

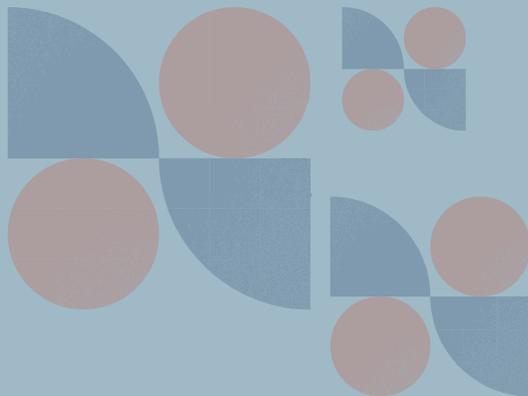


2021 – 2025

The "We Lead" Program Journey

From Empowering Young Women to Improving
Policies

Advancing Sexual and Reproductive Health and
Rights for Women



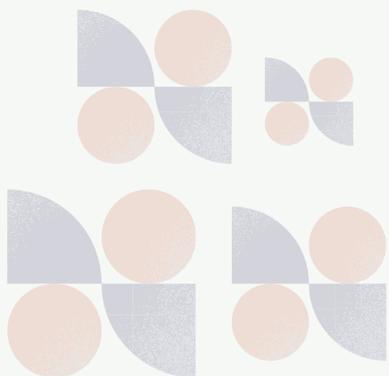
Ministry of Foreign Affairs of the
Netherlands





- About the Booklet
- About the We Lead Program
- About the Arab Network for Civic Education – ANHRE
- We Lead Program: Between Theory and Practice
- Community of Practice within the We Lead Program in Jordan
- Feminist Leadership in Practice: Reflections from the We Lead Program
- Networking and Learning Conference 2023: “We Lead – Towards Achieving Sexual and Reproductive Rights, Health, and Resilience”
- Our Stories in Driving Change

- A Ray of light in Jerash: Breaking Barriers to Create Change
- When Awareness Turns into Empowerment: The Journey of Building a Safe Environment for Girls in Care Centers
- Breaking Barriers: The Struggle of the “Ibni” Campaign for Comprehensive Health Care and Sexual and Reproductive Health Rights for Persons with Disabilities in Jordan
- Behind the Mask: A Safe Space for Disclosure and Expression
- Leading in Promoting Inclusivity in Sexual and Reproductive Health Awareness
- Towards Strengthening Feminist Advocacy and Transforming the Reality of Sexual and Reproductive Health Rights
- Shifting the Conversation on Sexual and Reproductive Health Rights in Russeifa
- Empowering Young Women and Communities through Awareness and Education
- The Media Partner that Amplified Voices for Rights and Diversity
- Giving Voices: The Journey of the Tafila Women’s Association in Enhancing Access to Reproductive Health Services and Women’s Rights
- Bridging the Knowledge Gap: How the “Mawaddah” Platform Contributes to Raising Awareness of Sexual and Reproductive Health and Its Rights

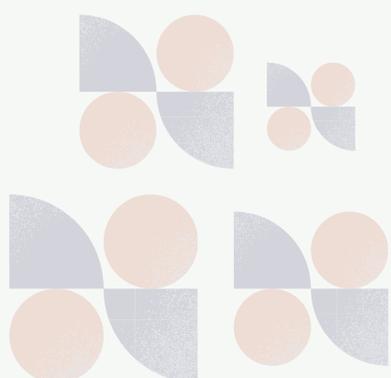




- Amplifying Young Women’s Voices: Jordanian Civil Society Organizations Present an Exceptional Report under the Universal Periodic Review (UPR)
- Breaking the Stigma: Advancing the Rights of People Living with HIV and Comprehensive Healthcare in Jordan
- Shedding Light on Forced Hysterectomies: Protecting the Sexual and Reproductive Rights of Women with Disabilities in Jordan
- Breaking Taboos: The Comprehensive Peer Education Approach for Youth in Sexual and Reproductive Health
- We Lead Platform: “A Safe Space for Knowledge and Empowerment”
- How We Contributed to Change: “Harvesting the Results”

Case Studies:

- Case 1: “Ibni” Campaign
- Case 2: Information and Research Center – King Hussein Foundation (IRC-KHF)
- Case 3: Royal Health Awareness Society (RHAS)
- Case 4: “Ibni” Campaign
- Case 5: Royal Health Awareness Society (RHAS)
- Case 6: “Ibni” Campaign
- Case 7: Arab Network for Civic Education – ANHRE
- We Lead Program Closing Conference 2025: Presenting Results and Sustaining Action – “Advancing the Future of Sexual and Reproductive Health and Rights for Women and Young Women in Jordan” «Moving Forward – From Achievement to Sustainability»



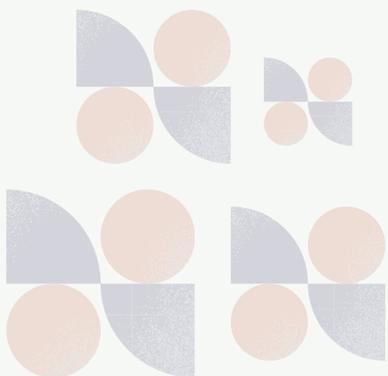


This booklet provides a comprehensive documentation of the “We Lead” program in Jordan, from its launch to its conclusion, detailing the stages of project implementation, the methodology followed, and the results achieved on the ground. The booklet goes beyond technical or operational aspects to tell inspiring stories of real change led by partner organizations, and it documents a rich harvest of lessons learned and accumulated experiences that can serve as a foundation for future initiatives.

The booklet reflects the experience of the “Community of Action” – a group of civil society organizations led by women and youth – in promoting the sexual and reproductive health and rights of girls and women through a series of well-planned community interventions. It highlights how these organizations worked to raise community awareness on sexual and reproductive health issues and break the silence around them through awareness sessions and interactive community initiatives. It also documents efforts to empower women and girls to access comprehensive, gender-sensitive, safe, and rights-based health services.

The booklet also addresses work with health service providers to build their capacities and improve their responsiveness to the needs of women and girls, as well as engagement with policymakers to raise their awareness and strengthen their sensitivity to sexual and reproductive health issues, thereby influencing public policies to become more inclusive and just.

Through this booklet, the reader can trace the growth and development journey of the Community of Action organizations, the accumulation of their expertise, and the strengthening of their capacities, which enabled them to move from initial community initiatives to developing influential policy papers that address critical issues related to the sexual and reproductive rights of women and girls.



About “We Lead” Program (2021–2025)

“We Lead” program is an innovative, long-term initiative aimed at improving the sexual and reproductive health and rights (SRHR) of young women and women, with a focus on gender equality and social inclusion.

The program is implemented in nine countries across Africa, the Middle East, and Central America. The We Lead coalition consists of six civil society organizations: Positive Vibes, Restless Development, Marsa, FEMNET, the Central American Women’s Fund, and Hivos, with Hivos serving as the lead implementing organization. The program is funded by the Dutch Ministry of Foreign Affairs through the SRHR Partnership Fund, as part of its broader civil society support framework.

The program actively places young women aged 19–35 in leadership positions and supports them to advocate effectively and sustainably for their sexual and reproductive health and rights.

Over the five years from 2021 to 2025, the program, through its host organization in Jordan, established a community of Action consisting of 14 civil society organizations led by women or youth, or targeting youth and women, along with youth groups and community movements across Amman, Zarqa, Tafila, Russeifa, and Jerash.

This community of Action served as a space for learning, support, capacity building, partnerships, and a safe environment for all partners to share knowledge, experiences, and ideas, as well as to develop joint strategies to improve sexual and reproductive health and rights.

During these five years, the program focused on four main objectives across horizontal levels that reinforced its vision: enhancing the capacity of civil society organizations to advance SRHR issues for girls and women; increasing community support for girls’ and women’s SRHR; engaging health service providers to deliver comprehensive, high-quality information and services; and working with policymakers to influence laws, policies, and practices that respect and protect girls’ and women’s SRHR.

The Arab Network for Civic Education (ANHRE) hosted the program in Jordan between 2021 and 2025 and was tasked with building the community of Action, fostering a conducive learning environment, strengthening capacities, and supporting joint activities.





About HIVOS

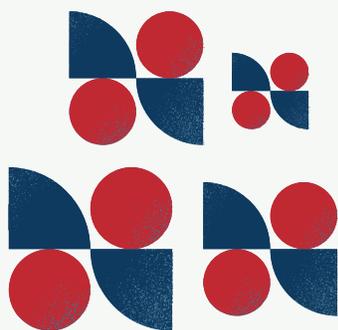
HIVOS is an international organization that seeks innovative solutions to ongoing global challenges. It works to oppose discrimination, inequality, abuse of power, and the unsustainable use of our planet's resources through smart, context-specific projects. However, funding alone is not enough—the ultimate goal is to achieve structural change. That is why HIVOS collaborates with innovative companies, citizens, and their organizations, sharing their vision of sustainable economies and inclusive societies.

Website: www.hivos.org

About the Arab Network for Civic Education (ANHRE)

The Arab Network for Civic Education is a regional civil network of institutions and individuals working to promote human rights and citizenship education. It contributes to achieving the Sustainable Development Goals by empowering communities, advocating for rights, and promoting continuous learning at local, national, regional, and international levels, aiming for a society rooted in social justice and equality.

Website: www.ANHRE.org





• We operate within a transparent, safe, open, and participatory environment as outlined in ANHRE's Code of Conduct and Accountability, including the Do No Harm policy, conflict and dispute management, protection from harassment, and anti-discrimination policy. We also adopt human rights values derived from the core principles of human dignity and equality.

• At ANHRE, we rely on the Universal Declaration of Human Rights, the International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, as well as international conventions related to the rights of children, migrants, refugees, and persons with disabilities as key references in our programs and projects, in order to ensure the full enjoyment of these rights for all without discrimination.

• We are committed to the United Nations Sustainable Development Goals (SDGs) and consider them the foundation of all our interventions. ANHRE focuses on Goal 5, which aims to achieve gender equality and empower all women and girls, and Goal 4 on education, to ensure inclusive, equitable, and quality education for all and promote lifelong learning opportunities for everyone. This goal is closely linked to all other goals and contributes significantly to their achievement. ANHRE's strategic objectives also stem from the 2015 Incheon Declaration on equitable and inclusive education and lifelong learning for all by 2030.

• At ANHRE, we believe in the importance of cooperation to build strong partnership ties among network members and with other civil society organizations, in order to promote positive values derived from the core principles of human rights and to contribute to building democratic societies grounded in the values of respect, responsibility, participation, respect for diversity and pluralism, acceptance of diversity, dignity, freedom, gender equality, non-discrimination, equity, and social inclusion



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- At ANHRE, we believe in the importance of collaboration to build strong partnerships between network members and other civil society organizations. This aims to strengthen positive values derived from the core principles of human rights and contribute to building democratic societies grounded in respect, responsibility, participation, appreciation of diversity and pluralism, acceptance of differences, dignity, freedom, gender equality, non-discrimination, fairness, and social inclusion.

- In all our programs and projects, ANHRE applies the principle of solidarity by encouraging both individual and collective initiatives and taking effective measures to address obstacles that prevent individuals from enjoying their rights. This also contributes to development and peace, strengthening social cohesion, the stability of social structures, social justice, equality, and the protection of people—especially the most vulnerable and marginalized.

- We are aware of the inequalities faced by disadvantaged individuals or groups and implement various programs and projects to promote equal opportunities and fairness, ensuring that everyone enjoys the same rights. To achieve this, we adopt a holistic approach and aim for equitable participation in wealth and resources for all, without privilege or exclusion.





• We believe in the importance of engaging all individuals without discrimination and working with them to gain a deeper understanding of their reality, recognize their rights, and involve them in developing policies and alternative solutions that create a positive impact on their lives and the lives of other rights-holders, thereby promoting participation, accountability, and democratic dialogue.

• Our work is based on the principle of equitable, results-oriented partnership, founded on mutual trust, transparency, dialogue, respect for each party's commitments, autonomy, and responsible engagement, and is managed according to the principles of good governance.





In our work, we rely on the following approaches, which intersect with all of ANHRE's areas of action:

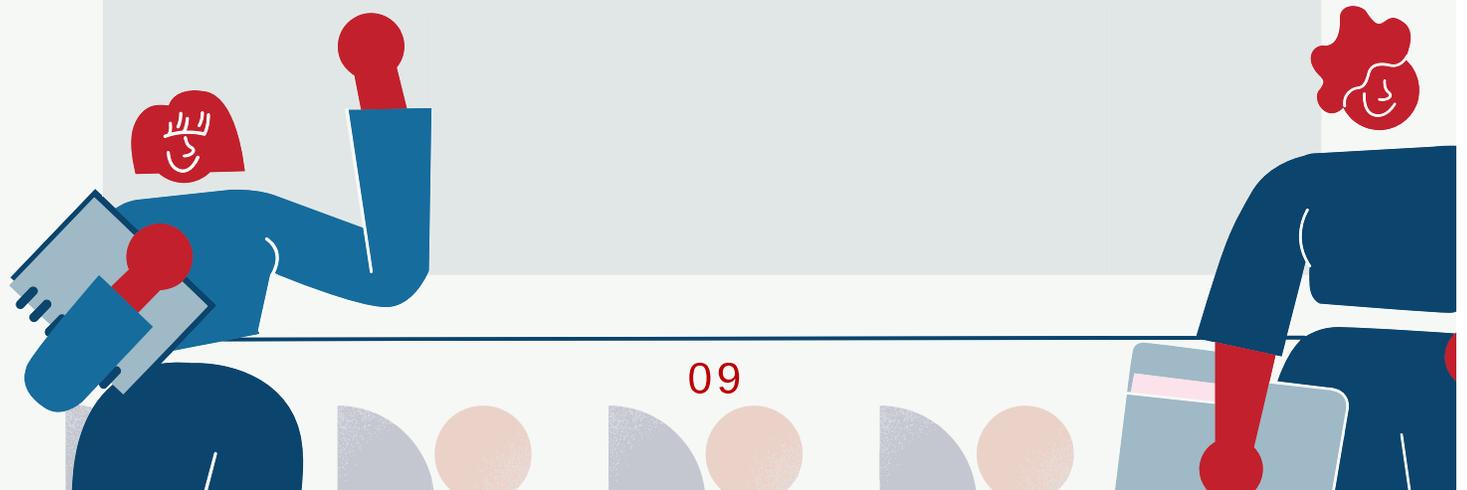
Rights-Based Approach

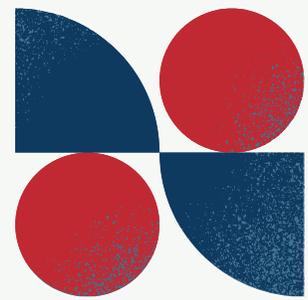
In our work, we adopt a rights-based approach as a philosophical framework that focuses on protecting human rights and promoting social, economic, and political justice. This approach in our work ensures the protection of individuals' rights and freedoms, including the right to life, safety, health, education, work, access to fair trials, and protection from discrimination and violence. Its ultimate goal is to achieve social, political, and economic change that guarantees equality, justice, and human dignity for all.



Pluralism Promotion Approach

At ANHRE, we adopt a pluralism promotion approach to address diversity in all its forms and intersections, as well as the complexities of inclusion and exclusion across social, political, economic, and geographic domains. Through this approach, we assess the role of governmental and non-governmental actors in promoting pluralism. Changing how society engages with diversity requires not only reforms in laws and policies related to diversity but also shifts in behaviors embedded within cultural and social structures.





Gender Equality and Social Inclusion Approach

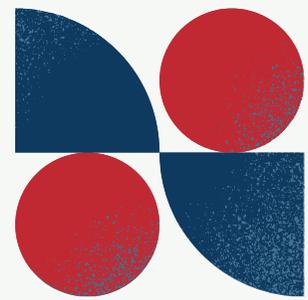
This approach adopted by ANHRE is based on the understanding that gender equality refers to the equal rights, responsibilities, and opportunities of women, men, girls, and boys. Social exclusion is defined as the unintended marginalization of individuals or groups from political, economic, and social processes, preventing their full participation in the society they live in. In our work at ANHRE, we consider gender equality and social inclusion not only as fundamental human rights and aspects of social justice, but also as a prerequisite for improving the development process by placing social issues at the forefront of planning and programming.



Transformative Approach

The transformative learning approach is an educational theory that emphasizes critical thinking, personal growth, dialogue, and experiential learning. At ANHRE, we operate on the principle that learning should not be limited to acquiring knowledge but should also involve a transformation in an individual's perspective and worldview. Transformative learning in ANHRE's methodology involves challenging and reassessing an individual's assumptions and beliefs in light of new information or experiences. It often requires stepping out of one's comfort zone and engaging with diverse perspectives and ideas.





In our work, we rely on the following approaches, which intersect with all of ANHRE's areas of action:

Climate Justice:

- The climate justice approach to achieving environmental rights emphasizes that everyone should have equal opportunities to benefit from a healthy environment, regardless of race, social, or economic status. This means that those most affected by climate change should have a voice in how we address it, and solutions must be fair and equitable.
- This approach acknowledges that climate change is not just an environmental issue but also a social and economic one, as it disproportionately affects marginalized communities and exacerbates existing inequalities. Through this approach, we focus on addressing systemic injustices that have led to the unequal distribution of environmental benefits and harms. By centering the voices and needs of those most impacted by climate change, we contribute to more effective and sustainable solutions that benefit everyone, not just a privileged few.



Community-Led Organizing in Leadership

- At ANHRE, we follow a community-led organizing model in leadership, which focuses on leveraging and organizing available community strengths and resources to achieve leadership objectives. This type of organizing emphasizes fostering partnerships and collaboration among diverse communities and individuals, expanding participation in decision-making, strategic planning, and priority-setting. As a result, it enhances effective responses to community needs and requirements and supports sustainable development across social, economic, and environmental levels.





Empowerment Pathway



Strengthening the capacities of civil society organizations to participate and engage in human rights and citizenship education, promoting economic and social rights such as education, work, and health at local, national, regional, and international levels within joint programs. This includes developing curricula, joint programs, and educational approaches with the participation of ANHRE members. It is an empowerment pathway through practical work and hands-on experience.



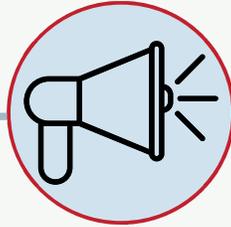
Learning Pathway

Supporting continuous learning for civil society organizations to become stronger, more adaptable, and resilient within a civic space that ensures greater freedoms and democracy. This pathway positions ANHRE as a learning partner and a source of expertise, knowledge sharing, information exchange, and dialogue among ANHRE members, youth groups, and women's groups.





Advocacy Pathway



Influencing public policies and civil society programs to advance human rights and citizenship, promote economic and social rights, engage in existing political spaces, and work toward public policies that are more responsive to a rights-based approach.

Internal Network Building and Sustainability Pathway



This pathway involves building the institutional capacities of the network in technical, administrative, and financial areas, mobilizing funding, and developing a communication strategy. It also includes strengthening internal communication among all network members to ensure sustainable engagement, as well as enhancing external networking.



We Lead Program: Between Theory and Practice



When we talk about We Lead, we are not describing a traditional project; rather, we are referring to an approach and set of principles that transformed the program into a space for experimentation and learning, serving as a living example of how partnerships can be equitable, empowerment genuine, and change both transformative and sustainable.

The program established core principles that shaped its work and influenced how planning, implementation, and evaluation were conducted:



Localization:

- One of the strongest principles in the We Lead program was localization.
- The program trusted the capacities of local community organizations, giving them confidence, support, and space to analyze the reality of sexual and reproductive health in Jordan and to define work priorities.
- Local partners were not merely implementers; they were the ones setting the agenda and determining priorities based on their lived realities.
- We did not bring ready-made solutions; instead, we relied on local knowledge and community-led leadership. Change was tied to context, and to what was realistic, feasible, and appropriate for them.

Contextual Alignment

(This was fundamental to the work, contributing to the project's sustainability and earning the trust of all stakeholders we worked with.)

- We listened before taking action and ensured that our strategies were adapted to the broader Jordanian context as well as to local contexts.
- Whether in advocacy work, capacity building, or sexual and reproductive health and rights issues, we ensured that every intervention reflected sensitivity to the local context and its needs.
- Every intervention and step was carefully designed based on local particularities — what works in Amman may not necessarily meet the needs of Jerash or Tafila. This alignment ensured genuine responsiveness and effectiveness.



In addition

1

Meaningful Youth Participation:

In *We Lead*, young people were not only asked to participate — they were empowered to lead. They were placed in decision-making roles, practiced accountability, and shaped the vision and mission in the way they wanted them to be.

2

Intersectional Justice:

We adopted an approach that recognizes that discrimination does not occur because of a single factor. Instead, it emerges from the intersections of gender, age, geographic location, economic status, and other identities that create compounded forms of marginalization. Accordingly, the needs of girls who are most at risk of exclusion and marginalization were intentionally prioritized and addressed.

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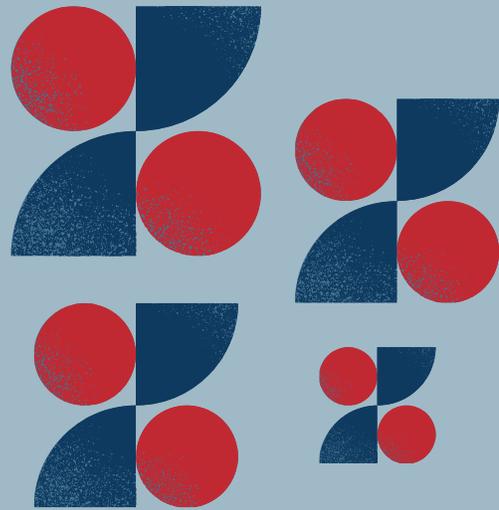
Powershifting and Ownership:

The agenda was not imposed from the outside; instead, leadership was shifted to the rights-holders themselves. Young women and local groups were the ones leading the change and defining their own priorities.

4

Collaboration:

The program was built on effective partnerships with civil society organizations, youth groups, and government representatives, through the creation of a dynamic and interactive Community of Action that shares a common vision and resources.



5 Accountability and Learning:

Learning was not a one-time moment but an ongoing practice. We listened, reflected, and adjusted our course. Feedback from rights-holders was an integral part of our accountability framework.

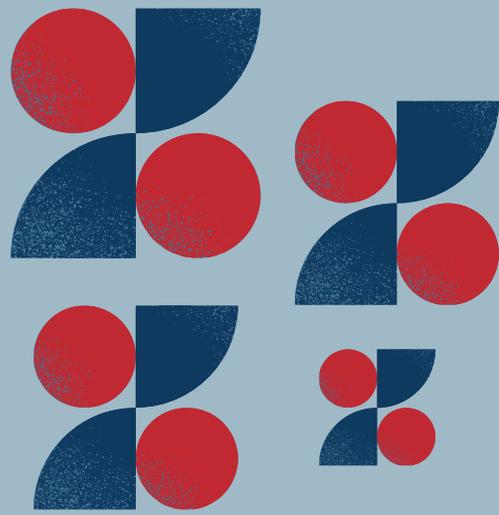
6 Feminist Leadership:

We adopted an inclusive, non-hierarchical leadership model grounded in care, justice, and collective action — a model that rejects domination and embraces partnership as a means for creating impact.

7 The Holistic Approach:

We did not separate rights from one another; instead, we viewed health, dignity, and justice as interconnected elements. Sexual and reproductive health was not treated merely as a medical issue, but as a human right intrinsically linked to freedom and social justice.

- These principles were not mere slogans; they served as a compass that guided us at every stage, bringing us closer to communities and enabling us to support the issues of young women and girls in fair and transformative ways.



In addition to these guiding principles, the We Lead program relied on three core methodologies that ensured the effectiveness, flexibility, and sustainability of its impact.



Rights-Based Approach:

1

We addressed sexual and reproductive health issues not merely as needs, but as rights. We treated girls and young women as rights-holders, not just beneficiaries. This focus shifted our attention toward empowerment and accountability, rather than solely providing services.



Community Inclusion Approach:

2

From day one, the work was conducted in partnership with the communities themselves, across different groups. We recognized that inclusion is not just about presence, but about genuine representation, meaningful influence, and full respect for diversity and differences within the community.



Adaptive Management Approach:

3

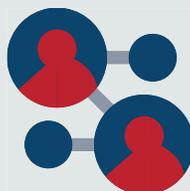
We engaged with the context as it is, acknowledging its challenges and changes. Flexible tools were used to respond to field developments, and plans were continuously reviewed in consultation with partners and rights-holders to ensure alignment with evolving realities and needs.



Participatory Approach:

4

We ensured that all stakeholders had a voice at every stage of the program—from planning to implementation to evaluation. This participatory approach helped build mutual trust and reinforced a sense of collective ownership over the results and changes achieved.



Practical Applications of “We Lead” Approach:



The principles were translated into practical mechanisms through a set of tools adopted during the implementation of the program. One of the most prominent tools was the process of localizing and contextualizing the Theory of Change to fit the Jordanian context. This was achieved by engaging civil society organizations with expertise in sexual and reproductive health and rights (SRHR) and strong field knowledge of the local context. This participatory process resulted in a co-created and context-sensitive Theory of Change, followed by annual planning and review meetings to ensure its continued relevance and responsiveness to the evolving context. This approach represents one of the program’s most effective adaptive management mechanisms, allowing partners to adjust priorities as needed and select their own thematic and capacity-building priorities each year. Additionally, the program adopted a participatory grant-making mechanism, selecting organizations led by or working with women and youth. These organizations were chosen based on their own vision of appropriate interventions in SRHR, informed by their lived experiences and local contexts. Capacity-building support was then tailored to each organization’s needs—whether related to SRHR, financial management, proposal writing, safety and security, or other organizational development areas. This approach enabled organizations to actively participate in national dialogues and advocacy efforts related to SRHR. Beyond participation, “We Lead” Community of Action organizations also assumed leadership roles within national committees and contributed to influencing policies and services to become more responsive and sensitive to the needs of women and girls. At its core, the “We Lead” approach is grounded in a bottom-up leadership model, allowing partner organizations to design their interventions based on their unique priorities and diverse contexts. The program did not replace their existing work; rather, it strengthened and expanded it within a participatory framework that enhanced ownership and responsibility for the interventions implemented. A key strength of this approach was the investment in building the capacities of women and girls, and enabling their participation in international platforms such as the Commission on Population and Development (CPD), the Commission on the Status of Women (CSW), and others. This engagement provided them with opportunities to voice their perspectives and contribute meaningfully to global advocacy mechanisms. Furthermore, the program adopted “Outcome Harvesting” as a core monitoring and evaluation methodology. This participatory tool enabled continuous monitoring of progress, assessment of achievements, and the planning of next steps through regular meetings with program partners. The “Community of Action” concept also played a major role in creating a supportive and empowering environment for organizations—one that encouraged networking, knowledge-sharing, and experience exchange, enhancing the overall effectiveness and complementarity of interventions at the community level. A particularly transformative aspect of the approach was the adoption of the role of “Community of Action Facilitator” instead of a traditional “Project Manager.” This shift promoted fairness, flexibility, and ensured that decisions about funding and programming were driven by community voices and real needs. By transferring power and resource control to communities and facilitators, the program contributed to building more just, inclusive, and locally informed systems. All of the above reflects a tangible and practical translation of the program’s principles into action, demonstrating how the We Lead methodology has created sustainable, community-rooted change. In conclusion, these practices have proven effective and stand as strong examples of best practices that can be replicated and further developed in similar future initiatives.



The Community of Action within "We Lead" Program in Jordan

Organization	Mobile Number	Email
Takatoat	+962772237887	Info@takatoat.org
Rafeeq	+962772237887	info@rafeeq.app
Y-PEER	+962789156013	obada.dn96@hotmail.com
Ibni Campaign	+962786321359	anas.s.damra@gmail.com
Raneen Foundation	+962796977931	rawan.barakat@raneenmedia.org
Tafileh Women Charitable Society	+962775772420	T_lady_char@yahoo.com
Women Work Society	+962795638063	jmytalsydatalamlat@gmail.com
BUSHRA CENTER	+962799602168	Bushra.center@gmail.com
LIWAN SPACE	+962782242111	info@liwanspace.com
HIKAYA CENTER	+962799938312	Info@hikaya.org
Information and Research Center - King Hussein Foundation	+962586606070	info@irckhf.org
Forearms Of Change Center	+96265666792	Foccec.jordan@gmail.com
Jordan Breast Cancer Program	+962 6 553 0800	info@jbcp.jocom
Royal Health Awareness Society	+962 6 554 1899	info@rhas.org.jo
SADA PODCAST	+962799665804	info@sadapodcast.com





Royal Health Awareness Society

The Royal Health Awareness Society was established in 2005 under the patronage of Her Majesty Queen Rania Al Abdullah. The Society's mission is to empower Jordanian communities to adopt healthy lifestyles by raising health awareness and promoting an environment that supports safe and healthy behaviors.

Forearms Of Change Center

The center was founded to address existing gaps in the field of HIV (AIDS), in response to the absence of national-level prevention interventions.

Takatoat

Takatoat is a young feminist collective in Jordan that works to empower women and girls in all their diversities by promoting feminist awareness and solidarity. During the implementation of the We Lead program—especially in the last two years—Taqatouat developed a diverse portfolio in the field of sexual and reproductive health, including research on period poverty and women's healthcare services, as well as producing monthly Arabic digital content on women's health.

It also conducts trainings and dialogue sessions on topics such as motherhood, menstruation, bodily and sexual rights, and gender identity and sexual orientation. Additionally, it works to improve access to menstrual products through distribution campaigns across several governorates.

Y-Peer Youth Network

Y-PEER is a global network working on sexual and reproductive health and rights, gender equality, and youth empowerment through a peer-education approach in 52 countries. Y-PEER Jordan was established in 2008 under the supervision of UNFPA and focuses on empowering young people in the areas of sexual health, gender equality, participation, advocacy, and peacebuilding, with the aim of contributing to sustainable policy implementation at both the local and global levels.



Information and Research Center – King Hussein Foundation

IRC is a non-governmental organization that acts as a catalyst for social and economic transformation through research, information, and knowledge dissemination. The Center was first launched in 1995 as part of the National Children's Team.

Ibni Campaign

Ibni Campaign is an independent movement advocating for the provision of free rehabilitation services for persons with disabilities, as stipulated in the Jordanian Persons with Disabilities Rights Law No. 20 of 2017. The campaign calls for these services to be offered in comprehensive health centers, due to their accessibility and lower costs. Launched in 2020 during the COVID-19 pandemic, the campaign continues to pressure the Ministry of Health to meet these demands.

Tafileh Women Charitable Society

Founded in 2011 and located in Tafila Governorate in southern Jordan, the Society focuses on empowering women through cultural, social, economic, and legal initiatives. It operates as a non-profit volunteer organization aiming to empower women and enhance family well-being through specialized programs.

Raneen Foundation

Raneen is a non-profit organization founded in 2009 that works to enhance communication skills through audio content and the arts, empowering youth and children aged 5–16, as well as teachers. The foundation aims to instill human rights values and has trained 2,000 teachers, 500 young people, and reached over 50,000 students across the Kingdom. Through the We Lead project, Raneen produced and published the podcast "Sehyat", which provides scientifically accurate health content covering topics related to reproductive health and sexual rights, aligned with the needs of rights-holders.





Bushra Center

Bushra Center was established in 2006 as an organization dedicated to meeting the needs of vulnerable and marginalized groups, including women, children with protection needs, persons with disabilities, marginalized youth, and refugees. Its mission focuses on providing psychosocial and health support services, as well as capacity-building initiatives.

Working Women Society

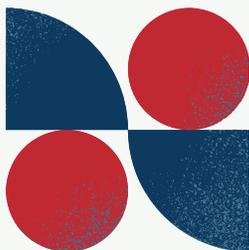
The association was established in 1957 and registered with the Ministry of Social Development under number 164 in Zarqa Governorate. Its primary aim is to develop and empower the local community, including women, children, and youth, across all areas of life. The association's main focus is conducting awareness sessions for both the community and healthcare providers within Al-Russeifa District in Zarqa Governorate.

Hikaya Center for Civil Society

Hikaya Center for Civil Society Development was established in 2013 by a group of young activists as a non-profit organization in Jordan. The Center focuses on empowering civil society, enhancing youth capacities, and encouraging their participation in civic and political spheres. It seeks to promote active engagement and empowerment within Jordanian and Arab communities.

Liwan Youth Space

Liwan was initially launched as a project in August 2018 and later developed into Liwan Youth Space, an independent non-profit organization, in 2021. Liwan provides a genuine safe space for youth, focusing on capacity building, mobilization, and organization. Within Liwan, young people gather freely to engage in dialogue, discussions, and initiative development in a supportive environment that fosters individual growth, free from discrimination and control, and is managed according to agendas led by the youth themselves.





Rafeeq Organization

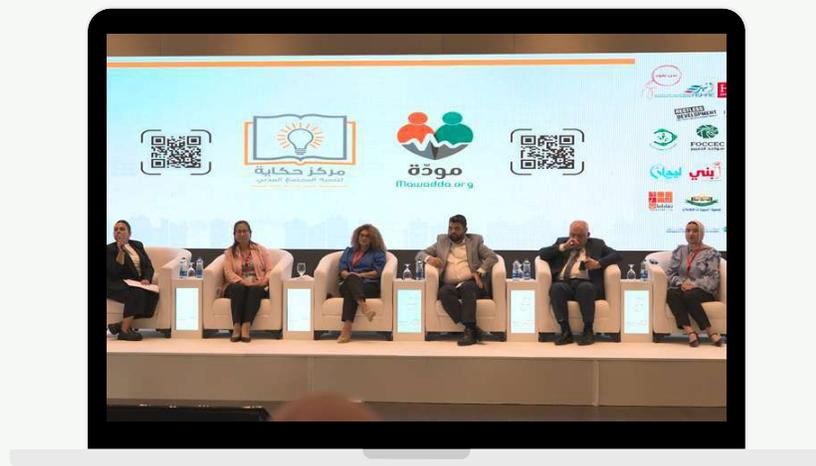
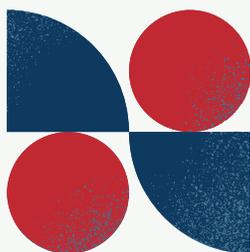
Rafeeq Foundation is a non-profit organization based in Amman, Jordan, established in early 2020. It works to provide psychosocial support and empower persons with disabilities to achieve opportunities for social inclusion through developmental programs and community-based rehabilitation. The foundation also utilizes digital solutions to facilitate the social and economic participation of persons with disabilities and to enhance their independence.

During Rafeeq Foundation's participation in the "We Lead" program, the organization implemented a specialized theatrical training for persons with disabilities that integrated topics of sexual and reproductive health, using drama therapy as an empowerment tool that fosters personal growth.

Sada Podcast

Sada Podcast is an independent Arabic podcast platform based in Amman, Jordan, founded in 2020. It aims to develop impactful audio content that highlights social, cultural, and humanitarian issues in the Arab world.

Sada produces high-quality audio programs and content, and offers specialized training in podcast production and content creation, empowering individuals and institutions to express their stories and voices in creative ways. Sada Podcast believes in the power of audio storytelling to inspire change, promote diversity, and amplify the voices of marginalized groups within a more inclusive and dialog-driven space.





General Objective of the Conference

The general objective of this educational conference is to strengthen civil society efforts to ensure women’s full and effective enjoyment of sexual and reproductive health and rights.

Specific Objectives:

- Reassess the current role of civil society and its resilience in responding to increasing challenges related to gender equality in advancing sexual and reproductive health rights.
- Strengthen participation and learning on sexual and reproductive health rights among civil society actors, other stakeholders, and key players.
- Identify effective strategies to enhance the role and impact of civil society.
- Link our work to national policies, commitments, and strategies.





To achieve its objectives, the conference focused on seven key areas:

- **Access to Reproductive Healthcare:**

This theme focuses on the importance of ensuring that everyone has access to the reproductive health services they need. It also explores ways to strengthen healthcare systems to better meet the needs of marginalized communities. Additionally, it addresses how healthcare providers can become more aware of sexual and reproductive health and rights, understand the situation of young women, and provide comprehensive, high-quality, reliable, inclusive, and accessible information and services.



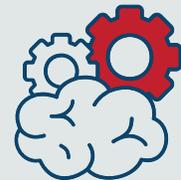
- **Gender Equality and Social Inclusion:**

This theme emphasizes the importance of promoting gender equality and social inclusion in all aspects of life. It also explores how gender inequality and social marginalization can undermine sexual and reproductive health and rights outcomes, and how advancing gender equality can enhance resilience.



- **Resilience and Adaptation Strategies:**

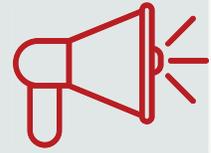
This theme focuses on ways individuals (especially those on the frontlines) and/or community-based organizations (Community of Action) can build resilience in the face of adversity and in the post-COVID-19 context. It includes discussions on adaptation strategies, self-care practices, and community support networks.





- **Advocacy and Policy Change:**

This topic highlights the importance of advocating for policy change at the local, national, and international levels to advance sexual and reproductive health and rights and strengthen resilience. It also explores the ways in which community advocacy can lead to meaningful change. In addition, it includes the types of advocacy carried out by individuals to demand better services and information from healthcare providers.



- **Meaningful Youth Engagement:**

This theme highlights the importance of placing young rights-holders in leadership positions. It also addresses how to overcome the challenges that youth face in participating in leadership and decision-making processes related to sexual and reproductive health and rights, as well as resilience.



- **Intersectionality:**

This theme explores how different forms of marginalization intersect to affect sexual and reproductive health, rights, and resilience. Adopting a more intersectional approach to these rights can lead to more effective interventions and policies.



- **Collaboration and Coordination Among Key Actors:**

This theme discusses how the work of different actors intersects and interacts to influence sexual and reproductive health and rights outcomes in Jordan.





Over the course of two days, conference participants discussed the right to sexual and reproductive health from multiple perspectives, including legal and rights-based dimensions, community awareness, and the role of service providers. The discussions also focused on issues related to access to healthcare, emphasizing the importance of ensuring that everyone can obtain comprehensive and inclusive sexual and reproductive health services.

Participants stressed the importance of developing the legislative framework to be fully equipped to support sexual and reproductive health issues, as well as facilitating right holders access to service centers through an inclusive approach that covers women, men, unmarried individuals, and adolescents—without discrimination and with the removal of any barriers.

The conference, which included seven sessions featuring experts from organizations partnering in the “We Lead” project, concluded with the following recommendations:

1. Calling for amending the Constitution to adopt the principle of the right to health for all.
2. Affirming the availability and provision of comprehensive and inclusive sexual and reproductive health services in public sector facilities, ensuring access for men, girls, women in diverse circumstances and social roles, and adolescents without discrimination, and removing structural barriers.
3. Reviewing national laws, legislations, policies, and systems regulating sexual and reproductive health to ensure they are based on family health and developed through participatory processes involving civil society and all relevant actors.
4. Establishing national data systems to monitor progress and identify gaps in the provision of sexual and reproductive health services, with data disaggregated by age, gender, nationality, disability, marital status, and geographic location to ensure no one is left behind.
5. Enforcing provisions of the Persons with Disabilities Law No. 20 of 2017 related to reasonable accommodations and accessible information for persons with disabilities.
6. Standardizing national knowledge resources to serve as a comprehensive and unified reference that meets diverse needs and corrects misconceptions and harmful social beliefs related to sexual and reproductive health.





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7. Implementing provisions of the Local Administration Law No. 22 of 2021 and the Greater Amman Municipality Law No. 18 of 2021 to enhance sexual and reproductive health services.
 8. Emphasizing the obligation of healthcare providers to report cases of violence in accordance with the Family Protection from Violence Law No. 15 of 2017 and the Persons with Disabilities Law No. 20 of 2017.
 9. Expanding partnerships between national institutions and civil society organizations to unify efforts, achieve sexual and reproductive health goals, and avoid program duplication and missed opportunities.
 10. Structuring youth efforts and engaging rights-holders and community health committees in all stages of planning, implementation, and evaluation, while creating community and youth coalitions to ensure sustainability and benefit from accumulated expertise.
 11. Establishing a national program to strengthen resilience and coping strategies.
 12. Raising the awareness of service providers and medical students on rights-based service delivery approaches, and providing mental health support for them as frontline workers.
 13. Institutionalizing the role of digital platforms and increasing collaboration among relevant institutions in a comprehensive manner to address sexual and reproductive health issues.
 14. Enforcing policies and regulations related to maintaining confidentiality and privacy for individuals seeking and receiving sexual and reproductive health services.
 15. Prioritizing remote areas and investing in mobile clinics.
 16. Activating and strengthening the referral system.
 17. Including mental health coverage within the health insurance provided by companies and institutions.
 18. Establishing clear policies regarding the provision of HPV vaccines, emergency contraception pills, and pre-exposure prophylaxis (PrEP).
 19. Unifying the efforts of stakeholders to develop a clear and explicit national narrative on sexual and reproductive health issues.
 20. Ensuring that institutional management recognizes signs and indicators of stress, tension, and burnout among employees, and addresses them to reduce negative impacts and improve staff performance.
 21. Ensuring intersectionality is considered in indicators related to sexual and reproductive health.

Hear the stories of the Changemakers

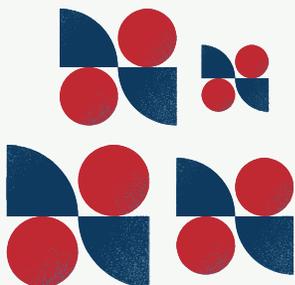


While advocacy is often a long-term endeavor, our Community of Action Member Organizations are already demonstrating measurable and meaningful impact. Some have contributed to shaping policies and legislation that advance sexual and reproductive health and rights (SRHR). Others are addressing deeply rooted social norms and extending vital support to marginalized groups, including persons with disabilities and refugees.

What these organizations share is an unwavering commitment to fostering a more equitable and inclusive system, one in which every girl and woman is empowered to realize her full SRHR.

This booklet presents a selection of compelling stories that reflect the dedication, innovation, and resilience of our partners.

We invite you to explore their experiences and achievements, which continue to inspire progress across our communities.



Feminist Leadership in Practice: A Reflection from We Lead Program



In the development and humanitarian sectors, especially in the Global South, it's common to see trending approaches rise and fall based on donor priorities. In a world shaped by uncertainty and fragmented efforts, We Lead program has offered a unique opportunity for civil society organizations involved in its Communities of Action (CoAs) to deeply engage with and translate one of its core values—feminism—into sustained, meaningful practice. A term often seen as controversial, “feminism” has been demystified and embodied through the program’s design, implementation, and outcomes.

In theory, feminist leadership promotes equality, justice, accountability, mutual respect, and the amplification of marginalized voices. It champions participatory leadership that ensures fair opportunities and inclusive decision-making. In practice, this translates into structures and behaviors that break away from hierarchy and control, replacing them with empathy, collective power, and co-creation.

We Lead program is a transformative initiative dedicated to improving the Sexual and Reproductive Health and Rights (SRHR) of young women, particularly those from marginalized communities. Through leadership development, advocacy, and policy engagement, the program has empowered young women across Jordan to bring sustainable change to the SRHR landscape.

In every country, We Lead connects young women’s groups through “Communities of Action” (CoAs)—spaces for collaboration, knowledge exchange, and joint strategy development. These spaces are not only platforms for advocacy but also ecosystems of support and growth. The program backs these groups with coaching, participatory grantmaking, and continuous attention to safety, security, and psychosocial wellbeing.

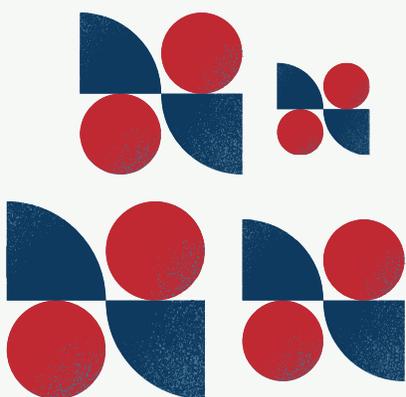
At first glance, these features might seem typical of many youth-led initiatives. But a closer look reveals a deeper commitment—one where feminist leadership principles are not just referenced, but truly embedded and practiced. These principles—equality, inclusion, power-sharing, care, and social justice—are no longer theoretical concepts, but part of the day-to-day operations of the program.





A clear example of this translation into action is the wellness and collective care component. In Jordan, CoAs work with diverse rightsholder groups, each with unique needs and vulnerabilities. Given the sensitivity of SRHR issues and the complexity of the operating context—especially after the political escalations in neighboring countries—addressing wellbeing became essential. In 2022, we launched the wellness component with assessments across CoA organizations, examining staff wellbeing, safety, and access needs. This laid the foundation for tailored interventions. Two capacity-building workshops followed, focusing on self-care, burnout prevention, holistic wellbeing, and the development of personal care plans. Importantly, one-on-one therapy sessions were also offered to COA staff, volunteers, and rightsholders—grounding the feminist principle of care in concrete, supportive actions. In today’s complex world, traditional leadership models—often hierarchical, exclusionary, and patriarchal—are increasingly seen as inadequate. Feminist leadership offers an alternative: an inclusive, empathetic, and equitable framework rooted in collaboration, mutual care, and shared power.

It challenges hierarchy by creating spaces where every voice matters, centers empathy over control, and leads with the belief that transformative change comes through collective liberation. At its core, feminist leadership is not just a method—it’s a movement. It could be the revolutionary leadership style that redefines both the processes and the outcomes of change, at all levels of society—from the micro to the systemic. We are proud that, through We Lead, feminist leadership has moved from theory into practice—and in doing so, has become a non-negotiable principle of how we lead.



**Amplifying the Voices of Young Women: Jordanian CSOs
Influence UN Human Rights Review Through
Groundbreaking UPR Submission**



In June 2023, six Jordanian civil society organizations, all members of the We Lead Community of Action (COA), made a landmark contribution to advancing Sexual and Reproductive Health and Rights (SRHR) in Jordan. Through a powerful joint submission to the United Nations Human Rights Council as part of Jordan’s Universal Periodic Review (UPR) – Fourth Cycle (45th Session, Jan–Feb 2024), these organizations placed young women and their health rights at the center of international attention.

The submission, which directly aligned with Outcome 4 of the We Lead program, emphasized the need to promote SRHR and empower young women as rights holders and advocates. This marked a critical moment for civil society in Jordan, as it was recognized as the first-ever UPR submission focused specifically on SRHR challenges in the country.

The COA’s advocacy shed light on disparities in access to SRHR services, particularly in rural areas and for individuals with disabilities. It highlighted the absence of age-appropriate SRHR education in schools and condemned the harmful practice of sterilizing women and girls with disabilities without Medical Diagnosis and informed consent. The submission called for inclusive legislation and mechanisms to ensure rights-based, equitable access to quality sexual and reproductive health services for all.

The foundation of this strong submission was laid at the national conference hosted by the Arab Network for Civic Education (ANHRE) in May 2023 in Amman. Under the title “We Lead – Towards Achieving Sexual and Reproductive Health Rights and Resilience,” the conference brought together government representatives, civil society organizations, and key stakeholders. The conference’s final recommendations formed the backbone of the UPR submission, reflecting a unified civil society stance on SRHR in Jordan.





The Information and Research Center – King Hussein Foundation (IRCKHF) led the drafting process, building upon desk reviews, key informant interviews, and focus group discussions with We Lead Community of Action. This participatory process ensured that the voices of young women and civil society actors were fully integrated into the report. After the submission, the content was shared with the Government Coordinator for Human Rights at the Prime Ministry and other key officials. This strategic engagement opened a space for constructive dialogue between government and civil society, strengthening collaboration in preparation for Jordan’s UPR review. Both government and civil society actors recognized the submission as a milestone: “the first UPR submission that focuses on SRHR challenges in Jordan.”

Through this collective effort, the We Lead Community of Action in Jordan—comprised of ANHRE, Ebni Campaign, Y-PEER Jordan, Raneen Foundation, FOCCEC, and IRCKHF—was officially cited as Joint Submission 3 (JS3) in the UPR process. Notably, paragraph 59 of the stakeholders’ summary acknowledges JS3’s recommendations on addressing persistent gaps in SRHR services, especially in underserved regions, and urges the enhancement of access to quality HIV/AIDS and SRHR information and care.

This achievement stands as a testament to the power of youth-led, rights-based advocacy. With the support of ANHRE and the wider We Lead Community of Action, young women in Jordan continue to shape policies and push for systemic change—ensuring that SRHR is upheld as a fundamental human right for all.





People living with HIV/AIDS face overwhelming stigma and discrimination, struggling to access medical services, education, employment, and even the right to marry. Many faces exclusion due to legal and societal barriers that restrict their access to essential healthcare. “I traveled with my husband to one of the Gulf countries where he got a job. During a routine hospital visit, doctors discovered I had HIV. They deported me and my husband immediately. At first, he supported me because I was infected through a blood transfusion, but over time, his support faded. When I told my family, they wished I had died or had never been born.” “I was born with HIV because my mother was infected. No school would accept me, and I never got to experience the simple joy of wearing a school uniform and learning alongside other children.” These are examples of the immense social stigma and challenges faced by women and people living with HIV. While there is no cure for HIV, modern treatment has transformed it into a manageable chronic condition. With proper medical care, people living with HIV can lead long, healthy lives. Importantly, individuals with an undetectable viral load cannot transmit the virus to their partners. However, early access to treatment is crucial—not only to improve health outcomes but also to prevent further transmission.

A widespread misconception is that all HIV/AIDS patients were infected through illegitimate sex relations, reinforcing harmful stereotypes and discrimination. Women, in particular, often contract the virus from their husbands but are still blamed and shamed. As a result, many avoid seeking medical care out of fear of judgment. Others remain unaware of available health services or struggle to access them due to financial and legal barriers. The lack of integration between sexual and reproductive health and rights (SRHR) services and HIV-related healthcare in public health centers further marginalizes these women, denying them the comprehensive care they need. “I found out I was infected in 2006, at a time when HIV was largely unknown. I was terrified and thought my life was over because all I knew about AIDS was that it meant death. When I told my father, he accepted and supported me. I sought counseling and treatment, though resources were scarce. I started reading, learning, and engaging in global initiatives to understand more.





Eventually, I formed a support group for others like me—to learn, share hope, and help one another. Forearms of Change was a lifeline, and I will always be grateful.” Forearms of Change Center to Enable Community (FOCCEC), established in 2012, is the only Jordanian non-governmental organization (NGO) dedicated to HIV/AIDS advocacy. The organization promotes sexual and reproductive health and rights by addressing HIV, sexually transmitted infections (STIs), gender-based violence (GBV), and comprehensive sexual education. FOCCEC aims to create a stigma-free environment where people living with or at high risk of HIV can access healthcare without fear or discrimination. FOCCEC’s SRHR program is youth-led and operates through four key pillars: outreach, advocacy, empowerment, and service integration.

By engaging directly with affected communities, the organization has built trust and empowered women with the knowledge and tools to advocate for their rights. A crucial aspect of their approach was the involvement of religious leaders in awareness efforts. By using narratives rooted in religious teachings in Islam and Christianity, FOCCEC helped dismantle harmful misconceptions. FOCCEC developed religious guidelines grounded in religious teachings, and conducted a six-day TOT program for 12 religious leaders (both female and male) .

Between July 2024 and June 2025, 20 awareness sessions were held in Balqa’a, Irbid, and Amman, reaching 504 community members. Facilitated by trained religious leaders, these sessions used religious evidence to challenge stigma, normalize SRHR discussions, and increase community acceptance. In addition the organization conducted six capacity-building workshops on SRHR, training 85 rights holders. FOCCEC also worked to educate healthcare professionals on HIV and SRHR services. Through 12 specialized workshops attended by 504 healthcare providers from the Ministry of Health, the organization ensured that medical professionals were better equipped to provide informed and compassionate care. Recognizing the power of media, FOCCEC established a media committee to advance the project’s objectives. After receiving training on SRHR topics and media strategies, the Committee of seven journalists Published 19 media products and a stigma-free terminology guideline, helping the media frame SRHR issues positively and rights-based.





These combined efforts have strengthened advocacy for integrating HIV services within Jordan's public health system. As of 2022, FOCCEC has successfully enabled rights holders to push for policy changes, particularly advocating for HIV services to be included within maternity and childhood centers and comprehensive medical centers under the Ministry of Health. This initiative aimed to reduce stigma by normalizing HIV care within routine healthcare services. FOCCEC also facilitated a National Parliamentarian Consultation to secure governmental backing for integrating HIV services into national SRHR policies. This consultation strengthened advocacy for the labor rights of individuals living with HIV and STIs, fostering meaningful dialogue and collaboration among key decision-makers. These advocacy efforts led to government approval for pilot projects in Amman. For the first time, HIV testing was integrated into maternity and child health services in accordance with World Health Organization guidelines. Pregnant women now have access to routine HIV testing, ensuring early detection, reducing stigma, and improving maternal and child health outcomes. A key achievement was through the establishment of a national task force bringing together Ministry of Health Decision Makers and key national SRHR stakeholders. This coalition developed Standard Operating Procedures (SOPs) to pilot the integration of HIV services into SRHR services at public health centers. The pilot phase was launched in January 2025 with three governmental health centers in Amman and five CSO-run health facilities successfully integrating HIV services into their SRHR service packages. This initiative is expected to accelerate the Ministry of Health's efforts to institutionalize the integration of HIV services nationwide. FOCCEC's roundbreaking work has laid the foundation for a more inclusive healthcare system in Jordan—one where people living with HIV can access care without fear of discrimination. Their efforts have not only challenged deeply ingrained stigma but have also empowered individuals and institutions to advocate for systemic change. By continuing to push for integrated healthcare services, media awareness, and legal reforms, FOCCEC is reshaping the future of HIV care in Jordan—ensuring that no one is left behind.



مركز سواعد التغيير
لتمكين المجتمع



Information and Research Center – King Hussein Foundation

Highlighting Forced Hysterectomies: Safeguarding the Sexual and Reproductive Rights of Women with Disabilities in Jordan



Obtaining accurate statistics on hysterectomies performed on women with disabilities in Jordan remains a challenge. However, human rights reports, investigative journalism, and social accounts consistently reveal cases where women with disabilities have been subjected to these procedures. Estimates suggest that approximately 65 hysterectomies are performed annually, predominantly targeting women with disabilities. The lack of clear legal safeguards against such interventions allows family misconceptions to dictate these decisions, rather than the rights and preferences of the affected women individuals. This practice reduces women with disabilities to mere biological entities, disregarding their fundamental right to bodily integrity. Moreover, justifying sterilization based on disability overlooks the fact that menstruation is a natural biological function experienced by all young women. In many cases, hysterectomies are carried out based on family preferences rather than genuine medical necessity.

A major concern surrounding this practice is the absence of free and informed consent, which is essential to ensuring that any medical intervention aligns with an individual's rights and well-being. When a disability prevents an individual from providing consent, the decision often falls to legal guardians, trustees, or co-trustees, who may prioritize convenience over the individual's best interests. Families sometimes justify these procedures as preventive measures against pregnancy in cases of sexual violence or as a means of maintaining hygiene. Additionally, a critical gap in national legislation is the absence of explicit provisions criminalizing forced sterilization and non-consensual hysterectomies for women with disabilities. The lack of a robust legal framework to penalize such violations undermines their rights to equality and dignity, making legislative reform an urgent necessity.





For years, this issue persisted in silence, with families seeking private doctors to perform hysterectomies under the pretense of medical necessity. Prior to 2014, these procedures were even conducted in public hospitals until a religious decree (fatwa) was issued, leading families to private clinics to circumvent restrictions. Women with intellectual and physical disabilities, including those with Down syndrome, were particularly vulnerable, as their voices were ignored and their consent dismissed. In response, the Information and Research Center – King Hussein Foundation (IRC-KHF), under the We Lead project, launched a comprehensive advocacy initiative to address this injustice. In 2023, IRC-KHF conducted a study titled "Rights of Recipients of Sexual and Reproductive Health Services and the Most Vulnerable to Marginalization in Jordan: Gaps in Practice." The study aimed to assess the alignment of international and national standards related to sexual and reproductive health with other human rights, including the right to life, health, privacy, and non-discrimination. It also outlined the measures Jordan must take to ensure optimal access to sexual and reproductive health services for at-risk individuals. Building on the study's findings, an advisory committee was formed in 2024, comprising 23 representatives from key government bodies, civil society organizations, experts, and health institutions. The committee identified hysterectomy as a priority along with two other key priorities, developed policy papers, and initiated policy discussions to challenge the practice of forced hysterectomies and advocate for legislative change. To safeguard the rights of women with disabilities, the committee proposed key legal and procedural reforms based on the general provisions of the Jordanian Personal Status Law. It recommended a mandatory permit issued by a competent court, such as the Sharia or ecclesiastical judiciary, to ensure informed consent for girls with disabilities. This legal safeguard would prevent hysterectomies except in cases of medical necessity, as determined by a court-issued permit. The committee also emphasized the importance of awareness campaigns to highlight the reproductive rights of women with disabilities and called for disability-inclusive healthcare training for medical professionals.

Furthermore, the Ministry of Health must play a central role in protecting women with disabilities by issuing clear directives prohibiting hysterectomies in government and private hospitals without legal authorization. The committee recommended revising the Medical Liability Law to precisely define "medical necessity" and ensuring accessible reproductive health services. Additionally, the Disability Rights Law should include a new provision explicitly prohibiting forced sterilization and hysterectomies unless authorized by a judicial ruling in cases of medical necessity.

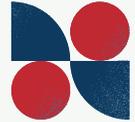




These efforts have already started to show concrete results, with the Advisory Committee development of a procedural guide to regulate hysterectomy procedures. The guide outlines the steps required to obtain authorization from the competent Sharia court in cases of necessity or emergency involving females with disabilities. It also requires healthcare providers to inform the Sharia Public Prosecution if a legal guardian or the individual insists on proceeding with the procedure without prior approval, so that appropriate investigations can be carried out.

As awareness grows, we look forward to families beginning to reconsider their choices, Policymakers and healthcare providers need to foster better alignment with each other and gain a deeper understanding of the rights and needs of women with disabilities. Moving forward, it is essential to enforce these new policies effectively, ensure access to inclusive healthcare, and provide families with the necessary support to protect the dignity and autonomy of women with disabilities.





Talking about one's body, sexual health, and the changes experienced during adolescence remains taboo in many communities, often considered inappropriate. As a result, young people frequently turn to one another for information, making peer learning a crucial source of knowledge. Recognizing the power of peer-to-peer education, the Youth Peer Education Network (Y-Peer) focuses on promoting healthy lifestyles among youth and adolescents through peer education, advocacy campaigns, and empowering young people to make informed decisions and engage in advocacy efforts. Operating in over 50 countries, including Jordan, Y-Peer actively fosters youth engagement in both community and national development.

In Jordan, Y-Peer boasts over 1,000 youth members involved in various activities targeting both Jordanian youth and refugees. However, until recently, young people with disabilities had not been actively included in these initiatives. Through the We Lead program, Y-Peer integrated youth with disabilities as active members of the network.

This inclusion broadened perceptions of disability-related challenges and enabled targeted outreach to ensure that individuals with disabilities received essential sexual and reproductive health and rights (SRHR) information and services. Y-Peer employs group training sessions, peer education activities, and discussions with parents to encourage young people to take leadership roles in SRHR education. After completing advanced SRHR training, young people with disabilities took the initiative to share their knowledge with their peers, filling a critical gap in information accessibility. For example, Ahmed, a visually impaired participant, created specialized SRHR materials and shared them through his YouTube channel, making information more accessible. Similarly, Batoul, a young woman with disability, launched an initiative to educate parents on SRHR topics and effective teaching methods.

The integration of sign language into SRHR training further enabled individuals with hearing impairments to access vital information and services. Moreover, families were engaged in discussions that helped challenge societal norms and encouraged parents to support their children's right to reliable SRHR information.



One significant gap identified in Y-Peer's work was the communication methods used by service providers. Many young people found these methods ineffective, judgmental, or misaligned with their needs. For unmarried girls, stigma and societal norms made accessing information particularly difficult. Misconceptions about the SRHR needs of persons with disabilities were also widespread. Under the We Lead project, Y-Peer took proactive steps to address these challenges. The initiative began by training youth service providers, including medical staff, to engage more effectively on SRHR topics. Workshops and advocacy campaigns encouraged service providers to create safe spaces for open discussions, helping to break down long-standing taboos.

This effort led to the establishment of a youth-service provider network, fostering collaboration among young advocates from different specialties and promoting access to quality SRHR services. As part of this initiative, young medical professionals received training on how to communicate SRHR information in a youth-friendly, non-judgmental manner. Raising awareness among medical staff proved crucial. Service providers reported increased confidence in discussing sensitive topics while ensuring confidentiality and privacy.

For example, a doctor from Karak admitted that prior to the training, he lacked the skills to discuss SRHR issues due to embarrassment, but afterward, he expressed newfound confidence in addressing patients' concerns. Similarly, a young doctor from Zarqa noted that he previously avoided discussing SRHR topics and only prescribed medication. Another doctor, working in a hospital, acknowledged that before the training, she excluded girls with hearing disabilities from direct discussions, speaking only to their parents. After the training, she expressed an interest in learning sign language to better communicate with her patients.

As part of the "Menna w Elaikom Campaign"—an initiative launched by the trained health care providers—eight videos were produced and shared via a social media campaign across Facebook and Instagram, in addition to 16 posts across Y-Peer's platforms to raise community awareness.



The impact of these efforts has been profound. Service providers now report greater confidence in discussing SRHR topics and creating inclusive environments for their patients. Batoul, one of Y-Peer’s active members, successfully secured funding to develop an SRHR training manual for families. Youth leaders have expanded their advocacy beyond gender-based violence to include comprehensive SRHR education, fostering open dialogue and breaking taboos.

Y-Peer continues to play a key role in national SRHR advocacy, collaborating with the Higher Population Council, UNFPA, and other stakeholders. The network actively contributes to policy discussions, ensuring that SRHR remains a priority within broader policy frameworks.

Despite initial concerns about achieving such ambitious goals as a volunteer-led network, the passion and commitment of Y-Peer members have driven remarkable progress. Participants—including service providers, parents, and persons with disabilities—have expressed deep appreciation for the inclusive and empowering nature of these initiatives. As Y-Peer moves forward, it remains dedicated to expanding its reach and ensuring that all young people—regardless of their abilities—have access to comprehensive, youth-friendly SRHR education and services.

Between 2022 and 2025, Y-Peer successfully reached 610 youth across Jordan through 35 sessions, in addition to three sessions held for 35 youth targeted by the trained young health care providers from Y-Peer.





In Jerash, a city nestled in northern Jordan, conversations about cancer are often shrouded in silence. The word itself is rarely spoken; many refer to it simply as “that illness,” avoiding its name out of fear. This reluctance has long fueled misinformation, stigma, and, most critically, delayed diagnoses.

Through the Jordan Breast Cancer Program (JBCP), a proud partner of the We Lead initiative, efforts to challenge these long-standing barriers began to take root. In Jerash, JBCP conducted 200 awareness lectures, reaching more than 3,423 individuals. At the heart of this movement is the story of Khetam, a woman whose resilience and determination not only transformed her own life but touched the lives of many others in her community. A lifelong resident of Jerash, Khetam is a health educator and a woman with a unique perspective: she is blind. At first, her disability left her doubting whether she could make a meaningful contribution. But when she joined the Jordan Breast Cancer Program’s community initiative, supported by We Lead, her perspective and her path changed entirely. Selected as one of 25 women, Khetam underwent extensive training in breast cancer awareness, early detection techniques, and communication strategies. Armed with knowledge and a fierce commitment to making a difference, she stepped into the role of health educator, determined to break the silence surrounding breast cancer in her community. Her work stretched far beyond lecture halls and leaflets. Khetam led 15 awareness sessions in community centers, visited homes, and specifically reached out to groups of women with disabilities. Her approach was personal and compassionate, ensuring that no one, regardless of circumstance, was left uninformed. Through her efforts, she reached 258 people directly, helping them to shift their thinking, encouraging early screenings, and sparking conversations about health that had long been buried under fear and stigma. The impact was profound. Women who had once been too afraid to seek medical advice began visiting clinics. Daughters and nieces encouraged their mothers and aunts to schedule screenings. One participant credited Khetam’s session with giving her the courage to convince her mother to get a mammogram, a decision that led to an early diagnosis and ultimately saved her mother’s life.



Statistics reveal the power of early detection: it increases the chance of recovery by up to 95%. This reality underscores the significance of Khetam's work, and the quiet but powerful shift now underway in Jerash.

For Khetam, the journey has been deeply personal. The program gave her not only professional skills and financial independence but also a renewed sense of confidence and belonging. Where once she saw her blindness as a limitation, it has now become a source of strength, a testament to her resilience and proof that barriers, no matter how discouraging, can be overcome.

Khetam's story is a powerful reminder of how one person's courage and commitment can spark real change. Through her voice and her work, she has reshaped perceptions, empowered women to take control of their health, and opened doors to conversations that were once locked behind silence.

Her journey stands as a testament to the transformative power of knowledge, advocacy, and hope, and to the undeniable truth that one individual, armed with determination and compassion, can inspire an entire community.





"I never realized before that my support for girls could be a real agent of change in their lives, but this training opened my eyes to my responsibility towards them," said one of the participants in a training session conducted by the Royal Health Awareness Society (RHAS) for 25 service providers in 5 care centers, affiliated with the Ministry of Social Development. The Royal Health Awareness Society is a leading entity in Jordan, that focuses on promoting health awareness. Over the past 20 years, RHAS focused on empowering individuals and communities to adopt healthy lifestyles through partnerships with schools, universities, and civil society organizations. In the field of sexual and reproductive health, RHAS' efforts have highlighted significant gaps in addressing girls' needs, particularly in the face of challenges posed by poverty, social norms, and gender-based violence.

Many girls suffer from a severe lack of information regarding their sexual and reproductive health, making them vulnerable to health risks and social exploitation. Furthermore, discussing these topics is considered taboo, perpetuating societal stigma and limiting access to services and counseling. These challenges are compounded by the experiences of some girls, who face gender-based violence, negatively affecting their mental and physical well-being. In response to these challenges, RHAS signed a memorandum of understanding with the Ministry of Social Development to enhance sexual and reproductive health through capacity-building for workers in girls' care centers. In 2024, RHAS successfully integrated sexual and reproductive health concepts into the services provided to girls in these care centers. A needs assessment conducted revealed that service providers had not received any specialized training in this field, despite the daily challenges they face in working with girls.

This program built the capacities of workers in five care centers, training a total of 25 service providers. The training adopted a practical and interactive approach, creating a safe space for discussion and learning. One of the standout activities was a session on "The Evolution of Reproductive and Sexual Rights," which highlighted the impact of participants' roles on the lives of girls. The workshops also included training sessions on how best to handle difficult situations, such as supporting girls, who have experienced domestic violence or providing counseling to girls facing societal stigmas.



The training yielded significant positive outcomes, including a 48% increase in knowledge about sexual and reproductive health issues among participants. They also reported greater confidence in addressing sensitive issues, with the percentage of confident participants rising from 32% to 90%. Many participants began developing plans to raise awareness and create supportive environments for girls in their centers. One participant remarked, "I learned how to provide practical and effective support, and how I can help girls overcome the challenges they face". This initiative has demonstrated that empowering service providers can create real change in the lives of girls. By providing supportive environments and safe spaces, girls can overcome challenges and achieve self-empowerment.

Despite the positive outcomes, challenges remain for service providers. Some centers lack the necessary infrastructure to offer safe spaces or comprehensive services, and societal resistance to openly discussing sexual and reproductive health topics continues to limit awareness efforts. Future recommendations include expanding training to cover topics, such as mental health and life skills development for girls, while emphasizing the importance of ongoing support to sustain these outcomes. These efforts are more than just training; they are a direct investment in the future of girls, paving the way for a more equitable and just society.





In Jordan, persons with disabilities (PWDs) have long faced systemic obstacles in accessing healthcare. Medical services often lacked the necessary accommodations, such as sign language interpretation, while service providers were rarely trained to address the unique needs of individuals with disabilities. As a result, a significant portion of the population—including 1.2 million individuals with disabilities, among them 250,000 deaf individuals—remained without adequate access to essential healthcare services. The absence of accessible protocols and trained professionals led to serious consequences, including misdiagnosis, neglect, and human rights violations such as forced hysterectomies performed without proper consent.

Ebni is an independent community movement led by persons with disabilities and their families, advocating for free government-provided rehabilitation services in accordance with the Law on the Rights of Persons with Disabilities. Adopting a community organizing approach, Ebni works to ensure that PWDs can exercise their right to healthcare based on justice, equality, and equal opportunities within a comprehensive health system as stipulated by law. It specifically focuses on activating Article 24 of the law, which guarantees free access to medical, treatment, and rehabilitation services, including surgeries, medicines, vaccinations, assistive tools, and rehabilitation sessions.

Through the We Lead project, Ebni's core team members engaged in national and regional interventions, recognizing the importance of advocating for the sexual and reproductive health and rights (SRHR) of young women with disabilities. For the first time, Ebni initiated discussions on SRHR with rightsholders and their families. The response was overwhelming, as individuals who had never felt safe discussing sensitive SRHR issues now had a platform to speak openly. Social dialogues between rightsholders and their families revealed the extent to which young women with disabilities are deprived of their SRHR. One such issue, forced hysterectomy, remains a criminalized practice under Jordanian law. The campaign worked to build solidarity around this cause and scale up advocacy efforts.



In 2022, Ebni successfully integrated SRHR as a core priority, mobilizing persons with disabilities and their families to advocate for inclusive healthcare services. With the project's support, members strengthened their knowledge and capacities in SRHR and established a safe space for discussions. The initiative empowered parents, many of whom had previously considered hysterectomy for their daughters due to misleading medical advice, to reconsider their choices. When families are informed and equipped, they become advocates for systemic change, ensuring greater access to sexual and reproductive health services for all persons with disabilities. Participants' changing perceptions were evident from their feedback.

Recognizing the urgent need for action, Ebni conducted in 2023 a comprehensive assessment entitled "Assessing the Services Provided for Women with Disabilities in Comprehensive Health Centers." Covering 42 out of 118 comprehensive public health centers. The study unveils several health and sexual and reproductive rights violations impacting women and girls with disabilities. Those violations are due to different reasons that the study reviews in its conclusions: awareness of the notion of SRH, accessibility and communication, access to information, the social stigma and discrimination.

The findings highlighted critical gaps in service provision and thus women with disabilities do not benefit from the healthcare facilities and equipment, including mammography and women's examination beds because they are inaccessible. The obstacles posed by health service providers and other concerned employees prevent women with disabilities from accessing sexual and reproductive health (SRH) services. There was an urgent need for training healthcare providers to cater to the diverse needs of persons with disabilities, alongside government adoption of measures and protocols ensuring dignified and accurate healthcare services.

During the year 2024, Ebni campaign worked on preparing a guide for health service providers on effective communication with persons with disabilities by health personnel, this guide received accreditation from the Ministry of Health and accreditation from the Higher Council for the Rights of Persons with Disabilities. Ebni campaign prepared an illustrated training manual that will be published through the ANHRE educational platform and circulated to all cadres of the Ministry of Health in cooperation with the Ministry.



Ebni campaign also issued a policy paper entitled:

Mechanisms for integrating sexual and reproductive health issues and their rights for persons with disabilities into national protocols and procedural and training manuals for health service providers related to sexual, reproductive and public health, prepared by Dr. Manal Tahtamouni, which recommended "integrating sexual and reproductive health issues for persons with disabilities and their specificity in nationally approved procedural manuals for health service providers", in order to ensure national adoption within the basic training programs for health service providers. The campaign also issued a policy paper entitled:

Establishing a National Center for Sign Interpretation: Ensuring Equitable Access to Health Services for Persons with Hearing Disabilities in Jordan, which recommended the establishment of a sign translation center to ensure that persons with hearing disabilities have independent access to health institutions. The recommendations were formally approved by the Minister of Health, and work is currently underway to establish the Center, which aims to enhance accessibility and inclusion for persons with hearing impairments within health services across Jordan. During 2024, Ebni campaign worked on translating 20 brochures from the brochures of the Department of Motherhood and Childhood at the Ministry of Health, which worked to provide these brochures in accessible ways for people with hearing and visual disabilities. In 2025, Ebni campaign provided a 4-day training of trainers for 24 supervisors of maternity and childhood departments, and an educational package to the Ministry of Health, to ensure the transfer of training to the new cadres in the ministry, after the adoption of the training course of Ebni campaign as basic training for new cadres in the ministry.

Ebni's advocacy extended beyond healthcare providers to support other civil society organizations (CSOs) in their work on inclusive SRHR services. Recognized by the Information and Research Center-King Hussein Foundation (IRCKHF) as a credible source on SRHR for PWDs, particularly regarding hysterectomy, Ebni highlighted how misinformation from medical professionals, rather than social norms, often led families to pursue such procedures. This insight reshaped the national dialogue on the issue, shifting focus toward addressing misinformation at its root.



Ebni's efforts also uncovered deeper societal challenges. Many families reported high divorce rates due to the stigma of having a child with a disability. These findings underscored the intersection of broader social issues with SRHR knowledge and awareness. Looking ahead, Ebni plans to expand its work by conducting training-of-trainers (TOT) sessions for Ministry of Health staff and scaling up advocacy to integrate accessibility standards into all healthcare services. By continuing to engage families, policymakers, and service providers, Ebni aims to create a truly inclusive healthcare system in Jordan.

The adoption of SRHR as a key priority enhances the sustainability of the We Lead project, ensuring that SRHR remains a central issue within the Ebni campaign. Through continued capacity building for healthcare providers and awareness-raising among rightsholders, Ebni contributes to greater public acknowledgment of young women's SRHR. As more citizens demand accountability from duty-bearers, the initiative will play a crucial role in pushing for laws and policies that respect and protect the SRHR of young women with disabilities, ultimately fostering a more inclusive and equitable healthcare system.





In Jordan, discussions around sexual and reproductive health and rights (SRHRs) among youth have long faced significant barriers, including societal stigma, shyness, cultural taboos, and the lack of safe spaces. These challenges have been particularly acute for women, youth, and individuals with disabilities, who often struggle to access accurate information about SRHRs or to voice their concerns openly.

Recognizing this gap, Liwan Youth Space introduced an innovative strategy called “Behind the Mask” to empower young people by fostering an environment for candid conversations around SRHRs. The “Behind the Mask” approach allowed participants to wear masks during awareness sessions, symbolizing anonymity and offering a unique sense of confidentiality. This simple yet transformative tool created a safe and inclusive space, encouraging open and fearless discussions on sensitive topics.

By eliminating the fear of judgment, participants were able to explore personal truths and engage in meaningful dialogue about critical issues such as reproductive health, emotional relationships, and gender-based violence. Liwan chose the “Behind the Mask” method precisely because it enables the unsaid to be spoken. The mask became both a shield and a gateway — a space to confront the fear of what to say and to whom.

In 2023, Liwan targeted youth aged 18–30, including those with disabilities, conducting 11 sessions across Amman with 148 participants from diverse backgrounds. In 2024, the initiative continued with five additional sessions, engaging 82 participants. Each session began with facilitated discussions around SRHR topics, followed by an anonymous Q&A segment, where facilitators or subject-matter experts addressed participants’ questions.

The impact of these sessions was measurable; pre- and post-session surveys showed a significant increase in participants’ knowledge and awareness. Beyond the statistics, individual stories reflect the program’s deep personal impact.

Salma, a young woman, was inspired to visit a gynecologist for the first time, finally addressing long-ignored health concerns.



“I never expected a single awareness session like Behind the Mask to become a turning point in my life. It opened my eyes to gender-based violence and sexual and reproductive health and rights, and it made me decide to begin my advocacy journey. I started as a volunteer in the Enough campaign, where I learned the power of words and teamwork. With the launch of It’s Time to Talk, I took the lead in managing the campaign’s digital content, creating awareness materials, sharing real-life stories, and building a space for open dialogue and engagement. Today, after this entire journey, I believe more than ever that young people can make real change – with their voices, ideas, and passion,” Salma shared.

Ahmed Menina, a visually impaired advocate, also found the sessions transformative. He confronted personal challenges and came to recognize the broader struggles faced by individuals with disabilities. Motivated by this experience, Ahmed later organized a Zoom session with 40 visually impaired youth to raise awareness about the risks of emotional and sexual exploitation online. His advocacy expanded further as he began producing impactful content, including video episodes and podcasts, to challenge stereotypes and promote SRHR awareness.

Another participant, Nagham, played a critical role in developing a green life policy paper on paternity leave, highlighting its connection to SRHR and gender roles.

“The project added a lot to me in terms of cultural and personal knowledge, my research skills, communication, and social skills, as well as time and self-management by learning how to organize and complete tasks. It was a perfect project, and I hope to have another similar experience,” Nagham said.

Finalized and validated through expert discussions, the green policy paper was launched at a public event in 2024. It presented evidence-based recommendations to decision-makers, advocating for extended paternity leave to promote shared caregiving responsibilities and challenge traditional gender norms.



The “Behind the Mask” model, introduced through the We Lead program, has gained recognition from other organizations, including Al-Nasr Refugee Camp and local community-based organizations (CBOs), who have since adopted the tool to facilitate SRHR discussions. Building on this success, In 2025, Liwan expanded the initiative by developing an interactive training manual to equip facilitators with the tools needed to address gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) issues in a sensitive and inclusive manner, while also training additional community organizations to effectively implement the model.

Liwan’s efforts were further recognized on a global stage, earning an innovation award from the We Lead program. The initiative demonstrated how safe spaces and creative approaches can empower youth, enhance leadership skills, and amplify advocacy efforts.

Collaboration with decision-makers and government officials also played a vital role in advancing these goals, as demonstrated by the successful launch of the paternity leave research paper — a strong example of youth-led efforts influencing policy. Liwan’s work also underscored the importance of building relationships with policymakers, which in turn encouraged more young people to engage in advocacy.

The green research paper on paternity leave was a particular point of pride, showcasing the tangible outcomes of youth-driven research. It examined the impact of paternity leave through a comprehensive review of primary and secondary data, including an analysis of relevant legislation and international best practices. The paper offered decision-makers clear, evidence-based arguments for amending current legislation to extend paternity leave, empowering fathers to take an active role in caring for newborns and challenging traditional gender roles.

The paper also inspired additional youth-led activities within Liwan, including mock trials and debate workshops.



Liwan's work highlights the vital importance of creating safe spaces where young people can learn, share, and advocate for their rights without fear. By breaking stigmas and fostering open dialogue, the "Behind the Mask" strategy offers a powerful model for addressing SRHR issues and empowering marginalized voices. Together, we can ensure that conversations around sexual and reproductive health are inclusive, informed, and transformative for all.

Reflecting on her own experience, Lama shared:

"We Lead" project was one of the best volunteering experiences I've had. It improved my problem-solving, creative thinking, and teamwork skills. I took on the role of a mentor and team leader, applying tasks in our own way while sharing my experience with others and learning from theirs. The project also revived and supported my research skills and helped me build strong relations with both the coordinators from Liwan and the participants. I believe our work won't stop with the release of the green discussion paper – we'll continue volunteering to update it and develop it into a policy paper that can be adopted by the government."





In a world where countless women face barriers to understanding and accessing their sexual and reproductive health rights, Raneen emerged as an example of hope and transformation. Its journey began with a realization: many in Jordan, especially women with disabilities, are deprived of accurate and accessible information about their bodies and health. Thus, there is a significant need for Arabic-language content on Sexual and Reproductive Health and Rights (SRHR) that addresses the specific needs of underserved groups, particularly persons with disabilities. For the Deaf community in Jordan, access to health information has been hindered by the lack of medical terminology in Jordanian Sign Language (JLS) and the scarcity of tailored resources. Participants in the Listening sessions consistently emphasized how Raneen's initiatives bridged this gap by providing accessible and relevant information. "For the first time, I understand my body and feel confident asking questions about my sexual and reproductive health," shared Laila, 40. Dina, 30 years old, reflected, "I was very shy when I got married and constantly worried. This is the first time I truly understand what's happening to me." Hanan, 37, recounted a heartbreaking experience:

"When I was seven months pregnant, my father passed away. I collapsed when I heard the news and became worried that something was wrong with the baby. I could no longer feel his movements. They told me not to tell the doctor what had happened. When I visited the doctor, my mother did all the talking. The doctor sensed something was wrong, but we couldn't communicate. No one explained anything to me until after I gave birth. I lived in fear and uncertainty for two months." These accounts were shared during a sexual and reproductive health session that included sign language interpretation.

They underscore the significant barriers women with disabilities face in accessing reliable information about their sexual and reproductive health—and how small steps toward inclusion can lead to transformative change. Women with disabilities face significant challenges in accessing accurate information about their sexual and reproductive health. Families also struggle to find reliable guidance on how to educate their children about SRHR, often navigating a web of misconceptions and harmful stereotypes. Misguided beliefs, such as "women with disabilities can't get pregnant," perpetuate fear and misinformation



Some women shared stories of healthcare providers conducting extensive tests to determine why their periods had stopped, only to overlook a basic pregnancy test. There is also a troubling tendency to pressure women with disabilities into undergoing cesarean sections instead of natural childbirth, even in the absence of medical necessity. The lack of sign language interpreters in healthcare settings, inaccessible educational resources, and the routine denial of informed consent further exacerbate these challenges.

Raneen, whose name means “ringing sound” in Arabic, is an organization that produces Arabic audiobooks recorded in a lively, dramatic style with sound effects and music, aimed at engaging children and adolescents. When Raneen joined the “We Lead” program, they conducted focus groups to better understand the needs and gaps before launching their interventions. One such session with women with hearing impairments revealed a significant gap in access to information about sexual and reproductive health.

This discovery presented an opportunity for Raneen to become more inclusive by incorporating sign language interpretation into their content, ensuring their resources could serve people with disabilities in all their diversity. **Sehhyat Podcast “Empowering Through Accessible Information”**: Under the “We Lead” project, Raneen launched the “Sehhyat Podcast,” creating episodes that tackled topics like menstrual health, menopause, and pregnancy. These podcasts were carefully designed to include sign language and clear, accessible content for women with disabilities. Listening sessions were organized across the country, bringing women and their families together to openly discuss these issues for the first time. Deaf women expressed gratitude for finally understanding the changes their bodies experienced, making them feel less marginalized, more confident, and empowered to ask questions they had previously been too afraid to voice. Families began engaging in discussions, breaking years of silence on sensitive topics. The content focused on addressing the informational needs of marginalized communities, particularly the Deaf community, through partnerships with organizations like the Prince Ali Club for the Deaf. This approach contributed to bridging critical gaps in SRHR awareness and accessibility, ensuring that underserved groups received targeted, relevant, and actionable information.



Over three seasons spanning 2023–2025, Raneen developed 17 podcast episodes, which garnered nearly 800,000 views. Eight interactive listening sessions supported 270 participants of young girls and women, including those of hearing, motor and visual disabilities and their parents. Women who attended these sessions began sharing the knowledge they gained with their communities, creating ripple effects that extended far beyond the original project.

Participants shared powerful feedback: “This has been very useful. I had not heard before that there is pre-marriage medical counseling.” “This is the first time I know that irregularities with the menstrual cycle indicate problems with pregnancy.” “Many of us in the Deaf community do not get their right to healthcare. Usually, our parents just tell us what medicines we need to take, and no one explains what we need to know. This is the first time I’ve found answers to my questions about SRH.” During the sessions, all participants consistently gave the episodes a “thumbs up,” signifying unanimous approval. When asked if they would share the episodes, every participant responded affirmatively, citing the scarcity of Jordanian Sign Language (JLS) content online. This enthusiasm underscores both the utility of the content and the high value placed on accessible resources within the Deaf community.





Takatoat is a feminist collective committed to building a powerful feminist social movement that challenges systems of oppression, attrition, and discrimination while fostering the dissemination of feminist knowledge. Dedicated to creating safe spaces for women and girls in all their diversities, Takatoat aims to build together with women and girls a shared vision of justice and solidarity. At the heart of the organization's mission is the critical focus on sexual and reproductive health and rights (SRHR). By exploring how women perceive their bodies, their experiences within healthcare systems, and their awareness of SRHR issues, Takatoat has sought to address significant gaps and barriers in the existing framework. Through its work, Takatoat uncovered deeply ingrained challenges shaped by cultural and social norms, insufficient awareness of SRHR rights, and inadequate social services. The organization also identified significant limitations faced by healthcare providers, including nurses, midwives, and doctors. Many lacked sufficient training, contextual knowledge, and tools to navigate their own biases, which often resulted in harmful care practices. These findings underscored the urgency of creating a more inclusive and respectful healthcare environment. In response to these challenges, Takatoat adopted a dual strategy. The first step was documenting the lived realities of women to ensure that interventions and resources were grounded in authentic, evidence-based insights. The second was improving the quality of healthcare services by equipping professionals with the knowledge and tools to provide inclusive and compassionate care. This approach was rooted in a feminist, anti-colonial, and justice-centered framework, fostering not only solutions but also a sense of shared purpose and safe spaces for meaningful dialogue. Takatoat began its journey by organizing focus group discussions with 96 women from diverse backgrounds about their experiences with gynecological healthcare services in Jordan. These conversations revealed the systemic barriers they faced in accessing gynecological care, painting a picture of a complex "maze of care" that many had to navigate. To complement this perspective, additional focus group discussions and key informant interviews were held with 42 healthcare providers, including doctors, nurses, and midwives. This manual became the foundation for a series of gender-sensitive SRHR training workshops conducted with 34 healthcare providers from across Jordan's different regions such as Irbid, Karak, Tafileh, Amman, Maan, and Zarqa. These workshops not only enhanced the knowledge of participants but also empowered them to adopt more respectful, empathetic, and safe practices in their work.



The impact of these efforts was profound. Healthcare providers reported a newfound confidence in addressing SRHR topics and a shift in how they approached patient care. They expressed a commitment to listening actively, respecting patient autonomy, and fostering an environment of trust and collaboration. One midwife reflected, “I learned to adopt a more collaborative approach with patients, ensure their privacy is respected, actively listen to their concerns, and foster a supportive and empathetic environment.” Another participant, a nurse, shared, “The most

important takeaway is respecting patient autonomy, providing support to the best of my ability, and avoiding imposing personal opinions.” Takatoat’s work extended beyond Jordan’s borders with the establishment of a regional feminist school on SRHR under the We Lead initiative. This groundbreaking program brought together participants from Syria, Jordan, Palestine, Kuwait, Tunisia, and Egypt. It included activists, artists, researchers, journalists, writers, healthcare professionals, and community workers. The feminist school became a vibrant platform for knowledge sharing and reflection, breaking barriers and enabling participants to deepen their understanding of SRHR concepts. Together, they created content that reflected the unique realities of their communities, strengthening their collective impact. Despite the success of these initiatives, Takatoat faced considerable challenges. Mobilizing gynecologists and navigating the power dynamics within healthcare institutions proved difficult. Additionally, external factors such as occupation and military aggression in Palestine and Lebanon affected participation in the regional feminist school. Undeterred, Takatoat adapted by engaging a diversity of service providers namely nurses and midwives, who emerged as principal caregivers who spend time with patients and key advocates for change. The team also implemented contingency plans, prioritizing participant safety and ensuring the feminist school could proceed as planned. By centering the lived experiences of women and healthcare providers, Takatoat created a transformative model of consciousness raising, advocacy, education, and solidarity. Their approach has not only improved healthcare experiences and empowered providers but has also advanced the broader feminist agenda for SRHR. Through its efforts, Takatoat continues to pave the way toward a more inclusive and equitable society.





In Rusayfeh, located in the Zarqa governorate, discussions about sexual and reproductive health and rights (SRHR) were long considered taboo. Women, girls, youth, and refugees lacked access to critical information and services, while service providers were often untrained in addressing these issues effectively. Mothers struggled to communicate with their daughters about SRHR, and young couples entering marriage had limited knowledge of their rights and responsibilities.

To address these challenges, the Working Women Association launched a groundbreaking initiative under the "We Lead" project. By partnering with health centers and universities, they designed and delivered awareness sessions tailored to diverse groups, including young women, refugees, and parents of children with disabilities. Their approach combined direct training with innovative methods such as theatrical performances and video campaigns to engage audiences in meaningful discussions.

One of the initiative's most impactful interventions was the development of two theatrical plays based on real-life experiences. Professional young actors, trained in SRHR topics, performed these plays for community members, creating a safe and relatable space for dialogue. The performances reflected the fears, challenges, and misconceptions surrounding SRHR, breaking the silence and encouraging open discussions. The performances were attended by 100 men and women .

In parallel, the organization conducted one week training-of-trainers for 15 nurses, young women, lawyers, pharmacists, teachers to enhance their capacities on SRHR. Special attention was given to young couples, equipping them with essential and reliable knowledge and skills for marriage.

Awareness sessions for 50 adolescent girls and 50 mothers facilitated open communication, fostering trust and understanding. Naifa, one of the mothers, stated that "The training I attended had a huge impact on my communication with my young daughter, and on speaking to her clearly about women's topics such as menstruation and other relevant issues without hesitation".

Additionally, the Association organized a medical day attended by 40 women as part of the 16 Days of Activism campaign, providing tangible SRHR support to the community.



The initiative's impact was profound; participants gained valuable knowledge and confidence to discuss SRHR issues. Girls reported feeling more comfortable talking with their mothers and partners, while both men and women sought medical consultations for the first time. The theatrical plays proved to be a highly effective medium, making complex topics more accessible and relatable.

Beyond individual transformations, the community as a whole began advocating for more SRHR education, with waiting lists forming for additional training sessions. Service providers reported an increased ability to address these needs, and the Working Women Association grew more determined to challenge existing taboos and misinformation.

Looking ahead, the organization aims to expand its outreach, measure the long-term impact of its initiatives, and continue leveraging creative approaches to engage communities. Their work stands as a model for addressing sensitive topics in culturally appropriate and impactful ways, paving the way for a more informed and inclusive society.



Working Women
Association



In line with its ongoing mission to advance women's rights and health, Bushra Center for Women Studies and Research has taken a significant and expansive step forward. A total of 165 women were trained on the principles of sexual and reproductive health (SRH), equipping them with the tools to build self-confidence and share knowledge within their communities. These women were selected for their potential as peer educators. Today, they serve as conscious and empowered voices for change—key figures in spreading knowledge and challenging societal silence around topics that have long been considered taboo. The training workshops went beyond simply delivering information; they became transformative emotional and intellectual experiences. Barriers of silence and stigma were broken, and a unique courage emerged—women began asking difficult questions and sharing deeply personal stories.

Follow-up assessments revealed that 89% of participants reported a positive impact on their personal and psychological well-being. Among these voices was (S), a divorced mother who saw the workshop as an opportunity to free herself from years of fear and stigma. She said:

“This workshop changed the way I think. I now feel I can talk about issues that were once hidden. I used to avoid such topics because I'm divorced and raising my children alone. There was always this lingering fear of how society sees me.” She added that the training also helped her overcome a psychological barrier that had long prevented her from seeking medical help:

“I was afraid to visit a family planning clinic even when I suspected an infection or illness, fearing someone might see me there and I'd be socially stigmatized.” To further raise public awareness, the project team conducted 25 interactive field visits, engaging over 700 individuals from diverse backgrounds. These open sessions addressed SRH concepts and helped reintegrate these issues into public dialogue, reclaiming their place in everyday conversation. To strengthen the capacity of service providers, 34 healthcare workers were trained to deliver sensitive and informed SRH care. They were also empowered to guide women and girls in approaching these issues with confidence and privacy.



Additionally, 22 representatives from local community-based organizations received training to become effective awareness agents within their neighborhoods. Drawing on the trust of their communities and their ability to communicate in a culturally relevant way, these representatives helped spread critical messages. The project didn't focus on young women alone. It also included 26 young men from marginalized backgrounds—those at risk or living under complex social and psychological conditions. These youth were trained to raise awareness among their peers and within their communities. They played a crucial role in bridging gaps between different groups and fostering dialogue around SRH issues, contributing to a safer and more informed environment. In one session, (A), a young community activist, remarked: **“We need a place to turn to whenever we need help or guidance. We don't want awareness that ends when the project ends—we want something lasting.”** This demand reflects the growing need to establish a permanent youth-friendly unit within the Bushra Center—one that respects young people's privacy while offering ongoing, safe, and accessible support and information. **The unit was established in 2025 at the center to strengthen community awareness and advocacy on sexual and reproductive health (SRH).** It is composed of individuals previously trained through the We Lead program who expressed a strong commitment to continue advancing SRH education in their communities. The unit includes **15 young women, 5 young men, and 8 community influencers**, all working collectively to promote knowledge, dialogue, and positive attitudes toward SRH.

Through close collaboration with local partners and direct community engagement, the project has made a tangible impact—not only by raising awareness but also by fostering a new culture of understanding, respect, and empowerment. Looking ahead, the Bushra Center remains committed to building on this momentum, expanding partnerships, and pushing for sexual and reproductive health services to become an integral part of the local healthcare system—because women's health and dignity are not luxuries, but fundamental rights.





In a rapidly changing world, voice has emerged as a powerful tool for making an impact. This is the belief that "Sada Podcast" has embraced since its inception, recognizing the podcast as a platform capable of delivering knowledge, sparking dialogue, and raising public awareness on the most pressing social issues.

As a partner of the "We Lead" project, Sada embodied the role of independent media as a true ally of civil society. It didn't stop at providing specialized podcast production training, it also offered full technical support, including studios, tools, and equipment, to ensure the creation of professional, accessible, and inclusive content for marginalized and excluded communities. In return, Sada's team received advanced training from the "We Lead" program on rights-based approaches, social inclusion, and sexual and reproductive health and rights (SRHR), deepening their understanding of rights-oriented narratives and culturally sensitive, inclusive language. This collaboration led to a real transformation in the capacities of We Lead's civil society partners. They became better equipped to plan, craft messages, choose topics with precision, and target the right audience. Moreover, access to low-cost tools and technology enabled them to continue producing content independently. But the most profound impact was a heightened awareness of the importance of including all groups, especially people with disabilities, in the media landscape.

Podcasting had often been viewed as a medium exclusive to the sighted. However, through its partnership with We Lead, Sada realized the potential of inclusive podcasting to reach a broader audience. Integrating sign language into future productions became a core strategy. Offering audiovisual content with translation significantly increases reach, especially given the scarcity of programming tailored for people with disabilities.

Sada integrated sign language into a vodcast production with Raneen, one of We Lead's partners, which allowed Deaf participants to engage with the content and be part of the discussions. In one session, a group gathered around Dr. Manal Al-Tahatmouni after listening to an episode, eager to ask questions and express their thoughts—demonstrating a powerful need for content that speaks to them and includes them.

An inspiring example came from the organization Takatoat, which utilized simple, low-cost tools. Mais from the Takatoat team said: "I attended the training and learned extremely useful technical skills. We learned how to publish and schedule episodes, even with our limited budget. The tools introduced by Sada were important, user-friendly, and opened up new horizons for us.





The partnership with civil society didn't stop at the initial training.

Tafileh Women's Association, another We Lead partner, reached out to Sada again after receiving new funding to offer additional training for their team. Arin Al-Awran from the association shared:

I had no prior knowledge about how to prepare or record a podcast, but through Sada I learned everything—writing scripts, choosing sound effects, using tools, and publishing on platforms. After the training, we formed a full production team:

a writer, editor, interviewer, and director. We produced two full seasons of the podcast Wa'ai ('Awareness') on sexual and reproductive health."

This was more than a training experience; it was a complete transformation for a local association from southern Jordan, which now possesses the media tools to speak clearly and confidently about its community's issues. In all these moments, Sada has upheld a clear message:

inclusive media is not optional, it is essential. Your voice matters, and your story deserves to be told.

Effective media reflects the full diversity of society and offers a platform for all, without exception.

Thus, Sada Podcast became a true partner in change; not merely by producing episodes, but by redefining media's role as a development ally that respects differences and champions inclusion.

Every episode, every training, every experience—from Mais to Arin—is living proof that inclusive media is not only possible, but necessary. It is a powerful tool for spreading knowledge, amplifying marginalized voices, and raising awareness on human rights issues. That's why developing inclusive content that meets the needs of diverse groups is essential for broader reach and greater impact.





Amplifying Voices: The Journey of the Tafileh Women Charitable Society in Advancing Access to Reproductive Health Services and Women's Rights

Through continuous community engagement and sustained advocacy efforts, the Tafileh Women Charitable Society (TWCS), via the Amal Family Counseling Center, has achieved a significant leap in the number of referred cases related to reproductive health and women's rights. Targeted awareness sessions have led to a notable 30% increase in women's use of the hotline dedicated to these issues. For the first time, the center recorded between 10 to 12 cases per month via the hotline, reflecting growing trust in these essential and supportive services.

This transformation was no coincidence. It stemmed from the TWCS's firm commitment to providing a safe environment, employing trusted personnel, and offering accessible, accurate information. These combined factors created open spaces for dialogue around reproductive health and women's rights, empowering many women and families to seek the support they needed without hesitation. Awareness campaigns, media initiatives, and partnerships with religious leaders played a pivotal role in shifting perceptions and reducing stigma around these topics.

As part of the "We Lead" program, the TWCS conducted a field study in 2023 titled "The Reality of Reproductive Health and Women's Rights and Available Services in Tafileh Governorate." The study aimed to assess women's awareness of reproductive health and rights, identify active service providers, evaluate accessibility and service quality, and measure the responsiveness of services to gender-based violence. It also gauged beneficiaries' satisfaction with the role of civil society organizations, local authorities, and educational institutions in awareness-raising and effective service delivery.

The study revealed a pressing need to strengthen health education and improve service availability. Notably, 61% of women reported difficulty locating centers and institutions that provide sexual and reproductive health services. It also highlighted structural gaps in the healthcare system, including a shortage of trained personnel and the need for greater involvement of civil society organizations in health education efforts.





In response to these findings, the TWCS took concrete steps to address the gaps—particularly the limited awareness among some service providers regarding sexual and reproductive health concepts. This shortfall negatively impacted the quality of services provided to women and girls, especially in cases involving violence. To address this, the TWCS organized a specialized training for service providers that focused on strengthening their scientific and cultural understanding of these concepts and linking them to protection principles and professional responses to gender-based violence.

One participant shared: "This is the first time I've received training this deep. I finally understand concepts like sexual health. I'd heard the term before, but I didn't know how to communicate it in a way that fits our culture."

Another said: "I used to feel unsure when working with women exposed to sexual or reproductive violence. Discussing these topics made me uncomfortable. Now, I feel I have the tools and knowledge to support them without being judgmental."

A third added: "Sexual health has always been a taboo topic. Talking about it with beneficiaries was tricky. This training completely changed that mindset."

The training, which targeted 16 service providers at comprehensive health centers, significantly boosted their professional confidence and ability to handle sensitive cases with greater awareness and skill. It also helped them better identify where to refer women for appropriate services.

The Head of the Gender-Based Violence Division at the Tafileh Health Directorate praised the importance of such training, noting that it addresses a major gap in the protection system and enhances the readiness of health staff to respond to cases involving sexual and reproductive health and gender-based violence.

In light of these developments, the TWCS prepared a policy paper aimed at enhancing service providers' awareness and competencies. The initiative was based on the realization that poor understanding or discomfort with these issues often discourages women from seeking help or receiving timely support. The paper represents a significant step toward developing a more inclusive and effective health services system.



Adopting a holistic approach, the TWCS also built the capacity of eight specialized facilitators in sexual and reproductive health, enabling the delivery of 124 awareness sessions that benefited 1,900 rights-holders. Fourteen two-day workshops were held with the participation of 210 women. In addition, eight training programs were conducted for the parents of adolescents, reaching 80 individuals.

Recognizing that 39% of women rely on the internet for information on reproductive health, the TWCS placed special emphasis on digital media. It developed a wide-reaching digital awareness campaign that engaged over 271,594 users. Moreover, 40 religious leaders were trained to adopt scientific and culturally appropriate language when discussing reproductive health and women's rights, helping build community trust.

During the 16 Days of Activism Against Gender-Based Violence campaign, the TWCS implemented targeted media and awareness activities addressing sexual violence and reproductive rights. These reached over 144,000 people, underscoring the community's need for such discourse.

The project has had a transformative impact on societal attitudes. Topics once deemed taboo are now openly discussed, and women have become more confident in seeking support and confronting issues affecting their health and dignity. In one case, a woman initially hesitant to speak about her husband's behavior ultimately found the courage to seek help. The center also saw increased participation from husbands accompanying their wives to counseling sessions, and the circle of beneficiaries expanded to include families with adolescents and people with disabilities.

In this context, the TWCS provided 240 psychosocial support sessions benefiting 111 rights-holders, reflecting the deep positive impact of these services on the wellbeing of women and their families.





Inspired by this success, the TWCS expanded its activities further. These included developing additional digital content, producing specialized podcasts, fostering dialogue with social influencers, and participating in media capacity-building programs through its strategic partner, Sada Podcast, a key component of the “We Lead” program.

Through “Wa’ee Podcast”, the TWCS launched a series of episodes with titles like “Beginning,” “Safe Space,” and “Behind the Door.” These featured real-life stories, expert analysis, and culturally sensitive educational content. Seven podcast episodes were produced, along with two radio episodes in collaboration with Tafileh Technical University Radio, deepening community engagement and expanding the project’s impact.

The experience of the Tafileh Women Charitable Society stands as a unique model for how education, dialogue, and advocacy can drive sustainable social change. The TWCS did not stop at improving access to services—it broke down entrenched cultural barriers and helped foster a more aware and empowered society.

As this inspiring journey continues, the TWCS calls on civil society organizations, policymakers, and local community leaders to work together to ensure that every woman—regardless of her circumstances—has the knowledge and support she needs to live a life of dignity, safety, and health.





Bridging the Knowledge Gap: How Mawadda Advances Awareness of Sexual and Reproductive Health and Rights (SRHR)

When facing health concerns, people often turn to the internet before consulting a professional.

While online medical content is abundant and free, its quality varies dramatically—from accurate, evidence-based resources to unverified personal anecdotes. In the Arab world, particularly on sensitive issues like Sexual and Reproductive Health and Rights (SRHR), trustworthy and evidence-based Arabic-language content remains extremely limited. This gap is especially wide for women, adolescent girls, and individuals who are newly or soon-to-be married, who often encounter a flood of myths and misinformation. For people with disabilities, the challenge is even greater due to the lack of tailored resources.

Recognizing this critical gap, Hikaya Center launched Mawadda, a digital platform committed to producing and publishing educational content on SRHR in Arabic, aiming to effectively close this knowledge divide.

In mid-2023, a strategic alignment between Mawadda's mission and the goals of the We Lead program marked a transformative milestone. This partnership enabled the platform to significantly expand both the quality and reach of its content.

Through this collaboration, Hikaya Center enhanced its production of high-quality, accessible materials under the We Lead project. The output included 90 new written scientific articles and 50 podcast episodes under the “Sout Mawadda” program, with a particular focus on issues related to persons with disabilities. Additionally, 10 episodes were produced under a special podcast series titled “Mish Namaty” (Not Typical), which highlighted the role of civil society organizations in supporting the implementation of Jordan's national SRHR strategy.

These outputs reflect Mawadda's broader role as a growing regional digital platform actively engaged in producing diverse, inclusive SRHR content through multiple projects and partnerships.



The partnership also supported Mawadda’s contribution to a Knowledge, Attitudes, and Practices (KAP) study, as well as a digital intervention evaluation, exploring how digital platforms influence awareness and behavior around SRHR. Mawadda was presented as a central model in both studies.

As part of the collaboration, Mawadda also organized a training for content creators on writing about SRHR using gender-sensitive language. The training was based on the newly developed Mawadda Writing Style Guide, which offers clear guidelines on using inclusive, rights-based, and culturally sensitive language when producing SRHR content.

Mawadda’s content strategy is rooted in the “Triangle of Pleasure” framework, which connects health, rights, and well-being as essential components of a holistic understanding of SRHR. This model allows Mawadda to go beyond simply informing its audience—it also seeks to normalize discussions around sexual wellness, personal autonomy, and emotional fulfillment, especially for women and marginalized groups.

As a result, Mawadda has become a trusted resource for both individuals and professionals. Its content is developed by a team of medical experts and delivered through a combination of articles, podcasts, visual media, and training sessions. Service providers, including doctors and nurses, have been trained to adopt more inclusive approaches to SRHR, with content specifically addressing the needs of persons with disabilities.

Social media platforms, particularly Facebook and Instagram, have amplified Mawadda’s impact, helping the platform reach tens of thousands of users monthly. Mawadda has evolved from a static content hub into an interactive space where users feel safe to ask questions, express concerns, and seek guidance on sensitive issues.

One particularly illustrative example is that of a school teacher who encountered a difficult situation in her classroom when a child mimicked inappropriate behavior observed outside school. Confused about how to respond appropriately, she turned to Mawadda for help.

“I was looking for an educational approach to explain boundaries without shaming the child,” she said. “I found an article on Mawadda that clearly explained how to talk to children about inappropriate behaviors in a simple, age-appropriate, and respectful way. It was exactly what I needed.”





This experience marked a turning point in her professional perspective. She now relies on Mawadda as a go-to resource: “Mawadda didn’t just give me a solution—it made me feel supported, like someone understands the daily challenges we face as educators in sensitive environments.”

Such personal experiences are a testament to the platform’s credibility—not only as an information provider but also as a supportive, community-oriented resource for addressing SRHR in real-world contexts.

Mawadda has also actively tackled misinformation about SRHR for people with disabilities, offering inclusive, openly accessible resources. As a result, many women reported gaining a deeper understanding of their bodies and emotions.

The platform’s measurable impact is notable: Mawadda attracted 139,100 unique users, generating over 217,600 page views, with monthly engagement ranging between 3,000 and 5,000 users. On Facebook, Mawadda reached 3.4 million users, recording nearly 129,000 interactions—a clear indication of its growing influence.

Mawadda’s impact extends beyond individuals to include civil society organizations and regional training programs, which increasingly reference the platform’s content. Mawadda has emerged as a model for integrating social responsibility and inclusivity into SRHR awareness initiatives—particularly through its commitment to accessible, disability-inclusive content. Its tailored materials, publishing policies, and editorial standards prioritize rights-based language, cultural respect, and attention to marginalized groups.



Nevertheless, the journey hasn't been without obstacles. Addressing deeply rooted social norms has required courage. When Mawadda aired podcast episodes discussing female sexual pleasure, the content was met with both appreciation and resistance. While some conservative groups pushed back, others welcomed the long-overdue dialogue.

Despite the pushback, Mawadda continues to explore taboo topics with empathy and determination, forging a path toward a more inclusive and informed future.

Ultimately, Mawadda's success affirms the power of accessible, inclusive, and culturally responsive content. By bridging the SRHR knowledge gap, the platform is not only transforming individual lives—but also helping to reshape the regional awareness, laying the foundation for lasting social change.



We Lead Platform – A Safe Space for Knowledge and Empowerment

www.welead.jo

We Lead Platform

"We Lead" platform is an Arabic-language digital platform primarily designed for women and girls. It aims to provide a knowledge-based and safe space to raise and discuss issues related to sexual and reproductive health from a rights-based and legal perspective, in addition to the scientific and social dimensions connected to these issues.



Studies





Training Manuals



Articles





Awareness Messages

منصة "نحن نقود!"

مجموعة من الرسائل البسيطة والمباشرة المصممة للتوعية اليومية.



تصفح المنصة الآن



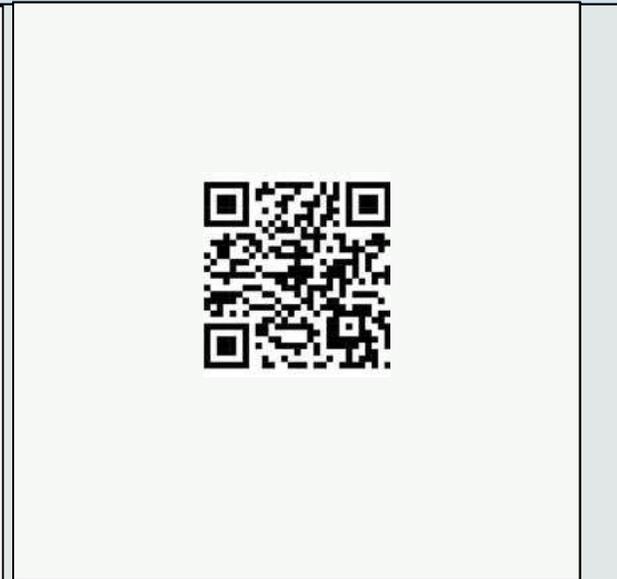
Podcast

منصة "نحن نقود!"

اسمع، تعلم، وشارك بودكاستات حول الصحة الجنسية والإنجابية بانتظارك على المنصة



تصفح المنصة الآن





Video



منصة "نحن نقود!"

فيديوهات
تثقيفية بعيون
شبابية
شاهدها الآن على
منصة "نحن نقود"

تصفح المنصة الآن

Stories of Change



منصة "نحن نقود!"

قصة التغيير

في "نحن نقود"،
نوثق القصص
لنحملها إليكم،
لنتلهمكم، ونشعل
في داخلكم الرغبة
بالتغيير.

تصفح المنصة الآن



IMPORTANT RESOURCES



How We Contributed to Change

Case 1 : Ibni Campaign

Ibni Campaign Sets SRHR at the Heart of Disability Rights Advocacy



- **Outcome Description:**

During 2022, Ebni Campaign within We Lead Project succeeded in adopting the SRH-R pillar as a key priority for the campaign by mobilizing people with disabilities and their parents in advocating for SRH-R issues. The support of the project has enabled the campaign members to strengthen their knowledge and capacities in SRH-R issues and enabled the members to establish a safe space for people with disabilities and their parents to share openly with each other their personal experiences in access to sexual and reproductive health services and the barriers they faced in terms of stigma, discrimination, and lack of accessibility and awareness about SRHR

The underlying contribution of the project has been driven by the need to involve the young women especially who are most left behind when it comes to their sexual and reproductive health and rights. Women and girls with a disability are three times more likely to experience gender-based violence than non-disabled women. They suffer from stigma and exclusion, while discriminatory laws and policies disregard their SRH-R, and health services are inaccessible

- **Relevance:**

Ebni is an independent community movement for people with disabilities and their families, who are demanding free rehabilitation governmental services in accordance with the provisions of the Law of persons with disabilities. It was founded by 8 leaders in times of the pandemic growing, into a leaderful campaign of hundreds of constituents, demanding the Jordanian government to commit to establishing 12 free comprehensive health centres across Jordan for persons with disabilities. Ebni Campaign which adopts the community organizing approach seek to build a society that guarantees PWDs right to health on the basis of justice, equality, and equal opportunities, within a comprehensive health environment stipulated by the law. In specific the campaign works on the activation of article (24) of the Law on the rights of people with disability to have access to all medical, treatment, and rehabilitation services free of charge, including surgeries, medicines, vaccinations, tools and aids, and rehabilitation sessions.

Through We Lead project; Ebni Campaign core team members were engaged in the project's interventions at national and regional levels and they were able to realize the importance of advocating for the sexual and reproductive health rights for young women with disabilities besides advocating for accessible health services. By Joining We Lead and for the first time, the campaign core team, initiated the discussion on SRHR issues with the rightsholders and their families; and the result was very impressive that they are undoubtedly want to speak out for this cause but they didn't find a safe space before to share sensitive issues like SRHR issues. The campaign members agreed on the importance of social dialogues with the rightsholders and their families to identify the reality of how young women with disabilities are deprived from their SRHR; such as hysterectomy which is a criminalized by Jordanian law to build solidarity on this claim in order to scale up their demands through advocacy efforts.





- **Contribution**

Ebni campaign joined we lead program as a community of action (COA) member and received a number of trainings and capacity building opportunities on sexual and reproductive health rights, they also got the opportunity to network with other COA members learning from them about SRHR work but also raising awareness among the other COA members on the importance of mainstreaming of disabilities inclusion in their work and raising awareness about disability aspects. As a result of the capacity building opportunities received by Ebni campaign core team, the networking opportunities with other COA members facilitated by the project, their engagement with community centers, people with disabilities and parents of people with disabilities, Ebni campaign rightsholders adopted SRHR as a key priority for their campaign.

These training sessions provided a safe space for People with disabilities and their families to learn about SRHR and more importantly to share openly with each other their personal experiences in access to sexual and reproductive health services and the barriers they faced in terms of stigma, discrimination, and lack of accessibility and awareness about SRHR. One mother of a girl with disability shared that she attempted to do hysterectomy for her daughter but the doctors refused, she discussed this in the workshop with the other parents and they succeeded in convincing her that it's not the right way to deal with her daughter's disability. When family members are informed and equipped to support their children with disabilities, they can become advocates for systemic change that promotes greater access to sexual and reproductive health services for all people with disabilities. Changing perceptions of the participants about disabilities and SRHR was obvious from the feedback received.

Adoption of SRHR as a key priority enhances the sustainability efforts of we lead project as it ensures that SRHR will continuously be addressed by Ebni Campaign and will continue to build the capacity of health service providers on SRHR and raise awareness about this issue among rightsholders. This directly contributes to the desired objectives of attaining the general public acknowledgment of young women's SRHR, Health service providers are more aware of the SRHR needs and situation of the rightsholders groups and increasingly provide accessible, comprehensive, high-quality, inclusive, respectful SRHR info and services. This will eventually lead to more citizens' demands to hold duty-bearers accountable in order to design, adopt, and implement laws and policies that respect and protect the SRHR of young women including women with disabilities.

Case 2: Information and Research Center – King Hussein Foundation (IRC-KHF)



Proposed Revision of Maternity, Childhood, and Family Planning Services Guidelines through Evidence-Based Advocacy

- **Outcome Description:**

In December 2024, the Director of the Maternity and Childhood Department at the Ministry of Health (MOH) in Jordan demonstrated increased leadership and commitment by initiating and leading the revision of outdated maternity, childhood, and family planning regulations.

Recognizing the inadequacy of the 20-year-old regulations, their lack of clarity on service provision and omission of newer sexual and reproductive health services, the Director became a strong advocate for the adoption of a new draft regulation which was proposed by the advisory committee established by The Information and Research Center– King Hussien Foundation (IRC-KHF) within We Lead Program in Jordan.

- **Relevance:**

This outcome is significant as it represents a shift toward strengthening national frameworks that govern SRHR services in Jordan. By updating outdated guidelines and aligning health policies with human rights standards, the initiative directly supports the provision of inclusive, high-quality care, especially for marginalized groups such as persons with disabilities.

The Advisory Committee presented strong justifications for the Ministry of Health to adopt the new maternity and childhood regulations. The previous regulations, in place for 20 years, lacked clarity regarding service provision and did not cover new sexual and reproductive health services, making the adoption of updated guidelines necessary. To ensure evidence-based advocacy, the Director of the Maternity and Childhood Department at the Ministry of Health led the revision and became a strong advocate for the new proposals.

Despite concerns about the financial feasibility of providing free services across all health centers, the Director continues to champion the adoption of the updated guidelines, reflecting institutional openness to reform





- **Contribution**

This outcome was made possible through the efforts of the Information and Research Center – King Hussein Foundation (IRCKHF) through its research on “Rights of recipients of sexual and reproductive health services and the most vulnerable to marginalization individuals in Jordan: Gaps in practice” This research was followed by policy analysis, and advocacy efforts. The IRCKHF team engaged with key stakeholders, including the Advisory Committee on Health Services, to provide evidence-based recommendations that informed the proposed amendments. The advisory committee established to address legislative gaps and advocate for inclusive policy reforms that enhance access to sexual and reproductive health and rights (SRHR) services, particularly for women and other marginalized groups and consists of 22 key institutions in Jordan including representatives from the Ministry of Health, the Higher Council for PWDs, the Ministry of Education, the Higher Council for Population, CSOs, UNFPA, Experts on SRHRs, and other key entities.

As a result of these collective efforts, the Minister of Health approved the revision in principle and tasked the Director of the Maternity and Childhood Department with leading the amendment process. The Advisory Committee, under IRCKHF’s facilitation, developed the updated guidelines, which are now awaiting the Minister’s final approval and formal adoption. This shift in attitude and leadership within the Maternity and Childhood Department is significant because it demonstrates institutional willingness to update and improve SRHR-related policies to better reflect contemporary needs. The outcome was strongly influenced by the Advisory Committee’s evidence-based justifications and IRCKHF’s sustained advocacy, which emphasized the urgency of aligning national health regulations with modern SRHR standards.

During the most recent IRC-KHF Advisory Committee meeting, the United Nations Population Fund (UNFPA)—a key member of the committee—fully endorsed the proposed regulations and reached out to IRCKHF to support continued advocacy efforts. In response, IRCKHF facilitated stakeholder discussions and policy dialogues to build momentum for adoption. UNFPA subsequently integrated the proposed regulations into its 2025 agenda and formally engaged with the Ministry of Health, initiating consultations with the Health Insurance Department to assess the feasibility, costs, and benefits of implementation. This visible commitment from UNFPA underscores strong international and national support for advancing the regulatory reform process and demonstrates the growing coalition of actors aligned behind these changes



Case 3: Royal Health Awareness Society (RHAS)

National Endorsement of Jordan's First Inclusive SRHR Toolkit



- **Outcome Description:**

In April 2025, in Jordan, 15 governmental and civil society entities, including the Ministry of Education, Ministry of Youth, Ministry of Social Development, Higher Population Council, AWQAF, UNFPA, Oxfam, FOCCEC, Hikaya Center, Liwan Youth Space and several CSOs, officially endorsed a national Sexual and Reproductive Health and Rights (SRHR) toolkit as a reference for youth-focused programming on SRHR. The toolkit includes content for individuals aged 10–50, including persons with disabilities, and was developed through a collaborative process with 15 governmental and civil society entities.

- **Relevance:**

This outcome is significant because it directly contributes to the long-term goal of the We Lead program to improve inclusive access to sexual and reproductive health and rights (SRHR) information and services for rightsholder groups, especially young women. As the first national resource in Jordan to comprehensively address the SRHR needs of youth, adults, and persons with disabilities, the toolkit enhances institutional coordination and ensures a unified, inclusive educational approach. It also fosters coalition and network building by strengthening partnerships between ministries and civil society organizations.

- **Contribution**

RHAS directly contributed to this outcome by leading the revision process of the national SRHR toolkit between March and April 2025. A technical committee composed of 15 institutions—including the Ministry of Health, the Higher Population Council, the Ministry of Youth, and civil society organizations—worked with RHAS to update the content. The revised toolkit was validated and endorsed during an official workshop. RHAS also organized a national training for 26 representatives from these institutions to build capacity on the toolkit's use. Evaluation showed improved clarity and usability, with 100% of participants reporting better understanding and 92% confirming ease of use.



Case 4: Ibni Campaign

FROM EVIDENCE TO ACTION: ADVANCING SRHR FOR GIRLS AND WOMEN WITH DISABILITIES IN JORDAN



- **Outcome Description:**

In November 2022, the Higher Council for the Rights of Persons with Disabilities in Jordan, represented by its Secretary General, formally responded to Ibni's study findings on "Assessing the Current Sexual and Reproductive Health Services for Girls with Disabilities in Public Comprehensive Health Care Centers." This response demonstrated a significant shift toward institutional accountability and a commitment to addressing critical service gaps identified by the study. As a direct result, the Council took concrete steps, including; Assigning a dedicated staff member to lead the reproductive health portfolio for girls with disabilities and develop a comprehensive work strategy; Initiating specialized training programs for health personnel in facilities serving women and girls with disabilities; and Tasking the Accessibility and Universal Design Department with inspecting Ministry of Health facilities to ensure compliance with national accessibility standards and building codes.

- **Relevance:**

This outcome is significant because it reflects a concrete step toward institutional recognition and accountability for the unmet needs of persons with disabilities. The Higher Council's response to evidence-based findings demonstrates that advocacy and research are influencing policy and decision-making at a national level. By acknowledging critical service gaps, the Council opens the door for reforms, resource allocation, and inclusive policy development—ensuring that persons with disabilities are not left behind in access to essential services, including SRHR. This also strengthens the role of civil society and research in shaping more equitable and responsive systems.

- **Contribution**

This transformative response by the Higher Council for the Rights of Persons with Disabilities was directly catalyzed by evidence-based advocacy led by civil society. The Ebni Campaign's pioneering study, "Assessing the Current Sexual and Reproductive Health Services for Girls with Disabilities in Public Health Centers," served as the critical foundation for action. By systematically documenting service gaps and lived experiences.



Case 5: Royal Health Awareness Society (RHAS)

Institutionalizing SRHR Education in Care Centers: The Ministry of Social Development Takes Action



- **Outcome Description:**

In September 2024, in Amman, Jordan, the Ministry of Social Development (MoSD) Care and Shelter Centers for Girls began integrating sexual and reproductive health and rights (SRHR) topics into their activities, as care providers in five centers initiated interactive sessions with adolescent girls covering menstrual hygiene, bodily autonomy, and safe relationships, using the tools and knowledge gained through the training

- **Relevance:**

This outcome is highly significant as it reflects both behavioral and institutional change in the practices of care providers. It contributes directly to the third intermediate outcome of the "We Lead" Program: Improved responsiveness of health service providers to the needs of rightsholder groups and delivery of inclusive, high-quality services. This shift demonstrates a strong institutional commitment from the Ministry of Social Development to address the SRHR needs of adolescent girls in residential care, and it lays the foundation for expanding such practices to other facilities within the broader protection

- **Contribution**

Between September and November 2024, RHAS coordinated with the Juvenile Division of Ministry of Social Development to design and implement a tailored SRHR training program for 25 care providers (23 women, 2 men) from five care centers. The training took place from November 19 to 21 and focused on equipping participants with practical skills for managing sensitive topics, addressing cases, and supporting girls with SRHR-related concerns. Post-training evaluations showed a significant improvement in knowledge (from 2.4 to 4.8 out of 5), and several participants reported immediate use of the provided tools and materials during their sessions with girls. Some centers even established weekly SRHR discussion sessions as part of their routine programming.



Case 6: Ibni Campaign

Institutionalization of Disability-Inclusive Communication Training within Jordan's Health System



• Outcome Description:

In October 2025, the Jordanian Nursing Council approved the Health Care Accreditation Council's (HCAC) request to include the "Effective Communication with Persons with Disabilities" training, developed by the Ibni Campaign, on the E-Jawda online platform. This decision enabled the dissemination of the training to health professionals across Jordan through an accredited national platform.

• Relevance:

This outcome represents a strategic shift toward embedding disability inclusion into national systems. By making the campaign's training a mandatory part of health accreditation and induction programs, Jordanian institutions have adopted systemic measures that ensure continuous professional development, improve service quality, and promote equitable access for persons with disabilities. The result demonstrates that targeted civil society advocacy can lead to long-lasting policy and practice changes at the national level, bridging gaps between legal mandates and practical implementation.

• Contribution

This outcome was achieved through the advocacy and coordination efforts of the "Ibni" Campaign with the Health Care Accreditation Council (HCAC) and the Jordanian Nursing Council within "We Lead" Project. The campaign developed and provided the training module, digital materials, and accompanying videos on "Effective Communication with Persons with Disabilities," and actively engaged HCAC in discussions on how to institutionalize the training.

The HCAC expressed strong enthusiasm to disseminate the training through its E-Jawda e-learning platform, which reaches thousands of healthcare professionals across the Kingdom, and sought official approval from the Jordanian Nursing Council to include it. Following this request, the Council approved the inclusion of the training, which will be officially accredited and certified by the Ministry of Health. Once uploaded, it will become a mandatory requirement for staff working in healthcare institutions seeking any level of accreditation.

In parallel, the campaign also conducted a Training of Trainers (ToT) for supervisors of maternal and child health departments at the Ministry of Health, and provided the Ministry with a training package to ensure continued knowledge transfer to new staff. This led to the formal adoption of the training course as part of the Ministry's core induction program for newly recruited employees, further reinforcing the sustainability and cross-sectoral integration of disability-inclusive practices in the health system. This enhances the sustainability and quality of the provided services and ensures the continuous capacity building of health service providers in line with the principles of inclusiveness and equality in delivering services to persons with disabilities.



Case 7: Arab Network for Civic Education – ANHRE

ANHRE Joins Key MENA Actors in Laying the Foundation for a Regional Network on SRHR for Persons with Disabilities



- **Outcome Description:**

In August 2025, the Higher Council for the Rights of Persons with Disabilities (HCD) formally recognized the national role of Arab Network for Civic Education (ANHRE) as a key actor in advancing the Sexual and Reproductive Health and Rights (SRHR) agenda in Jordan, particularly for persons with disabilities. This recognition was demonstrated by inviting ANHRE, alongside 20 other distinguished organizations from across the MENA region to participate in the Third Regional Conference on Sexual and Reproductive Health for Persons with Disabilities, co-organized by HCD and the Coptic Evangelical Organization for Social Services in Egypt. The conference facilitated the regional collaboration, highlighted the Berlin–Amman Declaration and its commitments, and initiated dialogue on establishing a Regional Network to advance the Sexual and Reproductive Health and Rights of persons with disabilities across the Middle East and North Africa.

- **Relevance:**

This outcome demonstrates a concrete step toward the We Lead Program’s longer-term goal of strengthening national leadership and advocacy in inclusive SRHR. ANHRE’s recognition reflects the institutionalization of the Community of Action journey, evolving from a grassroots initiative into a credible national actor specializing in SRHR for young women and girls with disabilities.

By formalizing ANHRE’s role at the national level, the outcome contributes directly to network and coalition building, enabling ANHRE to engage key stakeholders, foster collaboration, and participate in regional initiatives such as the proposed Regional Network for persons with disabilities. In the longer term, this recognition enhances ANHRE’s capacity to influence policies, mobilize regional actors, and ensure that the needs of young women and girls with disabilities are consistently integrated into national and regional frameworks. The linkage between grassroots advocacy, national recognition, and regional network-building underscores the strategic importance of this outcome for achieving the overarching objectives of the We Lead Program.





• Contribution

In 2021, ANHRE joined the We Lead Program as the Host Organization in Jordan, taking responsibility for establishing a diverse Community of Action (COA) comprising 14 organizations across the country. Drawing on its extensive experience supporting individuals and community-based organizations, ANHRE strengthened capacities, facilitated mutual learning, and guided COAs in their advocacy at local, national, and regional levels.

From the early stages of the program, ANHRE prioritized amplifying the voices of grassroots organizations led by young women and youth. By connecting the needs of the COAs with national strategies in Jordan, ANHRE successfully convened all stakeholders working on Sexual and Reproductive Health and Rights (SRHR) to support the COA movement in reclaiming the SRHR of young women, particularly women with disabilities.

ANHRE also initiated national-level platforms for dialogue and influence. A key milestone was the 2023 Linking and Learning Conference on SRHR, which brought together civil society organizations, public institutions, and national bodies. The conference produced concrete recommendations on improving SRHR accessibility, activating provisions of the Rights of Persons with Disabilities Law No. 20 of 2017, and ensuring disability-friendly information platforms. These outcomes reinforced ANHRE's role as a convener and bridge between grassroots priorities and institutional policy frameworks.

Building on this momentum, COA members prioritized policy advocacy for young women with disabilities addressing both information and service accessibility, while advocating for policy changes that protect women with disabilities. A notable result was the procedural guide on hysterectomy cases for women with disabilities, developed by IRC-KHF with key stakeholders, which fall under the jurisdiction of Sharia courts. ANHRE's support in connecting COAs to decision-makers was critical in pushing forward this type of systemic reform.

Through this consistent convening, capacity strengthening, and advocacy facilitation, ANHRE gained national credibility and visibility in inclusive SRHR. These efforts directly influenced HCD's recognition of ANHRE as a key national actor and its subsequent invitation to ANHRE to join the Third Regional Conference on SRHR for Persons with Disabilities. At this conference, ANHRE's contributions helped initiate dialogue on establishing a Regional Network, cementing its role as a key member and expanding its influence from national to regional leadership in advancing inclusive SRHR.



Case 8: Arab Network for Civic Education – ANHRE



Strengthening National Coordination and Advocacy for SRHR: ANHRE’s Engagement in the National SRH Coalition

- **Outcome Description:**

In June 2025, UNFPA Jordan demonstrated increased openness to multi-stakeholder collaboration and evidence-based advocacy by supporting and engaging with the National Sexual and Reproductive Health actors through leading the efforts of establishing (SRH) Coalition – a platform of over 20 humanitarian and development actors, including ANHRE.

Through this engagement, UNFPA facilitated the joint development and submission of a policy paper titled “Safeguarding Sexual and Reproductive Health in Jordan Amid Global Funding Shifts,” marking a shift towards more inclusive and coordinated national advocacy for improved SRHR outcomes for women and girls.

- **Relevance:**

The establishment of the National SRH Coalition represents a critical step toward strengthening coordination among humanitarian and development actors working on sexual and reproductive health in Jordan. ANHRE’s active engagement in the coalition has reinforced its role as a key national advocate for advancing SRHR policies. Through this participation, ANHRE has ensured the continuity and alignment of advocacy efforts and contributed to tangible policy influence, including the submission of the joint policy paper “Safeguarding Sexual and Reproductive Health in Jordan Amid Global Funding Shifts.” The coalition’s work reflects collective advocacy priorities for stabilizing SRH services, addressing funding challenges, and promoting improved health outcomes for women and girls. ANHRE’s participation further demonstrates its ongoing commitment to advancing SRHR through coordinated, evidence-based, and rights-driven national initiatives.





- **Contribution**

ANHRE's contribution to this outcome builds on its sustained engagement in advancing inclusive SRHR advocacy through the We Lead Program. Since 2021, ANHRE has served as the Host Organization in Jordan, establishing and supporting a diverse Community of Action (COA) of 14 organizations, including youth- and women-led organizations. Through capacity strengthening, mentorship, and national convening, ANHRE amplified grassroots voices particularly of young women and women with disabilities and linked their priorities with national policy agendas.

These efforts enhanced ANHRE's credibility as a convener and policy influencer, evidenced by initiatives such as the 2023 Linking and Learning Conference on SRHR and the development of the procedural guide on hysterectomy cases for women with disabilities. This accumulated experience and recognition positioned ANHRE as a trusted national actor in inclusive SRHR, directly leading to its invitation to join the National SRH Coalition in 2025, where it contributed to shaping advocacy priorities and the development of the joint policy paper on safeguarding SRHR amid global funding shifts



“Moving Forward – From Achievement to Sustainability”

Closing Conference of the “We Lead” Program 2025

“We Lead: Showcasing Results and Sustaining Action” – Advancing the Future of Sexual and Reproductive Health for Women and Young Women in Jordan

Conference Objectives



1. Showcase the success and impact of the “We Lead” program.

- Highlight key achievements in raising community awareness, improving services, building capacities, and advocacy led by women and girls.
- Share success stories of women, girls, and active community members.

2. Promote sustainability at all levels: by developing practical recommendations from key stakeholders to sustain the results of the “We Lead” program and preserve its legacy.

- Engage key stakeholders in discussions on sustaining the program’s results.
- Develop practical recommendations to achieve long-term progress in sexual and reproductive health and rights.



Main Themes of the Conference



To achieve its objectives, the conference focused on two main pillars:

- **Celebrating Success and Impact:** The sessions on the first day focused on assessing the program's impact, celebrating achievements, and presenting key results

The Future and Sustaining Momentum: The sessions on the second day focused on developing strategies to ensure the sustainability of the "We Lead" program's impact after its conclusion.

Final Conference Recommendations



The conference came as a continuation of the efforts of the "We Lead" project, implemented in Jordan since 2021, with the aim of promoting the sexual and reproductive health and rights of marginalized groups.

The conference discussed current challenges, highlighted national efforts, presented regional and international models, and strengthened avenues of cooperation among relevant stakeholders.

At the conclusion of the conference, the following recommendations were issued:

1. Integrate sexual and reproductive health into national policies and health, education, and youth strategies.
2. Update national strategies to include the sexual and reproductive health and rights of young and marginalized groups.
3. Allocate sustainable financial resources to ensure equitable and accessible sexual and reproductive health services.
4. Review the Penal Code of 1960 and the Personal Status Law of 2010 to abolish or amend provisions that restrict rights in this field.
5. Institutionalize community dialogues with relevant stakeholders, especially with young and marginalized groups.
6. Adopt a social model approach when designing awareness programs and community interventions.





7. Expand sexual and reproductive health services in governorates and rural areas, ensuring access for the most marginalized groups.
8. Strengthen digital awareness campaigns and provide accurate, evidence-based content available in Arabic.
9. Address hate speech and misinformation related to sexual and reproductive health.
10. Integrate psychological and social support services within sexual and reproductive health centers.
11. Facilitate access for girls and young women to health services, regardless of their legal or social status.
12. Promote comprehensive and health education in schools and universities about sexual and reproductive health.
13. Empower marginalized groups to participate in policy-making and the implementation of health programs.
14. Ensure that relevant stakeholders commit to implementing policies and recommendations to achieve tangible and sustainable impact.
15. Strengthen the role of media and digital content in raising awareness and combating stigma.
16. Institutionalize capacity-building programs for workers in the health and education sectors on sexual and reproductive health issues.
17. Establish a national committee to follow up on the implementation of these recommendations and ensure the continuity of joint efforts among all parties.

We hope that these recommendations will be adopted by all concerned parties to ensure the continuity of efforts and achieve a tangible and sustainable impact in this field within Jordan.

