



سواعد

التغيير لتمكين المجتمع

Forearms of Change Center to Enable Community

FOCCEC strategic plan 2021 - 2025

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Acronyms

AIDS	Acquired immune deficiency syndrome
ASPADD	Arab Society for Public Awareness from Dangerous Drugs
ART	Antiretroviral therapy
ARV	Antiretroviral
CBO	Community-based organization
CCTR	Curve Centre for Training and Research
CSO	Civil society organization
CSWs	Commercial Sex Workers
DFID	United Kingdom Department for International Development
FDIS	Friends of Development and Investment Society
FP	Family planning
FOCCEC	Forearms of Change Centre to Enable Community
FSW	Female sex worker
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, TB and Malaria
GF/AIDS	Global Fund for AIDS
GIZ	German Society for International Cooperation
GoJ	Government of Jordan
HBV	Hepatitis B Virus
HCT	HIV counselling and testing
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
HMIS	Health management information system
IDUs	Injecting Drug Users
IBBS	Integrated Bio-Behavioral Surveillance
IFH	Institute for Family Health
IPOs	Independent Public Organizations
IRD	International Relief and Development
JAFPP	Jordan Association for Family Planning and Protection
MARP	Most At Risk People
M&E	Monitoring and Evaluation
MENAHRA	Middle East and North Africa Harm Reduction Association
MMT	Methadone maintenance therapy
MOE	Ministry of Education
MOH	Ministry of Health
MOHE	Ministry of Higher Education
MSM	Men who have sex with men
NAC	National AIDS Committee
NAP	National AIDS Programme
NGO	Non-governmental organization
NHF	Noor Al-Hussien Foundation
NVCT	National Voluntary Counseling and Testing
OST	Opioid substitution treatment
PEP	Post-exposure prophylaxis
PLHIV	People living with HIV

PMTCT	Prevention of mother-to-child transmission (of HIV)
PWID	People Who Inject Drugs
QUE	Qudorat for Youth Empowerment
RANAA	Regional/Arab Network Against AIDS
STI	Sexually transmitted Infection
SW	Sex Worker
SWOT	Strengths, Weaknesses, Opportunities, Threats
UNAIDS	United Nations Joint Programme on AIDS
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USD	United States Dollar
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Frontline AIDS Support

This FOCCEC five years strategic plan has been made possible by Frontline AIDS generous support. I'd like to express my profound gratitude to Frontline AIDS for their encouragement and sponsorship of this project. Moreover, I'd like to comment on behalf of the National AIDS Committee, I'd like to thank all of our national and foreign partners for their contributions to the implementation of this HIV/AIDS National Strategic Plan 2021-2025.

Mr. Abdullah Hanatleh, FOCCEC Chief of Board and CEO, deserves special recognition for his time and efforts in insisting on accompanying me to all stakeholder meetings; his invaluable dedication and unwavering support made this work possible. Ms. Haneen Abu Murah, FOCCEC Programs Coordinator, deserves special recognition for her tireless administrative and technical assistance throughout the whole analysis process All stakeholders from government, NGOs, industry, and donors deserve my gratitude for their time and for the valuable information and feedback they provided during the prepayment of this report.

The content is the duty of the Forearms of Change Centre to Enable Community and does not inherently represent the views of the granted entity; however, it does reflect the real world of the outcomes of the efforts during the working days on the strategy.

Dr. Ibrahim Aqel

Strategy Consultant

May 15, 2021

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FOCCEC Chief of Board and CEO

Abdullah Hanatleh

Introduction

General Country Background

The Hashemite Kingdom of Jordan has been classified recently as a low-income country. It is a country with limited or very few natural resources. Jordan's population is 10.5 million people (7.6 million Jordanians). The average annual population growth rate for Jordanians is 2.3%. 82% of the Jordanian population is below the age of forty. 80.35% of poor households are located in urban areas and 19.65% in rural areas. The total fertility rate is 2.7. The life Expectancy rate in 2019 is 73.5 (72.8 years for men, 74.2 years for women). The infant mortality rate for 2019 was 17 per 1000 births¹.

Over half of the population in Jordan is young and below working age, with the majority employed in the public sector. Almost 50% of non-public sector employees work in the informal market and have no social benefits. The country's Syrian refugee population, the largest amongst the Arab countries, at around 1.4 million according to official government numbers, poses a demographic challenge. Most of these refugees are children and women and live outside camps within local communities. Thus, unemployment, poverty and forced immigration are the most striking challenges the people in Jordan face. High Health Council (2015)².

Jordan's economy is one of the smallest in the Middle East, with inadequate water, oil, and other natural resources, resulting in the government's strong dependence on foreign aid. Such economic problems for the government include persistently high unemployment and underemployment rates, budget and current account deficits, and debt.

Jordan, like the rest of the globe, has been influenced by the current COVID-19 crisis. The pandemic and attempts to contain it have had both social and economic consequences. Lockdown steps and the suspension of economic operations are estimated to have a short-term effect of around USD 116 million per day on average, and a decrease of around USD 532.48 million per day on average³.

Jordan's economy is expected to slow, with the government depending on internal and external lending to address liquidity shortages and meet both current and capital expenditures. This lending would spread out government debt, resulting in a debt-to-GDP ratio of more than 100%.

The International Monetary Fund (IMF) projects that the aggregate effect of all the losses due to the shutdown will result in an economic retrenchment of around 3.7%. In addition to monetary losses, the unemployment rate is expected to rise as liquidity constraints and loss of contracts affect businesses across the country⁴.

Health Services in Jordan

Jordan has made significant strides in the field of healthcare over the last ten years. The number of hospitals and health care facilities in all regional areas of the world has increased dramatically. Progress in important

1 MOH (2020). MOH Annual Statistical Report for 2019.

2 Jordan National Health Strategy 2015-2019, Amman, April

2015.<http://www.hhc.gov.jo/uploadedimages/The%20National%20Strategy%20for%20Health%20Sector%20in%20Jordan%202015-2019.pdf>.

3 Zeitoun, Anan (2020). COVID-19 Pandemic Challenges and Opportunities: The Case of Jordan. Euromesco Spot-On N°20 - July 2020.

4 Zeitoun, Anan (2020). COVID-19 Pandemic Challenges and Opportunities: The Case of Jordan. Euromesco Spot-On N°20 - July 2020.

<https://www.euromesco.net/publication/covid-19-pandemic-challenges-and-opportunities-the-case-of-jordan/>

health measures (such as life expectancy at birth, infant and maternal mortality rates, etc. ..) has mirrored this, and eradication of some diseases such as polio).

Despite Jordan's epidemiological transformation, which is better characterized by a rise in the burden of Noncommunicable diseases (cardiovascular diseases, cancer, and diabetes), the emergence of certain communicable diseases (i.e., Hepatitis C, E, and HIV, as well as drug-resistant strains of some—such as tuberculosis—is a cause for concern, particularly given the substantial increase in the population brought about by the Arab Spring.

Broadening the reach of health coverage to include all segments of Jordanian society, enhancing the quality of health services, lowering the total fertility rate to achieve the "Demographic Opportunity," and the country's inability to raise adequate financial resources to cover health care costs are all issues that the country has yet to address⁵.

The health system in Jordan consists of several fragmented public and private programs. There are two major public programs that finance and provide health care, namely the Ministry of Health (MOH) and the Royal Medical Services (RMS) and other smaller public programs include university hospital programs, such as the University of Jordan and the University of Science and Technology .In addition, there are many NGOs and donors that own and operate health facilities, the largest of which is the United Nations Relief and Works Agency (UNRWA), which often provides primary health care to Palestinian refugees. The private sector includes 66 hospitals (about third of total bed capacity) and many private clinics. It is estimated that about 32% of the Jordanian population does not have any type of health insurance. MOH is specifically responsible for public health (i.e. health promotion, prevention and surveillance) policies. MOH is the main provider of HIV/AIDS services through NAP, these services are provided free of charge to all Jordanians.

On the other hand, Jordan's healthcare system is changing and must adapt to changing demographics, epidemiologic and risk profiles, rising demands of a more educated population, the rapidly expanding private health sector, and the growing strain of Syrian refugees, the rapid changes taking place in medical technology, the negative impact and burden of COVID 19 epidemic and the desire among the government to expand services and achieve universal health coverage.

HIV Situation

Global HIV/AIDS status

HIV/AIDS remains a significant global public health concern. In 2018, an estimated 37.9 million people (including 1.7 million children) were living with HIV, with an adult HIV prevalence of 0.8 percent worldwide. Around 21% of these people are unaware that they are infected with the virus.

Since the outbreak, an estimated 74.9 million people have been infected with HIV, with 32 million dying from AIDS-related illnesses. AIDS-related diseases claimed the lives of 770,000 people in 2018. Since a high of 1.7 million in 2004 and a low of 1.4 million in 2010, this figure has dropped by more than 55%.

⁵ Global AIDS (2014). Country Progress Report: Hashemite Kingdom of Jordan. January 2012- December 2013.

http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/JOR_narrative_report_2014.pdfconfront – the country's inability to generate sufficient financial resources to cover health care costs.

The vast majority of HIV-positive people live in low- and middle-income countries, with 68 percent of those residing in Sub-Saharan Africa. East and Southern Africa, which saw 800,000 new HIV infections in 2018, has 20.6 million people in this population.

The fact that the annual number of new infections among adults has remained stable in recent years has sparked renewed concern. In 2018, approximately 1.7 million new HIV infections were recorded, a marginal improvement over 2017. (1.8 million).

Global new HIV infections have decreased by just 16 percent in the last eight years, from 2.1 million in 2010. While the number of new infections is nearly half that of the peak in 1997 (2.9 million), the reduction was not fast enough to meet the 2020 goal of less than 500,000.

Although new HIV infections among children have decreased globally, from 280,000 in 2010 to 160,000 in 2018 (41% decrease), studies show that this is much less progress than previously believed, and that far more needs to be done to increase HIV awareness and testing among adolescents and young adults⁶.

Regional HIV/AiDs Status

In late 2015, the World Health Organization (WHO) and UNAIDS estimated that 36.7 million people worldwide were infected with HIV, with 1.2 million new HIV infections and 1.1 million deaths due to HIV/AIDS. Although the number of new HIV infections has decreased in many WHO regions in recent years, the number of new HIV infections in the Eastern Mediterranean has increased. With 240,000 people living with HIV in 2019, the Middle East and North Africa (MENA) region has the lowest HIV prevalence in the world (less than 0.1 percent)⁷. This is in contrast to sub-Saharan Africa, which has the highest HIV prevalence of all regions (6.8%)⁸.

Despite its low prevalence, the Middle East and North Africa (MENA) region is becoming a growing source of concern. In 2019, almost 8,000 people died as a result of an AIDS-related disease. This is due to limited access to antiretroviral therapy (ART), with just 38% of those who need it receiving it – well below the global average of 59 percent⁹.

In 2019, there was estimated to be 20,000 new HIV infections across the region¹⁰.

People from key demographic groups, such as sex workers, people who inject drugs, and men who have sex with men, all face harsh criminalization, stigma, and prejudice¹¹.

In this area, the most common transmission routes differ from country to country. HIV transmission is much more common among people who inject drugs (also known as PWID) and their networks of sexual partners in Iran, Libya, and Morocco, for example. In other countries, such as Djibouti and parts of Somalia, sex work is thought to be the primary source of HIV transmission¹².

⁶ UNAIDS (2019) AIDSinfo.unaids.org

⁷ UNAIDS 'AIDSinfo' (accessed August 2020)

⁸ UNAIDS 'AIDSinfo' (accessed February 2019)

⁹ UNAIDS 'AIDSinfo' (accessed August 2020) UNAIDS (2018) 'Miles to go: global AIDS update 2018', p.233. [pdf]

¹⁰ UNAIDS 'AIDSinfo' (accessed August 2020)

¹¹ UNAIDS (2018) 'Miles to go: global AIDS update 2018', p.233. [pdf]

¹² Sallam, M. et al. (2017), 'Genetic Characterization of Human Immunodeficiency Virus Type 1 Transmission in the Middle East and North Africa', Heliyon, Vol 3, Issue7, e00352.

Although substantial progress has been made in understanding the global HIV epidemic in recent years, knowledge of this region's epidemic is comparatively limited and is often perceived as a 'black hole' in terms of HIV and AIDS data¹³.

Just four of the 23 MENA countries studied had successful HIV surveillance systems in place to monitor their epidemics, according to one report¹⁴.

As a result, the MENA region has not been able to meet UNAIDS' 90-90-90 goals for eradicating HIV by 2020. In 2019, just 52 percent of people living with HIV in the area were aware of their status, 73 percent of those who were aware of their status were on medication, and 83 percent of those who were on treatment were achieving viral suppression.. Overall, this equates to 38% of all people living with HIV in MENA on treatment and 32% being virally suppressed¹⁵.

Despite the availability of life-saving antiretroviral treatment, HIV-positive people's mortality continues to rise in the Area. About a third of those infected with HIV in the country are aware of the infection, and about 18 percent have access to life-saving care, according to estimates from the same year¹⁶.

HIV in Jordan

Epidemiology of HIV in Jordan

Jordan is known to have a low HIV infection, with an overall prevalence rate of 0.02 percent among the general population (ages 15-49) and 0.05 percent of main groups (KPs) such as female sex workers (FSWs), men who have sex with men (MSM), and injecting drug users (IDUs)¹⁷.

Between 1986, when the first HIV tests were performed, and December 2019, a total of 1635 HIV cases were identified, of which 463 (28.3%) were Jordanians (171 have died and 292 are alive), and 1172 (71.7%) were foreigners. Men made up 80.3 percent of the Jordanian incidents. For the past four years, almost a third of the total Jordanian cases have been discovered (Figure 4). Most people living with HIV (PLHIV) were found in the big cities, with almost two-thirds live in Amman (62%), Irbid (13%), Zarqa (9%), Balqa (3%) and the other eight governorates (17%)¹⁸.

Figure 3: HIV/AIDS cumulative reported cases by Nationality & Year of reporting, 1986-2019, Jordan

¹³ World Bank (2010) 'Characterizing the HIV/AIDS Epidemic in the Middle East and North Africa: Time for Strategic Action'[pdf]

¹⁴ Bozicevic, I. et al. (2013) 'HIV surveillance in MENA: recent developments and results', Sexually Transmitted Infections, Vol 89, p.11-16.

¹⁵ UNAIDS 'AIDS info' (accessed August 2020)

¹⁶ <https://www.avert.org/professionals/hiv-around-world/middle-east-north-africa-mena>

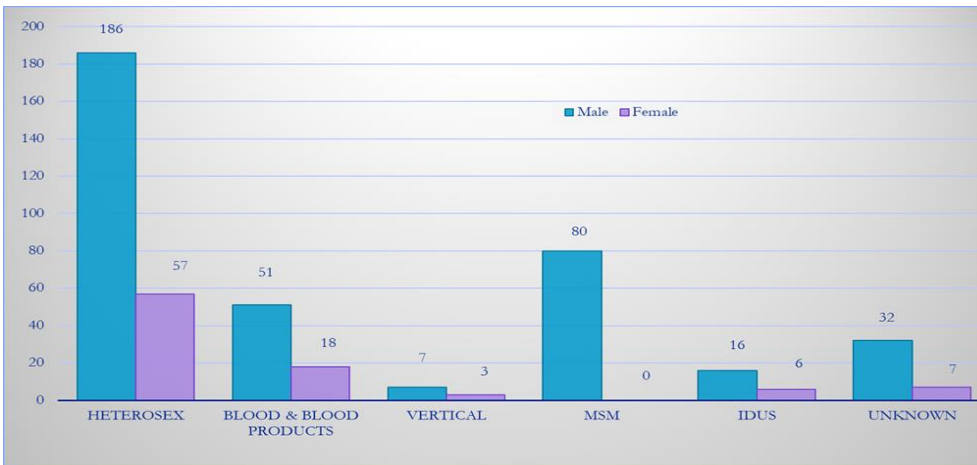
¹⁷ The Hashemite Kingdom of Jordan (2012). National Strategic Plan on HIV/AIDS 2012-2016.

¹⁸ Jordan National AIDS Program (2019). Syndrome of HIV/Aids in Jordan,2019 (PowerPoint presentation by Dr. Heyam Mukattash).



Source: Jordan National AIDS Program (2019). Syndrome of HIV/Aids in Jordan,2019 (PowerPoint presentation by Dr. Heyam Mukattash).

Figure 4: HIV/AIDS cumulative reported cases by Sex & Mode of transmission, Jordanians 1986-2019



Source: Jordan National AIDS Program (2019). Syndrome of HIV/Aids in Jordan,2019 (PowerPoint presentation by Dr. Heyam Mukattash).

The most documented cases (76%) are in the 20-29, 30-39, and 40-49 year old age ranges. These age ranges account for 27 percent, 31%, and 18% in all incidents, respectively. Males account for 80.5 percent of all infected people.

According to the Jordan National Strategic Plan on HIV/AIDS (JNSPA) 2012-2016, the number of officially reported cases should be treated with concern because it is based on HIV checks by specific groups – blood donors, VCT participants, and others who need an HIV certification for foreign work permits – and is not indicative of the true HIV situation. The number of HIV cases among Jordanian adults is expected to be higher than the number of cases registered. Many HIV-positive people who are unsure of their status do not seek medication, care, or assistance, and they are unable to take appropriate steps to prevent their HIV infection from progressing to AIDS or infecting others. Many of the undetected or unreported cases may be among most-

at-risk populations who will avoid HIV testing such as men who have sex with men (MSM), injecting drug users (IDUs) and female sex workers (FSWs)¹⁹.

For Jordanians with HIV/AIDS, the government is responsible for medical care and drug costs, with each patient costing JD1000 a month. In 2010, the government amended the health-care laws to enable foreigners with HIV/AIDS who are married to Jordanians to get free medication. The National HIV/AIDS Program (NAP) at MOH has not been receiving any funds from the Global Fund since 2014 as Jordan was recently classified as an upper-middle-class country; thus, treatment expenses are covered from MOH budget.

Most at Risk Populations (KPs) Affected by HIV

KPs groups usually include FSWs and their clients; MSM and their wives; and injecting drug users (IDUs) including those in rehabilitation centers.

1. Female Sex Workers (FSWs)

Female sex workers are one of the most vulnerable communities to HIV infection. Sex work is largely secret in Jordan because it is illegal and fraught with social stigma. As a result, reaching female sex workers with HIV preventive services is difficult.

Sex workers who have been coerced into sex work, such as some Syrian immigrants, but even young Jordanian women from impoverished and deprived backgrounds, are the most vulnerable. Condoms are rarely used by these sex workers to shield themselves from HIV and other sexually transmitted diseases (STIs). Male clients of sex workers are also at risk, and most of them will engage in risky sex in addition to the risk of HIV infection for the clients; they will then pass HIV on to their wives and unborn children (parent-to-child transmission). As a result, sex workers' clients are an important bridge demographic for HIV transmission to the general population²⁰.

In Jordan, there are no reliable statistics on HIV rates among female sex workers. Sex workers are not counted as a distinct group of HIV cases, nor are they counted among VCT center customers. According to a 2008 survey of 450 FSWs, 80 percent of sex workers have never had an HIV test. The high HIV/STI risk that sex workers are facing is evidenced by the fact that one-third (32%) of sex workers in this study reported genital ulcers in the last 12 months. In Aqaba this percentage was even higher at 40 percent. Similarly, 41 percent mention genital discharge during the last 12 months²¹.

2. Men who have Sex with Men (MSM)

Homosexuality and male-to-male sexual intercourse are heavily stigmatized and discouraged in Jordan, and they are also taboo subjects. There has been relatively little investigation into MSM sexual activities in Jordan to date. Results from the recent behavioral study among approximately 468 MSM in Amman, Zarqa, Irbid and

¹⁹ Seltzer, Judith. Resource Mobilization. Accessible at: <https://www.thecompassforsbc.org/trending-topics/resource-mobilization>

²⁰ Seltzer, Judith. Resource Mobilization. Accessible at: <https://www.thecompassforsbc.org/trending-topics/resource-mobilization>

²¹ Seltzer, Judith. Resource Mobilization. Accessible at: <https://www.thecompassforsbc.org/trendintopics/resource-mobilization>

Aqaba revealed that a significant proportion of MSM has low HIV knowledge, while many engage in high-risk sexual behaviors with the majority reporting no condom use at last sex. More than half of all respondents reported sex with commercial partners. Reliable data on HIV infections among MSM are not available. Data from officially reported HIV cases showed that out of the total Jordanian HIV cases 17% were infected through MSM contacts²²

3. Injecting Drug Users (IDUs)

Since Jordan lacks a proper drug monitoring scheme, accurate information on drug use is minimal. In 2008, 4,850 people in Jordan were estimated to be injecting opioid users. Though heroin is the most commonly injected drug in Jordan, cocaine and diazepam are also commonly injected²³. Results from the integrated bio-behavioral surveillance (IBBS) study held in 2008 among 207 IDUs in Amman, Aqaba and Irbid confirmed the existence of unsafe injection practices and revealed high levels of HIV-risk behaviors among IDU respondents. These included sharing of syringes and needles; using common containers or cookers; having sex with multiple partners, including commercial sex partners; and men having sex with other men; while reported condom use was relatively low at around 50%²⁴.

4. People Living with HIV (PLHIV)

People living with HIV (PLHIV) are an especially vulnerable population because they need systematic and high-quality HIV prevention, diagnosis, assistance, and treatment. Since HIV transmission often includes a person living with HIV, PLHIV play a critical role in HIV prevention. Therefore, voluntary counseling and testing (VCT) is a key intervention for people to know their HIV status and act responsibly for their own health and that of others in accordance with their status. It is reported that 68% of PLHIV in Jordan (about 200 persons) are regularly receiving antiretroviral treatment (ART), while the remaining either are non-regular patients or have been lost as follow-up has not been possible for various reasons. Stigma, inequality, and social rejection associated with HIV pose a significant threat to PLHIV's well-being, as well as their freedom to jobs, health care, education, and other services²⁵.

Prevention

Blood transactions in Jordan are now completely centralized, and all units are subjected to uniformly structured mandated monitoring. Donated blood screening is also available at all Jordanian hospitals. In addition, all medicinal injections are performed in all health facilities using fresh, sterile, single-use injection devices. Health education, health care professional recruitment, screening, laboratory and blood protection, improving VCT, care and service, and behavioral science have all been prioritized in order to keep the country's prevalence down. General information, education and communication (IEC) messages focus on sexual abstinence, faithfulness, reduction of the number of sexual partners, avoidance of commercial sex and the injection of drugs, testing for HIV, greater acceptance of PLHIV and universal precautions for health workers.

²² Zeitoun, Anan (2020). COVID-19 Pandemic Challenges and Opportunities: The Case of Jordan. Euromesco Spot-On N°20 - July 2020. <https://www.euromesco.net/publication/covid-19-pandemic-challenges-and-opportunities-the-case-of-jordan/>

²³ The National Health Strategic Plan for Jordan 2015-2019

²⁴ High Health Council (2014). The National Health Strategic Plan for Jordan 2015-2019.

²⁵ Zeitoun, Anan (2020). COVID-19 Pandemic Challenges and Opportunities: The Case of Jordan. Euromesco Spot-On N°20 - July 2020. <https://www.euromesco.net/publication/covid-19-pandemic-challenges-and-opportunities-the-case-of-jordan/>

However, surveillance, behavioral research, training programs and IEC messages have been hampered following the discontinuation of the GF grant in 2012.

The general public is not strongly encouraged to use condoms. Data obtained during the last three years indicates that general understanding of HIV/AIDS and preventive strategies has improved. Jordan has an HIV vaccination policy for young people, both in and out of school, as well as disadvantaged subgroups HIV education is available at the secondary school level for both young men and young women and in teacher training programs.

Jordan National AIDS Program (NAP)/ Ministry of Health:

The Ministry of Health established the National AIDS program (NAP) to combat HIV/AIDS in Jordan at the time the first HIV case was discovered in 1986. The NAP's main aim is to limit the HIV and AIDS epidemic, provide antiretroviral therapy, provide counseling for people living with HIV (PLHIV), gather statistics on reported cases of HIV/AIDS, coordinate with non-governmental organizations (NGOs), ministries, media, religious leaders, and United Nations agencies to improve the situation of PLHIV and control its spread in Jordan.

The MOH continues to support the national blood transfusion service, mandatory HIV testing, strong control measures for foreigners who reside in Jordan, and provision of antiretroviral (ARV) drugs for Jordanians who test HIV-positive. There are currently 12 part-time focal point persons who are responsible for HIV/AIDS in all governorates of the country.

Jordan is a signatory to all of the Sustainable Development Goals (SDGs) and the Declaration of Commitment on HIV and AIDS. At the beginning of the NAP Jordan has endorsed the concept of the Three Ones (one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, one National AIDS Coordinating Authority, with a broad-based multi-sector mandate, and one agreed country level Monitoring and Evaluation System and in 2005 launched the National AIDS Strategy for Jordan 2005 – 2009 outlining the key goals, objectives and initiatives for the response.

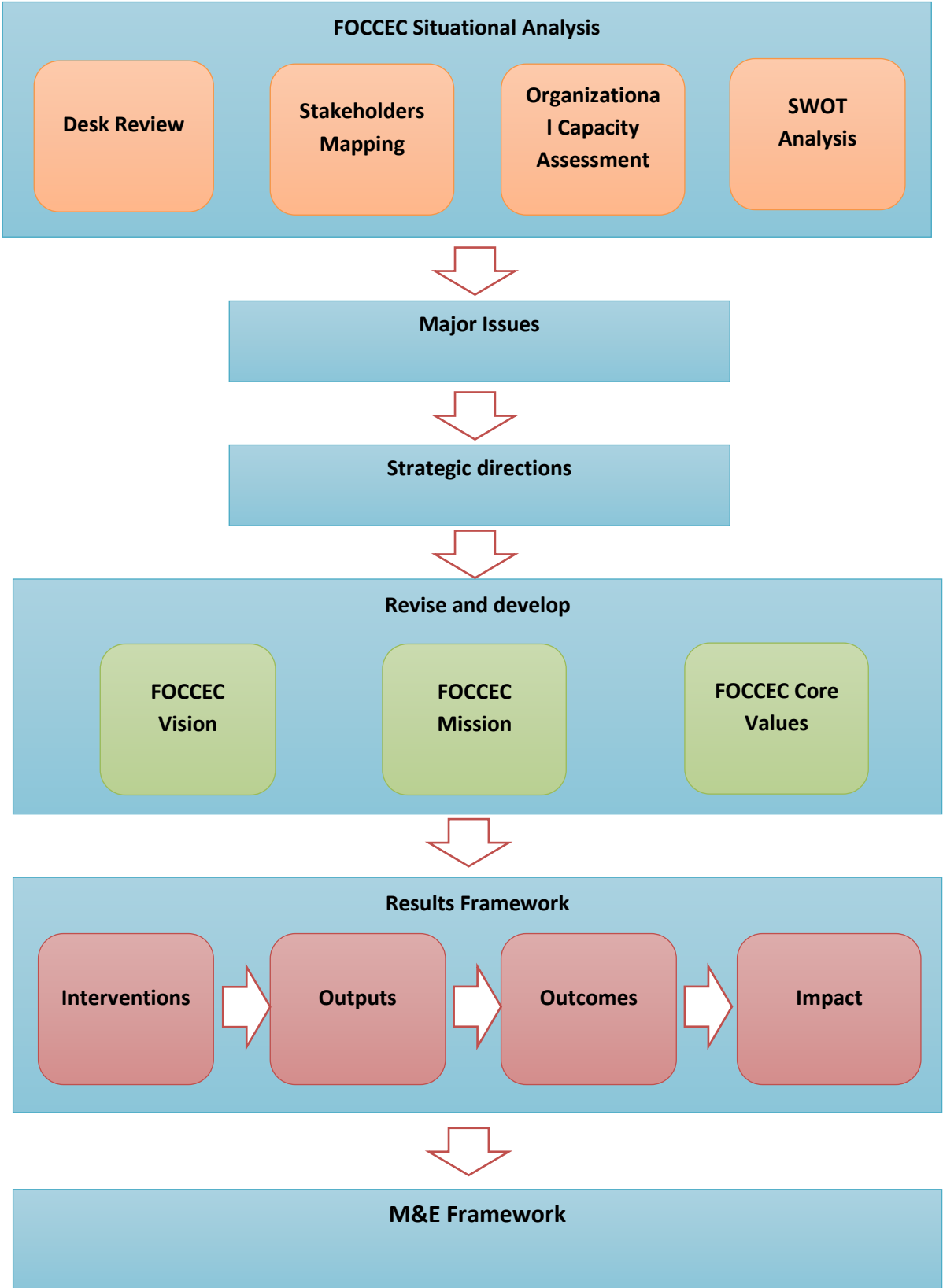
The Ministry of Health has conducted different programs and measures to reduce and control the spread of HIV during the implementation of the Global Fund grants during the period 2002- 2012 in collaboration with NGOs and CBOs. MOH provides free of charge confidential counseling, testing and treatment services for PLHIV and KPS through its voluntary counseling and testing (VCT) centers located in Amman and other governorates. Social support is provided by the Ministry of Social Development (MOSD) and ARVs and treatments for opportunistic infections are covered by the public health insurance plan. Non-Jordanian spouses of Jordanian citizens are included in this coverage scheme and have access to the HIV treatment, care and support system. Non-Jordanian, HIV positive persons who are not married to a Jordanian national are denied residency, as the Kingdom cannot commit the resources necessary to cover their care.

FOCCEC strategy development methodology

The FOCCEC strategy development methodology followed a participatory approach that ensured the full engagement of FOCCEC and stakeholders. The following steps were conducted:

- A desk review was conducted to review documents related to the mandate of FOCCEC, MOH national strategic plan on HIV/AIDS 2012-2016, FOCCEC 2017-2019 strategic plan, FOCCEC M&E plan- 2020, FOCCEC Capacity Strengthening Plan 2020, policy and procedures manual, reports, and profiles of previous, existing and future projects and activities of FOCCEC.
- Meetings with FOCCEC management and staff were held to orient them of the process and secure their agreement and support.
- Conducting stakeholders mapping exercise to identify stakeholders, their mandate, potential roles in supporting FOCCEC, and their influence.
- Conducting an In-depth organizational capacity assessment using a modified version of the OCAT tool to assess FOCCEC capacities, capabilities, and resources.
- Conducting a situational analysis workshop with relevant stakeholders to identify strengths, weaknesses, opportunities, and threats.
- Meeting with FOCCEC management for presentation and validation of the findings of desk review and situational analysis.
- Identifying major issues derived from the situational analysis, desk review, and organizational capacity assessment.
- Identify strategic directions based on the major issues.
- Revise FOCCEC mission, vision, and core values based on the results of the situational analysis and future strategic directions.
- Develop the FOCCEC results framework that includes outcomes, outputs, and interventions.
- Develop the strategy M&E framework that includes performance measures and indicators.
- Present and discuss draft strategy with FOCCEC management and revise accordingly.
- Conducting external stakeholders validation meeting.
- Conducting staff and board validation meeting.
- Based on the feedback and comments on the draft document, the final document of the strategy prepared and submitted.

The following figure shows the FOCCEC strategic plan development methodology:



FOCCEC Situational Analysis

Forearms of Change Centre to Enable Community (FOCCEC) is a non-government organization (NGO) founded in 2012 by experienced people with long experience in health and social fields, especially in the field of AIDS prevention. FOCCEC provides technical, social, legal, psychological, counseling, empowerment, and vocational training services to vulnerable people suffering from drug addiction, HIV/Aids, STIs, sexual exploitation, domestic violence, social exclusion, and severe behavioral disorders. The Centre is located in Amman and provides services to Jordanian and non-Jordanian especially Syrian refugees.

Since its inception in 2012, FOCCEC has worked with over 1,000 high-risk people (PLHIVs, FSWs, MSMs, and PWIDs). FOCCEC's primary focus has been on the direct delivery of comprehensive prevention and treatment services for those vulnerable people.

Forearms of Change Centre to Enable Community (FOCCEC) developed a three-year strategic plan 2017-2019 that charts out the course of actions for FOCCEC to address operational and organizational issues more strategically. It demonstrated FOCCEC's commitment to providing quality, effective and efficient service to its beneficiaries. This document served as a reference point to judge FOCCEC's progress towards attaining its mission, goal, and strategic objectives.

FOCCEC is continuing its efforts to institutionalize the planning process by developing its new five years 2021-2025 strategy to respond to emerging issues and building on 2017-2019 strategy achievements. This desk review included revision of the following documents:

- NATIONAL STRATEGIC PLAN ON HIV/AIDS 2012-2016, MOH
- FOCCEC 2017-2019 strategic plan
- FOCCEC profile and reports
- FOCCEC M&E plan- 2020
- FOCCEC policy and procedures manual
- Capacity Strengthening Plan 2020

The desk review highlighted FOCCEC major achievements as well as organizational capacity and scope of service covering prevention, protection, and advocacy services.

The National HIV Strategic Plan (NATIONAL STRATEGIC PLAN ON HIV/AIDS 2012-2016, MOH) aimed to guide Jordan's national HIV response for the period July 2010 – July 2015. Key priorities include improving the coverage and quality of existing prevention, care and treatment services; and strengthening the involvement of non-health government sectors, civil society and the private sector. The NSP priorities are based on an in-depth analysis of 1) Epidemiological data; 2) Drivers of the epidemic and key populations at risk; and 3) Lessons learned from previous programmes and services.

The NATIONAL STRATEGIC PLAN ON HIV/AIDS 2012-2016 had two overall goals and six objectives to prevent the further spread of HIV and mitigate the impact of AIDS on society:

1. To halt the further spread of HIV among the Jordanian population and maintain HIV prevalence rates below 1.0 percent among all most-at-risk populations and below 0.1 percent among the general population by 2016.
2. To improve the quality of life, health and wellbeing of people living with HIV by providing universal access to comprehensive HIV treatment, care and support services of high quality.

The strategic objectives of the NSP aim to address the key priority areas that emerged from the comprehensive analysis of the state of the HIV epidemic and the national response to date. This analysis revealed five key intervention areas, which will be addressed through the following six strategic objectives:

1. To strengthen the availability, sharing and utilization of strategic information on HIV/AIDS that will guide the development and implementation of evidence-informed policies and programmes;
2. To scale up and improve the quality of HIV-prevention programmes and services for most-at-risk populations (MARPs) with the aim to reach universal access;
3. To scale up and improve the quality of key HIV-prevention programmes and services for vulnerable groups in the general population;
4. To strengthen the quality, and scale up coverage and utilization of comprehensive treatment, care and support for PLHIV, in accordance with national standards;
5. To promote supportive social, legal and policy environments that enable an effective national response to HIV/AIDS, with special attention for PLHIV, and key populations at risk and vulnerable to HIV;
6. To strengthen and build technical, organizational and institutional capacity for the coordination, implementation and monitoring and evaluation of an effective, decentralized multisectoral response to HIV/AIDS.

FOCCEC developed a strategic plan for the years 2017-2019 that was comprised five main sections. Section one presented a brief introduction to Jordan's socioeconomic situation, including the health care system, emphasizing on HIV situation. Section two included a background to FOCCEC, highlighting its objectives, organizational structure, services, and key achievements. Section three was the backbone of the strategy document. It contained a general introduction to strategic planning; the methodology followed to prepare the plan; stakeholder analysis; objectives, vision, mission, and core values of FOCCEC; contextual/situational analysis, including SWOT analysis and strategic issues; and strategic goals and objectives including specific interventions for each objective. Section four explained the implementation and monitoring process of the strategy. Finally, section five presented the FOCCEC Action Plan, which consists of the specific interventions scheduled for 2017 with a clear time frame over the twelve months of the year with estimated budget and performance indicators.

The Strategic Plan identified key priority areas that provide for the formulation of strategic goals and objectives, including key intervention areas for the next three years. The following is a summary of the strategic goals:

Strategic Goal 1: Sustaining and expanding services for beneficiaries (serving & empowering vulnerable people)

Strategic Goal 2: Advocacy and building an enabling environment for vulnerable people

Strategic Goal 3: Building FOCCEC organizational capacity

Strategic Goal 4: Mobilizing continuous and sufficient fund

This strategic plan was not reviewed periodically; instead, FOCCEC developed a Monitoring and Evaluation (M&E) plan in 2020, it contained a very well-structured results framework and a log frame that included output and outcome indicators as well as targets for 2020 and 2021 and covered the following aspects:

A. Prevention: The following sub-activities are conducted under prevention:

- Testing for HIV and Syphilis
- Awareness on Drug abuse, HIV, PSS, and other related topics
- Referral system for beneficiaries
- Hotline

B. Protection: The following sub-activities are conducted under protection:

- PSS (psychosocial support, case management)
- Cash assistance
- Referral
- Drop-in Center (safe place)
- Hotline

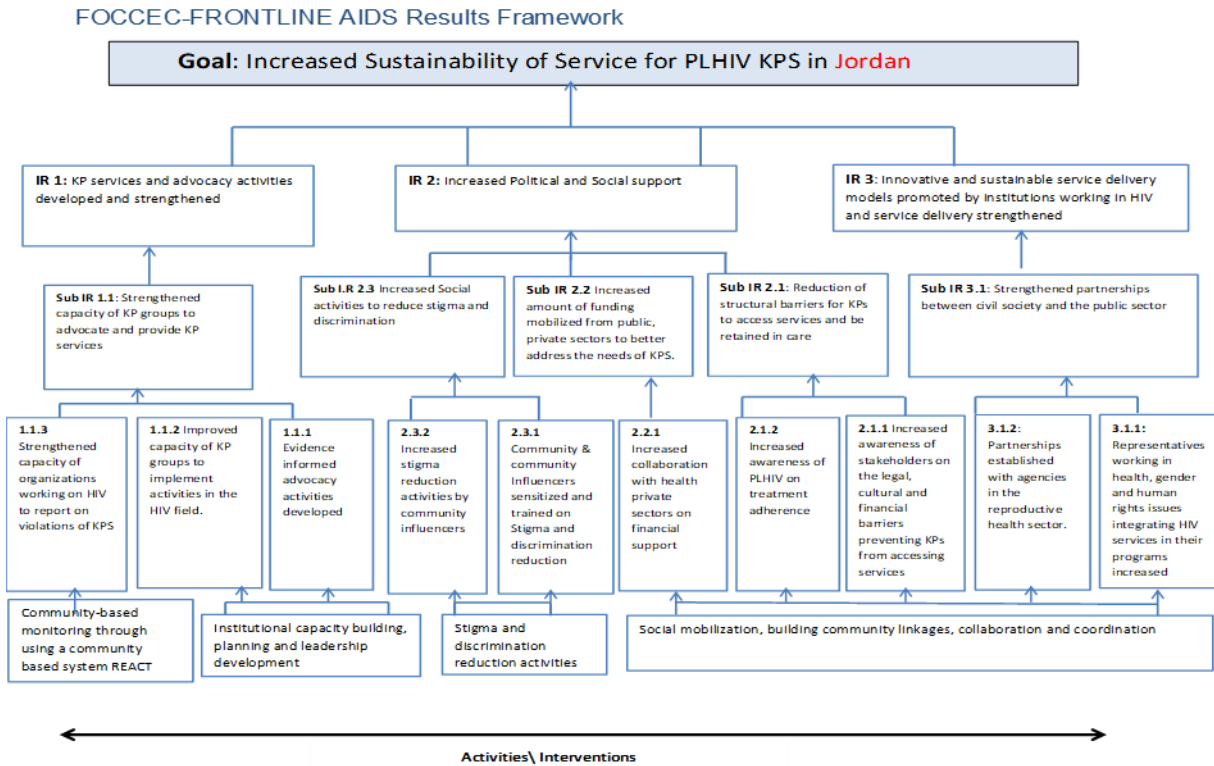
C. Advocacy: The following campaigns are carried under the advocacy activity:

- Support don't punish (details provided in Annex)
- World AIDs Day (details provided in Annex)
- Networking with organizations
- Social media work
- Printing materials (Brochures)

This Monitoring and Evaluation (M&E) Plan described the M&E system for the Forearms of Change Center (FOCCEC) and provided specific details pertaining to short-term project targets and monitoring and evaluation activities.

This M&E Plan served two main purposes. First, it formed a guide to collecting and using quantitative and qualitative data to monitor progress toward FOCCEC outcomes, evaluate results, compile lessons learned, facilitate project management, and communicate key findings to Frontline AIDS. Key sections of this document detail data collection, storage, analysis, and reporting processes and procedures; define primary and supplementary data collection and analysis methodologies and describe M&E organization, including data flow and roles and responsibilities of the staff to M&E activities. Second, the M&E Plan to be used as an internal management tool to facilitate informed decision-making concerning programmatic activities and organizational processes and identify Project implementation performance gaps and formulate timely recommendations for improvement.

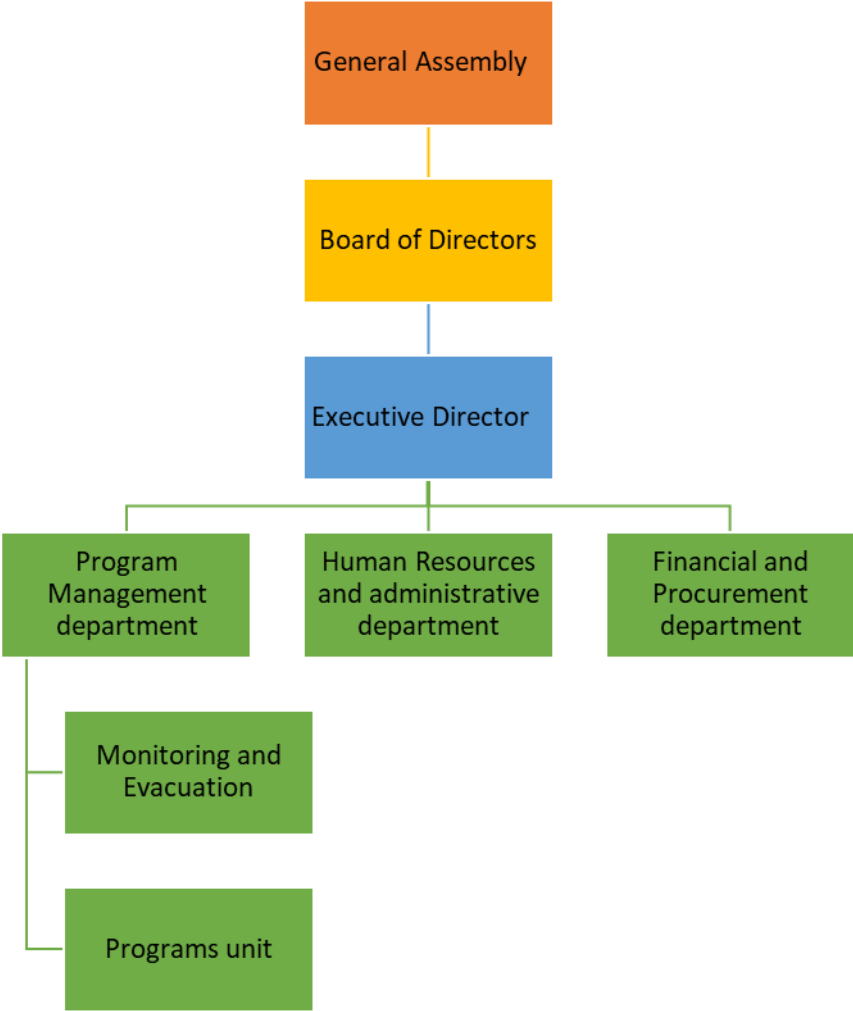
The following FOCCEC-FRONTLINE AIDS results framework was included:



FOCCEC developed a Capacity Strengthening Plan that identified three levels of priority actions for FOCCEC internal capacity development and included the areas of: Governance, CSO values, financial management, Procurement & Supply Management, Monitoring & evaluation, Human resources, Programmes, Communications & IT, Safety & Security, and Safeguarding.

FOCCEC Governance

FOCCEC has a governance system, and an organizational Structure as follows:



Source: FOCCEC official documents

FOCCEC Services Provided

Hotline Service

FOCCEC provides hotline service for answering beneficiaries' questions about HIV issues, drug use, STIs and sexual health. It provides information to help beneficiaries make their own decisions regarding counseling and other issues. The Hotline provides a safe space to discuss a wide range of concerns. Trained staff provides emotional and psychological support with compassion and without judgment.

The Drop-In Centre

The mission of the Drop-In Center is to provide access to information/education, resources, and services in the prevention of HIV/STIs, including free high-quality condoms; to offer compassionate support services for persons affected by HIV/AIDS, and to support the groundwork for community building projects in a safe and confidential environment. It provides a safe place where beneficiaries can meet their friends, has required support and counseling. It also provides entertainment services like T.V., computer, play station, internet etc.

Outreach Services

FOCCEC recognizes that it is critical to establish relationships and engage the community in an effort to enhance understanding of unmet information needs of specific populations who are disproportionately infected and affected by HIV/AIDS.

This program employs trained outreach workers (peer and health educators) to bring HIV-prevention education, condoms, information about counseling and testing, and other referral information to most-at-risk populations (MARP), including injection drug users (IDU), commercial sex workers (CSW), and men who have sex with men (MSM). Stigma and discrimination make reaching MARP individuals difficult in Jordan. Therefore, peer-driven outreach programs are critical to bringing prevention messages to these populations and connecting those individuals most likely to be infected with HIV to essential care and treatment services. The program enhances safe practices among beneficiaries and their families to reduce harm behavior among the targeted groups and communities.

Voluntary Counselling and Testing (VCT)

FOCCEC provides HIV testing services, Hepatitis B virus (HBV) and hepatitis C virus (HCV) include the full range of services that should be provided together with HIV testing. This includes pre-test information, post-test counseling, linkage to appropriate HIV prevention, care and treatment services and other clinical and support services. All HIV testing services are provided within WHO's 5Cs: Consent, Confidentiality, Counseling, Correct test results and Connection (linkage to prevention, care and treatment). These services are provided within a context of respect, non-discrimination, and protection of privacy and confidentiality. The center aims also to provide syphilis rapid test.

Referral Services

According to the beneficiaries needs for several services and the importance of providing these services confidentiality and for free ; FOCCEC has designed a referral system for the relevant organization like

Ministry of Health and the Addicts Rehabilitation Center and other public and private centers concerned with the reduction of violence and harm. The referred beneficiaries are followed by FOCCEC staff for the relevant agency to facilitate receiving the beneficiaries the required services without obstacles or challenges.

Social and Psychological Support

FOCCEC provides social and psychological support for people who live with HIV and their families through individual and group counseling, including formatting supporting groups that enhance collaborative, friendly, and well-understanding environments.

Medical Consultation Services

FOCCEC facilitates and coordinates the provision of free medical consultations to beneficiaries by MOH and volunteering private doctors.

Comprehensive Counseling Services

FOCCEC provides comprehensive counseling services by experts in different fields like social, health, family issues and transmitted diseases and AIDS taking into account scientific criteria, privacy and dignity.

The Awareness Program Services

FOCCEC implements several awareness and educational programs in health, social and environment fields focusing on the different categories of vulnerable groups especially those at high risk. This is done through workshops, lectures, scientific seminars and printed materials.

FOCCEC Achievements (2017 - 2020)

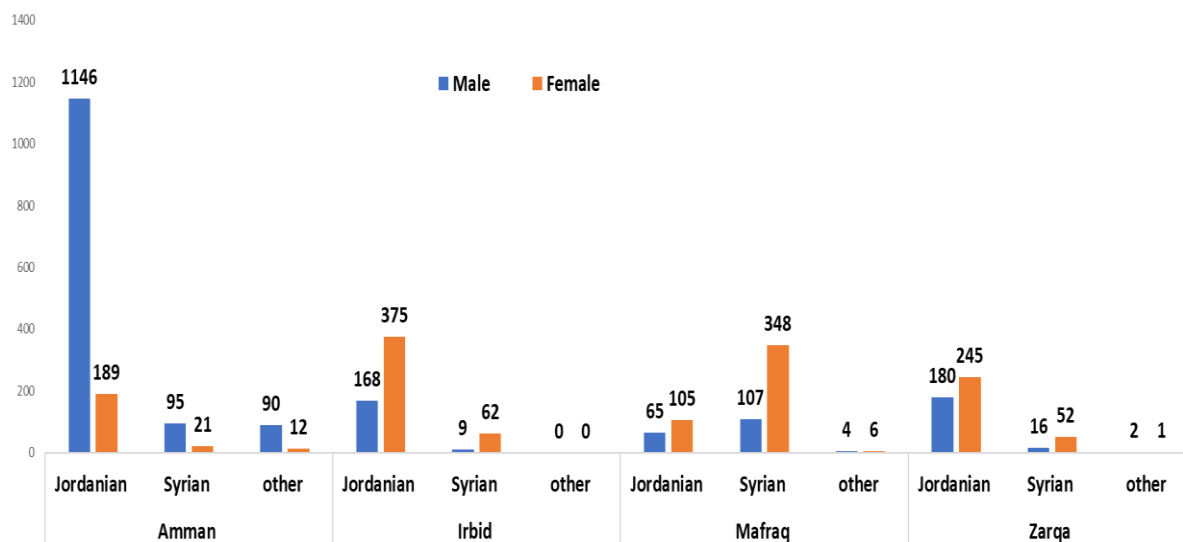
In spite of its short history, FOCCEC has built a record of achievements in terms of the wide range of services provided to Jordanian and Syrian beneficiaries from the most at-risk population (more than 800 people) and the size of contributions from donors (more than 400,000 JDs).

The following are examples of these achievements.

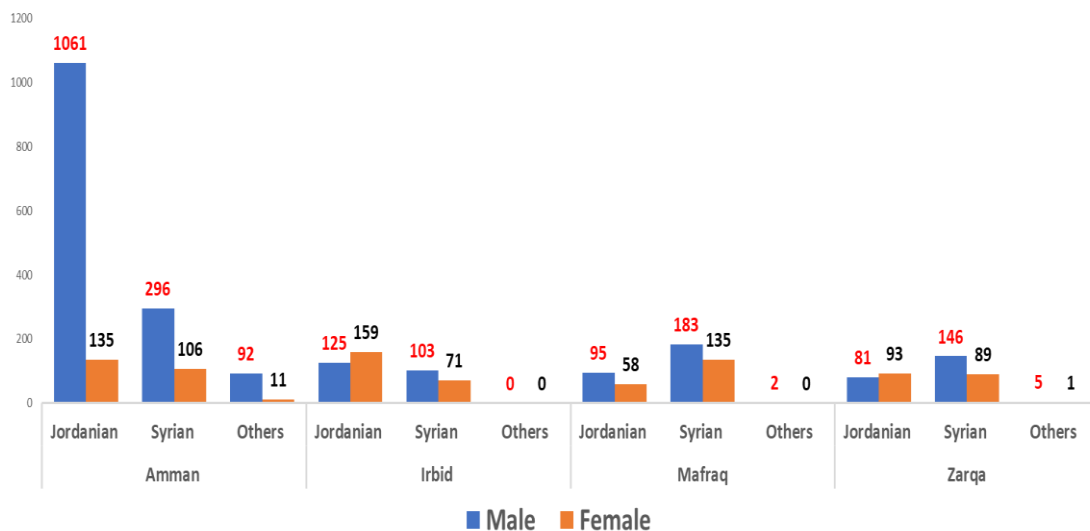
- Reaching IDUs to raise their awareness, educate them and provide them with counseling and voluntary tests for HIV, HBV and HCV through the "Drug Users are Patients let us take care of them".
- Implementing community-based support for refugees (CBSR) to educate and raise awareness of the Syrian female refugees in the field of AIDS and sexually transmitted disease and provide them with VCT services.
- Providing tailored vocational training to support the beneficiaries develops new skills to increase their income-generating opportunities.
- Implementing a project to enhance and discover HBV and HCV consists of training the staff, communicating with patients, providing them counseling, and enhancing their initiative to receive treatment.
- Reaching youth and educating them about AIDS, Drugs and transmitted sexual disease through involving them in the coordination program between civil society organizations and private sector institutions.
- Implementing a project for enhancing the role of women in limiting the phenomenon of sexual harassment.
- Implementing a community school project in cooperation with IRD and supported by Queen Rania Academy.
- Implementing several informational and promotional activities for FOCCEC like: printing materials about AIDS and counseling, VCT services and drugs.
- Reaching for at high-risk group of AIDS and transmitted sexual disease (MSM, FSW, and IDUS).
- Provide preventive, educational and VCT services to HIV-exposed people.

The following charts clarifies some of FOCCEC achievements during 2019-2020:

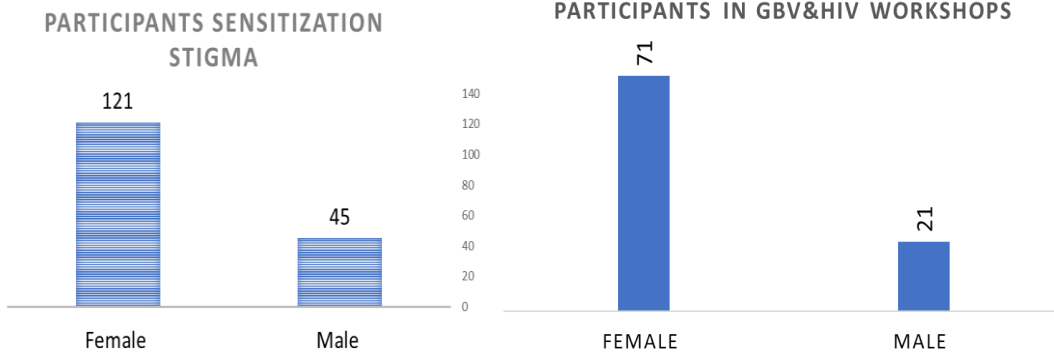
Beneficiaries tested for the HIV & Syphilis in 2020



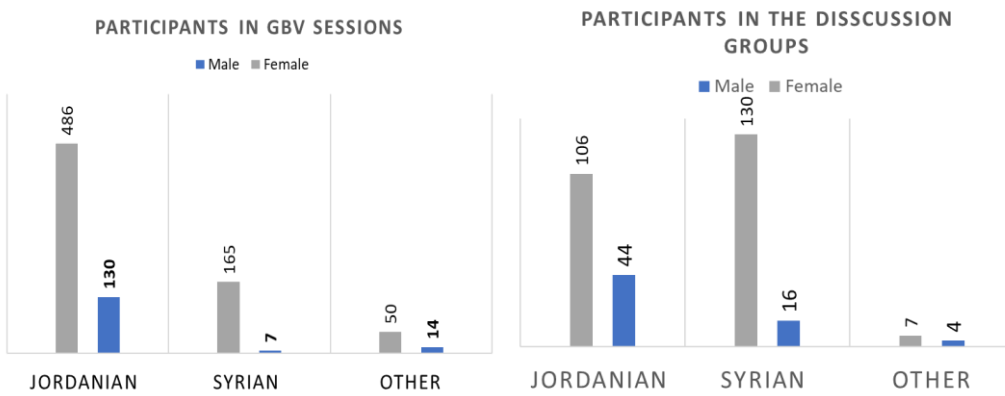
Beneficiaries tested for the HIV & Syphilis in 2019



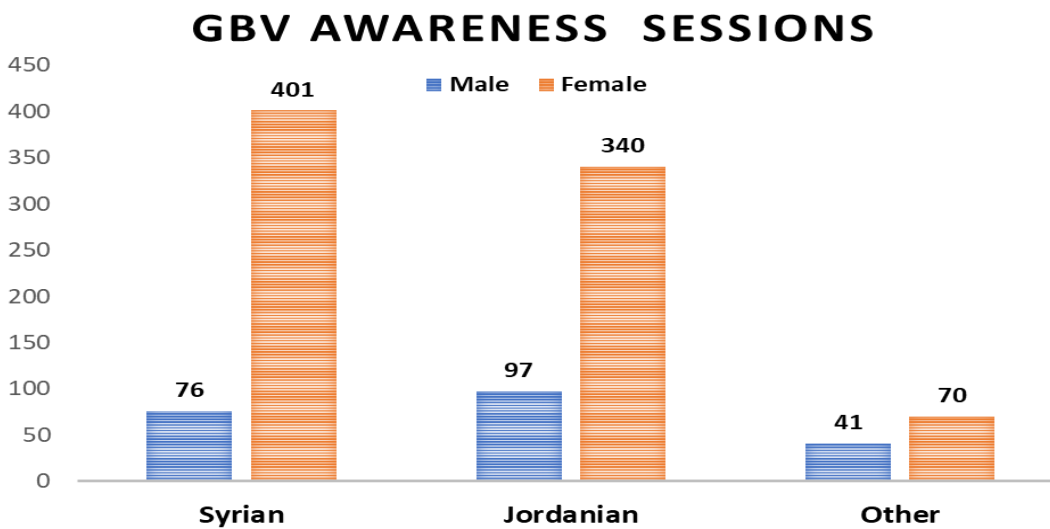
Participants Trained in 2019



Participants Trained in 2019



Participants in GBV awareness sessions



FOCCEC Organizational Capacity

FOCCEC management, with the support of the Board of Trustees, decided to develop a strategic plan for the years 2021-2025 in order to: define strategic directions, set priorities, direct resource use, achieve goals in an effective and efficient manner and promote future growth and development.

An in-depth organizational capacity assessment was conducted using a modified version of the OCAT²⁶ tool. The organizational capacity assessment covered the following main aspects:

Governance

- Executive Committee/Board/Trustees
- Vision/Mission
- Constituency
- Leadership
- Legal Status

Management Practices

- Organizational Structure
- Information Systems
- Administrative Procedures
- Personnel
- Planning
- Program Development
- Program Reporting

Human Resources

- Human Resource Development
- Staff Roles
- Work Organization
- Diversity issues
- Supervisory Practices
- Salaries and Benefits

Financial Resources

- Accounting
- Budgets
- Financial and Inventory Controls
- Financial Reporting

²⁶ <https://www.usaid.gov/sites/default/files/documents/1864/OCA%20Tool%20for%20USAID-Funded%20Organizations%20Participants%20Copy.pdf>

Mission Competence

- Sectorial Expertise
- Constituency Ownership
- Impact Assessment

External Relations

- Constituency Relations
- Inter-NGO Collaboration
- Government Collaboration
- Donor Relations
- Public Relations
- Local Resources
- The Media

Sustainability

- Project/Benefit Sustainability
- Organizational Sustainability
- Financial Sustainability
- Financial Sustainability
- Resource Base Sustainability

The Organizational capacity assessment highlighted the following findings in the following areas:

Governance

FOCCEC is legally established and complies with all the legal requirements of its legal identity and registration. FOCCEC has a Board that makes sure the organization activities reflect Board policy and there is a clear and understandable vision and mission. The FOCCEC Vision and Mission are clearly understood by the staff, the Board/Executive Committee/Trustees, the constituents, the volunteers, and sympathetic outsiders. FOCCEC leaders take decisions after consultation with those who will be affected including beneficiaries, they also help staff understand their contribution to the mission. FOCCEC also is aware of any concessions and allowances that it has a right to (tax etc.)

Management Practices

FOCCEC has a clear and communicated organizational structure and information system. FOCCEC collects base line information about its constituency before starting work and has a regular system for collecting information on program activities. FOCCEC also regularly collects information on the impact of its work following the base

line information and the information collected guides the program review and the development of new programs and used in advocacy on behalf of the constituency.

FOCCEC administrative procedures are clearly stated and are communicated to all staff and any changes in administrative procedures are discussed with the staff. FOCCEC has a written terms and conditions of service for its board, staff, and volunteers, and keeps to them. The Hiring and firing of staff is implemented by the Director following consultation. FOCCEC plans are consistent with its mission and strategy and the planning has a great deal of input from the staff and constituency, particularly those who will be implementing the plans.

The development of a program includes a regular review of the programs and involves FOCCEC constituency in program design and implementation and identifies indicators of program success.

FOCCEC reports on its work (in a variety of styles) to its donors, to its constituency, to NGO's involved in the same kind of work, and involved government ministries/departments.

Human Resources

FOCCEC have regular staff appraisals and staff have clear job descriptions and responsibilities and these are observed by management. The management analyses the work that needs to be done and allocates it according to the skills of the staff and holds effective, efficient, and productive staff meetings. FOCCEC Staff do not simply wait for orders, but plan their own work, and consult with others about it.

The hiring process is very transparent we always publish and advertise for the vacancy, do interviews, do shortlist and select the appropriate candidate

FOCCEC board and staff has members from both sexes and pays attention to cordial and productive relations amongst staff where conflict is dealt with quickly, firmly and fairly. Staff members feels free to discuss problems with their fellow workers openly.

FOCCEC pays salaries and benefits at the rate prevailing in private industry, with increased and improved benefits for the lowest paid. The highest salary at FOCCEC is not more than 5 times the lowest salary .

Financial Resources

FOCCEC keeps good, accurate, timely and informative accounts where separate projects have separate accounts and financial information is used in future planning. FOCCEC keeps clear records for payables, receivables, stock, and inventory and has an external audit. FOCCEC produces accurate financial accounts annually, not later than three months after the end of the financial year and uses the financial report for future

planning. FOCCEC also copies its financial report to the Board, the Donor(s), the registering Authority, and makes it available to the public.

Mission Competence

FOCCEC hires people with experience and expertise in the relevant field and adapts itself to the changing needs of its constituents. FOCCEC is prepared to expand where this is indicated and has a system in place to monitor and evaluate its program/project achievement.

External Relations

FOCCEC is accessible to its constituency and is ready to consider belonging to coalitions of NGOs in their own area, in the country as a whole, or for a limited objective.

FOCCEC is respected by its peer organizations, seen as a full and credible partner by the Government and ready to consider belonging to coalitions of NGOs in its own area, in the country as a whole, or for a limited objective.

FOCCEC collaborates with the government and in specific the Ministry of Health and puts forward advocacy suggestions to the Government.

FOCCEC has a relationship of mutual respect with the donor and makes available a public information document on itself and is well-known for its activities in its own area. FOCCEC is also known to the media and is respected by them.

Sustainability

FOCCEC systematically checks with the constituents that they have received benefits and the constituency acknowledges that they have benefitted from its programs. FOCCEC works and builds partnerships with local organizations and institutions. FOCCEC is involved in coalitions, networks, and umbrella organizations and has links to specialized institutions that may be useful to it.

FOCCEC is able to explain its need for funds to potential donors and realizes the need for a variety of both foreign and local funding sources and the importance of financial sustainability.

Major gaps identified from the Organizational capacity assessment in the following areas:

Governance

FOCCEC board does not help with fund-raising, public relations, and lobbying. It also do not provide oversight and supervision in a structured manner and does not make policies for FOCCEC.

The function for each part in the organization is defined and clear but its not implemented on the ground.

Management Practices

FOCCEC structure is clear and well defined but the parts of the chart are not supported with the staff . Also FOCCEC has the content of the Job descriptions but don't have a solid booklet for all of the Positions. FOCCEC have very simple appraisal template where the content of the template based on the commitment and the skills. The appraisal system needs to be developed to include technical and behavioral competences and should be linked to the achievements.

FOCCEC has no mechanism for periodic review of its strategy and plans and does not design and implement its programs based on its own assessment of the need, rather, depending on the availability of the donors.

Human Resources

There is no structured capacity building programs for staff. Training opportunities are not linked to the requirements of staff and their ability to improve performance. Staff capacity assessments are not carried out regularly and don't guide management in the ways they organize development activities.

Financial Resources

FOCCEC budgets are project based and does not have a management tool for monitoring expenditure against budget.

The Budgets are not planned/drafted by those responsible for spending them, the final authority lies with the Director and the project manager.

Mission Competence

There is more efforts needed to build the capacity of FOCCEC on how to get baseline data, develop indicators, monitor progress against indicators, and evaluate programs especially impact evaluations.

External Relations

FOCCEC does not have strong relations with the private business sector and faces challenge to accesses local resources for funding.

Sustainability

FOCCEC does not have clear strategy for sustainability and does not has a varied resource base and it is totally dependent on donors funding. FOCCEC has no savings and reserves to cushion it at a time of funding shortfall.

FOCCEC Stakeholder mapping

The consultant, along with FOCCEC team conducted a stakeholder mapping that included identifying stakeholders, their mandate, potential roles in supporting FOCCEC and their influence.

The following potential roles were identified according to stakeholder category:

Governmental stakeholders

- Collaborate to provide comprehensive services
- Referral
- Collaboration to apply the integration of the HIV &SRH
- Approving the programs
- Awareness
- Referral for rehabilitation center & awareness

NGOs stakeholders

- Provide SRH as services
- Awareness on the drug abuse
- Youth empowerment
- Provide Legal services
- Developing policies and strategies
- Collaboration on the implementation level for youth activities
- Reporting the violations
- Referral and awareness
- Involving the HIV with their strategies

International organizations

- Funding and partner on the implementation level
- Referral

Private sector

- Financial supporter
- Provide us with human resources expertise
- Communications services

The following table gives a more detailed identification of each stakeholder mandate, potential roles, and influence:

Governmental				
	Stakeholder name	Mandate	Potential role	Influence
1	The National AIDS Program / Ministry of Health Voluntary Counseling and Testing Center (VCT) / Ministry of Health	Supervision on VCT And any organization work in the HIV field Planning for the HIV VCT (service provider for ARVs & PSS)	Collaborate to provide comprehensive services	HIGH
2	Ministry of Health/ Blood bank	Monitoring blood transfusion	There isn't and define role with forearms	Low
3	Ministry of Health/ Central medical laboratories	Testing for HIV and other following up tests	Referral	High
4	Ministry of Health/ W&CD	SRH field	Collaboration to apply the integration of the HIV & SRH	Mid
5	Ministry of Social Development/ Social Fund	Financial assistant for PLHIV	Referral	Mid
6	The Ministry of Planning and International Cooperation	Planning	Approving the programs	High
7	The Ministry of Awqaf and Islamic Affairs	religion education	Awareness	High
8	Public Security Directorate/ Family protection department	Protection from as security perspective	Referral	Mid
9	Public Security Directorate / Narcotics Control Directorate	Applying the laws	Referral for rehabilitation center & awareness	Mid
10	National media affairs	Media work	Awareness	High
NGOs				
	Stakeholder name	Mandate	Potential role	Influence
11	The Jordanian Association for Family Planning and Protection	SRH as service provider	Referral	Mid
12	The Arab Society for Public Awareness of Dangerous Drugs and Narcotics (ASPADD)	Awareness on the drug abuse	Awareness	Low
13	The Jordanian Hashemite Fund for Human Development - effort	Youth empowerments	Collaboration on the implementation level for youth activities	Low
14	King Hussein Foundation/ Information and Research Center IRC/KHF			
	Crown Prince Foundation			
15	Institute for Family Health (IFH) /King Hussein Foundation	Service provider in SRH	Referral	Mid
16	All-Jordan Youth Commission (AJYC)	Youth empowerment	Awareness	Mid
17	Jordan River Foundation	Child protection	Referral	Mid
18	Share-Net Jordan	Resources platform	Reference	Mid
19	The Jordanian Association for Drug Control	Awareness on drug abuse	Awareness	Low

20	JCLA	Legal	Referral	Mid
21	Royal Society for Health Awareness RHAS	Awareness on health	Awareness	Mid
22	The National Center for Human Rights	Monitor HR status in Jordan	Awareness Reporting the violations	Mid
23	TADAMON	Feminist and legal	Referral and awareness	Mid
24	Higher Population Council HPC	Developing policies and strategies	Involving the HIV with their strategies	Mid
International organizations				
	Stakeholder name	Mandate	Potential role	Influence
25	USAID	Development	Funding	High
26	United Nations Development Program (UNDP)	Development	Funding	Mid
27	The United Nations Children's Fund (UNICEF)	Working with children on different issues	Funding and partner on the implementation level	Mid
28	United Nations Office on Drugs and Crime (UNODC)	Prevention and harm reduction from drugs	Funding and partner on the implementation level	Mid
29	World Health Organization (WHO)	Technical in the health field	Reference	Mid
30	The British Department for International Development (DFID)			
31	German Association for International Cooperation (GIZ)			
32	UNFPA	SRH	Funding and partner on the implementation level	Mid
33	IOM	HIV &TB Working with Migrants	Funding and partner on the implementation level	HIGH
34	ILO	Labor issues	Funding and partner on the implementation level	Mid
35	UNHCR	Refugees	Funding and partner on the implementation level	Mid
36	IMC	Medical and PSS	Referral	Mid
37	UNRWA	Service provider for Palestinian refugees	Referral	Mid
Users / Beneficiaries				
	Stakeholder name	Mandate	Potential role	Influence
39	People Living With HIV / AIDS (PLWHA)		Receiving services	HIGH
40	LGPT		Receiving services	HIGH
41	KPs Sex workers, Men who have sex with men (MSM), Vulnerable people suffering from drug addiction,		Receiving services	HIGH

	especially injection drug users (PWID)			
42	Domestic workers		Receiving services	HIGH
43	Vulnerable people who suffer from sexual exploitation and domestic violence SGBV		Receiving services	HIGH
44	Youth		Receiving services	HIGH
Private sector				
	Stakeholder name	Mandate	Potential role	Influence
45	Pharmaceutical companies and drug stores	Privet sector , treatment supplier	Financial supporter Provide us with human resources expertise	Mid
46	Telecommunications companies		Communications services	Mid
47	Mining companies (Potash Company, Phosphate Company)	Privet sector	Financial supporter	low
48	Royal Jordanian Airlines	Privet sector	Financial supporter	Low

SWOT analysis results

FOCCEC and the consultant conducted a workshop for the stakeholders to present achievements and to conduct analysis of the internal and external environment using SWOT analysis.

A strategic analysis was performed using SWOT model that includes a study of internal and external environment for FOCCEC in terms of identifying strengths and weaknesses in the internal environment in addition to the analysis of the opportunities and risks in the external environment. One of the main purposes of the strategic plan is to convert weaknesses to strengths and to match strengths in the internal environment with opportunities in the external environment.

Participants were able to identify the following:

Strengths	Weaknesses
<ul style="list-style-type: none">• The only NGO that works in the HIV field in Jordan• Partnership with MOH• Good reputation and networking• Availability of services, awareness campaigns and printed materials• Staff skills, expertise, and dedication• Availability of a financial and admin system and a governance body• Long experience in the HIV field which attracts donors.• High confidentiality and privacy for beneficiaries• Availability of Code of Conduct• Availability of training manuals, counselling protocols and electronic statistical reporting system-SyrEx• Ease of accessibility to the office (only in Amman)	<ul style="list-style-type: none">• Shortness of resources and weak capabilities• Weak outreach to beneficiaries and limited geographic coverage (only Amman office)• Communication channels• Lack of long-term funding• Weak sustainability of programs and funds• High staff turnover and mind migration• Infrastructure limitations and Limited office space• Client dependency and High expectations.• High Operational cost• Shortage of training opportunities and structured capacity building of staff• Weak information system• Unavailability of unified SOPs and protocols for STDs• No integration of HIV in SRH activities

Opportunities	Threats
<ul style="list-style-type: none"> • Potential CSO partnerships • Availability of the national SRH strategy and integration possibilities • Availability of HIV program at MOH • Limited competition as few NGOs focused on FOCCEC work areas • Good connections and relations with donors and different stakeholders from public and NGO sector • Support of MOH to the program • There are opportunities for new partnerships and collaboration with national stakeholders. 	<ul style="list-style-type: none"> • Stigma for both beneficiaries and staff who is working in this field • HIV and STDs are not a priority at a national level • Community culture of stereotyping towards HIV and STDs • Economic situation and hardship • The negative role of media • Absence of national data base on target population • Weak research around HIV • Government bureaucracy concerning approving donors grants to NGOs • Unavailability of national information systems and databases • Legal restrictions and unavailability of supporting policies • Protracted conflict in some neighbouring countries and increased vulnerability • Unavailability of national protocols to deal with some categories of most at risk people

Major issues identified from situational analysis

In light of the in-depth situational analysis that included: desk review of the available documents, FOCCEC Organizational Capacity Assessment (OCAT), FOCCEC Stakeholder mapping, and situational analysis workshop results including SWOT analysis results. The following major issues identified:

1. Infrastructure limitations, shortness of resources and capabilities, accompanied with limited outreach to beneficiaries and limited geographic coverage, deprives FOCCEC from providing access and reaching out to all beneficiaries in need.
2. Community culture of stereotyping towards HIV and STDs creates a stigma for both beneficiaries and staff working in this field along with considering that HIV and STDs are not a priority at a national level highlights the need for integration of HIV in SRH activities at the national and institutional levels.
3. Considering the FOCCEC long experience in the HIV field, good reputation and networking, and limited competition, where FOCCEC is the only NGO that works in the HIV field in Jordan, creates an opportunity for new partnerships and collaboration with national stakeholders especially that FOCCEC obtains good connections and relations with donors.
4. High expectations from clients and client dependency accompanied with lack of unified SOPs and protocols for STDs and shortage of training opportunities and structured capacity building of staff as well as lack of proper communication channels limits the FOCCEC institutional capacity and leads to high staff turnover and mind migration considering the unique staff skills, expertise, and dedication needed for this type of work.
5. Lack of sustainable funding resources and total dependency on external donor funding, accompanied by economic hardship and increased vulnerability, create the need to diversify funding sources through new partnerships and collaboration with national stakeholders for programs sustainability.

FOCCEC Strategic Directions

The major issues derived from the situational analysis paved the way to identify FOCCEC strategic directions for the coming five years. Those directions fall under six domains as following:



Accessibility and outreach

To improve accessibility and outreach to all beneficiaries in need and overcome infrastructure limitations, shortness of resources and capabilities. FOCCEC need to strengthen its capacity through mobilizing its resources and expanding its collaboration with CSOs and CBOs.

Community mobilization and advocacy

FOCCEC will put more efforts in increasing community awareness, participation, and mobilization to change community culture of stereotyping towards HIV and STDs as well as reducing stigma for both beneficiaries and staff who is working in this field.

Integration

FOCCEC will strategically focus on integrating HIV and STDs interventions within the SRH activities in collaboration with other NGOs and stakeholders at the national and institutional levels, taking the opportunity of the availability of the National SRH strategy to include the HIV and STDs services in the unified SRH national service package. This will bring again the HIV and STDs to the national agenda as part of the SRH national priorities. It will also reduce the stereotyping and stigma towards HIV and STDs for both beneficiaries and staff working in this field.

Networking and partnerships

FOCCEC should build on its long experience in the HIV field, good reputation and networking, and limited competition, to create opportunities for new partnerships and collaboration with national stakeholders through expanding its network, establishing multi-stakeholder partnerships, and engaging with private sector.

Institutionalization and capacity development

FOCCEC should continue improving quality of services delivered, building its institutional and staff capacity to professionally manage clients' expectations and staff turnover and mind migration through development of quality measure, unifying SOPs and protocols for STDs and creating structured capacity building programs for staff as well as developing proper communication channels.

Sustainability

To overcome funding limitations and donor dependency, FOCCEC needs to develop strategies/initiatives for diversifying its financial resources, mobilizing available resources, and establishing income generation projects for institutional and programs sustainability.

FOCCEC Core Values

1-Quality and safety

Provide services at the highest quality and performance standards, checking facts and expectations, evaluating participants' expertise and actions during consultation, and ensuring that both employees and beneficiaries are safe. Beneficiaries are entitled to privacy and confidentiality and the protection of their personal health and social data.

2-A human rights-based approach

Regardless of religion, ethnicity, nationality, or political affiliation, FOCCEC aims to be equal to all of customers, staff, and individuals who work with them. All operations and activities will be driven by the ideals of justice and the promotion of human dignity and respect. This will motivate disadvantaged people to demand the realization of their rights and high-quality services from all service providers while eradicating all types of discrimination.

3-Accountability

FOCCEC solely responsible for choices and actions. it will be accountable to constituents, local communities, and donors by adhering to national and international financial and administrative regulations and enabling them to track and assess our results

4-Transparency

Being accessible and available to the target groups, local community, stakeholders, and collaborators, and promote the creation of mutual trust and cooperation among stakeholders and partners.

5-Participation

Engage all stakeholders and collaborators in the preparation, execution, tracking, and evaluation of our projects.

FOCCEC Vision

Active, equal, dignified, and safe access to health, social, and protection services for all people in Jordan.

FOCCEC Mission

FOCCEC is a Jordanian NGO that is committed to the full realization and entitlement of health and social needs of vulnerable persons living in Jordan aimed at empowering communities, building local capabilities and promoting healthy lifestyles to deliver rights based dignified, accessible, acceptable, continuous and safe health, protection and social services.

FOCCEC Strategic results framework

Impact	Equal, dignified, and safe access to health, social, and protection services for all people in Jordan
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Strategic directions	Accessibility	Community mobilization and advocacy	Institutionalization and capacity development	Integration	Networking and partnerships	Sustainability
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Outcomes	R1. Improved accessibility to quality services for most vulnerable populations	R2. Strengthened institutional capacity for enhanced performance and service quality	R3. Strengthened partnerships and networks for better programs integration and sustainability
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Outputs	1.1 Increased proportion of PLHIV having access to the best available services	2.1 Enhanced capacity of FOCCEC staff	3.1 Increased amount of funding mobilized from donors, public, and private sectors to better address the needs of KPS
	1.2 Removed barriers for quality STIs services including counselling and condom promotion especially for affected populations.	2.2 Volunteers in the field of PLHIV Attracted, retained and empowered	3.2 Multi-stakeholders partnerships established with agencies in the reproductive health sector
	1.3 Increased proportion of the high vulnerable groups who use condoms consistently.		3.3 Impact assessments are conducted to measure programs sustainability.
	1.4 Increased number of vulnerable groups seeking voluntary counselling and testing (VCT) for HIV status and adopting appropriate measures for a responsible harm reduction lifestyle.	2.4 Comprehensive Information System established	3.4 Income generating projects developed
	1.5 Provide protecting, support, and empowerment services to the affected groups	2.5 Improved quality of FOCCEC service delivery	3.5 Sponsoring partnerships with independent public organizations developed
	1.6 Enhanced positive attitudes and public awareness towards harm reduction programs and vulnerable people (especially PLHIV, and domestic violence victims).		3.6 New partnership built with agencies/INGOs/NGOs working in the sexual reproductive health field
	1.7 Local communities developing their own responses to vulnerable people rights and harm reduction programs		

FOCCEC Logical Framework

Outcome	Output	Interventions/ Activities	Indicators
R1. Improved accessibility to quality services for most vulnerable populations	1.1 Increased proportion of PLHIV having access to the best available services	<p>Provide targeted PLHIV with comprehensive medical care in collaboration with MOH</p> <p>Increase advocacy and education in communities to make them receptive and responding to the needs of PLHIVs and their families.</p> <p>Establish effective family and peer support groups to PLHIVs to follow up on drug adherence and compliance.</p>	<p># of beneficiaries with HIV /AIDS having access to best available treatment and medical care.</p> <p># of the beneficiaries received HIV-SRH integrated services</p> <p># of beneficiaries discovered by Forearms with advanced HIV infection receiving HIV medication.</p> <p># of households of PLHIVs who received awareness and support.</p> <p># of beneficiaries tested for HIV and Syphilis</p>
	1.2 Removed barriers for quality STIs services including counselling and condom promotion especially for affected populations.	<p>Expand the coverage of quality STI services for all beneficiaries with collaboration with MOH</p> <p>Assure the availability of essential STI drugs at MOH health facilities for target groups</p> <p>Expand the rapid test services provided by FOCCEC VCT to include other STIs.</p> <p>Provide beneficiaries especially at high risk have continuous supply of free condoms.</p> <p>Establish and activate referral system for beneficiaries</p>	<p># of new Geographical locations reached and have served with the Preventive services</p> <p># of community based facilities provide preventive service in the HIV & STIs field</p> <p>% of FOCCEC beneficiaries screened at MOH facilities</p> <p>% of positive STIs cases treated and followed up.</p> <p># of KPs diagnosed with STIs referred to the medication services</p> <p># of KPs diagnosed with HIV referred to the health services</p> <p>% of increased demand on the preventive services by the affected groups</p> <p># of Health facilities provide HIV-SRH services</p>
	1.3 Increased proportion of the high vulnerable groups who use condoms consistently.	<p>Promote the knowledge about condoms (male and female) in all counseling sessions and meetings with beneficiaries.</p> <p>Address gender and other socio-cultural barriers to using condoms.</p>	<p># of beneficiaries who have free access to condoms.</p> <p>% of beneficiaries reporting the use of a condom during sexual intercourse.</p> <p># of female partners for KPs and PLHIV use contraptions</p>
	1.4 Increased number of vulnerable groups seeking voluntary counseling and testing (VCT) for HIV status and adopting appropriate measures for a responsible harm reduction lifestyle.	<p>Support the VCT centre in FOCCEC with appropriate materials</p> <p>Extend the outreach program to reach new beneficiaries and new locations.</p> <p>Conduct awareness sessions on the (Drug abuse, HIV, PSS and other related topics)</p>	<p># of beneficiaries using VCT</p> <p># of beneficiaries receiving VCT</p> <p># of beneficiaries adopting harm reduction behaviour (condoms)</p> <p># of new reached beneficiaries</p> <p># of individuals attending awareness sessions</p>

Outcome	Output	Interventions/ Activities	Indicators
	1.5 Provide protecting, support, and empowerment services to the affected groups	<p>Provide cash assistant to affected groups</p> <p>Provide legal aid to affected groups</p> <p>Provide referral for protection services to affected groups</p> <p>Provide empowerment services to affected groups</p> <p>Provide psychosocial support services to affected groups</p>	<p># of beneficiaries received cash assistant</p> <p># of beneficiaries received legal aid</p> <p># of beneficiaries referred for protection services</p> <p># of beneficiaries empowered to be deal with their problems</p> <p># of beneficiaries served with psychosocial support services</p> <p># of cases registered by REActors</p>
	1.6 Enhanced positive attitudes and public awareness towards harm reduction programs and vulnerable people (especially PLHIV, street children, drug addicts, domestic violence victims) and safeguard their human rights.	<p>Work with media (print, electronic, Radio, TV) on responsible and appropriate information, reporting and education on HIV /AIDS issues</p> <p>Promote community awareness on domestic violence, child protection, and barriers to justice for vulnerable people.</p> <p>Promote local community awareness through seminars and meetings on HIV/Aids, domestic violence, child protection and drug abuse issues.</p> <p>Promote, produce and distribute relevant information materials and simple fact sheets on issues and rights related to vulnerable people.</p> <p>Establish 24 hour hotline for human rights violations and acts of discrimination.</p> <p>Empower vulnerable people and their families by providing them with special skills and knowledge on combating stigma and social discrimination.</p> <p>Conduct workshops for KP groups to raise awareness on their rights, how to claim these rights, how to report violations, and the organizations that can provide related services</p>	<p># of media materials/programs/events</p> <p># of seminars, meetings, or workshops for community leaders</p> <p>Information materials, fact sheets, videos</p> <p># of hotline contacts</p> <p># of social media followers</p> <p># of meetings and workshops</p> <p># of documented success stories</p> <p># of community based facilities provide preventive service in the HIV & STIs field</p> <p>Related parties involved in the implementation of the programs in the HIV field</p> <p>Related parties contribute in removing barriers related to the HIV issues</p> <p>Related parties aware of the rights of the affected groups and advocate for enjoying their rights</p> <p># of campaigns implemented in the HIV field aim to reduce the social stigma related to the HIV topic</p> <p># of reported violations by KPs</p>
	1.7 Local communities developing their own responses to vulnerable people rights and harm reduction	<p>Build the capacity of community leaders in human rights related to vulnerable people especially people living with HIV and STI.</p> <p>Build capacity of youth advocates, including young KPs, on advocating for policy changes related to removing barriers to services for adolescents and young people.</p>	<p># of community awareness sessions</p> <p># of youth and adolescents advocates with improved capacity on advocating for policy changes</p> <p># of new young people accessing HIV services</p> <p># of advocacy activities initiated by targeted youth</p>

Outcome	Output	Interventions/ Activities	Indicators
		Support initiatives for advocacy activities initiated by these young leaders	
R2. Strengthened institutional capacity for enhanced performance and service quality	2.1 Enhanced capacity of FOCCEC staff	<p>Recruit additional staff (psychologist and social worker, media specialist).</p> <p>Conduct competency-based training needs assessment for FOCCEC staff</p> <p>Develop staff continuous training plan and budget</p>	<p># of new recruited staff</p> <p>Continuous training plan and budget developed</p> <p># of staff trained</p>
	2.2 Volunteers in the field of PLHIV Attracted, retained and empowered	<p>Establish a roster for prospective volunteers and identify where and how to reach them.</p> <p>Promote volunteer culture among beneficiaries.</p>	<p># of volunteers recruited</p> <p># of volunteers recruited from beneficiaries</p> <p># of volunteers trained</p>
	2.3 Comprehensive Information System established	<p>Contract a company or consultant to perform system analysis to define the specification of the information system needed for FOCCEC including hardware, software and networking.</p> <p>Upgrade the existing web site to be more interactive with beneficiaries</p>	<p>Information system analysis and requirements document</p> <p>Upgraded and interactive web site</p>
	2.4 Improved quality of FOCCEC service delivery	<p>Adapt training materials in collaboration with WHO, MOH and UNAIDS</p> <p>Develop service delivery policies, SOPs, and protocols</p> <p>Establish internal supervision system to measure compliance with service delivery SOPs and protocols</p>	<p># of training materials adapted</p> <p># of service delivery policies, SOPs, and protocols developed</p> <p># of supervision audits conducted</p> <p>% compliance with service delivery SOPs and protocols</p>
R3. Strengthened partnerships and networks for better programs integration and sustainability	3.1 Increased amount of funding mobilized from donors, public, and private sectors to better address the needs of KPS	<p>Prepare a roster for prospective sponsoring companies and banks</p> <p>Prepare a plan for scheduled visits to targeted international donors</p> <p>Prepare promotional and media materials about FOCCEC (videos, PowerPoint presentations, success stories, leaflets, etc.)</p> <p>Prepare a plan for scheduled visits to business organizations</p>	<p>Updated roster for targeted companies and banks</p> <p># of visits to targeted companies</p> <p>Updated roster for targeted international donors</p> <p># of visits to targeted donors</p>
	3.2 Multi-stakeholders partnerships established with agencies in the reproductive health sector	<p>Conduct a stakeholder mapping to identify potential partnerships in the reproductive health sector</p> <p>Establish multi-stakeholders partnerships with agencies in the reproductive health sector</p>	<p>Stakeholder mapping document finalized</p> <p># of multi-stakeholders partnerships established</p>

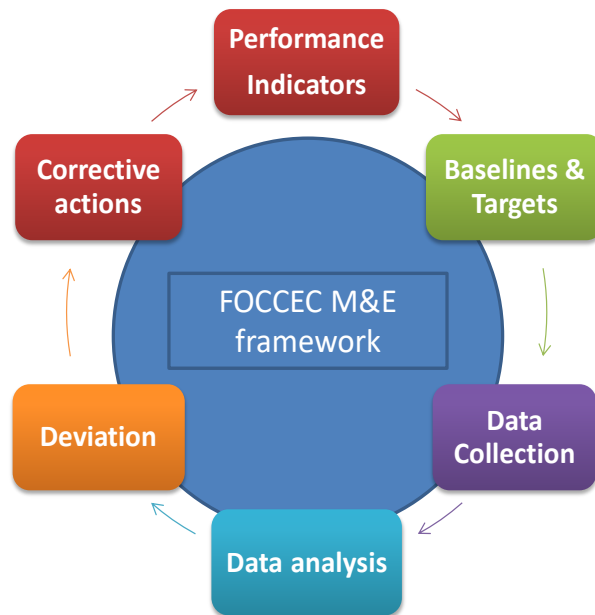
Outcome	Output	Interventions/ Activities	Indicators
	3.3 Impact assessments are conducted to measure programs sustainability.	Conduct an assessment on treatment adherence among KPs living with HIV examine adherence to recommended antiretroviral treatment regimen, dropout rates, irregularities, as well as treatment literacy. Engage PLHIV, MOH and HIV service providers in this process: focus groups, survey and interviews with health service staff	# of New PLHIV enrollees into care programs % of treatment adherence among KPs living with HIV
	3.4 Income generating projects developed	<p>Make feasibility studies to embark on small scale business projects (business arms) with beneficiaries' partnership as beauty salon, kitchen, gem, handicrafts shop, bazaars, etc.</p> <p>Identify services amenable for fee – for –service</p> <p>Identify beneficiaries who might pay fees</p> <p>Develop income generating activities policy and fees schedule and procedures for fee collection</p>	<p>Feasibility study document</p> <p>List of for fee services identified</p> <p>List of beneficiary categories</p> <p>income generating activities policy developed</p>
	3.5 Sponsoring partnerships with independent public organizations developed	<p>Prepare a list of prospective sponsoring (IPOs)</p> <p>Prepare a plan for scheduled visits to targeted (IPOs)</p>	<p>Updated list of targeted IPOs</p> <p># of visits to targeted IPOs</p>
	3.6 New partnership built with agencies/INGOs/NGOs working in the sexual reproductive health field	<p>Build partnership with agencies work in the reproductive health such as UNFPA and USAID through contracting with strategic & partnerships expert</p> <p>Conduct mapping of funding agencies and donors working in the sexual reproductive health field</p> <p>Apply for funding opportunities in partnership with agencies /INGOs/NGOs working in the sexual reproductive health field</p>	<p># of Linkages established with agencies that work in reproductive health. (documents, meetings, etc. (referral system)</p> <p># of proposals written</p> <p>% of awarded proposals from total numbers written</p>

Monitoring and Evaluation (M&E) framework

FOCCEC strategy will be reviewed on an annual basis using the monitoring and evaluation (M&E) framework which identified needed outcomes and outputs measures. The M&E framework include the Monitoring and Evaluation (M&E) matrix which identified the baseline and target values where data will be collected and analyzed to measure deviation and suggest corrective actions accordingly.

FOCCEC's strategic plan will also be operationalized through an annual action plan and budget that considers the proposed outputs and outcomes. FOCCEC will implement the actions in the plan in collaboration with partners and stakeholders to leverage its resources for effective service delivery and create a critical mass that will facilitate the implementation of this strategic plan.

The following graph explains the FOCCEC M&E framework and process:



Monitoring and Evaluation (M&E) matrix

Outcome	Output	Indicators	Baseline 2021	Target 2021	Target 2022	Target 2023	Target 2024	Target 2025
R1. Improved accessibility to quality services for most vulnerable populations	1.1 Increased proportion of PLHIV having access to the best available services	<p># of beneficiaries with HIV /AIDS having access to best available treatment and medical care.</p> <p># of the beneficiaries received HIV-SRH integrated services</p> <p># of beneficiaries discovered by Forearms with advanced HIV infection receiving HIV medication.</p> <p># of households of PLHIVs who received awareness and support.</p> <p># of beneficiaries tested for HIV and Syphilis</p>						
	1.2 Removed barriers for quality STIs services including counselling and condom promotion especially for affected populations.	<p># of new Geographical locations reached and have served with the Preventive services</p> <p># of community based facilities provide preventive service in the HIV & STIs field</p> <p>% of FOCCEC beneficiaries screened at MOH facilities</p> <p>% of positive STIs cases treated and followed up.</p> <p># of KPs diagnosed with STIs referred to the medication services</p> <p># of KPs diagnosed with HIV referred to the health services</p> <p>% of increased demand on the preventive services by the affected groups</p> <p># of Health facilities provide HIV-SRH services</p>						
	1.3 Increased proportion of the high vulnerable groups who use condoms consistently.	<p># of beneficiaries who have free access to condoms.</p> <p>% of beneficiaries reporting the use of a condom during sexual intercourse.</p> <p># of female partners for KPs and PLHIV use contraptions</p>						
	1.4 Increased number of vulnerable groups seeking voluntary counseling and testing (VCT) for HIV status and adopting appropriate measures for a responsible harm reduction lifestyle.	<p># of beneficiaries using VCT</p> <p># of beneficiaries receiving VCT</p> <p># of beneficiaries adopting harm reduction behaviour (condoms)</p> <p># of new reached beneficiaries</p> <p># of individuals attending awareness sessions</p>						

Outcome	Output	Indicators	Baseline 2021	Target 2021	Target 2022	Target 2023	Target 2024	Target 2025
		# of individuals attending awareness sessions						
	1.5 Provide protecting, support, and empowerment services to the affected groups	# of beneficiaries received cash assistant # of beneficiaries received legal aid # of beneficiaries referred for protection services # of beneficiaries empowered to be deal with their problems # of beneficiaries served with psychosocial support services # of cases registered by REActors						
	1.6 Enhanced positive attitudes and public awareness towards harm reduction programs and vulnerable people (especially PLHIV, street children, drug addicts, domestic violence victims) and safeguard their human rights.	# of media materials/programs/events # of seminars, meetings, or workshops for community leaders Information materials, fact sheets, videos # of hotline contacts # of social media followers # of meetings and workshops # of documented success stories # of community based facilities provide preventive service in the HIV & STIs field Related parties involved in the implementation of the programs in the HIV field Related parties contribute in removing barriers related to the HIV issues Related parties aware of the rights of the affected groups and advocate for enjoying their rights # of campaigns implemented in the HIV field aim to reduce the social stigma related to the HIV topic # of reported violations by KPs						
	1.7 Local communities developing their own responses to vulnerable people rights and harm reduction	# of community awareness sessions # of youth and adolescents advocates with improved capacity on advocating for policy changes # of new young people accessing HIV services						

Outcome	Output	Indicators	Baseline 2021	Target 2021	Target 2022	Target 2023	Target 2024	Target 2025
		# of advocacy activities initiated by targeted youth						
R2. Strengthened institutional capacity for enhanced performance and service quality	2.1 Enhanced capacity of FOCCEC staff	# of new recruited staff Continuous training plan and budget developed # of staff trained						
	2.2 Volunteers in the field of PLHIV Attracted, retained and empowered	# of volunteers recruited # of volunteers recruited from beneficiaries # of volunteers trained						
	2.3 Comprehensive Information System established	Information system analysis and requirements document Upgraded and interactive web site						
	2.4 Improved quality of FOCCEC service delivery	# of training materials adapted # of service delivery policies, SOPs, and protocols developed # of supervision audits conducted % compliance with service delivery SOPs and protocols						
R3. Strengthened partnerships and networks for better programs integration and sustainability	3.1 Increased amount of funding mobilized from donors, public, and private sectors to better address the needs of KPS	Updated roster for targeted companies and banks # of visits to targeted companies Updated roster for targeted international donors # of visits to targeted donors						
	3.2 Multi-stakeholders partnerships established with agencies in the reproductive health sector	Stakeholder mapping document finalized # of multi-stakeholders partnerships established						
	3.3 Impact assessments are conducted to measure programs sustainability.	# of New PLHIV enrollees into care programs % of treatment adherence among KPs living with HIV						
	3.4 Income generating projects developed	Feasibility study document List of for fee services identified List of beneficiary categories income generating activities policy developed						
	3.5 Sponsoring partnerships with independent public organizations developed	Updated list of targeted IPOs # of visits to targeted IPOs						

Outcome	Output	Indicators	Baseline 2021	Target 2021	Target 2022	Target 2023	Target 2024	Target 2025
	3.6 New partnership built with agencies/INGOs/NGOs working in the sexual reproductive health field	<p># of Linkages established with agencies that work in reproductive health. (documents, meetings, etc. (referral system)</p> <p># of proposals written</p> <p>% of awarded proposals from total numbers written</p>						

Annexes

Annex I : Action plan 2021

Outcome	Output	Interventions/ Activities	Indicators	Baseline	Target
R1. Improved accessibility to quality services for most vulnerable populations	1.1 Increased proportion of PLHIV having access to the best available services	<p>Provide targeted PLHIV with comprehensive medical care in collaboration with MOH</p> <p>Increase advocacy and education in communities to make them receptive and responding to the needs of PLHIVs and their families.</p> <p>Establish effective family and peer support groups to PLHIVs to follow up on drug adherence and compliance.</p>	<p># of beneficiaries with HIV /AIDS having access to best available treatment and medical care.</p> <p># of the beneficiaries received HIV-SRH integrated services</p> <p># of beneficiaries discovered by Forearms with advanced HIV infection receiving HIV medication.</p> <p># of households of PLHIVs who received awareness and support.</p> <p># of beneficiaries tested for HIV and Syphilis</p>		
	1.2 Removed barriers for quality STIs services including counselling and condom promotion especially for affected populations.	<p>Expand the coverage of quality STI services for all beneficiaries with collaboration with MOH</p> <p>Assure the availability of essential STI drugs at MOH health facilities for target groups</p> <p>Expand the rapid test services provided by FOCCEC VCT to include other STIs.</p> <p>Provide beneficiaries especially at high risk have continuous supply of free condoms.</p> <p>Establish and activate referral system for beneficiaries</p>	<p># of new Geographical locations reached and have served with the Preventive services</p> <p># of community based facilities provide preventive service in the HIV & STIs field</p> <p>% of FOCCEC beneficiaries screened at MOH facilities</p> <p>% of positive STIs cases treated and followed up.</p> <p># of KPs diagnosed with STIs referred to the medication services</p> <p># of KPs diagnosed with HIV referred to the health services</p> <p>% of increased demand on the preventive services by the affected groups</p> <p># of Health facilities provide HIV-SRH services</p>		
	1.3 Increased proportion of the high vulnerable groups who use condoms consistently.	<p>Promote the knowledge about condoms (male and female) in all counseling sessions and meetings with beneficiaries.</p> <p>Address gender and other socio-cultural barriers to using condoms.</p>	<p># of beneficiaries who have free access to condoms.</p> <p>% of beneficiaries reporting the use of a condom during sexual intercourse.</p> <p># of female partners for KPs and PLHIV use contraptions</p>		
	1.4 Increased number of vulnerable groups seeking voluntary counseling and testing	<p>Support the VCT centre in FOCCEC with appropriate materials</p>	<p># of beneficiaries using VCT</p> <p>% of beneficiaries using VCT</p>		

Outcome	Output	Interventions/ Activities	Indicators	Baseline	Target
	(VCT) for HIV status and adopting appropriate measures for a responsible harm reduction lifestyle.	Extend the outreach program to reach new beneficiaries and new locations. Conduct awareness sessions on the (Drug abuse, HIV, PSS and other related topics)	# of beneficiaries adopting harm reduction behaviour or visits (condoms, substitution therapy, Counselling sessions, etc.) # of new reached beneficiaries # of individuals attending awareness sessions		
	1.5 Provide protecting, support, and empowerment services to the affected groups	Provide cash assistant to affected groups Provide legal aid to affected groups Provide referral for protection services to affected groups Provide empowerment services to affected groups Provide psychosocial support services to affected groups	# of beneficiaries received cash assistant # of beneficiaries received legal aid # of beneficiaries referred for protection services # of beneficiaries empowered to be deal with their problems # of beneficiaries served with psychosocial support services # of cases registered by REActors		
	1.6 Enhanced positive attitudes and public awareness towards harm reduction programs and vulnerable people (especially PLHIV, street children, drug addicts, domestic violence victims) and safeguard their human rights.	Work with media (print, electronic, Radio, TV) on responsible and appropriate information, reporting and education on HIV /AIDS issues Promote community awareness on domestic violence, child protection, and barriers to justice for vulnerable people. Promote local community awareness through seminars and meetings on HIV/Aids, domestic violence, child protection and drug abuse issues. Promote, produce and distribute relevant information materials and simple fact sheets on issues and rights related to vulnerable people. Establish 24 hour hotline for human rights violations and acts of discrimination. Empower vulnerable people and their families by providing	# of media materials/programs/events # of seminars, meetings, or workshops for community leaders Information materials, fact sheets, videos # of hotline contacts # of social media followers # of meetings and workshops # of documented success stories # of community based facilities provide preventive service in the HIV & STIs field Related parties involved in the implementation of the programs in the HIV field Related parties contribute in removing barriers related to the HIV issues Related parties aware of the rights of the affected groups and advocate for enjoying their rights # of campaigns implemented in the HIV field aim to reduce the social stigma related to the HIV topic # of reported violations by KPs		

Outcome	Output	Interventions/ Activities	Indicators	Baseline	Target
		<p>them with special skills and knowledge on combating stigma and social discrimination.</p> <p>Conduct workshops for KP groups to raise awareness on their rights, how to claim these rights, how to report violations, and the organizations that can provide related services</p>			
	1.7 Local communities developing their own responses to vulnerable people rights and harm reduction	<p>Build the capacity of community leaders in human rights related to vulnerable people especially people living with HIV and STI.</p> <p>Build capacity of youth advocates, including young KPs, on advocating for policy changes related to removing barriers to services for adolescents and young people.</p> <p>Support initiatives for advocacy activities initiated by these young leaders</p>	<p># of community awareness sessions</p> <p># of youth and adolescents advocates with improved capacity on advocating for policy changes</p> <p># of new young people accessing HIV services</p> <p># of advocacy activities initiated by targeted youth</p>		
R2. Strengthened institutional capacity for enhanced performance and service quality	2.1 Enhanced capacity of FOCCEC staff	<p>Recruit additional staff (psychologist and social worker, media specialist).</p> <p>Conduct competency-based training needs assessment for FOCCEC staff</p> <p>Develop staff continuous training plan and budget</p>	<p># of new recruited staff</p> <p>Continuous training plan and budget developed</p> <p># of staff trained</p>		
	2.2 Volunteers in the field of PLHIV Attracted, retained and empowered	<p>Establish a roaster for prospective volunteers and identify where and how to reach them.</p> <p>Promote volunteer culture among beneficiaries.</p>	<p># of volunteers recruited</p> <p># of volunteers recruited from beneficiaries</p> <p># of volunteers trained</p>		
	2.3 Comprehensive Information System established	<p>Contract a company or consultant to perform system analysis to define the specification of the information system needed for FOCCEC including</p>	<p>Information system analysis and requirements document</p> <p>Upgraded and interactive web site</p>		

Outcome	Output	Interventions/ Activities	Indicators	Baseline	Target
		hardware, software and networking. Upgrade the existing web site to be more interactive with beneficiaries			
	2.4 Improved quality of FOCCEC service delivery	Adapt training materials in collaboration with WHO, MOH and UNAIDS Develop service delivery policies, SOPs, and protocols Establish internal supervision system to measure compliance with service delivery SOPs and protocols	# of training materials adapted # of service delivery policies, SOPs, and protocols developed # of supervision audits conducted % compliance with service delivery SOPs and protocols		
R3. Strengthened partnerships and networks for better programs integration and sustainability	3.1 Increased amount of funding mobilized from donors, public, and private sectors to better address the needs of KPS	Prepare a roaster for prospective sponsoring companies and banks Prepare a plan for scheduled visits to targeted international donors Prepare promotional and media materials about FOCCEC (videos, PowerPoint presentations, success stories, leaflets, etc.) Prepare a plan for scheduled visits to business organizations	Updated roaster for targeted companies and banks # of visits to targeted companies Updated roaster for targeted international donors # of visits to targeted donors		
	3.2 Multi-stakeholders partnerships established with agencies in the reproductive health sector	Conduct a stakeholder mapping to identify potential partnerships in the reproductive health sector Establish multi-stakeholders partnerships with agencies in the reproductive health sector	Stakeholder mapping document finalized # of multi-stakeholders partnerships established		
	3.3 Impact assessments are conducted to measure programs sustainability.	Conduct an assessment on treatment adherence among KPs living with HIV examine adherence to recommended antiretroviral treatment regimen, dropout rates, irregularities, as well as treatment literacy. Engage PLHIV, MOH and HIV service providers in this process: focus groups, survey and	# of New PLHIV enrollees into care programs % of treatment adherence among KPs living with HIV		

Outcome	Output	Interventions/ Activities	Indicators	Baseline	Target
		interviews with health service staff			
	3.4 Income generating projects developed	<p>Make feasibility studies to embark on small scale business projects (business arms) with beneficiaries' partnership as beauty salon, kitchen, gem, handicrafts shop, bazaars, etc.</p> <p>Identify services amenable for fee – for – service</p> <p>Identify beneficiaries who might pay fees</p> <p>Develop income generating activities policy and fees schedule and procedures for fee collection</p>	<p>Feasibility study document</p> <p>List of for fee services identified</p> <p>List of beneficiary categories</p> <p>income generating activities policy developed</p>		
	3.5 Sponsoring partnerships with independent public organizations developed	<p>Prepare a list of prospective sponsoring (IPOs)</p> <p>Prepare a plan for scheduled visits to targeted (IPOs)</p>	<p>Updated list of targeted IPOs</p> <p># of visits to targeted IPOs</p>		
	3.6 New partnership built with agencies/INGOs/NGOs working in the sexual reproductive health field	<p>Build partnership with agencies work in the reproductive health such as UNFPA and USAID through contracting with strategic & partnerships expert</p> <p>Conduct mapping of funding agencies and donors working in the sexual reproductive health field</p> <p>Apply for funding opportunities in partnership with agencies /INGOs/NGOs working in the sexual reproductive health field</p>	<p># of Linkages established with agencies that work in reproductive health. (documents, meetings, etc. (referral system)</p> <p># of proposals written</p> <p>% of awarded proposals from total numbers written</p>		

Annex II : OCAT-Organizational-Capacity-Assessment-Tool

The following table shows the results of the organizational capacity assessment:

OCAT-Organizational-Capacity-Assessment-Tool

Governance					
Executive Committee/Board/Trustees		Yes	No	Partially	Comments
1	An independent governing body (Executive Committee/Board/Trustees) provides oversight(supervision) to the NGO		✓		
2	The Executive Committee/Board/Trustees) makes policy for the NGO		✓		
3	The Executive Committee/Board/Trustees represent the interests of the constituency		✓		
4	The Board helps the NGO with fund-raising, public relations, lobbying		✓		
5	The Board makes sure that the NGO's activities reflect Board policy	✓			
Vision/Mission		Yes	No	Partially	
6	There is a clear and understandable vision and mission for the NGO		✓		
7	The Vision and Mission are clearly understood by the staff, the Board/Executive Committee/Trustees, the constituents, the volunteers, and sympathetic outsiders	✓			
8	The activities of the NGO reflect and focus the vision and mission of the NGO	✓			
Constituency		Yes	No	Partially	
9	The NGO has a recognized constituency	✓			
10	The NGO has regular and participatory links to its constituency	✓			
11	The NGO helps the constituency to manage their own affairs	✓			
12	The NGO recognizes its constituency as partners in its work	✓			
13	The NGO combines advocacy for its constituents along with its service delivery work	✓			
Leadership		Yes	No	Partially	
14	The NGO is clear about the functions of the Director and the functions of the Executive Committee/Board/Trustees	✓			The function for each part in the organization is defined and clear but its not implemented on the ground
15	Decisions are clearly communicated to those they affect	✓			
16	Leaders take decisions after consultation with those who will be affected	✓			Forearms ask the beneficiaries for feedback
17	Leaders help staff understand their contribution to the NGOs mission/purpose	✓			
Legal Status		Yes	No	Partially	
18	The NGO is legally established.	✓			
19	The NGO complies with all the legal requirements of its legal identity and registration	✓			

20	The NGO is aware of any concessions and allowances that it has a right to (tax etc.)	✓			
Management Practices					
Organizational Structure		Yes	No	Partially	
21	The NGO has a clear and communicated organizational structure			✓	The organizational clear and defined but the parts of the chart are not supported with the staff
22	The staff of the NGO have clear job descriptions			✓	Forearms has the content of the Job description but we don't have solid booklet for all of the Positions of our staff
23	The Job Descriptions are used in staff appraisal			✓	We have very simple appraisal template the content of the template based on the commitment and the skills
Information Systems		Yes	No	Partially	Forearms work on developing and enhancing Information system with the upcoming months
24	The NGO collects base line information about its constituency before starting work	✓			Need assessments done before starting the projects
25	The NGO has a regular system for collecting information on their program activities	✓			
26	The NGO regularly collects information on the impact of its work following the base line information	✓			
27	The information collected guides the program review and the development of new programs	✓			
28	The information collected is used in advocacy on behalf of the constituency	✓			
Administrative Procedures		Yes	No	Partially	
29	The NGO's administrative procedures are clearly stated, and are communicated to all staff	✓			Scope of work mechanisms , and procedures are clearly
30	Any changes in administrative procedures are discussed with the NGO's staff	✓			
Personnel		Yes	No	Partially	
31	The NGO has written terms and conditions of service for its board, staff, and volunteers, and keeps to them	✓			
32	Hiring and firing of staff should be implemented by the Director following consultation	✓			The hiring process is very transparent we always publish and advertise for the vacancy, do interviews, do shortlist and select the appropriate candidate

					Firing process done after consultation
Planning		Yes	No	Partially	
33	The NGO's plans are consistent with its mission and strategy	✓			
34	Planning has a great deal of input from the staff and constituency, particularly those who will be implementing the plans	✓			
35	The NGO's plans are reviewed regularly			✓	No mechanism is developed for periodic review
Program Development		Yes	No	Partially	
36	the NGO designs and implements a program based on its own assessment of the need, and of its own competence			✓	Forearms depend on the availability of the donors
37	The development of a program includes a regular review of the program	✓			
38	The NGO involves its constituency in program design and implementation	✓			
39	The NGO identifies indicators of program success	✓			
Program Reporting		Yes	No	Partially	
40	The NGO reports on its work (in a variety of styles) to its donors, to its constituency, to NGO's involved in the same kind of work, to the local council, involved government ministries/departments, to MPS.	✓			
41	When the NGO has a particularly interesting experience, it communicates this to other involved people and organizations			✓	
Human Resources					
Human Resource Development		Yes	No	Partially	
42	NGOs have regular staff appraisals	✓			Annually
43	Training opportunities are linked to the requirements of staff and their ability to improve the NGO's performance		✓		
44	Staff capacity assessments are carried out regularly and guide management in the ways they organize development activities		✓		
Staff Roles		Yes	No	Partially	
45	Staff have clear job descriptions and responsibilities and these are observed by management	✓			
46	The management analyses the work that needs to be done and allocates it according to the skills of the staff	✓			
47	The NGO identifies ways of improving staff skills where gaps have been identified			✓	
Work Organization		Yes	No	Partially	
48	The NGO holds effective, efficient, and productive staff meetings	✓			
49	Staff do not simply wait for orders, but plan their own work, and consult with others about it.	✓			
50	The NGO holds regular inter-staff meetings	✓			
Diversity issues		Yes	No	Partially	

51	The NGO's board and staff has members from both sexes	✓			
52	The Board and Staff consult the NGO's constituency, but not all sectors of the constituency are represented in the staff and Board		✓		
Supervisory Practices		Yes	No	Partially	
53	The NGO pays attention to cordial and productive relations amongst staff.	✓			
54	Conflict is dealt with quickly, firmly and fairly	✓			
55	Staff members feel free to discuss problems with their fellow workers openly	✓			
Salaries and Benefits		Yes	No	Partially	
56	The NGO pays salaries and benefits at the rate prevailing المعدل السائد in private industry, with increased and improved benefits for the lowest paid.	✓			
57	The NGO's staff are aware that they are working for the disadvantaged, and do not look to the NGO as a source of wealth			✓	
58	The highest salary in the NGO is not more than 5 times the lowest salary in the NGO (although there is an allowance for responsibility)	✓			
Financial Resources					
Accounting		Yes	No	Partially	
59	The NGO keeps good, accurate, timely and informative accounts	✓			
60	The Director and the senior staff are able to understand the NGO's accounts	✓			
61	Separate projects have separate accounts	✓			
62	Financial information is used in future planning	✓			
Budgets		Yes	No	Partially	
63	The NGO prepares annual budgets and uses them as a management tool for monitoring expenditure against budget			✓	Forearms budget is project based
64	The Budgets are planned/drafted by those responsible for spending them, but the final authority lies with the Director and the Board			✓	
Financial and Inventory Controls		Yes	No	Partially	
65	The NGO keeps clear records for payables, receivables, stock, and inventory	✓			
66	The NGO has an external audit (unless its annual expenditure is quite small)	✓			
Financial Reporting		Yes	No	Partially	
67	The NGO produces accurate financial accounts annually, not later than three months after the end of the financial year.	✓			
68	The NGO uses the financial report for future planning	✓			
69	The NGO copies its financial report to the Board, the Donor(s), the registering Authority, and makes it available to the public	✓			
Mission Competence					

Sectorial Expertise		Yes	No	Partially	
70	The NGO contains people with experience and expertise in the relevant field	✓			
71	The NGOs is able to adapt itself to the changing needs of its constituents	✓			
72	The NGO is prepared to expand where this is indicated	✓			
Constituency Ownership		Yes	No	Partially	
73	The NGO dialogues with the constituency, but also brings its own experience and expertise to bear	✓			
74	The NGO helps its constituency to become self-reliant, and do without the NGO			✓	
Impact Assessment		Yes	No	Partially	
75	The NGO has a system in place to monitor and evaluate its program/project achievement.		✓		
76	The NGO knows how to get baseline data, develop indicators, monitor progress against indicators, and evaluate programs			✓	
External Relations					
Constituency Relations		Yes	No	Partially	
77	The NGO is accessible to its constituency	✓			
78	The NGO listens to its constituency and does not operate in a top-down manner	✓			
Inter-NGO Collaboration		Yes	No	Partially	
79	The NGO belongs to inter-NGO organizations/networks in its own sector			✓	
80	The NGO is ready to consider belonging to coalitions of NGOs in their own area, in the country as a whole, or for a limited objective	✓			
81	The NGO is respected by its peer organizations	✓			
Government Collaboration		Yes	No	Partially	
82	The NGO is seen as a full and credible partner by the Government	✓			
83	The NGO collaborates with the government in the same sector and in the same geographical area	✓			
84	The NGO puts forward advocacy suggestions to the Government	✓			
Donor Relations		Yes	No	Partially	
85	The NGO has a relationship of mutual respect with the donor	✓			
Public Relations		Yes	No	Partially	
86	The NGO has, and makes available a public information document on itself	✓			
87	The NGO is well-known for its activities in its own area	✓			
Local Resources		Yes	No	Partially	
88	The NGO has good relations with the private business sector		✓		
89	The NGO accesses local resources		✓		
The Media		Yes	No	Partially	
90	The NGO is known to the media and is respected by them	✓			
91	The NGO introduces itself to the media	✓			

Sustainability					
Project/Benefit Sustainability		Yes	No	Partially	
92	The NGO systematically checks with the constituents that they have received benefits from the NGO	√			
93	The constituency acknowledges that they have benefitted from the NGOs program	√			
94	The NGO works with local organizations and institutions	√			
95	The NGO has plans for its own continuity		√		
Organizational Sustainability		Yes	No	Partially	
96	The NGO builds partnerships with other organizations	√			
97	The NGO understands what its role and the role of others is in development	√ √			
98	The NGO is involved in coalitions, networks, and umbrella organizations	√			On regional level not on the national level
99	The NGO has links to specialized institutions that may be useful to it	√			
Financial Sustainability		Yes	No	Partially	
100	The NGO is able to explain its need for funds to potential donors	√			
101	The NGO realizes the need for a variety of both foreign and local funding sources	√			
102	The NGO has a varied resource base			√	All of the resources are financial and they are international
Resource Base Sustainability		Yes	No	Partially	
103	The NGO realizes the importance of financial sustainability	√			
104	The NGO has some savings and reserves to cushion it at a time of funding shortfall		√		
105	The NGO has a variety of funding sources		√		