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For action

Draft country programme document**

Jordan

Summary

The draft country programme document (CPD) for Jordan is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$3,335,000 from regular resources, subject to the availability of funds, and \$6,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/8.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.

<i>Basic data</i> † (2005 unless otherwise stated)	
Child population (millions, under 18 years)	2.5
U5MR (per 1,000 live births)	26
Underweight (% , moderate and severe) (2002)	4
Maternal mortality ratio (per 100,000 live births) (1995-1996)	41
Primary school attendance (% net, male/female) (2002)	99/99
Primary school children reaching grade 5 (%) (2003)	99
Use of improved drinking water sources (%) (2004)	97
Adult HIV prevalence rate (%)	--*
Child work (% , children 5-14 years old)	--
GNI per capita (US\$)	2 500
One-year-olds immunized against DPT3 (%)	95
One-year-olds immunized against measles (%)	95

† More comprehensive country data on children and women are available at www.unicef.org.

* 0.02% (Source: AIDS Epidemic Update 2005 UNAIDS/WHO report).

The situation of children and women

1. Jordan ranks 89 out of 177 countries on the Human Development Index, and 9 out of 19 in the region. While the country has made progress on the Millennium Development Goals, gaps exist. The 2004 Millennium Development Goals report noted that Jordan is on track for reaching the Goals. However, the achievement of several of them is of concern, with Goals 1, 2, 4, 5, having better prospects than 3, 6, 7, and 8. Even where Goals are on track, certain indicators, such as under-five and infant mortality, are not doing well.

2. The Kingdom's commitment to its children is reflected through high public expenditure on children's health and education and openness to acknowledging challenges and following up in legal reform, policy and strategy development, as well the establishment of institutional mechanisms.

3. In its Concluding Observations concerning Jordan's third regular report to the Committee on the Rights of the Child in 2006, the Committee noted the efforts made to address its earlier concerns and recommendations, but stressed that more needs to be done in several areas, including the area of minimum age of criminal responsibility. The Committee reiterated that Jordan's reservations to the Convention on the Rights of the Child are seen as unnecessary. The Committee also noted that there is discrimination against children of Jordanian mothers married to non-Jordanians and children born out of wedlock and de facto discrimination against children living in extreme poverty.

4. The Committee expressed alarm about the reported cases of crimes committed against girls in the name of "honour", and by the high number of road traffic accidents (98,055 in 2006) that impact children by causing their death (250 children under 18) or serious injuries (901 under 18). Concern was also expressed about that fact that respect for the views of the child remains limited. While efforts to improve data collection on children were welcomed, the Committee noted that data

were lacking or insufficient in several areas: violence against children; children with disabilities; children working or living on the street; sexual exploitation of children; migrant, refugee and asylum-seeking children; and children in conflict with the law.

5. Jordan ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1992, but with major reservations to Article 9, 15 and 16. Due to very low political and economic participation of women, Jordan is currently not on track to achieve Millennium Development Goal 3.

6. During the last decade, infant mortality has decreased to 22 deaths per 1,000 live births (with 16 of the 22 deaths occurring during the first month) and under-five mortality to 26 per 1,000 live births, with lower survival rates in rural and poorer income groups. Among the poorest 20 percent of the population, the infant mortality rate is 35. Child immunization levels have remained steady at 95 per cent for all antigens, except for BCG, and Jordan has been polio-free for years. Diarrhoeal diseases have been controlled, but risks of recurrence exist. Efforts continue to control acute respiratory infections, which are now the leading cause of death among infants. Exclusive breastfeeding rates are low.

7. Although maternal health services have progressively improved, maternal deaths are estimated to be 41 per 100,000 live births. Ninety-nine per cent of pregnant women receive some antenatal care, but for some this means only one check-up. Only 31 per cent of women giving birth in a health facility return for post-natal care.

8. General and reproductive health services are not geared to the needs of adolescents. Because of their limited access to education about healthy lifestyles, adolescents demonstrate low awareness of health issues, particularly reproductive health. Adolescents also have inadequate access to sports and physical exercise, and there is growing concern about obesity. Smoking is another challenge: one third of children aged 13-15 smoke, according to a Global Tobacco Survey 2003 (WHO/UNICEF).

9. Jordan is a low-prevalence country for HIV/AIDS, but awareness is also low. A national AIDS programme is established, and a National HIV/AIDS Strategy was launched in 2006. The United Nations Theme Group on AIDS is a good mechanism for coordination and mobilizing resources. The Ministry of Education is integrating HIV/AIDS awareness into school curricula, and a peer-to-peer manual prepared with Ministry of Health will also be used with vulnerable adolescent groups.

10. Despite universal access and attendance in primary education, access for the poor and children with disabilities is still limited, especially at progressively higher levels of education. The Ministry of Education provides services to about 4,000 children with disabilities and learning difficulties in schools across Jordan, but considerable challenges remain for the realization of fully inclusive education. The participation of students and parents in decisions affecting school is low, and there are gaps between what adolescents learn in school and the skills required for employment. Unemployment is 24 per cent among boys and 41 per cent among girls.

11. One major challenge is poverty, which is unevenly distributed (rural poverty is 19 per cent compared to 13 per cent urban poverty) within and between governorates, and within cities. A concern is that the number of children affected by poverty is higher than the national average (poor

households are, on average, some 40 per cent larger than non-poor households). A 2006 International Fund for Agricultural Development poverty study shows that out of the 73 sub-districts in the country, 20 had a poverty level of over 25 per cent. These areas have a total population of 403,000, pointing to significant pockets of poverty in rural Jordan.

12. In early 2007 there were an estimated 750,000 Iraqis in Jordan, many of whom were reported to have sufficient means. By end February 2007, 50 per cent of the asylum seekers registered with the Office of the United Nations High Commissioner for Refugees were children below age 18. Information on children in families displaced from the war in Iraq is not sufficient to adequately plan for responses. An assessment commissioned by the Government will be conducted early in 2007 by an independent research institution.

Key results and lessons learned from previous cooperation, 2003-2007

Key results achieved

13. A series of key results were achieved in the areas of improved social policy and legal frameworks for children, innovative models brought to scale and institutional mechanisms put in place, several examples of which are described below.

14. UNICEF advocacy played a key role in Parliament's adoption of the Convention on the Rights of the Child, the text of which was published in the Official Gazette. This paved the way for further adaptation of national laws to the Convention's standards. A Childhood Act awaits endorsement by Parliament, and several other laws are pending adoption. The review of the third regular report to the Committee on the Rights of the Child, which involved the active participation of both civic and governmental sectors, led to fruitful discussions with the Committee and commitment to follow up on the Concluding Observations.

15. The Jordanian National Plan of Action for Children (2004-2013) was developed as a follow-up to *A World Fit for Children*. The Plan's preparation involved more than 200 decision makers and child advocates. Recommended interventions were costed, and a monitoring and evaluation system developed, to ensure effective implementation and monitoring, led by a steering committee.

16. DevInfo was adopted as the primary tool to monitor progress towards the Millennium Development Goals. The Department of Statistics has hosted DevInfo since 2003, with a trained team to update the data regularly. Capacity-building in monitoring and evaluation for partners dealing with children's and women's rights was further strengthened. Tools are now available in the form of a well-tested training manual developed by and with the UNICEF regional office.

17. The early childhood development (ECD) programme, which by end-2007 will have improved the parenting knowledge of 90,000 caregivers (9 per cent of households) was gradually adopted by key Ministries as part of their regular programmes. The Ministry of Education has included parenting programmes as part of its World Bank-supported Education Reform for Knowledge Economy and has allocated funds for the programme for 2006-2007. National capacity to sustain the programme was strengthened through the development of manuals, tools and training for partners, including the training of 900 religious leaders to enable them to raise child development and protection issues from a rights perspective.

18. ECD standards, indicators and benchmarks were developed and tested to measure Jordan's performance towards improving the conditions of children aged 0-8; to guide the development of curricula for centre-based and home-based interventions for children; and to aid the development of training programmes for parents and professionals.

19. With UNICEF support, juvenile justice has come closer to being a child-friendly system that promotes child reintegration into society. The introduction of restorative justice principles into juvenile law and the opening of specialized juvenile units at four police stations diverted the first 160 children in conflict with the law away from the formal legal system in 2006.

20. The quality of media coverage of child rights issues has increased through advocacy and sensitization of the media. The International Children's Day of Broadcasting has been transformed from a one-day event to a process empowering children to express their views.

21. The Integrated Management of Childhood Illness (IMCI) project is an example of collaboration between the Ministry of Health, UNICEF, the World Health Organization (WHO) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East. The early assessment of IMCI by medical professionals implementing the programme documented improved performance and gaps to be addressed. This assessment has helped the Ministry to effectively plan the mainstreaming of the IMCI strategy for children under five while ensuring quality.

22. The health system is noticeably better prepared to handle child abuse. Procedural manuals as well as reporting and recording forms have smoothed processes for handling cases, and an overall Health Strategy states the Ministry's commitment to combating this problem.

23. To influence policies related to adolescents' development and participation, a gender-sensitive multi-sectoral National Youth Strategy, endorsed in 2005, was developed with the participation of governmental and non-governmental organizations (NGOs), the United Nations Development Programme (UNDP) and adolescents. The strategy serves as a national framework that guides the work of youth organizations.

24. To help improve the quality of education, a pilot project providing Life Skills-Based Education (LSBE) for adolescents through extracurricular activities gradually resulted in the integration by the Ministry of Education of LSBE into two subject areas of the Jordanian curricula. The LSBE framework was based on participatory action research conducted with the stakeholders - children of various age groups, teachers and parents, and was tailored to meet the actual needs of children. The project owes its success to the use of a mix of strategies such as advocacy, technical assistance and capacity-building, in addition to Government ownership and commitment. All adolescents will be exposed to life skills learning in the classroom by 2009.

25. Although no evaluation has yet been done, approximately 33,400 adolescents who participated in life skills training in schools or youth centres became actively involved in community development through adolescent-led initiatives, and showed a noticeable change in their lifestyle.

26. Institutional capacity-building of youth organizations on gender-sensitive and participatory approaches to programming with and for adolescents was supported by the training of

approximately 5,000 service providers, including teachers and youth workers. Resource materials have been developed related to basic life skills; sexual and reproductive health, with a focus on HIV/AIDS; prevention of tobacco use; youth participation; and better parenting of adolescents.

Lessons learned

27. To strengthen and expand the capabilities for monitoring and evaluation among key counterparts, it is essential to continue support for the building of capacity and effective monitoring systems.

28. Legal reform, a labour-intensive and time consuming process, requires a strong network of national rights advocates willing and able to pursue the parliamentary process to ensure the adoption of draft laws and amendments, influence national policies and priorities, and help to mainstream innovative initiatives into the regular work of Ministries.

29. Protecting children against violence and improving juvenile justice require multi-disciplinary approaches as well as system-wide reforms. The country's technical capacity and financial allocations to address either of the crucial elements are limited. To maintain achievements from model projects and to ensure that changes are integrated into the larger judicial system, it is necessary to strengthen the capacity of existing partners, including their capacity to leverage funds.

30. A Better Parenting component on adolescent development and participation has facilitated inter-generational dialogue and promoted open communication channels between adolescents and their parents. To ensure that adolescents can effectively participate in the development of their communities, programmes need to go beyond training to include adolescent-led initiatives and projects taking tangible action in matters that directly affect adolescents' lives.

The country programme, 2008-2012

Summary budget table

	<i>(In thousands of United States dollars)</i>		
<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young child survival and development	890	900	1 790
Child protection	960	1 500	2 460
Adolescents' participation and empowerment	500	3 300	3 800
Policy advocacy and partnerships for children's rights	650	300	950
Cross-sectoral costs	335		335
Total	3 335	6 000	9 335

Preparation process

31. The direction of the 2008-2012 programme of cooperation was provided by several inputs: the United Nations Development Assistance Framework (UNDAF), which is strongly linked to the national development priorities and to the Millennium Development Goals; challenges identified through the Common Country Assessment process; the Observations and Recommendations of the Committee on the Rights of the Child; the UNICEF medium-term strategic plan (MTSP) 2006-2009; and a 2006 update of the situation analysis on children. This update was accomplished with the participation of governmental organizations and key NGOs, taking into account feedback from adolescents and communities through focus group discussions. Adjustments to the previous programme were also based on recommendations of the 2005 mid-term review.

32. Key NGOs working for children contributed to the programme's development through consultations. The Government counterparts, NGOs and donor countries also contributed to the programme formulation through a Joint Strategy Meeting reviewing the individual draft programmes of the Executive Committee agencies in relation to the UNDAF. Before that, a UNICEF programme consultation meeting was held with counterparts in the Government, NGOs and community-based organizations (CBOs).

Goals, key results and strategies

33. The goal of the country programme is to support national efforts in realizing the rights of children, with a particular focus on building national capacity to address adolescent participation and empowerment, young child survival and development, and protection of children from violence and abuse. The programme will support strategic research, studies and the generation of data to inform decisions and planning related to children; advocacy for legislative and policy reform in favour of children - particularly those who are poor and vulnerable; and sustainable and replicable models and initiatives to address the emerging needs of children.

34. The programme builds on the gains and experiences of the previous programme in consolidating model projects and making them more strategic in addressing problems. The programme will contribute to the UNDAF outcomes related to poverty reduction and equitable access to social services, with a focus on the poor and vulnerable, and to good governance aiming towards poverty reduction, protection and human rights. The expected key results by 2012 for the programme include the following:

(a) An additional 15 per cent of families adopt appropriate child care practices to enhance child development;

(b) An additional 30 per cent of infants and children under five have access to IMCI services;

(c) All children and adolescents in schools have access to gender-sensitive life skills-based education;

(d) The participation of student councils and parent teacher associations in the school learning environment is increased by 20 per cent;

- (e) Improved knowledge and practices among adolescents (especially at-risk groups) helps them to lead a healthy lifestyle and to protect themselves from HIV/AIDS and substance abuse;
- (f) The number of children having access to child-abuse detection and referral services in the health system is increased by 30 per cent;
- (g) 25 per cent of children in conflict with the law are benefiting from restorative justice approaches and reintegrated into their families and communities;
- (h) Strategic information/data for monitoring and reporting progress on child rights is updated and used;
- (i) There is improved leveraging of resources and partnerships for children through evidence-based policy dialogue and advocacy;
- (j) The participation of adolescents in the development of policies that affect their lives, and in relevant programme implementation at the local, subnational and national level is increased;
- (k) Policy and legal frameworks related to child rights are aligned with international standards.

Key strategies

35. An approach based on the life cycle, rights and gender will guide the programme and the envisaged strategies. Given that Jordan is a lower-middle-income country and that UNICEF has very limited financial resources, the programme will focus on advocacy for legal and policy change, technical assistance for the formulation and implementation of innovative and replicable models, the building of individual and institutional capacity and expanding the knowledge base in order to affect planning, implementation and monitoring of programmes for children. UNICEF will contribute to national capacity in social budgeting and pro-poor policy formulation and community empowerment programmes that benefit the most vulnerable and disadvantaged groups in selected communities.

36. The programme focuses on elements that require changes in behaviour. Thus communication for behaviour change will be essential, together with social mobilization. The participation of children and adolescents as a key strategy will also include parents and communities, CBOs and Government partners to ensure ownership and sustainability.

Relationship to national priorities and the UNDAF

37. The proposed programme has been prepared in collaboration with the Government of Jordan to address priority needs of children, and the programme outcomes and outputs are taken from the UNDAF results matrix. As such, the programme has taken into account the overall National Agenda (2006-2012). This is the unifying document for the Government's strategies and plans for national development and key sector documents, including the National Plan of Action for Children and related strategies, and Jordan's report on *A World Fit for Children*.

38. UNICEF played an active role in the development of the UNDAF, with the UNICEF Representative serving as Resident Coordinator, a.i., through the prioritization and matrix development period, the Programme Officer chairing one UNDAF outcome group, and UNICEF Project Officers active in all working groups. The UNICEF programme contributes to 2 out of the 3 UNDAF outcomes, 6 of its 12 country programme outcomes and to 14 of its 27 related outputs.

Relationship to international priorities

39. The programme is developed within the framework of the Millennium Declaration and the related Millennium Development Goals, with a focus on Goals 1, 2, 3, 4 and 6. It addresses the follow-up to the Declaration of *A World Fit for Children* and contributes to all 5 of the 2006-2009 MTSP focus areas, and 11 of the 20 related key results areas. The programme is guided by the 2006 Concluding Observations of the Committee on the Rights of the Child, and contributes to the implementation of the Secretary-General's recommendations on Violence against Children.

Programme components

40. **The young child survival and development** programme aims at (a) reducing the neonatal mortality rate through improved quality of health care; (b) increasing access to IMCI services and the IMCI community component; (c) increasing the number of families adopting appropriate family and community care practices, with a focus on infant and child feeding practices; and (d) an improved policy environment to enhance access to ECD services, including parenting programmes.

41. **To further reduce child mortality, Jordan needs to focus on reducing neonatal mortality. This component of the country programme will provide technical assistance to the Ministry of Health to assess the situation and make recommendations for further interventions. The capacity of the health system to provide quality neonatal and maternal care at facility level is key to the reduction of neonatal mortality. In addition, quality IMCI services, including community IMCI will be required to help with referral of neonatal cases and to ensure that child morbidity and mortality from other causes such as diarrhoeal diseases, pneumonia and respiratory infections are dealt with.**

42. Technical and policy support will be provided for establishing standards and criteria for service quality assurance, including a national monitoring system for key ECD indicators, the development of ECD assessment tools and an action plan for the collection of ECD indicators. Operations manuals and guidebooks will be developed and national capacity built.

43. The programme will focus on building capacity among parents and caregivers to improve parenting practices with special attention paid to non-abusive practices, the child's cognitive development, men's role in child care, disease prevention, optimal management of childhood health and promotion of child growth and development. Counterparts at the national and community levels will coordinate the implementation of Better Parenting through the existing multi-disciplinary task force and the ECD National Technical Directors Forum. Training and awareness-raising materials for behaviour change communication and advocacy will be developed, and media capacity to promote positive care practices will be strengthened. Protecting children from traffic accidents will be addressed in this component.

44. Technical support will strengthen national capacity to manage, implement and monitor the programme at all levels and will strengthen partnerships with a variety of NGOs, CBOs and

relevant Ministries. Community action will be organized to influence policy commitment and to implement existing laws. The new Convention on the Rights of People with Disabilities and Jordan's commitment in this context provide a new opportunity for a rights-based approach. In selected underserved communities, the programme will build capacity and management skills at the community level in support of children and women. Community-based structures will be created to empower women, including mothers, on community-level assessment of child care needs related to health, nutrition, psychosocial care and children with disabilities, and on community-based response and initiatives to address such needs.

45. The **child protection** programme will strengthen the protective environment, with a focus on (a) the improvement of the policy and legal framework in support of children's rights; (b) the establishment of a national monitoring system on key child protection indicators; (c) the increased capacity of the national system to detect and address the impact of violence, abuse and neglect on children; (d) the strengthening of the restorative approach of the juvenile justice system.

46. The policy and legal framework component will build the capacity of umbrella NGOs to ensure that legal frameworks are aligned with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women as well as other human rights obligations and international standards. The component will also support the establishment of a national system for data collection, assessment, monitoring and evaluation of key protection indicators to monitor abuse, exploitation and violence against children and status of children in conflict with the law. Advocacy will focus on influencing policies and budgets to further child protection and leverage support from Parliament and religious institutions.

47. The children-at-risk component will aim to accomplish the following: strengthen diagnostic and referral systems for child victims of abuse and violence at hospitals and health centres and advocate for the development of such mechanisms in the school system; strengthen the recording and monitoring system for child abuse; build the capacity of law enforcement officers, social workers and doctors on diagnosis and proper management of child abuse cases; build counselling capacity to support abused and at-risk children and the provision of strategic equipment to help ensure that the legal system is child-friendly; and empower parents to play a central role in child protection.

48. To promote a child-friendly justice system, technical support will focus on strengthening juvenile justice and the development of alternatives to the deprivation of liberty for children in conflict with the law, building the capacity of social workers, police and the judiciary in working with such children; and will also focus on supporting the establishment of specialized services based on restorative justice principles.

49. The **adolescents participation and empowerment** programme will continue to support the Ministry of Education in improving the quality of education through (a) continued support to the process of integrating Life Skills-Based Education into the curriculum, focusing on teachers' training, the development of resource materials, and advocacy among policy makers, teachers, parents and students; and (b) activating the role of student councils and parent teacher associations in decision-making to improve the school environment by providing these groups with resource materials and appropriate skills.

50. Promoting healthy lifestyles among adolescents, including sexual and reproductive health and HIV/AIDS issues, will be addressed through adolescent-friendly youth centres, schools and community settings. Strategies that will be used include peer education and sports. Reaching out-of-school adolescents at risk of HIV/AIDS and substance abuse will be implemented in cooperation with the National AIDS Programme and community-based NGOs. Support will be given to enabling an environment conducive to healthy lifestyles among adolescents through community-based activities and media channels targeting parents, providing them with information and skills to enhance positive communication with their adolescent children. UNICEF and partners will encourage private sector and media involvement.

51. The programme will support opportunities for the participation of adolescents so that they can influence decisions and policies at the national and subnational levels. Activities would include the monitoring and evaluation of the National Plan of Action and the development and implementation of policies at the school and municipal levels through the student and children municipal councils. By being supported to take a lead role in the planning, implementation and monitoring of community-based projects to improve living conditions, adolescents will have the opportunity to become actors of change in their communities.

52. The country programme will emphasize evidence-based planning and impact assessment by supporting the implementation of a second national youth survey on young people that will focus on health, education, HIV/AIDS, youth participation and media.

53. While all of the above programmes have important social policy advocacy components, the **policy advocacy and partnerships for children's rights** programme concentrates on the following components: (a) strategic information, which will ensure the increased availability of such information for monitoring progress towards the Millennium Development Goals, documenting child poverty and other disparities, providing support for pro-poor planning, filling data gaps and analysing factors that threaten or violate children's rights, and reporting on the findings to facilitate evidence-based decision-making and advocacy; (b) social mobilization, which will convene and coalesce partners around children's issues. Drawing upon the comparative strength of the respective partners, the programme will increase public awareness of challenges still facing children and further strengthen partnerships, including partnerships with the media, to benefit children and their families. Leveraging resources for children is part of this component; and (c) behavioural communication, which will strengthen communication for behaviour change in support of all programmes. Work will continue on increasing the skills of Government partners, NGOs and other civil society partners to undertake evidence-based communication interventions and research for children.

54. **Emergency preparedness and response will be streamlined under each component of the country programme. An emergency preparedness and response plan has been developed and has identified possible scenarios for natural and man-made emergencies that could take place and how UNICEF, in collaboration with the government and other UN agencies, will respond to mitigate the impact on children and women. Preventing, responding to and mitigating natural and man-made disasters is an UNDAF country programme outcome, identified as a candidate for joint United Nations programming. Monitoring the situation of displaced Iraqis in Jordan will be an essential activity under the country programme and will determine the scope of UNICEF and United Nations emergency response to the situation of Iraqis in Jordan. A plan has already been drawn up to address education, health and protection issues affecting Iraqi children in Jordan. The avian**

influenza contingency plan is part of a joint United Nations and Government response, and UNICEF supports the Government in the development and implementation of an avian influenza communication plan for behaviour change.

55. Jordan is also part of the 2008-2009 Area Programme for Palestinian Children and Women in Jordan, Lebanon, the Syrian Arab Republic and the Occupied Palestinian Territory, also presented to the 2007 annual session of the Executive Board (E/ICEF/2007/P/L.25).

56. **Cross-sectoral** costs will cover key programme staff.

Major partnerships

57. The cross-sectoral nature of most UNICEF-supported interventions requires close collaboration with Government Ministries, other United Nations agencies, NGOs, CBOs and bilateral donor agencies. In support of United Nations coherence, UNICEF will participate in joint programmes with other United Nations agencies in monitoring and evaluation and emergency preparedness and response. HIV/AIDS will be addressed together with the United Nations Population Fund (UNFPA) and through the United Nations Theme Group on AIDS. WHO is a partner in neonatal mortality reduction, and both UNFPA and UNDP are partners in programming for adolescents. In several programme areas, such as ECD and juvenile justice, cross-sectoral steering committees led by the Government have been established.

58. Other key partners are children, adolescents, parents and communities; five line Ministries (Health, Education, Social Development, Justice, and Religious Affairs), coordinated by the Ministry of Planning and International Cooperation; parliamentarians; the media, child rights advocates, the judiciary, the police, the National Council for Family Affairs, NGOs, mainly national, and CBOs.

59. UNICEF in Jordan has a strong partnership with Her Majesty Queen Rania Al-Abdullah, the UNICEF-appointed global Eminent Advocate for Children. This relationship supports strategic advocacy in selected areas, normally in cooperation with national NGOs and semi-governmental umbrella organizations. The Jordan branch of Johns Hopkins University will be a partner in communication for behavioural change, while the Jordan Hashemite Charity Organisation is a key partner in emergency preparedness.

60. The fund-raising plan for the other resources component will focus on partnerships with international and bilateral funding partners. Efforts to link with the private sector will continue.

Monitoring, evaluation and programme management

61. Monitoring, research and evaluation will be addressed through the five-year and annual integrated monitoring and evaluation plan, linked to a similar plan for the UNDAF. The Department of Statistics will help to improve the availability of data in key areas, disaggregated by sex, age and geographic location. DevInfo is a primary tool to monitor progress towards the Millennium Development Goals with other United Nations agencies.

62. The monitoring of results will be based on key indicators reflected in the attached results matrix.

63. Regular reviews, including the UNDAF mid-term review, will be other means to monitor the programme, using results-based methodologies and periodic analysis of outputs and outcomes with partners at all levels.

Jordan CPD Summary Result Matrix 12 March 2007

UNICEF MTSP Focus Area	Key Results Expected in this Priority Area	Key Progress Indicators	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected Key Results in this Priority Area will contribute to:
1. Young Child Survival and Development	1.1 By 2012, an additional 15% of families adopt appropriate child care practices to enhance child development. (2007 baseline at 9%.)	% of infants < 6 months who are exclusively breastfed. % adequate complementary feeding. % of parents who read to their children regularly.	Demographic and Health Survey (DHS) DHS	Ministry of Health, NGOs	<u>UNDAF Country Programme (CP) Outcome: 1.1</u> Increased community (esp. women and youth) productivity, empowerment and participation in local development initiatives. <u>UNDAF CP Outcome: 1.3</u> Quality of and access to equitable child and reproductive health services improved, with focus on maternal health, healthy lifestyles promotion and HIV/AIDS prevention. <u>UNDAF CP Outcome: 1.4</u> Quality of pre-school, primary and secondary education improved and access to pre-primary, non-formal education increased. <u>WFFC</u> : Promote Healthy Lives and Combat HIV AIDS <u>MDG</u> : 4 <u>Key Result Area</u> : 1, 2
	1.2 By 2012, an additional 30% of infants and children under five have access to IMCI services. (2006 baseline at 5%.)	% of Primary Health Care facilities implementing IMCI approach and growth monitoring. % of children having access to health facilities implementing IMCI. Neonatal mortality rate.	Ministry of Health records Ministry of Health records DHS	Ministry of Health, WHO	<u>UNDAF CP Outcome: 1.4</u> Quality of pre-school, primary and secondary education improved, and access to pre-primary, non-formal education increased. <u>WFFC goal</u> : Provide quality education for all. <u>MDG</u> : 2, 3 <u>Key Result Area</u> : 3
2. Basic Education and Gender Equality	2.1 By 2012, all children and adolescents in schools have access to gender-sensitive life skills-based education (LSBE) (current baseline: 20% of school children).	% students who have access LSBE % teachers trained on LSBE	Ministry of Education records, school records	Ministry of Education, Teacher Training Centres, and Universities	<u>UNDAF CP Outcome: 1.4</u> Quality of pre-school, primary and secondary education improved, and access to pre-primary, non-formal education increased. <u>WFFC goal</u> : Provide quality education for all. <u>MDG</u> : 2, 3 <u>Key Result Area</u> : 3
	2.2 By 2012, participation of student councils (SCs) and Parent Teacher Associations (PTAs) in school learning environment increased by 20%.	% of schools that have both SCs and PTAs (current baseline: 46% of schools have both) % of students and parents satisfied by the work of the SCs and PTAs.	Ministry of Education records, school records, school-based study	Ministry of Education, NGOs	<u>UNDAF CP Outcome: 1.3</u> Quality of and access to equitable child and reproductive health services improved, with focus on maternal health, healthy lifestyles promotion and HIV/AIDS prevention. <u>WFFC goal</u> : Promoting healthy lifestyles, Combating HIV/AIDS. <u>MDG</u> : 6 <u>Key Result Area</u> : 3
3. HIV/AIDS and Children	3.1 Improved knowledge and practices among adolescents (especially at-risk groups) to lead a healthy lifestyle and to protect themselves from HIV/AIDS and substance abuse.	% of male and female adolescents with comprehensive, correct knowledge of HIV/AIDS. % of adolescents who smoke. # of parents of adolescents with information and skills on adolescents development and participation.	Knowledge, attitude and practice (KAP) surveys of sample population of adolescents and their parents	National AIDS Programme, Ministry of Education, Higher Council for Youth, Ministry of Religious Affairs, UNAIDS and cosponsors, NGOs, media	<u>UNDAF CP Outcome: 1.3</u> Quality of and access to equitable child and reproductive health services improved, with focus on maternal health, healthy lifestyles promotion and HIV/AIDS prevention. <u>WFFC goal</u> : Promoting healthy lifestyles, Combating HIV/AIDS. <u>MDG</u> : 6 <u>Key Result Area</u> : 3
4. Child Protection: preventing and	4.1 Increase by 30% the number of children having access to child	# of child abuse cases detected. # of detected cases provided with	Ministry of Health records	Ministry of Health, Family Protection	<u>UNDAF CP Outcome: 1.3</u> Quality of and access to equitable child and reproductive health services

responding to violence	abuse diagnosis and referral in the health system. (2006 Baseline at 1%).	protective services.		Department	improved, with focus on maternal health, healthy lifestyles promotion and HIV/AIDS prevention.
	4.2 25% of children in conflict with the law benefiting from restorative justice approaches and reintegrated into their families and communities. (2006 Baseline of 160 cases out of 5,500).	Proportion of children in conflict with the law benefiting from non-custodial measures.	Ministry of Social Development, Family Protection Department, and court records	Ministry of Social Development, Family Protection Department, and courts	<p><u>UNDAF CP Outcome: 2.1</u> Strengthened national capacities to protect, promote, monitor and report on human rights.</p> <p>WFFC: Protect against Abuse, Exploitation and Violence.</p> <p>MDG: Millennium Declaration, Section VI</p> <p><u>Key Result Area:</u> 1, 2, 4</p>
5. Policy Advocacy & Partnerships for Children's Rights	5.1 Strategic information/data for monitoring and reporting progress on child rights is updated and used.	- % of MDG/WFFC indicators for which disaggregated data is available in timely manner. - DevInfo database is updated and used in local planning and monitoring.	DevInfo Jordan database	Ministry of Planning and International Cooperation, Department of Statistics, line Ministries, National Council for Family Affairs, Higher Council for Youth, and UN Agencies	<p><u>UNDAF CP Outcome: 1.1</u> Increased community (esp. women and youth) productivity, empowerment and participation in local development initiatives.</p> <p><u>UNDAF CP Outcome: 1.2</u> Improved Government capacity in the design and implementation of consultative, evidence-based gender-sensitive poverty alleviation policies & plans.</p> <p><u>UNDAF CP Outcome: 2.1</u> Strengthened national capacities to protect & promote, monitor and report on human rights.</p> <p><u>WFFC Goals:</u> cross-cutting</p> <p><u>MDG:</u> 8, all</p> <p><u>Key Result Area:</u> 1, 2, 3, 4</p>
	5.2 Improved leverage of resources and partnerships for children through evidence based policy dialogue and advocacy.	- Key policy and media initiatives developed and used. - Level of resources leveraged by type.	Project records	Media, decision makers, Friends of Jordanian Children, line Ministries, and NGOs Donors	
	5.3 Increased participation of adolescents in the development of policies that affect their lives and programme implementation at the local, sub-national and national level.	- Institutionalization mechanisms at all levels for adolescents' participation. - # and % of adolescents who are members in youth, sports and cultural centres.	National Youth Survey to be implemented by 2012 Partners reports	National Council for Family Affairs, Higher Council for Youth, Ministry of Education, Ministry of Health, municipalities, and NGOS	
	5.4 Policy and legal frameworks related to child rights are aligned with international standards.*	% of targeted laws that are amended and adopted.	Parliament records Project records	National Council for Family Affairs, Parliament, National Centre for Human Rights, Department of Statistics, and Ministry of Social Development	

* Issues to be addressed are: minimum age of criminal responsibility, age of marriage, nationality of children, restorative justice approaches, strengthening protection of abused children.