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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Jordan**

Proposed indicative UNFPA assistance:	\$6.5 million, including \$3.5 million from regular resources and \$3 million through co-financing modalities and/or other, including regular resources
Programme period:	Five years (2013-2017)
Cycle of assistance:	Eighth
Category per decision 2007/42:	C
Proposed indicative assistance (in millions of \$):	

Strategic Plan Outcome Area	Regular resources	Other	Total
Population dynamics	1.6	1.8	3.4
Maternal and newborn health	1.1	0.7	1.8
Gender equality and reproductive rights	0.5	0.5	1.0
Programme coordination and assistance	0.3	-	0.3
<b>Total</b>	<b>3.5</b>	<b>3.0</b>	<b>6.5</b>

## I. Situation analysis

1. Jordan is a middle-income country. The per capita gross domestic product was \$4,335 in 2010. The percentage of the population living below the absolute poverty line fluctuated from 14.2 per cent in 2002, to 12.5 per cent in 2006, to 13.3 per cent in 2008, with disparities among governorates.

2. The unemployment rate, which is approximately 13 per cent, is higher among youth aged 15-24 (29.9 per cent) and women (21.7 per cent). Despite women's high educational attainment, the female labour force participation rate does not exceed 15 per cent.

3. Over the last decade, the country undertook political and economic reforms, which were accelerated by recent developments in the Arab region. The King of Jordan, who recently approved constitutional amendments, has stressed the importance of introducing new laws and legislation aligned with the amended constitution, as well as the importance of increasing the participation of youth and women in the reform process.

4. Jordan's population was estimated at 6.25 million in 2011. Urbanization is high, at 82.6 per cent. The annual population growth rate is 2.2 per cent. The next census is scheduled for 2014. The country has historically experienced sudden population increases due to influxes of people seeking refuge from neighbouring countries, most recently from Iraq and the Syrian Arab Republic. Many of the new arrivals have settled in urban areas, and have limited access to employment and services. These population increases have led to increased pressures on the environment, resources (especially water resources), infrastructure and basic services.

5. The country is experiencing a changing age structure, which is leading to a youth 'bulge' and an increase in the proportion of elderly people. This presents challenges as well as opportunities. Youth are mainly concerned about education and employment, and are less interested in healthy lifestyles and reproductive health. The participation of youth in community activity is limited.

According to a 2008 study, only 1.7 per cent of males aged 15-24 and 3.8 per cent of females in the same age group reported attending community meetings during the previous six months.

6. The availability of disaggregated data is crucial for the analysis of social inequities and regional disparities. There are data gaps in the areas of youth reproductive health, external and internal migration, and disabilities.

7. Nearly 99 per cent of pregnant women receive antenatal care. Almost all deliveries are attended by a health professional and take place in hospitals. The maternal mortality ratio is 19 maternal deaths per 100,000 live births. However, a number of health-related indicators have remained stagnant for more than five years. The infant mortality rate has remained unchanged at 23 deaths per 1,000 live births, primarily due to neonatal mortality. In 2008, maternal morbidity, ranging from mild to severe, was 60.8 per cent. Urinary-tract infections and genital infections were the most common forms of maternal morbidity, at 20.2 per cent and 19.4 per cent, respectively. To further reduce neonatal and maternal mortality and morbidity, there is a need to focus on the perinatal period and on the quality of delivery care.

8. Total fertility rates and contraceptive prevalence rates have been stagnant over the past five years. The total fertility rate was 3.7 children per woman in 2002, 3.6 in 2007, and 3.8 in 2009. The contraceptive prevalence rate was 56 per cent in 2002, 57 per cent in 2007 and 59 per cent in 2009; for modern methods, the contraceptive prevalence rate was 41, 42 and 42 per cent, respectively. The demand for reproductive health services will continue to increase, as the number of women of reproductive age is projected to increase from 1.5 million to 2 million by 2020.

9. In order to address the stagnant fertility rate, there is a need to: (a) improve the quality of services, especially counselling; (b) increase the role of other service providers; (c) expand the contraceptive method mix; (d) address the contraceptive discontinuation rate; and (e) decrease the unmet need for family planning, which is 12

per cent. The adolescent fertility rate is low at 4.7 per cent, up slightly from 4 per cent in 2002.

10. Social norms allow the occurrence of domestic violence, and there is a lack of data on violence against women. In a 2007 national survey, 32.2 per cent of ever-married women aged 15-49 reported having been subjected to physical violence, and 13 per cent said they had been subjected to physical violence at least once during the previous 12 months.

11. HIV prevalence, estimated at less than 0.1 per cent, is low. By the end of 2009, a cumulative total of 713 cases had been reported. Due to limited voluntary counselling and testing, the actual figure may be greater. Young people facing social or economic disadvantages or exclusion are especially vulnerable.

## **II. Past cooperation and lessons learned**

12. The previous programme included \$3 million from regular resources and \$1.3 million from other sources. The programme, which was nationally executed, strengthened capacity by establishing protocols, norms and guidelines and by supporting evidence-based advocacy and policy dialogue. At the community level, the programme supported social mobilization, capacity-building and empowerment to increase the demand for sexual and reproductive health and rights in five pockets of poverty in Hashemiyeh, Ghowayrieh, Ghor Safi, Sweimeh and Um Rasas.

13. Programme achievements included: (a) strengthening the capacity to integrate population and reproductive health issues into national plans; (b) supporting surveys and research on population, reproductive health, and violence against women; and (c) using the results of surveys and research for policy advocacy.

14. The programme also: (a) strengthened the capacity of the health system to address violence against women; (b) strengthened the capacity of partners at national and community levels to increase the demand for reproductive health services among women and youth; and

(c) strengthened the capacity to monitor follow-up to the recommendations of the Committee on the Elimination of Discrimination against Women and the Millennium Development Goals.

15. UNFPA and the Government undertook an evaluation of the programme in 2011. Lessons learned included the need for: (a) increased synergy among programme components and partners and more robust risk assessment; (b) more systemic technical support; (c) an increased focus on advocacy and policy dialogue, based on operational research and analysis; (d) increased linkages within the national family protection framework to address violence against women; (e) expanded outreach efforts for vulnerable youth; and (f) an increased focus on monitoring and evaluation, and on results-based management.

16. A number of good practices emerged from the programme, including: (a) the integration of services for female victims of violence into the reproductive health services of the Ministry of Health, in partnership with the United Nations Children's Fund (UNICEF); (b) support to the Higher Population Council to publish national population reports; and (c) support to the Ministry of Planning and International Cooperation to integrate and monitor population and gender issues in the national executive development plan, in partnership with UNDP.

## **III. Proposed programme**

17. The proposed programme is aligned with national development priorities, the United Nations Development Assistance Framework (UNDAF) and the UNFPA strategic plan. It builds on lessons drawn from the evaluation of the previous programme. The programme uses a human rights-based, participatory approach, and plays a catalytic role in promoting synergies, convergence, resource optimization and knowledge management. The programme will emphasize joint programming with other United Nations organizations, in particular the International Labour Organization (ILO), UNDP, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of

Women (UN-Women), and the World Health Organization (WHO).

18. The UNDAF focuses on four outcomes, in the areas of systemic reform, social equity, youth and the environment. The UNFPA programme will focus on the first three UNDAF outcomes and on three UNFPA strategic plan outcomes through five outputs. The programme will seek to accelerate the achievement of the health-related Millennium Development Goals, especially goals 4 and 5. It will increase the focus on advocacy and policy dialogue, with targeted pilot assistance centred on a few vulnerable groups in a small number of geographical areas.

19. UNFPA will complement the work of the United States Agency for International Development (USAID), which is the largest donor in the area of reproductive health in Jordan. The programme will focus on social determinants, particularly gender dimensions, and on promoting an enabling environment for maternal health.

20. At the national level, UNFPA will generate data and operations research for improved policy advocacy, with the aim of increasing access to high-quality reproductive health services, promoting healthy lifestyles among young people, and protecting women from violence. Work at community and subnational levels will be limited to piloting interventions that adopt human rights-based and gender-sensitive approaches. The focus will be on robust technical assistance and the sharing of experiences using various approaches, including South-South cooperation. UNFPA and the Government will undertake a rigorous risk assessment and stakeholder analysis to strengthen partnerships, coordination and results-based management.

#### *Population dynamics*

21. Output 1: The capacity of national institutions is strengthened to monitor and provide evidence-based analysis and advocacy on population and reproductive health in order to guide media, public and policy debates. This will be achieved by: (a) strengthening coordination

among stakeholders on issues relating to population and reproductive health; (b) supporting evidence-based advocacy and policy dialogue within the context of related national development plans; (c) strengthening the capacity of the Higher Population Council and other partners to conduct evidence-based research on population issues, including the relationships between population, the environment and climate change; (d) supporting the development and implementation of an advocacy and communication strategy; (e) instituting the biannual publication of a national population report; and (f) continuing to build national capacity in results-based management, in monitoring the Millennium Development Goals, and integrating population and gender issues into national development plans.

22. Output 2: The capacity of national institutions is strengthened to generate and use data from the census, surveys and records to guide policy and decision makers at national and subnational levels. This will be achieved by: (a) providing technical support to the national population census in 2014 and national surveys on migration and youth, demographic and health surveys, and other surveys to ensure that gender and human rights concerns are taken into account; and (b) strengthening the national capacity to use routine records, real-time data and other data sources for more effective and efficient policy actions. The programme will address data gaps (including data on persons with disabilities, the elderly and other marginalized populations) and will support the monitoring of the Millennium Development Goals.

23. Output 3: National organizations are better equipped to institutionalize healthy-lifestyle programmes that promote reproductive health for young people, including groups that are most at risk. This will be achieved by: (a) supporting advocacy efforts targeted at decision makers and opinion leaders; and (b) introducing and modifying existing tools to build the capacity of national partners to promote healthy lifestyles and enhance civic participation among young people. UNFPA will explore partnerships with other United Nations organizations, including ILO and UNDP.

*Maternal and newborn health*

24. Output 1: National capacity is strengthened to increase the demand for and the provision of high-quality, equitable reproductive health services for women and young people in selected centres and communities. This will be achieved by: (a) establishing coordination mechanisms to identify, monitor and strengthen accountability related to maternal and neonatal deaths and near-miss cases; (b) strengthening a facility-based maternal and neonatal death and near-miss review and audit system, and piloting it in one urban directorate and one rural directorate; and (c) updating existing guidelines and protocols, and building the capacity of the Ministry of Health to provide life cycle-based health services, including family planning counselling when appropriate, to women and girls (from age 9 to the post-reproductive years) in 30 women's clinics and in emergency settings.

25. At the community level, UNFPA will work in two poor communities to: (a) build the capacity of non-governmental and community-based organizations to use a life-cycle approach to raise awareness of reproductive health, gender and youth issues; and (b) strengthen the linkages between communities and community centres and health facilities, progressing from isolated interventions to strengthened partnerships.

*Gender equality and reproductive rights*

26. Output 1: The capacity of national institutions is strengthened to address violence against women at the service level and at the national-framework level. The programme will, in coordination with UNICEF, build on the achievements of the previous programme cycle by: (a) supporting advocacy and expanded partnerships to strengthen linkages within the national family protection framework; and (b) building the capacity of health workers and family protection committees in the three most populated governorates (Amman, Irbid and Zarqa) to detect and refer cases of violence against women and provide counselling, with an emphasis on

addressing the attitudes of health workers regarding violence against women and children.

**IV. Programme management, monitoring and evaluation**

27. UNFPA will undertake joint planning, monitoring and evaluation within the context of the UNDAF monitoring and evaluation plan with other United Nations organizations when possible. UNFPA will establish a steering and coordination committee in consultation with the Ministry of Planning and International Cooperation and the Higher Population Council. UNFPA and the Government will undertake annual programme reviews, within the context of the annual UNDAF review, and will also undertake a country programme evaluation in 2016.

28. The United Nations Resident Coordinator (and UNDP Representative) serves as the UNFPA Representative in Jordan. The UNFPA country office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff who provide technical and programme expertise, especially in 'upstream' policy advocacy, as well as associated support, to implement the programme. This includes two national officer posts and two general services posts.

29. UNFPA may recruit national project personnel and consultants to further support its operations. The country office will seek technical assistance from the Arab States regional office, technical units at UNFPA headquarters, and other sources, as appropriate.

**RESULTS AND RESOURCES FRAMEWORK FOR JORDAN**

<p><b>National priorities:</b> (a) strengthening principles of social justice and equal opportunity; (b) developing human and economic resources; and (c) upgrading the production base and expanding development benefits</p> <p><b>UNDAF outcome:</b> Jordan has undertaken political and institutional reform at national and subnational levels in a participatory, transparent and accountable manner</p> <p>Outcome indicators: (a) number of laws drafted in a participatory manner; (b) number of national consultation processes engaging civil society and youth; and (c) number of functional, gender-sensitive mechanisms that support accountability and decision-making at national and governorate levels</p> <p><b>UNDAF outcome:</b> Jordan has institutionalized policies and mechanisms for the effective and inclusive participation of young people in social, cultural, economic and political life</p> <p>Outcome indicators: (a) the existence of a national strategy for young people detailing specific social, cultural, economic and political programmes; and (b) the percentage of young people engaging in voluntary civic and political activities and initiatives</p>				
<b>UNFPA strategic plan outcome</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources</b>
<p><b>Population dynamics</b></p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of laws drafted in a participatory and transparent manner Baseline: 1; Target: 6</li> <li>• Existence of a national strategy for young people detailing specific social, cultural, economic and political programmes Baseline: draft Target: adopted</li> </ul>	<p><b>Output 1:</b> The capacity of national institutions is strengthened to monitor and provide evidence-based analysis and advocacy on population and reproductive health in order to guide media, public and policy debates</p>	<p><u>Output 1 indicators:</u></p> <ul style="list-style-type: none"> <li>• An effective coordination mechanism Baseline: needs improvement Target: strengthened and active</li> <li>• Number of policy advocacy documents that integrate population and reproductive health Baseline: 0; Target: 15</li> </ul>	<p>Ministry of Planning and International Cooperation; Higher Population Council; academia; UNDP; UNICEF</p>	<p>\$3.4 million (\$1.6 million from regular resources and \$1.8 million from other resources)</p>
	<p><b>Output 2:</b> The capacity of national institutions is strengthened to generate and use data from the census, surveys and records to guide policy and decision makers at national and subnational levels</p>	<p><u>Output 2 indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of institutions that utilize analysis reports Baseline: 0; Target: 3</li> <li>• Number of national strategic documents that use census and UNFPA-supported surveys Baseline 0; Target: 3</li> </ul>	<p>Department of Statistics; academia; research centres; Macro International; USAID</p>	
	<p><b>Output 3:</b> National organizations are better equipped to institutionalize healthy-lifestyle programmes that promote reproductive health for young people, including groups that are most at risk</p>	<p><u>Output 3 indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of peer educators conducting at least one initiative promoting healthy lifestyles Baseline: 20; Target: 200</li> <li>• Number of young people who participate in healthy-lifestyle programmes, including those that promote reproductive health, through institutionalized programmes or informal structures. Baseline: 500; Target: 4,000</li> <li>• Number of targeted institutions that offer programmes that promote healthy lifestyles and civic participation to young people, including those who are most at risk. Baseline: 2; Target: 5</li> </ul>	<p>Ministry of Youth and Sports; Ministry of Social Development; community-based and non-governmental organizations; youth peer networks; ILO; UNDP; UNICEF</p>	

<p><b>National priorities:</b> (a) reform health-sector policies and improve the institutional framework; and (b) enhance the operational efficiency of the public health-care system while improving the quality of services</p> <p><b>UNDAF outcome:</b> Jordan is providing equitable delivery of high-quality social services for all people</p> <p>Outcome indicators: (a) rate of smoking among people aged 18 and over; and (b) contraceptive prevalence rates</p> <p>Also links to UNDAF outcome: Jordan has undertaken political and institutional reform at national and subnational levels in a participatory, transparent and accountable manner</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Maternal and newborn health</b></p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Contraceptive prevalence rate</li> </ul> <p>Baseline: 59% Target: 71%</p>	<p><u>Output 1:</u> National capacity is strengthened to increase the demand for and the provision of high-quality, equitable reproductive health services for women and young people in selected centres and communities</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Policy document on maternal and neonatal death and near-miss cases of maternal deaths</li> </ul> <p>Baseline: inexistent; Target: endorsed</p> <ul style="list-style-type: none"> <li>Facility-based maternal and neonatal death and near-miss surveillance system</li> </ul> <p>Baseline: not fully operational; Target: operational in one urban and one rural directorate</p> <ul style="list-style-type: none"> <li>Number of women and young people receiving services from women's clinics</li> </ul> <p>Baseline: to be determined; Target: 30% increase</p>	<p>Ministry of Health; Jordanian Society of Obstetricians and Gynaecologists; Royal Medical Services; community-based and non-governmental organizations; private-sector hospitals</p>	<p>\$1.8 million (\$1.1 million from regular resources and \$0.7 million from other resources)</p>
<p><b>National priority:</b> eliminate all wrongful social practices against women and correct negative stereotyping that undermines their rights</p> <p><b>UNDAF outcome:</b> national institutions have improved social-protection services and poverty-alleviation programmes for vulnerable people</p> <p>Outcome indicators: number of policies and laws aligned with the principles of human rights and child rights, which seek to protect women and children from violence</p>				
<p><b>Gender equality and reproductive rights</b></p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Number of policies and laws aligned with the principles of human rights that seek to prevent gender-based violence and violence against children</li> </ul> <p>Baseline: 0; Target: 3</p>	<p><u>Output 1:</u> The capacity of national institutions is strengthened to address violence against women at the service level and national-framework level</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>One violence-monitoring system at the Ministry of Health</li> </ul> <p>Baseline: non-existent; Target: functional</p> <ul style="list-style-type: none"> <li>Number of health workers in targeted health facilities who are trained on protocols for the protection of women from violence</li> </ul> <p>Baseline: 500; Target: 1,500</p>	<p>Ministry of Health; Ministry of Social Development, Family Protection Department; National Council for Family Affairs; national partners working within the family protection framework; Jordanian National Commission for Women; non-governmental organizations; UNICEF; UN-Women</p>	<p>\$1 million (\$0.5 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>