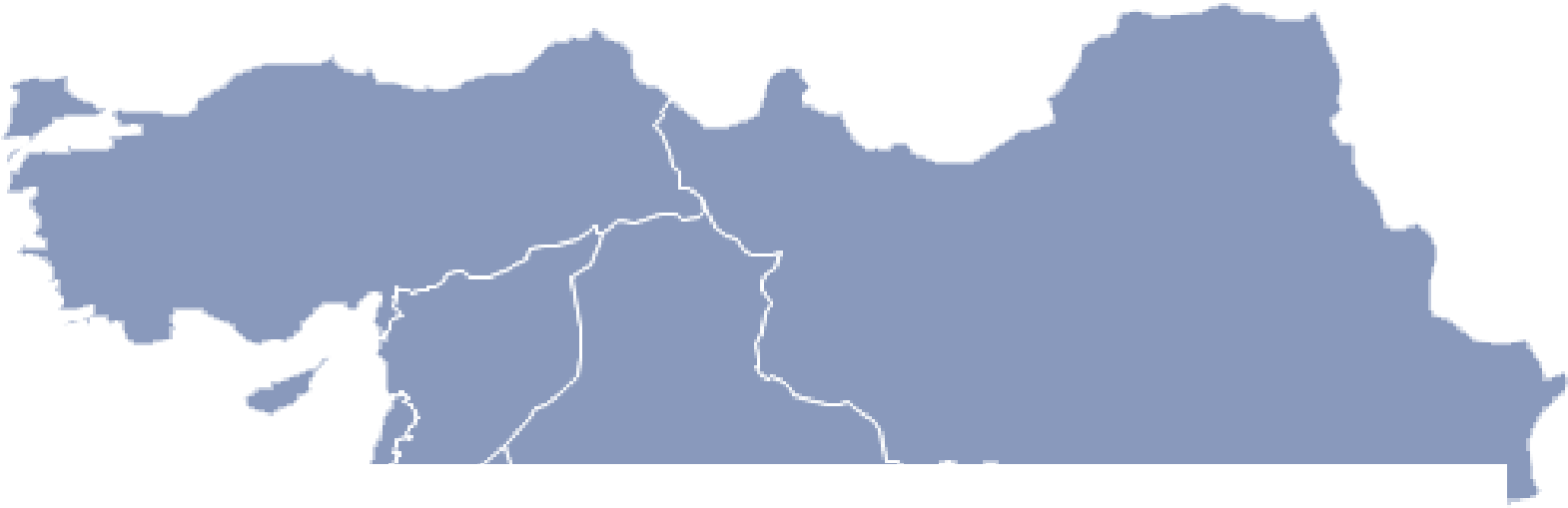
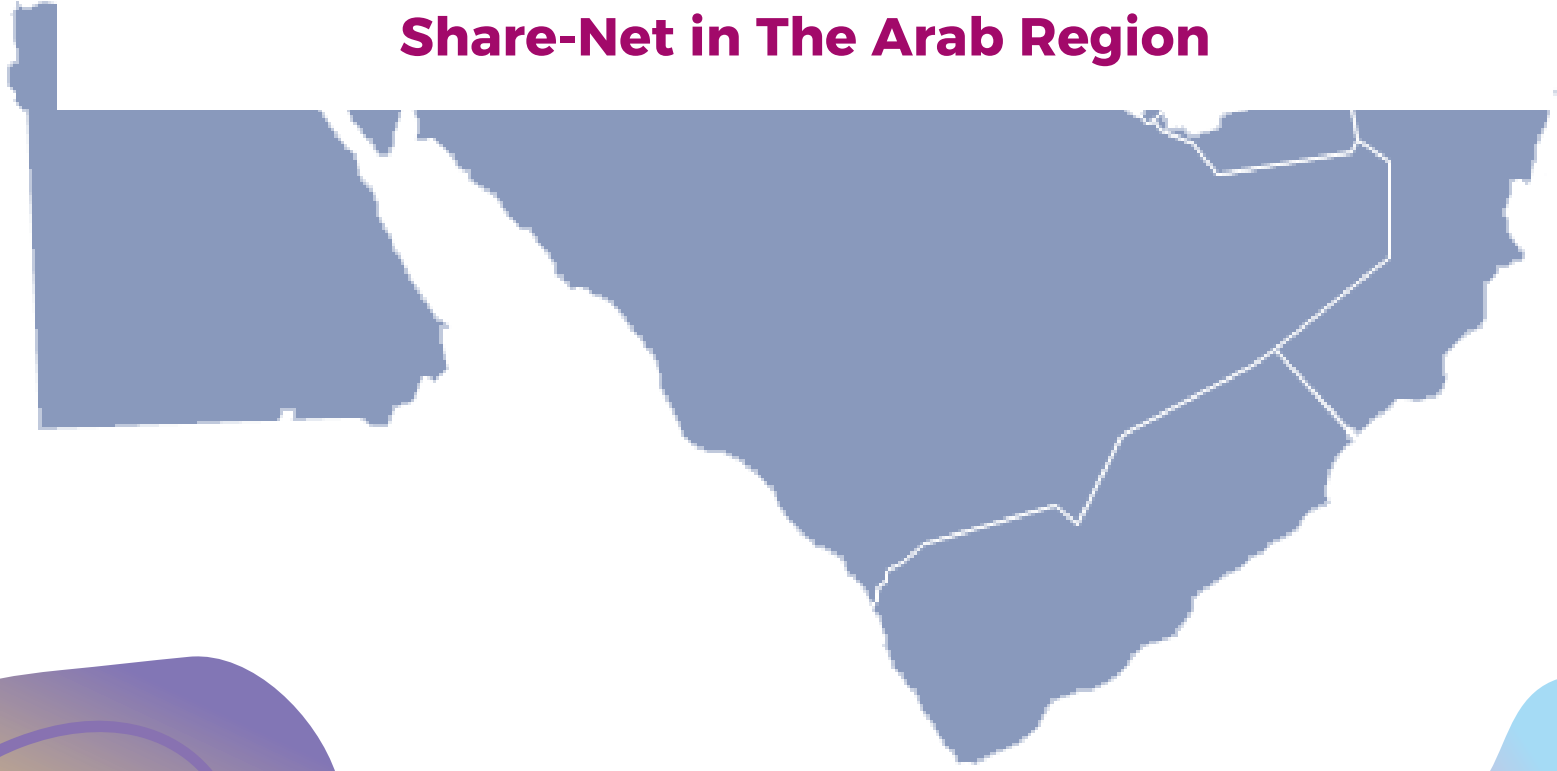
Share-Net International

Share-Net منصة المعرفة للصحة الجنسية والإنجابية – الأردن



Examining The Role and Added Value of Expanding Share-Net in The Arab Region



September 2021

Examining The Role and Added Value of Expanding Share-Net Jordan in The Arab Region

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Acronyms and Abbreviations

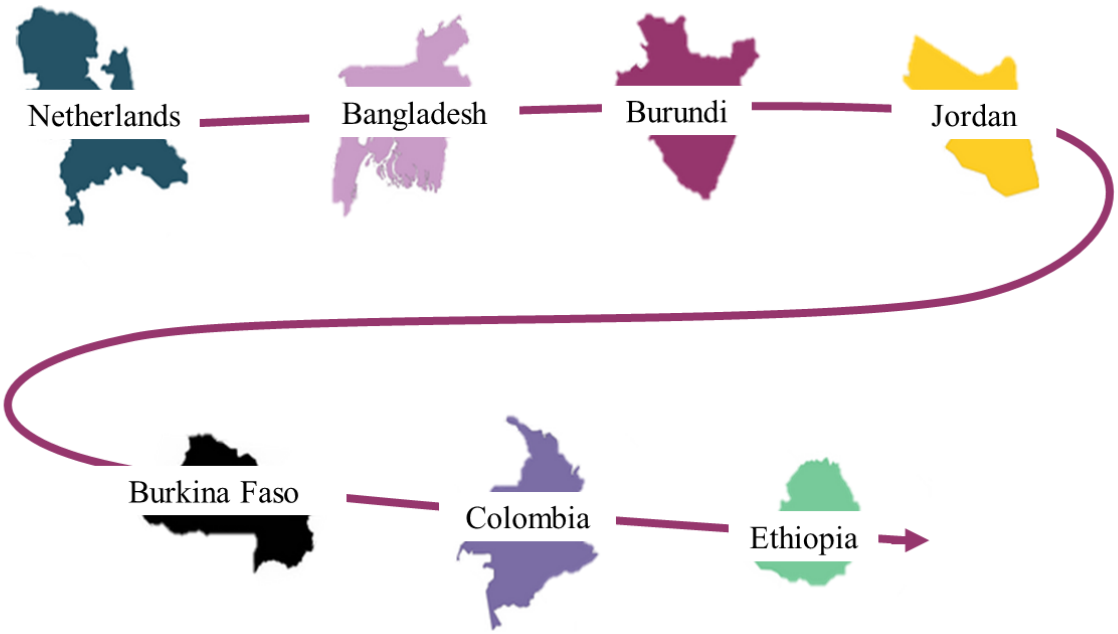
Acronym	Abbreviation
AIDS	Acquired Immunodeficiency Syndrome
AUB	American University of Beirut
ASRO	UNFPA Arab States Regional Office
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
CRC	Convention on the Rights of the Child
FHS	Faculty of Health Sciences
FGM/C	female genital mutilation/cutting
GEWE	Gender Equality and Women's Empowerment
HPC	Higher Population Council
IDRC	International Development Research Centre
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
KIT	Royal Tropical Institute
K2P	Knowledge to Policy
LSOG	Lebanese Society of Obstetricians and Gynecologists
MENA-HPF	Middle East North Africa Health Policy Forum
MMR	Maternal Mortality Ratio
MoFA	Dutch Ministry of Foreign Affairs
NGOs	non-governmental organisations
PoA	Program of Action

SNI	Share-Net International
SN-JO	Share-Net Jordan
SC	Steering committee
SDGs	Sustainable Development Goals
SRHR	sexual and reproductive health and rights
SRH&RR	Sexual and Reproductive health and Reproductive Rights
WHO	World Health Organization

INTRODUCTION

Share-Net started as the Dutch network on sexual and reproductive health and rights (SRHR) has been operational since early 2001. With support from the Dutch Ministry of Foreign Affairs (MoFA), the Royal Tropical Institute (KIT) initiated the network to respond to the needs of different international development stakeholders in the Netherlands to strengthen collaboration and increase the knowledge base to inform their work. Today, Share-Net International (SNI) is the knowledge platform on Sexual and Reproductive Health and Rights (SRHR). SNI is a membership network of non-governmental organisations (NGOs), researchers, policymakers, implementers, advocates, students, the media and companies operating in the SRHR field, working closely with a wide range of partners across the globe.

In 2020 Share-Net International had four operational country hubs. The hub in the Netherlands was established in 2001 and will be existing for 20 years in 2021. Bangladesh has now been operational for 6 years, Burundi for 6 years and Jordan for 5 years. In 2021, Share-Net International will scale scale-up the present four country hubs with three additional hubs selected in 2020 in Burkina Faso, Colombia and Ethiopia and operational in 2021, and develop a digital platform in 2021. Share-Net International agreed to support some country hubs to exploring the opportunities to work more regionally. Limited budget will be available to invest in the development of an regional approach and/or some first regional activities. Funding will need to be raised for additional regional activities or the development of a regional hub.



Regional Approach

During one of the strategic meetings in 2020, SNI and the country hubs in Bangladesh, Burundi, Jordan and the Netherlands discussed about the regional approach. The platform aims to implement the approach in the next four years with a common vision. The vision is:

Share-Net International envisions its regional approach as a gradual process towards an inspiring and organic network of organizations and practitioners working on Sexual and Reproductive Health and Rights (SRHR) and Gender Equality and Women's Empowerment (GEWE) in the geographical regions of the existing country hubs which meets the needs and opportunities of each region, building on the Share-Net values.

The specific objectives are to:

- facilitate regional learning and knowledge exchange to influence and improve SRHR policy and practice in line with SNI's vision and unique selling point.
- increase the visibility and recognition of SNI and the Share-Net Jordan country hub in the region.
- strengthen and expand the SNI network by increasing the membership base with SRHR actors and building strategic partnerships to exchange best practices and accumulate knowledge findings.
- connect and link members in different countries in the region to work on context relevant SRHR topics and implementation.

The regional approach consists of three phases. This assignment is part of phase one.

Share-Net Jordan

In June 2014, Jordan was selected as the third focus country for Share-Net International. It has been start working since 2016, as a knowledge platform on Sexual and Reproductive health and Reproductive Rights (SRH&RR) in Jordan. The vision of Share-Net Jordan is that "people have the right to access high-quality health services and should be able to make informed decisions on their sexual and reproductive health".

The mission is to strengthen linkages between research, policy and practice through sharing, generating, translating and promoting the use of knowledge for the development of better policies and practices in SRH&RR. SN-JO conducts vital work for Jordanians and non-Jordanians - including Syrian refugees - giving specific attention to the areas of child marriage and teenage pregnancy, youth-friendly health services, sexuality education, gender-based violence, and engagement with the private sector. SN-JO is hosted by the Higher Population Council (HPC). The Higher Population Council is considered the national reference for all population and development-related information; analysis and population-driven policy directives.

With a three-pronged theory of change focusing at:

HPC facilitates the integration and mainstreaming of population profiles/dynamics and population issues/challenges and opportunities into socioeconomic and political planning frameworks at national and local levels; monitors and evaluates their implementation; advocates and raises awareness on these issues; and enhances national capabilities in coordination with partners to achieve sustainable development, justice and equal opportunities for all. Focusing on the thematic areas of a human-rights-based approach to development; youth empowerment; gender equality; and refugees/migrants' access to rights the HPC proposes population strategies/projections; carries out specialized population-issues relevant studies based on analysis of national statistical data to provide evidence-base policy making and enhances the cooperation and coordination with national, regional and international organizations concerned with population issues.

ASSIGNMENT

This assignment included situational and feasibility analysis to examine what the role and added value/unique selling point of expanding Share-Net in Egypt and Lebanon.

Things that need to be included in the analysis:

- Competitors risk assessment
- Cost-benefit analysis
- Map potential organizations and networks to partner, become a member, etc.
- Assessment to avoid overlapping of similar activities.
- Assessment of funding opportunities for regional activities or a regional hub with feasible recommendations

METHODOLOGY

The methodology included conducting desk review of the SRHR knowledge management situation in Egypt and Lebanon. It also included collection of qualitative data through conducting face to face and online consultation meetings with Share-Net Jordan steering committee members, Share-Net

Jordan members, Dutch embassies in Egypt and Lebanon, and relevant stakeholders from the region such as researchers, practitioners, and donors working in the field of SRHR. The following steps were implemented:

- **Desk review:** a desk review conducted using international sources, reports from NGOs, multilateral or regional actors, donors (including evaluations) and published scientific reports.
- **A qualitative data collection questionnaire** was developed to capture information about the benefits and expected risks for the regional expansion as well as mapping the potential partners. **(Annex A)**
- **Online consultation** with current members and steering committees about ideas and their regional expertise
- **Interviews:** The consultant interviewed SN-JO members/SC via online consultation about their ideas and include some interviews with relevant stakeholders from the region such as researchers, practitioners and donors working in the field of SRHR. **(Annex B – List of attendees)**

Study Limitations

In spite of the importance of this study, there were some challenges related to time limitation and respondents' engagement. The timeframe for conducting the study was only two months, including the literature review, design of data collecting tool, and conducting face-to-face and virtual meetings with different stakeholders in Jordan, Egypt, and Lebanon. This resulted in a limited response from stakeholders in Lebanon and Egypt. Also, due to the Covid-19 situation in Egypt and Lebanon and anticipated travel restrictions as well as budgetary limitations, the consultant was unable to make visits to both countries and meet in person with stakeholders.

Desk review

At the 1994 International Conference on Population and Development (ICPD), 179 governments agreed on the need to provide universal access to sexual and reproductive health and reproductive rights (SRHR) and equal rights for women and girls as a milestone to achieve sustainable development and a priority to improve the quality of life for all people. It was the first time in history that an inter-governmental agreement on the definition of SRH was reached. In addition, a Program of Action (PoA) was agreed upon, including 16 chapters that defined objectives and actions for more than 44 dimensions of population and development[1].

[1] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries July 2016, MENA HPF and UNFPA

The ICPD's PoA states that "Reproductive health ... implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. ... Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases".[2]

The ICPD 1994[3] and Nairobi summit ICPD25 2019[4] recognized the centrality of SRHR to health and development. The impact of SRHR spans the life-cycle of both women and men, offering individuals and couples the right to have control over and decide freely and responsibly on matters related to their SRH and to do so free from violence and coercion[5].

The Sustainable Development Goals stated that one objective is to ensure by 2030 universal access to sexual and reproductive health care services, including for family planning, information, and education, and the integration of RH into national strategies and programs and to ensure universal access to SRHR is in accordance with the ICPD's PoA and the Beijing Platform for Action [6].

The SDGs addressed the core principles of SRHR, including under Goal 3 *(Ensure healthy lives and promote well-being for all at all ages)*, as follows:

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

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[2] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries July 2016, MENA HPF and UNFPA. https://arabstates.unfpa.org/sites/default/files/pub-pdf/Sexual.pdf

[3] https://www.unfpa.org/events/international-conference-population-and-development-icpd

[4] https://www.nairobisummiticpd.org/

[5] https://www.unfpa.org/events/international-conference-population-and-development-icpd

[6] https://unfoundation.org/what-we-do/issues/sustainable-development-goals/u-s-leadership-on-the-sdgs/?gclid=Cj0KCQjwtMCKBhDAARIsAG-2Eu8tWt_mqewhhfS___W87IeL74EV0Y2RC9WxfAtSOM5PYUI6mBye3MUaAq5HEALw_wcB

3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.7 By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information, and education, and the integration of reproductive health into national strategies and programs

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

Goal 5 of the SDGs *(Achieve gender equality and empower all women and girls)* also includes relevant elements to the achievement of SRHR, including:

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation

5.4 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences

5.5 Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

The ICPD Beyond 2014 Health - Sexual and Reproductive Health and Rights (SRHR) report 20 years after the ICPD stated that its achievements were remarkable[7]. Further, it indicated that SRHR and understanding its implications for population dynamics are foundational to sustainable development.

The World Health Organization (WHO) proposed that a human rights-based approach to health is based on seven key principles: availability, accessibility, acceptability, quality of facilities and services, participation, equality, and accountability[8].

According to the Centre for Reproductive Rights, states must take steps toward fulfilling their obligations to respect, protect, and fulfill the rights protected in these human rights treaties. These obligations include both limitations on states' actions and proactive measures that states must take, including adopting legislative measures and reporting on these measures and the basis on which they have been considered the most "appropriate" under the circumstances. In addition, some state

[7] https://www.unfpa.org/resources/icpd-beyond-2014-issue-brief-health-sexual-and-reproductive-health-and-rights-srhr

[8] https://www.who.int/hhr/news/hrba_to_health2.pdf

obligations, including civil and political rights obligations and core economic, social and cultural rights obligations, can be put to immediate effect, while others are subject to progressive realization[9].

Since the ICPD, countries in the Arab region have made progress in issuing and enforcing national laws responding to the ICPD priority areas related to SRHR. The progress in the Arab world is remarkable, but challenges remain, as reviewed and discussed at the Regional Conference on Population and Development in the Arab States held in Cairo in 2013[10].

At the region level, the Arab region, which consists of 22 countries, is home to more than 400 million people, 28 percent of whom are young men and women under the age of 30. Around half of its total population is composed of women and girls, nearly 107 million of them of childbearing age; that is, they can become pregnant and contribute to 3.5 children born on average per woman in the Arab region. This fertility rate is higher than the global fertility rate, which is around 2.5 children per woman. Maternal mortality remains high in the region, reaching 162 deaths per 100,000 live births according to the latest UNFPA State of the World Population report of 2019.[11]

The last decade has seen periods of political instability and, in some cases, violent conflict in the region and massive societal changes, particularly since the beginning of the so-called Arab Spring. These changes, directly and indirectly, touch on women and girls' human rights and autonomy in matters related to sexuality and reproduction as a focus of ideological and political differences. Furthermore, the consequences of the conflict and violence in some Arab countries have led to the deterioration of the health infrastructure and health systems. Finally, the forced displacement and migration affecting many Arab countries carried clear challenges that translate to the SRH field and need to be considered in any future plans.

According to the Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries 2016[12], all Arab countries except one are part of the universal declaration of human rights. All Arab countries ratified the Convention on the Rights of the Child (CRC) and all countries except one ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR). In addition, all Arab countries except one ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), but Tunisia is the only country to have removed all reservations to CEDAW.

Constitutions of all Arab countries' guaranteed the right to health, including reproductive health, except two. However, none of the countries except Morocco are committed to the right to decide the number and spacing of children. On the other hand, to date, Lebanese, Jordanian, Palestinian, Syrian,

[9] www.reproductiverights.org

[10] https://arabstates.unfpa.org/en/publications/arab-regional-conference-population-and-development-reviewing-implementation-2013-cairo

[11] https://arabstates.unfpa.org/en/topics/sexualandreproductivehealth

[12] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries

July 2016, MENA HPF and UNFPA. https://arabstates.unfpa.org/sites/default/files/pub-pdf/Sexual.pdf

Sudanese, and Saudi Arabian women cannot pass their nationality to their children if married to non-citizens.

Polygamy is legal in most Arab countries except Tunisia, although other countries have instituted reforms to marriages involving more than one wife. The personal status laws in most Arab countries contain provisions with respect to child marriage prevention, and some countries have issued laws that prohibit marriage before the age of 18. Egypt has developed a strategy for the prevention of child marriage to support the law prohibiting early marriage. Though all countries except two have laws that protect women against rape, the protection is insufficient. Most countries except Morocco and Jordan maintain laws that allow reduced sentences for rapists if they agree to marry their victims and provide for clemency in cases of rape and honor crimes[13].

Abortion is illegal in all Arab countries except Tunisia, the only Arab country to have legalized abortion on demand. Some Arab countries make some exceptions to abortions due to medical conditions related to the woman and child health. In most countries, post-abortion care, including the provision of contraception to prevent further unwanted pregnancy, is inadequate.

In countries where harmful practices against women, such as female genital mutilation/cutting (FGM/C) are prevalent (specifically, Egypt and Sudan among the review countries), there are legal measures to address the practice.

All Arab countries except two have included family planning plans/policies in their health strategies. Some countries, such as Jordan, have eliminated restrictions on access to family planning. In all countries, demand on infertility treatment services have increased rapidly, particularly within the private sector, but efforts to regulate infertility treatment have proceeded much more slowly.

None of the Arab countries except Egypt have comprehensive policies for the notification of maternal deaths, although some countries have initiatives or surveillance systems to investigate maternal deaths and their causes thoroughly.

Men and young people, particularly unmarried young people, remain highly neglected populations in terms of access to sexual and reproductive (SRH) services and public education. More work is needed to reach these groups. Moreover, the lack of a life-cycle approach was noted in all countries.

All Arab countries have inequalities that persist in the provision, access, and quality of SRH care based on rural/urban residence, geographic area, and socioeconomic status. In addition, conflict, particularly in those countries such as Syria that are currently experiencing massive forced displacement, and the subsequent influx of refugees to neighboring countries, creates new vulnerabilities, strains health systems' capacity to respond, and creates new SRH problems that call for new approaches and urgent attention.

[13] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries

July 2016, MENA HPF and UNFPA. https://arabstates.unfpa.org/sites/default/files/pub-pdf/Sexual.pdf

In 2017 and 2018, UNFPA Arab States Regional Office (ASRO) in partnership with the Middle East North Africa Health Policy Forum (MENA-HPF) launched a regional assessment of the integration of SRH services into Primary Health Care in eleven Arab countries. The exercise did not stop at the assessment stage but further built on the findings from the eleven countries to propose an integration framework that provides a sort of a road map and guidance to advancing national level integration efforts to improve efficiency and quality of healthcare provision to the neediest, minimizing costs to the health system as well as the individual[14].

Gaps in Sexual and Reproductive Health and Reproductive Rights in the Arab states

The Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries 2016[15] identified the following gaps related to SRHR in the Arab states:

- All Arab countries developed national strategies on population, youth, women, and RH, but the human rights-based approach is not well represented in those strategies.
- Lack of awareness among women about their rights is a major constraint to the realization of their rights.
- Inherited social and cultural traditions, particularly in rural areas, deprive women of their human rights.
- All Arab countries noted the critical gap pertaining to the SRH needs of adolescents, who constitute a major proportion of the populations in the Arab region.
- Cultural taboos are a major obstacle to informed discussions about SRH issues, particularly for young people.
- Despite progress in closing many health and development gaps in the Arab countries reviewed, urban/rural as well as regional disparities remain a great challenge.
- SRH services for young people are generally not well integrated into existing PHC services in all countries.
- The lack of a solid statistical basis and the lack of a clear policy on systematic monitoring of GBV in all Arab countries make it difficult to assess the appropriateness and scale of the response (although some are more advanced than others). The service component so far is patchy and largely provided on a small scale by NGOs. Furthermore, the underreporting of cases due to stigma or women's economic dependence on men jeopardizes the care and support of victims of GBV.

[14] https://arabstates.unfpa.org/sites/default/files/pub-pdf/srh_integration_framework.pdf

[15] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries July 2016, MENA HPF and UNFPA. https://arabstates.unfpa.org/sites/default/files/pub-pdf/Sexual.pdf

- Maternal death surveillance is in urgent need of improvement, and countries with deficient reporting and documentation should mandate reporting of maternal deaths and establish mechanisms to review causes of death.
- In most countries, vulnerable populations (including women without health insurance, women with disabilities, nomads, and women under armed conflict) lack full access to SRH services. Moreover, the needs of these vulnerable groups are not fully understood.
- None of the countries have national policies to increase men's access to SRH, although some micro-level initiatives are in place to further engage men.
- Many countries continue to have stigmatizing views in their policies with respect to people living with HIV/AIDS. Legislation in the region allowing dismissal from employment and deportation of HIV-positive workers contravenes universal standards on the protection of the rights of people living with HIV.
- The private sector in certain Arab countries (especially Lebanon, Jordan, and to a lesser extent, Syria) provides a large proportion of SRH services, but they are not well integrated with public health services or adequately regulated. This is particularly the case in fields such as infertility treatment.
- Though the provision of contraceptive information and services was found to be acceptable in most countries, it was clear that it does not satisfy the requirements of proper provision as per the ICPD.
- None of the countries reported full integration of SRH and HIV services.
- None of the countries reported implementing comprehensive sexuality education; even where curricula exist, teachers are not sufficiently trained and implementation is weak.
- Both poverty and illiteracy were cited as the main barriers to proper access to SRH services, especially in Tunisia and Syria. Large out-of-pocket expenditures on SRH care are a critical constraint to access.

In the first phase, Share-Net selected two countries in the MENA region(Egypt and Lebanon) to expand SRHR knowledge management interventions. The following table summarizes the SRHR situation in Lebanon and Egypt:

Description	Egypt	Lebanon
National Legal Frameworks	The Egyptian constitution[16] included 10 out of the 12 human rights key to reproductive rights and they are: Right to Life, Liberty and Security of the Person, Health, Privacy, Equality and Non-Discrimination, Be Free	The Lebanese constitution [17] included only two of the human rights key to reproductive rights and they are: Equality and Non-

[16] https://www.constituteproject.org/constitution/Egypt_2014.pdf

[17] https://www.presidency.gov.lb/English/LebaneseSystem/Documents/Lebanese%20Constitution.pdf

	from Practices that Harm Women and Girls, Be Free from Torture or Other Cruel, Inhumane, or Degrading Treatment or Punishment, Be Free from Sexual and Gender-Based Violence, Education and Information, and Enjoy the Benefits of Scientific Progress. The two rights that were not mentioned in the constitution are: Decide the Number and Spacing of Children, Consent to Marriage and Equality in Marriage.	Discrimination, and Education and Information.
Child Marriage	Article 28 of Egypt's personal status law prohibited the registration of marriage contracts for boys under 18 and girls under 16. The 2008 child law, however, prohibits the marriage of girls before the age of 18.	In Lebanon, no national law exists setting a minimum age of marriage or age of consent. Religious, not civil, courts govern personal status/family law matters, including marriage, divorce, and inheritance. The Lebanese constitution gives freedom of belief and freedom to religious communities or sects to conduct their internal affairs as they deem appropriate. Therefore, the minimum age of engagement and marriage may differ from one religious sect to another, but they all allow children under 15 years of age, and in some cases even 9 years of age, to marry if tribunal consent is obtained.

Gender-based violence, sexual harassment, and honor killing[18]	In Egypt, domestic violence against women (VAW) is largely tolerated, and the government has not made efforts to combat it. On the contrary, several articles of the Penal Code can be used to downplay the gravity or even justify this kind of violence. For instance, Article 17 can be used to lower the sentence as an act of mercy, often used in cases of rape and honor crimes. Article 60 allows the perpetrator to be pardoned if he acted in "good faith." This article is mostly used to justify domestic violence as "the husband's right to discipline his wife" and to justify so-called "honor crimes." Moreover, marital rape is not recognized as such in the Penal Code. The problem of sexual harassment has grown in Egypt in the past 10 years. However, the recent amendment of Article 306 of the Penal Code is very encouraging as it defines "sexual harassment" for the first time in Egypt's history. This law represents a major step towards achieving safety of Egyptian women and girls in public spaces. This law is a concrete result of combined efforts by the Egyptian government together with civil society and UN agencies. Previously, no specific law proscribed sexual harassment in Egypt. However, three articles in the Penal Code were sometimes applied in cases of sexual harassment. The new law states that a sexual harasser is one who "accosts others in a public or private place through following or stalking them, using gestures or words or through modern means of communication or in any other means through actions that carry sexual or pornographic hints." Under the new law, harassers face from six months to five years in prison. The longer sentences are reserved for offenders who hold a position of power over their victims,	Since 2007, the Lebanese parliament's Woman and Child Committee has worked closely with civil society organizations (CSOs) on a review of laws that discriminate against women with the aim of amending some laws and achieving gender equality, with CEDAW providing the legal framework. As a result, 26 proposals to amend laws discriminating against women were submitted in the period 2007–2012, of which six had been adopted at the time of this report's preparation. One of these proposals was the repeal of Article 562 of the Penal Code. Twelve years after replacing the concept of "justifiable excuse" with "mitigating circumstances," the Lebanese legislature annulled, under Law 162/2011 (August 17, 2011), Article 562 of the Penal Code, which facilitated the 28 killing of women by allowing for reduced sentences in honor crimes (UN 2014). On April 1, 2014, Lebanon's parliament passed the law on the protection of women and family members from domestic violence. While establishing important protection measures and related police and court reforms, the law still leaves women at risk of marital rape and other abuse. The law defines domestic violence narrowly, thus

[18] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries

	such as being a woman's superior at work or being armed with a weapon. As well as jail terms, offenders face fines of up to 5,000 Egyptian pounds (US$714). Repeat offenders would see their sentences doubled.	failing to provide adequate protection from all forms of abuse and falling short of UN guidelines on protection from domestic violence.

July 2016, MENA HPF and UNFPA. https://arabstates.unfpa.org/sites/default/files/pub-pdf/Sexual.pdf

Family Planning	Have special plans/policies or strategies on family planning in their health plans and are highly committed to ensuring a wide range of access to family planning methods.	have special plans/policies or strategies on family planning in their health plans
Unwanted Pregnancy and Abortion	The Egyptian Penal Code of 1937 (sections 260–264) prohibits abortion in all circumstances.	Articles 539–546 of the Lebanese Penal Code, drafted in 1943 based on the French Penal Code at the time, make abortion illegal under all circumstances. A woman who induces her own abortion or allows another person to do so is subject to six months' to three years' imprisonment. In October 1969, Presidential Decree 13187 was issued allowing abortion only to preserve a woman's life, if in danger. A person who performs an abortion with the woman's consent is subject to one to three years' imprisonment, unless the woman dies, in which case the punishment is four to seven years' imprisonment.
Harmful Practices including Female Genital Mutilation	Harmful practices against women such as female genital mutilation/cutting (FGM/C) are prevalent, legal measures address the practice. In Egypt, Article 242 of the Penal Code was amended in 2008 to criminalize FGM, but this provision can be circumvented by referring to Article 61, which allows for harmful actions in case of necessity to protect oneself or others.	Female Genital Mutilation does not exist
Maternal Mortality	In Egypt, efforts at reducing maternal mortality are considered top priority. Documentation and investigations of cases of maternal deaths are done through a national maternal mortality surveillance system and safe motherhood committees existing in all governorates.	In Lebanon, as part of efforts to reduce maternal mortality, the Ministry of Public Health issued in 2004 a decree for the formation of the National Committee on Safe Motherhood. This committee works in collaboration with the Lebanese Society of Obstetricians

		and Gynecologists (LSOG) and is supported by UNFPA to receive notification of maternal deaths and document the cases (via hospital-based chart review and verbal autopsy).
Reproductive cancers	screening for reproductive cancers is still of low priority and practiced at a limited scale in the public sector, although there have been efforts to introduce public education campaigns to encourage mammography	screening for reproductive cancers is still of low priority and practiced at a limited scale in the public sector, although there have been efforts to introduce public education campaigns to encourage mammography
People Living with HIV/AIDS	have a special national program for AIDS and a multi-sectoral strategy	have a special national program for AIDS with strong involvement of civil society
Young people's access to SRH services	Limited access mainly through civil society	Mainly through civil society
Discrimination against sexual minorities or due to sexual orientation	No data exist on the issue of sexual identity or orientation and barriers to access to SRH services	No data exist on the issue of sexual identity or orientation and barriers to access to SRH services
Sexuality education	Only limited aspects of SRH topics are covered in Egyptian public schools—mainly in science courses for intermediate students. Very little is known about how well this material is taught or about students' reactions to it. Some anecdotes suggest that the SRH sections are often	Lebanon's Ministry of Education and Higher Education and Ministry of Public Health approved Decree 6610/11 (June 4, 2010) to introduce a school-based reproductive health education and gender curriculum. It has yet to be widely implemented in the country's schools. The same holds true in Egypt where role of education is emphasized in both population and RH strategies but

	skipped because teachers are unprepared or embarrassed.[19]	full implementation is yet to occur[20].
Civil society role	civil society has a major role working both with government and independently to eliminate discrimination against women and implement a wide range of services. In many cases, civil society institutions have initiated programs or services that are later taken up by government	civil society has a major role working both with government and independently in eliminating discrimination against women and in implementing a wide range of services. In many cases, civil society institutions have initiated programs or services that are later taken up by government

The following table explains some of key SRHR indicators in these countries [21]

Description	Egypt	Lebanon
Total Population in millions 2020	102.3	6.8
Total fertility ratio, per woman 2020	3.2	2.1
Life expectancy at birth, years 2020	72	79
Maternal Mortality Ratio (MMR) (deaths per 100,000 live births) - 2017	37	29
Birth attended by skilled health personal, per cent 2014-2019	92	98

[19] https://www.prb.org/resources/quality-sexual-education-needed-for-adolescents-in-egyptian-schools/

[20] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries July 2016, MENA HPF and UNFPA. https://arabstates.unfpa.org/sites/default/files/pub-pdf/Sexual.pdf

[21] https://arabstates.unfpa.org/sites/default/files/pub-pdf/english-v6.29-web_5.pdf

Decision making on sexual and reproductive health and reproductive rights (percent) -2020	-	-
Lows and regulations that guarantee access to sexual and reproductive care, information and education, percent 2019	44	-
adolescent birth rate per 1000 girls aged 15-19 2003-2018	52	13
Child marriage by age 18, per cent 2005-2019	17	6
Unmet need for family planning, women aged 15-49 , 2015	12	13
Contraceptive prevalence rate, women aged 15-49, modern method, 2015	58	40
HIV prevalence rate (15-49 Y)	0.0 (2009)[22]	0.1 (2009)

SNI assessment

Share-Net International conducted a quick assessment through the Country and Regional Analysis for New Share-Net Hubs, 2020[23]. The results were as following:

Description	Egypt	Lebanon
Presence of a well-positioned, solid and reliable host organisation that can undertake networking and knowledge management activities	yes	yes

[22] Regional Report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries July 2016, MENA HPF and UNFPA. https://arabstates.unfpa.org/sites/default/files/pub-pdf/Sexual.pdf

[23] Country and Regional Analysis for New Share-Net Hubs, 2020.

Presence a (vibrant) civil society and knowledge community (incl. academic research) on SRHR & GEWE would be a priority	yes	yes
Opportunities and feasibility for improving SRHR & GEWE policy and practice	yes	yes
MoFA Focus Country	Yes	Yes
MoFA SRHR Priority	Yes	No
Funding opportunities	Yes	Yes

Qualitative study main findings

The online and face to face consultation meetings and interviews captured information about the benefits and expected risks for the regional expansion as well as mapping of the potential partners as following:

Respondents stated that they strongly support establishing an SRHR knowledge platform/hub in Lebanon to facilitate knowledge generation and knowledge translation and use to influence and improve SRHR policy and practice

They considered Lebanon is the site of excellent research, but unfortunately, much of it is not taken up by policymakers.

The SRH needs are substantial, both among Lebanese and among Syrian and other refugees, but this is an under prioritized area.

There has been a lack of sufficient focus on SRH within the Ministry of Public Health.

There are a number of NGOs that are active, as well as humanitarian actors, but their work is not well disseminated or coordinated.

Risk assessment

The respondents stated that the main risks are:

- The economic and political crisis will not support SRHR knowledge management as a priority area. The crisis also led to many qualified people are leaving the country – although this may be a mechanism to keep those working in the SRH field.
- Although Lebanon has many different religious groups, the topics of SRH are less sensitive than in many other Arab countries.
- The focus of donors is on SRH service provision rather than SRH knowledge management.

- There is no risk of duplication as no other actors are doing knowledge management on SRHR in Lebanon. But, there is a risk of duplicating hubs in the region by establishing new hubs without clear scope and communication mechanisms between the hubs.
- The Lebanese government will not limit or put barriers against carrying out knowledge management activities on SRHR
- The civil society is strong and active, including on topics related to SRHR, gender equality, and/or feminism.

Cost-benefit analysis

The respondents highlighted the following main benefits of having a new hub/partner in Lebanon:

- Dissemination of excellent research that has been; may help to bring efforts in SRH together in a more coordinated way; would raise the visibility of issues; bring humanitarian work with refugees and work with Lebanese population together on the basis that the issues are similar.
- Considering the escalating rates of poverty reflects on an incremental increase of Gender-based violence rates. Thus, there is a need to generate and disseminate new knowledge around GBV to inform policymakers and practitioners.
- A knowledge management hub/partner is currently not present but there is a need for it / knowledge management is needed to improve SRHR and GEWE policy and practice.
- Having a large refugee population in Lebanon opens the donors' appetite to support SRHR strengthening and carrying out knowledge management activities on SRHR.
- The active role of civil society actors in Lebanon encourages the exchange and participation in SRHR knowledge management.
- There is strong research outputs and knowledge produced on SRHR that are available and of decent quality.
- Currently, there is a regional collaboration between stakeholders working on SRHR issues in Lebanon and Jordan, joint research projects and interventions are in place with high connectivity.
- There is high potential for learning and exchanging knowledge between Jordan and Lebanon.
- Some respondents questioned the feasibility from establishing new hubs in Lebanon and Egypt and suggested to have a collaborating partner (branch) instead of establishing a new Hub.

Mapping potential networks/ organizations in Lebanon

The respondents identified the following potential organizations and networks to partner in Lebanon

	Org.	Scope	Contacts
1	ABAAD	Policy, advocacy, Program implementation, & capacity building	https://www.abaadmena.org/about

2	Knowledge to Policy (K2P) Centre, Faculty of Health Sciences, American University of Beirut	Academia, research , and knowledge translation General public health knowledge platform not specific to SRHR although have worked on SRHR; Recently very active on COVID-19 but have worked on a huge range of topics; work in Lebanon, in the region and internationally	website: https://www.aub.edu.lb/k2p/Pages/default.aspx Dr. Fadi El Jardali (fe08@aub.edu.lb)
3	Plan International	SRH Program implementation	https://plan-international.org/lebanon/sexual-health-rights-lebanon
	Reproductive Health Working Group	SRH, research , and knowledge translation (website currently under renovation – regional multidisciplinary research network for Arab Countries and Turkey; brings researchers working on SRH in the region together; hold annual event; now provide seed grants to help researchers to establish their research)	Dr. Livia Wick (lw01@aub.edu.lb) – current director (Dr. Jocelyn DeJong coordinated the network for 12 years until 2019)
4	The Lebanese Association for Family Health-SALAMA	Advocacy and SRH service provision	https://salamalb.org/
5	MARSA Sexual Health Center	SRH service provision	https://marsa.me/
6	SIDC Association جمعية العناية الصحية	SRH service provision	http://sidc-lebanon.org/who-we-are/

Preference of country hub/partner in Lebanon

All stakeholders participating in consultation meetings and interviews recommended the AUB as partner in Lebanon. The Faculty of Health Sciences (FHS) at the American University of Beirut (AUB), founded in 1954, is one of the only multidisciplinary schools of public health in the region. It has strong research expertise on SRH. For 12 years, Jocelyn DeJong, from a base at FHS, coordinated the Reproductive Health Working Group, a regional multidisciplinary network on SRH

for the Arab countries and Turkey. Stakeholders participating in consultation meetings and interviews recommended partners in Lebanon based on their perception using the following criteria (Scope of SRHR / Knowledge generation, translation and use, Governance and Structure, Strategy & mission, Financial capability, Human Rights Based Approach HRBA, Safeguarding policies, External Relations including Networking & communication with the governmental, non-governmental, and private sector, and Sustainability).

Reasons for preference

- Strong institutional base that has long experience in running projects and being accountable for grant funded projects
- Multidsciplinary faculty
- Many existing activities in SRH
- Expertise in knowledge translation through the K2P center

Sustainability

FHS has had a good record of attracting resources so in that sense it is sustainable.

Potential donors

NL MOFA, IDRC, Dutch Embassy, Canadian Embassy, Norwegians, UNFPA.

Risk assessment

The respondents stated that the main risks are:

- The government and political sensitivity towards taboo SRHR issues might put the hub/partner at risk of closing.
- The government might not support SRHR knowledge management as a priority area. Though, there are three female ministers who are considered advocates for SRH.
- Egypt has less number of refugees than Lebanon and Jordan, thus, most donors focus on the development and economic empowerment topics as well as public health issues and family planning rather than SRHR.
- There is a risk of duplication as two actors are partially working in the area of knowledge management on SRHR in Egypt (MENA Health Policy Forum (HPF), and the Population council). There is also the risk of duplicating hubs in the region by establishing new hubs without clear scope and communication mechanisms between the hubs.

- The civil society is strong and active, including on topics related to SRHR, gender equality, and/or feminism with some limitations from the government when working on taboo issues.

Cost-benefit analysis

The respondents highlighted the following main benefits of having a new hub/partner in Egypt:

- Generation and dissemination of SRHR research will help to bring efforts together in a more coordinated way.
- The presence of three female ministers in the current government who have track record in supporting human rights may provide a push forward for the SRH agenda.
- The active role of civil society actors in Egypt encourages the exchange and participation in SRHR knowledge management.
- There is strong research outputs and knowledge produced on SRHR that are available and of decent quality.
- Some SRHR media initiatives such as "Love Matters" have been successful in advocating for SRHR in Egypt.
- There is high potential for learning and exchanging knowledge between Jordan and Egypt.
- Some respondents questioned the feasibility from establishing new hubs in Lebanon and Egypt and suggested to have a collaborating partner (branch) instead of establishing a new Hub.

Mapping potential networks/ organizations in Egypt

Mapping potential organizations and networks to partner with in Egypt

	Org.	Scope	Contacts
1	Cairo university, Public health department, Faculty of medicine.	Academia, Research, advocacy, and knowledge translation	http://medicine.cu.edu.eg/index.php/en/postgraduate/ 64-postgraduate-news/221-public-health-community-medicine-department
2	New Giza university, Faculty of medicine	Academia, research, advocacy, and knowledge translation	https://ngu.edu.eg/ng-academic/school-of-medicine/
3	MENA Health Policy Forum (HPF)	Policy, research, and knowledge translation	Dr. Maha Rabbat
4	American University – Cairo	Academia	https://www.aucegypt.edu/home

5	Population council	Research, advocacy, and knowledge translation	Dr. Nahla Tawab https://www.popcouncil.org/
6	Plan International	SRH Program implementation	https://plan-international.org/egypt
7	Egyptian Family Planning Association (EFPA)	SRH service provision	https://www.ippf.org/about-us/member-associations/egypt
8	Love Matters	SRHR collaborative global network with 7 country members across the world	https://www.rnw.org/what-we-do/love-matters/

Preference of country hub/partner in Egypt

Most stakeholders participating in consultation meetings and interviews recommended partners in Egypt based on their perception using the following criteria (Scope of SRHR / Knowledge generation, translation and use, Governance and Structure, Strategy & mission, Financial capability, Human Rights Based Approach HRBA, Safeguarding policies, External Relations including Networking & communication with the governmental, non-governmental, and private sector, and Sustainability) the following potential partners were recommended:

1- Cairo university, public health department
2- MENA Health Policy Forum (HPF)
3- Population council
4- American University – Cairo

Reasons for preference

- Cairo university is considered the national strong academic institution.
- Both MENA Health Policy Forum (HPF) and Population council are not national entities.

Sustainability

All the three suggested partners has had a good record of attracting resources so in that sense it is sustainable.

Potential donors

NL MOFA, IDRC, Dutch Embassy, UNFPA.

Recommendations and next steps

The study findings highlighted the benefits of investing in expanding SRHR knowledge management hubs regionally and include other Arab states such as Egypt and Lebanon. It also raised some associated risks in both countries with potentially higher risks in Egypt. The study identified potential partners and justification for the preferences.

The consultant and respondents support the phasic expansion through collaborating with a partner organization in both Lebonan and Egypt as a virtual branch for the SN-J were this virtual branch opens the membership opportunity in both countries and collaborate with SN-J in conducting regional SRHR knowledge management events and products such as but not limited to, co-creation conference and joint research and knowledge generation at the regional level. This will reduce the risks and direct financial resources to knowledge translation and use efforts rather than hub infrastructure investments.

It is also recommended to conduct in-depth organizational capacity assessment of the potential partners in both countries after receiving expression of interest from them, the assessment might include the following elements:

- Scope of SRHR / Knowledge generation, translation and use
- Governance and Structure
- Strategy & mission
- Financial capability
- Human Rights Based Approach HRBA
- Safeguarding policies
- External Relations including Networking & communication with the governmental, non-governmental, and private sector
- Sustainability

Annexes

Annex A

Qualitative data collection questionnaire

Introduction

Share-Net started as the Dutch network on sexual and reproductive health and rights (SRHR) has been operational since early 2001. With support from the Dutch Ministry of Foreign Affairs (MoFA), the Royal Tropical Institute (KIT) initiated the network to respond to the needs of different international development stakeholders in the Netherlands to strengthen collaboration and increase the knowledge base to inform their work. Today, Share-Net International (SNI) is the knowledge platform on Sexual and Reproductive Health and Rights (SRHR). SNI is a membership network of non-governmental organizations (NGOs), researchers, policymakers, implementers, advocates, students, the media and companies operating in the SRHR field, working closely with a wide range of partners across the globe.

Share-Net International currently has 4 operational country hubs. The hub in the Netherlands was established in 2001 and will be existing for 20 years in 2021. Bangladesh has now been operational for 6 years, Burundi for 6 years and Jordan for 5 years. In 2021, Share-Net International will scale scale-up the present four country hubs with three additional hubs in Burkina Faso, Colombia and Ethiopia and develop a digital platform in 2021. Share-Net International agreed to support some country hubs to exploring the opportunities to work more regionally. Limited budget will be available to invest in the development of an regional approach and/or some first regional activities. Funding will need to be raised for additional regional activities or the development of a regional hub.

Regional Approach

During one of the strategic meetings in 2020, SNI and the country hubs in Bangladesh, Burundi, Jordan and the Netherlands discussed about the regional approach. The platform aims to implement the approach in the next four years with a common vision. The vision is:

Share-Net International envisions its regional approach as a gradual process towards an inspiring and organic network of organizations and practitioners working on Sexual and Reproductive Health and Rights (SRHR) and Gender Equality and Women's Empowerment (GEWE) in the geographical regions of the existing country hubs which meets the needs and opportunities of each region, building on the Share-Net values.

The specific objectives are to:

- facilitate regional learning and knowledge exchange to influence and improve SRHR policy and practice in line with SNI's vision and unique selling point
- increase the visibility and recognition of SNI and the Share-Net Jordan country hub in the region
- strengthen and expand the SNI network by increasing the membership base with SRHR actors and building strategic partnerships to exchange best practices and accumulate knowledge findings

- connect and link members in different countries in the region to work on context-relevant SRHR topics and implementation

The regional approach consists of three phases. This assignment is part of phase one.

Share-Net Jordan

Share Net Jordan (SN-JO) established in 2016, as a knowledge platform on Sexual and Reproductive health and Reproductive Rights (SRH&RR) in Jordan. The vision of Share-Net Jordan is that "people have the right to access high-quality health services and should be able to make informed decisions on their sexual and reproductive health". The mission is to strengthen linkages between research, policy and practice through sharing, generating, translating and promoting the use of knowledge for the development of better policies and practices in SRH&RR. SN-JO conducts vital work for Jordanians and non-Jordanians - including Syrian refugees - giving specific attention to the areas of child marriage and teenage pregnancy, youth-friendly health services, sexuality education, gender-based violence and engagement with the private sector.

SN-JO is hosted by the Higher Population Council (HPC). The Higher Population Council is a specialized Jordanian semi-governmental agency and is considered as the national reference for all population and development-related information; analysis and population driven policy directives. With a three-pronged theory of change focusing at the enabling environment level of legislative frameworks/policies; the institutional level; and the community/individual level, HPC facilitates the integration and mainstreaming of population profiles/dynamics and population issues/challenges and opportunities into socioeconomic and political planning frameworks at national and local levels; monitors and evaluates their implementation; advocates and raise awareness on these issues; and enhances national capabilities in coordination with partners to achieve sustainable development, justice and equal opportunities for all. Focusing on the thematic areas of a human-rights based approach to development; youth empowerment; gender equality; and refugees/migrants access to rights the HPC proposes population strategies/projections; carries out specialized population-issues relevant studies based on analysis of national statistical data to provide evidence-base policy making and enhances the cooperation and coordination with national, regional and international organizations concerned with population issues.

At the region level, the Arab region, which consist of 22 countries, is home to more than 400 million people, 28 percent of whom are young men and women under the age of 30. Around half of its total population is composed of women and girls, nearly 107 million of them of childbearing age, that is, they can become pregnant and contribute to 3.5 children born on average per woman in the Arab region. This fertility rate is higher than the global fertility rate, which is around 2.5 children per woman. Maternal mortality remains high in the region, reaching 162 deaths per 100,000 live births according to the latest UNFPA State of the World Population report of 2019.[24]

We are looking to your contribution to this study that aims to examine the potential/feasibility of expanding Share-Net regionally in Egypt and Lebanon through answering the following questions:

[24] https://arabstates.unfpa.org/en/topics/sexualandreproductivehealth

1- Would you please complete this table that lists entities/organizations/ knowledge platforms that facilitate knowledge generation and knowledge translation and use to influence and improve SRHR policy and practice in Egypt/Lebanon?

Entity/ Organization/network	Field of work (SRHR knowledge generation, SRHR knowledge translation and use, SRHR knowledge platform)	Contact details

2- Do you support/encourage establishing an SRHR knowledge platform/hub in Egypt and Lebanon to facilitate knowledge generation and knowledge translation and use to influence and improve SRHR policy and practice? Why?

3- What risks do you envision that will face the establishing the SRHR knowledge platform/hub that will facilitate knowledge generation and knowledge translation and use to influence and improve SRHR policy and practice in Egypt and Lebanon?

4- What benefits do you think the SRHR knowledge platform/hub in Egypt and Lebanon will bring?

5- Do you have any preferences/suggestions where this SRHR knowledge platform in Egypt and Lebanon can be hosted?

6- List reasons why you think this Entity/ Organization/network is the right host for the SRHR knowledge platform/hub?

7- Do you think that hosting the SRHR knowledge platform/hub in this Entity/Organization/network is sustainable? How?

8- Do you think donors will have interest in funding such SRHR knowledge platform/hub? Can you list potential donors who might be interested in supporting/funding this SRHR knowledge platform/hub?

Thank you for your contribution to this study.

Ibrahim Aqel, Ph.D.

Share-Net International Senior Consultant

Annex B

List of attendees of the Share-Net Jordan Steering Committee consultation meeting

	Member	Organization
1	Dr. Abla Amawi	Secretary General of the HPC/Head of the Steering Committee of Share Net Jordan
2	Mr. Ali Al- Metleq	SN-J coordinator/ Director of Studies and Policies/ Higher Population Council
3	Dr. Ibrahim Aqel	Dr. Ibrahim Aqel-Director of Institute for Family Health (IFH)- King Hussein Foundation
4	Dr. Wesam Abu Ali	Ministry of Health (MOH)
5	Mrs. Manal Aljrbi	Senior Statistician/ Department of Statistics(DOS)
6	Prof. Fathieh Abdullah Abu – Moghli	Professor /Faculty of Nursing/ The University of Jordan
7	Dr. Sawsan Al Majali	Freelancer/Durrat Al-Manal Org.
8	Mrs. Eman AlAydi	United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)- Health Department| Jordan field office
9	Colonel Dr. Kholoud Al-Ajarma	Dean/ Princesses Muna College for Nursing/Mutah University -Royal Medical Services (RMS)
10	Dr. Aida Al Saeed	Director of the Information and Research Center at King Hussein Foundation IRCKHF

List of attendees of the Share-Net Jordan members consultation meeting

	Member	Organization
1	Mr. Alaa Al-Thahrawi	The Higher Council for the Rights of Persons with Disabilities (HCD)
2	Mr. Ali Al-Metlaq	SN-J coordinator/ Director of Studies and Policies/ Higher Population Council
3	Prof. Zaid Al-Hamdan	JUST university

4	Mr. Sakher Al-Badarin	Ministry of Planning and International Cooperation
5	Najeeb Al-Shorbaji, PhD, FIAHSI	President, Jordan Library and Information Association President, eHealth Development Association, Jordan IMIA Vice-President for MEDINFO
6	Dr. Fatheya Abu Mugli	Professor /Faculty of Nursing/ The University of Jordan
7	Mr. Maher Abu Azzam	King Hussein Foundation / IRC
8	Dr. Hadeel Al-Saeh	Director of Women and Child Directorate/ Ministry of Health (MOH
9	Dr. Kholud Al-Ajarmeh	Dean/ Princesses Muna College for Nursing/Mutah University -Royal Medical Services (RMS)
10	Dr. Hanan Al-Nijmi	Ministry of Health (MOH)
11	Mr. Hadram Al-Faez	Director of Studies Unit/Ministry of Planning and International Cooperation
12	Mrs. Rawan maitah	Gender Mainstreaming / Jordanian National Commission for Women (JNCW)
13	Dr. Rebheyya Jalad	Nabd Academy
14	Dr. Bassam Anees	Executive Director/ The Jordanian Association for Family Planning and Protection (JAFPP)
15	Mr. Islam Alqam	Information Management Manager/ The Jordanian Association for Family Planning and Protection (JAFPP)
16	Dr. Malak Alouri	Director / Ministry of Health (MOH)
17	Prof. Areej Othman	University of Jordan
18	Mrs. Rahmah Jebreel	Jordanian Royal Medical Services(JRMS)
19	Dr. Wejdan Abu Lail	Director/Institute for Family Health (IFH)- King Hussein Foundation
20	Mr. Mahmoud Al-Nabulsi	Director /Royal Health Awareness Society

21	Mrs. Rawan Da'as	Policy Advisor Development Cooperation Human Rights and Gender/ Embassy of the Kingdom of the Netherlands gordan
22	Mrs. Rania Al Abbadi	Assistant Secretary General / Strategic Planning Unit Director/Higher Population Council
23	Asmaa Abu Abed	National Center for Women's Health (NCWH)

List of Online consultation interviews

	Member	Organization
1	Caroline Nassif	NL Embassy – Egypt
2	Dr. Raeda Al-Qutub	Senator - Jordan
3	Rawan Da’as	NL Embassy - Jordan

List of responses to questionnaire sent by email

	Member	Organization
1	Dr. Mohammed Afifi	UNFPA - ASRO - Egypt
2	Dr. Shible Sahbani	UNFPA - ASRO - Egypt
3	Dr. Jocelyn DeJong	AUB - Lebanon
4	Dr. Maha Rabbat	Ex. HeaHealth Policy Forum – MENA - Egypt

Share-Net
Jordan
The Knowledge Platform on
Sexual and Reproductive Health
and Reproductive Rights

https://share-net-jordan.org.jo/
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share-net-jordan-9703a41a1/

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