



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General

DP/FPA/CPO/JOR/6
30 April 2002

ORIGINAL: ENGLISH

Annual session 2002
17 to 28 June 2002, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

Country programme outline for Jordan*

Proposed UNFPA assistance:	\$3.5 million, \$2.5 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2003-2007)
Cycle of assistance:	Sixth
Category per decision 2000/19:	C

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. In 2001, the population of Jordan was estimated at 5.2 million; the population growth rate was 2.8 per cent. Urban residents accounted for nearly 79 per cent of the population. The common country assessment identified rapid population growth as the most significant challenge to sustainable socio-economic development, and the fragile natural resource base as an underlying cause for poverty, unemployment and economic disparities. Despite such challenges, the country is undertaking economic and social reforms and has achieved relative success in integrating itself into the global economy.

2. Reproductive behaviour in Jordan has undergone substantial changes. The total fertility rate (TFR) declined from 7.3 children per woman in 1976 to 3.5 in 2001. Since the early 1990s, the age at first marriage has risen, contributing to the decline in the TFR. Fertility differentials indicate that women living in the middle region and in urban areas have lower fertility rates than in other areas of the country. Despite the overall decline in total fertility, birth intervals are becoming shorter. According to the 2001 Jordan Annual Fertility Survey, nearly 66 per cent of births occurred at intervals of less than 23 months. Of these, about 38 per cent occurred at intervals of less than 18 months, compared to 29 per cent in 1997. The adolescent fertility rate continued to decline, dropping from 7 per cent in 1990 to 3.6 per cent in 2001. The decline in adolescent fertility in rural areas was almost double that in urban areas.

3. At the primary health care level, the Ministry of Health has established a widely

accessible system of mother and child health and family planning services. The integration of such services into the public health care system has not, however, reached desired levels. Moreover, access to other reproductive health services -- such as HIV/AIDS testing, counselling (especially for adolescents and youth), and treatment for reproductive tract infections, including sexually transmitted infections, is limited.

4. Reports indicate that the contraceptive prevalence rate increased by 18 per cent between 1990 and 2001. The 2001 rate was 58 per cent, with only 39.8 per cent using modern methods. The unmet need for contraceptives is 14.2 per cent. Although the intrauterine device remains the most preferred method (chosen by 24 per cent of women using modern contraception), studies show that the lack of female doctors in public health clinics inhibits more women from choosing this method. Meeting this demand, as well as addressing provider bias regarding client choice, could further reduce unmet need.

5. Maternal mortality figures for Jordan vary between 41 and 79 deaths per 100,000 live births, depending on the source. Over 95 per cent of pregnant women are estimated to have received at least one antenatal check-up during pregnancy. However, at the public health care centres supported under the current country programme, less than 22 per cent of those registered for antenatal services continued for post-partum services. The health information system has insufficient data on reproductive and maternal morbidity levels. Standards and protocols, especially those covering high-risk pregnancies and reproductive health concerns, have not been operationalized.

6. The Jordanian population is characterized by a large proportion of young people: 21 per cent of the population is in the 15-24 age group. To address the needs of young people, the Government has established the Higher Council for Youth Affairs, along with a special fund to support youth and sports activities. Under a project supported by the United Nations Foundation, UNFPA, the United Nations Children's Fund (UNICEF), and national partners undertook studies to measure young people's knowledge of and attitudes towards population, reproductive health and gender. These efforts were carried out to support the development of a national youth strategy with a reproductive health component, emphasizing gender issues and the prevention of sexually transmitted infections, especially HIV/AIDS.

7. There are a number of active non-governmental organizations (NGOs) and women's groups in Jordan. Yet mainstreaming gender concerns and empowering women continue to pose challenges. Women constitute just 15.5 per cent of the national labour force. The gap is especially acute at decision-making levels and in the legislative bodies, including parliament.

8. Another issue of national concern is gender-based violence. The Government recently introduced legislative changes to address this problem. Additional efforts are required to enforce the application of such measures and to secure community support.

9. In February 2002, the Council of Ministers endorsed the national population strategy, which, through UNFPA support, has been updated to include reproductive

health and gender dimensions. However, national executive and legislative bodies have not yet translated the strategy into plans and programmes nor allocated necessary resources. Furthermore, the national population commission, which is responsible for coordinating the formulation and implementation of national population policies, lacks a clear identity vis-à-vis governmental and non-governmental institutions. The general secretariat of the commission must be strengthened so that it is better able to integrate population dimensions into development processes and implement the national population strategy.

II. Past Cooperation and Lessons Learned

10. The current UNFPA programme of assistance, which runs through 2002, focuses on: (a) supporting national efforts to increase access to high-quality reproductive health and family planning services; (b) facilitating the integration of reproductive health and gender concerns into the national population strategy; and (c) implementing the strategy.

11. The midterm review of the programme indicated that the lack of a policy framework hampered the integration of reproductive health services into the public health care system. Although significant investments were made in supporting the national population commission, weak institutional capacity hindered the implementation of the national population strategy, despite its development through a national participatory process.

12. The need for increased awareness of cultural sensitivities was evident in the reactions to surveys conducted on

knowledge, attitudes and practices in reproductive health. Cultural sensitivity is also required when addressing gender issues. The lack of implementing capacity at the community level affected the extent to which outreach activities could be carried out. There was also insufficient capacity for NGO execution. These factors limited the forging of partnerships at the national level.

13. Issues such as HIV/AIDS are addressed through existing United Nations coordination mechanisms such as the theme group of the Joint United Nations Programme on HIV/AIDS, whose work is complemented by the national AIDS programme. The coordinating mechanisms for youth activities established by UNFPA, UNICEF and national partners are expected to attract other United Nations partners such as UNDP, the World Health Organization (WHO), and the United Nations Educational, Scientific and Cultural Organization.

III. Proposed programme

14. The proposed programme is based on national priorities and the objectives of the United Nations Development Assistance Framework (UNDAF) and will support national development goals. It will seek to enhance the human development process and the quality of life of the people of Jordan by helping the country create a balance among population, economic and social development, and resources.

15. UNFPA has a comparative advantage in supporting advocacy and policy formulation efforts and in facilitating institutional, resource allocation and legislative changes. UNFPA is also able to mobilize resources from national, international and bilateral

sources to address national population and development goals.

16. UNFPA will play an important role in integrating population, reproductive health and gender dimensions into existing development processes, including poverty reduction frameworks. In a shift from previous programmes, which concentrated on service delivery, the proposed programme strategy focuses on creating an enabling environment for policy development, supported by operations research. Strategic interventions will include policy dialogue, advocacy, capacity-building and social mobilization.

17. The proposed programme will contribute to the following outcomes: (a) an effective public policy which addresses population, reproductive health and gender; and (b) positive behavioural change regarding population, reproductive health and gender issues at the community level and among youth.

18. The programme will seek to achieve a number of outputs. Among these are increased institutional and technical capacities for integrating population, reproductive health and gender issues into development processes at all levels, consistent with the goals of the International Conference on Population and Development (ICPD) and the Millennium Development Goals. Other outputs include: increased availability of timely, user-friendly, population-related data and indicators disaggregated by sex and geographical area; strengthened national capacity to integrate reproductive health services and information into primary health care; and increased awareness at the community level about reproductive health

and gender issues, such as male involvement, barriers to women's access to high-quality reproductive health services, gender-based violence and youth concerns. The programme will also seek to increase understanding among legislators, policy makers, planners and the media of the linkages among population, gender and development.

19. Whenever possible, partnerships will be established to maximize input. Parallel programming with United Nations agencies and multilateral and bilateral donors will be undertaken. UNFPA will also establish partnerships with grass-roots organizations and NGOs, in order to reach local communities and vulnerable and under-served groups.

20. Advocacy efforts will promote attitudinal changes among youth and local communities. Building on its comparative advantage, UNFPA will work with other donors to support ongoing government efforts in reproductive health commodity security and logistics. It is not envisaged that UNFPA core resources will be used for the procurement of commodities.

21. Because young people constitute the major segment of the population, UNFPA will cooperate with UNICEF, WHO and UNDP in addressing youth concerns. UNFPA and UNDP are expected to target population, poverty and environmental challenges through an inter-agency community development initiative.

IV. Programme management, monitoring and evaluation

22. Building on lessons learned from the midterm review, the Ministry of Planning

will assume the lead role in coordinating programme management, monitoring and evaluation. A programme steering committee, chaired by the Ministry of Planning, will be established. UNFPA will serve as the technical secretariat for the committee, which will consist of national and United Nations partners. The committee will assess constraints to programme implementation and suggest corrective measures.

23. Programme performance will be monitored through major data collection activities slated for 2003-2007, such as the 2004 population census and demographic and reproductive health surveys. Data will also be available from the annual statistical publications of the department of statistics and from the health information system in the Ministry of Health. UNFPA will support capacity-building for results-based management, targeted studies and rapid assessment procedures, with a focus on gender-sensitive studies.

24. The programme will be nationally executed. UNFPA will continue to support government institutions and NGOs in their efforts to execute projects, implement activities, manage financial resources and report on results. Efforts to mobilize additional resources, including government resources, will continue.

25. National project personnel will provide technical expertise along with the UNFPA Country Technical Services Team in Amman. South-South cooperation modalities will also be employed.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR JORDAN

UNDAF Objective: Not yet completed				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
<p>To have contributed to enhancing the human development process and quality of life of the people of Jordan, through creating and sustaining a balance among population, economic and social development, and resources</p> <p>Goal indicators:</p> <ul style="list-style-type: none"> Natural population growth rate TFR GNP growth rate (at fixed prices) GDP per capita growth rate (current prices) Increase in % of service delivery points (SDPs) providing three or more integrated reproductive health (RH) services, either directly or through referrals, exclusive of counselling Contraceptive prevalence rate (all methods) Prevalence rate increased for modern methods of contraception Maternal mortality ratio % of married women of reproductive age who want to postpone or stop childbearing and who are not currently using any contraceptive method Prevalence of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs) among women attending gynaecological clinics 	<p>Effective public policy in population, RH and gender</p>	<ul style="list-style-type: none"> Existence of action plan and programme for the implementation and monitoring of the national population policy Existence of national policy to address gender-based violence 	<p>Output 1: Increased institutional and technical capacities for integrating population, RH and gender issues in development processes at all levels, consistent with ICPD and the Millennium Development Goals</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Integration guidelines/tools applied Number of focal points in line ministries, NGOs and the media, capable of applying integration guidelines/tools Functional coordination mechanism in place Population-related, gender-sensitive curricula at different educational levels developed and in place <p>Output 2: Increased availability of timely, user-friendly, population-related data and indicators disaggregated by sex and by small geographical areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> National database of sex disaggregated, population-related data, with plans to update at regular intervals High-level coordination plans for regular updating of national indicators; framework formulated and in place Number of identified priority research studies completed and utilized <p>Output 3: Strengthened national capacity to integrate quality RH services and information into the primary health care system by:</p> <p>(a) assisting the Ministry of Health in introducing and implementing quality of care protocols in various RH dimensions, building on available materials; and</p> <p>(b) integrating RH into a basic health package within the health-sector reform process</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Existence of national policy for the provision of integrated RH, maternal and child health, and primary health care services % of SDPs offering counselling for youth and adolescents Effective IEC materials addressing women's issues and targeting men % of SDP staff skilled in counselling and gender mainstreaming % of SDPs with stock-outs of essential RH drugs/supplies % of SDPs with outreach IEC/RH programmes 	<p>For output 1: \$0.45 million from regular resources and \$0.05 million from other resources</p> <p>For output 2: \$0.55 million from regular resources</p> <p>For output 3: \$0.6 million from regular resources and \$0.3 million from other resources</p>

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Same as above	Positive behavioural change with regard to population, RH and gender issues	<ul style="list-style-type: none"> • Decrease in total fertility rate • Contraceptive prevalence rate for modern methods of contraception increased • Increase in women's participation in labour force 	<p>Output 4: Increased awareness at community level about RH and gender issues, focusing on male involvement, barriers to women's access to RH services, gender-based violence and youth concerns</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Increase in number of targeted community-based organizations and public and private groups involved in population, RH, gender and youth programmes • Increase in number of consensus-building activities at the grassroots level • Increase in number of community leaders, opinion leaders and groups advocating against gender-based violence • % of men, women and adolescents knowledgeable about key RH issues • % of men, women and adolescents who express attitudes that promote key aspects of sexual and RH • % of men and women who have discussed key RH issues with their partners during a specified period <p>Output 5: Increased understanding and support among legislators, policy makers, planners and the media at large of the importance and impact of population, gender and development linkages</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Increase in % of targeted legislators, policy makers and decision makers who express support for the implementation of the national population strategy and the national strategy for women • Increase in number of information materials on gender issues, targeting men • Increase in number of media personnel trained in promoting population, RH and gender issues 	<p>For output 4: \$0.65 million from regular resources and \$0.55 million from other resources</p> <p>For output 5: \$0.25 million from regular resources and \$0.1 million from other resources</p>

* * * * *