. The $5 million difference is unfunded at the time of the award and the proposed budget shall reflect this contingency. This $5 million is reserved to be included in the Award at the Agreement Officer's discretion and subject to the availability of additional funds. This funding is not guaranteed and the Recipient shall be prepared to design and execute an effective program without the funding of this Module. This module allows USAID/Jordan the flexibility to place additional funds into this Award based on exceptional performance without requiring a Total Estimated Cost (TEC) modification.

3. Module 3: Emerging Opportunities Fund

The Recipient must be aware of the importance of coordinating this program with other USAID Mission programs and US foreign policy objectives and the rapidly changing environment within which this program will operate. Therefore, in addition to the activities described in the Program Description, the Recipient shall have the capacity to identify and respond to unanticipated events and emerging

opportunities impacting on achievement of the USAID J-CAP Activity goals and/or USAID/Jordan goals and objectives, upon written request to USAID or at the request of USAID. A total amount of no less than $3 million is required to be set aside for emerging opportunities, all of which shall be budgeted into this Award – this separate line item will be designated as an "Emerging Opportunities Fund." The funds committed under this Module line item are not expected to be obligated to this Cooperative Agreement without the specific written approval of the Agreement Officer. The purpose of this Module is to respond to unanticipated events (i.e. – health emergencies) and opportunities, and allows USAID/Jordan flexibility to re-direct funding to respond to new ideas, innovations, resolutions to unanticipated impediments, and additional reinforcement of existing activities that appear to have greater potential or need than initially anticipated, as identified or endorsed by USAID and the GOJ.

E. Technical Considerations

The integration of gender and youth into all activities is critical to the overall success of this activity and special attention must be paid to these technical considerations throughout the Application, including in activity design and monitoring and evaluation. Additionally, consideration must be made in all applications for the Syrian refugee crisis and its impacts on the health sector and population in Jordan.

1. Gender

USAID is committed to the support of gender equality and female empowerment seek to improve the lives of citizens around the world by advancing equality between women and girls and men and boys, and empowering women and girls to participate fully in and benefit from securing better lives for themselves, their families, and their communities. Outcomes for this goal include: (i) reducing gender disparities in access to, control over and benefits from resources, wealth, opportunities, and services – economic, social, political, and cultural; (ii) reducing gender-based violence and mitigating its harmful effects on individuals; and (iii) increasing the capability of women and girls to realize their rights, determine their life outcomes, and influence decision-making in households, communities, and societies.[15]

The USAID J-CAP Activity shall coordinate closely with relevant USAID/Jordan activities, in particular coordinating design and implementation of gender focused activities to ensure no duplication of efforts. Illustrative examples of gender-sensitive FP activities include, but are not limited to: (i) working with community and religious leaders on promoting family planning and modern contraceptive use; (ii) promoting gender equality and empowering women through group discussions; and (iii) involving men in behavioral change for family planning and contraceptive use.

The 2012 *USAID/Jordan: Population and Family Health Gender and Social Soundness Analysis Report* concluded that, "There is considerable evidence that the path to lower fertility in Jordan is through greater equality for women".[16] Gender norms significantly impact health outcomes in Jordan's traditionally patriarchal society. Gender equality is critical to successful FP/RH programming; women cannot achieve gender equality related to their sexual and reproductive health without the cooperation and participation of men.[17] Men – as community, political, or religious leaders – often control access to

[15] See ADS 201.3.15.3; USAID's *Gender Equality and Female Empowerment Policy*; and the *Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle* for further information.
[16] USAID Jordan: Population and Family Health Gender and Social Soundness Analysis of the Population and Family Health Environment in Jordan. 2012. pp 35.
[17] http://www.unfpa.org/gender/men.htm

reproductive health information and services, finances, transportation, and other resources. Gender discrimination and inequities limit women's and men's access to confidential family planning services, the ability of women to negotiate the use of family planning for themselves, and effective use of contraceptive methods.[18] Experience and best practices demonstrate that men can be valuable allies and supporters for women's health and to address access and utilization barriers for FP/RH information and services. Furthermore effective FP/RH programs consider prevailing gender norms and recognize that gender roles and relations depend on social contexts wherein cultural, religious, social, and economic realities are intertwined and gender relations are not static – change is possible.[19]

Gender shall be integrated in all activities under the USAID J-CAP Activity. This activity shall be gender-sensitive and prioritize the participation of women beneficiaries and other marginalized groups, from the beginning and continuously, in design, decision-making, priority setting, implementation, and evaluation – and finally shall ensure ownership by participants and beneficiaries. The USAID J-CAP Activity shall promote constructive male participation in a way that respects and supports women's family planning and reproductive choices and, at the same time, protects men's health. Gender-sensitive activities shall build links with civil society, emphasizing partnerships with NGOs formed by women's health and rights advocates; other community groups; and with donor, local, and national officials, including a variety of constituencies and stakeholders.

The USAID J-CAP Activity shall acquire and utilize a solid contextual understanding of the environment in Jordan, including laws, regulations, policies, religious and cultural traditions, and other factors influencing gender norms that affect women's status, equality, and reproductive rights. The USAID J-CAP Activity shall assess the critical constraints in Jordan, conduct research as required, understand how to best address these constraints, and build the necessary linkages to achieve the activity's goals and objectives. Activities shall include gender analysis and ensure that a gendered perspective be considered as part of the baseline and ongoing monitoring and evaluation – these results shall continually inform implementation.

2. Youth

Thirty-one percent of Jordan's population is between the ages of 15 and 29, and currently Jordan is experiencing a demographic transition with a huge "youth bulge." The events that have been taking place since the start of the Arab Spring demonstrated that scarceness of economic opportunities and low quality public services were the main drivers behind young people's pursuit for change. Youth are both a key audience and shall be an active participant in the USAID J-CAP Activity as leaders, peer educators, and change agents. Research demonstrates that gender and gender norms can influence young people's access to and knowledge of family planning. Beyond academic learning, USAID's experience has shown that when young people have venues in both academic and non-academic settings for self-expression, community involvement, and the acquisition of relevant life skills, they will have the necessary tools to be productive members of the Jordanian society. The successful use of volunteers and youth participation can lead to the development of their personal, social, emotional, moral, and intellectual development. The sustainability of activities is often enhanced through engagement with youth and their community and parents.[20] During adolescence more emphasis is placed on gender roles and this period provides an opportunity for addressing gender issues and related

[18] Guide for Incorporating Gender Considerations in USAID's Family Planning and Reproductive Health RFAs and RFPs. 2010.
[19] http://www.unfpa.org/gender/men.htm
[20] http://www.unicef.org/about/annualreport/files/Jordan_COAR_2010.pdf

reproductive health concerns. Changing gender norms with young people is a proven and cost-effective way of redressing gender inequalities and improving reproductive health.[21]

Well-designed, evidence-based programs can improve young people's health-related knowledge, attitudes, and skills and their access to health services. For example, youth peer education programs are generally effective to improve knowledge of and attitudes towards FP/RH and can promote leadership skills among peer educators allowing them to become change agents in their communities. Youth in Jordan and for the purpose of all activities encompasses those between the ages of 15 and 29 – including adolescents and university students.

The USAID J-CAP Activity may include, but is not limited to, the following:

- Partnership with entities that deal with youth like UNFPA, Universities' students councils, LOYAC, etc.
- Activate the peer to peer education through youth engagement in FP/RH learning cycle.
- Use creative methods for communication, if possible, such as social media.
- Identify the barriers associated with youth and FP/RH topics.
- Use of creative models like "Healthy Camps[22]" for example.

3. Impact of Syrian Crisis

According to the United Nations High Commission for Refugees (UNHCR), there were more than 550,000 registered Syrian refugees in Jordan as of January 2014. Approximately 20% live in refugee camps and 80% live in Jordanian communities. The number of Syrians in Jordan is projected to continue growing and humanitarian agencies anticipate that the majority of displaced Syrians will stay in Jordan for a minimum of three to five years. The influx of Syrians has placed increasing pressure on Jordan's health system and is straining the GOJ's ability to deliver public health services.

Syrians living in Jordanian communities primarily utilize the GOJ health system for their health needs, which has resulted in strain on the capacity, commodities, and services of healthcare throughout the country. Syrians that reside in the camps receive most of their primary healthcare services at the camps; however those that have needs for treatment of chronic diseases, surgeries, or complicated labor and delivery are referred to Jordanian public hospitals. In 2013, Jordan experienced its first measles outbreak in over a decade, prompting the GOJ to conduct nationwide vaccination campaigns, which distracted resources from other health priorities. Similarly, a recent outbreak of Polio within Syria's border prompted the GOJ to start mass vaccination campaigns as part of a regional response to prevent further spread of the outbreak. These additional efforts further drain the system, shifting attention and resources from other priorities and needs such as providing high quality FP/RH services.

This activity will not work directly with Syrians living in refugee camps because USG support for this population is managed through the U.S. Department of State's Population, Refugees, and Migration (PRM) Bureau. However, given that approximately 80% of Syrians are living outside of refugee camps within Jordanian communities, this represents a large portion of the Syrian population that utilizes Jordanian public health services and is projected to also impact long-term population growth rates. The

[21] http://www.xcdsystem.com/icfp2013/program/index.cfm?aID=1995&seID=435

[22] USAID has a history of supporting youth focused activities in Jordan and there are various studies available that may be utilized, both written by USAID and other donors/partners operating in Jordan, order to assist with USAID J-CAP Project development. These include but are not limited to*: A Jordan Youth Meta-Analysis* (USAID's Office of Middle East Programs 2012) and the upcoming UNICEF National Youth Survey and existing GOJ Youth Strategies.

USAID J-CAP Activity will not target Syrians at the expense of other beneficiaries, and activities shall not be developed to specifically benefit one subpopulation over another; however all populations living in Jordan should be entitled to healthcare regardless of nationality (i.e. – Jordanian, Syrian, Palestinian, Iraqi, etc). USAID/Jordan health programs shall provide equitable access to healthcare across subpopulation groups, including vulnerable populations such as refugees. Applicants shall demonstrate how they will include vulnerable populations, including Syrians, and Jordanians in the host communities, as a subpopulation within the various components of the activity and how they could tailor activities to meet the specific needs of vulnerable populations, particularly related to access to information on FP/RH and other healthcare services as well as meeting unmet needs for family planning and reproductive health services. Activities should benefit the entirety of Jordanian society, without respect to nationality, in support of the GOJ national development and demographic goals.

4. Environment

Environmental considerations in programming are crucial to USAID as characterized by the Initial Environmental Examination (IIE) that is mandatory for every program. Conducting the IEE aims to ensure that the environment is not negatively affected by USAID activities. However, USAID does not only focus on mitigating its environmental impact but also to positively contribute to the environment in which it is operating. Therefore, USAID expects its programs positively contribute to the environment in a developmental context.

As part of the evaluation process, applicants are required to demonstrate creative and innovate ideas that contribute positively to the environment through describing how the project will create and seize opportunities to advance environmental considerations. Applicants must include environmentally conscious activities around their launch events and public activities that are cost effective and further environmentally positive messages.

END OF SECTION I

II. SECTION II: AWARD INFORMATION

A. Type of Instrument

The anticipated type of assistance instrument to be awarded under this RFA is a cooperative agreement.

B. Anticipated Award Schedule

This Cooperative Agreement has an anticipated start date of June, 2014.

C. Total Estimated Funds Available

Subject to the availability of funds, USAID/Jordan intends to provide approximately $30,000,000 to be allocated over a period of five years. Of this $30 million, the budget shall reflect the following funding modules: $3 million for Module 1: Sub-Grants; $5 million for Module 2: Unfunded Budget Allocation; and $3 million for Module 3: Emerging Opportunities Fund. The funds committed under this Module 3 line item are not expected to be obligated to this Cooperative Agreement without the specific written approval of the Agreement Officer. See Section II, Part D, Implementing Schedule for further detail regarding these funding modules.

D. Implementation Schedule

This program will be implemented through a phased approach. The first phase will commence upon award and last for two years, the subsequent three phases will be one year each. These subsequent phases may be made available contingent upon activity progress toward meeting the activity purpose and sub-purposes and the Recipient's performance. An external mid-term evaluation will be conducted after the second year to determine whether the activity is adhering to the activity description and achieving results. Based on the finding of this recommendation, USAID/Jordan will fund the activity for the next phase, redirect the activity or terminate.

USAID/Jordan may select to fund the final three phases on a yearly basis or elect to fund all three years after the mid-term evaluation. If the program is not meeting U.S. Foreign Policy goals, USAID/Jordan may elect not to further fund the award after or during any of the phases. Furthermore, the availability of these phases is based on the foreign policy interests of the U.S. Government and the decision to implement these phases is therefore solely at the discretion of the Agreement Officer (AO).

E. Substantial Involvement

USAID will be substantially involved during the implementation of this Cooperative Agreement in the following ways:

1. Approval of Recipient's Implementation Plans

- Approval of initial and annual workplans
- Approval of any amendments to the workplan as a result of the Strategic Planning Sessions

- Approval of the Activity Monitoring and Evaluation Plan (Activity M&E Plan). There are two sets of performance indicator targets in the Activity M&E Plan – Annual and Life of Project
- Approval of the Final Report
- Approval of Annual Outreach and Communication Strategy

2. Approval of Specified Key Personnel

The following positions have been designated as key to the successful implementation of the program objectives of this Agreement and are subject to approval by the Agreement Officer:

- Chief of Party
- Deputy Chief of Party
- Component 1 Manager: Senior Social and Behavior Change Communication Advisor
- Component 2 Manager: Senior Policy and Advocacy Advisor
- Senior Monitoring and Evaluation Advisor

3. Agency and Recipient Collaboration and/or Joint Participation

The parties to this agreement recognize that this activity is critical to meeting US Foreign Policy objectives. Therefore USAID will require substantial involvement to ensure continuous alignment as US Foreign Policy changes and adapts to unfolding events and other factors.

- To ensure coordination and prevent redundancy with other USAID activities, USAID staff will actively participate in grant review, selection, and concurrence on the substantive provisions of all grants. USAID will concur on the scope of each grant, the awardee, and the documentation. USAID will also advise on identification, development and implementation of specific activity interventions and geographic areas of program engagement. USAID may also request ad hoc reports on activity development and implementation.
- USAID requires Agreement Officer (or designee) approval of recipient-developed grants management manual.
- USAID will monitor implementation to ensure activities are supporting strategic objectives, share best practices, capture lessons learned, and maintain coordination with other USAID activities. This monitoring will be conducted through the annual workplans, related program meetings, review of performance indicator data, the Environmental Compliance System, and through site visits (conducted by USAID and other USG personnel).
- USAID will utilize a third party for independent evaluation of the program. The Recipient must cooperate with this M&E partner within the guidelines of the Mission's M&E plan.
- The AOR may request additional ad hoc reporting to facilitate coordination among USAID Mission programs and rapidly evolving situations.

- Agency monitoring to permit special kinds of direction or redirection because of interrelationships with other USAID activities, alignment with US foreign policy objectives and USAID/Jordan's Country Development Cooperation Strategy.
- Communications with GOJ officials. USAID presence in all meetings with government level officials at the minister and secretary general level is required. All communication with GOJ officials must be made by Activity Chief of Party and coordinated in advance with the USAID AOR. Exceptions may be granted but must be in writing and made prior to any meeting/communication.

F. Authorized Geographic Code

The authorized geographic code for the procurement of services and commodities for this Cooperative Agreement is 937.

END OF SECTION II

III. SECTION III: ELIGIBILITY INFORMATION

(1) Eligible Entities: Applicants who are eligible to apply are U.S., international or national organizations, faith-based and community organizations, or educational institutions, who are able to respond in person through oral applications.

To be eligible for award of a Cooperative Agreement, in addition to other conditions of this RFA, organizations must have a politically neutral humanitarian mandate, a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

Applicants are reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Recipient to ensure compliance with these Executive Orders and laws.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation Part 31 for for-profit organizations, or each of their successor regulations), may be paid under the Cooperative Agreement.

(2) USAID encourages applications from potential new partners.

(3) Cost Share Requirement - A cost sharing of no less than 10 percent of the amount of funds obligated by USAID for the implementation of this program over the course of the agreement. This could be achieved through encouraging volunteerism and contributions from local communities, the private sector and other sources. USAID sees cost sharing under this program as an opportunity to engage local communities and organizations and to secure deeper levels of commitment.

Criteria for cost sharing can be found under 22 CFR 226.23.

(4) The successful applicant must possess the managerial, technical, and institutional capabilities to achieve the results outlined in the program description.

END OF SECTION III

IV. SECTION IV: APPLICATION AND SUBMISSION INFORMATION

A. General Application Information

Applications must be submitted no later than the date and time indicated in the cover letter accompanying this RFA unless the RFA is amended to extend the deadline.

All questions relating to this RFA should be submitted to Ms. Alexis McGinness at amcginness@usaid.gov via email no later than the date set forth in the cover letter to this RFA. Unless otherwise notified by an amendment to the RFA, no questions will be accepted after this date. Applicants must not submit questions to any other USAID staff. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the Applicant's risk.

There will be three phases to the application process. The first phase is an Initial Application phase consisting of a short written technical application and a summary budget. All applications must be in English. Applicants will not receive a notification of USAID's receipt of the Initial Application.

The second phase is oral presentations. The best three to five applications from the initial phase will be invited to present their applications orally in person at USAID/Jordan. It is anticipated that USAID will hold the oral presentation within three weeks of receiving initial applications. Applicants will be notified in writing if they are invited to make an oral presentation and the date of the scheduled oral presentation, approximately one week prior to the date of presentation. This in-person oral presentation is a condition of award as technical discussions will also occur at this stage. All expenses and costs incurred in preparation for and attending the oral presentation are the responsibility of the Applicant.

In the third phase, after discussions have concluded and the Technical Evaluation Committee has concluded their evaluation, the apparently successful applicant will be required to submit final technical and cost application.

B. Content and Format of Initial Application Submission

It is highly recommended that Applicants read the entire RFA before submitting an application. Respond to criteria as appropriate, including attachments where applicable.

1. General Submission Information

Technical applications must not make reference to cost data in order that the technical evaluation may be made strictly on the basis of technical merit.

Initial applications shall be submitted electronically at www.grants.gov in two separate parts: (a) initial technical application and (b) initial cost application, and should be prepared according to the structural format set forth below.

Initial applications must be submitted no later than the closing date and time for application submission indicated in the cover letter accompanying this RFA unless the RFA is amended to extend the deadline. Applications that are submitted late or incomplete run the risk of not being considered in the review

process. Late applications will be considered only if the Agreement Officer (AO) determines it is in the Government's interest.

Proprietary Information: Applicants that include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

- Mark the title page with the following legend: "This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, a cooperative agreement is awarded to this applicant as a result of – or in connection with – the submission of this data, the U.S. Government shall have the right to duplicate, use or disclose the data to the extent provided in the resulting agreement. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in pages ___; and
- Mark each page of data it wishes to restrict with the following legend: "Use or disclosure of data contained on this page is subject to the restriction on the title page of this application."

2. Initial Technical Application Format

The initial technical application must be organized so that it follows the technical evaluation factors listed in Section V. Applicants are to present detailed information only when required by specific RFA instructions.

The initial technical application must not exceed 12 pages in length (including graphics and charts but excluding annexes). The pages that exceed this page limitation will not be evaluated. A cover page, cover letter, table of contents and acronyms list will not count toward the page limit but these pages will also not be considered part of the evaluable information for the application. Any additional annexes not required by this RFA will not be evaluated. Applications shall be submitted in Microsoft Word® format, written in English, single-spaced, using Times New Roman, font size 12, with each page numbered consecutively, and have at least one inch margins on the top, bottom, and sides. Failure to follow format requirements may result in the rejection of the entire application.

3. Required Topics of the Initial Technical Applications

a) Staffing and Key Personnel (limited to two pages, excluding annexes)

The Applicant shall propose a practical and cost-effective staffing plan that enables achievement of all goals and objectives and demonstrates an appropriate balance of skills and experience. The professional staff proposed should possess complementary experience that reflects a combination of strong management as well as specific technical expertise.

The staffing plan should demonstrate the breadth and depth of technical expertise and experience required to implement this activity. Staffing plans are expected to include core non-program staff, minimal key technical staff, and an explanation of how additional technical expertise will be obtained with attention to cost-containment and avoiding unnecessary staffing. The Applicant is encouraged to use qualified local expertise to the maximum extent possible and to achieve a gender balance in their

staffing plan. The Applicant may include a summary staffing pattern as an annex, which will not be included in the page limit.

***Key Personnel*:** This section should summarize the proposed Key Personnel that meet the requirements set forth in Attachment 2. Applicants may propose a different configuration of key personnel as long as the overall experience levels, skills and educational backgrounds of proposed candidates for key personnel positions meet all the qualifications outlined. If a consortium of bidders responds to this RFA, at least one of the key personnel should be from a partner organization. The Key Personnel are:

- **Chief of Party**
- **Deputy Chief of Party**
- **Component 1 Manager: Senior Social and Behavior Change Communication Advisor**
- **Component 2 Manager: Senior Policy and Advocacy Advisor**
- **Senior Monitoring and Evaluation Advisor**

The Applicant must include a separate annex to the Initial Application, which is not included in the page limit, which provides:

- A skills matrix for proposed staff (one page),
- Resumes/CVs for Key Personnel (two pages each),
- Letters of commitment (indicating the date(s) that Key Personnel are available to commence full-time with the USAID J-CAP Activity) (not to exceed two pages each), and
- Three professional references (including name, title, telephone number, and e-mail address) for all Key Personnel candidates (one page each).

The Applicant should not submit USAID Standard Form 1420 (Contractor Employee Biographical Data Sheet) for personnel proposed for under this RFA at this time.

b) Past Performance (limited to two pages, excluding annexes)

The Applicant must provide a record of relevant (size, complexity, and technical focus) past performance that demonstrate evidence of their organizational capacity that demonstrates their capacity of effectively managing, administering, recruiting local staff and consultants, and providing financial oversight for similar and relevant programs. This section should also provide any relevant information around the organization's operations, current agreements, and working relationships with the host country government and other organizations with Jordan.

The Applicant should list in an annex (not counted as part of the page limit) up to five of the most recent and relevant projects which best illustrate the Applicant's (and major sub-recipients'[23]) performance for services similar to those outlined in the Program Description. The list of five projects shall include for each referenced award: (i) the name of the organization; (ii) the project name; (iii) a brief of project description; (iv) period of performance; (v) the award amount; and (vi) the name and telephone number and email address of at least two contacts at the organization for which the service was performed. If

[23] A major sub-recipient is an organization that anticipates receiving 20% of the award from the prime.

extraordinary problems impacted any of the referenced awards, provide a short explanation and the corrective action taken.

USAID is seeking only a simple list, not copies of Contractor Performance and Assessment Reports (CPARs) or any other past performance records. Do not attach CPARs to the application.

USAID reserves the right to obtain past performance information from other sources including those not named in the application.

c) Technical Approach (limited to five pages, excluding annexes)

The proposed technical approach to implementation should be logical, solid and well-conceived, and both conceptually and operationally appropriate to achieving the desired outputs and outcomes. The application must provide evidence of knowledge and understanding of the relevant family planning and reproductive health services issues currently facing Jordan. The Applicant should explain how gender and other technical considerations, as well as social and contextual issues, and coordination with other sectors will be integrated into the technical approach.

The application must also include a Monitoring & Evaluating Plan that adequately evaluates performance and provides information for project planning that satisfies the guidelines regarding such a plan set forth in Section VI, Part D, Monitoring and Evaluation. This M&E Plan shall be attached as an annex, which is not included in the page limit.

d) Management and Organizational Capacity (limited to three pages, excluding annexes)

This section outlines a management approach that gives clear evidence of the capacity and ability to manage and carry out the USAID J-CAP Activity. The management approach should be appropriate and aligned with the proposed technical approach. It should also show effectiveness in the management of the implementation at the field level.

A narrative should summarize how the Applicant's proposed organizational structure, mix of staff and identified roles and responsibilities (including between the Home Office and field-based staff) are an appropriate and complementary combination of expertise and specialization that would enable successful and effective management of the USAID J-CAP Activity implementation. The Applicant should include a summary organizational chart, which may be each be attached as an annex and not included in the page limit.

If the Applicant plans to subcontract a major sub-recipient to implement one or more activities, the roles and responsibilities of both the Applicant and the sub-contracted implementer along with the relevant capacities to fulfill those roles and achieve the goals of the activities must be addressed. A major sub-recipient is an organization that anticipates receiving 20% of the award from the prime.

4. Initial Cost Application Format

The initial cost application must be submitted separately from the initial technical application. The initial cost application shall consist of a summary budget, in US dollars, which provides a breakdown by major cost elements, the anticipated costs for this project using Standard Form (SF) 424 – Application for Federal Assistance, SF 424A – Budget Information – Non-construction Programs, and SF 424B –

Assurances – Non-construction Programs. No other budget attachments are required or allowed for the initial application. For the purposes of SF 424A, the first funding period is the first phase of the program, which is two years in duration. The subsequent three phases are each one-year in duration.

The initial cost application will address each year of the project as well as incorporate the budget requirements and use of funding modules set forth in the Section I, Part D, Implementation and Activity Modules.

C. Oral Presentations

1. Oral Presentation Format

Based on USAID's evaluation of Initial Applications, only the best three to five applicants will be invited to present their applications orally, in person, at USAID/Jordan, through a PowerPoint or similar presentation. If less than three applicants are found to be technically acceptable, then only those applicants will be invited.

USAID/Jordan will provide the conference room and media presentation equipment. All expenses and costs, including travel and lodging, incurred in preparation for and attending the oral presentation are the responsibility of the Applicant. Issuance of this RFA does not commit the Government to pay the costs incurred in preparation and/or submission of an application.

The presentation will be made to the Technical Evaluation Committee who will be making their evaluation during the presentation. The Agreement Specialist and the Agreement Officer will also attend. The evaluation criteria will be different, with different weights of importance, than those used for the Initial Applications. See Section V, Part B, Evaluation Criteria for Oral Presentation.

USAID intends to schedule presentations within three weeks of receiving initial applications. Applicants should anticipate that the invited applicants will have approximately a one-week notice of their presentation date. USAID will provide topics for discussion items, if any, based on evaluations of initial applications five days prior to the presentation date.

The presentation must be in PowerPoint or similar format and sent via email to amcginness@usaid.gov at least two days prior to the first scheduled presentation, which such date will be provided as part of the invitation notification. The order of presentations among the three to five applicants will be determined randomly by the Agreement Officer.

The presentation must cover the following areas:

- Technical Approach
- Management Approach
- Staffing & Key Personnel

The proposed Chief of Party (COP) and at least one other Key Personnel must attend and be presenters for at least part of the presentation (i.e., they do not have to be the primary presenters). The Applicant is limited to seven attendees and all attendees must be present in person at USAID/Jordan on the date and time specified for the presentation. There will be no conference call-ins for the presentation. The presentation must last no more than one hour, which will be followed by a one-hour question and answer period in which the Applicant will respond to questions related to their presentation as well as

to any other questions arising from their initial application. After the TEC has been provided time for deliberation, there will be a one-hour discussion period where the TEC will discuss their initial evaluation issues. The time limits will be carefully followed. However, if an agenda item is completed earlier than scheduled, the group may move on to the next agenda item.

The presentation agenda will be:

- Introductions
- Applicant Presentation (one hour)
- Internal TEC Discussion (one hour)
- Questions and Answers regarding Presentation (one hour)
- TEC Deliberation (one hour)
- Discussion of Initial Evaluation Issues (one hour)
- Action Items to Applicant (if any)

2. Required Topics for Oral Presentation

The presentation should address the evaluation criteria set forth in Section V.B. Evaluation Criteria for Oral Presentation Phase. Applicants should focus their presentations on the critical elements identified below:

a) Technical Approach

The technical approach shall be both conceptually and operationally appropriate and clear, logical, well-conceived, feasible, and reflect an understanding of the program description, barriers to implementation, and the context in which the activity will be implemented. The Applicant's presentation will demonstrate a sound yet innovative approach to achieving the goals and objectives identified in the Program Description.

The Applicant's presentation should also highlight the following aspects of the overall technical approach:

- Summarize how Applicant's Monitoring and Evaluation implementation plan (i) will be results-focused and how the Recipient will track indicators related to gender equity and female empowerment; (ii) track building legitimate institutional and financial capacity of sub-grantees, per the requirements described in this RFA; (iii) perform baseline assessments, performance evaluation(s) and, if relevant, impact evaluation(s) during the life of the activity, including brief explanation of the evaluation hypothesis, the data required to test that hypothesis, the methodology for collecting the data, and a timeline for all evaluations. The Applicant should take into consideration that its M&E Plan will be attached as an annex to the Initial Application.
- Summarize an understanding of the sub-grant module and clearly articulate how the Applicant will respond to the capacity building and sub-grant requirements of the USAID J-CAP Activity. The Applicant should explain how sub-grants will both support the goals and objectives of the activity and, upon completion of the USAID J-CAP Activity, sub-grant recipients will have the

ability to manage activities and funds in support of GOJ population goals and continued to engender a supportive FP/RH environment in absence of sustained technical support.

- Summarize how gender, youth, other technical considerations, and social and contextual factors/issues are taken into consideration, identified and addressed during implementation and support the achievement of the goals and objectives identified in the Program Description.
- Summarize how the Applicant will collaborate and coordinate with the USAID/Jordan Mission, relevant USAID/Jordan sector offices, stakeholders, communities, and implementing partners.

b) Management Approach

The presentation should expound on the initial application and explain the Applicant's proposed management approach and capacity to operate efficiently and effectively in Jordan. The Applicant's presentation should summarize the management structure and systems for carrying out the USAID J-CAP Activity by explaining, for example:

- A logical operations plan, including briefly discussing the plans for financial, human resources and procurement management systems; fielding consultants and short-term technical assistance; offices, transportation and communication arrangements, as well as home office support.
- The roles and responsibilities of Home Office and the field-based staff, their assigned management and decision-making authorities, and the relationship the Applicant will have with expected sub-awardees.
- If the Applicant plans to enter into sub-awards to implement one or more activities, the roles and responsibilities of both the Applicant and the sub-awarded implementer(s) along with the relevant capacities to fulfill those roles and achieve the goals of the activities.
- The management approach to manage the sub-grants module.

c) Staffing and Key Personnel

The presentation should briefly summarize the Applicant's overall staffing plan (including use of consultants) that demonstrates the Applicant's ability to implement the proposed technical approach effectively as well as include an appropriate mix of expatriate and local staff to effectively manage field-based activities.

D. Final Application Format

1. Final Technical Approach

The apparently successful applicant will provide a technical document that will be incorporated into Section B, Program Description, of the award. The final technical application will include all material elements that are agreed to during discussions. This document is not an application, but rather a clear and succinct description of the applicant's approach.

2. Final Cost Application

While there is no page limit for this portion, the Applicant is encouraged to be concise, but still provide the necessary detail to address the following:

a) A ***Summary Budget*** that must provide a breakdown by cost element, by year, of the project for the anticipated costs under this Cooperative Agreement.

b) A ***Detailed Budget*** must be submitted in US dollars for the Applicant and all subcontractor/sub-grantee for each year of the project. It must be in Excel format with unlocked formulas. An accompanying budget narrative must be submitted in Word, text accessible, for the prime Applicant and all sub-awardees and must provide in detain the total costs for implementation of the program that the Applicant is proposing. The budget narrative must provide detained budget notes and supporting justification of all proposed budget line items. It must clearly identify the basis of all costs, such as market surveys, price quotations, current salaries, historical experience, etc. as further referenced herein below.

c) Include the required ***Certifications, Assurances and Other Statements***, which can be found at http://inside.usaid.gov/ADS/300/303mov.pdf. Please note that these certifications are required for both the Applicant and sub-grantees whether US or non-US organizations. The apparently successful applicant is encouraged to use the Microsoft Word format version of this form which is available as Attachment 5 to this RFA via http://www.grants.gov/.

d) The ***Optional Survey on Ensuring Equal Opportunity for Applicants*** attached hereto as Attachment 5.

e) Applicant and sub-grantees, if any, must submit additional ***evidence of responsibility*** they deem necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Have adequate financial resources, or the ability to obtain such resources as required during the performance of the Cooperative Agreement.
2. Has the ability to comply with the Cooperative Agreement conditions, taking into account all existing and currently prospective commitments of the Applicant, nongovernmental and governmental.
3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics.
5. Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations.

f) If the Applicant has never received a cooperative agreement, grant or contract from the U.S. Government, the Applicant will be required to submit a copy of tis accounting manual. If a copy has already been submitted to the U.S. Government, the Applicant should advise which Federal Office has a copy.

g) The Applicant must have an active registration in www.sam.gov.

h) The Applicant must state that the application is valid for 120 days.

As described in Section I, Part D - Implementation and Activity Modules, under Module 2, $5 of the $30 million total estimated cost of the project should be included in the detailed project budget but *not programmed*. This $5 million is currently unfunded. In addition, under the Module 3 Emerging Opportunities Fund, a total amount of no less than $3 million is required to be set aside for emerging opportunities – this separate line item will be designated as an "Emerging Opportunities Fund." This should be detailed in the budget as well as the budget narrative.

For the purposes of developing an illustrative budget, it should be assumed that the remaining $22 million of the award will be funded equally each year, but start-up costs might require more up front funding. The justification for this should be outlined in the budget narrative.

To support the proposed costs, please provide detailed budget notes/narratives for all costs that explain how the costs were derived. The following guidance should be used to format the detailed budget and narrative.

- The breakdown of all costs associated with the activity including headquarters and the country office. Management and administrative costs shall be shared equitably across all funding sources;
- The breakdown of all costs by each partner organization involved in the program;
- The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;
- The breakdown of any financial and in-kind contributions of all organizations involved in the implementation of this cooperative agreement;
- A description of how allocable costs will be managed; and,
- Potential contributions of non-USAID or private commercial donors to this agreement.

The cost application should contain the following budget categories:

- Salary and Wages: Direct salaries and wages should be proposed in accordance with Applicants' personnel policies;
- Fringe Benefits: If the Applicant has a fringe benefit rater that has been approved by an agency of the USG, the approved rate should be used an accompanying documentation provided. If a fringe benefit rate was not approved, the Applicant shall propose a rate and explain how it is determined. If the latter is used, the narrative should include a detailed breakdown including all benefits (e.g. unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries;

- Travel and Transportation: The Applicant should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each trip, duration of travel, and number of individuals traveling;
- Equipment: Estimated types of equipment (i.e., model number, cost per unit, quantity, etc.);
- Supplies: Office supplies and other related supply items related to this activity;
- Contractual: Any goods and services being procured through a contract mechanism;
- Other Direct Costs: This category includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicants' fringe benefits), equipment, office rental, etc. The narrative should provide a breakdown and support for all other direct costs; and,
- Indirect Costs: The Applicant should include a current negotiated indirect cost rate (NICRA) from a cognizant government audit agency. Applicants who do not currently has a NICRA from any agency of the USG shall also submit the following information:
    - Copies of the Applicant's financial reports for the past three years, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
    - Project budget, cash flow, and organization chart; and,
    - A copy of the organization's accounting manual.

END OF SECTION IV

V. SECTION V: APPLICATION REVIEW INFORMATION

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters that Applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, Applicants must organize the narrative sections of their applications in the same order as the Evaluation Criteria.

An award will be made to the responsible applicant whose application offers the greatest value to the Government, cost and other factors considered. The final award decision is made by the Agreement Officer.

The initial technical applications will be evaluated in accordance with the Evaluation Criteria set forth below. Thereafter, the initial cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. The second phase of the evaluations will be the oral presentations, which will be offered to the top three to five Applicants, or less if three do not submit viable Applications. **Please note the weight given to various criteria will differ between the written Initial Applications and the oral presentations**.

A. Evaluation Criteria for Initial Technical Application

The following initial evaluation criteria, which are further described below, will be the basis of evaluation for all initial technical applications. All criteria are listed in descending order of importance. During the initial application phase, Staffing and Key Personnel is substantially the most important factor. Past Performance is the next most important factor, which is more important than the equally weighted Technical Approach and the Management & Organizational.

1. **Staffing & Key Personnel**
2. **Past Performance**
3. **Technical Approach**
4. **Management & Organizational Capacity**

1) ***Staffing & Key Personnel***. In assessing this factor, the Technical Evaluation Committee (TEC) will consider:
   - Extent to which the Application clearly presents the overall staffing plan (including use of consultants) and demonstrates the Applicant's ability to implement the proposed technical approach effectively – including an appropriate mix of expatriate and local staff to effectively manage field-based activities.
   - Extent to which the proposed key personnel meet the criteria specified in the RFA with regards to experience, education, and qualifications.
   - Evaluation of references obtained for key personnel including information obtained from other than the sources provided by the Applicant.

2) ***Past Performance***. All applicants (and each major sub-recipient, as applicable) will be subject to a past performance review for demonstrated successful past performance in previous and/or existing projects and will take into consideration the following:
    - The quality of performance demonstrated by the Applicant based on references provided by the Applicant and other references as determined by USAID.
    - Extent to which the Applicant's past performance demonstrates its capacity and relevant technical and managerial resources and expertise to design and implement the described Program Description.
    - The quality and experience in managing similar programs, including a grants program.
    - The quality and capacity to collaborate and partner with host-country officials and organizations, and other implementing partners to achieve objectives and results.
    - The technical capability and experience of Applicant in monitoring and evaluating projects with high level of quality, cost effectiveness, and timeliness.

3) ***Technical Approach***. Applicants will be evaluated for the general viability of their technical approach. The technical approach will be substantially evaluated during the oral presentation.

    The TEC will consider the following in such a determination of general soundness and viability:
    - Extent to which the Application proposes a technical approach for each of the USAID J-CAP Activity components that is logical and demonstrates the Applicant's understanding of how the Applicant will implement this activity in order to achieve the goals and objectives as described in the Program Description and address all known barriers related to the implementation of both components.
    - Extent to which the Application articulates an M&E Plan that will ensure a robust and reliable M&E approach so that the activity is results-focused, including methodologies for establishing baselines and targets and measuring progress.

4) ***Management & Organizational Capacity***. Applicants will only be evaluated for the general viability of their management approach. The management and organizational capacity will be substantially evaluated during the oral presentation.

    The TEC will consider the following in such a determination of general viability:
    - Extent to which the Application demonstrates the management structure and systems for effectively carrying out the USAID J-CAP Activity.
    - Extent to which the Applicant clearly differentiate the roles and responsibilities of both the Applicant and the sub-awarded implementer(s), the Home Office and the field based staff, along with the relevant capacities to fulfill those roles and achieve the goals of the activities.

B. Evaluation Criteria for Oral Presentation Phase

The following factors will be evaluated during the oral presentation phase; all criteria are listed in descending order of importance.

1. **Technical Approach**
2. **Staffing and Key Personnel**
3. **Management Approach**
4. **Revisions to the initial application (if applicable; if N/A this will not count against the Applicant)**

During this oral presentation phase, the Technical Approach is substantially the most important factor. The Staffing & Key Personnel is less important, followed by the Management Approach, which is only slightly less important. Revision to the initial application is the least important factor, if applicable, and if not applicable, this will not count against the Applicant.

1) ***Technical Approach***. In assessing this factor, the TEC will consider:
   - Extent to which the Applicant has clearly understood the scope of the USAID J-CAP Activity and presented a clear, logical, and well-conceived approach to achieving the project purposes that is consistent with, and improves upon, the Program Description provided in Section I of this RFA.
   - Local Capacity Building & Sub-Grant Management: Extent to which the Applicant clearly articulates its understanding of the sub-grant module as described in the Program Description and clearly articulates its plans to build sustainable local capacity.
   - Monitoring and Evaluation: Extent to which the Applicant clearly articulates how their M&E plan directly corresponds to the stated goals and objectives outlined in the technical proposal, ensures that the activity is results-focused, and measures achievement from baseline, through implementation, to the final results for all components.
   - Gender, Youth, and other Technical Considerations: Extent to which the Applicant clearly articulates how they will ensure that all technical considerations are comprehensively incorporated throughout the technical approach and how this will support the achievement of the goals and objectives identified in the Program Description.
   - Extent to which the Applicant clearly articulates how it will address known barriers, how it will program within the Jordanian context as well as how social and contextual factors/issues will be taken into consideration, identified and addressed during the implementation.
   - Extent to which the Applicant clearly articulates how it will collaborate and coordinate with the USAID/Jordan Mission, relevant USAID/Jordan sector offices, stakeholders, communities, and implementing partners to achieve the goals and objectives of this activity as laid out in the Program Description.

2) ***Staffing and Key Personnel***. In assessing this factor, the TEC will consider:
   - Extent to which key personnel in attendance at the oral presentation phase can clearly articulate their understanding of the technical approach, socio-cultural context in Jordan, barriers, as well as the Applicant's proposed management and staffing structure.
   - Extent to which the Application clearly articulates the overall Staffing Plan (including use of consultants) which demonstrates the Applicant's ability to implement the proposed technical approach effectively and includes an appropriate mix of expatriate and local staff to effectively manage field-based activities.

3) ***Management Approach***. In assessing this factor, the TEC will consider:
   - The clarity and likely effectiveness of the proposed organizational structure, logistical support, geographic presence, personnel management, procurement arrangements for goods and services, and roles and responsibilities of key personnel, Home Office and field-based staff.
   - The clarity and quality of the proposed plan to manage the sub-grants module.
   - The extent to which the Applicant is able to demonstrate strategic use of local and international partnerships to achieve the goals and objectives of the USAID J-CAP Activity.

4) ***Revisions to Initial Application***. In assessing this factor, the TEC will consider:
   - Extent to which the Applicant clearly articulates any changes requested between phase one and this phase and the extent to which the Applicant comprehensively responds to the revision as requested.
   - If no revisions were requested this section will not be scored but this will not count against the Applicant.

C. Evaluation of Cost

Following the technical evaluation process, a final cost application will be requested from the apparently successful applicant. A review of the cost realism analysis will be conducted on the cost application. Cost will be evaluated for general reasonableness, and cost-effectiveness. The Applicant's cost application will be evaluated to ensure it is a realistic financial expression of the proposed project and does not contain estimated costs that may be unreasonable or unallowable.

Cost negotiations will only be conducted with the apparently successful applicant. If a mutually satisfactory award cannot be negotiated, the Agreement Officer will notify the Applicant that negotiations have been terminated and the Agreement Officer will initiate negotiations with the second most technically acceptable applicant. This procedure shall continue until a mutually satisfactory award has been negotiated.

D. Determination of Award

Following the recommendation of the Technical Evaluation Committee, the Agreement Officer will make an award determination based on his/her independent assessment considering the recommendation of the Technical Evaluation Committee.

The Agreement Officer's decision regarding the funding of an award is final and not subject to review. Any information that may impact the Agreement Officer's decision shall be directed to the Agreement Officer.

END OF SECTION V

VI. SECTION VI: AWARD AND ADMINISTRATION INFORMATION

A. Standard Provisions

If awarded a Cooperative Agreement under this RFA, the Recipient shall adhere to and govern itself under the Mandatory Standard Provisions and the Required as Applicable Provisions for U.S. NGOs and Non-U.S. NGOs. Links to these Standard Provisions can be found in Section VIII, Other Information, Regulations and References.

B. Branding Strategy and Marking Plans

The apparently successful applicant will be required to submit and obtain approval from the AO of an acceptable Branding Strategy and Marking Plan prior to award, in accordance with the guidance set forth in Attachment 3 and incorporated herein by reference.

C. Deliverables

The Recipient shall be responsible for delivery of the following items:

1. Reporting Requirements

The recipient will adhere to all reporting requirements listed below. All reports as required under Substantial Involvement shall be submitted by the due date for approval of the USAID AOR designated by the Agreement Officer. The AOR can request Ad Hoc reports throughout the life of the activity and as needed but will endeavor to limit these requests when regular reporting can provide the same information. The Recipient will consult with the AOR on the format and expected content of reports prior to submission.

a) Workplans

The workplans for all USAID/Jordan Population and Family Health Office activities are aligned with the USG Fiscal Year Calendar (October 1 to September 30). The Recipient will submit its first workplan to the AOR for approval within 45 days of Award. The first workplan will cover the period from the start date of the Award until the end of the first USG Fiscal Year of the Activity – therefore the first workplan may cover less than twelve months depending on the date of Award. The AOR will provide comments within 20 working days to the Recipient and the Recipient will have 15 working days to respond and make all requested changes, after which the AOR will provide final approval within 15 working days.

All subsequent workplans will be submitted to the AOR no later than 1 September and will cover an entire Fiscal Year, i.e. October 1 to September 30. The AOR will provide comments within 20 working days to the Recipient and the Recipient will have 15 working days to respond and make all requested changes, after which the AOR will provide final approval within 15 working days.

All workplans must be developed in cooperation with the AOR, other USAID/Jordan Population and Family Health Activities, other relevant USAID/Jordan activities, donor programs, the MOH, the HPC, local leaders, beneficiary communities, and all other relevant stakeholders as designated by the AOR.

b) Activity Monitoring and Evaluation (M&E) Plan

The Recipient will submit to the AOR a life of project Activity M&E Plan within 45 days of the Award (with the submission of the first workplan) that include Performance Indicators for the first year. For all subsequent years of operation, the Recipient will submit an annual Activity M&E Plan to align with each workplan submission, and updated life of project Activity M&E Plan if required by the AOR. The AOR will provide comments within 20 working days to the Recipient and the Recipient will have 15 working days to respond and make all requested changes, after which the AOR will provide final approval within 15 working days. See Section VI, Part E, Monitoring and Evaluation for further details regarding the Activity M&E requirements.

c) Quarterly Reports

The Recipient shall prepare and submit a Quarterly Report to the AOR within 30 days of the end of each quarter, following the submission of the first workplan, and quarterly thereafter for the life of the activity. The first Quarterly Report will be due after the first full quarter of implementation of the activity, after the activity is awarded. USAID will provide written feedback within 30 days and the Recipient will have 10 working days to respond and make any necessary changes. Following the end of each fiscal year the Recipient will prepare and submit to the AOR and the Agreement Officer an Annual Report in lieu of a Quarter Four Report.

At a minimum Quarterly Reports shall include the following:

- Discussion of the overall performance of the program, including details of any discrepancies between expected and actual results.
- Details of achievements for each activity implemented under each component, how this relates to the workplan and workplan timeline, and how this relates to planned targets and tracking the achievements against the Activity M&E Plan.
- Discussion on how activities are impacting gender equality and empowerment.
- Identify problems or issues encountered, including issues adhering to the work plan/timeline, how they were or will be resolved and, if/as required, recommended USAID/Jordan Mission-level intervention to facilitate timely resolution.
- Discussion of sub-grant component and progress towards the Activity M&E Plan.
- Description of assessment and surveillance data used to measure results.
- Success stories and an explanation of successes achieved, constraints encountered, and adjustments made for achieving program objectives.
- A comparison of actual accomplishments, both for the reporting period and cumulatively, with the established goals and objectives, and expected results; the findings of the investigator; or both.
- Data (both qualitative and quantitative) must be presented using established baseline data and indicators as identified in the Activity M&E Plan, and be supported by a brief narrative.
- Reasons why the established goals/targets were not met (if applicable), the impact on the program objective(s), and how the impact has been/will be addressed.
- Calendar for next quarter's activities.

d) Annual Reports

The Quarter Four Report will serve as the Annual Report for the concluding year, and shall be submitted within 30 days following the close of the fourth quarter (within 30 days of the end of the USG fiscal year – or by November 1). In addition to meeting the above requirements for Quarterly Reports, the Annual Report shall include a discussion, supported with quantitative and qualitative evidence, of progress against indicators and/or impacts achieved to-date as detailed in the corresponding year's Activity M&E Plan. This Report will be instrumental in helping the Mission to complete Annual Reports to USAID/Washington on overall project impacts.

The Annual Report shall include the following:

- Cumulative progress over the year (activities completed, benchmarks achieved, performance standards completed) as related to the work plan.
- Quantitative progress towards Activity M&E Plan targets and rationale for deviations from set targets.
- Problems encountered and whether they were resolved or are still outstanding.
- Proposed solutions to new or ongoing problems.
- Lessons learned during the year of implementation.
- Discussion on how activities are impacting gender equality and empowerment.
- Success stories (photos, captions and narrative), including examples of synergy, and collaboration with other USAID programs, donors, local organizations, other relevant stakeholders and partners.
- Documentation of best practices that can be taken to scale.

e) Phase Reports

Upon completion of the first phase of the activity the Annual Report will contain a section to discuss progress made in the first implementation phase. See Section I, Part D - Implementation and Activity Modules for more details on the phased approach. If USAID, through the Agreement Officer and the AOR, decides to end the activity after any of the phase, a final report will be written as described below.

f) Final Report

Upon completion of the USAID J-CAP Activity, the Recipient must submit a final performance report. The final performance report, to include the final version of all published reports and products produced under the award is due 90 calendar days after the expiration or termination of the contract in accordance with 22 CFR 226.51.

g) Financial Reporting

Financial reporting requirements will be in accordance with 22 CFR 226.

2. Outreach and Communications Strategy

A communication and outreach strategy shall be developed on an annual basis. The strategies will include the overall communication message of the program. The strategies must also focus on opportunities for USG visibility through the components of the project in terms of branding and marking

but also with regard to events and other direct engagements. The project offers opportunities for signing ceremonies, graduation ceremonies and engagement with the NGOs and their target audiences throughout the course of the project. The strategy must ensure the use of traditional and social media and must be updated on a semi-annual basis.

3. Other Deliverables under Module 1: Sub-Grants

a) Capacity Plan

Within 45 days of signing the award, a draft capacity building plan will be provided by the Recipient that will indicate what kind of capacity building measures will be put in place under Module 1. The plan will present the recommended approach based on best practices and demonstrated understanding of the country context. This plan shall ensure consistency and alignment across all capacity development and training.

b) Grants Plan

Within 90 days of signing the agreement, a draft Grants Manual shall be submitted to USAID for approval. The Recipient, working with the AOR, shall develop grants formats and provide a field grants manual that adheres to USAID regulations (including selection criteria, competition, Officer Approvals, etc.) to submit to the Agreement Officer for approval.

The Grants Manual will at a minimum include the following: a participatory process with the potential grantee in its design, implementation and monitoring; a grantee contribution (e.g. in materials, land, and labor); tangible, visible impact or benefits; in-kind procurements (e.g., office equipment, printing materials, conference/seminar venues, agricultural equipment, technical specialists, or building supplies), or cash advance; non-partisan grantee and purpose; plan for building and measuring capacity (institutional and financial); and consideration for any relevant sanctions that may pertain. The Recipient shall request the necessary waivers for procurement of any restricted commodities.

The Grants Manual shall also include a *Grant Cycle Flow Chart*. The chart shall demonstrate Recipient's ability to process and implement grants in a timely manner, and in accordance with guidelines and procedures agreed upon with USAID/Jordan in the Grants Manual.

c) Other Module 1 Sub-Grants Deliverables

After USAID AO and AOR approval of the Grants Manual, the Recipient will produce the following for approval by USAID/Jordan and utilization during the grant making process:

- Two-page *Summary of Grant Making Procedures* to explain in-kind and other grant making procedures to potential local partners and recipients.
- *Grants Handbook/Guide for Grantees* for grantees explaining their reporting and grants management responsibilities and requirements (including reporting on items procured under the grant).
- A template for a one to two-page cover note that indicates grant purpose, justifies it vis-à-vis the USAID J-CAP Activity purpose, summarizes the results of the Recipient's review (including an environmental, general and sustainability review) and identifies linkages to any other sources of funding. This cover note will facilitate USAID AOR approval of grants.

d) Activity Database

The Activity Database will be used as a management tool to facilitate the grant cycle, to manage staff, monitoring and evaluation, and reporting. The Activity Database will be used by USAID and the Recipient. The Activity Database can simply be in the form of an excel spreadsheet or other simple format. The Recipient should not spend extensive time or resources to create a web-based database.

The Activity Database shall include program performance monitoring indicators that will measure the output, outcome, and/or impact of an activity or group of activities. These indicators (including but not limited to the U.S. Foreign Assistance Framework ("F") performance indicators) will be developed by the Recipient in consultation with the AOR during the development of the Life of Project, Year One, and all subsequent Activity Monitoring and Evaluation (M&E) Plans. A list of indicators can be found at wwww.state.gov/f/indicators.

The Recipient is responsible for maintain the master copy of this database; for ensuring that the database contains accurate, complete and up-to-date information in accordance with the protocols established by USAID; for maintaining an information management process that ensures data is up-to-date and accurate; for ensuring that the reporting structure reflected in the database has been continuously re-aligned (in coordination with USAID) with changes in the program objectives, strategy, and reporting requirements; for providing copies to the field offices; installing updates; maintain a line of communication with USAID on database issues and for providing quarterly copies to USAID.

D. Monitoring and Evaluation

Monitoring and evaluation of the USAID J-CAP Activity's progress towards achieving goals and objectives is critical to successful implementation. This activity shall be results-focused and the Recipient should track indicators related to gender equity and female empowerment. The activity shall be held accountable for building legitimate institutional and financial capacity of grantees. Benchmarks for achieving improved institutional and financial capacity will be key high-level performance indicators. Highly effective procedures for monitoring shall be detailed out by the Recipient for review and approval by the AOR. The Recipient shall work closely with and under the direction of the AOR to monitor, track, report on, and evaluate the quality and impact of all activities. The Recipient shall be innovative and creative in their efforts to capture, document, and report all the outcomes of USAID assistance, while strengthening and using relevant national and state and county level reporting systems.

The Recipient shall develop an Activity Monitoring & Evaluation (M&E) Plan with indicators and targets that contribute to the achievement of the following as outlined in the USAID/Jordan's CDCS:

- **Development Objective 3** – Essential Services to the Public Improved
    - **Intermediate Result 3.1** – Use of Integrated Family Planning and Reproductive Health Services Increased
        - **Sub-IR 3.1.2** – Demand for FP/RH Services Increased
        - **Sub-IR 3.1.3** – Capacity and Enabling Environment Improved

The Activity M&E Plan is a performance management tool to plan and manage the process of assessing and reporting progress toward achieving objectives, it shall include specific, detailed plans to document, monitor, and evaluate project performance. The Recipient shall develop a life of project Activity M&E

Plan, and yearly Activity M&E Plans to align with the activity phases. The Activity M&E Plan shall establish specific, quantifiable performance indicators and targets (both interim, phased, and final targets) for overall results included in the original application and all activities in the Annual Work Plans; describe the establishment of monitoring systems to measure progress against overall objectives; and present a plan for data collection and measurement of objectives and expected outputs, including collection of baseline data and a timeline for collecting it, and for the use of data collected by the activity to improve planning and performance. Data sources and collection methodologies shall also be noted for each monitoring and evaluation component detailed in the Activity M&E Plan. The Activity M&E Plan shall include indicators pertinent to activity-level management and monitoring; baselines and/or a plan to establish any missing baselines, annual targets, and regular reporting against the baseline and life of project Activity M&E Plan.

The Recipient shall draft its Activity M&E Plans, with input from USAID and other relevant stakeholders, and the specific targets for all indicators shall be both ambitious and feasible given the funding available and the beneficiaries identified. The USAID J-CAP Activity shall report on how activities are impacting gender equality and empowerment and all Activity M&E Plans shall include standalone gender indicators. All data collected in the Activity M&E Plan shall be disaggregated by sex where applicable. The Activity M&E Plan will also measure the Recipient's progress towards building the institutional and financial capacity of selected sub-grantees. The Recipient's performance in this regard will be monitored by the AOR. The Activity M&E Plan will detail the benchmarks and indicators but the Recipient will be responsible for ensuring the capacity building activities for select sub-grantees result in autonomous entities capable of soliciting and receiving direct funding from donors and the GOJ.

As described above, one component of the Activity M&E Plan will present indicators, baselines, and targets related to implementation and a description of the Recipients procedures for ensuring data quality. A second component of the Activity M&E Plan, as put forward in the USAID Evaluation Policy (www.usaid.gov/evaluation), is a description of the baseline assessments, performance evaluation(s) and, if relevant, impact evaluation(s) that will be undertaken during the life of the project. The description(s) shall include the evaluation hypothesis, the data required to test that hypothesis, the methodology for collecting the data, and a time frame for completing the evaluation.

The Mission shall contract separately for an independent third party evaluation of the program at the end of the first phase (after two years). The Recipient shall collaborate in providing information and documentation necessary for this independent evaluation, which will inform future phases and determine funding for subsequent phases. See Section II – Award Information part C for more details on the phased implementation approach.

USAID expects all USAID J-CAP Activity staff to contribute to monitoring and evaluation through participation in processes and utilization of appropriate tools; however, the Recipient shall include responsibility for overseeing the M&E System in the terms of reference for the appropriate staff as discussed in the staffing and key personnel section.

E. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g

and 204 (*http://www.usaid.gov/policy/ads/200/*), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

No activity funded under this Cooperative Agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

USAID has received a Categorical Exclusion with a Negative Determination with Conditions. The relevant part of the Initial Environmental Examination is attached hereto as Attachment 4.

F. Additional Award Information

1. The Government plans to award one Cooperative Agreement resulting from this RFA to the responsible applicant whose application conforming to this RFA offers the greatest value to the U.S. Government. The Government may reject any or all applications, accept other than the lowest cost application, accept alternate applications, and waive informalities and minor irregularities in applications received.

2. The Government may award one Cooperative Agreement on the basis of initial applications received, and may not conduct discussions or negotiations. Therefore, each initial application must contain the applicant's best terms from a cost and technical standpoint. As part of its evaluation process, however, USAID may elect to discuss technical, cost or other pre-award issues with one or more applicants. Alternatively, USAID may proceed with the award selection based on its evaluation of initial applications received and/or commence negotiations solely with one applicant.

3. A written award mailed or otherwise furnished to the successful applicant within the application's validity time as specified either in the application or in this RFA (whichever is later) shall result in a binding Cooperative Agreement without further action by either party. Before the application's specified validity expiration time, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received by the applicant before award. Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.

4. Applicants must set forth full, accurate and complete information as required by this RFA. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.

5. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Cooperative Agreement unless explicitly stated otherwise in the agreement.

6. USAID reserves the right to perform a pre-award survey which may include, but is not limited to: (1) interviews with individuals to establish their ability to perform agreement duties under the project conditions; (2) a review of the prime recipient's financial condition, business and personnel procedures, etc.; and (3) site visits to the prime recipient's institution.

7. *Authority to Obligate the Government:* The Agreement Officer is the only individual who may legally commit the Government to the expenditures of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

8. *Information Management & Activity Database*: It is expected that the Recipient will develop an appropriate database to track the development, implementation and impact of grants as well as financial and administrative information. The Recipient will be responsible for timely updates to the database and ensure quality control and accuracy of information. The Recipient will also be responsible for developing appropriate information security protocols to ensure that information stored in the database is secure as well as protocols for staff access to the information. The Recipient will produce specific database reports as requested by the AOR.

9. *Sustainability of Results*: The Recipient shall incorporate into its work plan a strategy for ensuring that to the extent possible mechanisms and systems established in the communities are sustainable outside of support of the program.

10. *Data Collection and Training Materials*: The release or dissemination of any information, data, documents, or materials containing sensitive information about the project must be approved by the USAID/Jordan AOR. The Recipient shall submit all reports, evaluations of training activities, training materials, instructional manuals, etc. developed to USAID/Jordan for prior approval before their use.

11. *TraiNET*- The recipient will collect training data on technical trainings (i.e., conferences and workshops) provided for beneficiaries that were held in the United States, third countries, or in-country under this cooperative agreement. The training data will be entered into TraiNET and submitted to the AOR quarterly, no later than 45 days following the end of each fiscal quarter measured from October 1, as relevant. The recipient will follow ADS 252 policy, which provides detailed information regarding visa compliance guidelines, and ADS 253, which provides guidance on how to implement USAID funded training programs.

12. *Oral Briefings*: At the request of USAID/Jordan, the Recipient shall also consult with members of USAID's other Strategic Objective Teams, as well as their implementing partners, in order to

coordinate with and promote the achievement of USAID's other strategic objectives as described in the Program Description.

13. *Third Party Monitoring and Evaluation*. The Mission shall contract separately for an independent third party evaluation of the program at the end of the first phase (after two years). The Recipient shall collaborate in providing information and documentation necessary for this independent evaluation, which will inform future phases and determine funding for subsequent phases. See Section I, Part D – Implementation and Activity Modules for more details on the phased implementation approach. The Recipient must cooperate with the M&E partner within the guidelines of the Mission's M&E plan.

END OF SECTION VI

VII. SECTION VII: AGENCY CONTACTS

Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing by the deadline for questions specified in the cover letter to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of a Cooperative Agreement shall not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

Any questions or comments concerning this RFA must be submitted in writing by email to Ms. Alexis McGinness at amcginness@usaid.gov by the deadline for questions indicated at the top of this RFA's cover letter.

END OF SECTION VII

VIII. SECTION VIII: OTHER INFORMATION

Additional background information and attachments provided to Applicants:

Attachments:

1. USAID Log Frame
2. Key Personnel Qualification Requirements
3. Branding Strategy and Marking Plan Guidelines
4. Initial Environmental Examination excerpt
5. Optional Survey on Ensuring Equal Opportunity for Applicants
6. USAID/Jordan FP/RH Service Delivery Past & Ongoing Mechanisms
7. USAID/Jordan: Evaluation of Jordan Health Communications Program (October 2011)

Additional Background Information:

8. ADS 201.3.15.3; USAID's *Gender Equality and Female Empowerment Policy*; and the *Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle* for further information
9. 2012 USAID Jordan Gender Assessment Report – Final – March 2012 **http://jordan.usaid.gov/USAIDDocumentsEN/2012%20USAID%20Jordan%20Gender%20Assessment%20Report%20-%20Final%20-%20March%202012.docx**
10. JHCO Interventions – **http://www.k4health.org/toolkits/jhcp**
11. Jordan Ministry of Health (MOH) Strategic Plan for Family Planning (2013-2017)
12. Global Health Initiative Supplemental Guidance on Women, Girls, Gender, Equality Principle.
13. 2012 USAID/Jordan: Population and Family Health Gender and Social Soundness Analysis Report
14. Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle.
15. 2009 Demographic Opportunity in Jordan

Regulations and References

16. Standard Form 424 – Application for Federal Assistance, 424A – Budget Information – Non-construction Programs **www.grants.gov**
17. Standard Form 424B – Assurances – Non-construction Programs **www.grants.gov**
18. Mandatory Standard Provisions for U.S., Nongovernmental Recipients **http://www.usaid.gov/pubs/ads/300/303maa.pdf**
19. Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients: **http://www.usaid.gov/policy/ads/300/303mab.pdf**
20. 22 CFR 226 **http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html**
21. AAPD 02-10 Cost Sharing in Grants and Cooperative Agreements to NGOs: **http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd02_10.pdf**
22. OMB Circular A-122 **http://www.whitehouse.gov/omb/circulars/a122/a122.html**
23. OMB Circular A-110 **http://www.whitehouse.gov/omb/circulars/a110/a110.html**

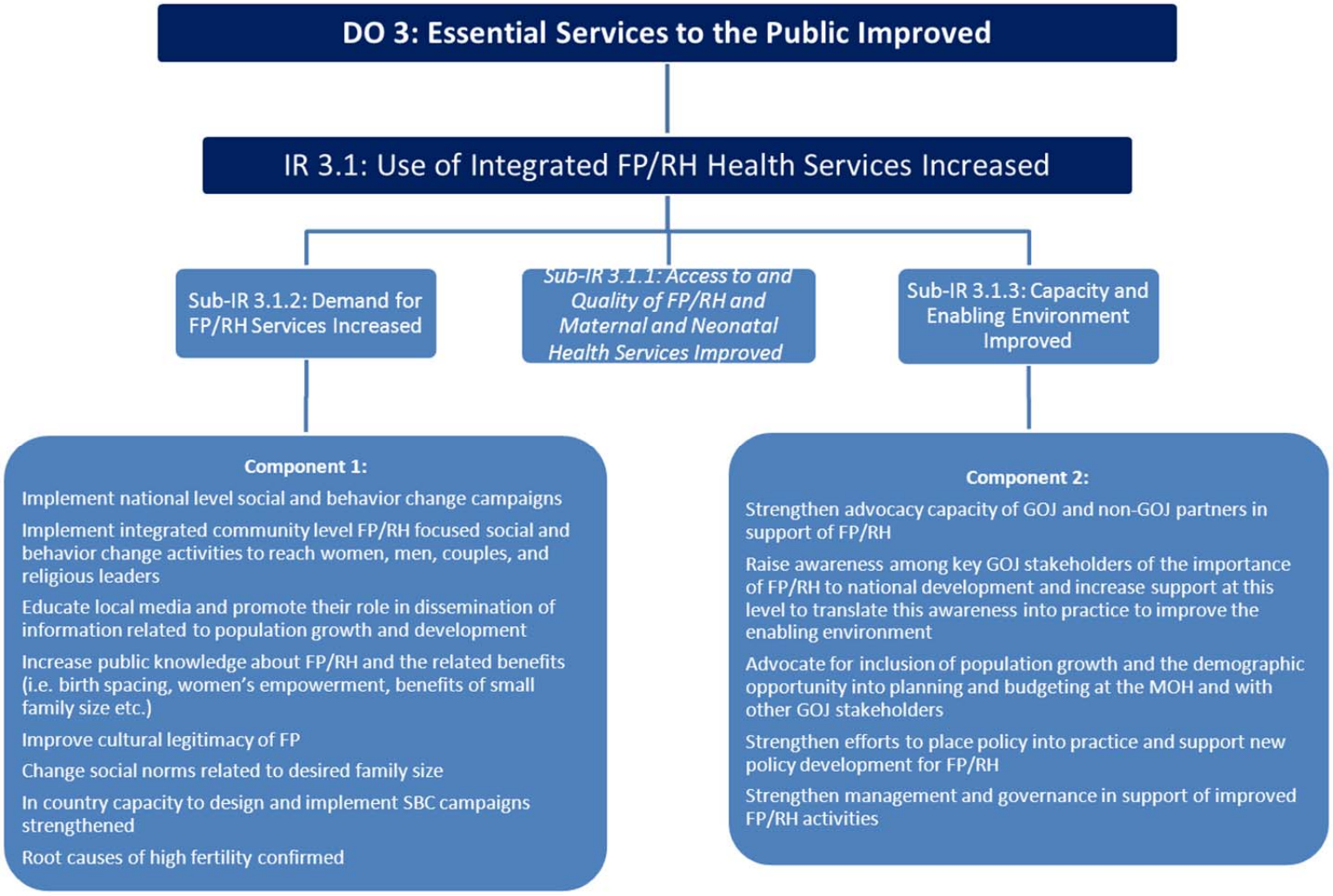
24. SF-424 Downloads **http://www.grants.gov/agencies/aapproved_standard_forms.jsp**

END OF SECTION VIII

IX. ATTACHMENTS

ATTACHMENTS TO
RFA-278-14-00004
USAID J-CAP ACTIVITY

A. ATTACHMENT 1 – USAID Results Log Frame



B. ATTACHMENT 2 - Key Personnel Description

Chief of Party: The resident Chief of Party (COP) is expected to have both technical and management experience, preferably experience managing USAID-funded projects. The COP will possess the requisite leadership qualities, broad technical expertise and experience, professional reputation, management experience, interpersonal skills, and professional relations needed to fulfill the diverse managerial and technical requirements of the program description. The COP shall be engaged for the full period of the activity and will be responsible for administering and managing the implementation of the activity and has the overall responsibility for assuring that all assistance provided is technically sound and appropriate to meet activity objectives. The COP will manage and supervise the work of all organizations (sub-grantees) and individuals engaged under the USAID J-CAP Activity. In addition to these supervisory/management functions, the COP will be expected to play a leading and substantive role in developing and implementing activities under the activity components, and shall have demonstrated expertise in family planning, reproductive health, and social and behavior change programming. The COP will be responsible for Quarterly and Annual reports, Annual work plans, Performance Indicators, Financial reports, regular results reporting as needed in addition to the overall quality control and the timeliness of all required deliverables. S/he will serve as the primary point of contact for the USAID Agreement Officer and the AOR. The COP is the principal liaison between the USAID J-CAP Activity and USAID/Jordan, GOJ stakeholders, donors, and all other relevant stakeholders and client country partners.

The COP must meet the following minimum qualifications:

- A Master's or Ph.D. in at least one of the following fields: health communication, international marketing, international development, mass communication, public affairs/policy, public health, or social marketing.
- At least 15 years of demonstrated technical experience in family planning, advocacy, policy development, social and behavior change and/or health communication and social marketing programs – preferably in the Middle East.
- At least 8 years of demonstrated excellence in a senior level management and leadership position, including direct supervision of professional and support staff, quality evaluation of staff performance and deliverables, and contract/grant management.
- Demonstrated experience managing multi-million dollar USAID-funded projects, preferably experience with social and behavior change projects.
- Demonstrated organizational skills and strong track record in meeting deliverables and deadlines.
- Ability to identify, address and resolve communication issues within the project and with external project stakeholders.
- Ability to establish and maintain collaborative working relationships with USAID/Jordan, host government partners at the national and state levels, and personnel within the project.
- Ability to respond to changing situations as well as diverse stakeholders and government partners in a flexible manner.
- Proven track record of effective and convincing negotiation skills.
- Ability to produce exceptional quality deliverables and a strong commitment to work.

- Excellent oral and written communication skills in English are required; Arabic language proficiency is highly desirable but not required.

Deputy Chief of Party: The resident Deputy Chief of Party (DCOP) is expected to have both technical and management experience, preferably experience managing USAID-funded projects. The DCOP must be experienced in managing and implementing advocacy and/or social and behavior change projects and/or complex family planning/reproductive health public health projects.

The DCOP must meet the following minimum qualifications:

- A Master's degree or higher in one of the following fields: public health, social sciences, health communication, international marketing, international development, mass communication, public affairs/policy, or social marketing.
    - At least 10 years of demonstrated technical expertise, with substantial developing country context experience preferably in the Middle East, in a combination of the following technical areas: in family planning, advocacy, policy development, social and behavior change and/or health communication and social marketing programs.
    - At least 5 years of demonstrated excellence in a management position, preferably in an international health and development context, including direct supervision of professional and support staff, quality evaluation of staff performance and deliverables, and contract/grant management.
    - Demonstrated experience in overseeing projects or components of projects which include family planning/reproductive health and advocacy and/or social and behavior change components.
    - Demonstrated excellent interpersonal skills and ability to motivate staff to be accountable for project outcomes.
    - Demonstrated organizational skills and strong track record in meeting deliverables and deadlines and ability to provide oversight of financial and operational aspects of projects.
- Demonstrated experience or knowledge of USAID and USAID project processes, procedures and protocols.
- Experience interacting with government agencies, host-country government partners and counterparts, and international donor agencies.
- Excellent oral and written communication skills in English are required; Arabic language proficiency is highly desirable but not required.
- The proposed candidate's experience and education are complementary to those of other proposed candidates.

Component 1 Manager: Senior Social and Behavior Change Communication Advisor: The Senior Social and Behavior Change Communication (SBCC) Advisor will be the resident social and behavior change communication specialist on the team. They should have proven track record in effectively managing and directing large communication activities with a focus on health and population with respect to influencing health-seeking behavior. They will also have experience employing evidence-based practices and gender and cultural analyses to the development and implementation of social and behavior change activities, specifically in relation to family planning and reproductive health.

Component 1 Manager must meet the following minimum qualifications:

- A Master's degree or higher in one of the following fields: public health, social sciences, health communication, international marketing, international development, mass communication, public affairs/policy, or social marketing.
- At least 7 years of demonstrated technical expertise, with substantial developing country context experience preferably in the Middle East, in family planning/reproductive health, population, and social and behavior change activities.
- At least 3 years of demonstrated excellence in a management position, preferably in an international health, including direct supervision of professional and support staff, quality evaluation of staff performance and deliverables, and contract/grant management.
- Demonstrated experience employing evidence-based practices and gender and cultural analyses to the development and implementation of family planning/reproductive health activities and/or social and behavior change activities.
- The SBC Advisor should have extensive knowledge of the barriers to adopting certain healthy behaviors, such as using a modern family planning method, and demonstrated experience in finding and implementing solutions to overcome these barriers.
- The SBC Advisor should have experience managing or overseeing community outreach and grassroots level activities and initiatives.
- The SBC Advisor is expected to have the experience and expertise required to effectively provide technical assistance for the design and implementation of national and community-level mobilization activities. This person will work closely with other components of the project to coordinate SBC activities.
- Knowledge of USAID procedures and regulations is desirable.
- Excellent oral and written communication skills in English are required; Arabic language proficiency is desirable but not required.
- Previous experience in the Middle East is strongly preferred, but not required.
- Ability to travel within Jordan up to 30% of the time.

Component 2 Manager: Senior Policy and Advocacy Advisor: The Senior Policy and Advocacy Advisor must have demonstrated experience in organizing and mobilizing key target groups and local NGOs and CBOs to influence policy and advance public dialogue on the adoption of healthy behaviors for changing norms around family planning and promoting the use of family planning services.

Component 2 Manager must meet the following minimum qualifications:

- A Master's degree or higher in one of the following fields: public policy, population and development, international development, public health, or development economics.
- At least 7 years of demonstrated technical expertise, with substantial developing country context experience preferably in the Middle East, in family planning/reproductive health, advocacy, and policy.
- At least 3 years of demonstrated excellence in a management position, preferably in an international health, including direct supervision of professional and support staff, quality evaluation of staff performance and deliverables, and contract/grant management.

- Demonstrated experience organizing and mobilizing key stakeholders (national and local authorities, private and public healthcare personnel) and local NGOs and CBOs to advance public dialogue around the adoption of healthy behaviors specifically the use of FP/RH services.
- Demonstrated breadth and depth of experience to analyze the existing policy environment and identify barriers to and opportunities for the sustainable scale up of behavior change communications. The incumbent shall have experience in building capacity of public and private sector agencies, including NGOs to advocate for changing norms on family size and increasing the use of modern and long-acting family planning methods.
- Experience working with and establishing strong partnerships with local governments is required.
- Demonstrated ability to work with a wide range of government and civil society counterparts, and donor and UN partners is required.
- Knowledge of USAID procedures and regulations is desirable.
- Excellent oral and written communication skills in English are required; Arabic language proficiency is desirable but not required.
- Previous experience in the Middle East is strongly preferred, but not required.
- Ability to travel within Jordan up to 30% of the time.

Senior Monitoring and Evaluation Advisor: The Senior Monitoring and Evaluation (M&E) Advisor shall have demonstrated leadership in the development and implementation of M&E strategies and/or implementation plans for activities of a similar magnitude as the USAID J-CAP Activity. The incumbent must have a firm command of M&E issues related to communications – especially with reference to family planning and reproductive health interventions.

The Senior Monitoring and Evaluation (M&E) Advisor must meet the following minimum qualifications:

- A Master's degree or higher in one of the following fields: public policy, economics, health, demography, statistics or another similar field with a quantitative focus.
- At least 7 years of demonstrated technical expertise, with substantial developing country context experience preferably in the Middle East, in health systems monitoring and evaluation with specific experience in monitoring and evaluation of advocacy and/or social and behavior change activities.
- At least 2 years of demonstrated excellence in a management position, preferably in an international health, including direct supervision of professional and support staff, quality evaluation of staff performance and deliverables, and contract/grant management.
- The incumbent shall have demonstrated leadership in the development and implementation of an M&E strategy and/or implementation plan for an effort of similar magnitude.
- Demonstrated analytical skills and experience to identify and evaluate state-of-the-art approaches to health communication.
- Demonstrated ability to undertake and supervise operations research, including designing research protocols, conducting research, analyzing and synthesizing data, and disseminating findings.
- Knowledge of USAID procedures and regulations is desirable.
- Excellent oral and written communication skills in English are required; Arabic language proficiency is desirable but not required.
- Previous experience in the Middle East is strongly preferred, but not required.

- Ability to travel within Jordan up to 30% of the time.

Other Project Staff: In order to achieve the goals and objectives as laid out in the RFA it is envisioned that the Applicant will have offices in Jordan and will co-locate or embed with relevant stakeholders as possible to achieve its goals and objectives. The Applicant is expected to have a Gender Advisor on the team who can serve as the expert advisor to ensure gender is integrated and considered in all components. S/he would serve as an adviser on gender related issues and support the development of a strategic agenda for ensuring that gender gaps and gender relations are addressed in all activities. S/he should have experience employing evidence-based practices and gender and cultural analyses to the development and implementation of social and behavior change activities and/or advocacy activities. The Applicant is also expected to have an experience contracts and grant management specialist on the team who can oversee sub-grants. In addition to having experience with large grant/contract management this person should have experience in managing sub-grants to local organizations; experience with and or knowledge of USAID Forward and Transition Grants is desirable. The Applicant is also expected to have an experienced communications expert on the team. This person can serve as not only an advisor to behavior change communication activities but also advise on public relations and external communications.

C. ATTACHMENT 3 - Branding and Marking

BRANDING STRATEGY – ASSISTANCE

(a) **Definitions**

Branding Strategy means a strategy that is submitted at the specific request of a USAID Agreement Officer by an Apparently Successful Applicant after evaluation of an application for USAID funding, describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and is provided without royalty, license, or other fee to recipients of USAID-funded grants or cooperative agreements or other assistance awards or subawards.

(b) **Submission.** The Apparently Successful Applicant, upon request of the Agreement Officer, will submit and negotiate a Branding Strategy. The Branding Strategy will be included in and made a part of the resulting grant or cooperative agreement. The Branding Strategy will be negotiated within the time that the Agreement Officer specifies. Failure to submit and negotiate a Branding Strategy will make the applicant ineligible for award of a grant or cooperative agreement. The Apparently Successful Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events and materials, and the like.

(c) **Submission Requirements**

At a minimum, the Apparently Successful Applicant's Branding Strategy will address the following:

(1) Positioning

What is the intended name of this program, project, or activity?

Guidelines: USAID prefers to have the USAID Identity included as part of the program or project name, such as a "title sponsor," if possible and appropriate. It is acceptable to "co-brand" the title with USAID's and the Apparently Successful Applicant's identities. For example: "The USAID and [Apparently Successful Applicant] Health Center."

If it would be inappropriate or is not possible to "brand" the project this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the program or project*. For example: School #123,*
rehabilitated by USAID and [Apparently Successful Applicant]/ [other donors].

Note: the Agency prefers "made possible by (or with) the generous support of the American People" next to the USAID Identity in acknowledging our contribution, instead of the phrase "funded by." USAID prefers local language translations.

Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.

Note: USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.

(2) Program Communications and Publicity
Who are the primary and secondary audiences for this project or program?

Guidelines: Please include direct beneficiaries and any special target segments or influencers. *For Example: Primary audience: schoolgirls age 8-12, Secondary audience: teachers and parents – specifically mothers.*

What communications or program materials will be used to explain or market the program to beneficiaries?

Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.

What is the main program message(s)?

Guidelines: *For example: "Be tested for HIV-AIDS" or "Have your child inoculated."*
Please indicate if you also plan to incorporate USAID's primary message – this aid is "from the American people" – into the narrative of program materials. This is optional; however, marking with the USAID Identity is required.

Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?

Guidelines: These may include media releases, press conferences, public events, and so forth.
Note: incorporating the message, “USAID from the American People”, and the USAID Identity is required.

Please provide any additional ideas about how to increase awareness that the American people support this project or program.

Guidelines: One of our goals is to ensure that both beneficiaries and host-country citizens know that the aid the Agency is providing is "from the American people." Please provide any initial ideas on how to further this goal.

(3) Acknowledgements

Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?

Note: it is perfectly acceptable and often encouraged for USAID to "co-brand" programs with government ministries.

Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.

Guidelines: Please indicate if they are also a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

(d) **Award Criteria**. The Agreement Officer will review the Branding Strategy for adequacy, ensuring that it contains the required information on naming and positioning the USAID-funded program, project, or activity, and promoting and communicating it to cooperating country beneficiaries and citizens. The Agreement Officer also will evaluate this information to ensure that it is consistent with the stated objectives of the award; with the Apparently Successful Applicant’s cost data submissions; with the Apparently Successful Applicant’s project, activity, or program performance plan; and with the regulatory requirements set out in 22 CFR 226.91. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

MARKING PLAN – ASSISTANCE

(a) **Definitions**

Marking Plan means a plan that the Apparently Successful Applicant submits at the specific request of a USAID Agreement Officer after evaluation of an application for USAID funding, detailing the public communications, commodities, and program materials and other items

that will visibly bear the USAID Identity. Recipients may request approval of Presumptive Exceptions to marking requirements in the Marking Plan.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award, which the Agreement Officer must still obligate.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and USAID provides it without royalty, license, or other fee to recipients of USAID funded grants, cooperative agreements, or other assistance awards or sub-awards.

A ***Presumptive Exception*** exempts the applicant from the general marking requirements for a *particular* USAID-funded public communication, commodity, program material or other deliverable, or a *category* of USAID-funded public communications, commodities, program materials or other deliverables that would otherwise be required to visibly bear the USAID Identity. The Presumptive Exceptions are:

Presumptive Exception (i). USAID marking requirements may not apply if they would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials, such as election monitoring or ballots, and voter information literature; political party support or public policy advocacy or reform; independent media, such as television and radio broadcasts, newspaper articles and editorials; and public service announcements or public opinion polls and surveys (22 C.F.R. 226.91(h)(1)).

Presumptive Exception (ii). USAID marking requirements may not apply if they would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent (22 C.F.R. 226.91(h)(2)).

Presumptive Exception (iii). USAID marking requirements may not apply if they would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official (22 C.F.R. 226.91(h)(3)).

Presumptive Exception (iv). USAID marking requirements may not apply if they would impair the functionality of an item, such as sterilized equipment or spare parts (22 C.F.R. 226.91(h)(4)).

Presumptive Exception (v). USAID marking requirements may not apply if they would incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking, such as food in bulk (22 C.F.R. 226.91(h)(5)).

Presumptive Exception (vi). USAID marking requirements may not apply if they would offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities (22 C.F.R. 226.91(h)(6)).

Presumptive Exception (vii). USAID marking requirements may not apply if they would conflict with international law (22 C.F.R. 226.91(h)(7)).

(b) **Submission.** The Apparently Successful Applicant, upon the request of the Agreement Officer, will submit and negotiate a Marking Plan that addresses the details of the public communications, commodities, program materials that will visibly bear the USAID Identity. The marking plan will be customized for the particular program, project, or activity under the resultant grant or cooperative agreement. The plan will be included in and made a part of the resulting grant or cooperative agreement. USAID and the Apparently Successful Applicant will negotiate the Marking Plan within the time specified by the Agreement Officer. Failure to submit and negotiate a Marking Plan will make the applicant ineligible for award of a grant or cooperative agreement. The applicant must include an estimate of all costs associated with branding and marking USAID programs, such as plaques, labels, banners, press events, promotional materials, and so forth in the budget portion of its application. These costs are subject to revision and negotiation with the Agreement Officer upon submission of the Marking Plan and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

(c) **Submission Requirements**. The Marking Plan will include the following:

(1) A description of the public communications, commodities, and program materials that the recipient will be produced as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity. These include:

(i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature;

(ii) technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID;

(iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and

(iv) all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies and other materials funded by USAID, and their export packaging.

(2) A table specifying:

(i) the program deliverables that the recipient will mark with the USAID Identity,

(ii) the type of marking and what materials the applicant will be used to mark the program deliverables with the USAID Identity, and

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking.

(3) A table specifying:

(i) what program deliverables will not be marked with the USAID Identity, and

(ii) the rationale for not marking these program deliverables.

(d) **Presumptive Exceptions.**

(1) The Apparently Successful Applicant may request a Presumptive Exception as part of the overall Marking Plan submission. To request a Presumptive Exception, the Apparently Successful Applicant must identify which Presumptive Exception applies, and state why, in light of the Apparently Successful Applicant's technical application and in the context of the program description or program statement in the USAID Request For Application or Annual Program Statement, marking requirements should not be required.

(2) Specific guidelines for addressing each Presumptive Exception are:

(i) For Presumptive Exception (i), identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why the program, project, activity, commodity, or communication is 'intrinsically neutral.' Identify, by category or deliverable item, examples of program materials funded under the award for which you are seeking exception 1.

(ii) For Presumptive Exception (ii), state what data, studies, or other deliverables will be produced under the USAID funded award, and explain why the data, studies, or deliverables must be seen as credible.

(iii) For Presumptive Exception (iii), identify the item or media product produced under the USAID funded award, and explain why each item or product, or category of item

and product, is better positioned as an item or product produced by the cooperating country government.

(iv) For Presumptive Exception (iv), identify the item or commodity to be marked, or categories of items or commodities, and explain how marking would impair the item's or commodity's functionality.

(v) For Presumptive Exception (v), explain why marking would not be cost-beneficial or practical.

(vi) For Presumptive Exception (vi), identify the relevant cultural or social norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) For Presumptive Exception (vii), identify the applicable international law violated by marking.

(3) The Agreement Officer will review the request for adequacy and reasonableness. In consultation with the Cognizant Technical Officer and other agency personnel as necessary, the Agreement Officer will approve or disapprove the requested Presumptive Exception. Approved exceptions will be made part of the approved Marking Plan, and will apply for the term of the award, unless provided otherwise.

(e) **Award Criteria**: The Agreement Officer will review the Marking Plan for adequacy and reasonableness, ensuring that it contains sufficient detail and information concerning public communications, commodities, and program materials that will visibly bear the USAID Identity. The Agreement Officer will evaluate the plan to ensure that it is consistent with the stated objectives of the award; with the applicant's cost data submissions; with the applicant's actual project, activity, or program performance plan; and with the regulatory requirements of 22 C.F.R.226.91. The Agreement Officer will approve or disapprove any requested Presumptive Exceptions (see paragraph (d)) on the basis of adequacy and reasonableness. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)

(a) Definitions

Commodities mean any material, article, supply, goods or equipment, excluding recipient offices, vehicles, and non-deliverable items for recipient's internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or subagreement.

Principal Officer means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to

internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the non-presence country, or in the absence of such a responsible operating unit, the Principal U.S Diplomatic Officer in the non-presence country exercising delegated authority from USAID.

Programs mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

Projects include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a desired result (for example, services from a fully functional water/sewage treatment facility).

Public communications are documents and messages intended for distribution to audiences external to the recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.

Sub-recipient means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a USAID sub-award, as defined in 22 C.F.R. 226.2.

Technical Assistance means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID recipients, and through such recipients to sub-recipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

USAID Identity (Identity) means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is "from the American people." The USAID Identity is available on the USAID website at www.usaid.gov/branding and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards.

(b) Marking of Program Deliverables

(1) All recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward with the USAID Identity, of a size and prominence equivalent to or greater than the recipient's, other donor's, or any other third party's identity or logo.

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

(3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.

(4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the recipient is encouraged otherwise to acknowledge USAID and the American people's support.

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

(6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.

(7) The Agreement Officer may require marking with the USAID Identity in the event that the recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Sub-recipients. To ensure that the marking requirements "flow down'' to sub-recipients of sub-awards, recipients of USAID funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded sub-award, as follows:

"As a condition of receipt of this sub-award, marking with the USAID Identity of size and prominence equivalent to or greater than the recipient's, sub-recipient's, other donor's or third party's is required. In the event the recipient chooses not to require marking with its own identity or logo by the sub-recipient, USAID may, at its discretion, require marking by the sub-recipient with the USAID Identity."

(10) Any 'public communications', as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

"This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient name] and do not necessarily reflect the views of USAID or the United States Government."

(11) The recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the recipient will submit one electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

(c) Implementation of marking requirements.

(1) When the grant or cooperative agreement contains an approved Marking Plan, the recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within 30 days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

(ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;

(iii) USAID marking requirements would undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official;

(iv) USAID marking requirements would impair the functionality of an item;

(v) USAID marking requirements would incur substantial costs or be impractical;

(vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;

(vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements is provision.

(d) Waivers.

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or

security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

(3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.

(4) Approved waivers "flow down" to recipients of sub-awards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(5) Determinations regarding waiver requests are subject to appeal to the Principal Officer's cognizant Assistant Administrator. The recipient may appeal by submitting a written request to reconsider the Principal Officer's waiver determination to the cognizant Assistant Administrator.

(e) Non-retroactivity. The requirements of this provision do apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

D. ATTACHMENT 4 - Initial Environmental Examination Excerpt

USAID | JORDAN
FROM THE AMERICAN PEOPLE

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR MIDDLE EAST
WASHINGTON, D.C. 20523

ENVIRONMENTAL THRESHOLD DECISION

PROGRAM/ACTIVITY DATA:

Country Code: 278-

Country or Region: Jordan

Activity Name: Fiscal Years (FY2013-2018), Economic Support Funds (ESF), Health Communications Project

Funding Begins: September 2013	**Funding Ends:** September 2018	**LOP Amount:** $30,000,000
	Sub-Activity Amount:	
IEE Prepared by: Lora Wentzel		**Date:** June 23, 2013
IEE Amendment (Y/N): N	If "Yes," Number & Date of Original IEE:	

ENVIRONMENTAL ACTION RECOMMENDED: (Place X where applicable)	
Categorical Exclusion: ☒	Deferral: ☐
Positive Determination: ☐	Negative Determination: ☐
With Conditions: ☐	Exemption: ☐

SUMMARY OF FINDINGS:

This award will be USAID's flagship project dedicated to increasing demand for family planning and reproductive health (FP/RH) services in support of the Government of Jordan's (GOJ) National Population Strategy.

The "Health Communications Project" qualifies for a **Categorical Exclusion** per 22 CFR 216.2 (c)(1)(ii) as USAID "does not have knowledge of or control over, and the objective of A.I.D. in furnishing assistance does not require, either prior to approval of financing or prior to implementation of specific activities, knowledge of or control over, the details of the specific activities that have an effect on the physical and natural environment for which financing is provided by A.I.D."

Funds for this project will come from contributions obligated under Development Objective Assistance Agreement 3 (DOAG) for the DO #3: Essential Services to the Public Improved DO team. These funds will be reserved under Program Areas #3.1.6 Maternal and Child Health and 3.1.7 Family Planning and Reproductive Health of the F Standardized Program Structure.

FY13	FY14	FY15	FY16	FY17	Optional*	Grand Total**
$4.78 million	$4.78 million	$4.78 million	$4.78 million	$4.78 million	$6.1 million	$30 million

** Optional Modules to be included in agreement if needs emerge that necessitate expanding health communication activities in the project.*

*** This total includes Optional Modules. In the event that these modules are not be exercised by the USAID/Jordan Agreement Officer, the grand total worth of this activity would be reduced to $23.9 million.*

E. ATTACHMENT 5 – Financial Reporting Forms and Instructions

Applicants may obtain the SF 424 & SF 424A from the links below:
SF424- http://www.epa.gov/ogd/AppKit/form/SF424.pdf
SF 424A- http://www.acf.hhs.gov/programs/ofs/grants/sf424a.pdf

Standard SF 424 & 424A Form Instructions

The Standard Form 424A, Section A, requests costs organized by headquarters and field, and by Federal and Non-Federal. This information should be the same as that presented in other sections. Federal refers to the funds requested from USAID and Non-Federal refers to funding from the applicant and other sources. The amounts for Federal and Non-Federal presented here should be the same as the Estimated Funding presented on Standard Form 424, 15.a and b, plus any entry for e. The total project amount on SF 424 should be the same amount presented in Section A and in Section B.

Headquarters costs are direct costs incurred by the U.S. PVO/NGO head office in the United States in support of the child survival and health projects overseas. This does not duplicate established indirect cost rates. USAID will support up to 15% of the direct costs of the USAID funds in the project budget at the PVO/NGO's U.S. headquarters for support to the field project, and for improving child survival and health technical and operational capabilities of the PVO/NGO(s). The headquarters budget should be directly related to the description of how the PVO/NGO builds and maintains technical and operational capacity. In addition to backstopping and site visits to the field project, types of activities that PVO/NGOs have included in the past are continuing education opportunities for staff, information exchange and technical networking among PVO/NGOs, reference materials, and observational visits to the other field projects of the same organization or others. All headquarters costs must be appropriately distributed in the correct amounts and contained within the correct categories of Standard Form 424A, Section B, as per the guidelines in Section D.

Field costs should include all funds designated for expenditure within the host-country for carrying out the planned project. All field costs must be appropriately distributed in the correct amounts and contained within the correct categories of Standard Form 424A, Section B, as per the guidelines in this RFA.

Standard Form 424A, Section B is divided into eleven "Object Class Categories." The Object Class Categories must be presented in two columns, "Federal," which are the costs being funded by the USAID portion of the over-all project budget, and "Non-Federal," which are the costs covered by the cost share portion of the entire project budget. The entire project budget must be appropriately distributed and contained within these categories and columns. The categories include Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other, Total Direct Charges, Indirect Charges, and Totals. The Construction category does not apply to this program. Project costs proposed for "training" and for "sub-grants" must be included in the "Other" Object Class Category. For further elaboration on each of the Object Class Categories, please refer to the instructions in Section D. Section D includes a sample Standard Form 424 and 424A

Survey on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 1/31/2006

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50

☐ 4-5 ☐ 51-100

☐ 6-12 ☐ over 100

3. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less than $150,000

☐ $150,000 - $299,999

☐ $300,000 - $499,999

☐ $500,000 - $999,999

☐ $1,000,000 - $4,999,999

☐ $5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the applicant a non-religious community based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

3. Annual budget means the amount of money our organization spends each year on all of its activities.

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725.

OMB No. 1890-0014 Exp. 1/31/2006

F. ATTACHMENT 6: USAID/Jordan FP/RH Service Delivery Past & Ongoing Mechanisms

USAID/Jordan FP/RH Service Delivery Past & Ongoing Mechanisms:

Jordan Health Communication Partnership (2004-2013): The Jordan Health Communication Partnership (JHCP) was USAID/Jordan's flagship BCC activity implemented by the Johns Hopkins University Bloomberg School of Public Health's Center for Communication Programs (JHUCCP). The initial award was from 2004 – 2008 and through subsequent cost extensions the program was extended through January 2013.

JHCP's initial purpose (2004 – 2008) was to promote healthy lifestyles by implementing a national health communication strategy using a life-stages approach; assisting local communities in adopting healthy behaviors; and supporting child-spacing and the small family norm. In May 2008, to align with new priorities and an updated strategy, USAID/Jordan redirected the scope of the activity to focus on FP/RH and population growth. With this new direction, JHCP focused efforts on national and community level integrated BCC campaigns in support of birth spacing, acceptability of family planning, and changing social norms related to family size. JHCP trained select audiences and communicated BCC messages through media and internet campaigns – including training of religious leaders. The program also utilized national media campaigns, social marketing, and internet based platforms to reach a wide audience, including youth.

JHCP implemented various activities to include: national media campaigns (*Hayati Ahla*); the *Mabrouk* Initiative; *Arab Women Speak Out*; *Consult and Choose*; work with religious leaders; internet based information platforms (*Sehetna*); and activities targeting youth and school age children. Many of these activities were implemented in close coordination with a range of GOJ partners in an effort to institutionalize the activities – despite these efforts the activities have not continued without direct USG support – thus the activities were not sustainable.

The national level *Hayati Ahla* media campaigns were well designed and disseminated messages related to acceptability of FP/RH and health timing and spacing of pregnancy. The *Mabrouk* Initiative was implemented in partnership with the Civil Status and Passports Department (CSPD) at the Ministry of Interior (MOI). It provided targeted and timely messages related to FP/RH and birth spacing when Jordanian couples registered for their marriage license and/or the birth of their first child. In support of female empowerment and the promotion of gender equality, *Arab Women Speak Out*, mobilized local community outreach workers to disseminate FP/RH messages in their communities while situating FP/RH messages in the context of Jordanian health and social values. JHCP's work with religious leaders supported the social and cultural acceptability of FP/RH as part of an overall strategy to link spiritual, social, and physical wellbeing. *Consult and Choose* counseling materials were developed for use by FP/RH service providers to support quality FP/RH counseling to expand access to timely and reliable FP/RH information. The internet based platform *Sehetna.com* remains open as a platform containing accurate health information, but is not being actively updated by the MOH. The Health Competent Schools Initiative introduced students, parents, and their peers to concepts of health competency. The Student Ambassadors program employed peer-to-peer interpersonal communication at universities across the country to increase understanding of the linkages between FP/RH and development, including accurate FP/RH information, for university-aged students.

The details and history of all JHCP interventions are available through the Knowledge for Health Project and can be accessed online at: http://www.k4health.org/toolkits/jhcp.

Health Policy Project (2010 – 2013):

The Health Policy Project (HPP) implemented by the Futures Group aimed to strengthen the national and subnational policy environment in order to develop an enabling environment in support of expanded access to and use of family planning services in Jordan. USAID/Jordan also supported activities focused on the enabling environment from 2005 – 2010 under the Health Policy Initiative (HPI). HPP's primary beneficiaries include the Higher Population Council, the Ministry of Health, and other key stakeholders such as the JAFPP.

HPP had three central objectives: (1) strengthen the GOJ policy environment and support policy implementation for FP/RH; (2) strengthen the advocacy capacity of the HPC, MOH, and other stakeholders to increase commitment and leadership support for FP; and (3) support the HPC and MOH to develop and use tools and data to inform advocacy efforts and policy planning. An important contribution of HPP was its work with the GOJ to mobilize resources for FP/RH in the MOH budget. For example, HPP worked with the MOH to install the FamPlan contraceptives procurement planning tool at six offices in the Women and Child Health Directorate's logistics department at the MOH, HPP also trained the MOH on how to use the tool. FamPlan is now used to support the MOH make accurate projections for their contraceptive needs, and provides a platform for the MOH to effectively advocate for the necessary resources to meet those needs.

To support advocacy efforts related to FP/RH, HPP worked to build the capacity of its national partners to advocate in support of FP/RH and to support effective FP/RH policy development. As a result of HPP's efforts the Resources for the Awareness of Population Impacts on Development (RAPID) tool was developed for Jordan. RAPID makes projections of the impact of Jordan's demographic changes on its national development goals. This tool is still being utilized by the HPC in support of their policy and advocacy efforts and was incorporated into the development of BCC campaigns and FP advocacy strategies of SHOPS and the MOH.

Strengthening Health Outcomes through the Private Sector in Jordan (2010 –2015):

The Strengthening Health Outcomes through the Private Sector (SHOPS) is implemented by Abt Associates Inc. SHOPSs goal is to improve access to and quality of FP/RH services in the private and NGO sectors in order to respond to the unmet need for FP in Jordan, by expanding access, quality, and utilization of FP in Jordan. In the NGO sector, SHOPS primarily focuses on building the capacity of the Jordan Association for Family Planning and Protection (JAFPP) while also providing support to UNRWA. In addition, SHOPS works to improve the method mix; develops marketing and behavior change strategies to improve the acceptance of hormonal methods; and trains providers to eliminate bias towards FP/RH. While JHCP was active, SHOPS and JHCP collaborated to improve the quality of FP/RH messages.

SHOPS works with the NGO and private sector; in the NGO sector SHOPS supports JAFPP and UNRWA, to strengthen their capacity to provide high quality FP services. SHOPS supports the JAFPP to expand and renovate its clinics, as well as to introduce and promote new FP methods. The project also supports JAFPP's marketing of newly renovated clinics, implements large-scale social marketing campaigns, and reaches women and (most recently) their partners in their homes with evidence-based FP/RH messages.

SHOPS works with the private commercial sector, building a network of private, for-profit physicians to promote family planning services, and builds the capacity of pharmacists to deliver accurate messages about family planning.

To improve the quality of FP/RH messages and information, SHOPS works with private and NGO sector service providers to improve their knowledge of modern contraceptives and related side-effects, and to improve their communication skills related to FP counseling. To improve client-provider communication and reduce provider-bias against modern contraceptives, SHOPS developed several modules of Critically Appraised Topics (CATs) for a variety of contraceptives, and disseminates and updates these modules in collaboration with Jordanian family planning service providers. In order to further improve the quality of FP/RH messages, SHOPS developed quality improvement programs and guidelines for private network doctors covering various topics in family planning service delivery – this includes service monitoring methodologies and action plans.

Since 57 percent of family planning users obtain their contraceptives from the private sector (JPFS 2007), USAID historically supported investments in improving private sector services. The Private Sector Project (2005-2010), which preceded SHOPS, focused on increasing demand for modern contraception and FP/RH services; improving the quality of women's private sector health services; raising awareness and increasing early detection of breast cancer; and ensuring medical treatment in the private sector for women experiencing domestic violence. For more details about SHOPS, the online access through http://www.shopsproject.org/about/where/jordan.

Health Systems Strengthening II (2009-2014):

Health Systems Strengthening II (HSS II) implemented by Abt Associates Inc. works in close collaboration with the MOH, Royal Medical Services (RMS), Jordan University Hospital, and the HPC. HSS II focuses on improving healthcare service delivery with a focus on improved access to better quality maternal and child health services as well as family planning services.

HSS II's activities include: renovating, equipping, furnishing, and maintaining emergency, obstetric, and neonatal departments at select hospitals; improving access to and quality of safe motherhood services at the hospital level; improving access to and quality of family planning and reproductive health services at the primary and secondary health care levels; improving the quality of primary health care through accreditation of select facilities and strengthening of planning, supervision, monitoring, and referral appointment systems; promoting the principles and practice of knowledge management at the MOH; and, improving community health services.

USAID has a history of supporting system strengthening in Jordan and has worked in close collaboration with the GOJ since 1999 applying best practices and lessons learned from around the world to help strengthen and institutionalize MOH systems. The USAID funded Primary Health Care Initiative (PHCI) (1999-2005) focused on improving the primary health care system and the Health System Strengthening (HSS) project (2005-2010) worked to integrate key services at all levels, institutionalize continuous clinical training, establish information systems, and improve planning and supervision. Both projects effectively improved the infrastructure and health systems essential to improving health quality and patient satisfaction. For more details about HSS II, the online access through http://www.hss.jo/

G. ATTACHMENT 7: USAID/Jordan: Evaluation of Jordan Health Communications Program – October 2011

USAID
FROM THE AMERICAN PEOPLE

USAID/JORDAN: EVALUATION OF JORDAN HEALTH COMMUNICATION PROGRAM

OCTOBER 2011

This publication was produced for review by the United States Agency for International Development. It was prepared **by** Gary Lewis, Carolyn Barnes, and Inaam Khalaf through the Global Health Technical Assistance Project.

USAID/JORDAN: EVALUATION OF THE JORDAN HEALTH COMMUNICATION PROGRAM

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The team acknowledges the extraordinary access and forthright nature of the dialogue with the Government of Jordan officials working with USAID and JHCP. Their inputs helped the team better understand complex issues like partnerships and institutionalization. While the number of officials the team met with precludes acknowledging individual contributions, the team would like to single out the following individuals for providing their time, wisdom, and insights: His Excellence Dr. Daif Allah Al Lozi, His Excellence Raed Al Adwan, His Excellence Abd Al Rahman Ibdah, His Excellence Dr. Mohammad Al Khalayleh, His Excellence Marwan Qteshat, His Excellence Khalid Abu Zaid, Her Excellence Professor Raeda Al Qutob, Dr. Bassam Hajawi, Dr. Rowaida Rasheed, Dr. Randa Baqa'een, His Excellence Dr. Taher Abu Al Samen, Dr. Salah Khalyleh, Dr. Abd Al Rahman Tubaishat, Dr. Marwan Rayahnieh, Mr. Mohammad Al Amri, Shaik Abdalla Rababa'ah, Dr. Ali Zitawi, Dr. Munther Shboul, Mr. Mohammad Aqeel, Shaik Mohammad Al Jiboul, Dr. Bashar Abu Saleem, and Mr. Abdel Salam Al Omoush.

The Jordan Health Communication Partnership project director, deputy director, and technical staff provided an informative briefing, answered myriad questions, and provided a comprehensive set of project documents. In addition, JHCP planned the team schedule. The JHCP staff worked together with the evaluation team to accompany the team to various meetings and gave their valuable time to the team through the evaluation process. The team would like to thank the entire JHCP staff for their time, resources and assistance throughout the evaluation process.

The team would also like to thank the numerous partners of JHCP who gave of their limited time to discuss their experiences, opinions on the project, and their individual partnerships. In addition, several people from USAID cooperating agencies met with team members to discuss their own projects and coordination with JHCP. The team gained much from these meetings.

The team is grateful to the religious leaders, university students, and the staff, trainers, and trainees of Arab Women Speak Out, who gave team members insight on the perspective of beneficiaries through the focus group discussions. The University Ambassadors made a special effort to attend the focus group discussion and the team thanks them for their contributions.

CONTENTS

APPENDIXES

ACRONYMS AND COMMONLY USED ARABIC WORDS

ACRONYMS

AWSO	Arab Women Speak Out
BCC	Behavior change communication
CA	Cooperating agency
CBO	Community-based organization
CC	Consult and Choose
CSPD	Civil Status and Passports Department
CPR	Contraceptive prevalence rate
DHS	Demographic and Health Survey
EC	Emergency contraception
FGD	Focus group discussion
FP	Family planning
FP/RH	Family planning/reproductive health
GDA	Global Development Alliance
GIS	Geographic information system
GoJ	Government of Jordan
HCSI	Health Competent Schools Initiative
HHC	Higher Health Council
HPC	Higher Population Council
HPI	Health Policy Initiative
HPP	Health Policy Project
HSS-II	Health System Strengthening Program
IEC	Information, education, and communication
Iftaa	Mufti Department
JHCP	Jordan Health Communication Partnership
JHU/CCP	Johns Hopkins University Center for Communication Programs
JNFW	Jordanian National Forum for Women
JPFHS	Jordan Population and Family Health Survey
JRTV	Jordanian Radio & Television Corporation
JTV	Jordan TV
JUST	Jordan University of Science and Technology
KS	Knowledge station

LDD	Local Development Directorate
MCH	Maternal and child health
M&E	Monitoring and evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MOI	Ministry of Interior
MAIAHP	Ministry of Religious Affairs, Trusts and Holy Places
NGO	Non-governmental organization
NITC	National Information Technology Center
PMP	Program monitoring plan
PSP	Private Sector Project
RH	Reproductive health
RHAS	Royal Health Awareness Society
RL	Religious leader
SOW	Scope of work
TFR	Total fertility rate
TOT	Training of trainers

COMMONLY USED ARABIC WORDS

Awqaf	Trust or endowment for properties or other assets donated to Islam and managed by the Ministry of Religious Affairs and Holy Places
Iftaa	The Mufti Department
Imam	Religious leader and preacher at a mosque
Fatwa	An interpretation of Islamic law
Sharia	Islamic system of religion-based law
Waizat	Woman religious leader
Hayati Alha	My life is more beautiful
Mabrouk	Congratulations

EXECUTIVE SUMMARY

INTRODUCTION

The Jordan Health Communication Program (JHCP) Evaluation was commissioned by USAID/Jordan to analyze progress and achievements of the project, approximately 15 months prior to the project's conclusion. The main objective was two-fold: first, to review progress and achievements for each of the objectives listed in the scope of work (SOW), and second, to inform future directions and priority setting for USAID-supported family planning (FP) behavior change communication in Jordan.

The evaluation was designed to assess consistency of interventions with both Jordanian national and USAID health strategies, and to assess activities for effectiveness and impact on large family norms and birth spacing. The evaluation also assessed the role of partnerships between JHCP and related USAID cooperating agencies (CAs), relevant government ministries, non-governmental organizations (NGOs), and the private sector. Effective partnerships are essential for institutionalization, capacity building, and leveraging of impacts. The recommendations in this report should inform USAID/Jordan's decision making on extending, discontinuing, or transferring current FP communication programming, as well as decisions regarding the scope for new approaches and activities.

JHCP is an eight-year cooperative agreement implemented by the Johns Hopkins University, Center for Communication Programs, with a funding level of $26 million. Designed in 2004, the program's purpose was to promote healthy lifestyles by: (1) implementing a national health communication strategy using the life-stages approach; (2) assisting local communities in adopting healthy behaviors; and (3) supporting child spacing and the small family norm. Starting in May of 2008, the project has focused more on FP rather than broader healthy lifestyle issues. The evaluation team was directed to focus primarily on JHCP's performance against the program's revised objectives to promote FP behavior change through promotion of a three-year birth spacing interval and promotion of a cultural shift in favor of a smaller desired family size. Annex A provides the evaluation SOW.

SELECTED EVALUATION FINDINGS

The evaluation team found that JHCP's activities have been effective in training selected audiences and communicating behavior change communication (BCC) messages through media and Internet campaigns. Involvement of religious leaders has shown to increase discussion of FP messages, but not all trained leaders integrate FP messages into their sermons. The media campaign was well-designed, but the fragmented nature of media in Jordan prevented it from reaching the broadest possible audience. JHCP has used innovative Internet activities to provide internal-standard health information to a wide audience. Despite the training provided by JHCP to health service recipients, health care providers, and religious leaders, many trainees still report high ideal fertility rates, and rates of contraceptive discontinuation remain high. Evaluation findings on BCC activities and other project elements are detailed below.

Religious Leaders

- JHCP facilitated the issuance of a fatwa (an interpretation of Islamic law) that found FP, contraception, and birth spacing to be acceptable practices. The fatwa addressed the widespread misconception that large families are an Islamic value, when they are in fact a traditional or cultural value.

- The involvement of religious leaders in addressing FP issues was a powerful intervention that increased the impact of all other JHCP activities and other USAID FP projects.
- Monitoring data suggest that the training and follow-up need to be improved to increase religious leader activity and address their remaining biases and discomfort discussing FP. The unique participation of Jordanian women religious leaders in the training facilitated more direct, less structured communication with women in the community.
- The involvement of religious leaders in discussions about birth spacing and contraception has opened up public dialogue on these previously taboo topics.
- The strong partnership between the two religious agencies and JHCP is reflected in the stakeholder's stated desire to institutionalize training and expand activities to the national level.
- Participating religious leaders have a high opinion of USAID, despite earlier misgivings.

Hayati Ahla Media Campaign

- The media campaigns have been well designed, according to many Jordanian officials and media figures, an observation confirmed by the reported levels of recall and actions taken by audience members. The media also used the JHCP spots to fill unsold space at no cost to the project.
- The evaluation results suggest that media coverage was not as far-reaching as expected, probably due to the fragmented nature of Jordanian media and the dominance of international and regional media.

JHCP Internet Activities—Sehetna

- JHCP has been innovative and creative in its use of the Internet, particularly as a tool to reach young people.
- The Web site Sehetna[1] successfully provides international-standard health information, which helps counteract misconceptions held by youth, health services recipients, and health providers. It also effectively disseminates JHCP and Ministry of Health (MOH) materials.
- JHCP's Internet technical capacities have strengthened JHCP's partnership with MOH and the Government of Jordan (GoJ) and set standards for quality.
- JHCP has institutionalized Internet resources by ensuring local ownership of Sehetna and Healthcom. However, the sustainability of these resources is unclear, though many aspects of the sites are owned and controlled locally.

Mabrouk Packets for First Birth Couples and Newly Married Couples

- Mabrouk is a cost-effective, innovative way to reach a primary audience for FP messages at a national scale. There are no dissemination costs beyond materials production.
- JHCP's work with Civil Status and Passports Department (CSPD) is an innovative partnership.
- The CSPD has taken ownership of Mabrouk to the degree that it has allocated an operating budget for the activity, but the budget is inadequate for reproduction of Mabrouk packets.

TANMIA Software for Development Planning

- A planning tool such as the TANMIA software falls outside the JHCP focus on FP and general health BCC. It also appears that TANMIA may duplicate activities in other parts of the GoJ.

[1] Sehetna, Healthcom.gov.jo. Accessed via the Knowledge Station, 5-10-15.

- TANMIA was designed to support local planning under decentralization. Since Jordan's timeline for decentralizing planning is unclear, this activity could be premature.
- The resources needed to fully implement TANMIA are significant. There seem to be no guarantees that these resources exist or will be committed by GoJ or USAID.

Arab Women Speak Out Community Mobilization Activity

- Arab Women Speak Out (AWSO) is a powerful tool for empowering women with positive models and information. Presenting sensitive FP messages in the context of larger health and social issues helped women accept them.
- AWSO reached a secondary audience, with many women reporting that they talked to friends and neighbors about FP and other topics. In addition, AWSO materials and techniques have been adopted by health projects that work at the community level.

Health Competent Schools Initiative

- JHCP was successful in institutionalizing Health Competent Schools Initiative (HCSI) in the Ministry of Education. The activity will continue to get USAID Office of Education support.
- HCSI is cost effective and low maintenance. Once materials were distributed to schools and the teachers trained, there was limited continuing involvement needed with individual schools.
- While community outreach was not a major component in the design, during implementation schools used it extensively with parents, then with the larger community, introducing health competency to many more beneficiaries than a school-based program could reach.
- Behavior change and expanded awareness of health competency issues among students was substantial, suggesting a long-term impact on student health.

Ambassadors/University Training for Selected Students as Ambassadors

- The training for ambassadors was insufficient to address student shyness about FP. It also failed to give them tools for addressing FP issues (e.g., gender-specific groups, instructional DVDs or protected Web sites, external expert speakers).
- Irregular follow up from JHCP and a lack of a longer-term plan of activities reduced longer-term impact and institutionalization.
- Student peer approaches to communicating are effective, but are labor intensive, have a relatively small reach, require audience-specific messages and material, and must include continuing motivation.

Consult and Choose Counseling Materials

- While Consult and Choose (CC) training and materials and presence of a designated midwife counselor have increased the quantity and quality of information provided to clients, there are still missed opportunities for disseminating information.
- The counseling training did not fully address provider biases.
- Staffing should be an issue of concern for MOH and the Health Systems Strengthening Program. Several people with counseling assignments shifted responsibilities depending on workloads.
- Discussions with women at health centers point to gaps in private sector support for contraceptive methods, with counseling rarely available at pharmacies. The centers should offer counseling to all clients, especially for user-dependent methods like the pill and condoms.

- CC exemplifies a collaborative working relationship with other USAID projects focused on FP.

EVALUATION FINDINGS ON OTHER PROJECT ELEMENTS

Monitoring and Evaluation

- The lack of a clearly articulated higher-level FP results statement or objective has contributed to JHCP's being pulled away from its FP focus. It also makes it difficult to judge progress toward an objective that is not clearly defined.
- Although USAID believes it has actively promoted the development of project outcome measures, JHCP has not yet incorporated them in its project and activity descriptions.
- JHCP has done good formative research and activity evaluation, but has failed to follow up with secondary research and analysis. The program appears to favor performance monitoring at the expense of programmatic analysis.

Partnerships

- The network of local partners that JHCP has built is strong and partners regard their relationship with JHCP as positive. The partnerships deserve credit for the success of some activities and for the institutionalization and going-to-scale that has taken place.
- The large number of JHCP partners and activities has probably limited the potential contributions of some activities due to human and financial resource constraints.
- JHCP has established a good model for public-private partnerships. With the precedent now established, the positive experience with Fine Paper Products has opened the door for MOH to undertake future partnerships.
- The four USAID projects have cooperated, with JHCP's sharing benefitting the other projects. Many other opportunities for collaboration exist.

JHCP Management

- Although there have been issues related to turnover in project directors and staff, the current management system and structure seem to be working well.
- JHCP's change in focus from healthy lifestyles to FP has led to a continuation of health messaging. In some instances, this has provided an entry into discussion of FP and partnership-building opportunities, but the balance between topics has not always favored FP.
- JHCP has generally been successful in balancing project and political agendas and the program agendas of partners. Achieving this balance has come at a cost to the project, but also explains its effective partnering and credibility with the GoJ.

RECOMMENDED USAID FUTURE ROLE IN FP BEHAVIOR CHANGE COMMUNICATION

The evaluation team recommends that USAID/Jordan continue to support BCC and that BCC be a major thrust for USAID for the next three to four years. This recommendation arises from a review of the demographic data (Jordan Population and Family Health Survey – 2007 and 2009) and is supported by the following evaluation findings:

- The stated goal of the GoJ and USAID are a reduction in the growth rate through a reduction in fertility. This can only be achieved by a change in the cultural norms favoring large families (mean desired number of children in Jordan: 4.2).

- Although quality of care can be improved, FP service provision is not a constraint to the adoption and use of contraception. Access to public and private health services, contraceptive knowledge, and contraceptive use levels are already high. Cost is not a constraint to use. Improved quality of care can affect fertility *timing*, but will not change fertility *levels* without a change in desired fertility.
- The structure and partnerships already exist for communication initiatives, an area in which USAID already has credibility.
- Success in changing fertility norms will increase the effectiveness and impact of other USAID programs.

Rationalization of roles and better coordination between USAID FP projects will increase synergy and impact. A review of the population sector portfolio is the first step in this rationalization.

Based on the evaluation's findings, BCC priorities should be the following: the involvement of religious leaders, as key influencers of social norms, to champion FP at a national level; and a mass media strategy using a range of available channels to support religious leaders' messages, educate couples and providers, and create demand for modern FP methods.

The evaluation team's recommendations on current JHCP activities that should be continued are based on the independent effectiveness of each activity. The team also recommends that a future project should be more strategic as well as horizontally integrated; of these two recommendations, the project's strategy should take priority. Each JHCP activity should be reexamined in light of the project-wide strategy; if an activity does not fit, it should be discontinued.

I. INTRODUCTION

EVALUATION PURPOSE AND OBJECTIVES

The Jordan Health Communication Program (JHCP) is an eight-year cooperative agreement implemented by the Johns Hopkins University's Center for Communication Programs, with a funding level of approximately $26 million. The program has the following objectives:

- Coordinate and integrate all health behavior change communication (BCC) activities and programs in Jordan
- Provide strategic, integrated, cross-cutting BCC to achieve health competence and sustainable health behavior change across life stages
- Enhance Jordanian capacity in BCC and institutionalize sustainable BCC systems
- Invoke and sustain support among leaders, policy makers, stakeholders, and decision makers for an environment conductive to behavior change and adoption of healthy lifestyles

As designed in 2004, the program's purpose was to promote healthy lifestyles by: (1) implementing a national health communication strategy using the life-stages approach; (2) assisting local communities in adopting healthy behaviors; and (3) supporting child spacing and small family norm. Since May 2008, the project has shifted its focus from broad-based healthy lifestyles to family planning (FP).

USAID/Jordan commissioned the JHCP evaluation approximately 15 months prior to the program's conclusion to analyze JHCP's progress and achievements. The main objectives of the evaluation are two-fold: first, review progress and achievements for each of the objectives in the scope of work (SOW), and second, inform priority setting and future directions for USAID-supported BCC in Jordan. The evaluation team was directed to focus primarily on JHCP's performance against the revised program objectives from May 2008: Promote behavior change regarding FP through (1) promoting spacing of at least three years between pregnancies, and (2) promote a cultural shift toward small family size (See Annex A for the SOW).

The evaluation was designed to assess consistency of interventions with Jordanian national and USAID health strategies, and assess activities for effectiveness and impact on large family norms and birth spacing. The evaluation also assessed the effective use of partnerships between JHCP, the related USAID cooperating agencies (CAs), and relevant government ministries, non-governmental organizations (NGOs), and the private sector. Effective partnerships are essential for institutionalization, capacity building, and impact leveraging. The recommendations in this report should inform USAID/Jordan's future decisions on extending, discontinuing, or transferring current FP communication programming, and the scope for new approaches and activities.

SUMMARY STATEMENT OF WORK

The evaluation was conducted during a five-week period in September and October 2011. The evaluation methodology is summarized in Section III of this report. A team of three technical experts with backgrounds in reproductive health, family planning, maternal and child health, behavior change communication, gender issues, and program management and evaluation conducted the evaluation. The deliverables included the evaluation work plan, including interview instruments, a presentation of findings and recommendations, the draft evaluation report, and a final report, reflecting suggestions by USAID/Jordan, as appropriate.

II. BACKGROUND

FACTORS INFLUENCING POPULATION GROWTH RATE IN JORDAN

Jordan has a population of approximately 6.1 million and a relatively advanced health care system compared to other countries in the region. The population growth rate of 2.2% is one of the highest in the region, and continues to be a major development constraint, especially in light of the quantity and quality of services that need to be provided to accommodate this rapidly increasing population and the fact that Jordan has a limited natural resource and economic base.

The 2009 Jordan Population and Family Health Survey (JPFHS) found a total fertility rate (TFR) of 3.8, with virtually no change from 3.7 in 2007. The stagnation of fertility decline is a cause for concern, as declines in fertility rates are typically associated with increases in a population's rate of education, increased social and economic opportunities for women, and awareness of the individual and social cost of having many children. Also of concern is that, while fertility rates are stagnant, the absolute number being added to the population increases as the growing population base of young men and women enter the reproductive stage of life. The lack of change is due in large part to a broadly held social value in favor of large families. The 2009 JPFHS reported an ideal family size of 4.2 children. The widespread desire for large families is reflected in stagnant national contraceptive prevalence rates (CPR). Contraceptive prevalence has leveled off for all methods at 57% (JPFHS, 2009), as compared to 56% in 2002 (JPFHS, 2002).

Many other factors contribute to Jordan's high fertility and plateauing levels of contraceptive use, including high discontinuation rates, use of traditional FP methods, government incentives for large families, shortages of female health care providers, health provider biases against some modern methods and for large families, poor quality and missed opportunities for counseling, a gender bias in favor of sons, traditional values and lifestyles, and cultural and religious beliefs that favor large families.

The Jordanian Environment for Family Planning

It is essential to understand the environment that influences the way FP is integrated into Jordanian society.

Demographic goals. The current National Population Strategy is directed at reducing population growth by reducing fertility to replacement levels –TFR 2.1 – by 2030. This policy emphasizes achieving fertility reduction by changing family size norms.[2] Proven FP interventions that do not have a direct impact on fertility, like improved access, quality of care, introduction of new methods, and so on are considered secondary.

Political will. Interviews with stakeholders in the Ministry of Health (MOH), the Higher Population Council, the Higher Health Council, and USAID indicate that there are concerns at the highest levels of government about rapid population growth. These concerns are generally not translated into strong programmatic support for FP, because (1) the large family norm is culturally strong and gives the appearance of having some basis in religious values, making direct opposition politically risky; and (2) FP has a lower priority than other health agendas (e.g., chronic health issues and maternal health) among those involved in health policy decision making.

[2] The Higher Population Council, *The Demographic Opportunity in Jordan "A Policy Document*, Amman, October 2009, page 27. The document states: "Policies that accelerate the demographic shift and reach the demographic opportunity period – Achieve targeted fertility rate of 2.1 births per woman in 2030, passing through the rate of 2.5 in year 2017 according to the recommendations of the National Agenda."

Large family norms. The 4+ ideal family size transcends education, income, urban/rural residence, and other traditional fertility preference determinants. Also important is an almost universal belief in the importance of having sons (JPFHS, 2009). Based on interviews with beneficiaries, the commonly stated ideal family is "two boys and two girls." In effect, current fertility levels in Jordan can be characterized as desired. Given this reality, there will not be significant declines in fertility and population growth rates, or increases in use of effective contraception, until the desired family size changes.

A strong health service delivery system. Health services are widely available and used in Jordan. Nearly all women deliver in hospitals (99%) and receive antenatal care (99%); most have their children fully immunized (88%). The country's public sector health infrastructure has virtually complete coverage in urban and rural areas. There is an active private sector health delivery system ranging from private practitioners to specialized private hospitals, with the private sector providing 54% of FP services. FP services are widely available – only 0.1% of women not intending to use FP gave cost as a reason, and just 0.2% gave access as the reason for not using it in the future (JPFHS, 2007). On average, FP supplies (pills and condoms) are available in drug stores throughout the country (one out of three pill and condom users buy supplies in private pharmacies). The poor have access to free services and contraceptives in public clinics, although services can be limited by a lack of contraceptives or trained providers, as well as by provider biases. Jordan's health care system has resulted in low maternal and neonatal mortality and high immunization rates. This raises two issues: first, the health delivery system obviates traditional maternal and child health rationales for FP. With the exception of preventing high-parity births, FP will have only marginal impacts on maternal health. Second, a glaring "missed opportunity" in the system is a lack of postpartum FP services and FP counseling for women during their regular visits to health facilities. The Health Systems Strengthening Program (HSS-II) is attempting to address "missed opportunities" in public sector health facilities.

A homogenous population. A common approach to development interventions – and, specifically, health communication – is to segment the audience into target groups for specific messages and behavior change. This approach is not particularly effective in Jordan. The traditional determinants of health behavior and FP are age, education, urban/rural residence, and economic status. In Jordan, these variables correlate in the expected way – fertility is higher among the poor than among the wealthy – but the difference between classes is small. For example, if interventions targeted the poorest quintile of the population to raise their FP use to the level of the next highest group, and the interventions succeeded in this goal, the CPR would increase by less than one percentage point. Various studies[3] using multivariate analysis usually find that these variables explain very little of the differences found. This suggests that segmenting audiences or targeting subpopulations will produce limited impact at the national level; it also suggests that national strategies are likely to generate the biggest impact, given that Jordan is a small country. That said, segmenting can be an effective strategy to reach youth, who use different channels of communication, need a different set of messages, and require greater sensitivity to norms related to sex. With youth more open to new ideas, any attitude or behavior change will produce long-term impacts.

[3] JHCP, Evaluation of the Mabrouk II: You've Become a Mother and Father Initiative, November 2010, and Religious Leaders' Knowledge, Attitudes, Practices and Public Speaking about Family Planning and Reproductive Health: Results from Baseline and Endline Surveys in Zarqa Governorate, Jordan, 2010. June 2011.

The youth bulge. The rapid rate of population growth guarantees a large and growing number of young people. This bulge in the age profile of Jordan is a concern of the Government of Jordan (GoJ), as it is in many Middle East countries. The cost of providing social services and the potential for political and social unrest are common concerns. Further sensitization on this issue has two potential impacts: (1) it can increase the policy and programmatic support for FP; and (2) it contributes to an increased acceptance and awareness of messages focused on the importance of "quality over quantity" in making family size decisions.

III. EVALUATION METHODOLOGY

The evaluation team assessed project performance through the following steps:

- The team reviewed a wide range of documents and data, such as JHCP project-specific documents, reports on USAID health activities, JPFHS data, country-specific documents, and GoJ documents. (Appendix C contains a list of references consulted.)
- Interviews were held with a variety of stakeholders in both individual and group discussions, including project beneficiaries, project officials in the various partner ministries, NGOs, and USAID CAs. Some sources were interviewed more than once to clarify issues arising from fieldwork or to achieve better understanding. Translators accompanied the team to provide impartial translation of the discussions. Dr. Khalaf also provided translation or validation of translations. Appendix B provides a list of stakeholders contacted; Appendix D contains interview and focus group discussion guides used by the evaluation team.
- Site visits were carried out to selected clinics, schools, NGO offices, and project sites to view activities and speak with implementers.
- The team solicited beneficiary and participant views using seven focus group discussions (FGDs) and group interviews. FGDs were held with university student participants in the Ambassador initiative, religious leaders participating in training of trainers (TOT) in Irbid and Zarqa, TOT participants in Arab Women Speak Out (AWSO), and community members receiving AWSO training. Discussion groups were held with religious leaders who received training from TOT participants in Irbid and Zarqa. Appendix D summarizes FGD findings.

JHCP staff developed an agenda for the site visits, selecting the sites and people to be interviewed outside Amman. For the FGDs, JHCP staff provided the names of 20 individuals and Dr. Khalaf randomly selected and invited 10 from each list.

One goal in developing the evaluation methodology was to ensure forthright discussions by maintaining the anonymity of the respondents. To provide access and introduce the team, JHCP staff attended many of the meetings, but did not participate unless asked a direct question. When possible, the staff provided introductions and then left the room. The discussions were positive on the subject of JHCP support, regardless of JHCP staff presence. When respondents discussed activities, they raised both positive and negative issues, backing up their points with illustrations and explanations. A typical balanced criticism was "it was very difficult in starting up, but now we understand each other and everything is very easy." The team had no reason to believe that the presence or absence of JHCP staff had a substantive impact on the content of the discussions.

Of more concern was the role of JHCP in planning the field exercises. In Zarqa and Irbid, site visits were made to schools and clinics where the team could see a full range of project activities. By definition, these facilities were successful in their implementation, and were able to inform the team of what had worked and what had not. Facilities that had failed to implement or were still in the implementation process were not seen, and therefore did not inform the evaluation. Participants in the focus groups and discussions were those available to JHCP and knowledgeable about activities; the team did not speak with dropouts and those who failed to maintain contact with the implementing group, whether JHCP or NGOs. The seven FGDs were conducted with one evaluation team member working as a facilitator and a note taker with no relation to JHCP. With the dialogue ranging from laudatory to critical, the team believed it received a fairly complete picture of what did and did not work in implementation, with only a slight slant toward the positive.

IV. EVALUATION FINDINGS ON BCC ACTIVITIES

OVERVIEW OF THE PROJECT

Alignment with GOJ Policies and Strategies

JHCP's focus on FP addresses the goals of the Updated National Population Strategy 2000–2020. This strategy seeks to lower the fertility rate to 2.5 by 2015, and 2.1 (replacement levels) by 2030. This decline in fertility will be achieved by increasing contraceptive use with attention to modern methods, along with increasing the participation of men in FP-related programs and improving information, education, and communication (IEC). Unfortunately, the policy statements do not mention reducing desired family size, which is key if there is to be an increase in contraceptive use and a concomitant decrease in fertility.

In addition, the JHCP focus on FP supports specific aspects of the National Health Communication Strategy of 2004–2008 and the National Health Strategy 2011, which recommend that the high total fertility rate should be a priority area to address among peri-marital young adults (see JHCP activities: Mabrouk, Ambassadors, Health Competent Schools Initiative [HCSI]). Also, the Ministry of Health Strategic Plan 2008–2012 centers on preventive and curative health services, with a greater focus on primary health care (see Hayati Alha, Consult and Choose, Sehetna).

Contribution to USAID Country Strategy

The USAID/Jordan Country Strategy 2010–2014 supports the GOJ's strategy to lower the fertility rate and increase the CPR with attention to modern methods, male participation, and improved IEC. The JHCP contribution falls under the USAID/Jordan sub-intermediate result: "use of family planning services is increased." JHCP contributes to the following USAID/Health performance results indicators: "percent of women who have heard a specific FP/RH (reproductive health) message, percent of women who waited at least three years since previous birth, and percent of women who report preference for a small family size."

JHCP FP Approach and Activities

JHCP's stated objective for its BCC interventions is: "to provide strategic integrated BCC to achieve health competence and sustainable health behavior change across life stages." The project uses a range of communication channels to increase awareness and knowledge to generate changes in attitudes and behaviors. The messages include couple dialogue, child spacing, religious and cultural beliefs regarding FP, gender equity in valuing children, use of modern reversible contraceptive methods, and encouraging couples to visit a health provider and to use FP services.

The table below provides an overview of the BCC activities that are covered in this section of the report.

Table 1. Overview of JHCP BCC Activities

Activity	Communication Channels	Coverage	Target Group(s)	Main Partners
Mass Media Hayati Ahla	Radio TV Newspapers Print Billboards	National	General population	Memac Oglivy advertizing firm (creative and media plan) MOH and MAIAHP (review)
Internet - Sehetna - Healthcom	Internet Web sites	National and beyond	Adults, health care providers, youth	MOH, (content), and NITC Knowledge stations (Internet), MOICT
Mabrouk	Print materials	National	Registering couples - Newly married - First births	CSPD
TANMIA Planning tool for district government	Interactive planning tool, mapping, and database	Pilot in Irbid, for use in local government directorates	MOI local development directorates	MOICTMOI/LDD Irbid
Religious Leaders (RLs) Training	- RL sermons, teaching, and counseling -Print materials	Zarqa and Irbid governorates	Religious leaders and their communities	MAIAHP and Iftaa
AWSO-trained facilitators to mobilize and empower communities	Six 2-hour community sessions using interactive educational tools	Select areas in Zarqa and Irbid governorates	Women (also men in Zarqa)	22 CBOs in Zarqa and JNFW in Irbid
Health Competent Schools Initiative (HCSI)	- Print materials -Teachers -Events/dramas -Contests -Parent mtg.	115 secondary schools	Secondary school students (2) Parents and community	Ministry of Education, Fine Paper Products Co. (private sector partner)
University	Interpersonal training Print materials Trained selected students as ambassadors	Three universities in Irbid	University students and secondarily local community	JUST, Yarmouk, and Irbid Alahlia universities
Consult and Choose	Print materials DVD	National through HSS-II	Health facility FP counselors and clients	MOH HSS-II

FINDINGS

Religious Leaders

Objectives and Implementation

JHCP involved the Ministry of Religious Affairs, Trusts and Holy Places (MAIAHP) and the Mufti Department (Iftaa) as key partners in building on previous JHCP work with Muslim religious leaders (RLs). MAIAHP oversees the work of more than 3,000 religious leaders (imams and waizat [women RLs]), who are employees of the ministry. The MAIAHP is also responsible for the content of the preaching and guidance programs. Iftaa is a government-sponsored department involved in the interpretation and explanation of Sharia (Islamic law). Its role in interpreting religious texts is both spiritual and secular. These interpretations are presented as a fatwa, which has the standing of a law. Iftaa is independent and an equal partner with the MAIAHP. It is headed by the Grand Mufti and has a staff of 30 muftis located throughout the kingdom. Since cultural norms and practices are often incorrectly attributed to Islam, the Iftaa partnership has been critically important in establishing Sharia positions related to FP.

Since March 2007 JHCP has supported the MAIAHP Family Health Program as part of an overall strategy to link spiritual, social, and physical well-being to create an inclusive definition of family health. It is under the rubric of family health that issues related to FP are addressed.

Starting in July 2008, JHCP supported three study tours for 25 men and 5 women religious leaders to the International Islamic Center for Population Studies and Research in Egypt. The purpose of the visits was to gain first-hand knowledge of Egyptian Islamic support for FP, reproductive health, youth, and gender issues.

In early 2010 JHCP and MAIAHP launched the initiative to train religious leaders to address the MAIAHP's family health agenda. The training used a step-down approach: select RLs who participated in the TOT course, then work in pairs to train other RLs. The two-day step-down training covered numerous issues, including spousal communication, the positive position of Sharia on the acceptance of modern, reversible contraceptive methods,[4] contraceptive technology, the health/economic/social benefits of FP, communication skills, gender equity, and related health topics. The training prepared participants to incorporate these issues into their Friday sermons, religious lessons, and counseling.

The training in Zarqa Governorate served as a pilot and led to finalization of the training process and materials. The changes made in Irbid based on the Zarqa experience were participation of two Mufti in the TOT as trainees, who then led sessions in each step-down training to respond to RL questions, and the addition of two days to the TOT to improve group facilitation skills.

Iftaa issued a fatwa titled "Family Health" that supports FP within a family health context. The fatwa states Sharia acceptance of reversible, nonpermanent modern contraceptive methods, "quality not quantity" of children for the health of the child and the parents, birth spacing, and gender equity (to address the cultural preference for sons).

In total, 47 RLs, including 11 women, participated in the TOTs. They trained 972 RLs, (including 201 women): 372 in Zarqa and 600 in Irbid. As a result, 93% of all RLs in Zarqa and 75% in Irbid participated in the training. All received materials including sermon guides with verses from the Quran that support the training messages; flash cards about population growth; and information on nonpermanent modern FP methods. The step-down training ended with development by the participants of a six-month plan for applying the knowledge and materials in their work.

[4] The Zarqa training used a fatwa from Egypt.

Data from JHCP's monitoring of the application of participants' six-month plan are presented below.

Governorate	Time Frame	Religious Lessons Conducted	Friday Sermons Conducted	Community Members Attending Religious Lessons and Friday Sermons		
				Men	Women	Total
Zarqa	Mar.2010–Sept. 2010	203	98	51,824	4,410	56,234
Irbid	Mar. 2011 – July 2011	460	226	90,260	13,360	103,620
Total		663	324	142,084	17,770	159,854

The numbers of community members reached is large, but closer examination suggests that religious leader training is not delivering its potential or expected impact. Of the 771imams trained, fewer than half gave sermons incorporating messages on family health (i.e., related to FP), even though the training incorporated models and verses to address the messages in Friday sermons. The data shown above from Zarqa, covering six months, indicate that less than a third of the 323 trained imams integrated family health into one of their sermons during this period. In the four-month reporting period for Irbid, it appears that among the 448 trained imams, no more than half addressed family health in one of their sermons.[5] It should be noted that performance may have been under-reported if the reporting instructions used a very narrow definition of sermons with messages. The findings from the JHCP evaluation of the Zarqa RL trainees and the evaluation team's findings (presented below) suggest likely reasons for the relatively low number of sermons on family health.

Results

JHCP evaluated a sample of the Zarqa trainees with a self-administered questionnaire prior to training and six months after the training. The results show increases in imam trainee knowledge and approval of the FP and population issues covered in the training. Generally, the indicators rose between 15 and 25% but never reached100% for any of the knowledge or approval indicators. Only 51% in the post-training study agreed with the statement that *couples should space pregnancies at least three years* and the reported *ideal number of children a family should have* was unchanged at six, in the pre- and post-study. Possible reasons for these findings include shortcomings in the trainings and external cultural factors.

Data from the three evaluation team FGDs with men and women RLs in the Irbid and Zarqa governorates provide additional information on the effect of the training (see Appendix D). The trainers reported that the TOT increased their communication abilities, decreased shyness, enabled them to discuss issues in front of large groups, and empowered them to be stronger individuals. The most frequent questions they received from trainees were on the position of Islam on FP and spacing of children. The fatwa was used as a point of reference in addressing questions. Both RL trainers and trainees discussed FP issues from the context of the quality of children, the health and welfare of the family and women and children, child care and rights, women's inheritance rights, spacing, couple's relationships, planning for the future, and communication between children and parents. Imams did not discuss specific FP methods, which they considered inappropriate, in their Friday sermons. However, the women RLs indicated that they discuss such issues in their religious lessons. The FGDs found more approval and support

[5] As the data do not reveal whether certain imams included messages more than once, this very basic analysis indicates the maximum proportion of trained imams who included family health in their sermons during the reporting period.

for the messages than anticipated from the Zarqa pre-post test and the monitoring data on the six-month work plans.

Most of the religious leaders in the FGDs reported that the sessions changed their perspectives on FP and other health issues presented. The changes included considerations of the relationship between males and females; the importance of quality rather than quantity of children; the need to avoid discrimination between boys and girls; and importance of consideration of the wife's feelings during pregnancy. Many of the Zarqa participants said that they are convinced of the importance of birth spacing and have advised their own children to plan their families and ensure appropriate spacing between children.

One interesting issue raised in the training was the aim of the project and its funding agency. The presence of the muftis and their clarification on the messages, project, funding agency, and partnership changed attitudes positively. An RL noted:

> *"Before the training we did not trust the project and those who direct it from outside Jordan. We used to think that this is a step toward the limitation of the number of the children, but after we participated in the training we discovered that the project is a trustful [trustworthy] one as well as the funding organization."*

Views of Participants and Key Stakeholders

- The participants in the evaluation team's FGDs were satisfied with their training, but both trainers and trainees recommended spreading the training out over more days to include more overall training time, but to shorten training days to under eight hours.
- Participants suggested a physician attend the training to present a more technical discussion of modern FP methods and answer questions.
- In the Zarqa FGD with AWSO trainees, participants wanted women religious leaders to participate in one of their AWSO sessions, indicating the important influence of these RLs.
- In the team's interviews with religious leaders and the mufti in Irbid and Zarqa, it was widely acknowledged that the training encouraged discussion on key topics related to FP. The introduction of FP has been difficult since having children is often perceived as a form of worship. The problem was made more difficult by the misinterpretations by some RLs of the position of Islam and participation by a number of pronatalist RLs. The training has been successful in getting even conservative RLs to listen and consider the issues.
- There is widespread acknowledgment by JHCP key partners and stakeholders that the involvement of religious leaders has been a critical step toward desensitizing the topics around FP, increasing the acceptance of the role of FP in family health, and fostering the use of modern contraceptive methods.

Capacity Building and Institutionalization

- The MAIAHP and the Mufti Department have been actively engaged in the technical and managerial aspects of the training of religious leaders. They were successful in introducing social and health issues into the normally spiritual roles of the mosque. During the coming months MAIAHP plans to enact steps to systemize guidance on talking about family health topics in Friday prayer in Irbid and Zarqa. At MAIAHP's suggestion RLs are being trained in the Jerash Governorate, a high-fertility area.
- JHCP has been successful in building relationships and transferring ownership to MAIAHP and Iftaa. Both organizations have adopted FP as part of their mandate and JHCP, as a technical advisor, provides resources for fulfilling this mandate.
- Many of the trainers in the FGDs were keen to serve as trainers in other governorates to spread the benefit of the training. "This program is owned by us. If JHCP leaves we will carry

on," said a ministry official. Both religious agencies are committed to expanding the family health and FP communication activities nationwide. In the near future, though, GoJ budgetary support for the activity is unlikely without continued partnership with expansion of external donor support for the training throughout Jordan.

- The messages about health and FP are being institutionalized by their addition to the preservice curriculum of religious leaders. This will be done under JHCP in response to a request from key RLs.
- The issuance of the fatwa will continue to define the dialogue on FP and smaller families in Jordan, with or without JHCP. A key committed mufti has recently suggested that muftis provide advisory services on the content and wording of media messages.

Conclusions

- The involvement of religious leaders in addressing FP issues was a powerful intervention that increased the impact of all other JHCP activities and the other USAID FP projects. Religious leaders were able to achieve this because they were able to identify attitudes toward FP and large families as a cultural or traditional value and not a value with a religious basis. They were then able to provide a religious basis for using FP.
- JHCP, MAIAHP, and Iftaa have established a strong partnership, as evidenced by the two religious agencies actively identifying opportunities for advancing key FP messages. This effective partnership offers expanded opportunities for embedding FP messages with an emphasis on health benefits into the work of RLs.
- As MAIAHP and Iftaa are well organized and managed, there is capacity for effective geographic and technical expansion of their role. They also have a grassroots infrastructure that lets them operate at any level. In Irbid and Zarqa they have champions at all levels able to credibly address the community on issues related to FP.
- The two day step-down training was a success and made advocates of some of the participants. Nevertheless, the Zarqa pre-post evaluation of the training indicates uneven knowledge and acceptance of key FP messages. Even more unsettling was the lack of support for addressing the critical issue – high fertility. The Zarqa training did not sufficiently address the fact that religious leaders often believe in a high ideal family size (six). Some modifications were made for the Irbid training. The forthcoming pre- and post-test results should indicate whether the Irbid training led to any changes in the social ideal of high fertility and whether there were greater positive changes related to knowledge and acceptance related to FP. If not, the training strategy should be reviewed, and the key factors constraining change should be identified and addressed.
- The evaluation team's findings suggest that the relatively low number of sermons given by the trained RLs may be related to the length of the training, the absence of a mufti and physician at trainings to answer questions, use of a fatwa from Egypt related to modern contraceptives (none existed in Jordan at the time), and the monthly guidance on sermons given by an imam for his governorate. The team was pleased that the MAIAHP plans to address the latter.
- The unique participation of Jordanian women religious leaders, or waizat, in the training expanded the dialogue and facilitated more direct, less structured communication with women in the community. While the waizat do not deliver sermons in mosques, they give lectures, religious lessons, and counseling in mosques or in Islamic women centers. In these centers, they have the opportunity to provide more detailed FP information directly to women (i.e., method-specific information).
- A broader and more strategic approach to the RL training might have generated more impact. Illustrative activities could include refresher training, specialized training for women

RLs, follow-up on trainees by the MAIAHP, and greater recognition of imams and mosques with successful activities,

- The religious leader training and implementation, even with its limited trial, was a powerful tool in addressing cultural biases against FP. The infrastructure and willingness are in place to take the initiative to a national level. The single most important channel of communication to address the large family norm, fear of modern methods, health provider biases, and inertia of some key policy makers is to have the religious community speak with one voice on the importance of family health and FP. Without continued support from USAID, it is highly unlikely that the training of RLs on FP within the context of family health will be scaled up nationwide.

Hayati Ahla—National Family Planning Campaign

Objectives and Implementation

The JHCP national Family Planning Campaign is carried out under the logo of Hayati Ahla, meaning "My life is more beautiful." Under the BCC objective, the campaign centers on reaching people with FP messages through mass media (TV, radio, Internet, press, and outdoor signs/banners). Besides placing ads on the TV and radio and in the press, the campaign has also provided content to newspapers, TV, and radio programs. The campaign is intended to increase knowledge and influence behaviors.

An interim campaign was launched through media placements between July and September 2009 (by another USAID project PSP), which included spots on two specific contraceptive methods, the IUD and the pill, drawing on materials from a 2002 JHCP campaign. It also included religious spots on gender and spacing of children, which were timed to coincide with the holy month of Ramadan. This interim campaign was a joint effort of JHCP, the Private Sector Project (PSP), the MOH.

The first FP campaign under the Hayati Ahla logo was carried out between December 2009 and March 2010. It included four TV commercials and dramatic spots. The action tag for the campaign focused on *choosing the modern contraceptive method that is right for you.* An advertising agency carried out creative design and pretesting, and managed the reviews with key stakeholders (JHCP, MOH, MAIAHP). One interesting result of pretesting was that emotional messages were not as effective as fact-based messages. This suggests that there is already an interest in FP, but credible information is not readily available. Three TV spots were broadcast on Jordan Television for free after the conclusion of the paid commercials.[6]

All of the messages were developed through consensus of the key stakeholders. Building consensus was initially slow, but has improved with experience and a better understanding of various partner viewpoints. The campaign has included a variety of ways to present the messages, which have been tailored to specific audiences and disseminated through different media channels as appropriate. For example, the national campaign from May to August 2011 included four cartoon TV spots reflecting concepts of FP, spacing, spousal communication, and gender equity. Messages during the campaign continue to be disseminated through TV, radio spots, newspaper ads and articles, advertising handouts, and outdoor billboards, banners, and posters. In addition to the campaign, which had a limited timeframe, a local radio station began a weekly program titled Hayati Ahla; press releases were added in local newspapers; and TV carried out interviews with JHCP staff and partners. The media attention continues to keep a range of health topics, including FP, in the media and in public view.

The media campaign stimulated the interest of some media journalists in Amman. Thereafter, JHCP supported media coverage by providing workshops in mid 2011 to increase journalists'

[6] This is generally done with spots that have the highest production values and the most public interest.

understanding of FP issues and skills needed to professionally address these issues. The media trainings in Amman and Aqaba, held in cooperation with the Higher Population Council, enabled journalists to better understand attitudes toward FP. The trainings highlighted the need for correct information and discussed how journalists could meet those needs with properly developed messages, introducing approaches to using media as an educational tool. As a result of the trainings, media journalists have to varying degrees incorporated FP issues into their work. This coverage complements the JHCP-paid Hayati Ahla media messages: for instance, a TV talk show host invites key people to discuss FP issues on her program, and a health economist writes newspaper articles that include the economic implications of high population growth.

Hayati Ahla Internal Evaluation Results

JHCP bought questions on the Nielsen Omnibus Survey (a recurring market research survey) to evaluate the Hayati Ahla 2010 campaigns. Recall of the Hayati Ahla campaign was lower than might be expected for a multimedia campaign – 23% unprompted and 30% when prompted by the Hayati Ahla logo. This is probably a function of the fragmented coverage of Jordanian media. Higher socio-economic households and women had more exposure to the messages. Messages on TV (Jordan TV) had the highest recall. Among those who heard the messages, the level of follow-up actions was high, nearly 40%. Actions included discussing the issues covered with others and convincing spouses to space future pregnancies and to use modern contraceptives.

Views of Key Stakeholders

- According to the three journalists with whom the evaluation team met, the involvement of religious leaders and the media campaign have broken down the barriers to free discussion of population and FP issues in the mass media. The journalists felt that the JHCP training was extremely useful and gave them skills to cover social issues, including FP and population issues. The journalists reported that contests associated with radio coverage of FP issues has generated word-of-mouth promotion of the specific program and increased listenership in the Amman area. Some listeners, intent on winning the contest, take notes while listening to the program.
- A number of stakeholders commented on the high quality of the media campaign. The evaluation team learned that the royal family saw and liked the spots.
- Memac Ogilvy Advize was responsible for the creative development of the messages and for media placement. The agency believes that it has had a powerful impact, in that it opened the media up to formerly taboo topics. "Birth spacing was once taboo, but is now a tired old message." Memac Ogilvy also got considerable recognition from the parent company for doing socially responsible advertising, doing it with high production values, and partnering with the government.
- The consensus among stakeholders is that the campaign would never have happened without USAID support and JHCP leadership.

Conclusions

- The involvement of religious leaders in discussions around birth spacing and contraception has opened up media and public dialogue on these previously taboo topics.
- The media campaigns have been well-considered and designed. This opinion is held by many highly placed Jordanian officials and media people, and confirmed by the reported levels of recall and action taken by audience members. The evaluation results suggest that the media coverage was not as far-reaching as would be expected in a mass media campaign with multiple channels and lots of bought and free time and space. This is probably due to the fragmented nature of media in Jordan, where radio and TV are mostly local; weekly or daily newspapers serve more local audiences; and satellite TV, which has much higher viewership

than local TV, was unavailable to the campaign. Jordan TV has high viewership, but only during news programs (when Hayati Alha spots were bought). The fees for media space are based on the size of the audience reached; coverage would increase if the media budget were higher and more local-level media sources involved.

- The media training and health information provided by JHCP established a network of radio, TV, and print journalists who are able to integrate FP issues into their work.
- There was clearly a synergy between the messages of the religious leaders and the media campaign.
- The survey instrument used in the JHCP evaluation of Hayati Ahla includes questions on Islam's position on a variety of related issues, and the results showed very high levels of agreement between Islam and the messages in the campaign. However, the design of the questionnaire suggests the level of agreement may reflect when the questions were asked (after the questions on exposure to religious messages) and the use of all positive statements, which can encourage an automatic response. The phrasing of the questions should be reexamined before the next Omnibus survey is launched.

JHCP Internet Activities

Objectives and Implementation

To increase awareness and knowledge, JHCP under its BCC objective has used the Internet to reach youth and provide health professionals access to a source of empirically based health information, including but not limited to reproductive health. This is important because both health care providers and the public have high levels of misinformation. Use of the Internet has also provided access to JHCP products. Materials can be downloaded from the Sehetna or the MOH's Health.com Web site. These Web sites disseminate JHCP materials for use in non-project areas and by NGOs not involved in the project. Jordanians have relatively high levels of access to Internet services (38%),[7] so the Internet is a good channel for reaching these people. Currently none of the other USAID health projects have used the JHCP Internet channels for dissemination.

Sehetna (Sehetna.com, Sehetna.com.jo, and Sehetna.com.eg)

Sehetna.com began in first half of 2007 as a single Web site built by JHCP in partnership with the MOH and the Egyptian Communication for Healthy Living Project. As a site of health information in Arabic, it has attracted visitors from all over the world. Moreover, in late 2010, Sehetna became three parallel Arabic health Web sites designed to increase the health awareness of the public, especially youth. The Jordanian Web site (sehetna.com.jo) is tailored to address national health priorities, as defined by the MOH. The sites are also used by other JHCP activities: the Health Competent Schools Initiative and the University Ambassadors activity. As part of the JHCP University youth-focused activities in the Irbid Governorate, three awareness sessions centered on Sehetna were conducted at the Jordan University for Science and Technology (JUST), attended by 1,320 students.

Sehetna is heavily visited, with almost 27,000 visits in the last quarter of 2010. It is also connected through Facebook™ and has around 500 followers on Twitter.™[8] Sehetna contains about 1,200 health "articles," which are one- to two-page summaries of the most current empirically based information, written for a nontechnical audience and reviewed by a panel of physicians. Sehetna is currently expanding the reproductive health content. Other features

[7] Information and Communication Technology Association, Ministry of Information and Communication Technology, "ICT & ITES Industry Statistics and Yearbook – 2010," Amman Jordan, p. 15.
[8] JHCP Quarterly Report for April-June 2011[[There are JHCP 2011 reports in the reference section but can't tell if this is one of them.

include all JHCP products for public consumption, weekly Jordanian health news, a health calculator, daily age-specific health tips, useful Internet links, and "ask-the-expert." This feature has generated 3,000 questions since its initiation. In most instances the "expert" refers the person to a document on the site, but otherwise a knowledgeable health professional responds.

Sehetna is hosted in the United States because it is less expense, and the systems are more stable. In the phase out of JHCP, however, MOH is expected to take full responsibility for the Web site.

5-10-15

5-10-15 is an interactive life planning program for use by young people. The tool, currently in testing, is meant to enable Jordanian youth to plan their future by connecting four areas of their life: career, family, lifestyle, and finance. 5-10-15 helps users see how decisions in one area affect all other areas. For example, users can see how the number of children they have will affect finances and lifestyle. When it is finished, 5-10-15 will be supported by the National Information Technology Center (NITC), which is an independent operational extension of the Ministry of Information Communication Technology.

The Knowledge Station

The Knowledge Station is a program sponsored by the GoJ to support social development by providing Internet access to poor communities in underserved areas. There are 183 stations, each with computers and a manager/advisor. The program is run by the NITC, which also maintains all of the GoJ Internet servers (gov.jo). JHCP collaborated with NITC to train a staff member and to get the stations in the Irbid and Zarqa governorates to promote Sehetna. The NITC will also be the home and promoter of 5-10-15 when testing is finished.

Healthcom.gov.jo

JHCP helped develop and institutionalize the MOH Web site, which is hosted by NITC and maintained by the Health Information and Communication Directorate in MOH. Healthcom is primarily intended for use by MOH staff in both Amman and in the governorates. It has a large archive of materials, including those developed with JHCP, policy statements, reports, health Internet links, and materials from all the directorates in the Ministry. NITC provides hosting for the GoJ and hosts Healthcom, but they are not as stable and do not have the development support available outside the country.

Views of Key Stakeholders

Sehetna is widely recognized as professional, credible, accurate, and current. These attributes are highly respected by MOH officials, who feel the Web site is a major accomplishment and the standard against which other indigenous Internet products will be judged. JHCP and their partners are given full credit for their contribution. The MOH and other partners value the credibility of an international organization ensuring the accuracy of the information on Sehetna.

NITC thinks that Sehetna makes "excellent" use of the Knowledge Station network in Zarqa and Irbid to connect with hard-to-reach segments of the population. They feel that the activity with the Knowledge Station should be national in scale, with more staff trained and engaged in promoting the Web site through posters and handouts.

While JHCP has institutionalized Internet resources by ensuring local ownership of Sehetna and Healthcom, the sustainability of these resources is unclear. GoJ partners are not confident in local capability and skills to keep the sites up to date and responsive to audience needs, though many aspects of the sites are owned and controlled locally. The partners also feel that the local groups lack the network and the skills to find and incorporate the latest international health information. Another concern is that while many Jordanian Web sites are hosted locally, the

servers are normally located outside the country, making it easier for an international organization like JHCP to quickly address server-based problems. .

Conclusions

- JHCP has been innovative and creative in its use of the Internet, particularly as a tool to reach young people.
- Sehetna successfully provides international-standard health information, which often resolves misconceptions by youth, health services recipients, and health providers. It also effectively disseminates JHCP materials, and strengthens JHCP's partnership with MOH and GoJ.
- JHCP has institutionalized Internet resources by ensuring local ownership of Sehetna and Healthcom. However, the sustainability of these resources is unclear.
- The Web sites provide an archive that ensures that JHCP materials in Arabic will continue to be available to the widest possible audience in Jordan and the Arab world.

Mabrouk and the Civil Status and Passports Department

Objectives and Implementation

Under its BCC objective, JHCP works in partnership with the Civil Status and Passports Department (CSPD), which is responsible for registering all births of Jordanian citizens and issuing the mandatory "Family Book" to register every newly married Jordanian couple.[9] These functions offer a unique and innovative opportunity to distribute FP and related materials to these two groups of clients who are making decisions about family formation. The *Mabrouk* (meaning "congratulations") Initiative centers on 76 national CSPD offices that distribute tailored packets of materials to couples who recently married (Mabrouk I) and parents of all first-born babies (Mabrouk II).

Implementation began in 2008, with CSPD staff from all governorates attending an orientation session. Subsequently, 75,000 copies of both Mabrouk I and Mabrouk II packets were distributed to all of the CSPD offices in Jordan. In 2011, another orientation session was held for 200 CSPD staff to introduce the new versions of Mabrouk[10] and to discuss the findings from the 2010 evaluation of the initiative. An additional 100,000 copies of each packet were provided to CSPD for distribution. The cost of reproduction of each packet was US $0.87.

In addition, select, larger CSPD offices have video screens playing Mabrouk messages together with other information, and all offices have Mabrouk posters. JHCP support for the CSPD computer system was part of the partnership on Mabrouk. The system is functioning and has earned CSPD awards for its quality customer service. On the Web site, individuals can register for birth certificates and Family Books, and SMS messages are sent to alert them when their documents are ready for pickup together with their Mabrouk packet.

Internal Evaluation Results

An evaluation consisted of telephone interviews with newly married couples who were issued their Family Book between July and November 2008, and had provided a telephone number to CSPD. The sample is not representative so caution should be used in generalizing the findings. The evaluation found that those who had received the package liked it, most had read the materials, and almost all who read the materials found them beneficial, particularly the FP information. Similarly, Mabrouk II was evaluated through telephone interviews among a sample

[9] A couple receives a "Family Book" from the CSPD upon marriage registration Similar to a small passport, the "Family Book" serves as a family's government ID.

[10] This updated version was also authorized by USAID to be distributed without the logo, because it was perceived to politicalize the materials and some people did not accept them.

of couples who registered their first child between 2008 and December 2009. Most of the sample of 639 persons found it useful, and men especially found the FP information useful.

Views

CSPD considers promotion and distribution of the Mabrouk materials as its social responsibility. CSPD reports that the parents often request the Mabrouk II package when they are registering a child who is not their first-born.

Capacity Building

The system is institutionalized and is projected to be sustained by GoJ budget allocations, although the budget is insufficient to cover all reproduction costs of Mabrouk materials.

CSPD reports that Mabrouk is integrated into the organization – "originally it was just another task, but now it is totally ours." One interesting aspect of the Mabrouk activity was the change in attitude of the CSPD staff. Mabrouk started as another job, and was then transformed into a social responsibility and a source of pride. The senior managers at CSPD used the JHCP staff as models to be emulated for their dedication to the well-being of the people.

JHCP has increased the capacity and efficiency of the CSPD document process by supporting the development of the department's Web site to accept electronic applications. CSPD's expansion to SMS messages to notify applicants that their documents are ready for pick-up has facilitated the acquisition of a higher number of telephone numbers, allowing a wider base for sampling in JHCP evaluations. CSPD is also institutionalizing a system to track distribution of Mabrouk materials.

Conclusions

- Mabrouk is a cost-effective way to reach a primary audience. There are no dissemination costs beyond materials production.
- Mabrouk packets have national coverage because they are being distributed throughout the kingdom to Jordanian citizens.
- JHCP's work with CSPD represents an innovative partnership.
- CSPD has an allocated budget for the initiative (2013-2017), but it is inadequate for reproduction of Mabrouk packets and continuation without financial support is unlikely. Given that the distribution of health education materials is not the mandate of CSPD, funding for material production will likely remain a problem.
- Based on the JHCP evaluation, both Mabrouk I and II were well received by the intended audience. Newly married couples and new fathers found the FP information most beneficial.
- The JHCP evaluation yielded information on issues that should be addressed in the future, including lowering the ideal or intended number of children and reducing the fear of side effects of modern FP methods.

TANMIA

Objectives and Implementation

Note: TANMIA is not a FP activity, so it falls only loosely under the scope of the evaluation. Also, the evaluation team does not have the background to assess economic and social planning models. Because of these limitations, the comments of the team should be considered in the context of a limited examination of the activity.

Implemented under the BCC objective, TANMIA is an interactive planning tool for use by the Ministry of Interior (MOI), whose officers head the government structures at the governorate and district levels. The tool is based on geographic information system (GIS) mapping that allows

for geographic and other kinds of data to be overlaid on a map, drawing on information from two MOI databases and data from other sources. The initial plan in early 2011 was for JHCP to introduce a "demonstrable prototype" focused on health planning in the Irbid Governorate. However, the director of the Local Development Directorate (LDD)/MOI governor in Irbid requested that the Irbid model incorporate other development data to ensure the sustainability of the tool within LDD/MOI and across the kingdom. JHCP agreed to two phases:

1. JHCP would develop the tool to cover health and four other sectors so that comprehensive data could be used in development planning in Irbid.
2. JHCP would build the capacity of a core group of LDD staff in Irbid to carry out the tool's implementation across the remaining 11 governorates.

In the latter phase MOI expects JHCP to train some 200 persons and to provide computers. These two phases of TANMIA require a significant portion of the JHCP budget.

In the course of the evaluation team's meetings, it was learned that the HPC and MOH recently completed a GIS mapping of health facilities. Also GoJ has a unit that is responsible for GIS mapping. TANMIA appeared to be redundant with activities in other parts of the GoJ. JHCP reports that other agencies were inventoried to see if there had related mapping or database development activities. The one undertaken by the MOH (and funded by the GoJ) has been dropped in favor of the MOI effort (funded by USAID).

Conclusions

- A planning tool such as TANMIA falls outside the JHCP focus on FP and general health communication for behavior change.
- TANMIA is redundant with activities in other parts of the GoJ. JHCP reports that its inventory of other agencies found related mapping and database development activities that have now been integrated into the MOI effort.
- TANMIA will be used to support local planning when Jordan decentralizes development planning. Since there is no definite timeline for decentralization, this activity could be premature.
- TANMIA started out as a health planning tool, but has metamorphosed into a broad-spectrum economic development planning tool. In any case, its justification for incorporation into a FP project is extremely slim.
- The resources to fully implement TANMIA are significant (i.e., training 200 staff, computers, 154 data entry staff, and the technical, managerial, and financial capacity to constantly update the tool). There are no guarantees of these resources on either the GoJ or the USAID side.
- It is not clear if the development planning field was assessed to determine if the Johns Hopkins software is the most appropriate product for Jordan.
- TANMIA may be the cost of developing a strategic partnership with MOI for future cooperation at local levels. However, many other projects seem to work at the local level, with the MOH taking the lead and MOI officials being informed.

Consult and Choose

Objectives and Implementation

Consult and Choose (CC) is an activity to improve the quality of family planning/reproductive health (FP/RH) counseling in GoJ health facilities. The primary role of JHCP was to develop client materials, provider job aids, and training materials. The utilization of the materials is the responsibility of the MOH with support from the Health System Strengthening Program II (HSS-

II).[11] The materials were developed in collaboration with all the partners, including MOH. The activity started in the last part of 2008.

JHCP produced a number of materials for the CC initiative: 2,000 posters for health centers on modern contraceptive methods; 3,500 FP medical eligibility wheels, 3,885 FP handbooks for health providers, and 4,225 service provider cue cards, as well as 250 client counseling checklists and 752,845 client cue cards. The latter are given to clients on the method they have chosen and include information on when to return for the second visit, how to deal with side effects, dialogue with their husbands, and religious messages. The materials are being distributed on a national level together with Hayati Ahla slogan pins and 2,235 service provider lab coats with the slogan. JHCP assisted HSS-II in integrating a section on proper incorporation of the materials into the curriculum and guidelines for the five-day comprehensive FP/RH training. JHCP provided special IEC materials to clinics, called "customized centers": posters using pictures and testimonials from clinic staff and clients, and a flyer to inform clients of what to expect during the clinic's counseling sessions. JHCP also developed a video/DVD called "Wait and Learn," using materials developed by all partners. Twelve health facilities in Irbid and Zarqa were equipped with screens and DVD players for use in the waiting areas of the clinics. The aim of the DVD was to increase demand for modern contraceptive methods and child spacing.

In October 2010, JHCP started a four-hour follow-up training in Irbid. This orientation covered the proper use of CC using the FP tutorial counseling DVD. The orientation reached 100% of the midwives and 60% of the physicians at maternal and child health (MCH) centers in Irbid.

Evaluation Team Observations:

- A variety of FP IEC materials were evident at the two clinics visited.[12] Most materials focused on the use of FP but not sufficiently on the critical behavior change messages related to smaller families and use of modern FP methods.
- The policy is that all women clients are screened for FP needs by the MCH/general health provider. Referrals are sent to the midwife for counseling. However, it is not clear how effective this screening is in ensuring that all women are screened and counseled.
- In the clinics observed, the clients getting counseling were those already seeking FP services, so there are still missed opportunities for counseling.
- The clinics' staffing structure for counseling was confusing. Midwives, doctors, and counselors all do counseling, but at one clinic, the counselor seemed to be the least busy person.
- Clinic staff rated the training as "good but limited." Suggestions for improvements include more practical/applied training; follow-up training; and a better training module on dealing with problem clients. Staff also recommended improvements to the training implementation, including added incentives and moving off-site.
- There is a high discontinuation rate of oral contraceptive use. Improved counseling, especially on side effects, could reduce the discontinuation rate.
- Trained doctors still hold biases against some modern methods.

[11] The CC initiative is targeted at improved communication in FP counseling sessions between health care providers and clients to increase demand for modern contraceptive methods. The approach centers on counseling as a partnership between the client and service provider for client-informed decision making. CC aims at providing proper information and elimination of service provider biases by fostering professionalism and positive attitudes regarding modern contraceptives, pregnancy spacing, and small family size.

[12] The team visited one health center in Zarqa and one in Irbid.

- The medical ruling on midwifes' inserting IUDs only under the supervision of a doctor did not seem to bother the two visited clinics. They had women doctors to insert,[13] midwives trained to insert, and a doctor to supervise. One clinic had two clinics and one maternity hospital within five kilometers to refer clients to if no one was available to insert the IUD.
- Counselors had the job aids. Since no counseling sessions were observed (privacy issues), it is not clear to what degree they were being used.

During the visit to these two health centers, most of the women waiting for services came for their children's health issues. When asked about where they go for FP services, only one of the seven women, from Zarqa, said she uses the FP services at the health center. Two women used a resupply method (pills and condoms), purchased at a pharmacy. A third woman went to a private physician. The other women, each with three to four children, said they were beyond reproductive age.

Internal Evaluation Results

JHCP conducted an evaluation of the results of the CC training and material utilization in Zarqa. Exit interviews were held with women who were visiting the health center for an FP consultation or service. Exit interviews have a number of methodological constraints, so caution should be used when interpreting the results. The evaluation found that the FP providers generally followed most, but not all, of the recommended counseling practices; most used the counseling job aids and materials during counseling; clinic posters were effective; and clients valued the method cards.

Views of Stakeholders

People in MOH and other key stakeholders believe the focus on improved FP counseling standards by health care providers is essential to increasing contraceptive use. Specifically mentioned in MOH was the need to overcome provider biases toward short-term and less effective methods, and the need for delaying pregnancies after marriage. Some MOH respondents felt that male doctors tended to lack respect for the right of women clients to decide on an FP method among methods not contraindicated. Among the top recommendations made by participants at the September 2011 Higher Population Council's Reproductive Health/Family Planning Symposium is one that addresses FP method choice: The Symposium recommended: *communication campaigns including use of health facility based interventions to promote FP concepts and market choices of modern FP methods, including long-acting methods among targeted groups.*

Institutionalization

The MOH is in the process of institutionalizing CC. Its 2012 budget is projected to include 50% of the cost of materials. CC materials have been distributed throughout the system. HSS-II is doing training in selected districts and intends to expand. MOH is also proposing to do counseling refresher training for the clinical staff of all clinics.

Conclusions

- The results of the exit interviews suggest that CC materials supported by the training have made a difference in the quantity and the quality of information provided to clients. This conclusion is supported by the observations of the evaluation team, which found materials and staff with counseling strategies based on the training. The presence of a designated midwife counselor has also helped inform clients.

[13] Women doctors are relatively scarce within the GoJ health system compared to the private sector health system.

- Staffing is an issue of concern for MOH and HSS-II. Several people had counseling assignments. They shifted the responsibility around depending on the situation in the facility. "When everyone has a job, nobody has the job."
- Opportunities were still being missed.
- Discussions with some women at the health centers point to the role of the private sector in supplying short-term contraceptive methods.
- CC exemplifies a collaborative working relationship with other USAID projects focused on FP.

Irbid Hayati Ahla University Intervention

Objectives and Implementation

The Irbid Hayati Ahla /University Ambassadors activity is one part of JHCP' youth outreach component. This activity was intended to inform and empower university students with the knowledge, skills, and practices to improve and sustain a healthy lifestyle. The implementation of the Ambassador activity started with the recruitment of ambassador/students at JUST (15 students); Yarmouk (5 students); and Irbid Alahlia (5 students). The ambassadors were trained by a JHCP team for two days to introduce the concepts of planning, including FP, career planning, financial planning, and healthy lifestyles to other students. They also used sections from the AWSO training guide and other material from JHCP and other USAID projects concerned with youth and FP. JHCP also integrated the AWSO tool in the community health curriculum for the nursing students at JUST University. All ambassadors were introduced to the Sehetna.com Web site as a reference for the health education sessions.

Besides talking individually with students, the ambassadors at the three universities set up six Hayati Ahla booths to distribute 2,600 pamphlets and 900 posters, and give health talks. One university carried out community outreach with information booths in public places; two universities held two Hayati Ahla days. One university developed and performed a drama covering the issues for students and the community. All three universities attended and participated in the Hayati Ahla campaign at Al Hassan City in Irbid.

A JHCP report on the ambassador activity noted several challenges: a short period for conducting activities; a drop-off in student participation after the first two semesters; improper selection of the ambassadors at one university; weak cooperation for integrating the Hayati Ahla concept within the curriculum at one university; difficulty in arranging meetings for the ambassadors and low attendance at these meetings (two universities); and an unclear incentive scheme for the ambassadors and supervisors, which reduced motivation (one university); weak media campaigns at the universities; and weak documentation of the activities by JHCP.

Views of Ambassadors

The evaluation team conducted an FGD with 13 ambassadors from the three universities (see Appendix D). They reported that the training covered healthy lifestyles, FP, financial and occupational planning, and water and population resources. Eight of the13 FGD participants felt that they needed more training on the different issues. Most of the participants felt that they need more training, in general. Family planning was the most awkward topic to discuss, especially in mixed gender groups.

Capacity Building and Institutionalization

The university ambassadors were interested and motivated to be part of this activity, although from August 2011 there was no follow up from JHCP to the ambassadors. Approximately half of the students trained as ambassadors are still active.

The role of the universities in the ambassador activity was not clear to the evaluation team. The universities approved the activity, but provided neither leadership nor resources to the effort. It also appears that they took no ownership of the activity.

Conclusions

- The training for the ambassadors did not adequately address the students' shyness about FP. It also failed to give them mechanisms to address these issues (e.g., gender-specific groups, instructional DVDs or protected Web sites, external expert speakers).
- Students perceived their primary role as raising awareness on healthy lifestyles. Generally they did not feel comfortable and informed enough about FP methods, and religious positions and cultural beliefs concerning FP, to make it the focal point of discussions.
- In working with students, the FP messages are best presented as part of a broader healthy lifestyle package. Even in this context, the FP messages require extra effort such as additional counseling and training to transmit.
- Irregular follow up from the JHCP and the lack of a longer-term activity plan reduced institutionalization and longer-term impact.
- The number of activities and the continuing activity of some ambassadors suggest that peer-to-peer activities can play a role in changing reproductive health knowledge and attitudes.
- Creating a sense of ownership by the ambassadors and recipients of the issues would augment simply putting the information in the curriculum.
- Student peer approaches to communicating health messages work, but they are labor intensive, require audience specific messages and material, and must include continuing motivation. They also have a relatively small reach. For these reasons the University Ambassador Initiative is not recommended for continuation.

Arab Women Speak Out

Objectives and Implementation

AWSO aims to empower women through an interactive training package. Introduced into Jordan in 2002 by JHCP, the AWSO training manual was adapted and implemented under JHCP's BCC strategy.

The JHCP AWSO training guide includes a mix of exercises and presentations of case studies and other talks, which facilitate participatory discussions. The guide is based on six two-hour modules. It covers a range of topics such as differences between generations, demands of modern life, planning for the future, negotiating skills, facing social pressure, couples sharing the decision to have a small family, Islam's position on FP, and contraceptive methods. It also covers health topics, such as women's health and child care. The AWSO model is designed to empower women to make informed decisions on a healthy lifestyle and a good domestic environment. This broader approach allows sensitive topics like contraception to be covered as part of a larger package of health information.

The guide and the topics have been tested and applied in multiple countries in the region. It has been adapted to the situation and culture in Jordan and is an effective tool for training. PSP and HSS-II also use modules from AWSO. The content is extensive; any additions would probably exceed the time allotted for the training. It would, however, be possible to emphasize selected topics, like the benefits of small families and the side effects of modern FP methods. The guide's coverage of social and broader health issues could be diminished with some caution.

The interactive training approach facilitates participant discussions on issues and sharing experiences. At first glance only one section of the training guide (Men and Women Planning Their Family) stands out as focused on FP. However, sections leading to this FP section

incorporate important associated factors. For example, one section centers on comparing gender roles and economic life with those of your mother and grandmothers. This topic leads to a discussion of changing social norms – the small family – in response to the demands of modern life. Other examples of topics that lead up to the session on FP are life planning and negotiating skills. The title of the training and its packaging of FP and associated information appear to attract participants.

AWSO was implemented in Zarqa Governorate in 2009–2010 as a pilot activity, working through government directorates and 22 community-based organizations (CBOs) that participated in the implementation. Although the initiative was aimed at women, when men expressed an interest, a few CBOs initiated separate training sessions for men. Some CBOs provided trainees with photocopies of materials from the guide so they would have a printed source to help them reflect on the training they received Other CBOs invited guest speakers such as health care providers and religious leaders. Approximately 5,000 women and 320 men attended the AWSO sessions given by approximately 115 trained facilitators. Two sessions a week were held over a three-week period to complete the training package.

As a result of lessons learned in the Zarqa pilot, when JHCP launched AWSO in Irbid in February 2011, and under the guidance of the Irbid Steering Committee, they selected one NGO - Jordanian National Forum for Women (JNFW) – to implement and manage the activity to increase efficiency and the potential for institutionalization. In addition, to reduce the potential for drop-outs, the 12 hours of sessions were all held within a one-week period. JHCP hired a training group to train the facilitators and periodically monitor the quality of facilitators' sessions. A total of 51 women have been trained as facilitators, but due to lack of funds, to date they have trained 806 women. JHCP also supported JNFW in training five facilitators in Zarqa and their training of community members in mid 2011.[14]

Those attending the training often discuss issues with their spouses, friends, and other family members. To enable trainees to be informal peer educators, the plan for 2012 is to ask women who complete the AWSO training to disseminate information to at least 10 people. To enable them to correctly present information, JHCP will support the production of cue cards for distribution to these trainees. JNFW is also requesting a transport allowance to enable trainees to reach women outside their immediate communities.

Findings

In early 2011, JHCP conducted an evaluation of AWSO in Zarqa using telephone interviews with a sample of participants and a control group. The evaluation found that AWSO participants were more strongly committed to joint decision making in the family than nonparticipants. The number of AWSO training sessions attended positively influenced approval of FP, birth spacing, and spousal communication, but had no impact on attitudes on ideal family size.[15] The reported impact of participation also differed between men and women: a higher proportion of men than women had discussed FP with their spouses.

The evaluation team did one FGD with AWSO-trained facilitators, one with trainees in Irbid, and one FGD with both facilitators and trainees in Zarqa.

- The AWSO facilitators in Irbid reported that they benefited from the TOT training on different contraceptive methods and their side effects, and how to address misconceptions and misinformation about serious side effects (i.e., methods cause infertility). They also

[14] In Irbid, JHCP also trained five Peace Corps volunteers who have been active in promoting AWSO training in their sites.

[15] This was based on comparing those who attended all six sessions with those who attended four to five sessions.

learned that modern, reversible contraceptive methods are allowed by Islam, and that using contraception is not shameful.

- The trainees in Irbid said that they expanded their knowledge about contraceptive methods beyond pills and IUDs.
- All participants had discussed the FP topics with their friends and neighbors and all accepted the idea of a small family.
- The participants were convinced about the importance of FP and its acceptability in Islam.
- All the trainees in the Irbid FGD said that they were satisfied with the information they received. They also believed that the trainers were skillful and that their approach to delivering information was excellent and convincing.
- The referral cards given to AWSO participants got positive feedback in the Irbid and Zarqa FGDs for getting women to go to health centers for FP services.
- Zarqa participants related small family size to economic well-being and better outcomes for children.
- The Irbid FGD trainees mentioned the range of issues raised, including FP, motivating others, raising children, breast self-exam, and domestic violence. In comparison, the Irbid FGD facilitators listed, in descending order of importance: healthy lifestyle, MCH, planning for the future, and the need for couples to participate in organizing and ensuring their family health.
- The training changed the perception of female participants, especially in Zarqa, about the need to make decisions to improve one's quality of life. Many of the participants commented on the ignorance of community members who have too many children and how they are not able to raise or care for them.[16] FGD participants gave a range of responses about changes they made after training: opposing early marriage, seeking antenatal and postnatal care, taking care of their own health, and being more self-confident and responsible.
- The title of the training – Arab Women Speak Out – has drawn some negative comments. It has also drawn attention because it is labeled as a women's empowerment tool. Particularly given the Arab Spring and its aftermath, several people noted that the title could be misinterpreted.
- The team heard comments from people in Zarqa, Irbid, and Amman, who felt that the AWSO sessions on FP topics helped dispel misinformation on Islam's position, specific modern FP methods, and, combined with Hayati Ahla, has made discussions about FP no longer “shameful."
- The FGDs covered the topic of men's participation in AWSO, since some men attended in Zarqa. In Irbid the facilitators thought it important that men be trained on the different contraceptive methods and their side effects. Some participants thought the sessions for men should include domestic violence, FP, resources, women’s health, and planning for the future. Some also suggested that a man should do the training and that the scheduling be more flexible.
- Participants in all the FGDs indicated that community members need the AWSO training and it is important to continue.
- In Zarqa some facilitators continue to train others but they could do more if they had financial support. Most of the facilitators in the Irbid FGD thought JNFW could take over implementation of AWSO, but the NGO needs financial support.

[16] Comments included: “a woman delivers a baby and then immediately she is pregnant”;“a boy is without the slippers or trousers and the mother is pregnant and breast feeding another child”; “we have many problems with early marriage”; and ”the woman does not go for postnatal care for herself or her child.”

Capacity Building and Institutionalization.

In the FGD conducted with four trainers and three trainee participants from Dalial in Zarqa, three of the four trainers reported that they continue to train and counsel other women even after the withdrawal of financial support from JHCP. They have the training manual, and use different settings at CBO s to provide the training. Two of the participants reported that they are involved in the women's association and are using their training to address women's needs. The findings indicate that the AWSO initiative in Zarqa built capacities and has been informally institutionalized in some areas.

In Irbid, JHCP is providing guidance and technical support to JNFW to seek funding from other sources to enable them to continue to offer AWSO after completion of the JHCP project. JHCP may also support training of facilitators and provision of materials for another large NGO to adopt the AWSO model.

Conclusions

- The interactive training approach and training tools are of high quality. Parts of the training guide have been used to train university ambassadors and by the HSS-II in its community mobilization work, as mentioned in other sections of this report.
- The topics covered topics that were in line with its goal to empower trainees to make educated FP choices. However, it appears that the links between the topics and FP are too subtle for some participants and do not support reproductive behavior change.
- AWSO does not formally integrate the Family Health Fatwa into the training guide because it was produced after the training tool.
- The finite time available in sessions constrains a more thorough presentation on FP, including more detailed information on method effectiveness and long-term methods.
- The training in Zarqa led some facilitators to continue with the training sessions and incorporate the messages in their work after completion of JHCP support, which highlights the power and applicability of the training messages.
- AWSO is a powerful tool that increases women's knowledge about a range of topics and increases their self-confidence. While the Zarqa JHCP evaluation found that AWSO was less effective in terms of FP, the FGDs suggest that some participants did increase their knowledge and thereafter actively disseminated FP messages. The FGDs in Zarqa, where fertility is high, appear to have increased knowledge and led to changing attitudes about FP and spacing.
- Men are an important target group because the training related to FP tends to have a greater effect on them. This may be because their initial knowledge level is lower than that of women. Women in the FGDs felt that men should have the opportunity for training, suggesting that men should be a target group for interpersonal, interactive community outreach communication.
- Limiting the number of CBOs or NGOs participating in the activity eases management and quality control, but it can reduce coverage and the diversity of populations served.

Health Competent Schools Initiative

HCSI is an activity to bring healthy lifestyles to secondary schools. JHCP has provided material for students, teachers, and school administrators, and has also supplied dynamic teaching methodologies. The participating schools also receive a stipend to get activities started. The goal is to get students to adopt and maintain healthy lifestyles while acting as champions in their families and in their communities. The initiative covers a range of topics. *Passport to My Future* covers future planning (including small happy families) through a booklet and exercises and is available through the school's internet. Puberty and personal hygiene were addressed in the

Talking Frankly Initiative (with private sector sponsorship). Issues of bullying, diversity, coping skills, self esteem, and friendships were covered in *Living Together*. All of these issues were also supported with teaching materials and activity guides. HCSI is in 115 schools public schools, 15 military schools, and 10 private schools. Jordan has a total of 5,000 schools (3,800 government, 800 private, and 400 military).

The Ministry of Education (MOE) is the primary partner in HCSI. One of the unique aspects of this activity was the public-private partnership with the Fine Hygienic Paper Company. Fine Co. sponsored materials and workshops, and equipped health rooms (tables, cots, decorations, scales). The company got involved because it has an active corporate social responsibility policy; its staff has enjoyed the activities. Its participation was low key in terms of branding, which was helpful in dealing with the MOH. Fine Co. saw it as an opportunity to do good and to grow the market for paper products (toilet paper, facial tissues, and feminine pads). Because of its large market share, anything that grows the market grows its sales. As a result, it felt no need to brand it support.

HCSI also partnered with the Royal Health Awareness Society (RHAS). The society's role was to integrate HCSI materials within its own already developed materials to be implemented in its Madrasati Initiative schools with a capacity of 30-50 schools a year. The society is also an implementing partner to the MOE and USAID/Education in the scaling up of HCSI.

The evaluation team's site visit to Koufar Yoaba Secondary Girls School, Irbid, an award-winning Health Competency School, yielded the following information:

- The MOE, in consultation with JHCP, selected the school to participate in HCSI. The faculty liked the idea and actively implemented it.
- Activities include: a drama competition (tied for first in the national completion); a chorus singing and dancing to health songs written by students; posters and exhibits; a popular health room; community and parent involvement; a Facebook page and YouTube for activities; health day clinics for the community; and banning junk food ("chips") in the school.
- As part of the cleanliness messages, the chemistry teacher set up a "factory" where the students make cleaning disinfectant, liquid hand soap, and glycerin-alcohol rub. They buy the raw materials and empty bottles. They estimate the cost at .35JD compared with a 2JD cost for the equivalent commercial product. They are planning to expand production to include tooth paste. This activity raises the question of selling products within the community to generate funds to support other health activities. However, this is not possible because of strict MOE policies that prohibit external funding for public schools.
- The program actively sought out parental involvement, with a positive reaction. Parents were invited to events, special lectures (e.g., a presentation by a gynecologist for the mothers of students), and exhibits at the school. The faculty members were also available to address questions or concerns.
- Project support was relatively small: 100JD, materials, and a two-day training.

HCSI Internal Evaluation Results

This activity addressed a large range of health behaviors that are beyond the current scope of JHCP. However, the findings provided some interesting support for school-based strategies.

- Exposure to the materials was high.
- There was a strong gender difference in the interest in specific topics.
- Students discuss the messages with parents, siblings, and friends.
- Self-reported behavior change was common for a number of messages.

- There was a strong positive association between the number of materials a student was exposed to and behavior change – what is called dose effect. This is an important finding because it reaffirms the quality and impact of the materials, highlights the importance of multiple channels (e.g., booklets Web sites, classroom) for messages, and strongly suggests that messages should be embedded in the environment to allow multiple exposures and constant reinforcement.

Views of Key Stakeholders

An MOE official described the project as a "beautiful" and "excellent project," providing "good quality support." The JHCP project officer is highly regarded. An official in the RHAS noted they were impressed with the shared ownership, the ongoing efforts to institutionalize the activity, and the way multiple partners increased the available technical capacities.

Fine Co. was positive about the partnership with JHCP: "They were very professional"; "There was a very strong sense of team work"; "All planning was done jointly and transparently"; "They were an excellent broker for the partnership with the MOH and MOE"; "Without JHCP there would have been no partnership." Both MOH and MOE were suspicious of private sector participation. For this public-private partnership to work, JHCP had to play the role of "trustworthy advocate" to sell an unconventional relationship; act as a "buffer" between the two partners to resolve issues arising from different perspectives and approaches; and provide "technical expertise" for design and implementation.

Fine Co. learned the following lessons:

- Health competency is more difficult to achieve in boy's schools. They need clearer messages and more reinforcement. For boys, there is a sense that health behaviors are optional. Girls are easier to work with because they get immediate benefits (feminine products).
- The current materials and activities are the product of a considerable amount of accumulated wisdom.
- The public sector does not know how to work with the private sector. One observer noted that he biggest problems are that the "public sector has a very short-term focus, and they are not strategic."

Capacity Building and Institutionalization

While the program has been supported in 140schools, the HCSI materials are available to all schools in Jordan from the MOE Intranet site Edu-wave. The healthy lifestyles content of HCSI is being incorporated into curricula and text books. New teaching techniques were introduced to build capacity. A large number of teachers and school administrators can now train and use their schools and students as models to scale up the health competency program. All of the partners and participants want to see the HCSI expanded to every school in the country.

Originally the idea of certifying health competent schools was proposed. The MOE is in the process of certifying schools using a broad range of criteria, which caused some confusion. However, JHCP was able to get health competency added as one of the criteria for certification, further institutionalizing the content of HCSI in the education system.

HCSI has been transferred to the MOE and receives funds through a project in USAID/Jordan's Education Office.

Conclusions

- JHCP was proactive and successful in institutionalizing HCSI.
- HCSI is cost effective.

- HCSI is a low maintenance activity. Once the materials were distributed to the schools and the teachers were trained, there was limited continuing involvement with individual schools.
- Getting youth actively involved in health competency is a logical part of a long-term strategy for health in Jordan.
- Because of the community outreach, the activity introduced health competency to many more beneficiaries than a school-based program would be projected to reach.
- The behavior change and expanded awareness of health competency issues was substantial, suggesting a long-term impact on student health.

V. EVALUATION FINDINGS ON OTHER PROJECT ELEMENTS

MONITORING AND EVALUATION

Formative Research

Communication activities need a strong empirical base to ensure the clarity and appropriateness of messages, media, and audience. The formative stage of design benefits from a strong theoretical basis, which the Johns Hopkins University Center for Communication Programs (JHU/CCP) has because of its academic roots. The JHCP media materials are screened by panels from the partner organizations. Then options are pretested with focus groups made up of members of the intended audiences. As many as six rounds of audience pretesting and review by the partners were required in the early stages of material development. The formative research practices of JHCP are standard in the field of communication.

Monitoring

The JHCP activity technical manager monitors each JHCP activity. For the religious leaders' training, JHCP has hired a person to monitor implementation in Irbid and persons to follow up the trainees in Irbid and Zarqa. For the most part communication between the activity and the JHCP manager has been regular. A few activities such as the University Ambassadors and Knowledge Stations reported a lack of follow-up. The monitoring tends to focus on inputs and outputs, and does not sufficiently consider the implementation process or provide the best tool to support the potential scaling up of an activity.

Since FY 7 (Oct. 2010–Sept. 2011) the JHCP monitoring and evaluation (M&E) plan has included project performance outcome measures, which are carried over in FY 8. However, the plan does not meet USAID guidance for such plans. Efforts by USAID/Jordan to improve the performance monitoring system and the quality of chosen indicators have not yet resulted in improvements. The M&E plan includes output, outcome, monitoring, and outcome evaluation indicators for each activity, and in some instances there are similarities between the different types of indicators for an activity. As of October 2011, the FY 7 data were not available.

Evaluation

JHCP should have a results statement or objective with outcome indicators that reflect what it expects to accomplish by the end of the project. These indicators should reflect FP-related indicators in the USAID/Jordan's Social Sector's Results Framework. Indeed, the current research and evaluation officer maintains a core of four to five indicators related to the USAID indicators in all of the activity-level evaluations. However, JHCP's lack of a clearly stated objective has contributed to the multiplicity of activities, and, in some cases, a lack of synergies. The evaluation team observed that the 2011 JHCP annual partners meeting did not begin with a brief review of what JHCP is expected to achieve or a high level statement about its FP focus.

JHCP used the standard quantitative impact evaluation technique of baseline and follow-up surveys, but they have had problems that limited the utility of the data. The partners involved in implementing the surveys were not as involved as they needed to be; they did not respond to the need for additional analysis and did not provide the raw data set for the project to use. Another problem was that the baseline survey focused on healthy lifestyles, and FP was just one piece of the data set. The follow-up survey took place after the change of focus, so it had limited baseline data on FP.

The research and evaluation officer, together with a research specialist from JHU/CCP, has been responsible for the evaluations of the BCC activities. Once the reports are available they are translated into Arabic and shared with the responsible partners.

The evaluation reports on religious leader training and AWSO were not available before these activities were launched in Irbid. Nevertheless, the expansion to Irbid did benefit from the monitoring in Zarqa and experiences gained in implementation there. Also, the evaluation of Mabrouk I led to changes in some of the materials and a workshop to motivate CSPD staff to be more diligent in distributing packages to the intended recipients.

The evaluation team found no instances of JHCP using evaluation findings to conduct secondary research, conduct secondary analysis of the findings, or rethink and refine their communication activities to address critical issues, such as fears associated with use of modern FP methods. An analysis across activity evaluations would have indicated that there JHCP faces inter-related challenges in increasing the percentage of women who wait at least three years between births, the percent who prefer a small family size, and the percent who report the ideal family size to be less than four children. Also, at the individual activity level it appears that the evaluation findings were inconsistently used to refine or redirect the activity.

The activity evaluation reports lack sufficient information on the sampling design for data users to understand the representativeness, the quality and coverage of the sample frame, etc., to allow for findings to be extrapolated with confidence. In addition, the evaluations normally include a question on *ideal number of children in a family,* which tests a social norm. The evaluations have not sought to find out if the attitudes, intent, or behaviors of the respondents differ from the norm. As a result, evaluations only vaguely measure the USAID indicator on small family size.

Conclusion

- The lack of a clearly articulated, higher-level FP results statement or objective for activities and the project has contributed to JHCP's being pulled away from its FP focus. It also makes it difficult to judge progress toward an objective that is never clearly defined.
- USAID believes that it has actively promoted the development of project outcome measures, but to date JHCP has not incorporated them in its project and activity descriptions.
- JHCP has done good formative research, but has failed to follow up with secondary research and analysis.
  - Secondary research is used to answer questions that arise from the primary research or program implementation. Two obvious examples of JHCP issues for secondary research are ideal family size and husband's roles in FP. Family size norms are the critical issue for behavior change communication in Jordan. JPFHS provides a measure of ideal family size, but "ideal" is an abstract concept. Secondary research should clarify the determinants, definitions, and process used to refine "ideal" into "I want/wanted X children." Another issue is the role of husbands. Both AWSO and Mabrouk h found that men were interested in the FP information provided. High levels of condom use also indicate men are active in the household's FP decisions. Secondary research could have examined men's attitudes on family size and spacing, sources of information, method knowledge attitudes, roles of in-laws, etc. These studies could have led to a whole new line of activities.
  - Secondary analysis is done to maximize the utility of existing data. The evaluation team found a number of common issues as it went through the various activity evaluations and research documents (related to, media exposure, use of health services, method knowledge, various attitudes). The staff of JHCP may have absorbed and used some of

the information, but this is at best a limited use of existing information. If the qualitative and quantitative data had been synthesized and documented, they could be used consistently across JHCP activities, by new JHCP staff, by the partners, and for future project design.

- JHCP appears to favor monitoring for performance at the expense of programmatic analysis. This is not surprising given that performance as measured by the Results Framework is USAID's primary management and learning tool. JHCP should be using its M&E tools to learn what works. They do use findings to fine tune activities, but a higher-level analysis of the meaning at a program level is not in evidence. For this higher0order analysis to happen, skills in measurement, FP, and communication must be merged in one specialist or in a team doing a joint analytical exercise.
- Without a clear description of the sample design in the evaluation reports, it is difficult to know whether the results are representative of the program or related only to the sample studied.

Recommendations

- JHCP should produce lessons learned and best practices reports for use in planning any follow-on projects. These reports would also be useful for the partners and other donors. Activities that are transferring (HCSI, CC) or ending (University Ambassadors) should start this analysis before the information is lost to staff changes and time.
- The Results Framework should be reconsidered in the context of Jordan's unique demographic and programmatic situation.
- There is an over-reliance on the Demographic and Health Survey (DHS). The monitoring plan should use more process indicators and tailored data collation techniques, like sentinel sites, telephone and mail-in surveys, and observations of clinics to measure change. Omnibus surveys and sentinel sites are good examples of methodologies that measure change well.
- A shared FP research officer could support all four FP projects. This could provide: higher level program analysis (including lessons learned and best practice reporting), integrated M&E plans, shared data and analysis, coordinating project M&E officers, and the cross-use of findings in program planning.
- In the evaluations planned for the remainder of JHCP, all evaluation reports need to clearly state the criteria for selection of the sample and the sampling process.
- Cost effectiveness should be a standard part of all evaluations of JHCP activities.
- The evaluation team has recommended better monitoring of the quality of clinical services using existing tools like the "Quick Inventory of Quality." Though the DHS is often over-used, it is applicable to this context. The standard DHS has a number of questions that can be used as indicators of changes in the quality of clinical services – for example, more detailed knowledge of methods; informed choice; reasons for not using in the future – specifically "health concerns, fear of side effects"; reasons for source choice (public vs. private); side effects discussed; breast feeding; and FP. The JPFHS-Interim can also be used to monitor quality and to provide a benchmark for other efforts to measure quality.[17]

[17] See Measure Evaluation Project, "Quick Inventory of Quality" or DHS Project, "Quality of Care Assessment Tool."

PARTNERSHIPS

JHCP Activities in Partnering

As the name implies, the Jordan Health Communication Partnership was mandated from its inception to collaborate with other organizations that shared its health agenda or provided technical or logistical resources that could be leveraged to achieve the project objectives. The size of partner network is impressive: five ministries, two higher counsels, four universities, two private firms, three independent government agencies, one Royal Society, several media outlets, and numerous national and local NGOs.

Throughout this report partners are quoted on the positive quality of their relationship with JHCP. The often forgotten definition of a partnership is an agreement between equals for mutual benefit. Clearly the partners have been treated as equals, have had meaningful involvement in project activities, and have open channels of communication that facilitate cooperation.

Building some of the partnerships was difficult and took time and considerable effort. Perhaps the best example is the MAIAHP, which had no interest in partnering with a U.S. government agency on a sensitive issue like FP. Now they are fully committed to the partnership, merging FP concepts into their spiritual commitment to make "good people." It is likely that MAIAHP will be the most critical partner in changing social norms around large families.

The positive sense of partnership has benefits for both JHCP and USAID. For JHCP, the sense of ownership fostered by the sense of equal partnership has facilitated institutionalization. CSPD owns Mabrouk, and the MOH is implementing CC nationally. The MAIAHP is changing the imam curriculum to include FP and the concept of "quality family." JHCP has also earned respect for their technical expertise. This has given JHCP the role of technical arbitrator when partners disagree over technical content or approach. In playing this role JHCP has cut the design time and increased a strong sense of consensus that has increased local ownership of the process and the products. Because the partners are closely involved in the development and review of activities and materials, they have gotten a better sense of the importance of quality and teamwork. An official described the development of the religious leaders training manual as "EVERY word in the Manual was argued over, and reviewed, and then reviewed again. There is also a very strong connection between the JHCP staff and their partner counterparts. Partners were very quick to tell the evaluation team that (JHCP staff) was "critical to the success" of the activity and that "they were always available if there was a problem."

The effectiveness of the JHCP network of partners has also been helpful to USAID. Some current partners originally distrusted USAID's motives, especially the motive behind support for FP. USAID is now seen as a donor-of-choice with a strong commitment to partnerships and a willingness to respect local issues.

Public-Private Partnerships

The Global Development Alliance (GDA) is USAID's strategy for increasing public-private partnerships in development. JHCP has a GDA-defined partnership with the Fine Hygiene Paper Products Co. The context of this partnership is described in more detail in the assessment of the HCSI activity. Fine Paper has an active social responsibility policy, so they had experience with partnering. As a result, their briefing raised several issues that highlight difficulties with public private partnerships, and why the JHCP/MOH/MOE/Fine partnership was so successful:

- JHCP kept the discussion professional, and emphasized team work, joint planning, and transparency.
- JHCP had to play the role of "trustworthy advocate."

- Both MOH and MOE were very suspicious of private sector participation.
- The public sector partners had to be sold an unconventional relationship, with JHCP acting as the "broker."
- JHCP provided a "buffer" to resolve the conflicts arising from different perspectives and approaches.
- JHCP provided the design and implementation skills none of the other partners had.
- It took a lot of accumulated wisdom to produce high-quality training material.

Other Partnerships

The relationship between the advertising agency Memac Ogilvy Advize and JHCP evolved into a contractual partnership. Ogilvy was contracted to do the mass media creative development and media placement for the Health Life Style Campaign. Originally the project was considered uninteresting because the messages had to be simple and straightforward. Ogilvy increased its support when management and staff became engaged in the objectives and the complexity of working with the MOH, HPC and the MAIAHP on message design. They also enjoyed "learning-as-you-go" in developing socially responsible advertising and working with the Government. Like the Fine partnership, Ogilvy felt that without JHCP as a broker and a buffer, the partnership with the Government would have been impossible.

Cost of Partnering

JHCP has had some costs in building and maintaining its partnerships. Considerable management and staff time goes into building and even more into maintaining the partnerships, in addition to the direct cost of meetings, travel, and materials. Building consensus among partners can be difficult and time consuming; moreover, the products of consensus building often tend to be weak, as they often reflect the position of the weakest partner (e.g., spacing as a lead message rather than family size norms). Staff turnover requires extra effort to bring new staff up to speed.

While the considered opinion is that the costs of partnerships are high, the benefits outweigh the costs. Partner participation in the development process, and in some cases the implementation, has resulted in a strong sense of ownership and ultimately the institutionalization of activities and processes. Participation in design and implementation has increased the partners' technical capacity. Multiple partners in an activity have ensured the presence of technical capacity somewhere within the partnership.

On the negative side, expectations and demands of some partners have led to resources being directed away from achieving the FP focus of JHCP. Some partners appear to be unaware of basic USAID requirements, such as those on reporting and allowable expenses within a project framework. Implementation of AWSO in Zarqa through 22 CBOs contributed to diluting management and quality control, suggesting that adding partners may not lead to quality performance. Furthermore, the large number of partners has contributed to a relatively low level of understanding and commitment to JHCP's higher purpose. Hence, at times there has been more of a competition between key partners than a sense of a partnership among partners, with the exception of the approval of media materials. In general, the implementing partners and JHCP tend to regard each activity as a separate project.

Partnering with USAID Cooperating Agencies

The Behavior Change Communication Task Force, established by USAID, facilitates partnering across the four FP projects. Meetings every two months provide a structured sharing of opportunities for collaboration, leveraging resources, and generating synergies.

Health Systems Strengthening II Project (HSS-II)—HSS-II works to expand and improve health systems, and increase access and quality of MCH and primary health care. It works at all geographic levels, with all public sector health providers, with all six divisions of the MOH, and uses a wide range of approaches to its objectives (accreditation, training, community mobilization, management information system, capacity building, etc.). It defines itself as the supply side to JHCP's demand creation role. The two projects have overlapping interests in the areas of community mobilization, health awareness, counseling, changing provider attitudes on FP, and youth life planning. They also overlap in the Irbid Governorate, where both do field implementation. The partnership can best be described this way: JHCP develops and provides materials (clinic IEC posters and pamphlets, counseling job aids), content (training materials), and models (CC, AWSO, 5-10-15), which HSS-II introduces into the health delivery system. HSS-II has no communication design, testing, or production capacity and relies on JHCP or the MOH for these services.

HSS-II is taking CC counseling job aids and training to a national level with MOH funding support. AWSO training materials provide content for HSS-II's community mobilization activities. HSS-II is using 5-10-15 and the University Ambassadors content in its youth life planning activities. This division of labor is somewhat confusing in Irbid, but the two projects collaborate and both use Irbid as a testing ground. Also confusing is the distinction made between the role of HSS-II in addressing the supply side and JHCP's role of demand creation. USAID made a programmatic decision to have JHCP operate at a national level. So at the community or service delivery levels, HSS-II is carrying out both supply and demand activities, often using materials developed by JHCP.

Both projects meet in regularly scheduled BCC Taskforce meetings, and both feel there is a positive collaboration.

Private Sector Project (PSP)—PSP works to strengthen private sector provision of services. Strategies include certification, improved pricing structures, community-based outreach to do referrals, public education events, pharmacist training, strengthening the role of professional associations, and revitalizing service delivery of the Jordan Association of Family Planning and Protection's network of services. PSP participates in the "demand side" meetings. A major collaboration was the use of JHCP resources to buy additional media time for PSP spots and then coordinating the timing to ensure messages did not overlap. The partnership with JHCP includes using the Hayati Ahla logo on materials when appropriate. PSP does its own materials design; it does not provide content or promote Sehetna.com. PSP has a different set of partners than JHCP (and HSS-II), so there is little exchange or synergy at the partners level; any synergy is at a national level.

The Health Policy Project (HPP)—HPP works to create a positive policy environment for FP. It also advocates for effective implementation of new policies. Its primary partner is the Higher Population Council, but it has recently been working with MOH on improving operational policies. HPP attends the BCC Taskforce meeting. The one collaboration with JHCP is to produce a film to present findings in the Rapid software to all levels of government in collaboration with the HPC and HPP.

Conclusions

- The network of local partners built by JHCP is strong, and partners regard their relationship with JHCP as positive. The partnerships deserve major credit for the success of some activities, and for the institutionalization and going-to-scale that has taken place to date.
- Functional partners are involved in implementation (MOH MCH Div., CSPD). Structural partners are strategic, long term, and involved in policy, going to scale, and overall direction (JHPC, MOI, HPC). JHCP partner problems stem from the lack of clarity over roles and

functions among the partners, the functional partners' lack of understanding and commitment to a common higher purpose to which they are expected to contribute, and the lack of understanding of some basic USAID project requirements. Furthermore there is a lack of partnership among the different functional partners, except for vetting and approval of media materials.

- The large number of partners and activities is likely to have constrained the potential contributions of some activities due to JHCP's human and financial resource limitations.
- JHCP has established a good model for public-private partnerships. More important, the precedent has now been established and the positive experience with Fine Paper Products has opened the door for MOH to undertake future partnerships.

The four USAID projects have cooperated. Most of the sharing is done by JHCP to the benefit of other projects (CC, AWSO, clinic materials). Despite the good intentions of BCC taskforce members, collaboration and efficiencies are not comprehensive or particularly creative. Even the evaluation team's superficial look at the other projects identified opportunities for collaboration: promotion of Sehetna.com by the other CAs; advocacy by public education (demand creation for policy change); joint research activities; joint media activities (production and messaging, media buys, evaluation); broader use of JHCP's Internet capabilities; and networking and sharing of partners. Among the projects, HSS-II has the strongest partnership with JHCP based on its collaboration in Irbid. The partnerships with PSP and HPP are more limited.

Recommendations

- Local partners, both government and nongovernment, seem to have little understanding of how USAID works, particularly related to issues such as reporting requirements; inflexibility on funding levels and on use of funds; contract language; allowable expenses; the USAID/CA relationship; and the role of Washington. This misunderstanding has lead to complaints and inappropriate recommendations. A presentation for partners on how USAID works could improve future collaboration.
- A formalized handover strategy was useful for the HCSI activities. A handover strategy facilitates institutionalization and partner confidence in taking over responsibility and should be a standard part of any movement of implementation responsibility from the project to the local partners.
- The public-private partnership in HCSI is a good model. It should be documented and promoted. The promotion would reward Fine Paper Products, encourage other businesses to develop a social responsibility plan, and give credit to the MOE and MOH for their innovative efforts to leverage resources.
- USAID can facilitate public/ private partnerships by:
  - Promoting partnerships to build understanding, trust, and a positive attitude to future collaboration by the HCSI partners.
  - Helping public sector partners develop a written policy statement on partnerships, and providing participatory training to key personnel.
  - Asking the health CAs to seek and incorporate private sector partnerships into their activities with the GoJ.
  - Looking for opportunities for the GoJ to serve as a resource to the private sector. For example, GoJ could provide health education materials for distribution to private sector employees; conduct health screenings in the workplace; provide contraceptives; and provide training opportunities for the staff of employer-provided health services.

- The partnerships between USAID projects are not proactive or creative. USAID should take a more active role in clarifying the roles and responsibilities of each project, and require greater integration and cooperation on the USAID strategy and the achievement.

JHCP MANAGEMENT AND STRUCTURE

JHCP Management

JHCP has experienced some management issues over the life of the project. Turnover in project directors has resulted in periods of lack of leadership either because interim managers have been in charge or the periodic transitions have caused problems. In addition, there has been a high turnover of technical staff. Only one person remains from the beginning of the project in 2004. Nearly all of the current technical staff have joined JHCP in the last three years.

The USAID/Jordan policy decision to focus its limited health resources on FP was consistent with the GoJ's growing concern with rapid population growth. This change in focus meant that in May 2008 JHCP moved from a healthy-lifestyles approach (including FP) to concentrate on FP. Many of the activities and materials were already in progress and could not be turned around easily, in part because of the partners' commitment to the broad healthy lifestyles approach. For sensitive audiences (religious leaders, students, AWSO), some of the health messages provided, and still provide, a safe context for discussing FP. Also, the technical partners, especially the MOH, still have a broader health mandate and still want and need technical support available only from JHCP.

USAID has periodically allowed changes in the responsibilities and relationship of its four FP projects. For example, JHCP was mandated to work with media at the national level, but PSP has its own media production and campaigns, and at least once the JHCP budget was used to buy media supporting PSP messages. JHCP is supposed to be national, except that it works at the local level in Irbid and Zarqa governorates. HSS-II is mandated to work on health systems, but is doing community mobilization around the clinics with which it works, using sections from some tools developed by JHCP. The HSS-II community mobilization differs significantly from the community approach used by JHCP, so the work is not redundant. It is, however, clear that there is some confusion over scope at the operational levels, and that project managers are sensitized to boundaries. JHCP is less affected by this because it is in its final year, and it is focused on finishing and handing over its activities.

JHCP activities are not horizontally integrated. They are stand-alone activities with different audiences, channels of communication, and partners. Managing several independent activities is a more difficult task. JHCP has addressed this by having good technical staff and having staff involved in more than one project. Furthermore, JHCP has a BCC working group composed of the technical managers of the BCC activities and headed by a senior technical officer.

On the basis of the evaluation team's observations, review of documents, and some interviews, the following were noted:

- Technical officers have concerns with the JHCP management decision to permit TANMIA to absorb a large portion of the budget, which means that other activities are financially constrained.
- Technical officers from JHU/CPP have played a key role in providing technical guidance, such as for the activity evaluations and start-up activities such as AWSO and TANMIA.
- Staff are technically knowledgeable about their activities.
- Technical staff are usually assigned to one or two activities, which in some cases leads to heavy workloads

- Technical staff are generally knowledgeable about the entire portfolio of activities.
- The work environment is comfortable and collegial, without visible internal conflicts.
- The organizational structure is fairly flat, so there is direct communication between management and implementing staff.
- The administration and logistics of the project appear good and efficient. Based on observations, the JHCP office runs smoothly, with staff expecting the support that allows them to stay focused on technical responsibilities.
- Based on experience, the partners take for granted a high level of logistical and administrative support from JHCP.

Conclusions

- Although there have been issues related to turnover in project directors and heavy turnover of staff, the current management system and structure seem to be working well.
- The change in the focus of JHCP from healthy lifestyles to FP has led to a residual carryover of the former. In some instances, this has provided an entry into discussion of FP, but the balance between topics has not always favored FP.

Recommendations

- The evaluation team has made recommendations on current JHCP activities that should be continued. These recommendations are based on the independent effectiveness of each the activities. The team has also recommended that a future project should be more strategic (and horizontally integrated). Of the two recommendations, the project strategy should take priority. Each JHCP activity should be reexamined in light of the project-wide strategy, and if it does not fit it should be discontinued.
- FP communication will continue to benefit from being linked with broader health messages.

VI. RECOMMENDED USAID FUTURE ROLE IN FP BEHAVIOR CHANGE COMMUNICATION

RATIONALE FOR FURTHER INVESTMENT

Jordan is experiencing stagnation in lowering TFR and raising contraceptive use rates due to high desired fertility. As noted previously, the 2009 the JPFHS found a total fertility rate of 3.8, virtually unchanged from 3.7 in 2007. The CPR has leveled off for all methods at 59% (42% modern methods, and 17% traditional methods) as compared with 56% in 2002. A number of factors have contributed to the plateauing levels of TFR and CPR, as covered in the Background section of this report.

There is high use of less effective contraceptive methods. Discontinuance rates are high among women who began using the three most popular modern contraceptive methods in Jordan: the IUD (11.8% discontinuance in one year), the male condom (43.6%), and the pill (46.5%). The major reasons for discontinuance, *wanted to become pregnant* and *became pregnant,* account for 60% of the reasons for discontinuance (Health Policy Initiative [HPI])

BCC to change a high fertility preference and adopt the appropriate behaviors to achieve a decline is essential for high fertility to decline. USAID investment in such a FP BCC project would support the National Population Policy and key champions with a macro-level concern about the impact of high TFR on Jordan resources, and key champions with a micro-level concern about the impact of high fertility on the quality of family health and welfare.

RECOMMENDED STRATEGY FOR FP BCC PROJECT

On the basis of both demographic data and the evaluation's findings, it is recommended that the strategy and the new implementing project support activities centered on reducing high fertility. In addressing this objective, the project should focus on activities that are likely to generate a national impact. In addition, USAID/Jordan could consider more focused interventions for areas with high fertility and for reaching youth. These two subgroups require more tailored approaches. The BCC activities should be conceptually linked to the national strategy and should not be implemented at the expense of the national strategy.

The message content should focus on reducing fertility by changing the values that promote large families, high fertility, and rapid population growth. Supporting messages could address quality over quantity in family size; environmental and social consequences of rapid population growth; why and how to plan a family; misinformation about FP; promoting providers as a source of information and service; improving family health and well-being (using the broad definition applied in Islam); reducing gender preferences; and reducing high-risk pregnancies, especially high-parity births. Other messages have a more marginal impact on completed fertility,[18] such as preventing higher risk pregnancies of women under age 20 and over 35, increasing demand for quality services, and increased spacing of births.

Because religious leaders (including mufti) are gatekeepers to social values, the new project should make their active involvement a top priority.

The USAID FP portfolio should be considered as having a short-term and a long-term strategy. The short-term strategy should focus on BCC to change cultural norms on family size, and on policy change to create an enabling environment for an improved FP program. Currently, JHCP,

[18] The family size of a woman who cannot have, or doesn't want, more children.

HPP, and monitoring by the JPFHS represent the implementation of the short-term strategy, which focuses on changes in cultural norms and policy. The long-term strategy, implemented by HSS-II and PSP, focuses on improving quality, access, provider and client knowledge, and effective use of contraception. .

The GoJ's demographic goal of lowering fertility rates in order to slow population growth cannot be achieved without changing the cultural norms that favor large families. This is the role of a communication initiative that uses mass media, champions (like RLs), community mobilization, and health providers as a channel for messages.

The objectives of the long-term strategy are to change the contraceptive behavior of individual clients, and to respond to the demand for effective FP when family size norms change. The strategy is long term because it is unlikely to have significant impacts on fertility and concomitant declines in the growth rate until the short-term goal of changing re has been some success in reducing desired fertility. The long-term strategy will also take longer to affect fertility because it addresses issues that are not a constraint to contraceptive use. Access to health services, contraceptive knowledge, and contraceptive use levels are already high. Cost does not seem to be a constraint to access. Quality of care has some room for improvement, especially in client-provider interaction, but on the whole is quite good by the usual standards of a USAID program. The private sector already plays a major role in the provision of FP services. Jordan's unique method mix suggests some problems: widespread and increasing use of traditional methods, high discontinuation rates, the lack of more modern methods in the mix (i.e. pills, emergency contraception), and a heavy reliance on only one effective modern method – the IUD. [19]The long-term strategy responds to a different set of objectives than the short term strategy.

The evaluation team recommends that future programming focus on key behavior change messages of reduction of ideal family size and increased use of modern contraceptive methods. Health messages can continue to be used because they generate policy support and strengthen the case for FP and smaller families as a component of a healthy lifestyle. USAID and the implementing partners should consider the balance of health and FP content in considering each behavior change activity

As part of its strategy, USAID/Jordan should require that the design of future projects include an assessment of cost-effectiveness. This will allow the partners to better plan for institutionalization of activities, and allow USAID to make more informed decisions on continuation /and or modification of specific activities. USAID should also consider how much health messaging is necessary in new projects, and clearly define the parameters for using health content in FP messages.

New project design might also include the development of a performance results framework that the USAID/Jordan FP office could use to engage strategic and potential functional partners on discussion of key activities to achieve the intermediate results and possibly discussion of the higher level indicators. The framework would be a tool for clarification of the role of FP content of the new project, compared to general health messages such as healthy lifestyles. Clarity among partners is essential for ensuring synergy among activities and a common focus.

As part of the efforts to clarify roles, functions, and impact, USAID should consider a population sector review to examine the projects as parts of the larger FP program; prioritize approaches and activities for potential impact on the fertility and health sub-results; examine the breadth

[19]These issues may not be perceived as problems by a Jordanian woman with three children, but who wants four or five children. Her decision to use withdrawal is rational if she does not perceive any real cost if the method fails and she gets pregnant.

and complexity of each project to identify gaps between expected results and resources; review the relevance of technical inputs to the stated USAID and GoJ objectives; and identify the constraints that might prevent each activity, each project, and the program from achieving its objectives. This information could be synthesized to produce recommendations for future activities. Incorporation of this information would help increase synergy, optimize resource use, achieve more focused activities, maximize management efficiencies, facilitate going to scale, and increase the project's impact in achieving USAID's goals. USAID/Jordan should continue to involve all CAs in a BCC taskforce, but change the structure and mandate to increase cooperation and impact. USAID should clearly state this in project agreements and require that work planning be integrated. This could be done by having a single population sector work plan, individual work plans that are prepared collectively, or draft annual work plans that are reviewed by taskforce members to highlight areas for coordination, avoid duplication of effort, and facilitate going to scale on key components. The CAs should be charged with actively seeking areas of cooperation and coordination to increase the overall impact of the USAID/Jordan FP program.

The BCC taskforce, cooperation of the four FP projects, and periodic meetings have not created the best possible synergy among activities. In addition to integrated work plans, USAID could also require review and comment of quarterly reports and encourage shared office space.

At the FP program level, the proposed project should specify its scope relative to the efforts of the other partners, as well as the overall FP strategy. Clarity among partners implementing the FP related projects is essential for ensuring synergy among activities.

A well-designed interactive communication element should be considered in high-fertility areas where traditional norms are strong. One strategy for USAID would be to do BCC operations research that could provide proven models and tools that other projects and the MOH could use to reach the most conservative elements of Jordanian society.

Summary Recommendations on the Future of JHCP Current Activities

The evaluation team has determined the following key recommendations, based on its assessment of the current JHCP BCC activities:

- Religious Leaders: Maintain this activity, scale up the training of religious leaders, and expand the scope of activities with MAIAHP and Iftaa.
- Hayati Ahla Campaign: Maintain the *Hayati Ahla* (or related) media campaign and focus future campaigns on reducing the desired number of children and on correcting common misunderstandings about FP.
- Internet Activities: Maintain current Internet activities and expanded them with an increased focus on FP.
- Mabrouk: Maintain this activity, as it has a broad reach among key audiences at a low cost and level of effort.
- Ambassadors: Discontinue this activity and have JHCP expand the use of digital media to reach younger audiences and consider integration of FP and small family norms into university curriculums.

AWSO: This activity will be transferred to JWNF and The Queen Zein Al Sharaf Institute for Development

- A future project should consider using parts of the AWSO training manual to reach men and women in high-fertility areas.

- Health Competent Schools Initiative: This activity has been transferred within USAID from the Health to the Education Office. Recommendations on this Initiative are in Appendix E.
- Consult and Choose: This activity will be transferred to MOH and HSS-II. Recommendations are in Appendix F.
- TANMIA: Review this activity for relevance to FP, develop a close-out and handover strategy, and, if appropriate, continue technical and financial support from the USAID civil society portfolio.

Specific Recommendations on JHCP Activities

These recommendations are based on an assessment of the independent effectiveness of each of the activities. The team also recommends that a future project should be more strategic (and horizontally integrated). For future communication initiatives, the project strategy should take priority. Each JHCP activity should be reexamined in light of the new project-wide strategy, and if it does not fit it should be discontinued.

Religious Leaders

- The RL activity should be the first and broadest initiative of any expanded FP behavior-change strategy. The RLs have the authority to change social values around FP and fertility reduction so that other channels of communication face less resistance. The effective management, deep national reach, and existing partnership with USAID further support their continued and expanded participation.
- In Irbid, the participation of muftis in TOT and their participation in the step-down training added legitimacy to the training and facilitated effective responses to concerns on the Islamic position on FP, spacing, and small families. They should continue to participate in TOTs and step-down training. Other expert guest trainers, such as physicians speaking about contraception, might also increase the effectiveness of training. The partnership with RLs should recognize the contribution the leaders are making and build in rewards. These rewards could include domestic travel as a trainer or in an imam exchange program, media recognition, opportunities to "work" for the project as trainers, participation in national events, citations, and annual conferences.
- A broader and more strategic approach with RLs should be discussed with MAIAHP and Iftaa to identify activities that would generate more impact. Activities could include:
  - Supervision by MAIAHP representatives to encourage active participation and correctness of messages, and to identify needed changes in training and outreach approaches.
  - (Development of a) community diagnostic tool to help RLs identify community concerns, champions, and groups that need extra attention or resources (mufti visit, special meetings)
  - Special aides to assist RLs in counseling couples who plan to marry.
  - Mosque-organized community follow-up – health fairs, community transport to health centers, midwife clinics for counseling in the community
  - Greater recognition of imams and mosques with strong family health activities (certificates, prizes, media recognition, haj trips)
- A policy expert might also contribute to the training to help religious leaders relate to the policies and national priorities. RLs tend to relate better to messages of personal and community interest and less to nationally or globally related messages, according to MAIAHP. A policy presentation might be able to increase awareness and interest in national issues that affect local or personal situations.

- The expansion of the training course for trainers and trainees should be informed by issues raised in JHCP internal evaluations in Zarqa and Irbid, and by the end-of-project status related to RL's use of training, including information on factors contributing to RL's low use of training. Formative research based on observations, one-on-one interviews, and group discussions would contribute to increased understanding of the issues. If the findings identify a training problem, an operations research model could be used for training. The training should be varied as well as tailored to address questions raised by the Zarqa evaluation: why leaders were only partially convinced of the FP messages; why there was variation in the levels of change in attitudes on specific issues; why some issues are resistant to change (e.g., ideal family size); and why some imams are not sharing the messages. Actions based on the results must ensure that RLs willingly participate in the sharing of messages.
- Periodic refresher training should be used to allow the sharing of experiences, incorporation of new, more focused messages based on attitude changes, and participant motivation.
- Consideration should be given to adding sessions tailored for women RLs to take advantage of their unique access to women and their ability to talk about sensitive issues, including the use of specific contraceptive methods. The small numbers of Waizat suggest that funding transport could enable them to deliver family health lessons in a larger number of mosques.
- Men's support and involvement in family health is an objective for USAID and the GoJ, and imams are ideal candidates to be change agents for men. Special materials and training should be available to help reach men in the community.
- Iftaa should be a partner on the advisory group to develop messages for Hayati Ahla, as well as materials for training RLs.
- Though the capacity to perform sterilization is available in Jordan, MAIAHP and Iftaa guidance is not clear on the risk and appropriateness of the method when used to protect a woman's health or life.

Hayati Ahla and Mass Media

- A mass media campaign should be part of an ongoing behavior change project. It is the umbrella that brings together efforts at the clinic and community level. It also reaches the most people and stimulates the dialogue at all social levels. It is such dialogue that ultimately defines a changing set of values.
- Jordan's fragmented media coverage limits the audience of any specific channel. In the future, more channels should be used to send and reinforce messages. Channels should be chosen based on their likely effectiveness and evaluations should be done to determine the cost-effectiveness of each. Train and work with local level media journalists as well as those at the national level to expand coverage if an evaluation of those trained under JHCP justifies this approach.
- There might be an emphasis on digital messages, which may be especially accessible to younger audiences. These messages can be used in a variety of ways (Internet, training, digital billboards, clinics with monitors, etc.). An evaluation of such an approach after no more than two years should signal whether it is cost-effective and worth continuing.
- There should be a strong, strategic collaboration between the new communication project and HSS-II. The communication efforts should be used to create demand for high-quality and complete service. Demand creation can force health providers to consider their role and improve service.
- There should be a stronger collaboration with HPP to use the media to promote policy change.
- All communication activities using mass media share a common set of activities: formative research message development, creative design, media placement, and evaluation of reach

and impact. One group should coordinate the media work of all USAID health projects and possibly even projects in other development sectors. Better coordination of media scheduling would prevent overlapping messages and competition for time and space. Better coordination would also allow projects to take advantage of existing media networks (like the journalist trained by JHCP). Coordination might reduce costs with shared messaging like health and civil society. Coordinated evaluations could share data collection costs.

- The new project should include a time line for messaging. The time line should use the steps of a behavior change model (awareness, approval, intention, use, advocacy). It should also consider different audiences and their informational needs, media access, constraints to behavior change, and pace of change. The time line is more important now because the taboos on FP messages have been broken, so the pace of change will increase. Messages will wear out sooner. Demand for information will increase. New media channels will develop. Incorporating a time line will ensure a more dynamic approach to behavior change communication.
- JHCP monitoring of Hayati Ahla indicates that women have higher recall of messages than men. This may be a result of men not focusing on messages more relevant to women, or perhaps a result of men not having as much exposure to media. Once the cause is determined the media plan can consider messages more tailored to men and/or message placement to target men. The future media campaign might also consider using a "*Swami Siaga"* or "caring husband" campaign, first used very successfully in Indonesia to increase men's involvement in preventing maternal morality. An illustrative message might be "the caring husband supports his wife using family planning to space out births three years."

Internet Activities

- JHCP has been effective in using the Internet as a channel of communication. In the future, the Internet might be promoted from a tool to a strategy. It could be used to empower clients with health-care-seeking tools, get feedback from clients or providers, do advocacy at local and national levels, more effectively reach young and school-based populations, and augment other media by providing more detailed or sensitive information (e.g., by informing them that more information is available on a specified Web site.). The Internet may also be used to promote champions, recognize community or clinic achievements, promote community mobilization among local leaders and officials, and so forth. The approach could also serve specific groups with their own health Web sites. The two most obvious groups would be public and private health care providers and religious leaders. These sites could facilitate communication, offer continuing education, provide forums for discussion of issues, update information, and provide job aids.
- The Healthcom Web site is intended for MOH use but is also available to the public. It would be more publicly visible and user-friendly to have two sites – one focused on educating the general public and the other for health professionals with relevant technical content. A professional version accessible by both public and private sector health providers, would also allow for dissemination of policies and policy changes, training opportunities, innovations, success stories, continuing education, technical updates, and feedback.
- Sehetna should add a "Common Family Planning Myths and Misconceptions" section to address the constraints of misinformed providers and clients.
- USAID support for a health Internet strategy should be housed with the communication initiatives, but all USAID health projects should be involved. Involvement should include provision of content, promotion of Web sites in project materials, and provision of funding and staff.
- There should be active promotion of the sites as part of the media strategy.

- The project should use the Internet and Web sites in a strategic manner to reach youth with appropriate information about FP, health, and life planning.
- Web sites of use to young people should be promoted by the project in the media, Knowledge Stations, mandatory university health classes, youth centers, and secondary schools.
- Capacity for Web site development, maintenance of the site, and the servers should be considered.
- To determine the cost-effectiveness of an Internet strategy, monitoring and evaluation of use of the information, and effects on attitudes and behaviors of selected Web sites should be done.

Mabrouk

- Mabrouk is a low-cost channel of communication to two primary audiences. It has a good partner and is low maintenance for JHCP and USAID. USAID should continue to subsidize the cost for reproduction of Mabrouk I and II packets, because they represent a good deal for all.
- During the first year of the new project, an evaluation should be conducted to determine which items in each package are valued and useful and which might be eliminated or replaced. Then CSPD might test distribute the package without the low-valued items in select sites.
- The Mabrouk packets should be reviewed periodically to ensure they continue to meet the changing information needs of the target audience.
- JHCP should consider a Mabrouk III. The current packet goes to only first birth registrations. However, there is a demand for a packet from CSPD clients when they are registering additional births. It is unlikely that families will retain the packets for when their next baby arrives.
- If acceptable to CSPD, the texting ability of the CSPD computer system should be explored, with the goal of expanding the phone data collected and using text messages to communicate with clients. For example, send birth spacing messages two months after a registered birth; contraceptive use messages to mothers of six months (who are likely to be ending full breastfeeding); vaccination reminders; and reminders to talk to providers about FP when going in for antenatal care.
- Mabrouk would be an ideal partner for a private sector sponsorship of materials production.
- The birth data CSPD has could be used to track fertility indicators. For example plotting the proportions of higher birth orders – 5+ – would give a sensitive measure of fertility change.

TANMIA

The Conclusion Section for TANMIA raises some critical issues. Addressing those issues should inform the USAID decision-making process on whether TANMIA is better suited for USAID support from the Civil Society Office or whether any assistance beyond current commitments should be considered.

University Ambassadors

- Discontinue the ambassador initiative in favor of curriculum change and use of alternate media.
- If the decision is made that university students are a priority, and the necessary resources are available, and the activity can go to national scale within the life of the project, include the Ambassador approach in any FP communication project.

- Work with universities to develop curriculum content around life planning, FP, reproductive health, and relationship building that fits the focus of the school – general, religious, or medical. Some schools already have courses that could be augmented with family health and life planning materials. Most of the content already exists in the Ambassador Initiative, HCSI, AWSO, and RL training. Partnership with the MOH, HHC, and the HPC would provide the credibility and access to the universities.
- Develop a media strategy that would inform youth on various family heath issues, while protecting privacy and respect for the sensitivity around the issues. Channels could include online courses, Sehetna and related Web sites, Ask-the-Expert, Web sites and cell phone messaging, print materials, DVDs, health fairs, and school media.
- Actively promote the integration of Sehetna as a resource for existing related courses, using teacher workshops and printed instructor guides.

AWSO

Jordan has a highly literate population with good access to various media channels. It also has a health system that facilitates frequent contacts with health providers. It is recommended that USAID communication initiatives focus on these two channels, but also have tools like AWSO to do interpersonal and interactive communication at the community level. The strength of community level initiatives is that they can focus on the more traditional communities, which are most difficult to change. The characteristics of communities that would be candidates for this kind of communication activity would include high fertility, early age at marriage, limited access to other information channels, and low use of IUDs even though provider services are available.

- Depending on the situations the activities could be addressed to couples or to men and women in separate groups. Within such situations, the interpersonal, interactive communication might be targeted to groups with specific characteristics: antenatal and postnatal women, high-parity couples, or young couples.
- The approach should be informed by the AWSO training method and ought to involve multiple contacts with the same individuals over a set period of time. Parts of the AWSO tool kit specifically related to FP, including spousal communication, the difference between a wish and a plan, the fatwa on family health, and effectiveness of different methods, should be used for training facilitators, who would receive a stipend, and community members. The trainees should be encouraged to discuss the topics of each session with others. After completion of the training, willing participants could become a channel of communication and community-level change agents provided with cue cards for dissemination of messages and low-cost brochures on modern FP methods for distribution to community members. During their first year, the "participant graduates" should receive periodic supervision and monitoring to help ensure that they are correctly and effectively providing messages to their peers.
- The interpersonal, interactive outreach to community members could be undertaken through health promoters based in health facilities with community outreach responsibilities, or under the auspices of CBOs or NGOs. It is important that the person has credibility within the community and the necessary attitude and communication skills. An institutional base will be important for regular monitoring and support to the "trainers" or peer educators. It is suggested that the new project pilot various approaches based on an initial community and institutional assessment.

APPENDIX A. SCOPE OF WORK

I. TITLE

Activity: USAID/Jordan: Evaluation of Jordan Health Communication Program

Contract: Global Health Technical Assistance Project (GH Tech), Task Order #1

II. PERFORMANCE PERIOD

o/a September 13, 2011 – October 13, 2011

III. FUNDING SOURCE

Field Support- Jordan

IV. OBJECTIVES AND PURPOSE OF THE ASSIGNMENT

USAID/Jordan plans to conduct an evaluation of the Jordan Health Communication Program, managed by the Johns Hopkins University, Center for Communication Programs. The communications program comprises the behavior change communication component of the USAID Strategic Objective, "Improved Health Status of all Jordanians" under the 2010-2014 USAID Strategy.

V. BACKGROUND

Jordan has one of the fastest growing populations in the world. Between 1979 and 2009, the population grew from 2.1 to about 6.1 million people. At the current growth rate of 2.3% the population of Jordan will double in about 30 years. The Government of Jordan (GOJ) recognizes that this is a prospect it can ill afford, given Jordan's limited natural resource and economic base.

While overall health conditions in Jordan are good, the population growth rate continues to be a major development constraint. The 2009 Demographic and Health Survey (PFHS) found total fertility rate at 3.8 with virtually no change from 3.7 in 2007. Contraceptive prevalence has leveled off for all methods at 57% as compared to 56% in 2002. The following factors might have contributed to the plateauing levels of TFR and CPR:

- *Desire for Large Family Size:* More than two-thirds (66%) of women in the 2009 PFHS consider the ideal family size to be at least four children, compared to 70 percent in 2002.
- *High risk closely spaced births:* Birth intervals in Jordan are still among the shortest in the world. In fact approximately 60% of births in the five years preceding the 2009 PFHS were less than three years apart.
- *High discontinuation rates*: Forty four percent of women discontinue use of a modern contraceptive method within 12 months of beginning a method according to PFHS 2009, a figure that is 5% more than the preceding survey of 2002. High discontinuation is combined with a high contraceptive failure rate due to the fact that 17% of current users utilize traditional methods.
- *Missed Opportunities:* Several lost opportunities exist in the health care system: One is the premarital exam which could be a good opportunity to educate young couples about birth spacing and family planning. The second is associated with postnatal care. Although antenatal care is universal in Jordan, only 30% of antenatal care attendees receive post-natal medical checkup within 8 weeks from delivery. This period is a crucial period for family planning as many women are again at risk for unwanted pregnancy. Women who have spontaneous abortions (miscarriage) also represent another missed opportunity as they do not receive

contraception as part of post-abortion care (PAC). Furthermore, current packaging of service delivery at primary health care settings allows for easy to tackle missed opportunities for family planning.

- *Inadequate access to female providers*: Jordanian women generally prefer to visit female physicians for family planning services. However, there are not enough female physicians engaged in family planning to meet this demand. Midwives, who are allowed to deliver pregnant women, are more available and acceptable, and have been trained under USAID supported projects to insert IUDs. However, expanding their medical license faces legal problems.
- *Providers' biases:* The absence of clear operational polices at public service sites has opened the door for providers' own policies and biases. Physicians' use of personally determined criteria to decide whether or not a woman is eligible for receiving certain services limits access, especially to permanent and long-acting methods. Also, many physicians lack proper training and accurate information about methods.
- *Quality of counseling and short encounter time:* Negative attitudes toward counseling and inadequate quality and short encounters limit the amount of information provided to women and, therefore, their ability to choose the type of services best suited to their needs and contributes to the high discontinuation rates.

Jordan has an extensive public health service delivery system reaching the majority of citizens. The current rates of infant mortality at 23 per 1000 live births and under- five-mortality at 28 per 1,000 live births are still considered high and can affect Jordan's ability to achieve the Millennium Development Goals. Services for maternal health have expanded to national coverage with 98% of pregnant women in contact with MOH antenatal and birth services and 94% of children age 12-23 months are fully immunized. Over 98% of deliveries take place in hospitals in Jordan with an estimated maternal mortality ratio of 19 per 100,000 (1995). While reasonably good quality care is available from MOH services, the effectiveness of the services and quality of the contacts requires more attention.

Jordan has been experiencing an epidemiological transition as part of the demographic transition to an older population. Infectious diseases are still a cause, albeit less prominent cause, of morbidity and mortality, while at the same time chronic non-communicable diseases are reaching alarming levels.

Population and Family Health Strategy

USAID seeks to help Jordan achieve sustained declines in fertility, stable population growth, and improved family health for all Jordanians. The program is carried out in close coordination with the Government of Jordan with emphasis on the Ministry of Health and the Higher Population Council. The Mission's health sector goal, as revised in 2009, is to "Improve the Health Status of all Jordanians" by focusing on the following three results: (1) "Maternal and Neonatal Services Improved"; (2) "Use of Family Planning Services Increased"; and (3) Capacity of Health Systems Strengthened." JHCP is responsible for generating the demand for these services and effecting positive behavior changes related to family planning, reproductive health and healthier lifestyles.

Program Description

The Jordan Health Communication Program (JHCP) is an 8-year Cooperative Agreement implemented by the Johns Hopkins University with a funding level of approximately $26 million. The purpose of this program designed in 2004 was to promote healthy lifestyles by: (1) implementing a national health communication strategy using the life-stages approach; (2) assisting local communities to adopt healthy behaviors; and (3) supporting child spacing and the small family norm. Over the last several years the program has focused more on promotion of

the small family norm, birth spacing and gender equity rather than on broad based healthy lifestyles through multi-media channels. Data from the 2007 mid-term evaluation show that exposure to messages is high – with 73% of women having recalled seeing or hearing a family planning message in the preceding six months.

JHCP works through a number of local partners, including partners not traditionally involved in health promotion efforts, such as religious leaders, civil society groups, the private sector. In 2008 JHCP began working with the Civil Status and Passports Department (CSPD) of the Ministry of the Interior (MOI) on the Mabrouk I and II Initiatives. The CSPD is able to reach almost all Jordanians and through this program targets engaged couples, newlyweds, and parents registering their first baby. JHCP also launched a targeted campaign in Zarqa in 2010 and currently in Irbid through the local Governorates and with the local governors, the MOI and religious leaders. JHCP also has ongoing efforts working with the Ministry of AWQAF and Islamic Affairs educating religious leaders on birth spacing, family planning and reproductive health. In addition, Web-based health information is disseminated through Shetna.com.

VII. STATEMENT OF WORK

The team will review programmatic strengths and weakness and results of JHCP since its inception in 2004.

The original goal of the JHCP as laid out in the original Grant Agreement was to "Improve the Practice of Healthy Lifestyles". Indicators were related to exercise, smoking and quality of life as well as desired family size and birth spacing. As USAID began to focus its program increasingly on family planning, these healthy lifestyle indicators were eliminated from the USAID Performance Monitoring Plan (PMP). Therefore, the evaluators will not be asked to evaluate the extent to which the project has been successful in achieving the original indicators. However, they will be asked to comment on progress (and/or relevance) toward the original program objectives outlined below:

- To coordinate and integrate all Health Behavior Change Communication activities/programs in Jordan.
- To provide strategic integrated cross cutting Behavior Change Communication to achieve health competence and sustainable health behavior change across life stages.
- To enhance the Jordanian capacity in Behavior Change Communication and institutionalize sustainable Behavior Change Communication systems.
- To invoke and sustain support among leaders, policy makers, stakeholders and decision-makers for an environment conductive to behavior change and adoption of healthy lifestyles

JHCP's performance should primarily be evaluated against the revised program objectives from May 2008: To promote behavior change regarding family planning through (1) promoting spacing of at least 3 years between pregnancies and (2) promotion of a cultural shift toward small family size. The evaluators will review progress toward the indicators identified in the Mission's PMP including but not limited to:

- Percentage of mothers who waited at least three years since the previous birth
- Percentage of women who report preference for a small family size (3 children or less)
- Percentage of women who have seen or heard a specific FP/RH message, by media channel

To achieve these objectives JHCP has structured their initiatives through the following components:

1. Entrenching FP as a main component of a modern and healthy lifestyle

2. Community-level interventions that focus on vulnerable groups
3. Bolstering existing social networks to achieve national adoption of healthy FP practices
4. Linking FP with women's empowerment and gender equity
5. Promoting quality FP service delivery through modeling service providers behavior, skills, quality services, provision of communication aids and training in IPC/ Counseling (in cooperation with CAs working on service delivery)
6. Enhancing men's involvement in FP communication, including a review of JHCP's work with religious leaders
7. Reaching youth through electronic media
8. Integrating 'life planning' initiatives into existing health education curriculum within the Jordanian school system and at the University level (as outlined under JHCP's 2011 work plan)

The evaluators will review progress and achievements for each of the 8 objectives listed above. Item 9 was subsequently removed from as a JHCP objective and replaced with strengthening capacity for behavior change communication at the MOH.

The evaluators should also comment on program linkages and collaboration among implementing partners. They need to assess coordination between JHCP and the other USAID Implementing organizations and the degree to which the JHCP communication program has assisted with materials and other support necessary for USAID supported projects to expand quality family planning and reproductive health services.

Illustrative questions for the evaluation team include the following:

- To what extent are JHCP achievements contributing to the USAID Strategic Objective for Health?
- Assess how the JHCP program advances GOJ priorities as expressed in GOJ strategy documents such as the National Agenda, the 5-year Health Strategy, the National Population Strategy, the Reproductive Health Action Plan and the National Communication Strategy.
- Are the target groups selected appropriate? Are any segments of the population left out?
- Comment on JHCP selection of local partners. How effective are each of these partners in helping to achieve USAID family planning/reproductive health objectives?
- To what extent has the program been successful in helping to create an environment that is supportive of the small family norm, of child spacing and adoption of modern family planning methods?
- Comment on the effectiveness of the communication channels approaches and media channels used.
- Comment on the effectiveness of community based approaches. How effective has JHCP been in linking mass media messages with community level interventions?
- Assess the effectiveness of JHCP in building capacity and institutionalizing in-country capacity.
- How has the private sector contributed to the success of this program?
- Comment on in-country capacity, especially in the private sector to develop communication materials and implement activities
- How effective is the Health Communication Strategy? Comment on the process for developing this Plan.
- Has the JHCP successfully implemented the recommendations contained in the 2009 Program Assessment?

The evaluation report should also contain recommendations for the future in terms of:

- Assess the need for and scope of continued USAID assistance in health communication
- Identify appropriate target groups such as populations with higher fertility rates and critical content areas for future behavior change communication program and suggest innovative and focused strategies to promote family planning, the small family norm and healthy lifestyles, especially among disadvantaged groups and taking into consideration gender roles in Jordan as appropriate;
- The relative emphases of family planning and health in the program;
- Identify any new approaches to message dissemination;
- Recommend reasonable and implementable options for ensuring the long-term sustainability of activities;
- Assess extent to which the private sector may provide financial or other support for health communication activities in the future
- Recommend ways to increase private sector involvement, e.g. corporate social responsibility and social marketing opportunities, in the Jordan health communication program;
- Suggest new approaches to capacity building or interventions necessary to institutionalize project interventions, i.e. Mabrouk, work with Religious Leaders and partnerships with the MOI and MOE;
- Recommend adjustments necessary to improve current monitoring and evaluation efforts;
- Identify the major components and specific activities which should be continued and identify new areas of emphasis which should be included in any new design;
- Comment on ways to strengthen community based approaches.

VI. PROPOSED METHODOLOGY

The methods to be used in completing this evaluation will include, but not be limited to: reviewing documentation, interviews, site visits, stakeholder meetings, focus group discussions etc. The Mission will be responsible for arranging all in country logistics, site visits and meetings.

The Evaluation Team is expected to consider all stakeholders in completing this evaluation. Therefore, it is expected that the contractor will interview, meet with, and review the documents of:

- USAID/Jordan
- Social Sector/PFH Team
- USAID's Implementing Partners
- JHCP sub-contractors
- Other organizations working in communication, i.e., RHAS, private sector
- Ministry of Health Officials
- Ministry of Education, Ministry of Interior and Ministry of AWQAF and Key private/commercial sector counterparts
- Others to be determined during the evaluation

Below is a list of specific Background Reading Material that the Team should review (either prior to arriving or in-country):

- USAID Strategic Documents, including the Strategy Status Check of 2008 and the draft Country Strategy: 2009–2014, March 2009

- Jordan's National Population Strategy
- National Health Communication Strategy
- Health Sector strategy
- Ministry of Health Strategy
- USAID-funded Reproductive Health Action Plan II
- PFHS 2009 Survey Results
- 2009 Program Assessment
- JHCP Omnibus and other activity-level evaluations
- JHCP Cooperative Agreement and Amendments
- Annual work plans, quarterly reports
- JHCP baseline and mid-term survey
- Omnibus and other data collection, monitoring and evaluation plans and studies

All above documents will be made available on a CD after selecting the consultants.

VII. SKILLS AND LEVEL OF EFFORT

Team Composition

The team will consist of 3 individuals with the following skills mix: health communication, family planning/reproductive health, population policy, training, community based approaches, corporate social responsibility, USAID project assessment and evaluation. Familiarity with the health service delivery system in Jordan would be an advantage as would experience working in the Middle East. All individuals need to be experts with international experience. Proposed composition of the three consultants:

1. The Team Leader should be a health communications/behavior change specialist with at least 10 years of experience supporting similar program requirements, related to project design and evaluation. The team leader will take the lead on preparations, coordinating team member input, and submitting, revising and finalizing the assignment report.
2. A second health communications professional with at least 5 years experience managing or evaluating USAID programs. The second health communications professional will, as agreed with and assigned by the Team Leader during team planning meetings, contribute to the writing of the final report.
3. One Arabic speaking public health communication expert. The public health communication expert will, as agreed with and assigned by the Team Leader during team planning meetings, contribute to the writing of the final report. This team member will also arrange focus group discussion as necessary.

Deliverables

1. Work Plan: The consultant team will prepare a work plan which will include the methodologies and questionnaires to be used during the evaluation. The work plan will be submitted for discussion and approval during the team's in-briefing with USAID/Jordan.
2. Debriefing with USAID/Jordan: The team will debrief USAID prior to the development of the report and then will follow up with an official oral debrief to the Mission while still in country. They will present the major findings of the fieldwork through a PowerPoint presentation. The debriefing will include a discussion of the findings, conclusions, recommendations for next steps and outline of the evaluation report. The consultant team will consider USAID comments and incorporate those comments and changes into the draft report, as appropriate, prior to submission to USAID.

3. Draft Evaluation Report: A draft report of the findings and recommendations will be submitted to USAID/Jordan prior to the consultant team's departure. The report will be submitted in English, electronically. The written report should clearly describe findings, conclusions and recommendations including next steps. USAID will provide comments within 10 business days of receiving the draft report. The team leader will coordinate the report writing efforts and lead this process.

The report should not exceed 40 pages, not including annexes. A suggested outline for this report includes the following:

- Summary
- Evaluation Methodology
- Background
- Rationale for Demand Creation Program in Jordan
- Description of Program (Objectives and Activities)
- Changes in Design over Time
- Achievements
- Evaluation Findings
  - External Factors
  - Comments related to original (2004) Program Objectives
  - Findings related to USAID Strategic Objectives and specified indicators (since 2008)
  - Findings related to program objectives and indicators (since 2008)
  - Findings related to Project Activities (planned and unplanned)
  - Findings related to recommendations for future BCC activities and initiatives in Jordan
- Key Constraints and Obstacles hindering achievement of program objectives
- Management Issues (JHCP and USAID)
- Conclusions and Recommendations
- Recommendations for Future USAID Assistance in Health and Family Planning
- Lessons Learned

1. Final Report: The consultant team will submit a final report that incorporates responses to Mission comments and suggestions one week after USAID/Jordan provides written comments on the draft evaluation report.

GH Tech will provide the edited and formatted final document approximately 30 business days after USAID provides final approval of the report. GH Tech will provide 10 hard copies along with an electronic final copy. The final draft of the report may be used by USAID/Jordan for planning purposes during the editing/formatting process. The final report will be a public document.

Timing

The evaluation team will be given three working days in the U.S. to review background material. The consultants will be expected to arrive in Jordan o/a 11 September 2011 and to spend approximately 4 weeks in Jordan to complete the evaluation. A six-day workweek is authorized while in country. Prior to departing Jordan, a draft version of the evaluation and its findings should be submitted to the Mission and the team will present the findings in a presentation and oral debrief to the Mission. USAID/Jordan will review the draft and return comments to the team within two weeks. The Team is then expected to submit the final report to GH Tech

within 10 calendar days. The Level of Effort for this evaluation is 37 days, including LOE pre- and post-in country reading and report drafting. Time in country is approximately 26 days.

An illustrative table of Level of Effort (LOE) follows:

LOE	Local Consultant	International Consultants
Review of documents / preparation	3 days	3 days
Scheduling FGDs *(JHCP will schedule interviews)*	3 days	-
Travel to country	-	2 days
In-country Team Planning Meeting and Meeting In-briefing at USAID/Jordan	2 days	2 days
Attend JHCP Workplan	1 day	1 day
In brief with JHCP, site visits and meetings with counterparts/stakeholders and FGDs	14 days	14 days
Analysis of findings	2 days	2 days
Preliminary debrief with USAID/Jordan of findings for comments	1 day	1 day
Draft report writing based on USAID/Jordan comments	5 days	5 days
Oral debrief with USAID/Jordan and submit draft report	1 day	1 day
Consultants depart country	-	1 day
Finalize report in Washington/ remotely	5 days	5 days
TOTAL LOE (estimated)	37 days	37 days

A six-day work week is authorized while working in country.

Delivery Schedule: USAID/Jordan requires a preliminary presentation of findings by 6 October with a comprehensive draft report on 13 October prior to departure.

VIII. LOGISTICS

This review will be carried out by the GH Tech Project. The contractor will provide all logistical arrangements such as flight reservations, country cable clearance, in-country travel, airport pick-up, lodging and interpreters, as necessary.

USAID/Jordan will provide overall direction to the consultant, provide key documents and background materials for reading and help arrange the in-briefing and debriefing. As space is very limited at USAID, it would be helpful if the team arranged working and meeting space at the hotel. USAID will participate in key meetings with the Ministry of Health and other stakeholders as appropriate. The Mission will be responsible for arranging all in country logistics, site visits and meetings.

IX. MISSION CONTACTS

Laura Slobey, Leslie MacKeen, or Basma Khraisat

USAID/Jordan
Social Sectors Office
Population and Family Health Program

APPENDIX B. PERSONS CONTACTED

U. S. AGENCY FOR INTERNATIONAL DEVELOPMENT/JORDAN

Kevin Rushing	USAID/Jordan, Acting Director
Douglas Ball	Deputy Mission Director
Mohammed Yassien	USAID/Jordan, Program Officer
Leslie MacKeen	Project Manager, Population and Family Health Section
Laura Slobey	Team Leader, Population and Family Health Section
Dr. Basma Khraisat	Project Management Specialist, Population and Family Health Section
Ziad Muasher	Project Management Specialist
Ali Arbaji, MD, MPA	Project Management Specialist/ Population and Family Health Section

JOHNS HOPKINS UNIVERSITY/ USA

Alice Payne Merritt	Director, Global Program
Amrita Gill Bailey	Team Leader\Near East Program
Heather Sanders	Program Specialist, Asia\Near East
Douglas Storey	Research Director
Carol Underwood	Research Office for Jordan

USAID COOPERATING AGENCIES

Jordan Health Communication Partnership (JHCP)

Edson Whitney	Chief of Party
Rula Dajani	Deputy Chief of Party
Lina Qardan	Senior Technical and Advocacy Advisor
Huda Murad	Senior Specialist: Service Delivery and Community Interventions
Wisam Qarash	Senior Health Education and Communication Specialist
Shaima Alieh	Training and Business Development Specialist
Ahmad Nofal	Community Mobilization and Outreach – Project Officer
Amjad Hiary	ICT & Web Management Specialist
Bashar Husban	Mass Media and Communication Officer
Sarah Kamhawi	Monitoring and Evaluation Program Officer
Hanan Qobrosi	Documentation and Online Management Officer
Rawan Qurashi	Web Management and Content Provision Officer
Mohammad Samhouri	Program Assistant/ IT
Bashar Kafafi	Irbid Project Coordinator

Strengthening Family Planning Project (SHOPS) Private Sector Project (PSP)

Reed Ramlow	Project Director
Houda Khayame	Private Sector and Social Marketing Manager
Maha Shadid	Deputy Chief of Party
Minki Chatterji	Research Director (USA)

Health Systems Strengthening II (HSS-II)

Dr. Sabry Hamza	Chief of Party
Hala Al-Sharif	Community Health Team Leader

Health Policy Project

Basma Ishaqat	Country Director

GOVERNMENT OF THE KINGDOM OF JORDAN

Higher Health Council

Dr. Taher Abu Al Samen	Secretary General
Dr. Jamal Abu Saif	Research and Evaluation Director

Higher Population Council

Professor Raeda Al Qutob	General Secretary
Rania Alabadee	Director of the Technical and Information Unit

Ministry of Education

Dr. Salah Khalyleh	General Director
Dr. Munther Shboul	Director of General Education
Mr. Mohammad Ghazi	Head of School Health Division
Mr. Assad Ameera	Member in the School Health and Nutrition Program
Ms. Sahar Mahasan	Member in the School Health and Nutrition Program
Mr. Muhammad Alksawani	Member in the School Health and Nutrition Program
Ms. Ketaam Hatar	Member in the School Health and Nutrition Program

Ministry of Information and Communication Technology - National Information Technology Center

Dr. Nabeel Fayoumi	General Manager/ Chief Information Officer
Ms. Auhood Majali	Knowledge Station Director

Civil Status and Passport Department (CSPD):

HE Mr. Marwan Qteshat	CSPD General Manager
Mr. Abdullah Al Qudah	CSPD Assistant Director General
Mr. Khalid Taha	Management Development and Training Assistant Director
Mr. Hussain Al Dabbas	Administrative and Financial Manager
Mr. Taiel Al Sarheed	Management Development and Training Officer

AWQAF Ministry

Abd Al Rahman Ibdah	Secretary General Assistant for Preaching and Guidance
Youssef Salabie	

Ministry of Interior (MOI)

Dr. Raed Al Adwan	Local Development Director

Ministry of Health (MOH)/Amman

Dr. Daif Allah Al Lozi	Secretary General
Dr. Bassam Al-Hijawi	Director of Primary Health Care Administration
Dr. Rowaida Rasheed	Head of Woman and Child Health Directorate
Dr. Khawla Kawaa	Woman and Child Health Directorate
Dr. Randa Baqa'een	

IFTAA Directorate

Dr. Mohammad AL Khalayleh	Secretary General
Dr. Hasan Abu Arqooab	

GOVERNMENT OF JORDAN—IRBID

His Excellence Mr. Khalid Abu Zaid	Irbid Governor

Ministry of Health (MOH)/ Irbid

Dr. Abd AL Rahman Tubaishat	Irbid Health Director
Dr. Ali Zitawi	Howara Health Clinic Head

Ministry of Religious Affairs (MAIAHP) - Director /Irbid

Marwan Rayahnieh	Ramtha AWQAF Director
Mohammad Al Amri	AWQAF Irbid Director
Shaik Abdalla Rababa'ah	Irbid Mufti
Ahmad Nosier	Task Force Liaison officer/ LDU in Irbid

JNFW Irbid

Ms. Ghada El Telhab JNFW	Irbid Director

Khadijah Um Al Mo'mienien School

Siham Al Shourman	School Director

GOVERNMENT OF JORDAN—ZARQA

Health Directorate of Zarqa Governorate

Bashar Abu Saleem	Health Director of Zarqa Governorate
Nabeel Al Hejawi	Deputy Health Director

Sukaina School / Zarqa

Ms Kholoud Jarrad	School Director
Ms Duh Al-Safwan	Physical Fitness Teacher
Ms. Hayat Al- Rowad	Computer Teacher

Dulail District Governorate

Mr. Abdel Salam Al Omoush	Dulail District Governor
Mr. Khalaf Al Khaldi	Dulail District Governorate
Mr. Isoud Al Masa'eed	Local Community
Mr. Abdalla Abu Hudie	Local Community
Mrs. Fatmeh Al Dahamsheh	Local Community
Mrs. Amal Bra'meh	A nurse in Dulail Medical Health Center/ AWSO trainer

Zarqa Local Development Unit

Mr. Mohammad Aqeel	Head of LDU/ Zarqa
Mr. Ayman Al Romi	LDU Team
Ola Jaradat	LDU Team

AWQAF/Zarqa

Shaik Mohammad Al Jiboul	AWQAF Irsaifeh Director

RLs and waizat trainees:

Yehia Shahin	
Afaf Al Khatieb	
San'a Al Khaldi	
Rahmeh Al Dimour	
Zidan Humaidan	Former AWQAF Director & RL Trainer
Hatem Ishaimat	RL Trainer

Memec Olgilvy Advize

Fouad Abdel Latif	Partner
Luma Aloul	Account manager for JHCP
Mohammad Kamal	Managing Partner

Fine Hygiene Paper Products, Nuqal Group

Bassam Salah	FINE Country Manager
Waseem Nuqul	Trade Marketing Manager

Royal Health Awareness Society

Enaam Barrishi	General Manager

The Queen Zein Al Sharaf Institute for Development

Dr Sawasan Majali Director,	The Queen Zein Al Sharaf Institute for Development and Deputy Executive Director of Strategic Planning JOHUD

APPENDIX C. REFERENCES

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APPENDIX D. FOCUS GROUP INSTRUMENTS AND SUMMARY OF FOCUS GROUP DISCUSSIONS

MODERATOR'S GUIDE

Ambassadors/ University Students Semi-structured FOCUS GROUP/ Discussion

Introduction:

Moderator: Good morning. My name is..... I am a researcher in reproductive health issues, and I have been asked to serve as the moderator for this focus group discussion.

Welcome, we would like to thank you for sharing your time with us in this discussion. We are working with GH Tech. We are going to ask you about your experience in the Ambassadors activity.

The objective of these focus group discussions is to evaluate the Ambassadors activity. We want you to know that your opinions are very important.

My colleague ..... will write down our discussions. I am sure that she will not be able to write the entire dialogue, so we decided to record this meeting if you have no objection. The content of the discussions is confidential and limited to the use or the purpose of analysis and report writing.

Notes writer

Please check participants' names and compare it with the list you have that was written by the regional coordinators.

Please fill out participants' characteristics forms and write down their names on cards to be fixed on their cloths.

Preliminary rules

Moderator:

(Try to encourage participants to share in the discussion.)

Remember that in this discussion there is no such thing as a right or wrong opinion or correct or incorrect on shares. We want and need you to express your opinions freely.

Please feel free to talk frankly and share your points of view. I am interested to hear from all of you. I am not going to take part in this dialogue because my role is to facilitate the group discussion.

You should know that today's discussions and other meetings will be treated confidentially and will be used only for research purposes.

Please do not talk among yourselves so that we can listen to the woman who is talking and respect her point of view. Please do not interrupt each other.

Our meeting today is nearly two hours. We will take a break at the middle of the discussion and some refreshments will be served.

I will be turning off my cell phone so that I can listen to you effectively, so please turn off your cell phone if you have one so that you can concentrate on the discussion.

Before we get started, I'd like everyone to introduce themselves to the group. Please speak up.

Discussion about Ambassadors Activity:

1. How were you selected to be an ambassadors/university student? (Probe: by whom, e.g., university or MOI) Is it the same for every one of you?

2. What is the main purpose/objective of the Ambassadors/University Students project? (Ask a number of people about their perception of the purpose of ambassadors.)

3. What are the main messages/topics you talk about as ambassadors? Among all the messages/topics, which four do you focus on the most? (Have each person write their four topics on a piece of paper and then later we can calculate.)

4. Are there any topics that you do not feel comfortable discussing? Which? (List the topics then read and have each hold up their hand if they also do not feel comfortable discussing; count the number of hands raised.)

5. Are there some messages/topics for which you do not feel you have the correct information to answer questions raised? Which? (Use same procedure as above.)

6. What are the main activities that you have carried out? Were they done with a group or individual? (If for a group, ask what is the main approach, e.g., lecturing, discussions, role play.)

7. Now I would like to know if you have reached more male students than female students. (Raise hand if more males and then count the number of hands.)

8. In the training you received as an ambassador, were you provided any materials or references? What? Do you find these materials adequate in helping you to carry out your activities? Explain.

9. To conclude please rate the degree to which you find them adequate: very adequate, adequate, less than adequate, not adequate. (Read category and have them raise hand if this is their rating.)

10. Do you receive any payment as an ambassador? (What for; monthly amount.)

11. How many people were trained as ambassadors from your university? How many of these from your university are still active as ambassadors? (Ask one person from each university to respond.)

12. I'd like each of you to share if being an ambassador has had an effect on you as an individual? Please cite the main effect and explain.

MODERATOR'S GUIDE

Focus Group with Religious Leaders (TOT PARTICIPANTS)

Introduction:

Moderator: Good morning. My name is..... I am a researcher in reproductive health issues, and I have been asked to serve as the moderator for this focus group discussion.

Welcome, we would like to thank you for your time to share us in this discussion. We are working with GH Tech. We are going to ask you about your experience in The Religious Leaders activity.

The objective of these focus group discussions is to evaluate the Religious Leaders activity. We want you to know that your opinions are very important.

My colleague ..... will write down our discussions. I am sure that she will not be able to write the entire dialogue so we decided to record this meeting if you have no objection. The content of the discussions is confidential and limited to the use or the purpose of analysis and report writing.

Notes writer

Please check participants' names and compare it with the list you have that was written by the regional coordinators.

Please fill out participants' characteristics forms and write down their names on cards to be fixed on their cloths.

Preliminary rules

Moderator:

(Try to encourage participants to share in the discussion.)

Remember that in this discussion there is no such thing as a right or wrong opinion or correct or incorrect on shares. We want and need you to express your opinions freely.

Please feel free to talk frankly and share your points of view. I am interested to hear from all of you. I am not going to take part in this dialogue because my role is to facilitate the group discussion.

You should know that today's discussions and other meetings will be treated confidentially and will be used only for research purposes.

Please do not talk among yourselves so that we can listen to the person who is talking and respect his or her point of view. Please do not interrupt each other.

Our meeting today is nearly two hours. We will take a break at the middle of the discussion and some refreshments will be served.

I will be turning off my cell phone so that I can listen to you effectively, so please turn off your cell phone if you have one so that you can concentrate on the discussion.

Before we get started, I'd like everyone to introduce themselves to the group. Please speak up.

Discussion about Religious Leaders Activity Trainers

(TOT PARTICIPANTS):

1. What are your opinions about the training you received to enable you to train other imams and waizat (women religious leaders)? IF THEY DO NOT MENTION, ASK, Did the training on facilitation skills assist you in training others? In your working with lay people?

2. When you trained the other imams and waizat, what were their most frequent questions or comments?

3. In your personal opinion, what portion of those you trained were resistant about modern family planning methods? Focus on quality of child's life rather than quantity of children?

4. What do you think needs to happen to reduce resistance?

5. Do you think that the training adequately empowered them to **(LEAVE AT LEAST 15 minutes for question 7—SKIP 5 & 6 if time running out.)**

6. Use the guide for Friday prayers?

7. Better understand the fatwa issued on modern family planning methods, equality of males and females, and quality of child's life in the family**?**

8. What do you think needs to be done to empower them?

9. As individuals with families, has the training you received influenced your family life? Explain.

Discussion about Religious Leaders Activity Second Level:

From the training you received, what do you consider the single most important thing that you learned?

The manual has many verses for sermons under a number of categories.

- From which category have you chosen the most verses on which to preach?

In your religious lessons and counseling have you talked about Islam acceptance of use of modern family planning methods? If yes, what have been the reaction and comments?

In your religious lessons and counseling have you talked about being able to care for the children you have: quality rather than quantity? If yes, what have been the reaction and comments?

Is someone asks you, how do you explain providing quality life for children?

From your personal view, if I ask a layperson the ideal family size does the answer reflect the size of family the person intends to have?

MODERATOR'S GUIDE

AWSO Semi-structured FOCUS GROUP/ Discussion (Trainers):

Introduction:

Moderator: Good morning. My name is..... I am a researcher in reproductive health issues, and I have been asked to serve as the moderator for this focus group discussion.

Welcome, we would like to thank you for sharing your time with us in this discussion. We are working with GH Tech. We are going to ask you about your experience in the AWSO activity.

The objective of these focus group discussions is to evaluate the AWSO activity. We want you to know that your opinions are very important.

My colleague ..... will write down our discussions. I' am sure that she will not be able to write the entire dialogue so we decided to record this meeting if you have no objection. The content of the discussions is confidential and limited to the use or the purpose of analysis and report writing.

Note's writer

Please check participants' names and compare it with the list you have that was written by the regional coordinators.

Please fill out participants' characteristics forms and write down their names on cards to be fixed on their cloths.

Preliminary rules

Moderator:

Try to encourage participants to share in speech.

Remember that in this discussion there is no such thing as a right or wrong opinion or correct or incorrect on shares. We want and need you to express your opinions freely.

Please feel free to talk frankly and share your points of view. I am interested to hear from all of you. I am not going to take part in this dialogue because my role is to facilitate the group discussion.

You should know that today's discussions and other meetings will be treated confidentially and will be used only for research purposes.

Please do not talk among yourselves so that we can listen to the woman who is talking and respect her point of view. Please do not interrupt each other.

Our meeting today is nearly two hours. We will take a break at the middle of the discussion and some refreshments will be served.

I will be turning off my cell phone so that I can listen to you effectively, so please turn off your cell phone if you have one so that you can concentrate on the discussion.

Before we get started, I'd like everyone to introduce themselves to the group. Please speak up.

Discussion About AWSO:

Discussion starters: How long have you been involved? Do any of you work outside the house? What is your husband's occupation? Etc. Try to see if there are background characteristics that affect selection or implementation (for example, husband approves of AWSO, etc.)

1. How did you come to be involved in AWSO?

2. What motivated you to be an AWSO facilitator?

3. Now that you have experience as facilitators, what are your views/opinions about the strength and weaknesses of the facilitator training?

4. Do you have any suggestions for improving the training?

5. How do you recruit (encourage people to come for the training)?

6. Is it difficult to get the people to come?

NOTE: 5 and 6 may generate redundant responses, especially if they are easy to recruit.

7. In some communities, men attend the AWSO training sessions. Has this occurred in your training sessions? If so, are they training sessions or discussion sessions?

   - IF Yes Probe

   - 7A In your opinion, why do they come?

   - 7B. Do men come for specific sessions or do they just come to see what is happening?

   - 7C. If men come for specific sessions,. which sessions are most interesting to them?

   - 7D. Does having men participate have an impact on the sessions, and is the impact positive or negative?

   - 7 E. If the impact is negative or mixed (Probe) Do you think a separate session for men to help them understand AWSO would be helpful?

8. Facilitator does group ranking: I'd like you to think about the six sessions (READ Session names). As a group can you rank the six sessions by the most to the least interesting? Ties are acceptable. (Give time for discussion and negotiations)

9. Now can you pick the session that was the most helpful to you in your role as an AWSO facilitator?

   - 9A. Which session was the least useful?

10. What are the common questions and comments do you get when discussing Planning the Family and Securing Its Health?

11. As a facilitator, do you have any recommendations for improving the Facilitation Guide?

12. Has your AWSO discussion and work had any impact on the women and couples in your community?

13. Has being a facilitator had any impact/ effect/change on you?

AWSO Semi-structured FOCUS GROUP/ Discussion Participants (Lay people)

1. What motivated you to begin attending the AWSO training sessions?

2. What are the two most important things that you learned from the sessions you attended, and why you consider these the most important?

3. Did you acquire any new skills? What is the single most important skill you learned?

4. Are there any topics that you felt should have been discussed or explained more thoroughly?

5. There is a session on Participation of Men and Women in Planning Their Family and Securing the Family's Health. In this session there is training and discussion on modern family planning contraceptive methods and the benefits of smaller families.

   - 5A.Did you learn anything new from the discussion on all the modern family planning contraceptive methods?

   - 5B. Did you talk to your husband about what you heard in the session?

   - 5C. Did you talk to your friends about what you heard in the session
     (Probe:) What was their response?

   - 5D. If you wanted to use family planning today, what modern method would you be most interested in?

6. How long should you wait to have your first child?

7. How long should you wait between having children?

8. Is choosing to have fewer children against the teachings of Allah? **or** What do the teachings of Islam say about the number of children a couple should have?

9. The training covered many important topics. Has attending the training sessions led you to do anything differently? Please explain. (Probe:) Why didn't you do this before the training? (LEAVE AT LEAST 15 MINUTES FOR DISCUSSION OF THIS QUESTION)

FOCUS GROUP FINDINGS

The AWOSO Trainers Irbid

Introduction

The participants indicated that they were recruited as trainers through an ad from the Jordanian National Forum for Women (JNFW). They had a meeting with the responsible administrator from JHCP; 27 women attended. They were offered full information about the training; accordingly they were motivated to participate. A member of the assessment team selected the participants for the focus group from a list sent by JHCP. The participants were five female trainers, with an age range from 26 to 55 years old; three participants were married, one engaged, and one single. One participant had four children, one participant had six children, and one participant had 13 children. One participant had a BSc. education, one was a two-year college graduate, and three were high school graduates. The family monthly income ranged from $500 to $800 with an average of $650.

All participants indicated that what motivated them is that the idea was good and needed, and they had money for the transportation and for the hospitality provided to the women. They want to train so it is a good opportunity and they were able to do it. Many of the participants indicated that there is a need for them to educate other women who lack the information related to women's health, and family planning.

Major Findings

- All participants were motivated. One participant indicated that *"the training is needed for them as they needed the information and many of them they lack the information and the training manual has complete information related to the family health which is needed for all of us, in addition of the motivation to be active in the community."* One participant said "the best reason for participating that you could do the activity at your home and you could select the women you want to train."
- All the participants indicated that all topics in the training were needed and they learned from them; however, they agreed that the most important were the women's health topics and the information related to hypertension and diabetes and the family planning part. The participants agreed that all the information in the training was important.
- Most participants indicated that they are interested in the training manual, and after the training they were able to communicate with people. They learned the most about the importance of the women's empowerment, and they were interested about the first topic, which is the Arab woman speaks out. One participant said "*we learned (from) most of the topics"* and the other participants agreed.
- The participants indicated that the manual was comprehensive but they needed more time to discuss it and they felt that more time is needed to cover most of the topics, especially the one related to the different diseases and the health issues. Many participants indicated that one of the weakness points is that the training time of six sessions is not enough and a participant said *"in Bani Kenana where she lives the population 10,000 and to spread the training to all we need more sessions to be conducted."* Another participant said *"the training was very condensed to have 2 sessions in one day is exhausting."* One participant said *"it is difficult to bring the women to the sessions, but mostly they agreed as they receive the money for the transportation and the hospitality so they were able to do the session and no problems."*
- To improve the training one participant suggested giving the women advance training about health and illnesses topics. Some participants indicated that they need the training to be longer and they think that some of the topics were covered within a very short period and many issues were covered superficially as the time was not enough. They recommended

having good trainers who are able to use the communication actively. They think that they want the training to be continued for at least two years and they need the follow up and the financial support. They also thought that the follow up without the financial support would make it difficult to continue.

- Many participants indicated that there was follow up from the liaison officer from the governorate, and another participant indicated that *"Ms. Huda in the second training she assigned a woman from the JNFW to do the follow up and writes the reports about the supervision and the follow up."*
- The participants recruited other women for their training sessions through different approaches. Many recruited their friends, relatives, and neighbors, while others used schools and NGOs. Many participants said that *"the women association through the governate help us to put ads about the training in the schools and the different agencies,"* one participant said *"the liaison officer use to send an official letter for the schools and the NGOs to recruit the women to attend the sessions."* All the participants said it was not difficult to recruit other women to attend the training sessions; many said that they recruited different age groups, and one participant said *"it all depend on the trainer, many indicated that offering the women with food help in the recruitment."*
- All the women except one indicated that women only attended their training and they thought it is hard for men to attend as they are busy with their jobs. They think it is important to train the men and preferably men to train men, and the men need to be trained about the different family planning methods and its side effects. Most of the participants thought that men can participate in the training or attend the different session. There is nothing awkward for men except the topics (condom and the inflammation of the reproductive system). A participant indicated that "*the embracement culture should be resolve from the community."* The only participant who had men in her session said *"it was okay to have men in the sessions, and the participation was usual and it was accepted, but they attended only one session as they were busy to attend the other sessions."*
- The participants indicated that men need to attend sessions related to domestic violence, family planning, resources, women's health, and planning for the future.
- The participants indicated that all the topics are important and it is hard to rank them. But if they need to rank them they think the 1st is the healthy lifestyle, 2nd maternal child health, 3rd planning for the future, and 4th the participation of women and husbands in organizing and assuring their families health. But after this they all agreed that all topics were important.
- Most of the participants (4 out of 5) thought that the AWSO activity could be institutionalized in the JNFW, but they need the financial support; one woman said the *"Ministry of Social Affairs."*
- The participants agreed that all the topics helped them to implement the training and they thought that women's health and planning for the future are very important. They said all the topics were important at the same level.
- The participants indicated that in the family planning session the most frequent questions were related to rumors about family planning methods. For example, do the pills make the woman infertile and cause cancer; will IUDs cause the woman to have cancer and to be infertile and anemic; and will the injectable make the women infertile.
- The participants indicated that although they know about all the methods, they prefer to use the IUDs more than the other methods because they are safer and easy to use.
- The participants indicated that they discussed these issues with their neighbors and friends, and they were interested to know about it. In addition, many of them discussed it with their husbands, and they think that men need the information.

- The participants indicated that they influenced the community and they talked about the training to their husbands and families. One participant said *"my brother in law told me that he is interested to attend all the sessions."*
- Many participants indicated that they changed in many ways Some said they started to take care of their health, other said they had a better social situation, they started to refuse the early marriage, more pregnant women started to go for antenatal care, and more cared for themselves and the child post-natally.
- All the participants asked for continuing the training, to reach more people.

FOCUS GROUP FINDINGS

The AWSO Trainee Irbid

Introduction

- The participants indicated that they were recruited as trainees through their friends, families, neighbors, and the Jordanian National Forum for Women (JNFW). A member of the assessment team selected the participants for the focus group from a list sent by JHCP. The participants were five female trainers, with an age range from 18 to 50 years old. Three participants were married and two single; one participant had one child, and two participants had five children. One participant had a master's degree, one participant was a two-year college graduate, and three were high school graduates. The family monthly income ranged from $500 to $700, with an average of $530.
- Many participants were motivated to attend the sessions as they felt that they needed the information to raise their families' awareness.

Major Findings

- Many participants were motivated to attend the sessions as they felt that they needed the information to raise their families' awareness. One participant said *"to get information about the family planning issues and the maternal child health, I gained information as well as my neighbors who attended the sessions."* One participant said *"I benefited from the information at my work as a teacher, I use to tell my students about the information I gained and they will transfer the information to their families."* Many participants indicated that the older women who attended said they wished that this type of information were given to them so they had less children and better life and health. Another participant said *"I learned how to deal with my traditional father and the other male in my family."*
- Three participants indicated that most important thing they learned from the sessions is the family planning and how the spacing is useful for the mother and the fetus and this way each child will have enough care. They said that this is important for them because they learned how to convince the other about such issues. The other two participants said that they learned about raising children and they needed this information to help them to deal with their adolescents. One participant said *"I needed the information related to the breast self exam,"* and another participant said *"domestic violence."*
- Most of the study participants indicated that they acquired the effective communication skills and they are more skillful in communicating with their kids and in laws. Two participants said that they learned more about the family planning issues and breast self exam. One participant said *"I was empowered as a woman and I gained more self confidence."*
- All the participants said that they had enough information, and they are satisfied with the information they had. They said that the trainers were skillful and discussed everything and demonstrated in front of them. Their approach in delivering the information was excellent and they were convincing, and they gave them brochures to read. One participant said that *"the training was positive and effective,"* and another participant said *"the referral card is important in which they can go to the health center and they will help them to select the appropriate family planning which suite them."* Another participant said *"in the sessions there were many young and old mothers and all of them they were interested to know about the family planning."*
- All the participants indicated that they learned from the family planning session, and they knew about the injectables. They used to know only about the IUDs and pills, and they knew after the sessions that IUDs will not cause infertility.

- Most of the participants said that they did not discuss the family planning topic with their husbands. One participant said *"I did not discuss with my husband as we have our agreement to plan between our children";* another participant said *"I did not as I am the one who is responsible about the family planning."* Another two are not married but one of them discussed the topic with her brother to convince her brother to let his wife do the tubal legation as she has 5 children and her health is not good and the best for her is tubal ligation, and she said her brother was convinced. The other one said she believes that men need to know and they should as well use methods for men.
- All the participants discussed the family planning topic with their friends and neighbors and they all accepted the idea of the small family. One participant said her mother was happy to participate, another participant reported that after discussing with a young neighbor, the neighbor went for an IUD insertion and intends to space three years between her children. All the participants were convinced about the importance of family planning.
- The participants indicated that although they know about all the methods, two prefer to use the IUDs and three prefer the pills.
- All participants said they will not wait after marriage to have children and they thought that from a social perspective they will not be able to wait. But they will space three years between their children.
- All the participants agreed with the idea of having a small family as they will suffer economically and they will have less time with the husband which might create problems. But most of them consider four children as a small family. And they know that spacing between children is accepted by Islam but not limiting the number of children.
- All the participants were empowered after the training. They have more self confidence and are more responsible. One participant encouraged her daughters to attend the training, and her daughter is convinced about the small family idea, the idea of not getting married at a young age, the importance to wait after abortion, and not getting pregnant before 20 years.
- The participants recommended training of the men through the mosques and at their work.

FOCUS GROUP FINDINGS

The AWOSO Zarqa Trainers & Trainee

Introduction

Participants indicated that they were recruited as trainers and trainees through the NGO associations; trainees were recruited through visits to their houses. The focus group discussion included seven women (four trainers, three trainee participants) from the Dulail District governorate ranging in age from 37 to 53 years. Six participants were married and one was single. One participant had eight children, one had seven children, one had five children, one had four children, and one had no children. Two participants had a BSc. education, three were two-year college graduates, and two were high school graduates. The family monthly income ranged from $500 to $800, with an average of $650.

Major Findings:

The trainers participants indicated they were recruited to be trainers through the NGOs associations, the trainee were recruited through visiting them in their houses, One trainee participant indicated that *"they benefited from the training as the trainers were able to transfer the information to them very well, especially in Dulail area the community members need the awareness and they have a lot of children."*

- All the participants indicated that they were interested and motivated to train others and one participant said "many trainers were interested in the training and financially we benefited as they use to give us 270JD for each workshop we use for hospitality." Another participant said "in the field we discovered how much people lack the awareness, and through the AWSO project we had the opportunity to know the community." Another participant said "I am a teacher and through my work I trained many teachers, parents and students." A nurse participant said "I conducted 10 workshops, one of the workshops I conducted all the participants were male and the Mouktar was one of the participants. I discussed with them issues related to adolescents health, spacing between children, and chronic illnesses and cancer." Another participant said "I talked about the early marriage problems"; another participant said "I conducted 12 workshops through the women association (JUMIEH), we reached the places and people who are not able to reach us and I talked and discussed with them the spaces between children and the economical situation of the area." Another participant said "we were distributed in different area in Dulail and Alhalabat, and I conducted 2 workshops in Alhalabat, and we use to do the workshops in the health centers, in the houses and the Association." Another participant said "what helped us in the AWSO project was that we know the people; for example I am the President for the JUMAIAH."
- The participants indicated that it is important to raise the men's awareness in the different topics. A nurse participant said "*I know all the area I talked to the leader of the area (ALMouktar) and all the families. I conducted 10 workshops, and one of the workshops I conducted all the participants were male and the Mouktar was one of the participants. I discussed with them all the topics including issues related to adolescents' health, spacing between children, and chronic illnesses and cancer."* She added *"the men participants were positive. I had no problems in anything. Before the training the women use to come for the family planning services at the health centers without informing their husbands. After I discussed with them the importance of discussing family planning with their husbands they started to come back to the health center with their husbands."* However, one participant said *"sometimes it is hard to reach the men."*
- Many participants in the FGD indicated that they continued to train and counsel other women related to what they were trained in. Three out of the four trainers reported that

they continue to train and counsel other women even after the withdrawal of financial support. They indicated that what they learned should be transferred to other women as other women need the information, and since they have the training manual, they can use the different CBO settings to provide the training. Two of the participants reported that as they are involved in the women's association, empowering and raising women awareness is part of their work and their training through the JHCP project helped them to be more responsive to the women's needs. One participant said *"we started to ask and look for centers for women."* Many women reported that they conduct the training sessions at the health center, NGOs, and in homes. Most of the participants said that they are still in need for conducting more training session as many areas are still not covered with the training.

- The participants indicated different media to educate the community about the family planning issues; however, all of them said pamphlets and posters, and other participants added television, cellular messages, comedian spots, and Friday Prayers. One participant said *"once I heard in the Friday speech the imam was talking about family planning."*
- Many of the participants complained of the ignorance of the community members of having too many children and how they are not able to raise or care for them. One participant said *" the woman deliver a baby and then immediately she is pregnant.,";* another participant said *"the boy without the slipper or trousers and the mother pregnant and breast feeding another child";* another participant said *"we have many problems the early marriage, the woman does not go for postnatal care for herself or her child."*
- All the trainees were interested in the sessions they attended. One participant indicated that "the trainers invited me to attend to benefit from the information, especially I am a school teacher…," Another participant said "all the topics were interested and important we use to attend always." One participant said "the trainer conducted a session at my home about the family planning and early marriage. She added at my area the girls get engaged at 12 or 13 years old and they get married at 15 years and then they will have a child at 16 …." One participant added "they taught us about breast self exam and how to do it. I liked the idea and as well I learned through the training about the home economics." Another participant said "I learned about family relationships and home economics."
- The participants' trainers indicated that "we learned how to plan our time, we learned about the family health, and after this training we believe that we should not have more than three to four children."
- The participants indicated that the topics that were most interesting to them were the family planning, the health topic, the roles of the Arabic women, planning for the future, and breast self exam. All the participants agreed that all the topics are important but the most important was the family planning topic. The nurse participant said *"the pregnant women and the women in the postnatal period use not to visit the health center as they used after the training."*
- The participants indicated that the positive things about the project are: increased our information, empowered us, helped us to conduct the training sessions, and covering the expenses of the training. However they indicated that they needed specialized people for the specialized medical topics, and they asked for religious women leaders to be available in the sessions.
- The participants indicated that the JHCP used to follow up the project, and one participant said they still call us.
- Focus Group Findings

RELIGIOUS LEADERS TRAINERS/IRBID

Introduction

- The participants were four female trainers and seven male trainers. All the trainers were recruited for the training purposes through the Ministry of MAIAHP. A member of the assessment team selected the participants for participation in the focus group from a list sent by JHCP. The participants' ages ranged from 31 to 55 years old. Ten participants were married and one was divorced. One participant had no children, one participant had one child, one participant had two children, three participants had four children, and five participants had more than four children. Most of the participants had a master's degree or a BSc. education (eight participants), and one participant is a high school graduate. The family monthly income ranged from $500 to $900 with an average of $750.
- Most of the participants were satisfied with their training and recommended more training They discussed and talked about family planning issues. Most of them used the information in the religious sessions and less frequently in the Friday prayers.

Major Findings

- All the participants were selected through the Ministry of MAIAHP who asked the directorate of Irbid MAIAHP to select the participants. However, some of the focus group participants said the selection was from the director who might chose according to what he feels or whom he knows, and some thought this not fair, but others said that the director need to select the individuals who will accept the idea of the JHCP project. Many participants participated in many activities on family planning or other training with JHCP like visiting Al Zaher.
- Most of the participants indicated that the training increased their communication abilities, decreased shyness and enabled them to discuss issues in front of a large number of trainees, and empowered them to be stronger individuals. Many thought that four days training is not enough but they were able to cover the topics. One participant said *"but with more time we might have more time for discussion,"* and they thought that they need more time for the IFTA presentation. One participant said *"the good management of time and the training method helped us to overcome the time limitation."* One participant said *"some of the trainers said that they had 10 children but they said if we knew the information that we had from the training and how the too many children will affect our health we will not have this number of children."* The participants were very motivated to learn everything in the training. All the participants were very satisfied with the training materials and with the trainers who trained them.
- All participants indicated that the most frequent question asked by the other religious leaders whom they trained, was if it is religiously allowed to family plan and space between children, and they use to answer them from the Holy Quran and Hadith. One participant said "*we use to tell them it is planning and not limiting the number of the children and when they understand it, they all accepted the idea of family planning."* Many participants said that the trainees use to ask about who is funding the project, but the presence of the mufti helped a lot in changing their way of thinking and they were very satisfied.
- Most of the participants indicated that they talk about and discuss family planning issues and how it is important for the quality of children and the health and welfare of the family, the woman and the child. They mostly covered these aspects more than discussing any scientific issues related to the family planning methods. They thought that if a physician is present in the training that would be helpful.
- Most of the participants felt that it is not wise to connect directly the need for family planning with the idea of having enough money to raise them, as most people will say that

God is the one who will help them with the money…, but mostly they connect the benefit of family planning with the health, education, and care of the child, the woman, and the family. Many as well discussed the need to be equal and fair to both the male and female children, and many families want children because they need to have boys in the family. One participant indicated that *"it is okay to use different approaches to have a male baby, but limiting in Islam is what is forbidden."*

- Most of the participants were not in support of using the modern family planning methods because of the many side effects. Many women said we try it and we suffered from many side effects, but other participants said that they can go to the physician who could decide.
- Most of the participants said to overcome the difficulties in convincing others about the modern family planning methods they can use real examples from life about how important it is to plan the family and they used statements from the Holy Quran, and Hadith.
- All participants said that they used the general idea of family planning and its importance to the health of families including children and women, they thought that talking about the modern family planning methods in Friday speech is not convenient, but the women religious leaders indicated that they discuss these issues in their religious lessons. All participants said that they used the religious fatwa related to family planning in their religious lessons and sessions.
- All participants recommended empowering other religious leaders through training them like they were trained.
- Most of the participants indicated that the training affected them and change their life from different perspectives. One participant said "*it affected my idea about the relationship between male and female,"* many said we now believe more on the importance of the quality of children and not the quantity, to be fair to girls, planning our life, not to discriminate between boys and girls, one female participant said *"I knew through the training that the male who decide the sex of the baby,"* one male participant said "*I am more considerate to my wife feelings during pregnancy."*
- The participants recommended that they need the training time to be longer than two days for the trainee, to have enough time to discuss the material, and to add one hour of training for a physician to discuss specialized issues related to family planning and one hour for a mufti to answer questions related to the religious aspects. One participant commented that *"to have the workshop from 8-2 is too long and it is better to have more days, and less hours,"* another participant said *"we need to have training in how to be leaders."*

FOCUS GROUP FINDINGS

Religious Leaders Trainee/ Irbid

Introduction:

The participants were nine religious leaders, four females and five males who were trained by the other religious leaders in Irbid. All the trainees were recruited for the training purposes through the Ministry of MAIAHP. A member of the assessment team selected the participant for participation in the focus group from a list sent by JHCP. The participants' ages ranged from 21 to 60 years old. Seven participants were married and two were single. Three participants had two children, three participants had four children, and one participant had more than four children. Most of the participants had two years college or a BSc. education (eight participants), and one participant was a high school graduate. The family monthly income ranged from $300 to $700, with an average of $600.

Major Findings:

- Most of the participants indicated that they learned and talked in their Friday speeches about raising the children, the family concept, equity, how to communicate with others, and planning for life. One participant said *"in Friday speech we can achieve objectives and talk about the equal treatment between the kids and how to care for the women."* Another participant said *"we discussed the difference between spacing and limiting the number of children, we concentrated more in the quality of the children."*
- All the participants indicated that after the training they were convinced that spacing is acceptable and they indicated that they learned about the family planning methods. One participant said "*before the project we did not trust the project or who directed it from outside Jordan, but after we participated in the training we discovered that the project is a trustful one as well as the funding organization."* One participant said that *"the topic about the relation between the husband and wife was a good topic and the idea of family planning to protect the woman's health, and the importance of having a quality children more than quantity, and to give the woman her right to protect her health and to give time to raise the children is very convincing."* Another participant emphasizes the role of religious leaders in preserving life and improving the health of the community and to protect the resources. Another participant said *"I liked the good relation between the man and the woman."*
- The participants in the last four weeks in their religious speeches and sessions covered the followings topics: the child care and his rights for care, the women rights in heritage, three participants discussed the family planning and the spacing between children and its importance, the relationship and the communication between the children and their parents, the relationship between the husband and wife, the quality of children, and planning for the future.
- All the male participants said it was not appropriate to discuss family planning methods in their religious speeches, but it was accepted to talk about family planning in general. The women religious leaders indicated that they discussed family planning issues and methods in their religious lesson, but most of the discussion and questions from the attendee were about the side effects of modern family planning methods, and they recommended to have a physician to explain this specialized part.

- All the participants discussed the idea of the importance of having quality children and the importance of giving the children their rights in a good quality life and not to be raised on the streets. The participants said that the attendee said that the topics were new to them and they thanked them for the information.
- All the participants did not give the number of children they want to have and they said to space three years between children.

FOCUS GROUP FINDINGS

Religious Leaders Zarqa trainers & Trainee

Introduction

The participants from Zarqa were six trainers (three women and three men) and one trainee (man). All were recruited for the training purposes through the Ministry of MAIAHP. The participants' ages ranged from 21 to 50 years old. Six participants were married and one was single, one participant had three children, two participants had four children, and three had more than four children. Most of the participants had a two-year college education or a BSc. education (six participants), and one participant is a high school graduate. The family monthly income ranged from $300 to $800, with an average of $650.

Most of the participants were satisfied with their training, more training was recommended, they discussed and talked about family planning issues, most of them used the information that they were given to them in the training.

Major Findings

- Most of the participants indicated that the training was adequate and comprehensive and enable them to train others, the participants said we were trained comprehensively for 3 days and we did the training in 4 days and during the training we were trained how to convince the others with our ideas. The training included pictures and presenting a film. One participant said "they explained for us very well everything related to family planning." Another participant said *"they discuss with us for one hour the religious fatwa related to family planning."*
- Most of the participants said that the JHCP personals were very organized everything was ready and they provided us with ever thing we needed and they use to have an attendance sheet.
- The participants indicated that all the religious leaders in Zarqa Governorate were trained and each one of them trained around 70 persons. One participant said *"we train everywhere," another participant said "we train people in associations, mosques, homes, and schools."*
- The participants said they gave us information about breast feeding, family planning from its religious perspectives, many participants indicated how important to plan their families and to space between their children and how it's difficult to raise children nowadays economically and to cover their expenses. Another participant said *"that the withdrawal as a family planning was used from the beginning of Islam, but the modern family planning methods sometimes have side effects,"* another woman said *"not that much, I used the pills and only the first month I had headache and drowsiness and then I was okay,"* another participant said *"the religion ask us to be organized we need civilization and to be advance, the nutrition now not like before the woman will not be able to have a lot of children."* Another participant said *"my husband was a teacher and we were not able to cover the clothing expenses of our children we use to buy them the clothes only twice a year during Eid, and we were not able to teach them at universities out of five children we were to teach only one."*
- Many participants said that after the training they were convinced that they needed to space at least three years (36months) between children and that is accepted from a religious perspective, and that they advice their children to plan their families and to space between them.
- All the participants indicated that they discuss family planning issues from the perspective of having quality children through providing quality life to the children, and they believe on it and said that Islam wants quality and healthy children and families and not quantity. Many

were discussing the advantage of small families and how large families might lead to violence in the family as a result of inabilities to provide the family members with their needs.

- Many participants (4) said that they are still active and they talk about family planning, one participant said she is not talking about family planning, four participants said that they discuss different issues related to health affairs, one participant said we discussed how to raise children and the importance of providing quality life for them, another one indicated that they discussed the women health and women rights, another participant said not all the time in special occasional days we are not able to talk about family planning as we have other things to discuss. One participant said *"I am not active as before and many person calls and they want training."*
- One participant said "one disadvantage of the project it stops and without support it is hard to continue."
- Most of the participants did not give a number for the children they want to have but they said that the ideal number way to have a family is to space three years between children.
- Many participants indicated that the training and the trainer helped them to understand the importance of family planning and that nothing bad hidden from providing such training (hidden Agenda). One participant said *"before the training the religious leaders used not to like talking about such issue, but after the training we were more convince with the idea of family planning, before we were confuse and not able to differentiate between spacing and limiting."*
- Many participants indicated that the participants in their sessions asked them about the side effects of the different family planning methods, and others that they asked about domestic violence and violence in schools. Other participants said that they were asked about the religious aspects related to using the family planning methods. One participant said *"that sometimes we needed an expert to answer the very specialized questions related to family planning methods."* One participant said *"what helped us that we were competent in the information and we supported our discussion with the religious saying."*
- All the participants indicated that the training influenced their life within their families and they are spacing between their children and they advise their children to space between their children. One participant said *"after training I told my daughters in law to space between their children."*
- Most of the participants recommended that JHCP to continue the communication with them and to benefit from them in training other religious leaders, and to continue the follow up even through phone calls. One participant said *"to have us train in a different place in addition to the local community."* One participant said *"to continue the TV ads about family planning,"* another participant said *"the TV is useful but not interesting another participant said to communicate and train the community directly is more useful,"* another participant indicated that*" using the religious leaders is convincing and people trust them."*

FOCUS GROUP FINDINGS

Irbid Hayati Ahla Campaign/University Students Ambassadors

Introduction

The ambassadors/university students were selected through King Abdallah II fund for development (seven students), The Students Deanship at the University (four students), and other friends (two students). A member of the assessment team selected the participant for participation in the focus group from a list sent by JHCP. The participants in the focus group were seven males and six females recruited from three universities: Yaromouk University, Jordan University of Science and Technology (JUST), and Irbid Alahlia University.

The participants' ages ranged from 19 to 24 years old and all were single. One male participant who had four brothers and five sisters indicated that he want to have one child. One female participant and one male participant who had two brothers and two sisters indicated that they wanted to have two children; five participants who had between one brother and eight siblings indicated that they wanted to have three children. Four participants who had between zero and 10 siblings indicated that they wanted to have 4 children. Three students are in their second year, one participant in his third year, six are in their fourth year, and three are in their fifth year. One participant was studying nursing, one statistics, one economics, one graphic design, one art, one anthropology, one media, one medicine, three engineering, and two religion.

The training of the students included healthy lifestyles and family planning, and the four topics they focused on most during their activities were the following; first topic is healthy lifestyle, the second is family planning, the third is financial and occupational planning, and the fourth is water and population resources. Most of the participants felt that they needed more training.

Main Findings:

- The FGD participants indicated that the main purpose/objective of the Ambassadors/University Students activity were; raising health awareness of students (three participants) one participant said *"the idea of the activity is related to Hayatee Ahla, health, planning,"* another participant indicated *"health education,"* two participants said *"family planning,"* one participant said *"health care in general,"* another participant said *" the main purpose of our project is to understand the basic of the awareness I need to conduct among other university student, so to be prepared to conduct other training for the new students and it includes time management and correcting the different social concept."* Another participant indicated *"as an ambassadors our job is to communicate the message to other students from a family and health perspective,"* one participant said *"as an ambassadors to conduct youth activities and health activities such as diabetes, hypertension, family planning and planning for the future," another participant said "planning for the future,"* one participant said *"creating an aware youth and a new health educated Jordan,"* a participant said *"to disseminate and mobilize an awareness culture through the youth and their friends."*
- The participants indicated that the main messages/topics they discussed as ambassadors were; family planning, planning for the future, the ideal weight, healthy lifestyle, financial and health planning, population issues, smoking, another participant said health and physical activities, when the participants were asked to rank the four most topics they focused upon, they reported after a long discussion that the four topics they focused upon the most in their activities, from higher to lower order, were healthy lifestyle, family planning, financial and occupational planning, and water and population resources.

- When the participants were asked which topics that they don't feel comfortable discussing, most of the participants found it difficult to discuss family planning issues especially the methods. A participant said *"it is hard to expand a lot on religious issues for example the difference between family planning and limiting the number of children."* Another participant said *"it was difficult to explain the ideas of family planning and its relation to limiting the number of children."* One male participant added *"it is difficult for youth to explain and discuss the family planning methods,"* another female participant added *"and also to females was difficult to discuss it," in general. Also, most of the them said it is not easy and awkward to discuss family planning methods among male and female altogether they were okay to talk about it with a person of the same gender.* One participant said *"all the topics are logical and needed."*
- Eight out of 13 FG participants felt that they need more training on the different issue in the training they did receive, one participant said *"in Amman workshop the information given to us was not sufficient and the training related the financial and occupational planning was not enough"* ne participant said *" they told us that they will give us more training and we are waiting, it is good if they train us as trainers and then to let us train other youth this will be good and cost effective…".*
- All the participants felt that they have the information to the general issues related to the healthy lifestyle, smoking, and family planning; however, one participant said *"that they did not discussed the details of the family planning methods."* Three participants said we were not able to answer the specialized questions related to the family planning like questions related to how to use a family planning or the medical problems related to it such as side effects. One participant said *"it is important to have a specialized person in IFTA with us to answer questions related to religion and family planning."* A participant from the school of Islamic religion said *"I did not need that as I know the information,"* another medical student said "*I was able to answer the questions."* One participant said *"I had no problem to answer the questions I have the information."* One participant said *"I am able to answer all the questions related to smoking and passive smoking."*
- The participants indicated that they implemented many activities, some of which they organized with the local community. Most of the participants distributed pamphlets and posters related to healthy lifestyle and family planning at the universities, the international commercial center, Irbid shopping mall, in the local community, and in King Abdulla hospital. One participant said that *"they might take the posters for the kids to play with."* Another said *"some will tear it without reading it,"* and one participant said *"we distributed the posters and we told the people that we have a competition in which you need to read the posters in order to be able to answer and win the competition."*
- The participants indicated that they attended and participated in Hayati Ahla campaign at Al Hassan city, in addition to participating in the comic drama called Zaal wa Khadra done by JHCP related to JHCP initiatives. One participant said *"we participated in the activities of the information stations."* Another participant said *"I talked with the youth about healthy diets."* One more discussed the ideal weight, many were discussing smoking and its influence on health, and some gave the youth an apple for two cigarettes. Six participants discussed family planning issues but males with males and females with females as it is awkward to do it with the opposite sex. One male participant said *"I was discussing family planning. One female participant from the nursing school was with the group and when she heard the topic she left."* One participant said "to discuss and to talk about it in relation to population growth and resources is accepted with different sex. One of participants said *"I discussed the family planning with people visiting the shopping mall,"* 3 discussed it at the university, and another participant said *"we conducted a play about family planning in the Hayati Ahla campaign."* One participant commented that *"the family planning topic is not embarrassing,"* but another participant said *"it is hard to talk about it and as students we will not able to discuss it."*

- In relation to the number of male and female students who were reached by the participants, one participant commented that *"males prefer to reach females, and females prefer to reach males,"* while another female said *"when I discussed the smoking topic more male youth attended."* Another female said *"in Yarumok University more females attended the activities."* Seven participants said mostly equal number of males and females attended the activities, three participants said more females attended the activities, and two participants indicated that when they discussed smoking more male attended the activities.
- The participants indicated that in the training they received as ambassadors, they were provided by the AWSO training manual, and they attended a workshop and they were given a bag with material produce by the JHCP in addition to a T shirt. Twelve participants find the resources useful and helped them to educate others, one find it not useful, 11 of the participants found it adequate and helpful in the training, 1 participant found it very adequate, and another 1 inadequate.
- The participants indicated that they received money for transportation (40 JD for 2 days for transportation purposes to attend the training sessions for each participant), and sometimes they got lunch and mostly they bring juice and water for them.
- Although there was no follow-up from JHCP to the ambassadors after August 2011. Five students of 14 from Yarmok University are still active and 9 out of 18 from JUST University are still active. At Irbid University they trained six participants who then trained three more and all nine are still working. Most of the participants indicated that the JHCP followed them up according to the activities for example when they had Hayati Ahla campaign, others said that a doctor called Hana came and met with the and gave them posters and she always followed up; three participants said they had a supervisor but didn't do any activities.
- The participants noted that they need more communication with the JHCP and to have a face book special for this, another participant noted the need for regular meetings, workshops and training, as well as a plan to do more activities with Dr. Hana's follow up. The students wanted to have the meetings on Saturday as they have no school on that day. One participant said *"we need the workshops to be more of practice than theory we need to be more active learners."* Two participants said they needed more information. One participant said *"we need to have an advance training for the ambassadors and more coordination between JHCP and the universities and the students."*

APPENDIX E. RECOMMENDATIONS ON THE HEALTH COMPETENT SCHOOLS INITIATIVE

The USAID/Jordan Office of Education has recently taken responsibility for support to this initiative in partnership with the Ministry of Health. The evaluation team's assessment of HCSI has led to the following recommendations.

- HCSI should be implemented on a national scale. This will require a strategy to decide the following: if there are geographic priorities, if there are school-specific priorities (girls schools, schools in poor communities), the role of local governments and MOE staff, and other key factors. The MOE is enthusiastic about being a partner in this effort.
- Look at expanding the use public-private partnerships. This could be done at the school level or multiple schools.
- For USAID this activity requires only funding and some updating, and possibly some new material. The technical competence has been transferred.
- Use the existing schools with dynamic health competency activities to model and be motivators other schools.
- Consider increasing the 100JD allowances to schools and introducing additional incremental allowances if activities are effective. Currently, teachers are subsidizing some of the costs.
- Incorporate community involvement into the activity. Community involvement was not part of the original HCSI content. However, the visited schools enrolled parents and then the larger community in the activities and events. This innovation expanded the reach of health messages, reinforced behavior change, increased attitude change, and empowered students to adopt healthier lifestyles. The HCSI should support and develop a strategy, materials, tools, and models to engage first parents and then the larger community in building health competence. This has the potential to be a large and effective community mobilization activity with a low cost and limited effort. It may also provide a new opportunity to address spacing and small, quality families.

APPENDIX F: RECOMMENDATIONS ON CONSULT AND CHOOSE

This activity is being transferred to MOH and HSS-II.

Consult and Choose (CC) is the first step in addressing missed opportunities. When the health system is capable of educating clients and their partners on family planning; changing cultural values around family size, child bearing practices, and gender preference; and then providing appropriate services when desired by the clients, there will be no more missed opportunities, and no need for community outreach, mass media, or any other communication activities.

Recommendations

- Client education and addressing traditional norms should continue to be supported until better health facility systems are in place.
- Advocacy for operational and budgetary changes should be made to stabilize the staffing capacity to provide counseling in all health facilities.
- More training and more information should be provided to health providers to address continuing provider biases. This should be matched with client education to create a demand for modern methods.
- Providers are still hesitant to discuss the benefits of smaller families. Additional training and development of a protocol for referrals to facilities that provide the client desired method should be implemented.
- CC should better address the use of traditional methods and less-effective methods.

For more information, please visit
http://resources.ghtechproject.net

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