

**UNFPA COUNTRY PROGRAMME
ACTION PLAN (CPAP)**

(2008-2012)

BETWEEN

**THE GOVERNMENT OF THE
HASHEMITE KINGDOM OF JORDAN**

AND

**THE UNITED NATIONS
POPULATION FUND**

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AWP	Annual Work plan
CBO	Community Based Organization
CC	Component Coordinator
CCA	Common Country Assessment
CP	Country Programme
CPAP	Country Programme Action Plan
CSPD	Civil Status and Passport Department
DHS	Demographic and Health Survey
DOS	Department of Statistics
FACE	Fund Authorization and Certificate of Expenditures
GBV	Gender Based Violence
HCY	Higher Council for Youth
HIV	Human immunodeficiency virus
HPC	Higher Population Council
IEC	Information Education Communication
IGO	International Non-Governmental Organization
IP	Implementing Partner
JICA	Japan International Cooperation Agency
JNCW	Jordanian National Commission for Women
MD	Millennium Declaration
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MoL	Ministry of Labour
MoPIC	Ministry of Planning and International Cooperation
MoV	Means of Verification
NCFA	National Council for Family Affairs
NCHR	National Center for Human Rights
NGO	Non-governmental Organization
NPS	National Population Strategy
PSD	Public Security Department
RH	Reproductive Health
RHAP2	Second Reproductive Health Action Plan
SBAA	Standard Basic Assistance Agreement
SAI	Supreme Audit Institution
SRH	Sexual Reproductive Health
TOT	Training of Trainers
U5MR	Under Five Mortality Rate
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDG	United Nations Development Group

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WFP	World Food Programme
YFHS	Youth Friendly Health Services
ZENID	Queen Zein El-Sharaf Institute for Development

The Framework of the Country Programme Action Plan

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of the Hashemite Kingdom of Jordan (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA)

- **Furthering** their mutual agreement and cooperation for the fulfilment of the International Conference on Population and Development Programme of Action;
- **Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;
- **Entering** into a new period of cooperation;
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I. Basis of Relationship

The Standard Basic Assistance Agreement (SBAA) between the Government and the United Nations Development Programme (UNDP), dated the 12th of January 1976 which applied mutatis mutandis to UNFPA and the exchange of letters between the Government and UNFPA, constitute the legal basis for the relationship between the Government of the Hashemite Kingdom of Jordan and UNFPA.

Part II. Situation Analysis

The population in Jordan reached an estimated 5.45 million by end 2005. The country is mainly urban (82%) and youthful with 30% of its population between 15-29 years of age. Life expectancy at birth is estimated at 71.5 years in 2005, despite an increase in the utilization of family planning methods and the age at first marriage (26.8 years), fertility is still high at 3.2 births per woman, and higher in rural areas (3.5) versus urban (3.1) areas.

The country is situated in a volatile geographic area of the Middle East and has been subject to a number of sudden population increase, the latest being the increasing number of Iraqis coming to Jordan following the war on Iraq in 2003. Their numbers are estimated between 600,000 and 800,000.

The population growth rate is still high (2.3%), if such trends continue, the population will reach 8 millions by 2020. This increase is imbalanced with the economic situation in the country and its resources, most importantly water resources. Poverty (14.2%) and unemployment (15%) particularly among women (26%) and youth (54%) are the key challenges facing its sustainable economic development.

Despite such challenges, the country is undertaking economic and social reforms, the most important is the recently developed “National Agenda” and “We are all Jordan” which set the framework for development strategies in Jordan. The National Agenda was developed in harmony with millennium development goals (MDGs), however, there is a need to strengthen national capacities to monitor the national agenda and the MDGs. A National Population Strategy was updated in 2000 and translated in 2002 into a reproductive health action plan. The higher population council coordinate the integration and mainstreaming of population issues in national sectoral plans. Strengthening its coordination role with will lead to successful integration of population issues into programs.

Regularly updated sex disaggregated data is available at the national level, but more attention is needed to provide data at the sub-national level and related to new emerging priority issues including migration and gender related indicators.

Reproductive health status of the population continues to improve. At the national level, almost 99% of women receive ante care from a healthcare professional, and almost 100% of births are attended by a health professional. Maternal mortality is 41 per 100,000, contraceptive prevalence rate is 55.8% of which 41.2% is for modern methods. Increasing post-natal care, strengthening the role of the health system in protection from gender based violence and addressing regional disparities are remaining priority areas.

The government is strengthening its health systems and services with support from United States Agency for International Development USAID and is gradually taking over the procurement of reproductive health commodities, following the USAID complete phase out by 2009, government will take full responsibility of its reproductive health commodity security. Further work is needed to strengthen the demand for health services with a focus on the most vulnerable groups particularly young women in the disadvantaged areas.

Cumulative AIDS cases increased from four in 1986 to 422 cases by the end of 2005, of which 48 new cases were reported in 2005. Over half (54%) of the cumulative reported cases are among non-Jordanians and 44% are among those younger than 30 years of age. Little data is available on sexually transmitted infections but small scale studies indicate that this is an area of concern.

National Youth Strategy (2005-2009) was developed with themes relating to youth development and well being including a domain on youth health concentrating on providing skills for youth on healthy life styles. Studies on healthy lifestyles among youth aged 15-24 show a need for comprehensive culturally and gender sensitive information and services, for example, when asked to spontaneously mention specific methods for HIV/AIDS prevention, 45.8% of female youth and 31% of male youth mentioned avoiding blood transfusions, but only 1.3% of female and 3.7% of male youth mentioned using condoms.

Jordan continues to encourage the participation of women in development but cultural and economic barriers still persist. More is needed on the ratification and official publication of United Nations instruments on human rights, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). The Jordanian national commission for women has recently updated the national strategy for women and the national council for family affairs has developed a national framework for family protection to address domestic violence in a comprehensive approach. The Government has introduced legislative changes addressing gender disparities and gender based violence (GBV); additional efforts are required to enforce the application of such measures and secure community support.

Part III. Past Cooperation and Lessons Learned

The achievements of the sixth country programme include: providing technical assistance for the 2004 census; improving the quality of vital statistics and strengthening the role of the media in addressing population issues. The programme also trained female health care providers in order to increase the percentage of women receiving reproductive health services in rural areas. In addition, the programme integrated population, reproductive health and gender into non-formal education activities. Community-based organizations increased awareness of reproductive health (including youth reproductive health) and women's rights in selected communities.

The midterm review of the programme acknowledged UNFPA contributions in population and development and in reproductive health. It also highlighted the need to increase the focus on gender and to establish mechanisms to ensure programme synergy and effective coordination and monitoring. The review recommended that the programme be more focused, taking into account both human and financial resources available.

In addition, and as part of the preparations for the (2008-2012) cycle of cooperation, a stakeholders analysis was conducted which provided further lessons learned and recommendations building on the mid term review. The stakeholder analysis recommended further clarifying the strategic vision of the programme and strengthening the coordination mechanisms between the different partners. Finally, the stakeholders analysis recommended increased partnership with the private sector through a clear strategic and resource mobilization plan.

Part IV. Proposed Programme

The seventh UNFPA supported programme for Jordan (2008-2012) was developed following an extensive consultative process with several stakeholders. The programme is based on the UNDAF signed with the Ministry of Planning and International Cooperation in 2007, and is in line with the National Agenda and other national priorities; the UNFPA Strategic Plan (2008-2011) and the Millennium Development Goals.

The programme is harmonized with the programme cycles of UNDP and UNICEF. It is informed by the priorities identified in the CCA and directly linked to the outcomes of the

United Nations Development Assistance Framework (UNDAF) agreed to between the Government and the UN Country Team.

The guiding principle underpinning the programme is national ownership and leadership, including utilization and strengthening of national systems, accountability harmonization with other UN agencies and management for results.

The programme outputs and outcomes are also linked to the UNFPA medium term strategic plan for the years 2008-2011 which has also set goals in the three interlinked focus areas of population and development, reproductive health and rights, and gender equality.

The linkages between the outputs of the Country Programme, the UNFPA strategic Plan, national priorities and the MDGs is summarized in the following table:

Table: The linkages between the outputs of the Country Programme, the UNFPA strategic Plan, national priorities and the MDGs

	UNFPA outputs	UNFPA outcomes	UNFPA Strategic Plan (2008-2011) outcomes	UNDAF Outcomes	National Agenda Goals	MDG Goals
RH	Increased awareness of, demand for and access to high-quality health services, with a focus on post-natal care and family planning services and with special attention given to vulnerable groups	Improved quality of and access to equitable health information and services, with a focus on promoting maternal health and healthy lifestyles and preventing HIV/AIDS	RH Outcome 1: Reproductive rights and SRH demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring	Quality of and equitable access to social services and income generating opportunities are enhanced with a focus on the poor and the vulnerable	Ensure quality health services for urban and rural areas -Increase awareness of healthy lifestyles <i>Social welfare theme in the National Agenda</i>	Goal 4: Reduce child mortality. Target 10: Reduce by 2/3 between 2000 and 2015, the U5MR Goal 5: Improve maternal health Target 11: Reduce by 3/4, between 2000 and 2015 the MMR Goal 6: Combat HIV/AIDS, malaria and other diseases Target 12: Have halted by 2015 and begun to reverse, the spread of HIV/AIDS
	Greater access to integrated health services and gender-sensitive information and skills, with a focus on maternal and reproductive health, promoting healthy lifestyles, and preventing HIV/AIDS and substance abuse					
			RH Outcome 5: Access of young people to SRH, HIV and gender			

			based violence prevention services and gender sensitive life skills based SRH education improved as part of a holistic multi sectoral approach to young people's development			
PDS	Strengthened national capacity to formulate, coordinate and monitor gender-sensitive strategies and plans on population, poverty alleviation, and food security	Improved Government capacity to design and implement evidence based and gender sensitive poverty alleviation policies and Plans	PDS Outcome 1: Population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks		Adoption of Strategies and national plans for population, family and children <i>Social welfare theme in the National Agenda</i>	Goal 1: Eradicate extreme poverty Target 1: Halve between 2000 and 2015 the proportion of people below the poverty line Goal 3: Promote gender equality and empower women Target 9: Ensure equal access to activity in the political domain and all levels of management
	Disaggregated and gender-sensitive data and information on women, youth, vulnerable groups and the environment are collected, analysed and disseminated	Strengthened national capacities to promote, monitor and report on human rights	PDS Outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health and	Good governance mechanisms and practices established to reduce poverty, protect human rights and promote gender equality in		

			<p>HIV/AIDS available, analysed, and used at national and subnational levels to develop and monitor policies and programme implementation</p> <p>PDS Outcome 4: Emerging population issues – especially migration, urbanization, changing age structures and population and the environment – incorporated in global, regional and national development agenda</p>	<p>accordance with the millennium declaration</p>		
GEN	<p>Strengthened capacity to monitor progress towards the national development agenda and the Millennium Development Goals, aligned with the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of</p>		<p>Gen Outcome 1: Gender Equality and human rights of women and adolescent girls, particularly their reproductive rights integrated in</p>		<p>Adoption of Strategies and national plans for population, family and children</p> <p><i>Social welfare theme in the National</i></p>	

	the Child, and other human rights conventions		national policies, development frameworks and laws		<i>Agenda</i>	
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The proposed programme focuses on: (a) building capacity in key partner institutions; (b) increasing the demand for high-quality reproductive health services, including information; (c) youth programming; and (d) addressing gender gaps, especially as they relate to access to reproductive health and the protection of women. UNFPA has a comparative advantage in supporting the following areas: (a) the production and utilization of vital statistics and data at the sub national level for policy-related decision-making; (b) policy-oriented research; and (c) awareness raising and advocacy efforts, especially on emerging population concerns such as migration and women's rights.

The proposed programme reflects the analysis contained in the common country assessment and the national priorities identified in the United Nations Development Assistance Framework (UNDAF) for (2008-2012). It will help the Government achieve the development priorities identified in national plans, including the "National Agenda" and the "We are all Jordan" initiatives.

At the national level, the programme will strengthen capacity by establishing and updating protocols, norms and guidelines, and by supporting research, evidence-based advocacy and policy dialogue. At the community level, the programme will support advocacy, social mobilization, capacity-building and empowerment. Communities will be selected based on established criteria and consultations with the Government. UNFPA will coordinate the programme with other United Nations agencies, particularly the United Nations Children's Fund (UNICEF), to ensure a joint presence in these communities. In each selected community and in cooperation with UNICEF and other agencies, a baseline and end line survey will be conducted to provide indicators to measure the achievements of the programme at the community level.

The programme will also support joint programme initiatives with other United Nations agencies: with UNDP and UNICEF in data systems and monitoring; with the World Health Organization (WHO) and UNICEF in working with young people and family protection; and with the United Nations Development Fund for Women (UNIFEM) and UNICEF in promoting women's rights. UNFPA will ensure coordination with other development agencies, especially USAID and the Japan International Cooperation Agency (JICA), which are supporting programmes in reproductive health and population. The proposed programme consists of three components: reproductive health; population and development; and gender.

The programme will also address the gaps identified in the stakeholder analysis, in the area of policy formulation, implementation and evaluation, data collection, analysis and dissemination and developing systems and regulations which are sustainable and efficient. The programme will also address the issue of coordination, especially among the national councils in the country including the Higher Population Council, the Higher Youth Council, Jordanian National Commission for Women and the National Council for Family Affairs.

Reproductive Health Component

The Reproductive Health Component will be focused on a number of areas where UNFPA was found to have a comparative advantage based on the CCA and the of stakeholder analysis. Given that USAID and other bilateral donors are heavily supporting improving the quality of reproductive health care and systems in the country, the programme will therefore focus on; institutionalization of gender based violence detection and counselling within the health system and its piloting in selected geographic areas; increasing demand at the community level for reproductive health services as a right; provision of youth friendly health services in selected areas, and raising awareness among young people of healthy life styles.

The outcome of the reproductive health component is: improved quality of and access to equitable maternal and reproductive health information and services, with a focus on promoting maternal health and healthy lifestyles and preventing HIV/AIDS. Two outputs will contribute to this outcome.

Output RH1: Increased awareness of, demand for and access to high-quality health services, with a focus on post-natal care and family planning services and with special attention given to vulnerable groups.

To achieve this output, the programme will focus on two areas:

- 1-gender-based detection and counselling within the health system and
- 2- raising demand for reproductive health as a right in selected communities

At the national level, the programme will enhance the national capacity to develop, update and monitor guidelines and protocols that seek to integrate the prevention and detection of gender-based violence into health services. At the community level, the programme will focus on increasing the demand for reproductive health by: (a) raising awareness among young men and women of their reproductive rights; (b) building the capacity of local community-based organizations and empowering community members to claim their reproductive rights; and (c) providing reproductive health services to bridge service gaps in selected communities, including by applying protocols and guidelines developed at the national level.

In Gender-based violence detection and counselling within the health system:

The Ministry of Health will have a lead role in this area. Gender-based violence will be addressed within the overall national family protection network in Jordan and special attention will be made to address this in a culturally appropriate and gender sensitive approach. The programme will link heavily with the national team for family protection which is well established with membership of all sectors involved. The national team will pave the road to work on gender-based violence and UNFPA will focus on this issue within the health sector, complementing the work of other national and international agencies working in this area.

At the national level, the programme will provide technical assistance and institutional support as needed to the family protection team to ensure: effective policy dialogue;

development of an information system on GBV; and the availability of nationally endorsed protocols and manuals for health workers on the detection and counselling on gender based violence within the health system.

Middle level decision-makers in the health sector will be sensitised on gender based violence and national strategic directions in this field at the national and governorate level. A reporting system on GBV cases within the health sector will be developed and tested in the selected geographic areas, special attention will be made to ensure that the reporting of GBV is eventually included in the quality assurance system of the Ministry of Health.

Capacity building for health workers and health professionals will be provided using nationally endorsed and tested training manuals. The capacity building will be focused in the three governorates of Amman, Irbid, and Zarqa. In each of the governorates, 2 health centers and a governorate referral hospital will be reached during the pilot phase. Special attention will be given to strengthening the linkages with other organizations working in family protection. This will be coordinated with UNICEF which is also supporting building capacities in 10 hospitals on the detection and counselling of child abuse, and with the USAID funded project on Gender based violence prevention with the private sector in 9 hospitals. Programme activities will also be coordinated with support provided by WHO.

Information Education and communication material will be produced and disseminated targeting decision makers in the health sector and also targeting men and women at the community level. Awareness raising and advocacy activities will complement those of UNIFEM which will be focusing on building the capacities of NGOs and CBOs to promote the rights of women to protection from GBV.

In raising demand for reproductive health services as a right

The Queen Zein Al-Sharaf Institute for Development (ZENID) will have a lead and coordinating role in this area given their previous experience and their outreach and networks at the field level. Building on past achievements and resources, the focus will be in selected five communities. To ensure complementarities of efforts and maximum impact, UNFPA will work in communities where UNICEF or at least another UN agency is present. Other resources will be used to expand to new geographic areas.

In each community, ZENID will build on already existing community structures to ensure full community ownership. Comprehensive training manuals and protocols will be produced and used to build the capacity of local community structures and CBOs in mapping community health services and empowering local communities to claim their reproductive health rights.

The capacity of locals community structures and CBOs will be built to raise awareness among men and women (especially men and women in their early reproductive years) on reproductive health issues and identifying reproductive health priorities in their communities. Innovative participatory approaches will use information and promotion material and other techniques to reach the communities with specific messages related to their reproductive rights focusing on family planning and post-natal care and protection from gender based violence.

Support will be provided to a number of initiatives identified by the communities to promote reproductive rights. In addition, capacity building and limited supply support will be provided to address service gaps in the community health centers.

A monitoring system will be established in each community and a network of CBOs in the five areas will be established and supported to share experiences and lessons learned which will be documented. In addition, a baseline survey will be conducted and replicated in each of the communities while an end-line survey will measure impact at the end of the programme.

Additional other resources will be mobilized and used to expand into new communities where other UN agencies are working and applying and using the same model.

Areas for Joint Programming with other UN agencies:

Under this output, the following are potential areas for joint programming:

- UNFPA will work jointly with UNICEF and WHO in building capacities of health workers in GBV detection and counselling within the overall national framework for family protection, and also with UNICEF and UNIFEM in policy dialogue, advocacy and awareness raising on the right of women and girls to protection from GBV.
- UNFPA will work jointly with UNICEF in building the capacities of communities and community leaders in strategic planning and advocacy.

Output RH2: Greater access to integrated health services and gender-sensitive information and skills, with a focus on maternal and reproductive health, promoting healthy lifestyles, and preventing HIV/AIDS and substance abuse.

At the national level, this will be accomplished by: (a) raising awareness and undertaking advocacy with decision makers on the reproductive needs and rights of young people; and (b) strengthening the national capacity to provide youth-friendly information and services. At the community level, the programme will: (a) raise awareness among service providers and community leaders of the need to provide culturally appropriate reproductive health information to young people; (b) provide youth-friendly health services in at least three facilities; (c) strengthen the capacity of local community-based organizations and youth organizations to work with young people; and (d) empower young people to improve their knowledge and skills through peer networks and other youth-led initiatives.

Activities under this output will also help the Government and community-based organizations to prevent, respond to, and mitigate the effects of natural and man-made disasters. This will be achieved by strengthening the national capacity to integrate reproductive health and gender into national disaster response plans.

To achieve this output, the programme will focus in two areas:

- 1- Provision of youth friendly health services

2- Promotion of youth healthy life styles

In the provision of youth friendly health services

The Ministry of Health will take the lead, and will coordinate with other government agencies, especially the Higher Council for Youth and the Higher Population Council, in the provision of youth friendly health services on a pilot basis in three outreach centers that will be chosen based on the preference of young people themselves. The outreach centers will be in the governorates of Amman, Irbid and Zarqa.

Technical and institutional support will be provided to the Ministry of Health, to establish a core team of experts and advocates to supervise the provision of youth friendly health services at this piloting stage. Youth participation will be ensured at all stages.

Awareness raising and advocacy activities will target decision makers, community leader, parents and youth to highlight the importance of providing such services.

The programme will also support the development and endorsement of standards and protocols for youth friendly health services and building capacities within the health system to institutionalize these standards and protocols in the selected outreach centers. Institutional support will be provided to the identified centers as needed to ensure that they meet the criteria for youth friendly health services. These activities will link with the UNICEF supported activities to establish standards for adolescent friendly spaces.

Given that this will be a piloting and testing phase of benefit nationally and for other countries in the region, special attention will be placed on documenting lessons learned, case studies and recommendations to feed the expansion of these services to all areas in the country.

Other resources will be used to develop innovative IEC campaign to increase commitment and sensitise decision-makers, health workers and parents on the importance of providing such services.

In the Promotion of youth healthy life styles

The Higher Council for Youth (HCY) will lead and coordinate the programme in this area in coordination with ZENID/ Princess Basma Youth Resource Center (PBYRC). At the policy level, technical and institutional support will be provided to HCY to coordinate and follow up on the implementation of the Healthy life styles component within the current National Youth Strategy and the development and monitoring of the same component in the upcoming National Youth Strategy (2009-2012). Special attention will be made to ensure linkages and complementarities with the Reproductive Health Action Plan 2 (RHAP2) coordinated by the Higher Population Council and the National Healthy Lifestyles Strategy coordinated by the Ministry of Health with support from WHO.

the Higher Council for Youth, ZENID, and individual consultants will provide capacity building for organizations working with youth on the promotion of healthy life styles using available training and IEC material that will be supplemented as needed.

Youth aged 15-24 will be reached with a number of clearly defined healthy lifestyles messages in different geographic areas as follows:

- 1- Through building the capacities of CBOs in the selected five communities
- 2- Through building the capacities of the HCY in its youth centers
- 3- Through providing refresher training as needed for NGOs working with at risk youth in the Amman Governorate.

In addition, institutional support will be provided to selected youth led community initiatives in support of healthy life styles promotion.

Areas for Joint Programming with other UN agencies:

Under this output, the following are potential areas for joint programming:

- Promotion of healthy life styles among adolescents and young people in selected communities with UNICEF whereby different aged groups are addressed by different agencies. Technical support and linkages will also be provided by WHO

Population and Development Component

The outcomes of this component are: (a) improved government capacity to design and implement consultative, evidence-based and gender-sensitive poverty alleviation policies and plans; and (b) strengthened national capacity to protect, promote, monitor and report on human rights. Two outputs will contribute to this outcome.

Output PDS1: Strengthened national capacity to formulate, coordinate and monitor gender-sensitive strategies and plans on population, poverty alleviation, and food security.

This will be achieved by: (a) enhancing the capacities of key national partners in networking, coordinating and monitoring the national population strategy and related sectoral plans; (b) advocating the inclusion of gender and population concerns in operational plans; and (c) strengthening the national capacity to monitor the operationalization of the Millennium Development Goals, particularly those related to achieving gender equality, improving maternal health and combating HIV/AIDS.

The main implementing partner under this output will be the Higher Population Council which will be supported to strengthen national capacities to incorporate gender equality, reproductive health and HIV/AIDS in national plans, including contingency plans for emergencies. This will be done by providing technical support to the three HPC sub-committees on reproductive health, population and development; and media. The HPC will also be supported to building national capacities to ensure increased awareness and planning to benefit from the demographic transition/ demographic bonus and share its experience with other countries in the region going through similar demographic transitions

Special attention will be given to supporting the development and implementation of a monitoring system and strategy for the reproductive health subcommittee and the RHAP2 monitoring.

The programme will support the PDS and media sub-committees at the HPC in development, implementation, and monitoring of annual sectoral plans based on the National Population Strategy. The sub-committees will be further supported to conduct high level advocacy at the national and sub-national level linked to international and national milestone events including: preparation of national MDG reports, stocktaking of Jordan's achievements in ICPD+15, and celebration of World Population Days and other milestone days.

Technical and financial support will be provided to support the preparation on high quality policy oriented papers, studies, surveys, research and reports that will be used for policy dialogue and advocacy with the members of the HPC board and other national boards.

Output PDS2: Disaggregated and gender-sensitive data and information on women, youth, vulnerable groups and the environment are collected, analysed and disseminated.

This will be achieved by: (a) enhancing the national capacity to produce, analyse and use disaggregated population, reproductive health and gender data through existing national systems such as surveys, vital statistics and administrative records, including data related to emerging priorities such as migration, protection of women, women's status and young people; (b) supporting qualitative and quantitative research in vulnerable communities to identify unmet needs; and (c) enhancing the national capacity to monitor the national development agenda, development plans and the Millennium Development Goals.

The main implementing partner for this output will be the Department of Statistics. Programme strategies will focus on strengthening the networking and partnerships between the Department of Statistics, the Civil Status and Passports Department, the Department of Borders and Migration, and other data producers and users, in addition to the Ministry of Planning and International Cooperation in order to build a body of knowledge on migration, urbanization, changing age structures, linkages between poverty, unemployment and migration, and other emerging priorities in population and development.

Technical and institutional support coupled with information education communication and advocacy for legislative change will be provided to all three partner agencies to ensure the availability of improved vital registration and migration data for scenario building and decision making.

The programme will also build national capacities to analyse DHS 2007 and other surveys and operational research, directly linking research to policy dialogue and MDG monitoring using DevInfo and other monitoring tools.

Areas for Joint Programming with other UN agencies:

Under this output, the following are potential areas for joint programming:

- Joint programming with WHO on the classification and registration of diseases and reporting of infant and maternal mortalities
- Joint programming with UNICEF, UNIFEM and UNDP on MDG monitoring and using DevInfo for decision making

Gender Component

This component has one outcome: strengthened national capacity to protect, promote, monitor and report on human rights. It will be achieved through one output.

Output GEN1: Strengthened capacity to monitor progress towards the national development agenda and the Millennium Development Goals, aligned with the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and other human rights conventions.

This will be achieved by: (a) strengthening the national capacity to establish monitoring mechanisms to follow up on the recommendations of the Convention on the Elimination of All Forms of Discrimination against Women; (b) advocacy, policy dialogue and networking to improve the legislative environment to ensure the rights of women and girls; and (c) strengthening national capacity to ensure an effective operational framework to protect women and girls within the overall national family protection framework.

The main implementing partner for this component will be the Jordanian National Commission for Women which will coordinate closely with the Ministry of Planning and International Cooperation, especially with its Gender Unit and M&E Directorate.

Programme funds will be used to build the capacity and support JNCW in the development and monitoring of annual work plans to follow up on the recommendations of the CEDAW committee through policy dialogue and support to pressure groups.

Policy papers, focused research and IEC material will be produced in support of the above activities and interventions targeting decision makers, legislators and parliamentarians.

JNCW will also be supported to coordinate the preparation of the upcoming 5th CEDAW report due in 2011, with participation of governmental and non-governmental organizations.

The programme will also strengthen the partnership and linkages between the JNCW and the Ministry of Planning and International Cooperation gender unit and M&E Directorate to ensure that gender, human rights and strategies to benefit from the demographic transition are integrated in the development of annual governmental operational plans and in monitoring MDG achievements.

Technical assistance will be provided for the preparation of research and reports on the achievements of MDGs specifically MDG goals 3,4, 5 and 6.

Areas for Joint Programming with other UN agencies:

Under this output, the following are potential areas for joint programming:

- Review and amendment of legislations in line with CEDAW and CEDAW committee recommendations with UNICEF and UNIFEM
- Monitoring the MDG with the Ministry of Planning and International Cooperation and DOS within the framework of the UN UNDAF working group on governance
- Institutionalize DevInfo in the Ministry of Planning and International Cooperation, DOS, and leading ministries and councils together with UNICEF.
- Capacity building and training on monitoring and evaluation in general and on monitoring the MDGs in particular within the framework of the UN UNDAF working groups on governance and M&E.

Part V. Partnership Strategy

The country programme will use the national execution modality and will implement, with other United Nations agencies, the harmonized approach to cash transfers (HACT).

In the course of programme implementation, UNFPA will partner with a broad range of government institutions, UN agencies, other bilateral donors, NGOs, universities and the private sector. These partners include:

From the Government:

- Ministry of Health
- Ministry of Education
- Ministry of Social Development
- Ministry of Awqaf and Religious Affairs
- Ministry of Labour
- Ministry of Justice
- Ministry of Information and Communication
- Ministry of Finance
- Ministry of Interior
- Higher Population Council
- Higher Council for Youth
- Jordan Radio and Television
- Department of Public Security
- Department of Civil Defence
- Department of Statistics
- Civil Status and Passports Department
- Amman Municipality
- Zarqa, Irbid and Mafrak Governorates
- The National Institute for Training (NIT)

From the NGOs, CBOs and semi governmental organizations:

- National Council for Family Affairs
- National Center for Human Rights
- Queen Zein Al-Sharaf Institute for Development (ZENID)
- Jordanian Hashemite Fund for Human Development (JOHUD)

- Jordanian National Commission for Women (JNCW)
- Princess Basma Youth Resource Center (PBYRC)
- Noor Al-Hussein Foundation /and Institute for Family Health
- Injaz for the Creation of Economic Opportunities for Jordanian Youth
- Mizan
- Jordan River Foundation
- Abu Thar Al-Ghafari society
- Jordanian Red Crescent
- Jordanian Women's Union
- Jordanian National Forum for Women
- Family Development Association
- Arab Women's Organization (AWO)
- Jordanian Association for Family Planning and Protection (JAFPP)
- Jordanian Hashemite Charity Organization (HCO)

Multilateral partners:

- United Nations (UN)
- World Bank (WB)
- European Union (EU)
- International Organization for Migration (IOM)

Bilateral partners:

- USAID and its funded projects
- JICA
- British Council
- Swiss Embassy
- Norwegian Embassy
- Canadian Embassy
- others

Universities:

- University of Jordan
- Jordan University for Science and Technology

Others:

- Upper and lower Houses of Parliament

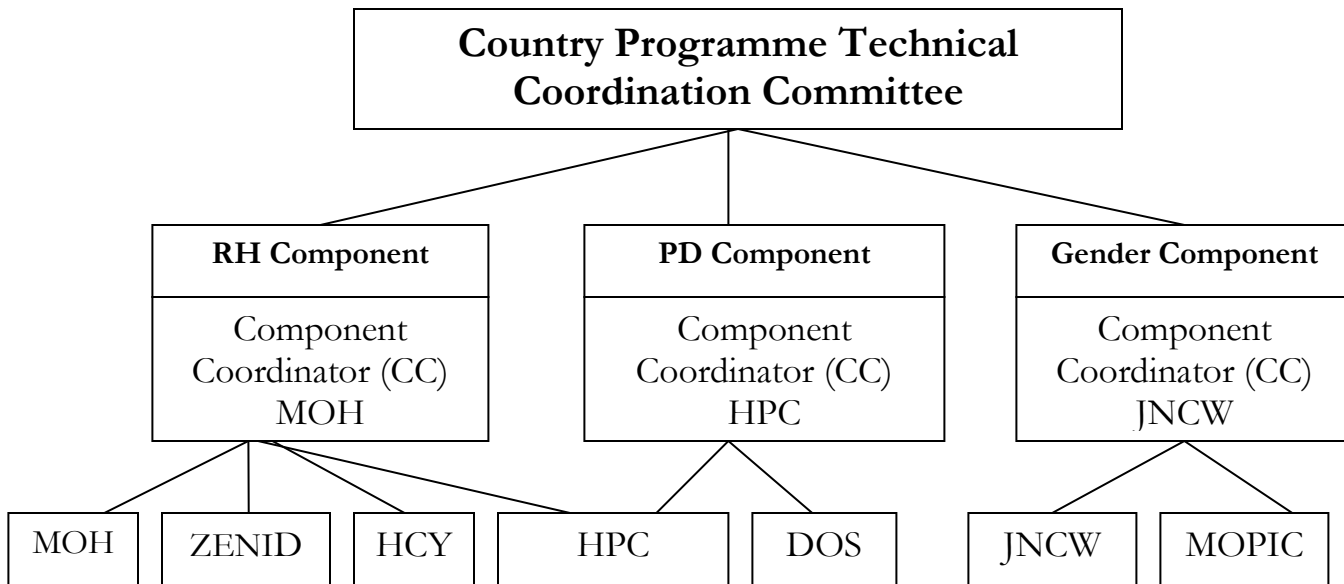
The UNFPA country office in Jordan consists of a non-resident country director based in Jerusalem, an assistant representative, and national programme and administrative staff. Programme funds will be earmarked for three national programme posts (one national professional and two general service staff) within the framework of an approved country office typology.

UNFPA will hire 3 national project personnel to strengthen programme implementation in the three thematic areas of reproductive health, population and development, and gender. Technical support will be provided as needed from UNFPA regional and headquarter

divisions. National and international consultants will provide technical support and backstopping as needed.

Part VI. Programme Management

At the technical level, the programme will be managed by the following managerial structure:



Other national partners/ contractees include (but not limited to):

- CSPD
- NCFA
- Borders & Migration Dept/ PSD
- Family Protection Dept. /PSD
- Local CBOs and NGOs
- Public + Private Media
- Universities

The Ministry of Planning and International Cooperation is the Government Coordinating Authority for the entire programme. A representative from the Ministry of Planning and International Cooperation will sign this CPAP together with a UNFPA representative.

At the technical level, a programme technical coordination committee will be chaired by the Higher Population Council and will review progress of the programme. The committee will meet on a bi-annual basis and as needed and will review achievements, constraints and communicate issues for follow up to the Ministry of Planning and International Cooperation and UNFPA. The Higher Population Council will have a strong role in the follow up and monitoring of all three components of the programme: population and development, reproductive health, and gender, which will be closely linked to their role in monitoring the RHAP2 and other developed plans in other areas, for example, population and development.

To strengthen ownership and coordination among national partners, the programme will have seven direct implementing partners as follows, subject to adjustment as the programme implementation progresses:

- 1- The Ministry of Health
- 2- The Ministry of Planning and International Cooperation
- 3- The Higher Population Council
- 4- The Higher Council for Youth
- 5- The Department of Statistics
- 6- The Jordanian National Commission for Women
- 7- The Queen Zein Al-Sharaf Institute for Development

These implementing partners will have the responsibility of coordinating and contracting other national implementing partners as needed and based on annual reviews and mutual agreements. The relationship between the seven implementing partners and other partners will be linear and for the purpose of coordination and shared experiences, it will not be hierarchical or authoritarian.

One implementing partner will also serve as a Component Coordinator (CC) in each of the three proposed components whereby the Ministry of Health will coordinate the reproductive health component, the Higher Population Council will coordinate the population and development component, and the Jordanian National Commission for Women will coordinate the gender component. A National Project Personnel (NPP) will be hired to support each component coordinator in coordinating and linking the work of different implementing partners. These implementing partners will meet as needed and report regularly to the programme technical coordination committee.

The key responsibilities of implementing partners include the following:

- 1- Obtaining signatures from other national partners or contractees, as applicable, on the specific activities to be performed.
- 2- Communicating to concerned parties the official activation of annual workplans

- 3- Cooperating and coordinating with all concerned personnel under the programme output and component, including the component coordinator, other implementing partners and contractees and UNFPA
- 4- Establishing and operating arrangements for financial management and accountability including preparing requests for advances and expenditure reports
- 5- Supporting monitoring and reporting activities through field monitoring visits, participation in coordination and review meetings, preparation of monitoring tools and contributing to the standard project reports and annual reports.
- 6- Ensuring in the case of government and NGO implemented annual workplans (AWPs) that audits are conducted in accordance with UNFPA requirements unless otherwise specified by UNFPA.
- 7- Conducting annual and end of project inventories and
- 8- Ensuring closure of the AWP (when all operational activities of the final AWP has been completed)

The implementing partners jointly with UNFPA and component coordinators will participate in the formulation of the AWP at the beginning of each year of the programme, based on the results of the previous year's UNFPA and UNDAF reviews.

Subject to the conclusions of review meetings, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be reallocated by mutual consent between the Government and UNFPA to programmatically equally important strategies that are expected to achieve faster rates of execution.

All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA.

Cash transfers for activities detailed in AWP can be made by a UN agency using the following modalities:

1. Cash transferred directly to the Implementing Partner:
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN¹ Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

¹ For the purposes of these clauses, “the UN” includes the IFIs.

Part VII Monitoring and Evaluation

23. UNFPA and the Government will conduct annual programme reviews, as well as midterm and end-of-programme reviews and evaluations within the overall UNDAF joint monitoring and evaluation plan. The UNFPA country office will use tracking tools and annual monitoring and evaluation plans to monitor progress under each output. The results of the 2007 demographic and health survey and other surveys will be used for the baseline indicators. The next demographic and health survey, scheduled for 2012, will provide indicators to measure programme impact.

Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies (where so desired: and in consultation with the Ministry of Planning and International Cooperation and where needed with the Ministry of Foreign Affairs) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The initial CPAP tracking tool is attached in annex 2 and the initial CPAP monitoring and evaluation calendar is attached in annex 3. Both are subject to review and update during the progress of the CPAP.

The Supreme Audit Institution (the Audit Bureau) may undertake the audits of government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.

Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

Part VIII Commitments of UNFPA

UNFPA will commit to the programme USD 3 million over the 5 years from the regular resources, subject to the availability of resources, the breakdown of funds in annex A is

indicative and provisional, detailed review and allocation of funds will be done on an annual basis based on the availability of funds and the discussions with implementing partners.

UNFPA is also committed to mobilizing an additional USD 2 million from its regular and other resources subject to donor interest and in line with the country programme resource mobilisation plan.

These resources are exclusive of funding received in response to any emergency appeals related to natural or man-made disasters.

In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in seven working days.

In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within seven working days

UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

Part IX Commitments of the Government

The Government will make in-kind contributions to the programme. More specifically, it will contribute office space, salaries of the government officials and technical staff who will be involved in the implementation of the programme, and will cover some of the operational costs which will be specified under each Annual Work Plan.

A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWP only.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore

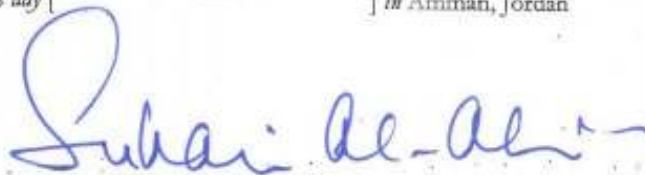
- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA (and to the SAI where applicable)
- Undertake timely actions to address the accepted audit recommendations.

- Report on the actions taken to implement accepted recommendations to the UN agencies (and the SAI where applicable) on a quarterly basis (or as locally agreed).

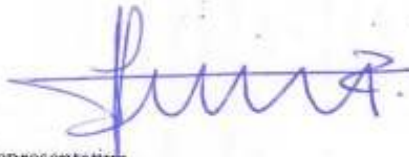
Part X. Other Provisions

This Country Programme Action Plan (CPAP) supersedes any previously signed CPAP. The CPAP may be modified by mutual consent of both parties. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Conventions on Privileges and Immunities, to which the Government is a signatory

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day [] in Amman, Jordan



For the Government of the Hashemite Kingdom of Jordan
H.E. Ms Suhair Al-Ali
Minister of Planning and International Cooperation



For UNFPA
Mr. Luc Stevens
UNDP/UNFPA Representative

Annex 1 The CPAP Results and Resources Framework

UNDAF outcome: Quality of and equitable access to social services and income-generating opportunities are enhanced, with a focus on the poor and the vulnerable										
RH	Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)					
					Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
	<u>Outcome1:</u> Improved quality of and access to equitable maternal and reproductive health information and services, with a focus on promoting maternal health and healthy lifestyles and preventing HIV/AIDS	<u>Output RH1 :</u> Increased awareness and demand for and access to quality health services with a focus on post-natal care and family planning services and with special attention to vulnerable groups.	<u>Output indicators:</u> <ul style="list-style-type: none"> •Percentage of married women receiving post natal care in 5 communities (according to Ministry Of Health criteria for post-natal care). •No. of communities empowered to take initiatives related to reproductive health and gender issues •No of initiatives developed by the communities related to reproductive health and gender issues •Ministry of Health endorses national protocols for the detection, counselling and referral of cases 	Ministry of Health, Higher Population Council/ General Secretariat, Partners of National Family Protection Team, Non Governmental and Community Based Organizations	Regular Resources					
					170	210	225	170	115	890
					Other Resources					
						250	300	200	150	900

			<p>of gender-based violence.</p> <ul style="list-style-type: none"> • Percentage of targeted maternal and child health centers providing proper management of cases of gender-based violence • Number of reported cases of gender based violence within the Ministry of Health system. 							
		<p><u>Output RH2:</u> Greater access to integrated health services and gender-sensitive information and skills, with a focus on maternal and reproductive health, promoting healthy lifestyles, and preventing HIV/AIDS and substance abuse</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Criteria and protocols for providing youth-friendly health services are developed and endorsed at the national level • Number of functioning youth-friendly health facilities • Percentage of youth aged 15-24 in selected communities aware 	<p>Ministry of Health, Higher Population Council/ General Secretariat, Higher Council for Youth, Non Governmental and Community Based Organizations</p>	<p>Regular Resources</p>					
					195	280	180	95	80	830
					<p>Other Resources</p>					
						250	300	200	150	900

			<p>of at least five healthy lifestyle issues is increased to 50 per cent</p> <ul style="list-style-type: none"> • Number of youth initiatives implemented in each selected community • Existence of a functioning youth peer education network 							
PDS	<u>Outcome 2:</u> Improved government capacity to design and implement consultative, evidence-based and gender-sensitive poverty alleviation policies and plans	<u>Output PDS1:</u> Strengthened national capacity to formulate, coordinate and monitor gender sensitive strategies and plans on population, poverty alleviation, and food security	<u>Output indicators:</u> <ul style="list-style-type: none"> • A system to monitor the national population strategy is established in the Higher Population Council • Annual sectoral plans of the Higher Population Council subcommittees are developed in a participatory manner • Number of sectoral plans incorporating reproductive health, population and 	Higher Population Council/ General Secretariat,, Ministry of Health, Ministry of Planning and International Cooperation, Jordanian National Commission for Women, National Council for Family Affairs	Regular Resources					
					110	110	85	75	70	450
					Other Resources					
					50	50	50	50	200	

			development, and gender concerns							
UNDAF outcome: Good governance mechanisms and practices established to reduce poverty, protect human rights and promote gender equality in accordance with the Millennium Declaration										
PDS	<u>Outcome3:</u> Strengthened national capacity to promote, monitor and report on human rights	<u>Output PDS2:</u> Disaggregated and gender-sensitive data and information on women, youth, vulnerable groups and the environment are collected, analysed and disseminated	<u>Output indicators:</u> <ul style="list-style-type: none"> • Availability of national and sub-national gender-sensitive qualitative and quantitative indicators to monitor population programmes and Millennium Development Goals at the sub national level • Population, reproductive health, and gender indicators and variables integrated into national sectoral and selected local plans 	Department of Statistics, Civil Status and Passport Department, Borders and Migration Department/ Public Security Department. Higher Population Council/ General Secretariat,	Regular Resources					
					50	90	60	40	35	275
					Other Resources					
						70	80	75	75	300
Gender	<u>Outcome3:</u> Strengthened national capacity to promote, monitor and report on human	<u>Output GEN1:</u> Strengthened capacity to monitor and advocate for progress towards the national development agenda and the	<u>Output indicators:</u> <ul style="list-style-type: none"> • System established to monitor the Convention on the Elimination of All Forms of 	Jordanian National Commission for Women, Ministry of Planning and International Cooperation,	Regular Resources					
					40	70	70	70	55	305

	rights (same outcome as above)	Millennium Development Goals, aligned with the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and other human rights conventions	Discrimination against Women and related human rights instruments in the Jordanian National Commission for Women <ul style="list-style-type: none"> • Plan of action prepared to implement recommendations of the Convention on the Elimination of All Forms of Discrimination against Women is operational • Proposal for legal reforms prepared and advocated • Number of law, regulation changed in line of CEDAW 	Department of Statistics, Higher Population Council/ General Secretariat,						
					Other Resources					50

Annex 2 The CPAP Planning and Tracking Tool

Country: Jordan

CP Cycle: 7th

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: Quality of and equitable access to social services and income-generating opportunities are enhanced, with a focus on the poor and the vulnerable								
	Indicator	MoV	Res. Party	YR1			YR2	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1: Improved quality of and access to equitable maternal and reproductive health information and	Proportion of births attended by skilled health professionals by Governorate	DHS	DOS					
	Percentage of women receiving post-natal care by governorate	DHS	DOS					

services, with a focus on promoting maternal health and healthy lifestyles and preventing HIV/AIDS	Percentage of health facilities certified as providing high quality health services	MOH records	MOH					
	Contraceptive prevalence rate by age group and governorate	DHS	DHS					
	Percentage of population aged 15-24 with comprehensive knowledge of healthy life styles and HIV/AIDS	JHU MOH	JHU/MOH					
Output RH1: Increased awareness and demand for and access to quality health services with a focus on post-natal care and family planning services and with special attention to	Percentage of married women receiving post natal care in 5 communities (according to Ministry Of Health criteria for post-natal care).	MOH records	MOH					
	No. of communities empowered to take initiatives related to reproductive health and gender issues	Project documents Field reports	ZENID					

vulnerable groups	No of initiatives developed by the communities related to reproductive health and gender issues	Project records	ZENID					
	Ministry of Health endorses national protocols for the detection, counselling and referral of cases of gender-based violence	MOH records	MOH					
	Percentage of targeted maternal and child health centers providing proper management of cases of gender-based violence	MOH records	MOH					
	Number of reported cases of gender based violence within the Ministry of Health system.	MOH records	MOH					

<p>Output RH2: Greater access to integrated health services and gender-sensitive information and skills, with a focus on maternal and reproductive health, promoting healthy lifestyles, and preventing HIV/AIDS and substance abuse</p>	<p>Criteria and protocols for providing youth-friendly health services are developed and endorsed at the national level</p>	<p>MOH records</p>	<p>MOH</p>					
	<p>Number of functioning youth-friendly health facilities</p>	<p>MOH record Project documents</p>	<p>MOH</p>					
	<p>Percentage of youth aged 15-24 in selected communities aware of at least five healthy lifestyle issues is increased to 50 per cent</p>	<p>Baseline community survey</p>	<p>ZENID/ DOS</p>					

	Number of youth initiatives implemented in each selected community	Review of records Project documents	ZENID					
	Existence of a functioning youth peer education network	Review of records	ZENID					

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: Quality of and equitable access to social services and income-generating opportunities are enhanced, with a focus on the poor and the vulnerable								
	Indicator	MoV	Res. Party	YR1			YR2	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1: Improved government capacity to design and implement consultative, evidence-based and gender-sensitive poverty alleviation policies and plans	Poverty, population dynamics, reproductive health, HIV/AIDS and gender equity linkages explicit in national development policies, plans, and strategies	Review of records	HPC					

	Poverty alleviation policies, budgets and plans endorsed	Review of records						
	Amount of resources allocated in ICPD activities	Review of records						
Output PDS1: Strengthened national capacity to formulate, coordinate and monitor gender sensitive strategies and plans on population, poverty alleviation, and food security	A system to monitor the national population strategy is established in the Higher Population Council	Review of records	HPC					
	Annual sectoral plans of the Higher Population Council subcommittees are developed in a participatory manner	Review of records Project documents	HPC					
	Number of sectoral plans incorporating reproductive health, population and development, and gender concerns	Review of records Project documents	HPC					

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: Good governance mechanisms and practices established to reduce poverty, protect human rights and promote gender equality in accordance with the Millennium Declaration								
	Indicator	MoV	Res. Party	YR1			YR2	
				Baseline	Target	Achievement	Target	Achievement

CP Outcome 1: Strengthened national capacity to promote, monitor and report on human rights	Number of laws and legislations amended in line with the Convention on the Elimination of all Forms of Discrimination Against Women and the CRC	Study	JNCW/NCFA/ NCHR					
	Number of Laws that incorporate reproductive rights of women and adolescent girls, including in emergency and post emergency cotext	Review of records	JNCW/NCFA/ NCHR					
	Periodic reports on human rights conventions submitted	Review of records	JNCW/NCFA/ NCHR					
	Reproductive rights are incorporated in CEDAW and related protocol reporting	Review of records Study	JNCW					
	Prevalence of gender based violence	Study	JNCW					

	Civil society involvement in preventing gender-based violence	Review of records	JNCW					
Output PDS2: Disaggregated and gender-sensitive data and information on women, youth, vulnerable groups and the environment are collected, analysed and disseminated	Availability of national and sub national gender-sensitive qualitative and quantitative indicators to monitor population programmes and Millennium Development Goals at the sub national level	Review of systems	DOS/MOPIC					
	Population, reproductive health, and gender indicators and variables integrated into national sectoral and selected local plans	Review of records	MOPIC					

Output GEN1: Strengthened capacity to monitor progress towards the national development agenda and the Millennium Development Goals, aligned with the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and other human rights conventions	System established to monitor the Convention on the Elimination of All Forms of Discrimination against Women and related human rights instruments in the Jordanian National Commission for Women	Review of systems	JNCW					
	Plan of action prepared to implement recommendations of the Convention on the Elimination of All Forms of Discrimination against Women is operational	Review of records Project documents	JNCW					
	Proposal for legal reforms prepared and advocated	Review of records and project documents	JNCW					
	Number of law, regulation changed in line of CEDAW	Review of records and project documents	JNCW					

Annex 3 The CPAP Monitoring and Evaluation Calendar

Country: Jordan

CP Cycle: 7th

		Year 1	Year 2	Year 3	Year 4	Year 5
M&E activities²	Surveys/studies	Baseline survey in selected communities				Endline survey in selected communities
	Monitoring systems	Update of the devInfo database Joint UN training on M&E and DevInfo	Update of the devInfo database Joint UN training on M&E and DevInfo	Update of the devInfo database Joint UN training on M&E and DevInfo	Update of the devInfo database Joint UN training on M&E and DevInfo	Update of the devInfo database Joint UN training on M&E and DevInfo
	Evaluations				Programme Evaluation	Programme Evaluation
	Reviews	Programme component review Annual review UNDAF Annual Review COAR	Programme component review Annual review UNDAF Annual Review COAR	Programme component review Annual review UNDAF Annual Review COAR	Programme component review Annual review UNDAF Annual Review COAR	Programme component review Annual review UNDAF Annual Review COAR
	Support activities	Field monitoring visits – regular and done jointly by IP and UNFPA	Field monitoring visits – regular and done jointly by IP and UNFPA	Field monitoring visits – regular and done jointly by IP and UNFPA	Field monitoring visits – regular and done jointly by IP and UNFPA	Field monitoring visits – regular and done jointly by IP and UNFPA
Planning references³	UNDAF final evaluation milestones	Review the results of the (2003-2007) UNDAF final review		UNDAF mid term review	UNDAF final evaluation	
	M&E capacity-building	Joint UN capacity building on M&E and DevInfo	Joint UN capacity building on M&E and DevInfo	Joint UN capacity building on M&E and DevInfo	Joint UN capacity building on M&E and DevInfo	Joint UN capacity building on M&E and DevInfo
	Use of information	Dissemination of DHS 2007 results				
	Partner activities					DHS 2012

