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ACRONYMS

AIDS	 Acquired Immune deficiency syndrome
ALC	 Area local committee
ARIs	 Acute respiratory infections
CACS	 Community action committee
CBOs	 Community-based organisation
CBRs	 Community-based rehabilitation
CCA	 Common Country Assessment
CEDAW	 Convention on the Elimination of All Forms of Discrimination against Women
CIDAs	 Canadian International Development Agency
CMRs	 Child mortality rate
CRCs	 Convention on the Rights of the Child
DFIDs	 Department for International Development (UK)
DHSS	 Demographic and Health Surveys
DLCGs	 Donor/Lender Consultation Group
DOSs	 Department of Statistics
DPTs	 Diphtheria, Pertussis, Tetanus
ECDs	 Early Childhood Development
ERfKEs	 Education Reform for the Knowledge Economy
FPDs	 Family Protection Department
GDPs	 Gross Domestic Product
GMCs	 Global Movement for Children
GPIs	 Gender parity index
HCYs	 Higher Council for Youth
HDIIs	 Human Development Index
HIESs	 Household Income and Expenditure Survey
HIVs	 Human Immunodeficiency virus
HMs	 His/Her Majesty
ICDBs	 International Children’s Day of Broadcasting
ICTs	 Information and Communication Technology
IDAAs	 Iron Deficiency Anaemia
IDDs	 Iodine Deficiency Disorders
IIESCOs	 Islamic Educational, Scientific and Cultural Organization
ILOs	 International Labour Organization
IMCIs	 Integrated Management of Childhood Illness
IMRs	 Infant Mortality Rate
IOMs	 International Organization for Migration
IUDs	 Intrauterine Device
JHDRs	 Jordan Human Development Report
JLCSs	 Jordan Living Conditions Survey
JNCWs	 Jordanian National Council for Women
JPFHSs	 Jordan Population and Family Health Survey
JRFs	 Jordan River Foundation
KAPs	 Knowledge, Attitude and Practices
KGs	 Kindergarten
LSBEs	 Life Skills-Based Education
M&Es	 Monitoring and Evaluation
MCHs	 Maternal and Child Health
MDGs	 Millennium Development Goals
MENA	 Middle East and North Africa
MMRs	 Maternal Mortality Rate
MOEs	 Ministry of Education
MOHs	 Ministry of Health
MOJs	 Ministry of Justice
MOLs	 Ministry of Labour
MOPICs	 Ministry of Planning and International Cooperation
MOSDs	 Ministry of Social Development
MTRs	 Mid-Term Review
MTSPs	 Medium-Term Strategic Plan
NAPs	 National AIDS Programme
NCFAs	 National Council for Family Affairs
NCHRs	 National Centre for Human Rights
NCHRDs	 National Centre for Human Resource Development
NGOs	 Non-Governmental Organisation
NPAAs	 National Plan of Action for Children
NPCs	 National Population Commission
NPSs	 National Population Strategy
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>OIC</td>
<td>Organization of the Islamic Conference</td>
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<tr>
<td>OPT</td>
<td>Occupied Palestinian Territory</td>
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<td>OPV</td>
<td>Oral Polio Vaccine</td>
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<td>ORT</td>
<td>Oral Rehydration Therapy</td>
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<td>PEM</td>
<td>Protein-Energy Malnutrition</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PRA</td>
<td>Participatory Rapid Assessment</td>
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<td>PTA</td>
<td>Parent-Teacher Association</td>
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<td>SOWCR</td>
<td>The State of the World’s Children Report</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TIMSS</td>
<td>Trends in International Mathematics and Science Study</td>
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<td>TT</td>
<td>Tetanus Toxoid</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCR</td>
<td>Office of the United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNIDO</td>
<td>United Nations Industrial Development Organization</td>
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<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestinian Refugees in the Near East</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>UNSSC</td>
<td>United Nations Special Session on Children</td>
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<td>UNV</td>
<td>United Nations Volunteers</td>
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<tr>
<td>USMR</td>
<td>Under-Five Mortality Rate</td>
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<tr>
<td>VAD</td>
<td>Vitamin A Deficiency</td>
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<tr>
<td>VCCT</td>
<td>Voluntary and Confidential Counselling and Testing</td>
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<tr>
<td>WB</td>
<td>World Bank</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WFFC</td>
<td>[A] World Fit for Children</td>
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<td>WSC</td>
<td>World Summit for Children</td>
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**GLOSSARY OF ARABIC TERMS**

<table>
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<tr>
<th>Arabic Word</th>
<th>English Translation</th>
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<tr>
<td>Awqaf</td>
<td>Religious Charitable Trusts</td>
</tr>
<tr>
<td>Nargeeleh</td>
<td>Water Pipe (Hubble Bubble)</td>
</tr>
<tr>
<td>Zakat</td>
<td>Obligatory Contribution of Muslims for Charitable Purposes</td>
</tr>
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In the Universal Declaration of Human Rights, the nations of the world proclaimed that childhood is entitled to special care and assistance – a conviction defined, detailed, and enshrined in the Convention on the Rights of the Child. Yet words on paper are not enough. People must bring them to life. Policy makers, professional caregivers, and parents, working together.

That kind of collaborative spirit underpins this exceptional report. Led by Jordan’s National Council for Family Affairs and UNICEF, with input from official and nongovernmental experts, as well as children and adolescents themselves, the Situation Analysis of Children in Jordan highlights our country’s achievements for children and points out where more must be done.

We have much to be proud of – in education, health care, maternal health services, and increasingly energetic partnerships for children’s and women’s rights. Let us build on that progress, so that every boy and girl, at all levels of income, in every urban area and rural village, can reach his or her full potential and help our country reach its own.

I hope that all policy makers concerned with children’s welfare will use this report to guide their decisions, interventions and future plans.

Rania Al Abdullah
FOREWORD BY NCFA AND UNICEF

Jordan has made significant progress in meeting its obligations towards its children as enshrined in the Convention on the Rights of the Child. Under the guidance of Their Majesties King Abdullah II and Queen Rania Al-Abdullah, Jordanian Government has successfully put in place real life changing strategies and plans to ensure an enabling environment for children’s development, well-being, and social participation. It is important to note that Jordan’s efforts have been supported by numerous dedicated non-governmental organizations.

Policy makers, decision makers, parents and professional caregivers in the field of childhood must join efforts to create a protective environment for children. It is essential for all involved to have a common knowledge base, to collect and analyze strategic information, agree on the facts, and to have a common analysis of the situation and what needs to be done. Fulfilling the rights of children will also help ensure the achievement of Millennium Development Goals.

This is where the Situation Analysis of Children in Jordan is such an exceptional tool. It is prepared in an innovative and participatory way in cooperation between the National Council for Family Affairs (NCFA) and UNICEF, in consultation with a wide range of governmental and non-governmental partners. This partnership has helped ensure that the study benefits from the most relevant and most recent facts and surveys, and that it benefits from review by specialists in concerned ministries and agencies. Groups of adolescents, members of disadvantaged communities, children with disabilities or those living in institutions have had their say through participation in focus group discussions.

Focus for analysis has been on the different phases of childhood. While all children are equal rights holders, the nature of their requirements and the necessary conditions for them to claim these rights varies through childhood. The gender lens was also applied for the different age groups to compare the situation between girls and boys.

In addition, the impact of the mother’s status on aspects of their children’s lives was considered, along with factors that have a bearing on women’s own status. The team that developed the Situation Analysis also looked at conditions affecting different socio-economic groups, such as populations in remote areas and pockets of poverty.

The Situation Analysis highlight the many achievements made for children in Jordan. It includes information and statistics on children’s health, education and participation, in addition to child protection, keeping in mind that poverty, poor health conditions and lack of education are all factors that deprive children of their dignity, threaten their life and dispel their hopes. It also describes what still needs to be done and what the gaps are.

This Situation Analysis was conducted in 2006 and 2007, and it is our intention to keep it updated with new findings. Please do not hesitate, over the next years, to contact NCFA or UNICEF to ask for an updated electronic version with the latest findings on progress towards the achievement of children’s rights in Jordan.

National Council for Family Affairs (NCFA)  
United Nations Children’s Fund (UNICEF)

Dr. Jamil Smadi  
Secretary General

Anne Skatvedt  
UNICEF Representative
**EXECUTIVE SUMMARY**

*The Overall Perspective*

The Hashemite Kingdom of Jordan is a lower middle-income country of high strategic importance, located at the centre of one of the world’s most politically volatile sub-regions. Despite external pressures and limited financial and natural resources, it can take pride in national progress achieved, and in having emerged as a key player in the regional socio-political arena.

The Kingdom is a constitutional monarchy on the road to guided democracy, though still characterized by centralized decision making, low political participation of women, youth and populations in the periphery and pervasive tribal influences on elections results.

The Kingdom is party to more international human rights treaties than other countries in the region, and has taken steps to harmonize national law with the requirements of these conventions. Efforts continue to reinforce the research base on social issues. Policies and plans have been formulated to address critical concerns of children and women, and institutional mechanisms strengthened for implementation of set plans. Supportive partnerships have been forged between national and international stakeholders. Jordan is on track to achieve most of the Millennium Development Goals (MDGs). Its human development index (HDI) ranking has progressively improved to ninth out of 19 countries in the region, seven of the first eight being oil-producing countries, and 89 out of 177 countries overall. The gender parity index (GPI) is less positive.

Despite scarcity of natural resources and a fluctuating economy since the 1970s, with concerted economic reform efforts, its GDP per capita has steadily increased to $2,325. The estimated economic growth rate from 2000 to 2004 was 5.9 per cent. Poverty has declined from 21 per cent in 1997 to 14 per cent in 2004, with the chronically poor constituting less than 29 per cent of the poor. However, rural poverty is 19 per cent compared to 13 per cent urban poverty, and higher among children at 16 per cent because of the large family sizes and lower livelihood options of rural and lower income groups.

With strong political commitment, Jordan’s development policies have been rooted in a high level of social consciousness, positively touching the lives of its people. Resource allocations to social sectors have been maintained even through low economic growth periods, resulting in very high service coverage of basic services, and improved living conditions for large numbers.

Despite extensive basic service coverage, there are regional disparities in the spread and quality, and hence the desired outcomes. Environmental depletion and fast population increases have caused shortages in food, water, arable land and economic opportunities. Rapid urbanization is straining housing and other services in cities, while the scattering of rural populations in small settlements constrains equitable service coverage in remote areas.

The push of high, though declining growth rates, has resulted in a very youthful population profile with median age 20.8 years in 2004 census – 25.4 per cent in the 0-9 year age group and 20.9 per cent in the 10-18 year age group. Females were about 48.5 per cent overall in 2004, though the sex ratio is not constant over all age groups. The total fertility rate is currently 3.2 per cent.

In 2006, Jordan was home to approximately 5.6 million people, including 32.8 per cent registered Palestinian refugees (1.84 million). Additionally, there are displaced Iraqis who number between 500,000 to one million according to unofficial estimates. The population is 82.6 per cent urban and 71 per cent of the total is concentrated in the capital Amman and the two adjoining Governorates of Zarqa and Irbid. There has been a singular improvement in the quality of the living space, access to public utilities and
household conveniences, though poorer families complain about the crowdedness and poor quality of their homes, and rising rents. The integrity of the family as the basic unit of society is intact, providing the necessary security and solidarity to the individual members, but also retaining some overly patriarchal norms.

**Children’s and Women’s Health**

With a 98.5 per cent access to health services, there have been remarkable declines in communicable disease incidence and mortality rates, with life expectancy rising to 70.6 for men and 72.4 years for women.

Maternal health services have progressively improved. Maternal deaths are estimated to be 41 per 100,000. Since 1997, almost 99 per cent of pregnant women receive some antenatal care from medically trained personnel, but for some this means only one checkup, and the quality of care varies across and within governorates. Ninety-eight per cent of deliveries are attended by trained personnel and overall, 97 per cent of births take place in a health facility, though in some governorates the rate is closer to 90 per cent. Post-natal coverage is much lower at 35 per cent. The need exists for improved antenatal care, better monitoring of high-risk pregnancies, the universal availability of quality emergency obstetric services, and higher post-natal coverage.

Infant mortality has declined to 22 deaths per 1,000 live births and child mortality to 27 per 1,000, with lower survival rates in rural and poorer income groups, with 16 of the deaths occurring during the first month. Child immunization levels have remained steady at 98 per cent for all antigens except for BCG (a vaccine against tuberculosis), and Jordan has been polio free for years. Diarrhoeal diseases have been controlled, but risks of recurrence exist due to emerging water and sanitation problems. Efforts continue to control acute respiratory infections (ARIs), which are now the leading cause of death among infants, and infant and young child illnesses.

Overall, 10 per cent of infants were born underweight in 2002. Among children under five years, almost 9 per cent were stunted, 2 per cent were wasted and 4.5 per cent were underweight. Child nutrition levels vary by location and income level. Infant and child feeding practices cause concern, especially given low levels of exclusive breastfeeding, inappropriate complementary feeding, and signs of micro-nutrient deficiencies among children and women. Remedial interventions underway include parasite control, vitamin A and iron supplementation among identified vulnerable groups, flour fortification and salt iodization, and public education.

The contraceptive use rate of 56 per cent has resulted from promotion of the small family norm, wider knowledge of family planning, availability of services as well as pressures on family incomes, rapid urbanization and enhanced educational levels of women and their increased labour force participation. The rising age of marriage is helping to reduce early pregnancy rates. Efforts to increase contraceptive use rates include adoption of a focus on male participation in family planning.

However, general and reproductive health services are not adequately geared to deal with the needs of adolescents. Health awareness is low among both boys and girls, particularly on reproductive health issues, as they have limited access to information and education about healthy lifestyles. They have inadequate access to sports and physical exercise, and there is growing concern about obesity, increasing smoking and deaths among children caused by traffic accidents.

The exact number of children with disabilities is not known. The health system needs to be better prepared to detect disabilities among children and cases of child abuse. Consanguineous marriages are common, but their contribution to the disability incidence among Jordanian children has not been researched. Pre-marital testing and counselling services are being extended, but access is not yet universal, and compulsory genetic testing only covers thalassaemia.
Development, Education and Participation

Early childcare services are slowly expanding with rising awareness about the needs and the growing requirements of working mothers. Nurseries, which provide for the 0-4 year age group, cover only 2 per cent of the relevant age group of children who constitute 12.9 per cent of the total population. Kindergarten (KG) coverage of children aged 4-6 years is estimated at 46 per cent in urban areas and 24 per cent in rural areas. The community-based Better Parenting Initiative has covered about 8 per cent of households. Early Childhood Development (ECD) services were initially predominantly private sector run, but the public sector role is growing, with emphasis on locating facilities in rural and disadvantaged areas.

Jordan ranks 45th among 122 countries in the Education for All Developmental Index, measured by progress on the net enrolment rate (NER) in primary education, gender parity and rates of survival to grade 5 and adult literacy. It is one of eight Middle Eastern countries closest to achieving the Universal Primary Education Goal, with the primary level enrolment remaining steady at well over 90 per cent over the last decade. School dropout rates are low in the initial grades, begin to rise slowly in grade 4, more sharply at the secondary level, and are higher for boys. The NER in grades 7-12 has been sustained at 80 per cent since 1999/2000, with no overall gender differences. Jordan’s literacy rate is among the highest in the region at 90 per cent by 2004, though it is lower among women and the rural poor.

The need for qualitative improvements and learning outcomes is acknowledged as well as the shortage of opportunities for students to participate in school affairs, sports and other extra-curricular activities within and outside the education system. Some 18 per cent of school children with learning difficulties, and about 10 per cent with mild disabilities, are enrolled in mainstream schools, but the inclusive education concept needs considerable reinforcement. The Education Reform Programme is trying to extend and improve ECD services and address qualitative gaps in basic and secondary vocational education.

Child Protection

Information is limited on the magnitude and causality of problems of especially vulnerable children. Official figures reflect only cases reported or identified by various governmental or NGO child protection organisations, and not the generality of children who remain invisible within the larger environment.

A number of Jordanian children live away from the security of their parental homes. As in most Islamic countries, legal adoption is not allowed in Jordan. The prevalent alternate is the Islamic system of ‘kafala’, whereby another family takes over the care of the child. Since kinship ties still prevail in Jordan, the extended family often takes on this responsibility. Twenty-seven institutions, mainly NGO run, provide shelter and other services to children living without parental care, many of whom are not orphans. The range and quality of services in these institutions vary. Though most basic shelter, food and clothing needs are addressed, surveys confirm less attention to psychological, social and counselling support and recreational opportunities. The situation is under official review and standard guidelines for remedial action are being prepared.

The child labour problem became visible only in the last decade. When children of poor families drop out of school early, many are engaged in paid or unpaid labour, some of which is part-time with the children also attending school. Some help in small family businesses, and others work in small commercial and industrial establishments. There is under-reporting of child workers in the informal and agricultural sectors, family businesses and domestic work, which are not recognized by law. The number of working children is estimated to be above 32,000, and rising. Child beggars and children working on the streets are also becoming more visible. Female child labour is among the least visible, as it is generally hidden and confined to domestic service or small economic activities within the household or on family farms. There are more girls in agricultural and more boys in industrial and commercial concerns. Employers flout positive labour regulations making children perform strenuous and hazardous work over long hours with little pay. Both girls and boys are vulnerable to abuse and health hazards at work and miss out on education and recreation.
The existence of child abuse and violence against children and women in the family is acknowledged, but the full extent of the problem is not known since much of it happens within the home or small workplaces. There is a deeply rooted belief that elders, especially males, have the right to use force in disciplining other family members. Such behaviour often goes beyond discipline to abuse and violence. So called ‘honour’ crimes, where females are killed by relatives on suspicion of immoral behaviour, continue, despite much criticism from Jordanian society, because social attitudes do little to deter perpetrators. Under HM Queen Rania’s leadership, a National Strategy and Action Plan for Family Protection from Violence have been developed. The Family Protection Department (FPD) at the Public Security Directorate is extending its services to the following governorates: Amman, Balqa, Aqaba, Karak, and Madaba, in addition to family protection offices and police stations in the remaining governorates. Moreover, government and NGO services such as shelters and hotlines are being set up.

Illegal acts by juveniles, aged 7-18 years, constitute 14 per cent of all crimes committed in the country. Most juvenile offences are petty such as theft, fighting, or assault. Eight hundred children, mostly boys, are institutionalized annually in juvenile care centres which provide for basic needs, besides arranging schooling, legal assistance and counselling for the residents. Legal and institutional reform is underway to modernize the Juvenile Justice system, and free legal aid is helping to free many of the apprehended children. Among the main pending concerns are the extremely low age of criminal responsibility, a mere 7 years, and the predominantly institutionalized approach towards rehabilitation with its inadequate focus on social integration.

The reported number of child drug users apprehended and treated is low, but there is new evidence about drug abuse among secondary school students and institutionalized and working children. Besides children smoking cigarettes and ‘Nargeeleh’, many working and children living or working on the streets are known to abuse substances such as glue, varnish, and gasoline (which are easily found in the home and workplaces), although it is legally prohibited to sell them to children, according to the Monitoring of Minors’ Behavior Code 37/2006 (articles 2 and 3). These practices continue despite legal prohibition of the sale of drugs to minors, and the institution of regional monitoring committees. Rehabilitation services are yet to be geared specifically to young addicts.

Besides social security nets for children with disabilities and their families, support services for them include special education centres, community-based rehabilitation (CBR), and integrating those with mild disabilities into mainstream education.

Palestinian refugee children have access to all basic services, but many live in resource-poor neighbourhoods characterized by poor environmental conditions. Those living in camps also have less access to higher education, inadequate recreational opportunities, lower livelihood prospects and many feel that they are accorded lower social status. Not much is known about the situation of children of poorer groups of Iraqis seeking refuge in Jordan. Access to public schools has been of concern.

There are no child soldiers in Jordan. The age of entry into voluntary military service is now 16 years for soldiers and 17 years for officers, and none under the age of 18 years can participate in military operations. Conscription at 18 years of age was suspended in 1999, though as of 2004 all males are required to register, given the instability in neighbouring countries.

Female genital mutilation is almost non-existent in Jordan, except in one community in Wadi Araba. There is no evidence of the existence of trafficking in children and women in the country, or of children being used for commercial/sexual exploitation or for production of pornographic material. There is also no specific information on children, adolescents and women belonging to migrant groups.

The incidence of sexually transmitted infections among children and adolescents is suspected, but not known. The reported number of HIV/AIDS cases among children under 15 years of age from 1986 to 2002 was just 17, of which 4 were below 5 years of age. Information is not available on other aspects of the
situation of children or women living with HIV/AIDS or those who have family members affected by AIDS. Social attitudes towards HIV/AIDS victims remain negative.

Constraints affecting all categories of children, adolescents and women needing special protection include gaps in knowledge, institutional capacity and outreach, besides family and community-based socio-economic conditions. In some cases there are also pending legislative issues, or constrained action because of the non-availability of relevant strategic frameworks.

**Partnerships for Child Rights**
The range of emerging partnerships for children and women in Jordan encompasses considerable diversity. Concrete legislative, policy, planning and mobilization outputs have resulted from many joint government and NGO partnerships, especially those having the benefit of highest level political commitment and leadership. There are many points of intersection between children’s and women’s rights, and many agencies undertake joint advocacy for both groups or provide combined or complementary services for them.

Civil society organisations have taken on increasing advocacy and social service responsibilities, but the roles of the media and particularly the private sector are still evolving. Participation of the people, and more so of women and children, has been mainly passive, but efforts are underway to foster this, through pilot community self-help activities, and involvement of children and women in some national strategy formulation processes. Regardless of the need for reinforcement of some aspects, an encouraging vitality is evident in partnership-building initiatives.

**Conclusions and the Way Forward**
With high level political commitment and sustained efforts, Jordan has emerged as a role model for progress in improving the quality of life of its children. There is national-level recognition of emerging challenges, as well as the need to sustain and fine tune established programmes and pay more focused attention to the underserved and new areas of programming. The Kingdom has set itself impressive forward-looking goals for national development, which have good prospects of achievement given the country’s track record. A National Early Childhood strategy, a National Plan of Action for Children, a National Youth Strategy, a National strategy for the Family, and a National Strategy for Women have been formulated. Several macro socio-economic national agendas also include a focus on children and women.

Under each chapter, there are specific recommendations on what needs to be done to further improve the situation of children in Jordan.
INTRODUCTION

The approach to addressing the rights of children and women is to view them not as objects meriting charity or welfare, but as subjects of rights, which society is obliged to make every effort to fulfil. The initial requirement is to gain an understanding of the broad and multi-layered range of factors that influence the level of rights attainment. This situation analysis exercise was therefore mindful of the fact that while children’s lives are shaped most by conditions in their immediate environment, there are more structural forces at play in the larger environment that determine both the quality of life within the home and access to external services and development options. Positive and risk factors for children and women were therefore examined in the perspective of the overall legal framework in comparison to the Convention on the Rights of the Child (CRC) standards, and in the social, economic, political, and cultural context.

THE CONCEPTUAL FRAMEWORK

This situation analysis adopts a rights-based analytical approach. The rationale for this lies in the commitment of both the United Nations Children’s Fund (UNICEF) and the Government of Jordan (GOJ) to meeting the obligations associated with the country’s accession to the CRC and CEDAW, which also include tracking of situational changes and reporting to the relevant UN committees on progress achieved.

Core Elements of the Human Rights-based Approach to Development

Causal Analysis to identify and analyze:

- Immediate, underlying and basic causes of the non-realization of human rights;
- Key claim-holder/duty-bearer relationships at all levels of society;
- Capacity gaps of claim-holders to be able to claim their rights and of duty-bearers to be able to meet their obligations.

Programming to be:

- Informed by the recommendations of international human rights monitoring mechanisms;
- Based on recognition that people are key actors in their own development; rather than passive recipients of commodities and services.
- Monitoring and evaluation to cover both outcome and process according to human rights standards and principles.

The CRC covers four broad categories of inter-dependent rights that apply across the board to all children without discrimination of any kind regardless of race, sex, religion, national or social origin or other status as follows:

**Survival**: right to life and most basic needs required for survival such as an adequate living standard, shelter, nutrition and access to health services.

**Development**: rights to basic elements children require to reach their full potential, such as education, play and leisure, access to information, cultural activities, and freedom of thought, conscience and religion.
(Jordan has registered a reservation on religion).

**Protection:** rights to identity, nationality and citizenship, basic survival and development rights, and freedom from neglect, abuse, exploitation, exclusion and discrimination.

**Participation:** rights to freedom of speech, expression of opinions, particularly on decisions affecting their life, association and peaceful assembly.

Within the above framework, this situation analysis aims to:

- identify problems, vulnerabilities and positive developments as they relate to Jordanian children 0-18 years, the age of childhood as defined by the CRC;
- establish research and planning priorities for the next country programme (CP), and update the trends monitoring base for the MDGs, NPA, CP, UNDAF goals;
- assist the National Council for Family Affairs (NCFA) to accomplish its roles as a coordinating and monitoring body and as a policy advocate on behalf of children and families.

The **CEDAW** recognizes the impact of structural economic, socio-cultural and institutional factors in conditioning the status of girls and women. It stresses the State responsibility to take affirmative action as necessary, to speed up the process to place the sexes on an equal footing in all aspects of life, including equality under the law, and going beyond survival and education to ensure economic empowerment and participation in decision making at all levels.

**KEY CONSIDERATIONS GUIDING THE ANALYSIS**

The influences on a child’s life are many, intertwined and complex, requiring a comprehensive and mutually complementary set of solutions. As such, the analysis tries to maintain a multi-dimensional approach to identify inter-linkages which exist between various issues.

A differential focus was maintained on the different phases of childhood – pre-birth, infancy, early childhood, pre-adolescence and adolescence. This was essential because while all children are equal rights holders, the nature of their requirements, and the necessary conditions for them to claim these rights, vary at different points from birth to attainment of age18.

The social construct of gender has a pervasive influence in the lives of males and females in infancy, childhood, adolescence and through adulthood. The gender lens was therefore applied for different age groups, to obtain a comparative perspective of the situation of girls and boys.

The impact of the mother’s status on different aspects of children’s lives was kept in focus, as well as the factors which have a bearing on shaping women’s own status, such as societal attitudes and behaviour towards gender roles and relationships, male-female disparities in legal and developmental status, and access to services and opportunities.

Since national averages often mask disparities among sub-groups, the diversity of conditions affecting different socio-economic groups and by location of residence was highlighted, with particular reference to the situation of disadvantaged groups and areas, such as populations in remote areas and pockets of extreme poverty. This aspect benefited from a year 2002 initiative of the NCFA, whereby with World Bank support, it conducted a study on disadvantaged children – abused, working, disabled, refugees, orphans, and those in conflict with the law. This covered an assessment of the situation, the current programmes and policies addressed to them, and provided policy recommendations which were incorporated in the NPA as recommended interventions.
The Main Elements of Investigation

- Changes in social indicators over time and current status, as per standards set by the CRC;
- Appropriateness of existing relevant laws, policies and plans for the fulfilment of children’s and women’s rights;
- Current and potential vulnerabilities of children and women, with particular reference to the situation of disadvantaged groups and areas (example: populations in remote areas and pockets of extreme poverty);
- Immediate and underlying causes of these problems, and linkages between them (legal, economic, social, political and major environmental trends/factors);
- Possible future scenarios and their implications for social indicators and services;
- The availability and adequacy of data to track progress, and areas in which more research is required;
- The nature of community and children’s participation in political, community and family decision-making processes;
- The availability, coverage and quality of essential services and supplies for the survival, development, participation and protection of children;
- The current contribution of government, semi-government institutions, NGOs, UN and other stakeholders, and their capacity levels in mitigating risk factors and addressing identified gaps;
- The current and potential role of the media in promoting the rights of children and women.
- Required adjustment/reinforcement of legislation, policies, plans, strategies and implementation mechanisms to ensure optimum fulfilment of children’s rights and achievement of NPA goals and MDGs;
- Positive experiences and opportunities, which can be used to accelerate progress towards maximum fulfilment of rights.

PARTNERS IN THE REVIEW PROCESS

Enlisting Voices of the Rights Holders

The adoption of a rights-based approach is associated with the widest possible participation of the subjects of the analysis, to gain the maximum and most credible knowledge of the situation. Also, the situation analysis exercise is as much about process as the end-result.

Building upon this experience, the consultative process for the situation analysis update included dialogue in urban settings, and remote rural areas in the least advantaged governorates. It also covered children meriting special protection, such as those in institutions, the physically disabled, child labourers, and children in refugee camps. The selection of groups for the dialogue was guided by their prior involvement in community empowerment, child protection, and adolescent development and participation interventions. National agencies handling these programmes in the selected areas jointly planned and undertook this dialogue, to gain a comprehensive picture of perceived needs and aspirations. This was supplemented with a review of available outputs of children’s previous participation in research, media and planning activities.

At the national level, the NCFA coordinated the process of preparing the report in collaboration with UNICEF with initial planning inputs, and preparation of the output document by national and international consultants. An Advisory Committee was formed, represented by governmental and non-governmental organisations from the different sectors working in the field of childhood. The Committee supervised the process of preparing the report and provided feedback on the different versions of the report. In addition, technical committees were formed to work in groups and discuss the report’s themes and main issues. NCFA is mandated to follow up on the implementation of the Early Childhood Development Strategy, and is responsible for the monitoring of the National Plan of Action for Children (NPA 2004-2013). Training was built into the early part of the process, to ensure that all members of the national review team were on board regarding the rights-based approach.
Analyzing the Facts – The Resources
To enable assessment of progress made, reference was made to the previous (2002) Situation Analysis Document and reports and publications which became available during the implementation of the current cycle 2003-2007.

THE REPORT – STRUCTURE AND CONTENTS
The structure of this Report draws on the 5 major groups of elements adopted by the NPA and builds in some variations. An Executive Summary and an overall contextual chapter are followed by three chapters, each of which reflects one of the first three NPA components. The NPA’s Media and Monitoring and Evaluation components have been grouped together in chapter 5, along with some additional cross-cutting elements. Concluding sections on Challenges and the Way Forward have been built into chapters 1 to 5.

The Executive Summary briefly highlights the key findings, conclusions and recommendations contained in various chapters.

Chapter 1 ‘The Context’, provides a macro-level overview of the country with particular focus on its position in the region, and internal environmental, demographic, governance, economic, social and cultural factors which exert broad based influences on the lives of children and women, at national and governorate level, as well as within their home environment. It also highlights national efforts towards the implementation of children’s and women’s rights, through legislative and policy initiatives, besides mainstreamed and universal service coverage.

Chapter 2 ‘Securing Healthy Lives’ examines health and nutritional issues as they affect the quality of maternal and child health and survival trends, highlighting achievements to date, and pending or emerging areas of concern which still need attention.

Chapter 3 ‘Development, Education and Participation’ records trends in the availability of and participation in educational services starting from early childhood through the basic education cycle (primary and secondary). Taking a broader view of development than just formal education, it also reflects upon the influence of the home environment in education and socialization of children, besides the available options for recreation and participation in social, cultural and organised group activities within the school and in the community.

Chapter 4 ‘Child Protection’, covers perspectives related to various categories of at-risk and disadvantaged children – those deprived of parental care, working children, victims of neglect, abuse and violence, those in conflict with the law, the ones living with disabilities, those addicted to drugs, and children of refugee families.

Chapter 5 ‘Partnerships for Child Rights’ provides an overview and examples of positive partnerships for and with children.
Chapter 1
The Context of Children’s Lives
CHILDREN’S AND WOMEN’S RIGHTS
Approach to International Human Rights Conventions
Jordan is the country in the Middle East that has ratified the highest number of global human rights treaties. It signed the CRC in 1990 and ratified it by Royal Decree in 1999, with reservations on three articles, namely:

- Article 14 concerning a child’s right to freedom of religion
- Article 20 concerning foster care
- Article 21 concerning adoption procedures for children

A law was issued for the endorsement of the Convention on the Rights of the Child and was published in the Official Gazette (issue no. 4787) on 16 October 2006.

Other child-related conventions ratified by Jordan are:
- ILO Convention No. 138 which specifies the Minimum Age for Admission to Employment and No. 182 covering the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.
- The CRC Optional Protocols on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict.

Jordan has also (in March 2007) signed the Convention on the Rights of Persons with Disabilities.

The Political Will to Translate Commitment into Action
- Jordan’s 2006-2015 plan for addressing challenges facing the country -

The National Agenda aims to ‘improve the well-being of all Jordanians through raising living standards, providing social welfare and security, creating new job opportunities, and guaranteeing basic freedoms and rights.’

The Kingdom’s commitment to child rights has been expressed from the highest levels, with the royal family leading from the front, starting with HM King Hussein and HM Queen Noor Al-Hussein. In the last six years Their Majesties King Abdullah II and Queen Rania Al-Abdullah have worked tirelessly to actualize the country’s obligations under the CRC, while several other members of the royal family have championed a number of related causes.

A key feature of Jordan’s approach to challenges in the country environment is the openness of the Government to identify, acknowledge and address challenges. Another is concrete follow up action taken in terms of legal amendments, policy and strategy development, and establishment of necessary institutional mechanisms, several of which are chaired at very high levels. For instance, HM Queen Rania is President of the National Council for Family Affairs, and chairs the Jordan River Foundation. Her Majesty earlier chaired the National Team for Early Childhood Development and the Royal Commission for Human Rights, which were later replaced by the NCFA and the National Centre for Human Rights. HM King Hussein’s sister HRH Princess Basma bint Talal heads the Jordanian National Commission for Women (JCNW), while her cousin HRH Prince Raad bin Zeid heads the National Register for the Disabled. These are not just symbolic heads, but de facto leaders and advocates of the particular issue championed, making sure of the best possible action taken.
Jordan’s concern and action for its children started much before its accession to the CRC. This is evident from the high public expenditure consistently allocated over the years to ensure provision of basic services and results achieved in improved child health and education indicators by 1990. Accession to the CRC and other international covenants has replaced the ‘needs-based’ approach with a ‘rights’ orientation and a stronger consciousness of obligations towards meeting these rights. While the previous focus was mainly on health and formal education, there is now also attention to children’s participation and protection rights. The concept of the child has also been broadened to conform to the CRC age definition of 0-18 years, unlike the previous focus on the young child aged 0-10 years only. Another new aspect is the increased number of individuals and agencies joining hands to support the realization of child rights.

Reinforcing the Legislative Framework in Favour of Children
Serious efforts have been made to align the legal framework with the requirements of international conventions, to ensure an adequate development and protection legal cover for children. The Legislative Bureau at the Prime Ministry, the Ministry of Justice and the National Centre for Human Rights (NCHR) are all key players in this respect, as are the line ministries. National NGOs such as the NCFA, the Jordan River Foundation (JRF), MIZAN Law Group for Human Rights, the Jordanian Society for Protecting Victims of Family Violence, besides international agencies have played important advocacy and support roles.

The Penal Law, the Juvenile Law, the Personal Status Law and the Nationality Law have all been reviewed, amendments have been introduced, and new laws enacted. To bring together child-related provisions in various laws and improve consistency with CRC principles, an over-arching Child Rights Law was drafted initially in 1996 by the National Task Force for Children (now dissolved). This was re-drafted in 2004 by the NCFA and the Ministry of Social Development (MOSD) in partnership with various ministries and other stakeholders. Since Parliament was not in session for a number of years, some laws related to children during this period were adopted by Decree as temporary laws. They have been enforced, but Parliament still needs to adopt them as permanent laws. This is still awaited due to the Parliament’s preoccupation with a heavy load of other bills under review. Concerned NGOs have mobilized to advocate with law makers on the urgency and importance of regularizing the child-related temporary laws. Advocacy continues on other child-related legal areas of concern. A law was issued for the endorsement of the Convention on the Rights of the Child (law 50/2006) and was published in the Official Gazette on 16 October 2006. It should be noted also that MoSD, in cooperation with relevant experts, has developed a draft law on domestic violence, which is being considered by the Cabinet.

CRC and CEDAW concepts have been incorporated into the curricula of the schools of law at Jordanian universities, orientation provided to officials of the judicial and law enforcing institutions regarding the international requirements of handling and rehabilitating children, and relevant training materials developed. General awareness on CRC principles has been generated through schools, various field projects and the electronic media. The ‘Say Yes for Children’ Campaign during the build-up to the 2002 UN Special Session on Children (UNSSC) witnessed an unprecedented mass mobilization of the population, prominently including children.

Building up Institutional Structures
Necessary institutional mechanisms have been put in place or restructured to facilitate deliberation on diverse issues of concern, prepare relevant strategies and plans and ensure implementation and monitoring of action plans. The Ministries of Planning and International Cooperation, Social Development, Education, Health, Justice, Labour and Interior are important players, as are several national NGOs. The National Council for Family Affairs (NCFA), which is the nodal agency for child affairs, was set up in 2001 to build the coping capacity of Jordanian families through multi-dimensional approaches. Its functions include child- and family-related situation monitoring, review of relevant policies and legislation, and where indicated, assisting amendment
or development of policies and laws in cooperation with other stakeholders. The NCHR was established in 2002 with the mandate to monitor government accountability in all matters relating to human rights and discrimination. It is also responsible for monitoring the enforcement of laws and for recommending legislative amendments in line with the spirit of the constitution and international instruments, especially in matters relating to public freedoms. It has established a Committee on Women and Children to ensure due attention to issues which concern them.¹

Health and education systems have an almost universal outreach. The Ministry of Youth and Sports was transformed into a Higher Council for Youth (HCY) in 2001, to strengthen the planning and coordination of development efforts for adolescents and young people. There is increased emphasis on establishing or reinforcing institutions to deal with the protection concerns of the most vulnerable groups. The MOSD has undergone policy and administrative reforms to broaden its concepts and enhance its capacity. Other mechanisms for child protection issues are also being strengthened. The Family Protection Department (FPD) set up in 1998 is the main institution responsible for dealing with cases of violence and abuse against children. The Child Safety Programme at the Jordan River Foundation, also launched in 1998, serves as the institutional framework for protecting children at risk of abuse and raising public awareness on issues of violence against children. In 2001, a Child Labour Unit was set up at the Ministry of Labour (MOL).

**Action Planning for a ‘Jordan Fit for Children’**

The Millennium Development Agenda, to which Jordan subscribes, entails direct and explicit outputs for ensuring child rights to survival and development as well as for gender equality and empowerment, besides holding an inherent promise of a sustainable physical environment and protection from the debilitating effects of poverty. The synergistic ideals of the CRC, CEDAW and the Millennium Declaration have increasingly informed Jordan’s recent policies and plans, including the National Agenda, the National Strategy for Women, the ECD Strategy, the NPA for Children, the National Family Strategy, the Jordan National Poverty Alleviation Strategy, the National Education Strategy, etc., The NCFA in cooperation with the Ministry of Planning and International Cooperation (MOPIC) and other stakeholders developed the Jordanian National Plan of Action for Children (NPA 2004-2013) which was launched in October 2004 in the presence of King Abdullah II and Queen Rania Al- Abdullah

The NPA aims to build a ‘Jordan Fit for Children’, by creating a secure environment that guarantees their rights to survival, development, protection and participation. The vision is to create supportive conditions through positive legislation, policies and programmes for physical, mental, social and emotional well-being. It reflects national priorities and the principles of “A World Fit for Children” and on the ‘Arab Childhood Plan’, as well as the MDGs. It encompasses the age group 0-18 years, conforming to the CRC definition of a child, and defines goals differentially for the young child and the adolescent.

Efforts in Jordan and globally had till recently centred around child survival and development, the latter being mainly focused on primary education. Issues of child participation and protection are now getting due attention, so relevant knowledge bases, strategic frameworks and institutional mechanisms are still being developed. Also different from the child-focused approach of the 1990s is the age group focus, with adolescent issues now also coming to the fore. The task ahead will therefore be more challenging, but still achievable given the existing commitment and the work initiated. The outcome is likely to be more fulfilling as success will mean that the rights of the most disadvantaged and excluded are being met.

It is expected that child-related interventions included in other macro plans will assist the NPA’s efforts to achieve its goals. For instance, the National Agenda also addresses education, health, social welfare, employment generation and poverty alleviation aspects. Jordan’s First MDG Report provides a good overall baseline for some NPA indicators.

The NPA includes measurable operational objectives, besides process and impact indicators. It was costed at activity level, with the total required funds estimated to be about 800 million Jordanian dinars (JOD) over the next 10 years, in addition to the existing government budget.

Besides the National Plan of Action for Children, child focused planning frameworks developed in the last five years include the National Framework for Family Protection, the National Early Childhood Development Strategy, the National Strategy to Eliminate the Worst Forms of Child Labour, the National Youth Strategy, and the National Strategy for the Jordanian Family.

**Reporting on Advances against CRC Implementation**

Jordan submitted its first national report on CRC implementation to the Committee on the Rights of the Child in Geneva in 1993, the second periodic report in 1998, and the third report in 2005. The concluding observations of the Committee on the Jordan’s second report stressed the importance for Jordan to narrow its reservations regarding articles 14 (the right to freedom of thought and religion) 20 and 21 (the right to special care, and where acceptable adoption, for children deprived of their family environment). Other observations by the Committee focused on the very low age of criminal responsibility (7 years), the need to strengthen the use of disaggregated data, to have the CRC formally adopted by Parliament, and to make more effort to improve the data base on children with special needs and to reinforce provisions for their protection. The need was stressed for a proactive approach by Parliament to regularize the many legal amendments benefiting children which came into effect as temporary laws in recent years in the absence of a parliament in session.

Jordan’s response to these observation in its third periodic report highlighted achievements including the establishment of human rights monitoring bodies like the NCHR and policy coordinating bodies, such as the NCFA; steps to harmonize national legislation with international Conventions, especially the draft Childhood Act submitted to Parliament for review in 2004; the focus on combating child abuse, such as the establishment of FPD departments in major governorates (Amman, Irbid, Balqa, Aqaba, Karak and Madaba); and national initiatives for child victims of abuse and neglect including the establishment of the Child Safety Home for abused children. It also noted the insufficient in-country expertise in the new areas of concern the country is now addressing, such as child abuse and children in conflict with the law. The report referred to the fallout of the conflicts in Iraq and Palestine, which have negatively affected Jordan’s economic situation.

The Committee on the Rights of the Child in its 2006 concluding observations to the third periodic report welcomed the adoption of several national strategies and plans directly related to the rights of the child, law amendments and the many other positive initiatives taken, including the establishment of NCFA and NCHR. It noted with satisfaction the efforts made to address earlier concerns raised and Committee recommendations, but stressed that some have not been sufficiently addressed. This includes, inter alia, legislation, the age of criminal responsibility, non-discrimination, the right to life, ill-treatment in the family, children with disabilities and sexual exploitation.

The Committee reiterated that Jordan’s reservations to the CRC are seen as unnecessary and regretted that no review had been undertaken to study if they could be withdrawn. It also noted that there was discrimination against children of Jordanian mothers because the father is of non-Jordanian nationality, children born out of wedlock and de facto discrimination against children living in extreme poverty, in remote areas of the country and children with disabilities, and recommended that Jordan should abolish the discriminatory classification of children as “illegitimate” and adopt a proactive and comprehensive strategy to eliminate discrimination on any grounds and against all vulnerable groups of children.

The Committee was alarmed by the reported cases of crimes committed against girls in the name of “honour”. The Committee continued to be concerned that respect for the views of the child remains limited.

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2 CRC/C/JOR/CO/3 of 29 Sept. 2006 Unedited version
owing to traditional societal attitudes, and was alarmed by the high number of road traffic accidents resulting in the death of children or in serious injuries. Finally, while the Committee welcomed efforts to improve data collection on children, it noted that in some areas data were lacking or insufficient. This applies, for example, to violence against children, children with disabilities, children living or working on the streets, sexual exploitation of children, migrant, refugee and asylum seeking children and children in conflict with the law.

**JORDAN AND THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN**

The main goal of The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is to create conditions under which women can exercise their right to fulfil their optimum potential as individual human beings. Women’s rights are directly linked to those of girls and the level of attainment of rights by women and girls impact strongly on the full realization of child rights, because girls constitute half the child population, while women are the child bearers and main caregivers.

Jordan signed the CEDAW in 1980 and ratified it in 1992 with the following reservations:

- Article 9 paragraph 2 of the Convention, concerning granting women equal rights with men with respect to nationality of their children.
- Article 15 paragraph 4 of the Convention concerning women’s residence with their husbands.
- Article 16 paragraph 1(c) of the Convention, relating to the rights of women upon the dissolution of marriage with regard to maintenance and compensation; (d) regarding the same rights and responsibilities as parents, and (g) the same personal rights as husband and wife.

The reservations are explained by the interpretation of the Islamic Sharia laws where men have the right to marry more than one wife, and men have the right to break the marriage contract while women need to go to court to seek divorce. By law, the husband is obliged to provide financially for the wife and children while the wife is not required to do so even if she works. Regarding inheritance law, wives are entitled to a quarter or one eighth of the inheritance, given the line heirs of the deceased. A mother is granted guardianship over her children upon divorce, but she loses this right if she remarries. The legal guardianship is entrusted to the father since the children carry his name and he is obliged to provide for them financially.

**Fostering Gender Equality**

To assist the action planning and achievement of CEDAW objectives as they relate to Jordan, the Jordanian National Commission for Women (JCNW) was established as a semi-governmental institution in 1992 with HRH Princess Basma bint Talal as its President. Its mandate was amended in 1996 to enhance consistency with the Beijing Platform of Action’s requirements for national mechanisms. It works through a Secretariat and an array of subsidiary networks of government bodies and NGOs. It is the official national monitoring mechanism for all government agencies in all matters relating to women’s issues and represents the country in all relevant international and regional forums. A Parliamentary Working Group on Women’s Issues has also been set up.

There is visible improvement in women’s legal, educational and health status. Their access to decision-making levels has increased somewhat with appointment to senior positions including as ministers and judges, and they are entering diverse fields of employment. Yet, there is more ground to be covered towards a more gender-balanced environment. Due to very low political and economic participation of women, Jordan is currently not on track to achieve MDG 3 on gender equality and empowerment of women. The labour force which comprises less than 25 per cent of the total population is characterized by a marked gender imbalance with a 63 per cent participation of men compared to 12 per cent for women, representing 12.5
per cent of the total employed population. Given the proven value of women’s labour force participation in reducing family size and improving family income and well-being, its enhancement is crucial for the health of Jordan’s economy. Because of women’s inadequate participation in public, economic and political life, and some persisting legal disparities, civil society organisations have suggested the creation of a Jordan-specific millennium development target ‘Increase the percentage of political and economic participation of women by 2015.’

The National Framework of Action for the Advancement of Jordanian Women 1998-2002 included as priority themes: empowerment, strengthening of personal capacities, equity, equality and participation in decision making. The objectives of the updated National Strategy for Jordanian Women are built around these priorities, also taking into consideration the Committee on the Elimination of All forms of Discrimination against Women comments. The National Agenda calls for ‘eliminating all forms of discrimination against women.’ Other macro-national development frameworks also incorporate a gender focus.

### Updated National Strategy For Women: Objectives

- Reinforcement of the concept that women are full citizens and its practical application;
- Action to change the stereotyped social image of women’s capacities and roles in society;
- Increased economic opportunities;
- Enhancement of capacities through training and education;
- Greater knowledge of the negative impacts of structural changes in the national economy which are leaving progressively less scope for women’s economic empowerment;
- Creation of a legislative climate conducive to greater participation by women in economic activity and ensuring complete gender equality in this area;
- Strengthening of women’s leadership capacities
- Preparation and application of special measures aimed at enabling more women to accede to decision-making posts;
- Development of primary health care services for women of all ages;
- Strengthening prevention programmes to address health risks affecting women at all periods of their lives, in particular reproductive health issues.

### Reporting on Advances against CEDAW Objectives

Jordan’s third and fourth periodic reports were prepared as a combined document in 2005 by the Jordanian National Commission for Women (JNCW). It was shared with various partners for comments before submission to the Committee. The report was discussed during its thirty nine session in 2007 by the Committee on the Elimination of All kinds of Discrimination against Women. The JNCW has received praise from the Committee for publishing the convention in the Official Gazette, which gives it the force of law in Jordan. The Committee recommends that Jordan embark on the following strategic directions:

- Develop and implement awareness raising programmes to promote a culture supportive of women’s equality and non-discriminations;
- Give high priority to its law reform process including amending discriminatory provision in its Personal Status Act, Penal Code and Nationality Act;
- Undertake legal and social measures to eliminate violence against women and the establishment of sufficient and accessible shelters and crisis centres for female victims of violence and the amendment of the law related to the so-called honour crimes;

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3 NCFCA, National Plan of Action for Children
5 UNICEF Jordan Country Office
- Review of the Labour Law to ensure equal rights and benefits for female employees and protection against harassment.

As part of the efforts to fight violence against women, the FPD receives cases of violence against females over 18 years of age, and the Al-Wifak Family Shelter was inaugurated in January 2007.

FACTORS AFFECTING THE REALIZATION OF CHILDREN’S RIGHTS

Jordan has a land area of about 92,300 square kilometres, but its size belies its political importance. It is one of the most strategically positioned countries in the Middle East. It has common borders with Iraq, Syria and Saudi Arabia, the longest shared border with Israel and the Occupied Palestinian Territory, with Egypt and Lebanon not too far away.

Its location makes it vulnerable to regional political and economic developments. There has been direct influence on the lives of Jordanians because of the long-standing Middle East Crisis following the creation of Israel in 1948 and also in 1967, the 1990 Gulf War, and the 2003 US-led occupation of Iraq. Jordan imported most of its oil from Iraq for years, but the 2003 war made it more dependent on oil from other Gulf nations. Its export market, which was heavily dependent on exports to Iraq, was affected by the war, but recovered quickly while contributing to the Iraq recovery effort.

Despite being sandwiched between explosive situations in neighbouring countries, Jordan remains an oasis of peace in the region. It serves as the transit point, as well as a longer term safe haven for many fleeing from conflict in their home countries. For almost four decades it has accommodated the largest number of Palestinians living outside the Occupied Palestinian Territory. Its handling of the resultant pressures on its economy and social services, has earned it the reputation of being among the most generous refugee hosting countries, even though it is not party to the 1951 Refugee Convention. The invasion of Iraq in 2003, and the ensuing insurgency has triggered another massive human influx, posing new challenges to the Jordanian Government in fulfilling the rights of additional children. It is playing a critical hosting role for Iraq’s reconstruction efforts, and for the relief operations of the UN and other international organisations which relocated here as Iraq’s security situation deteriorated. The insurgency in Iraq also took its toll on Jordan in the terrorist attacks of 9 November 2005 at three hotels in Amman.

HM the late King Hussein’s globally respected statesmanship and balanced approach to international relations had early on put Jordan at the heart of regional diplomacy. This is part of the legacy passed on to his son HM King Abdullah II, who has maintained Jordan’s position as a key regional player and added new dimensions to its international role. Jordan’s social consciousness is manifested in the support of Their Majesties the King and Queen, and other members of the royal family to global humanitarian causes. HM Queen Rania was among the few leaders chosen as advocates for the Global Leadership Initiative as part of the Global Movement for Children leading up to the 2002 UNSSC. She has continued to play a lead role as an advocate for children – both in Jordan and at the global level. She is, inter alia, a board member of the GAVI Alliance, and in January 2007, she was appointed by the UNICEF Executive Director as the first Eminent Advocate for Children.
THE ENVIRONMENTAL FACTOR

Jordan has only a 30 kilometre-long seacoast – on the Gulf of Aqaba, plus the Dead Sea shore. It is vulnerable to natural disasters – mainly drought, but also earthquakes. Irrigated areas are rich in vegetables and fruits, but there is inadequate arable land due to desertification and urbanization; plant biodiversity faces depletion, and forests cover less than 1 per cent of the total area.

The low availability of water resources per capita in Jordan places it among the world’s most water-scarce countries. High population growth and urbanization rates continue to aggravate the situation. Agriculture, which is the mainstay of 30 per cent of the less advantaged rural population, is challenged by the combination of water scarcity and degradation of natural resources. Water consumption is higher among urban and the financially better off income groups than the average daily per capita of 90 litres. Over-pumping of groundwater reserves to meet the deficit is leading to their depletion, quality loss and possible permanent damage to the aquifers. Current demand exceeds renewable supplies by 90 per cent and is expected to double in 25 years. This is likely to put Jordan into the category of countries of absolute water shortage.

By 2002, Jordan’s public piped water supply reached 85.8 per cent of the people (86.5 per cent urban and 82.8 per cent rural). Nine per cent of the urban and 1 per cent rural households, presumably of higher income groups, also used bottled water, indicating that 96 per cent urban households and 84 per cent rural ones had access to safe drinking water. However, sufficiency and reliability of supplies is affected due to intermittent supplies operating once or twice a week for 12 to 24 hours. Water quality also suffers from supply interruption and the condition of the distribution system. Twelve per cent of rural dwellings were using water likely to be unsafe for drinking and other household needs, besides the 5 per cent depending on tankered water, which was also of unknown quantity. According to the 2004 Population Census, the main source of drinking water for 82 per cent of the people was the public network. The use of bottled water was still 10 per cent, the highest in Amman at 18.8 per cent and lowest in Mafraq and Aqaba at 0.2 per cent.

Eighty-nine per cent of households had flush toilets in 2002, but compared to 73 per cent of urban dwellings, only 7 per cent of the rural had access to public sewage networks, while the rest used seepage pits for domestic waste disposal. Environmental pollution levels have risen because of emissions from oil refineries, thermal power plants, factories, mines and cars.

Efforts to maintain and build environmental resources include the enactment of the 1995 Environmental Law, and development of planning frameworks such as the 1991 Environmental Strategy, the National Health and Environmental Strategy and Plan of Action, the Water Resources Master Plan 2000, and Jordan’s Agenda 21 which was adopted in 2001. Other initiatives are the establishment of the Ministry of Environment in 2003, the Biodiversity Strategy and Action Plan, and National Strategies for Environmental Education and Information.

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6 Common Country Assessment (CCA) 2002
7 Ibid
8 National Water Master Plan 2000. Ministry of Water and Irrigation
10 Jordan Population and Family Health Survey (JPFHS) 2002
11 Ibid
12 Ibid
13 Ibid
14 CCA 2006
During the 1970s and the early 1980s, transfers from expatriate Jordanians, foreign assistance and loans boosted the economy and enabled infrastructure development and the adoption of social development initiatives leading to striking improvements, particularly in health and education. Due to a decline in regional oil revenues and worker remittances, there was a recession in the mid-1980s, with a rise in unemployment, inflation and external debt triggering the introduction of a structural adjustment programme. After a modest recovery following the Gulf War, largely due to capital repatriated by workers returning from the Gulf, growth became sluggish again with per capita GNP falling in 1997 and 1998, and rising only slightly over the next four years.

Table 1.1 GDP Trends 1999-2005

<table>
<thead>
<tr>
<th>Year</th>
<th>GDP at market prices (US$ billion)</th>
<th>Real GDP growth</th>
<th>GDP per capita at current prices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>8.15</td>
<td>3.4%</td>
<td>$1,734</td>
</tr>
<tr>
<td>2000</td>
<td>8.46</td>
<td>4.2%</td>
<td>$1,752</td>
</tr>
<tr>
<td>2001</td>
<td>8.97</td>
<td>5.3%</td>
<td>$1,809</td>
</tr>
<tr>
<td>2002</td>
<td>9.58</td>
<td>5.8%</td>
<td>$1,883</td>
</tr>
<tr>
<td>2003</td>
<td>10.19</td>
<td>4.2%</td>
<td>$1,954</td>
</tr>
<tr>
<td>2004</td>
<td>11.94</td>
<td>8.4%</td>
<td>$2,130</td>
</tr>
<tr>
<td>2005</td>
<td>12.73</td>
<td>7.2%</td>
<td>$2,325</td>
</tr>
</tbody>
</table>

Source: MOPIC 2006

Regional instability affects the tourism industry, a major source of revenue till 2001. The share of the manufacturing sector rose from 10.7 per cent in 1990 to 13.8 per cent in 2001, but decline was registered for agriculture, wholesale and retail trade, restaurants and hotels.

Major challenges facing the economy are dependence on foreign grants and loans resulting in high external debts – 91 per cent of GDP in 2004, resulting in budget deficits (currently at 11 per cent. The government is also concerned about poverty and high unemployment, which emerged only in 1989 when an economic collapse, forcing 17 per cent of the people into poverty, and 20 per cent of the labour force into the ranks of the unemployed. Both problems were reduced in the early 1990s, but unemployment remained at about 15 per cent through the later part of the decade.

The full financial impact of the influx of capital brought in by rich Iraqi businessmen and the multinationals that followed is yet to be assessed. According to informal estimates, property prices in Amman have risen by 25 per cent and in the more upscale areas by 200 per cent, implying reduced affordability of housing in and around Amman for the lower income groups.

However, Jordan has effectively strengthened its economic development processes through several reform programmes, and it is currently classified as a lower middle-income country. Since the early 1990s it has been actively encouraging privatization and community services, and has established the legal and institutional framework for privatization. The average GDP growth from 2000 to 2005 was 5.9 per cent and is expected to be sustained at this level till 2008.

HM King Abdullah II has undertaken broad economic reforms to improve living standards. He has led the country in working closely with the International Monetary Fund (IMF) in the last three years, practising

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15 Ibid
16 Common Country Assessment (CCA) 2002
18 Ibid
20 JHDR 2004
21 MOPIC
careful monetary policy and making substantial headway with privatization. The trade regime was sufficiently liberalized for eligibility for World Trade Organization (WTO) membership, which materialized in the year 2000. A free trade accord with the United States and an association agreement with the European Union, both in 2001, have helped improve productivity and put Jordan on the foreign investment map.

**Poverty and Social Safety Nets**

The Jordan National Strategy for Poverty Alleviation 2002 focused on increasing and extending the National Aid Fund, supporting sustainable micro-financing and increasing employment opportunities in rural areas and small towns.

The latest poverty study by the government and the World Bank reports a marked reduction in the incidence of poverty from 21.3 per cent in 1997 to 14.2 per cent in 2002-2003, with the chronically poor comprising only 29 per cent of the poor. The study drew on figures from the 2002/2003 Household Expenditure and Income Survey, which calculated the food poverty line based on actual food consumption. The absolute poverty line (food plus non-food) was calculated to be JOD 392 per person per year (approximately US$ 1.50 per day), compared to JOD 366 in 1997. The reduced poverty is believed to have resulted from reduced household sizes due to a steady decline in fertility rate since 1976, besides increased educational levels.

Poverty was confirmed to be unevenly distributed between rural and urban areas, within and between governorates, and within cities. Thirteen out of 73 sub-districts were identified as pockets of severe poverty, where more than 34 per cent of the people were classified as poor. Most of these are in Badia areas, characterized by chronic poverty, low literacy and nomadic life patterns. Rural poverty is 19 per cent compared to 13 per cent urban.

Poverty affects family nutrition, hygiene and sanitation levels. Often the poor, especially those who do not have extended family support to fall back upon, are forced to sacrifice longer term gains for immediate needs, such as selling off precious livestock to provide for daily needs, or withdrawing children from school to work to supplement family incomes. When children divide the day between school and work, they underperform in school and lose out on play and rest. Reduced family incomes imply the possibility of withdrawal from school, even if involvement in child labour does not follow. Children of the poor cannot afford the cost of higher education. Food prices have steadily risen, straining the budgets of poorer households, which spend 48 per cent of their income on food, and rural families for whom food expenses represent 58 per cent of their income. In many rural areas, small-scale farming is now a less viable economic strategy. As men move out of subsistence agriculture to look for alternate livelihood options, more women seem to be “entering the paid labour force especially in seasonal agricultural work and in the manufacturing sector.” The Food and Agriculture Organization of the United Nations (FAO) warns that food security may be threatened for 25 per cent of the people, the hardest hit being the already poor small farmers/cattle herder households, as the decrease in livestock is causing a significant drop in protein intake among the poor. In locations where rural communities are being supported to take up alternate occupations, there is stronger coping capacity than communities without such options.

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22 Jordan Poverty Study 2004 MOPIC/World Bank
23 Ibid
24 Ibid
25 JHDR 2004
26 CCA 2002
27 JHDR 2004
28 Ibid
Women of poor communities complain about the cost and quality of tankered water, the inadequacy of sanitation facilities, and the health implications for their families. During JHDR 2004 surveys, poorer respondents raised concerns about the rising costs of utilities.

The government is mindful of the need to sustain poverty alleviation, reduce unemployment and prevent the negative effects of structural adjustments on the poor. Allocations to social sectors have been sustained even through low growth periods. With progressive improvements in Jordan’s human development index (HDI), its global rank is now 89 out of 177 countries, and 9 out of 19 countries in the region. The first seven of the eight Arab countries ranked above it are all oil-producing countries, while Jordan owes its position to advances in education and improved life expectancy.

Direct interventions have been focused on the health, education and other social sectors to improve the lives of children and women, alongside more broad-based economic reform initiatives. The Social and Economic Transformation Programme 2002-2004, aimed to re-engineer government decision-making processes and services, increase privatization and private investment and effect improvements in the quality of health, education and other basic social services. Over the same period, the Enhanced Productivity Programme unveiled special initiatives to address pressing socio-economic needs of rural and poor groups, such as community-level, small-scale financing and enterprise development and job creation. Safety nets are available for the poorest of the poor, such as in terms of regular allowances from various charitable funds, though actual access is constrained for some due to lack of information and procedural bottlenecks.

Jordan’s development vision for the next decade is contained in the Jordanian National Agenda 2006-2015. This is a forward-looking and ambitious policy-cum-action framework, which is also expected to contribute to the achievement of the Millennium Development Goals. It frankly spells out socio-economic challenges, sets aggressive targets to meet them, and commits to government accountability for meeting these targets. The eight core spheres of national interest of the Agenda are political development, legislation and justice, infrastructure, investment, financial reform, labour and vocational training, education and higher education, and social welfare.

**DEMOGRAPHIC TRENDS**

At the time of the first population census of 1961 there were less than a million people in Jordan. By 1979 there were 2.13 million due to a population growth rate of 4.8 per cent, and the Palestinian refugee influx. Between 1979 and 1994, the population doubled to 4.14 million because of natural increase and the return of 300,000 Jordanians from the Gulf States after the 1990 Gulf War. By end of 2004, the number had risen to about 5.35 million people including 32 per cent (1.7 million) registered Palestinian refugees.

With higher female participation levels in education and economic activities and increased contraceptive use, fertility went down from 4.4 children per woman in 1997 to 3.7 by 2002. As of 2007, the fertility rate has fallen to 3.2 according to a DOS estimate. The proportion of the under 15-year-old population declined from 44 per cent in 1990, to 39 per cent by 2002. As a result there are now fewer children in the 0-4 age group than the 5-9 year group.

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29 Consultations with community women, May 2006
31 Jordan Poverty Assessment 2004. MOPIC/World Bank
32 JPFHS 2002
Table 1.2 Household Population by Age, Sex (Percentages)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>13.1</td>
<td>12.7</td>
<td>12.9</td>
</tr>
<tr>
<td>5-9</td>
<td>14.2</td>
<td>13.8</td>
<td>14.0</td>
</tr>
<tr>
<td>10-14</td>
<td>12.5</td>
<td>11.9</td>
<td>12.2</td>
</tr>
<tr>
<td>15-19</td>
<td>11.6</td>
<td>11.5</td>
<td>11.6</td>
</tr>
<tr>
<td>20-59</td>
<td>42.9</td>
<td>44.1</td>
<td>43.5</td>
</tr>
<tr>
<td>60+</td>
<td>5.7</td>
<td>6.1</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: JPFHS 2002

Still almost half of Jordan’s population was below 19 years of age, of which 26.9 per cent were in the age group 0-9, and 23.8 per cent between 10 and 19 years. At the 2002 growth rate of 2.8 per cent per annum, a further 50 per cent increase was expected in about 20 years. This could have meant an annual increase of 5-10 per cent of children waiting for school enrolment, and 1.3 million more young people coming into the labour market by 2015. Even with the 2.3 per cent growth rate recorded by the 2004 Population Census, the government would still have to make hard choices – to allocate more resources to cover social services for the growing numbers, or to reduce the scope and quality of services. The National Agenda targets indicate that Jordan has chosen the first option.

Females are roughly half the population. The overall ratio of males to females in the population is 106 males to 100 females with males constituting 51.5 per cent of the total. The sex ratio is not constant over all age groups.

Due to positive preventive health policies and expansion of health services, mortality has declined even faster than fertility. Since 1990, the estimated crude death rate has been 7 per 1,000 compared to 12 per 1,000 in the early 1980s. By 2002, infant deaths were reduced to 22 per 1,000, and maternal deaths to 41 per 100,000. The result was a rise in life expectancy levels to 71.5 years – 70.6 years for men and 72.4 years for women.

Population density is 60.3 per sq km overall, but varies across regions and sub-regions. Internal migration for better access to basic services and employment options contributed to an 82.6 per cent urbanization by 2004. Many dwellers seem to be moving to Amman and its neighbouring governorates, where 71 per cent of the people now live. These are also areas with the widest income and living standard disparities.

The number of female-headed households has increased from 5 per cent in 1979 to 13 per cent in 2001. This includes widows, divorcees or single working women living on their own, or women managing their families in the absence of husbands who have emigrated abroad for work. The economic situation is better for women receiving remittances from abroad than for single or divorced women. The proportion of female household heads in urban areas is slightly higher than the rural. Living with only one parent for extended periods is not the ideal situation for either children or their parents, but better than for those living in institutions or foster care.

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33 JPFHS 2002
34 Population Census 2004
35 Department of Statistics (DOS) Statistical Yearbook 2005
36 Main Economic Indicators, MOPIC
37 Population Census 2004 as reported in the 21 June 2006 Jordan Times
38 JPFHS 2002
THE HOME ENVIRONMENT
The Physical Conditions
For a large percentage of the population, there has been a singular improvement in the quality of the living space, access to public utilities and household conveniences. Over 98 per cent now live in permanent, substantial housing, with only two per cent dwellings made of impermanent materials such as cloth, asbestos board or wood. Two-thirds of all homes are less than 20 years old. Access to electricity is almost universal – 99.7 per cent urban, and 98.7 per cent rural. Over 90 per cent of households have a separate kitchen and 64 per cent a separate bath or shower. Access to drinking water and sanitation facilities is high, but the quality varies between urban and rural and rich and poor households. Inadequate availability of water puts an extra burden on women who need water for diverse household tasks, and reduces hygiene and sanitation levels among the poor, especially if household sanitation facilities are below par.

Household sizes are still fairly large though economic and urbanization pressures have led to an increased nuclearization of families. The national average in 2002 was 5.7 persons per household, with an average of 5.5 family members in urban households and 6.2 in rural ones.\textsuperscript{39} fifteen per cent of households had nine or more members – 2 per cent in urban areas and 22 per cent in rural areas, with up to 20 persons per house in some cases.\textsuperscript{40} Co-existence of several generations in the same space can provide a good learning environment for children, and help in better sharing of household and childcare responsibilities. On the other hand, it can lead to overcrowding, lack of privacy, and extra workload for the woman managing the house. The average family size went down to 5.4 by 2004, the lowest being 5 in Amman and the highest 6.1 in Mafraq.\textsuperscript{41}

The economic boom of the 1970s and early 1980s, rapid urbanization, and the flooding of the markets with modern consumer items have contributed towards a highly consumer-oriented society. This has led to a slight skewing of priorities with the emphasis being on living for the present, and a depletion of back-up economic resources for the majority of the middle and lower income groups. On the positive side, the availability of modern conveniences in the house significantly reduces women’s workload, especially in situations where they work outside the home, and/or also tend to large families, usually without much help.

Table 1.3 Availability of Modern Household Conveniences in Households (Percentages)

<table>
<thead>
<tr>
<th>Type of consumer facility/goods</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td>82.1</td>
<td>69.8</td>
<td>79.7</td>
</tr>
<tr>
<td>Television</td>
<td>96.7</td>
<td>94.8</td>
<td>96.3</td>
</tr>
<tr>
<td>Telephone</td>
<td>56.5</td>
<td>46.0</td>
<td>54.4</td>
</tr>
<tr>
<td>Mobile phone</td>
<td>50.2</td>
<td>38.9</td>
<td>48.0</td>
</tr>
<tr>
<td>Phone or mobile</td>
<td>74.7</td>
<td>64.4</td>
<td>72.6</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>94.4</td>
<td>87.9</td>
<td>93.2</td>
</tr>
<tr>
<td>Satellite dish</td>
<td>47.9</td>
<td>19.3</td>
<td>42.3</td>
</tr>
<tr>
<td>Washing machine</td>
<td>93.9</td>
<td>89.1</td>
<td>92.9</td>
</tr>
<tr>
<td>Solar heater</td>
<td>21.4</td>
<td>11.1</td>
<td>19.3</td>
</tr>
<tr>
<td>Computer</td>
<td>19.1</td>
<td>5.3</td>
<td>16.4</td>
</tr>
<tr>
<td>Internet access</td>
<td>6.1</td>
<td>0.7</td>
<td>5.0</td>
</tr>
<tr>
<td>Private cars</td>
<td>39</td>
<td>34</td>
<td>38</td>
</tr>
<tr>
<td>None of the above</td>
<td>.5</td>
<td>1.6</td>
<td>.7</td>
</tr>
</tbody>
</table>

Source: JPFHS 2002

\textsuperscript{39} Ibid
\textsuperscript{40} Ibid
\textsuperscript{41} Population Census 2004
Sixty-six per cent of households owned their dwellings in 2004, compared to 62 per cent in 2000, and 82 per cent express high or moderate satisfaction with their housing conditions.43

**Family Norms**

Besides determining the level of the family’s physical comforts, the home environment plays the greatest role in shaping lifelong attitudes as relationships between family members determine the child’s emotional and psychological development and approach to life. Family life in Jordan is still influenced by traditional patriarchal norms that have their roots in a society traditionally governed by tribal codes of conduct. Till its abolition in 1975, tribal law was accepted as legitimate as civic law. Three decades down the line both positive and some negative influences of tribal attitudes continue, particularly in remote areas. Family relationships and voting patterns reflect strong kinship ties, and the extended family remains an important support system. Polygamy still prevails in more conservative families. In 2002, as in 1997, seven per cent of married women were in polygamous unions.44

The father is the undeniable head of the family, and the provider, respected by all, but not necessarily the one with whom the children communicate most, though some feedback indicates that the father’s advice is sought more by boys during adolescence. In many families, the eldest son is also an authority figure. Observance of strict discipline among children, including through beating, is sanctioned by law and custom, and accepted as legitimate by both parents and children.

The status of the mother in the parental relationship, her self-perception, and her style of home management, are critical influences on her children’s personality development. Most Jordanian women handle all childcare and domestic tasks, even when they are employed and their husbands are not. Lack of personal resources has traditionally affected women’s decision making within the household, but there are indications of change, with more joint decision making between couples including on family planning, household expenditure and social interaction. More women are also reported to be taking independent decisions on the use of their earnings. The fact that couples are more educated and marrying at more mature ages may have contributed towards this.

Though feedback from community women indicates widespread prevalence of son preference, girls and boys seem to be equally cared for in infancy, but gender stereotyping is evident in their socialization from early ages. 45 Parents generally value high-level education for both, though their aspirations for girls are slightly lower than for boys.46 Their perspectives differ significantly in terms of future roles and freedom of choice in decisions regarding employment and marriage.47 Many young people also believe that male decisions should prevail in every respect, though these attitudes are slowly changing, especially among the more educated young girls.

Belief in gender segregated roles is strong among both women and men, including the young. Assisting mothers in household tasks is predominantly the role of daughters. Girls have less freedom in decision making and participation in activities outside the home. Restrictions on their mobility increase as they approach adolescence, while such restrictions are softened for boys at similar ages. On the other hand, boys are encouraged to be tough and manly, discouraged from showing their emotions, get beaten more often than girls, and are under greater pressure to start working at an early age.

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42 Population Census 2004 and JHDR 2000
43 JHDR 2000
44 JPFHS 2002
45 Consultations with community women, May 2006
46 Jordanian Youth: Their Lives and Views. DOS/UNICEF 2002
Since positive attitude and behaviour patterns are key determinants in the progress of nations, it is important for today’s young Jordanians to analyze existing traditions, with a view to retaining and consolidating positive values, and effecting changes where indicated.

Yet family life in Jordan still ensures the basic conditions necessary for healthy social integration. Most young Jordanians in both rural and urban areas have the benefit of a warm family environment, minimum years of schooling and a relatively smooth entry into young adulthood. As a result, they take pride in their traditions and culture, are committed to their families and respectful of the State and its institutions. Still, there are some emerging signs of social stress and alienation among the young due to the inadequacy of support systems to deal with the complexity of conditions of a fast-changing world.48

MEDIA AND COMMUNICATION
The importance of the electronic media in the life of Jordanians is demonstrated by the high ownership of televisions and radios. Surveys confirm watching television to be the most popular leisure time activity for young people, and many are also radio fans. Even with the emergence of many new radio stations, Arabic FM remains by far the most popular. In a 2004 baseline survey, Television viewer-ship among mothers was found to be between 70 to 80 per cent, and 50 per cent were listening to the radio. According to the JHDR 2000 newspaper readership in some urban areas was about 65 per cent, between 30 and 40 per cent in rural settings, and less than 20 per cent in some areas where literacy rates were low among women. A 2001 sample survey in all regions indicated that 45 per cent of Jordanians overall, and 52 per cent of the 15-20 year age group did not read newspapers.49 This may partially reflect non-availability of appropriate reading material to attract them, as young people express an unmet need for reading material.50

Media choices are expanding, with access to 20 television stations plus 96 repeaters, and international satellite channels, besides a large number of FM, AM and shortwave radio stations. Few of these have an inherent developmental orientation, but the role of the official media is gradually being reinforced towards public education on social aspects including child-related issues.51 Recently, the Public Security FM station was launched. The station broadcasts education messages on child protection from violence and abuse.

There has also been progress in the information and communication technology (ICT) field in recent years, though more ground needs to be covered. Between 2002 and 2005, computer ownership rose from 19 per cent of households to 38 per cent, and Internet use from 5 per cent to 26 per cent.52

GOVERNANCE STRUCTURES AND PEOPLE’S PARTICIPATION
Jordan is a constitutional monarchy. The shift towards democratization has been gradual and still continues. The country’s constitution which was originally promulgated on 01 January 1952 has undergone several changes. The first ever elections were held in 1960 with voting rights for

48 JHDR 2000
49 Media Habits & The ‘Say Yes for Children’ Campaign Evaluation 2001. Abyad Research & Marketing Consultancy
50 JHDR 2000
51 Ibid
52 Ipsos Poll, September 2005
those 20 and above. For the 1986 elections the voting age was reduced to 19 and above, while later universal suffrage was extended to those 18 years and above. There are many political parties, but the party system is yet to mature. Political candidates basically run on the strength of their individual campaigning power and available resources, rather than on issue based, party sponsored candidacy. Voting is guided by tribal considerations and personalities rather than party affiliations or election manifestos.

The bicameral legislature – ‘Majlis Al-Umma’ consists of a 110 seat Lower House of Parliament – ‘Majlis Al-Nuwaab’ elected by popular vote on the basis of proportional representation for a four-year term, and an Upper House of Parliament – ‘Majlis Al-Ayaan’ that consists of 55 members appointed by the monarch from designated categories of public figures. As affirmative action to ensure the participation of groups who may have less chances of winning open elections, there are a few quotas in the Lower House: nine for Christians, three on ethnic/cultural grounds (Chechnyans/ Circassians), and nine for Bedouins. Six seats are reserved for women, to be allocated by a special electoral panel if no women are elected. The Prime Minister is appointed by the monarch, while the Cabinet is formed by the Prime Minister in consultation with the monarch. The latest parliamentary and municipal elections were held in November 2003.

Women were not part of the political process till the early 1950s. Initially the women’s movement itself was unconcerned with politics, being preoccupied with improving women’s education, health, and social welfare status. Rapid urbanization in the next decade, and women’s activism in support of Palestine and other Pan-Arab causes brought increased political consciousness among women about their own rights. A campaign was launched in 1952 demanding women’s right to vote in local elections. This was granted in 1955 to those with at least primary education. Full voting and political participation rights for women came in 1974, but the first opportunity to compete in the 1984 by-election was lost as there were no female candidates. In the 2003 parliamentary elections, none of the 54 women candidates were elected. All six female members of the current Parliament came in through appointment. As part of affirmative action to ensure women’s participation in local government, it is mandated to have one woman in each village council through appointment if not elected. Five women were elected as councillors in 2003, so another 94 were appointed. There is still a lingering belief that men are more suited for public office. In a recent survey, 60 per cent of the respondents said that men were more suited as members of parliament, judges, and political party leaders and so on. Given the choice of equally qualified male and female candidates, they would vote for the male.

Except by voting, the general public does not have many means of participating in governance matters. Despite the opening up of society and the relative freedom of expression in the country, there is a general feeling that decision making is a preserve of higher levels. Strong centralization remains the norm for policy and spending decisions, and programme management. Young people (15-29) hold strong views about regional and global politics and consider ‘poverty, water shortage, the debt crisis and the internal economic restructuring as the most pressing political problems’. They are not involved in practical politics as the age-related eligibility to stand for elections is 30 years and above, and ‘their membership in politically oriented organisations is just 3 per cent for males and 11 per cent for females, similar to the rates for those in middle adulthood’.

The National Agenda’s stated intention to institutionalize monitoring of government performance so it can be held accountable for meeting set development targets is a bold step in the right direction. Hopefully, this will be followed up by the development of appropriate mechanisms to facilitate a two-way dialogue with the public.

54 Towards Political Empowerment of Women UNIFEM 2006
55 Ibid
56 JHDR 2000
LIFE IN THE REGIONS
Administratively, the country is divided into three regions, which cover 12 governorates.

Table 1.4 Administrative Regions in Jordan (Percentages)

<table>
<thead>
<tr>
<th>Region</th>
<th>Governorates</th>
<th>Population as per the 2004 Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Irbid, Jerash, Ajloun and Mafraq</td>
<td>27.9</td>
</tr>
<tr>
<td>Central</td>
<td>Amman, Balqa, Madaba, Zarqa</td>
<td>62.8</td>
</tr>
<tr>
<td>South</td>
<td>Aqaba, Karak, Ma’an, Tafilah</td>
<td>9.3</td>
</tr>
</tbody>
</table>

The existence of geographic disparities is well recognized. Sub-national data now becoming available confirm governorate-level variations in life expectancy, literacy rates, access to modern infrastructure and the quality and quantity of public services. For instance, in 2002, the number of hospital beds per 10,000 ranged from 8 in Mafraq and Ajloun to 25 in Amman. Five per cent of residents in Ajloun and Tafilah had telephone lines compared to 18.6 per cent in Amman. Similar disparities existed in other public services such as transport systems, and sewerage systems.

National HDI values show a steady rise from 0.641 in 1980 to 0.715 for 1997 and 0.743 in 2000, improving further to 0.753 by 2005. The governorate-level HDI comparison in the JDHR 2004, which is based on a review of UNDP Human Development Reports 1990-2003 supplemented by Department of Statistics (DOS) data, shows improvement in HDI values in all governorates, but also highlights some early warning signs. For instance, in the Balqa, Karak, and Aqaba governorates the poverty level was unchanged and in Zarqa the poverty level had risen.

Table 1.5 HDI Disparity Index by Governorate, 1997 and 2002

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Life Expectancy Index</th>
<th>Education Index</th>
<th>GDP Index</th>
<th>Human Development Index (HDI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordan</td>
<td>0.751</td>
<td>0.755</td>
<td>3.2</td>
<td>0.802</td>
</tr>
<tr>
<td>Amman</td>
<td>0.758</td>
<td>0.785</td>
<td>3.6</td>
<td>0.833</td>
</tr>
<tr>
<td>Aqaba</td>
<td>0.802</td>
<td>0.828</td>
<td>3.2</td>
<td>0.796</td>
</tr>
<tr>
<td>Irbid</td>
<td>0.773</td>
<td>0.798</td>
<td>3.2</td>
<td>0.798</td>
</tr>
<tr>
<td>Madaba</td>
<td>0.776</td>
<td>0.817</td>
<td>5.3</td>
<td>0.783</td>
</tr>
<tr>
<td>Ajloun</td>
<td>0.770</td>
<td>0.793</td>
<td>3.0</td>
<td>0.781</td>
</tr>
<tr>
<td>Zarqa</td>
<td>0.743</td>
<td>0.773</td>
<td>4.0</td>
<td>0.821</td>
</tr>
<tr>
<td>Balqa</td>
<td>0.738</td>
<td>0.733</td>
<td>-0.7</td>
<td>0.761</td>
</tr>
<tr>
<td>Jerash</td>
<td>0.725</td>
<td>0.747</td>
<td>3.0</td>
<td>0.789</td>
</tr>
<tr>
<td>Karak</td>
<td>0.720</td>
<td>0.752</td>
<td>4.4</td>
<td>0.742</td>
</tr>
<tr>
<td>Tafilah</td>
<td>0.692</td>
<td>0.712</td>
<td>2.9</td>
<td>0.757</td>
</tr>
<tr>
<td>Mafraq</td>
<td>0.738</td>
<td>0.768</td>
<td>4.1</td>
<td>0.708</td>
</tr>
<tr>
<td>Ma’an</td>
<td>0.709</td>
<td>0.730</td>
<td>3.0</td>
<td>0.703</td>
</tr>
</tbody>
</table>

Source: JHDR 2004, Table 1.2 Page 20

57 CCA 2002
58 The JHDR 2004 is the source for this and all subsequent information in this section.
Amman has the highest adult literacy rate, 92.3 per cent, which is above the national average of 89.9 per cent, while Ma’an had the lowest at 80.5 per cent. Zarqa has the second highest adult literacy rate, but its combined primary, secondary and tertiary gross educational enrolment is well below the national average at only 70.4 per cent. The situation in Zarqa demonstrates that governorates with high adult literacy rates, do not necessarily record high educational enrolment rates for children, and points to the possibility of withdrawal of children of poorer families from schools due to increased poverty.

In terms of economic performance, Amman enjoys the highest standard of living, giving some cause for satisfaction as 40 per cent of the people live in this governorate. However, while unemployment is lowest in Amman, the poor are also concentrated in Amman, and in the more urbanized governorates close to it, as increasing numbers of the rural poor move to the cities in search of livelihoods, but find themselves ill-equipped to find gainful employment.

Some governorates with a previously low HDI value are showing above-average human development growth, possibly due to targeted investment in poverty alleviation. For instance, Tafilah is now scoring significantly higher, while Zarqa again records a negative change indicating a need for further investigation.

The HDI does not disaggregate data by gender, so the gender-related development index (GDI) is used to identify inequalities in any country’s achievements for women as compared to men. Jordan’s GDI has also risen by about seven percentage points between 1997 and 2002, indicating improvement in some gender equality aspects. There is improvement in most governorates here also as in the case of HDI, but at a less satisfactory pace in some of the highly populated ones – Amman 6 per cent and Zarqa 6.6 per cent, while Tafilah again records a high of 13.4 per cent, with Ma’an at 10.8 per cent and Mafraq at 10.3 per cent.

| Table 1.6 Gender-related Development Index by Governorate, 1997 and 2002 |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|                            | Life Expectancy             | Educational Attainment       | GDP                         | Gender-related Development Index (GDI) |
| Jordan                     | 0.748 | 0.775 | 3.6 | 0.801 | 0.845 | 5.5 | 0.46 | 0.533 | 15.9 | 0.67 | 0.718 | 7.2 | - |
| Amman                      | 0.758 | 0.786 | 3.7 | 0.833 | 0.861 | 3.4 | 0.515 | 0.585 | 13.6 | 0.702 | 0.744 | 6.0 | 1 | 1 |
| Aqaba                      | 0.803 | 0.832 | 3.6 | 0.795 | 0.846 | 6.4 | 0.448 | 0.511 | 14.1 | 0.682 | 0.729 | 6.9 | 2 | 2 |
| Irbid                      | 0.771 | 0.803 | 4.2 | 0.797 | 0.848 | 6.4 | 0.405 | 0.497 | 22.7 | 0.658 | 0.716 | 8.8 | 4 | 5 |
| Madaba                     | 0.775 | 0.823 | 6.1 | 0.781 | 0.841 | 7.7 | 0.455 | 0.508 | 11.6 | 0.67 | 0.723 | 7.9 | 3 | 3 |
| Ajloun                     | 0.767 | 0.798 | 4.0 | 0.779 | 0.852 | 9.4 | 0.401 | 0.5 | 24.7 | 0.649 | 0.717 | 10.5 | 6 | 4 |
| Zarqa                      | 0.74 | 0.778 | 5.1 | 0.814 | 0.847 | 4.1 | 0.409 | 0.466 | 13.9 | 0.654 | 0.697 | 6.6 | 5 | 8 |
| Balqa                      | 0.709 | 0.734 | 3.5 | 0.761 | 0.831 | 9.2 | 0.457 | 0.533 | 16.6 | 0.643 | 0.699 | 8.7 | 8 | 7 |
| Jerash                     | 0.722 | 0.747 | 3.5 | 0.786 | 0.843 | 7.3 | 0.388 | 0.464 | 19.6 | 0.632 | 0.685 | 8.4 | 9 | 10 |
| Karak                      | 0.709 | 0.749 | 5.6 | 0.74 | 0.814 | 10.0 | 0.484 | 0.542 | 12.0 | 0.645 | 0.702 | 8.8 | 7 | 6 |
| Tafilah                    | 0.681 | 0.716 | 5.1 | 0.752 | 0.846 | 12.5 | 0.382 | 0.495 | 29.6 | 0.605 | 0.686 | 13.4 | 10 | 9 |
| Mafraq                     | 0.744 | 0.772 | 3.8 | 0.703 | 0.784 | 11.5 | 0.359 | 0.437 | 21.7 | 0.602 | 0.664 | 10.3 | 12 | 12 |
| Ma’an                      | 0.709 | 0.742 | 4.7 | 0.697 | 0.789 | 13.2 | 0.4 | 0.469 | 17.3 | 0.602 | 0.667 | 10.8 | 11 | 11 |

Source: JDHR 2004, Table 1.4 Page 23

The human development gap (difference between HDI and GDI) is wider than average in Mafraq, Jerash, Irbid, Zarqa and Aqaba. This may imply a serious disadvantage, which may be prevailing among women in governorates such as Jerash and Mafraq, where human development disparity connects with gender disparity.
Life expectancy levels are fairly positive in all governorates, but with slight variations by gender. Among the governorates, Aqaba and Madaba had the highest life expectancy for females – 77.0 years and 75.9 years respectively and also for males – 72.7 years in both. The lowest life expectancy for females is in Balqa – 69.5 years, and for males in Tafilah – 65.1 years.

Literacy levels for males are higher across the board with a 10 percentage point gap at the national level. The male-female gap varies, the highest being in Ma’an at 17.61 per cent. While gross enrolment in basic education is higher for girls at the national level, the rates for both girls and boys were found to be higher than the national average in Ajloun and lower in Zarqa. 59

The widest human development gap in all governorates is the gender disparity in economic empowerment. While labour force participation rates for women have risen, the level attained is still low, with the female unemployment rate at 21.9 per cent compared to 14 per cent for males. 60

While these indices provide a general picture of the situation, they do not capture the underlying causes, which need further investigation to assist planning of remedial action. Yet they at least pinpoint geographical areas, which need to be targeted with special interventions to prevent missed opportunities for a better future for children of marginalized groups. More causal analysis of factors contributing to HDI disparities between governorates is clearly indicated.

**KEY CROSS-CUTTING CHALLENGES**

Children’s lives are conditioned by many factors: the economy, environmental conditions, population growth, settlement patterns, governance systems, adequacy and efficiency of basic services, parental education and income levels, the status of women and social norms. Neglect and violation of children’s rights are surface manifestations of problems stemming from complex and deep-rooted, underlying and structural causes. Redress of these closely linked issues requires long-term, multi-dimensional efforts to changes in laws and institutional mechanisms, improve socio-economic development levels, and positively modify societal attitudes and behaviours.

Approval and regularization of some draft and temporary laws is pending, and there are unaddressed concerns such as the low age of criminal responsibility, the absence of protective laws for child workers in the informal, domestic and agriculture sectors, the legal leniency regarding the permissible extent of parental discipline.

Services in cities are under extreme pressure due to rapid population growth, while the scattering of rural populations in small settlements constrains equitable service coverage in remote areas, resulting in differences in regional and human development.

Action planning for marginalized children, who are not likely to benefit from generalized approaches, is hampered by limited causal analysis of vulnerabilities, shortage of technical expertise and financial resources, or the absence of strategic frameworks. Marginalized children include children in conflict with the law, orphans, children with disabilities, and those most affected by poverty.

The sustainability of impressive gains in child and women’s health and education and efforts for further qualitative improvements may be at risk due to increasing population pressure and the conflicting demands on resources.

Except in the education system, the rights of adolescents continue to be mostly subsumed in the concerns of either younger age children or those of adults. Few government, NGO or community services focus specifically on this group.

59 JHDR 2004

60 Ibid
Despite much progress on women’s legal, health and education status, the socio-economic status of less educated girls and women of lower income groups has not changed substantially. Nor have attitudes changed appreciably towards women’s political and economic roles.

There is insufficient attention to decentralized and participative development planning and management approaches. An enabling process has begun for some community groups to acquire minimum capacity to handle their local problems, but much stronger efforts are needed to correct knowledge and capacity imbalances, to induct a conscious focus on children’s and women’s rights issues, and to take the enabling process to scale.

Partnerships ‘for’ children between government agencies, NGOs and international agencies are steadily increasing and have achieved good results, but they do not exist in all areas, and there is room for better coordination. Critical challenges relate to building of partnerships ‘with’ children and women at the grassroots. While women are prominent in national NGOs, including in management positions, they have little power in community-based organisations (CBOs), and adolescents are absent from most planning and decision-making forums, community organisations and NGOs.

Neglect and violation of children’s or women’s rights are surface manifestations of problems stemming from complex and deep-rooted societal norms, but behaviour change strategies are not yet well defined. Moreover, child and women development interventions often tend to be disconnected from mainstream development programmes, and planned without consulting the intended beneficiaries and their families, leading to inadequate outcomes. These closely linked, macro, socio-cultural-economic issues cannot be addressed through isolated remedial action that is disconnected from mainstream development processes or the family and community environment. For instance, child labour cannot be prevented without improving the economic condition of families.

THE WAY FORWARD

The Kingdom has set itself impressive forward-looking goals for national development with several national plans focusing on the advancement of children and women. Future efforts need to focus on sustaining existing gains and some streamlining to fill identified gaps, for instance:

Further harmonization of laws with the country’s international commitments through:
- Early action on temporary laws and draft bills awaiting parliamentary review and approval;
- Removal of remaining gaps and contradictions in the legal cover for children and women;
- More systematic use of the concluding observations of the Committee on the Rights of the Child and the Committee on the Elimination of All Forms of Discrimination against Women as benchmarks to monitor progress on children’s and women’s rights.

Mainstreaming of a rights orientation in all development frameworks by:
- According priority to targeted strategies to improve the quality of life of children of poor and rural populations and other marginalized groups;
- Assessment of factors contributing to HDI variations between governorates and the impact on children, with special attention to low performing governorates like Zarqa, Mafraq and Ma’an;
- Incorporating causal analysis approaches into research with feedback from communities in general and women and children in particular, through participatory rapid assessments (PRAs), focus group discussions, the Internet where possible and confidential hotlines;
- Streamlining monitoring and evaluation capacities, mechanisms and tools, including to identify the effects of structural adjustments on deprived groups and their children;
- To regularly report on the monitoring and evaluation of the realization of the CRC and to widely disseminate reports and observations of the CRC International Committee in Geneva.
- Inducting a separate focus on adolescents’ issues in macro-statistical exercises such as the
Demographic and Health Surveys (DHS), the Household Income and Expenditure Survey (HIES) and the Jordan Living Conditions Survey (JLCS), not equating the 15- to 18-year-olds with adults.

Alignment of project design to the appropriate context through:
- Governorate- and district-level planning;
- Fostering community-based and owned-development approaches with involvement of adolescents and women to be ensured at both grass-roots and national levels.

Reinforcing the planning and implementation skills of government, NGO and community planners, programme managers and service providers, through training, field visits, increased interaction with child, adolescent and women’s groups, and inter-county networking.

Strengthening awareness, advocacy and behaviour change programmes by:
- Enhancing media awareness on children’s and women’s rights;
- Providing more space for child and adolescent participation in media programmes.
- Basing communication strategies for behaviour change on scientific audience research.

Creating an enabling socio-economic environment for child development with plans and programmes placed in the family and community context, linked to mainstream socio-economic perspectives, and mindful of age and gender differentials and other vulnerabilities, as well as various cross-cutting influences on their lives.

Sustaining education and health care gains, and making efforts towards quantitative and qualitative improvements for children, adolescent and women in these sectors, with priority attention to underserved groups.

Filling gaps in the availability of integrated strategic frameworks and action plans in support of vulnerable children and adolescents such as those with disabilities and those in conflict with the law.

Instituting targeted poverty alleviation and basic service strategies for urban and rural groups with a focus on impact on the situation of children and women.

Facilitating financial support for disadvantaged children to ensure appropriate attention to all vulnerable categories, and facilitate easy access by the most deserving.

Development of codes of ethics, standards and guidelines for staff and organisations dealing with children.
Chapter 1: The Context of Children’s Lives
OVERVIEW
Jordan has emerged as a leader in health service provision in the region and among lower middle-income countries. The achievements of its health sector have been impressive, with major reductions in infant, child, and maternal deaths, and rising life expectancy for both men and women. Though national figures mask some income and regional disparities, almost 98% of the people have access to health services. High-level political commitment and sustained resource allocations for health programmes have ensured steady enhancement of preventive and curative services for mothers and children. Birth spacing has been promoted, steps were taken to improve child nutrition, and access to clean water and sanitation is high. Rising levels of female education have played a vital role in improving health indicators. However, the country needs to make extra efforts to achieve the child survival Millennium Development Goals (MDGs) by 2015.

Table 2.1 Infant/Child Mortality in 5-year Periods for the 15 Years Preceding the JPFHS 2002 (Percentages)

<table>
<thead>
<tr>
<th>Time period</th>
<th>Neonatal</th>
<th>Post-neonatal</th>
<th>Infant</th>
<th>Under-five</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-1991</td>
<td>19</td>
<td>9</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>1992-1996</td>
<td>19</td>
<td>7</td>
<td>27</td>
<td>31</td>
</tr>
<tr>
<td>1997-2002</td>
<td>16</td>
<td>7</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Target</td>
<td>11.3</td>
<td>13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: JPFHS 2002

The health system in Jordan comprises the Ministry of Health (MOH), the Royal Medical Services, university hospitals, the private sector, NGOs and the international and charitable sector, including the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which serves the 1.84 million Palestinian refugees in the country. Antenatal and post-natal care is offered free of charge at the 395 maternal and child health centres, plus at 23 UNRWA outpatient clinics, and at the 23 comprehensive postpartum centres located in the major hospitals. The estimated health insurance coverage in the country in 2004 was 70 per cent and the National Agenda expects to raise it to 100 per cent by 2015.

Table 2.2 Expenditure on Health in US$ Million 2000-2004

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>As % of GDP</td>
<td>2.8</td>
<td>2.6</td>
<td>2.4</td>
<td>2.8</td>
<td>2.9</td>
</tr>
<tr>
<td>As % of budget</td>
<td>8.2</td>
<td>7.4</td>
<td>6.8</td>
<td>9.6</td>
<td>8.5</td>
</tr>
<tr>
<td>US$ million</td>
<td>236</td>
<td>227</td>
<td>222</td>
<td>278</td>
<td>310</td>
</tr>
</tbody>
</table>

Source: MOPIC

*Registration with UNRWA gives Palestinian refugees free access to UNRWA’s primary health care (PHC) services, including consultations, medicines, contraceptives and vaccines. UNRWA subsidizes the cost of hospital care through contractual arrangements or partial reimbursement schemes with government or

61 World Development Indicators database, World Bank
62 Jordan Human Development Report (JHDR) 2004
63 National Agenda English Summary
NGO-run hospitals, though the government also provides a social security package of basic needs support. UNRWA budgetary problems in recent years have reduced its ability to cover the cost of tertiary care, putting more responsibility on public funds. The government’s resolve to protect the health of all citizens is reflected in the National Agenda’s focus on systemic improvements of the health system and the proposed increase in total health expenditure per capita. To further enhance health and well-being in infancy and early childhood, the National Early Childhood Development Strategy 2000 and the National ECD Plan of Action (2003-2007) were developed under the leadership of HM Queen Rania Al-Abdullah. The focus is on the 0-9 year group and on both health and education aspects.

**Safe Motherhood**

The first step towards reducing major health risks among infants and young children is to improve the health and caring capacity of mothers. Factors that improve female health include good nutrition and care of girls in infancy and childhood, particularly at the pre-puberty phase when they experience a sharp growth ‘spurt’; and proper attention to general and reproductive health-related care during adolescence. During their reproductive cycle, women need protection from too early, too frequent, too closely spaced and older age pregnancies; adequate antenatal care with early detection and regular monitoring of high risk cases; skilled personnel during delivery; quality obstetric care; ensured post-natal care; and family support.

Estimates of maternal deaths in Jordan vary, but the currently accepted figure of 41 mothers dying per 100,000 live births is among the lowest in the Middle East. The most dramatic maternal mortality rate (MMR) decline was from 800 per 100,000 live births in 1979, to 48 per 100,000 in 1990, though later decline has been slower, the current estimate being 41 per 100,000 live births. Achievement of the MDG to reduce it to 12 per 100,000 live births seems very challenging.\(^{64}\)

There is insufficient information about the general state of female health at different stages of life, except through some local surveys. Recent consultations with community women in poor areas have provided some insights into the health implications of congested settlements, over-crowding in small houses and exposure to environmental hazards.

Iron deficiency anaemia (IDA) among women causes fatigue and increases the risk of maternal mortality. A 1996 national study found IDA among 28.6 per cent of females of reproductive age – 15 to 49 years, and 35 per cent among pregnant and lactating women.\(^{65}\) The DHS 2002 also found high anaemia prevalence among 26 per cent of females of child-bearing age and 29 per cent of ever-married women. Levels were lower among urban women and ‘the proportion of uneducated women with severe anaemia was almost 10 times that of women with higher education’. There were slight regional variations with the lowest prevalence in the Central Region and the highest in the North. Governorate level differences were more marked, with rates of 28.2 per cent for Karak, 35.5 per cent for Balqa, 44.7 per cent for Aqaba and 58.4 per cent for Irbid. Government and NGO health systems now undertake nutritional monitoring to collect information on the status of pregnant women, besides nutrition education initiatives.\(^{66}\)

Women of low income groups are overburdened with family care and housework, and lack time for rest; their health is also affected by being cooped up in congested living conditions for long periods. In a 2003 survey of Karak, Tafilah and Aqaba in South Jordan, while 97 per cent said their general health was good, 74 per cent also said that they were stressed out, due to conditions at work and low incomes. Eighty-four per cent admitted to being exhausted by the end of the day and 87 per cent complained that there was no enjoyment.

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\(^{64}\) CCA 2002 and Jordan’s First MDG Report (2004)

\(^{65}\) Prevalence and Determinants of Anaemia and Iron Deficiency among Jordanian Women of Childbearing Age. 1996. S. Mawajdeh

\(^{66}\) JPFHS 2002
in their lives. Despite the wide availability of maternal health facilities, timely access for some needy women is limited due to lack of money for services or transport, reluctance to go alone, and for some the fear that they would not find a female service provider. Many poor women express dissatisfaction with local health care services, citing unsympathetic behaviour of some health staff, lack of specialized and emergency services and medicines, and the inadequate time allotted to them by the doctors.

Women’s Reproductive Health
The total fertility rate (TFR), an important determinant of women’s reproductive health status, declined from 4.4 in 1997 to 3.7 in 2002 and to an estimated 3.2 in 2007, largely because the concept of the ideal family size is changing among the younger, more educated and urban groups, despite the continued high desire among all married women to have children, particularly boys. In 2002, age-related variations in preferred number of children were 3.6 for the 15-19 group, 4.0 among women aged 25-29 and 4.8 among the ones aged 45-49 years.

Key factors influencing these changes are pressures on family incomes, rapid urbanization, enhanced levels of female education, the rising age of marriage, increased labour force participation of women, heightened awareness of the consequences of large families, better knowledge of family planning and wider availability of services. The overall median length of intervals between deliveries, which was 25.5 months in 1997 rose to 30.1 months in 2002. Among females aged 15-49 use of modern contraceptive methods increased from 40 per cent in 1990 to 53 per cent in 1997 and 56 per cent in 2002. The most popular method is the intrauterine device (IUD), followed by the oral contraceptive pill. Abortion is illegal in Jordan except when the mother’s life is endangered according to her doctor’s opinion.

Male participation in family planning is still low. Other groups which need more motivation are in remote rural and Bedouin settlements, where family size and the number of living sons determine a man’s standing in the community. In polygamous marriages each wife is expected to produce several children, preferably sons. There is also an economic value to children as helpers in the family’s livelihood activities. For illiterate women and men fear of side effects of modern contraceptives also prevents use.

The Antenatal Stage
Since 1997, almost all pregnant women (99 per cent) are receiving antenatal care from medically trained personnel. The care provider was a doctor for 95 per cent of the more urbanized Central Region compared to 93 per cent in the North and 90 per cent in the South. In the Central and South Regions, 4 per cent of the women had sought care from a nurse/midwife, while the comparative figure in the North Region was 8 per cent. In the same year, antenatal coverage was 97 per cent among Palestinian mothers registered with UNRWA. The percentage of pregnant women who paid four visits or more to UNRWA maternal health services was 86.7 in 2004. Trained birth attendants did not figure to any great extent in prenatal care. Family income levels determine whether public or private sector services are used. Women’s education is another key factor in their approach to antenatal care services, and the choice of medical personnel. In 2002, 99 per cent of women with secondary or higher education went to trained personnel for antenatal care.

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67 Assessment of Health and Social Needs of Females in the Age Group 9-65 Years in South Jordan. 2003. Dr F. Shakhateh, Dr A. Obeidat
68 Jordan Population and Family Health Survey (JPFHS) 2002
69 Ibid, and Consultations with community women May 2006
70 Ibid
71 JPFHS 2002
72 The Situation of Palestinian Children in the West Bank and Gaza Strip, Jordan, Syria and Lebanon 2000. UNICEF
73 Annual Report of the Department of Health UNRWA 2004
74 JPFHS 2002
as compared to 97 per cent with elementary education and 91 per cent of the uneducated.\textsuperscript{75} The fact that especially in cities and among first time mothers, most women preferred to get doctors’ services indicates greater value for modern health care facilities. The percentage of mothers who did not receive antenatal care was highest in the South (3 per cent) and lowest in the most urbanized Central Region 1\%.\textsuperscript{76}

High participation in facility-based antenatal services increases chances of timely identification of high-risk pregnancies. Regular monitoring and care of such women throughout their pregnancies is critical in order to reduce birth-related complications. The JPFHS 2002 reports that two in five births of the pregnant women surveyed tended to be high risk, with higher risks among those involving less than 2-year intervals between births, mothers less than 18 years old, those over 35 years, and ones with three or more prior births. Forty-three per cent of mothers who received antenatal care had been informed of possible complications.\textsuperscript{77} Findings of a 2004 baseline survey of five governorates indicated that in some governorates there were no home visits by health staff, and in others, only about 15 per cent of mothers were reached. In four out of the five governorates, women said that all they received during their antenatal visits were routine checkups with no advice regarding proper diet or possible risk factors.\textsuperscript{78}

Proper nutrition during pregnancy is critical to ensure adequate nourishment to the mother and through her to the foetus. When present among women, vitamin A deficiency (VAD) can be a major contributor towards nutritional anaemia, maternal mortality, besides poor pregnancy and lactation outcomes, in some cases resulting in visual impairment of the infant. Iodine-deficient, pregnant women also face an increased risk of producing infants with disabilities. Women’s diet, therefore, merits particular attention of the family. The JPFHS 2002 reports that 28 per cent of women interviewed had neither bought iron supplements during their pregnancy, nor received these from health facilities. The 2004 baseline survey found that less than 40 per cent were taking vitamins, and that women’s own nutrition awareness was low.

The nature of psychological and practical support received by an expectant mother from the family, and particularly the husband, facilitates the timeliness and regularity of the required checkups, and ensures adequate rest and nutrition. The 2004 baseline survey found declining support of extended family members, indicating increased nuclearization of families, even in traditional settings. The husband’s role could get a 50 per cent rating at best. For instance, in Aqaba, only 31 per cent had assisted with household chores and less than 20 per cent with childcare. Only 20 per cent had given extra money for supplementary diet, perhaps due to limited means.\textsuperscript{79}

Women in poor communities complain about the rising prices of food items which constrains their own and their children’s access to adequate nutrition. An issue raised by them in recent discussions, which is not adequately captured in national surveys, is the calcium deficiency which affects many women and triggers the early onset of osteoporosis.\textsuperscript{80}

**Conditions During Childbirth**

The vast majority of births in all areas of Jordan are medically supervised, with 97 per cent of births taking place in a health facility.\textsuperscript{81} This is a 50 per cent improvement over the 93 per cent level recorded by the 1997 JPFHS. This means that Jordan has surpassed the target of 90 per cent of births attended by skilled health personnel, the MDG’s proxy indicator for reduction of maternal deaths. Regional achievement levels vary

\textsuperscript{75} Ibid
\textsuperscript{76} Ibid
\textsuperscript{77} Ibid
\textsuperscript{78} Baseline survey of five governorates 2004. DOS/UNICEF
\textsuperscript{79} Ibid
\textsuperscript{80} Consultations with community women, May 2006
\textsuperscript{81} JPFHS 2002
slightly. In 2003, 13 per cent of deliveries in Aqaba were home based and in 2004 in Al-Shallaleh and Mafrak, 1 out of 10 deliveries was home based. By 1997, among women registered with UNRWA, 94 per cent of deliveries were also taking place in health facilities. UNRWA also subsidizes hospital care of high-risk and complicated cases.

The rate and outcome of Caesarean section births are indicators of women’s access to obstetric care. WHO recommends a rate ranging between 5-15 per cent of all pregnancies in any given population. In Jordan, the number of Caesarean section births has increased since 1997, with a national average of 16 per cent, and a slightly higher rate in the Central Region at 17 per cent. It has also reached the upper borderline at 15 per cent in the South region, though at 13 per cent it is not a cause for concern in the North. The age-related rate was 12 per cent for young mothers and 25 per cent for older ones. The situation warrants looking into, to determine whether all Caesarean sections performed were based on actual need.

**Post-natal Care**

In the early post-natal period, mother and child are vulnerable to complications which may have a long-lasting negative health impact. Many maternal and neonatal deaths occur during the first 48 hours after delivery, so mothers and infants need special post-natal monitoring care. It is therefore disturbing that successive surveys continue to find low post-natal coverage.

In 1996 post-natal coverage was estimated at only 20 per cent. By 2002 there was a slight improvement with 31 per cent of women giving birth in a health facility returning for post-natal care, and 35 per cent of those delivering outside a health facility receiving post-natal checkups. Reasons given for post-natal neglect were no felt need; lack of awareness of the importance of post-natal care; no information about the availability of services; and post-natal care costs.

Once the baby is born whatever additional support was being provided by husbands or other relatives soon tapers off, as it is felt that it is now the mother’s sole responsibility to tend for the infant. For mothers who cannot afford to hire help the only option is to enlist the help of an older child, usually a girl. For first time or very young mothers this help is not an option either, causing problems, particularly for very young mothers, and those working outside the home.

The Labour Law gives new mothers the right to paid maternity leave from work for up to a total of 10 weeks before and after giving birth, and a further unpaid leave for up to a year. Action is awaited on a policy recommendation that the law for the extension of the paid maternity to 14 weeks. The Law also directs employers hiring 20 or more married women to prepare a suitable place with a qualified caregiver for children of female employees, but no information is available about compliance by employers or use of such facilities by working mothers.

**CHILD SURVIVAL**

Because of progressive improvements in health planning delivery and public education systems, Jordanian infants and children have better survival chances than ever before. If the present momentum is sustained, prospects appear bright for further reductions in child mortality rates (CMRs), and improved health and nutrition status.

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82 Assessment of Health and Social Needs of Females in the Age Group 9-65 Years in South Jordan. 2003 Dr F. Shakhateh, Dr A. Obeidat
83 Baseline survey of 5 governorates 2004. DOS/UNICEF
84 UNRWA Annual report of the Dept of Health 1998
85 The Situation of Palestinian Children Living in the West Bank and Gaza Strip, Jordan, Syria and Lebanon. 2000. UNICEF
86 JPFHS 2002
87 Jordan Living Conditions Survey (JLCS) 1996, JPFHS 2002
### Infant Mortality

Jordan’s achievements in reducing infant deaths has been phenomenal, especially when viewed in the context of the high 1960s rate of 135 infant deaths per 1,000 live births. Since then, there has been a continuous decline of the IMR to 22 per thousand by 2002. There are sub-national variations in IMR according to location, family income and the educational level of mothers. The quality of medical care during pregnancy and at childbirth directly influences early child survival.

**Table 2.3 Infant Mortality Rate Variations – Urban/Rural, Poverty and Maternal Education Related, for the 10-year Period Preceding the Survey**

<table>
<thead>
<tr>
<th>Category</th>
<th>IMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>30/1,000</td>
</tr>
<tr>
<td>Urban</td>
<td>23/1,000</td>
</tr>
<tr>
<td>Poorest 20% of the population</td>
<td>35.4/1,000</td>
</tr>
<tr>
<td>Richest 20% of the population</td>
<td>23.4/1,000</td>
</tr>
<tr>
<td>Children of uneducated mothers</td>
<td>36/1,000</td>
</tr>
<tr>
<td>Elementary education</td>
<td>35/1,000</td>
</tr>
<tr>
<td>At least preparatory education</td>
<td>20/1,000</td>
</tr>
</tbody>
</table>

*Source: Jordan Poverty Assessment 2004*

To bring the IMR level down to 11.3 per 1,000 births, the national MDG target for the year 2015, special attention is needed on both the crucial neonatal stage, during which 73 per cent of infant deaths occur, at the rate of 16 per 1,000 births, and the more resistant groups, which have higher IMR than the national average.

### Child Mortality

Jordan’s CMR – among children below five years, is one of the lowest in the region, falling from 39 deaths per 1,000 live births in 1990 to 31 per 1,000 in 1999 (33 among boys, 30 among girls), with another decline to 27 deaths per 1,000 live births in 2002.

**Table 2.4 Child Mortality Trends**

<table>
<thead>
<tr>
<th>Period</th>
<th>IMR</th>
<th>CMR Rate Excluding Year One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early 1980s</td>
<td>40/1,000</td>
<td>6</td>
</tr>
<tr>
<td>Early 1990s</td>
<td>30/1,000</td>
<td>6</td>
</tr>
<tr>
<td>2002</td>
<td>22/1,000</td>
<td>6</td>
</tr>
</tbody>
</table>

*Source: JPFHS 2002*

Determinants of infant mortality such as the health of the pregnant mother, the length of the birth interval and the quality of ante- and post-natal care are relatively amenable to programmatic interventions. On the other hand, child mortality is influenced by more resistant broader environmental, economic, and social factors. This may explain why the mortality rate of Jordanian children aged 4-5 years has remained constant for over two decades. MDG 4 aims to reduce the CMR by two thirds between 1990 and 2015. The target for Jordan is for the under-five mortality rate (U5MR) to reach 13 per 1,000, which is considered achievable with special interventions addressing areas and groups with higher death rates than the national averages.

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*JPFHS 2002*
Table 2.5 Regional Variations in Child Mortality Rates

<table>
<thead>
<tr>
<th>Region</th>
<th>Neonatal Mortality</th>
<th>IMR</th>
<th>U5MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>20</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td>Central</td>
<td>16</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>South</td>
<td>18</td>
<td>27</td>
<td>31</td>
</tr>
</tbody>
</table>

Source: JPFHS 2002

Table 2.6 Child Mortality Rate Variations

<table>
<thead>
<tr>
<th>Overall</th>
<th>27/1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>36/1,000</td>
</tr>
<tr>
<td>Urban</td>
<td>27/1,000</td>
</tr>
<tr>
<td>Poorest 20% of the population</td>
<td>42.1/1,000</td>
</tr>
<tr>
<td>Richest 20% of the population</td>
<td>25.2/1,000</td>
</tr>
<tr>
<td>Children of uneducated mothers</td>
<td>44/1,000</td>
</tr>
<tr>
<td>Secondary education and above</td>
<td>24/1,000</td>
</tr>
</tbody>
</table>

Source: Jordan Poverty Assessment 2004

Jordan’s remarkable gains in child survival and well-being have been achieved by focused attention to reduction of risks of communicable diseases and nutritional deficiencies.

Immunization

The success of the Expanded Programme on Immunisation launched against the main vaccine-preventable diseases in 1979 is clear. Jordan has been free from polio and diphtheria since 1995, and there have been only a few cases of pertussis and tetanus during this period. In 2002, 94 per cent of children aged 12-23 months were fully vaccinated compared to 86 per cent in 1997. This does not include BCG, as Jordan does not focus on BCG vaccination for children under six years of age. Immunization coverage of Palestinian children and tetanus toxoid coverage of women were both recorded at 97 per cent in 1998.

Table 2.7 Percentage of Children 12-23 Months Vaccinated

<table>
<thead>
<tr>
<th>DPT 3</th>
<th>OPV3</th>
<th>Measles</th>
<th>All Except BCG</th>
<th>BCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>98.1</td>
<td>97.0</td>
<td>94.7</td>
<td>92.4</td>
</tr>
<tr>
<td>Female</td>
<td>98.3</td>
<td>98.2</td>
<td>95.6</td>
<td>94.9</td>
</tr>
<tr>
<td>Urban</td>
<td>98.4</td>
<td>97.6</td>
<td>95.4</td>
<td>93.9</td>
</tr>
<tr>
<td>Rural</td>
<td>97.3</td>
<td>97.5</td>
<td>94.2</td>
<td>92.9</td>
</tr>
<tr>
<td>Central</td>
<td>98.6</td>
<td>97.5</td>
<td>95.0</td>
<td>93.3</td>
</tr>
<tr>
<td>North</td>
<td>98.9</td>
<td>98.9</td>
<td>96.2</td>
<td>95.6</td>
</tr>
<tr>
<td>South</td>
<td>93.3</td>
<td>94.6</td>
<td>93.6</td>
<td>90.4</td>
</tr>
</tbody>
</table>

Source JPFHS 2002

The MOH has been vaccine independent since 1997, purchasing all vaccines for the routine immunization programme, and introducing new vaccines as per availability of funds, though it relies on donors for cold chain equipment. Effective surveillance mechanisms are in place and to offset the possibility of cross-border poliovirus importation, Polio Immunization Days are conducted annually in communities at risk.

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89 Ibid
Control of Diarrhoeal Diseases

The Control of Diarrhoeal Diseases Programme of the MOH is another success story with no reported cases of diarrhoea-related child deaths, or severe dehydration among children since 1998. Since its initiation in 1981, the programme focused on comprehensive case management, through the use of oral rehydration therapy and promoted appropriate feeding during and after an episode of diarrhoea. These efforts benefited from the vastly extended access to improved drinking water and sanitation. However, there may be a risk of the re-emergence of diarrhoeal diseases, due to recently declining sufficiency and reliability of water supplies, with an increasing number of rural people using unsafe sources of water, including tankers, which do not meet international safety standards.\textsuperscript{91} This was confirmed by women living in refugee camps, and in urban and rural low-income areas. Sanitation is also becoming a concern, as though almost all households have toilets, only 58 per cent of houses were connected to the public sewage networks in 2004.\textsuperscript{92}

Acute Respiratory Infections (ARIs)

ARIs are significant contributors to young child morbidity in Jordan, with children aged 6-11 months at the highest risk, especially if their mothers smoke.\textsuperscript{93} ARIs are also the leading cause of death among infants, and the second leading cause of deaths among children aged 1-5 years.\textsuperscript{94} Studies based on hospital records show that up to 40 per cent of outpatient visits by children and about 30 per cent of admissions in paediatric wards are ARI related. However, observers believe that the current registry system does not fully capture the extent of ARI deaths.\textsuperscript{95}

To address the problem, the government began, in 1991, establishing standard case management services within MOH hospitals and health centres, as well as ARI training centres, on the lines prescribed by the WHO. To assess the quality of services and identify measures to improve case management, the government then undertook a survey among health workers at both MOH and UNWRA health facilities. The medical coverage was found to be satisfactory, with 96 per cent of the health facilities being equipped with adequate supplies of antibiotics, and able to give standard ARI case management (100 per cent in the Central Region, 94 per cent in the North, and 86 per cent in the South). After taking steps to check the unnecessary prescription of antibiotics, the MOH reports a 70 per cent decline in the use of antibiotics, better management of pneumonia cases, and overall improvement in ARI indicators.\textsuperscript{96}

Child Nutrition

The mother’s nutritional status is crucial for the health of the foetus and determines the infant’s weight and size at birth. Pre-maturity (born before 37 weeks of gestation) and intrauterine growth retardation are the two most direct causes of low birth weight – less than 2.5 kilograms (kgs). Infants born with low birth-weight are highly vulnerable to sickness and death because of infections. In 2002, almost all babies (98 per cent) were being weighed at birth. Ten per cent of these were below 2.5 kgs. The highest number of low birth weight babies was in the South Region – 13.4 per cent, followed by 10 per cent in the Central region and 9.5 per cent in the North. The rural prevalence of low birth weight was 14.6 per cent compared to 8.9 per cent urban.\textsuperscript{97} Close monitoring of low birth weight babies in the early months is critical for remedial steps, but is constrained for many due to low post-natal coverage, and gaps in infant feeding practices are of considerable concern.

\textsuperscript{91} JPFHS 2002  
\textsuperscript{92} National Agenda (English summary)  
\textsuperscript{93} JPFHS  
\textsuperscript{95} CCA 2002  
\textsuperscript{96} JPFHS 2002  
\textsuperscript{97} JPFHS 2002  
\textsuperscript{98} JPFHS 2002
Infant Feeding Practices

Mother’s milk is the most complete and beneficial early nutrition for children. Colostrum, a pre-milk substance containing antibodies and white cells secreted from the mother’s breast during the first 2-3 days of lactation, contains immune factors and helps protect the newborn from infections. Breast milk can cover the full nutritional requirements of an infant for the first six months, 50 per cent for the next six months and one third of the next year. It provides the child immunity against infections and diarrhoea and helps bonding between mother and child. It allows the mother’s body to recover fully from childbirth, contributes to depressing fertility especially in the first few months, and reduces the risk of breast and ovarian cancer.

Most mothers in Jordan start breastfeeding their babies soon after delivery, but exclusive breastfeeding rates are very low. Health and nutrition experts strongly recommend that supplementation of breast milk should start only when an infant is six months old, to avoid the risk of infections, especially of diarrhoea, and to ensure adequate production of breast milk, which is nutritionally superior to supplements. It is therefore a matter of concern that the JPFHS 2002 found that about 45 per cent of mothers had stopped exclusive breastfeeding by the time their babies were two months old, and 97 per cent by the time they were four-five months old. Other liquids such as water, juice, and formula milk were being introduced in the first couple of months, while cereals, grains and solid and semi-solid foods were also given before the recommended weaning age.

Possible reasons for this include lack of awareness of its importance due to inadequate guidance by health professionals, inappropriate family advice and poor outreach of awareness campaigns, and violation of the policy which forbids marketing of breast milk substitutes. Other reasons identified by women of poor communities are multiple pressures of housework on all women which reduces time for childcare, and inadequacy of support for working mothers. The law allows working women a one hour daily paid break to nurse their babies, but there are practical constraints to the utilization of this benefit.

Given the multiple nutritional and health benefits of exclusive breastfeeding in the first six months of life it is of critical importance to develop a comprehensive strategy and action plan to increase the rates among Jordanian mothers.

Under-five Growth Trends

The quantity and quality of food available to children is influenced by family income, the number of family members, and the locally availability of food items. The nutrition database is not comprehensive, but available data have highlighted some issues of concern. In 1997, the total calorie supply was found to be lower than in 1992, with signs of anaemia and other micronutrient deficiencies emerging among women and children. Though chronic malnutrition is not an acute problem in Jordan, continuing economic problems indicate the need for sustained monitoring of child nutritional levels to minimize the negative impact of low birth weight, and identify and address even minimal malnutrition to avoid more serious deficiencies and/or disability. Evidence suggests that malnutrition is more widespread in southern Jordan, and among less educated farming households. Between 1990 and 2002, indicators of under-five nutrition showed uneven trends, with underweight and wasting levels declining, and the stunting level going up.

According to the JPFHS 2002, stunting increased with age from 3 per cent among children below 6 months of age to 13 per cent among children aged 12-23 months, and differed by sex, birth order, birth interval, residence and mother’s education. First births were least likely to be stunted and children of birth order 6 or higher most likely to be stunted, due to reduced share in nutrition and care. Longer birth intervals reduced the

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98 Ibid
99 Ibid
100 Consultations with community women, May 2006
101 DOS/HEIS 1997
risk of stunting. Four per cent of children were found to be underweight. Less than 1 per cent were severely wasted, but wasting levels were higher for those between 10-11 months and among children of mothers aged 15-19 years. Both stunting and wasting levels were higher among the poorer and rural groups and in the South. A 2004 study found 22 per cent of children of uneducated mothers stunted versus 5 per cent of children of highly educated mothers, and stunting of poor children to be nearly seven times greater than those of the richest quintile.

The Influence of Micro-nutrients on Child Health

Concern about the low levels of essential micronutrients among children emerged in Jordan after studies showed that 20 per cent of children below 5 years of age were anaemic, 15 per cent had vitamin A deficiency (VAD) and 33 per cent had IDA.

VAD is a leading cause of preventable severe visual impairment including night blindness. It increases the risk of severe illness and death from common childhood infections, particularly diarrhoeal diseases and measles, besides vulnerability to other growth deficits in preschool children. In Jordan VAD is a public health problem only in certain geographical pockets. A pilot survey in 1997 reported a prevalence of 4 per cent among 6 to 71 months old children. A year 2000 longitudinal survey of children aged 5.5 to 10 years in seven high risk areas showed a prevalence of 21.8 per cent among poor school children. Another survey in 2002 estimated a 32 per cent prevalence among young school children in poorer villages in eight deprived districts. To control VAD the MOH provides vitamin A supplements to school children in high risk areas, and conducts public education to promote breast feeding and proper complementary feeding.

Severe IDA, which affects the cognitive and physical development of children, is not a generalized public health problem in Jordan, but the DHS 2002 found that it affects 34 per cent of children aged 6-59 months to varying degrees – mild among 21 per cent, and moderate among 13 per cent. Both types were more prevalent among boys and in rural areas, but no regional differences were apparent. Children of younger and less-educated mothers and those born 24-47 months after a previous birth were more likely to be anaemic.

Table 2.8  Anaemia Among Under-five Children (Percentages)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>10-11 months</th>
<th>12-23 months</th>
<th>24-35 months</th>
<th>36-47 months</th>
<th>48-59 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-11 months</td>
<td>65</td>
<td>51</td>
<td>31</td>
<td>22</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: JPFHS 2002

Initial efforts to address anaemia in Jordan consisted of parasite control among children, nutrition education campaigns, and provision of iron supplements to vulnerable children and pregnant women. Later to ensure the widest possible coverage of the population with adequate iron dietary levels, the MOH adopted the strategy of fortifying the flour used to make the staple Arabic bread. As of 2002, all flour mills are fortifying their product with iron.

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103 JPFHS 2002
104 Jordan Poverty Assessment. 2004 MOPIC/World Bank
105 Assessment of Vitamin A Status Among Pre-school Children. 1997. MOH/WHO/UNICEF
107 Poverty-linked VAD is Endemic in Poor Jordanian Districts and Inter-related to Vitamin E Status 2002. Khatib I, Hijazi S, quoted in 2002 National IDA and VAD Survey Report
108 JPFHS 2002
When a 1993 study identified clinical goitre among 38 per cent of 8- to 11-years-olds, the government issued regulations to iodize all edible salt. Monitoring systems were also reinforced to ensure compliance. The impact of these initiatives has been significant. A follow up study in 2000 showed that goitre prevalence among school age children was reduced from 38 to 34 per cent, but it also found that household consumption of iodised salt was 86 per cent, because of the continued availability of un-iodized salt. A 2004 study of three governorates – Aqaba, Jerash, Tafilah, showed that iodized salt consumption had reached 98.5 per cent. The small amounts of un-iodized salt still being marketed indicated the need for continued monitoring, particularly in Jerash. The study recommends that once the monitoring system is reinforced, and full compliance is ensured with production and marketing regulations, the iodine content in the salt should be reduced to counteract the emerging problem of hyperthyroidism.

CHILDHOOD DISABILITY – THE CAUSALITY AND THE SCALE
(Please also see chapters 3 and 4)

Genetic factors, birth-related complications, nutritional deficiencies, infections and accidents all contribute to child disability. Marriages between close blood relatives are globally known to compound genetic disorders passed on to infants through their parents. While some genetically induced disabilities are inevitable, there are many which can be avoided with proper preventive measures, or their effects can be reduced if detected and addressed at early stages.

The effect of consanguineous marriages on disability incidence in Jordan is not known, but the high rate of kinship marriages in the country raises concern. The 2002 DHS found that 43 per cent of married females aged 15-49 had been related to their current or previous husband prior to marrying. Twenty-six per cent had married first cousins, while 4 per cent were dual first cousin marriages. Girls married by age 20 or less were more likely to marry a relative than those who first married at older ages. Such marriages were more common among rural, less-educated women and those in the North and South. Reported reasons included social traditions, keeping economic resources within the family, lack of awareness about the health consequences of such marriages, and availability of suitable matches within the family.

In such cases, premarital examinations are highly recommended to identify possibilities of genetic incompatibility, which could lead to disability among the couple’s offspring. Facilities for this in Jordan include 41 laboratories in public sector health centres and 129 in the private sector, besides 5 pre-marital counselling centres. According to MOH records, after premarital examinations were made compulsory in 2004, there was a sharp rise in the number of couples attending these centres, reaching 68 per cent of all couples marrying in 2005, but the tests only cover thalassaemia.

The eight most common disabilities are Down’s syndrome, autism, attention deficit disorder, mental retardation, spina bifida, muscular atrophy, cerebral palsy, hearing impairments and visual impairments. In the absence of a census of the people with disabilities, there is no exact estimation of the numbers affected. Preliminary findings of a recent survey of seven governorates by a multi-disciplinary diagnostic team indicate a range of 0.36 per cent and 1.9 per cent between governorates, with the overall rate not exceeding 1 per cent of the overall population. Not all of these would be serious enough to warrant part or full-time attention at a special institution, and not all of them are children. However, the survey is not yet completed.

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110 Study on the Prevalence of Iodine Deficiency Disorders. 1993
111 Assessment of Iodine Deficiency Status Among Children After the Introduction of Iodized Salt. 2000 MOH/WHO/UNICEF
113 JPFHS 2002, Consultations with community women, May 2006
114 Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005
An UNRWA survey in refugee camps found the disability incidence in Zarqa (camp 5) and Jerash (camp 2) to be 4 and 6 per cent respectively.115

Table 2.9 Disability Incidence in Zarqa and Jerash Refugee Camps

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>0-5 Years</th>
<th>6-14 Years</th>
<th>15-24 Years</th>
<th>25 and Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor</td>
<td>192</td>
<td>164</td>
<td>356</td>
<td>108</td>
<td>151</td>
<td>63</td>
<td>34</td>
</tr>
<tr>
<td>Sensory</td>
<td>253</td>
<td>226</td>
<td>479</td>
<td>98</td>
<td>270</td>
<td>83</td>
<td>28</td>
</tr>
<tr>
<td>Mental</td>
<td>169</td>
<td>138</td>
<td>307</td>
<td>22</td>
<td>204</td>
<td>80</td>
<td>1</td>
</tr>
<tr>
<td>Psychological</td>
<td>20</td>
<td>16</td>
<td>36</td>
<td>0</td>
<td>13</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Others</td>
<td>64</td>
<td>75</td>
<td>139</td>
<td>20</td>
<td>40</td>
<td>28</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>698</td>
<td>619</td>
<td>1317</td>
<td>248</td>
<td>678</td>
<td>266</td>
<td>125</td>
</tr>
</tbody>
</table>

Source: UNRWA Disability Programme Services – first quarter 2006 Report

The main means of prevention of childhood disability in Jordan are immunization, antenatal and post-natal care, improved childbirth services, control of various childhood diseases, nutritional monitoring and supplementation interventions, and steps to reduce accidents. All infants born in health facilities are checked for disabilities immediately after birth, but subsequent monitoring in the critical early few months is affected by the low participation of women in post-natal checkups. Specialized disability diagnosis centres exist in Amman and Karak governorates, with two others planned, one each for the North and South regions. Even when they are in place, there are likely to be knowledge and access issues for families in rural and remote areas, and mild disabilities caused by early nutritional or nurturing deficiencies could go unnoticed and uncorrected, and become aggravated. The CBR Programme provides guidance to families on growth monitoring and early detection, but its current outreach is fairly limited. Periodic health checkups are conducted in schools, but the school system is not fully geared up for early detection.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

To enhance the cohesiveness among vertical health programmes and thus to maximize the overall impact, the health system in Jordan is adopting the Integrated Management of Childhood Illness (IMCI) approach. The IMCI goal is to reduce deaths, the frequency and severity of illness and disability, and contribute to improved growth and development, through improved practices at home and in health care facilities.116 Work began in 2005 to prepare for the pilot implementation of IMCI in 14 health centres in 3 governorates – Madaba, Balqa and Zarqa. Besides adaptation of manuals and guidebooks to the Jordanian situation, initial training of trainers has been conducted, and case-management courses held for nurses to ensure a skilled cadre at the pilot health centres.117 Focused attention is now needed to effectively build the community-oriented aspects.

ACCIDENTS

Many infant, child and adolescent deaths are due to accidents. In 2004, the 77,314 reported injuries involved 9,057 children below 16 years: almost 12 per cent of the total. This included home and workplace-based injuries as well as traffic accidents, with death resulting in about one fifth of all reported serious accidents.118

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115 UNRWA Disability Survey 2006
116 CCA 2002
117 UNICEF Jordan
118 MOH/WHO
Leading causes of accidents at early ages within the home are accidental poisoning (usually from household substances such as cleaning materials), falls and burns. Since most of such incidents are preventable, related efforts aim to create awareness about safer home environments, with a focus on the correct use of pesticides, food safety, ventilation and childcare. A related aspect that needs more attention is detection of instances of abuse that may have been reported as accidental injuries.

A substantial number of child and adolescent deaths and injuries occur due to road accidents because of lack of attention to proper safety measures recommended for child passengers, rash driving, and smoking or use of mobile phones while driving. Other causes include not taking the requirements of pedestrians into consideration when planning cities and designing roads; poor traffic awareness among pedestrians, especially children; recklessness of drivers towards pedestrians; and high speeds on roads, where there are pedestrians.

In 2006, there were 98,055 road accidents leading to 899 deaths, 247 of which (27.47%) were for children below 18 years. Injuries related to road accidents in the same year were 18,019, including 4,606 (26%) children below 18 years.

Traffic indicators and figures show that pedestrians are the most affected by road accidents. Jordan is among the countries where deaths among pedestrians (37.3%) are high and even higher in the age group 0-5 years. The rate of deaths among drivers is 28.9% and 31.3% among passengers. There is no information on disabilities caused by traffic accidents or accidents caused by drivers below the legal age for driving. Jordan loses more than 0.7 million Jordanian dinars a day as a result of traffic accidents, and annual losses related to traffic accident constitute around 2.5% of the Gross Domestic Product. 119

Table 2.10 – Deaths among children according to age group and the location of the injured for the years 2002-2006

<table>
<thead>
<tr>
<th>Location of the Injured</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-5</td>
<td>6-17</td>
<td>0-5</td>
<td>6-17</td>
<td>0-5</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>67</td>
<td>89</td>
<td>68</td>
<td>89</td>
<td>82</td>
</tr>
<tr>
<td>Driver</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Front seat passenger</td>
<td>11</td>
<td>7</td>
<td>6</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Back seat passenger</td>
<td>5</td>
<td>13</td>
<td>6</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Bus riders</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Passengers in pick-up truck bed</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>112</td>
<td>81</td>
<td>121</td>
<td>106</td>
</tr>
</tbody>
</table>

Source: Annual report of traffic accidents in Jordan 2005-2006

In view of the high number of traffic accidents, the government has established a central Traffic Institute, which conducts periodic public information campaigns. It has launched a website for traffic awareness, and produced software for traffic education for school children aged 6-18 years, which is being used by the MOE at all basic education levels. To educate and train children and adolescents on correct traffic practices, the Traffic Institute has also created a special centre, besides several traffic awareness parks. A ban was imposed in 2001 on smoking, drinking, and using mobile phones while driving. Seating of children under the age of 10 in the front seat, and not wearing seatbelts are both liable to penalties. Law enforcement does, however, need to be strengthened.

119 Annual report of traffic accidents in Jordan 2005-2006
ADOLESCENT HEALTH

Jordanians in the 10-19 year age group constitute 23.8 per cent of the population. With an estimated 5.35 million people by end-2004, there would have been some 1.27 million adolescents, but there has traditionally been little data on the health status of this group. Recent studies on young people’s health-related issues include the 2001 Jordanian Youth KAP (knowledge, attitude and practices) on Reproductive Health and Life Planning which focused on the 15-24 year age group. The 2002 National Youth Survey covered the 10-24 year age range, but with a differential focus on three sub-groups, 10-14 years, 15-19 years and 20-24 years. Both found fairly similar perspectives about personal health, sexual and reproductive health (SRH) knowledge and health seeking behaviour. Additional insights were provided by a recent series of focus group discussions.

Healthy Lifestyles: Status and Awareness

More than 90 per cent of young Jordanians aged 10-19 evaluate their health as good or very good. Their main perceived health problems are respiratory tract and gastro-intestinal diseases, and to a lesser degree, dental problems and headaches. Persistent functional impairments were reported by slightly less than 23 per cent, with vision problems being the most prevalent, particularly in the Central Region and more so in the Amman governorate. This region also had the most problems with language expression and comprehension, while the most learning and physical movement problems were reported in the South. Vision and hearing problems tend to increase with age, while speech and comprehension problems show the reverse trend. Another survey found urinary tract infections affecting 18 per cent of girls aged 9-14 years in Aqaba, Tafilah and Karak on aggregate, and up 24 per cent in Karak.

Dental problems are clearly related to poor oral hygiene. Environmental and nutritional factors could account partially for respiratory and gastro-intestinal problems, with the latter also being affected by dental problems. Headaches could be caused by several factors – family or school-related psychological pressures, crowded living conditions, noise pollution, and undetected vision or hearing problems. No hard data are available on the reasons for these health conditions, or for the regional variations.

There is growing concern about obesity among adolescents. A sample study among 2,500 13- to 15-year-old students in public and private schools showed that 4.3 per cent of boys and 2.8 per cent of girls were obese. Poor dietary habits and sedentary lifestyles have contributed towards this, as has the shortage of safe play spaces for young people, particularly for girls. The 2002 National Youth Survey found that nearly a quarter of the respondents, particularly girls, felt they were overweight. Adolescents in Amman seemed to have the highest concern about having excess body weight, reflecting perhaps the higher severity of the twin problems of high availability of fast food in the capital, besides a lack of open spaces near residential areas. The perception of feeling overweight may also be related to body ideals/models that are unrealistic.

The limited access of children and young people to information and education about healthy lifestyles is confirmed by recent surveys. Females tend to associate health with diet and eating habits, while boys were more likely to relate health to avoidance of health-risk behaviour such as smoking, drinking and drugs.

Regarding healthy lifestyles, young females cited three main healthy practices including healthy eating (60

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120 JPFHS 2002
122 Jordanian Youth: Their Lives and Views. DOS/UNICEF 2002
123 Youth Friendly Reproductive Health Services in Jordan form the Perspective of Youth: A Qualitative Study 2005. I. Khalaf for MOH/ UNFPA and consultations with adolescents and women, May 2005
124 Jordanian Youth: Their Lives and Views. DOS/UNICEF 2002
125 Assessment of Health and Social Needs of Females in the Age Group 9-65 years in South Jordan. 2003 Dr F. Shakhatreh, Dr A. Obeidat
126 Jordan Global School-based Health Survey. 2003
127 Jordanian Youth: Their Lives and Views. DOS/UNICEF 2002
per cent) exercise (43 per cent) and personal hygiene (28 per cent). Around 70 per cent of the young people regarded smoking to be the most harmful practice, followed by drugs (8 per cent).\textsuperscript{128} However, despite a high level of awareness of the risks, smoking is pervasive in homes and in public places.

According to conservative estimates, at least 40-50 per cent of men and 10 per cent of women smoke. It is therefore not surprising that children pick up the habit at an early age.\textsuperscript{129} A 1999 survey found that tobacco abuse often begins as early as age 10, and that 19 per cent of adolescents aged 13-15 were already smokers – 25 per cent of the boys and 15 per cent of the girls. Peer pressure was the main motivating factor for boys, while imitating the behaviour of other family members was the main factor for girls. Thirty-seven per cent of adolescents smoked to imitate others, because it was easy to get cigarettes, to release stress, or to feel independent. Girls usually smoked at home, while boys also smoked in public places. Only about half knew about the dangers of second-hand smoking.\textsuperscript{130}

A follow-up survey in 2003 came out with even higher numbers, with 33 per cent of children aged 13-15 years – 37 per cent of boys and 28 per cent of girls, smoking cigarettes and flavoured tobacco through the ‘shisha’ (water pipe). The law prohibits selling cigarettes to children, probably due to weaknesses in monitoring, 45.5 per cent were buying cigarettes from supermarkets.\textsuperscript{131} The health risks of smoking ‘shisha’ are even higher than cigarette smoking, but it is a popular activity in Jordan and across the Arab world, with little awareness about its health risks.\textsuperscript{132}

Many young Jordanians say that they get their health information from doctors. Surveys also confirm mothers as primary information sources especially for girls. The range of sources mentioned during a series of focus group discussions with youth in 2005 included parents, relatives, friends, midwives, private doctors, youth centre staff, teachers, school counsellors, books, Television and the Internet.\textsuperscript{133} For medical consultation and services, boys visit public hospitals more than girls, who go more often to local health centres or private health facilities. One in ten youngsters appears to resort to self-medication. Girls are more frequent users of herbal or over-the-counter medicines or just stay at home, indicating that they got inadequate or no treatment.\textsuperscript{134}

**Sexual and Reproductive Health and Access to Health Services**

The 2001, the Youth KAP Survey found low sexual and reproductive health (SRH) knowledge and awareness levels with 42 per cent of those aged 15-19 (48 per cent boys, 35 per cent girls) unable to explain the meaning of reproductive health.\textsuperscript{135} During the 2002 National Youth Survey only 33 per cent of the adolescents could correctly identify three signs of male puberty, and only 25 per cent of female puberty.\textsuperscript{136} The latest health-related dialogue with adolescents held for this situation analysis, confirmed low parental attention to preparing children for physiological and psychological changes during puberty.\textsuperscript{137} Girls said that they were afraid and embarrassed by such changes, but they got worried if their friends matured physically before they did.

\textsuperscript{128} Baseline survey of 5 governorates 2004. DOS/UNICEF
\textsuperscript{129} CCA 2002
\textsuperscript{130} Global Youth Tobacco Survey 1999. Jordan Smoking Control Society/WHO/UNICEF
\textsuperscript{131} Global Tobacco Survey 2003. WHO/UNICEF
\textsuperscript{132} The Health Hazards of Smoking Shisha. WHO 2006
\textsuperscript{133} Youth Friendly Reproductive Health Services in Jordan from the Perspective of Youth: A Qualitative Study 2005. I. Khalaf for MOH/UNFPA
\textsuperscript{134} Jordanian Youth: Their Lives and Views. DOS/UNICEF 2002
\textsuperscript{136} Jordanian Youth: Their Lives and Views. DOS/UNICEF 2002
\textsuperscript{137} Consultations with adolescents, May 2006
A 2005 UNFPA survey also found knowledge gaps and misconceptions among both girls and boys, but with girls being somewhat better informed than boys on these issues.\textsuperscript{138} All respondents were keen to be educated about healthy lifestyles including on psychological and emotional aspects, puberty, sexual health and interaction between sexes, pregnancy, and means of protection against HIV/AIDS. The general feeling was that information and services are less easily available in rural areas. There was interest in peer- to- peer health education. Some wanted to become peer educators themselves, or to help develop information/education materials. Most youth expressed a preference for private health clinics.\textsuperscript{139} The reasons were inappropriate location, accessibility, and timings of the public health centres, the long waiting time, the crowded and often unhygienic conditions, the non-availability of medicines, the absence of specialists and the non-friendly and dismissive attitudes of the staff. Confidentiality was a key concern especially for girls due to social norms against unmarried girls visiting reproductive health centres. Separate seminars for girls were suggested as a viable alternative.

The picture of the ideal health centre that emerged from the respondents was that of a well-located, spacious, smoke-free, clean and comfortable building, within easy reach of their homes. The concept of a suitable health provider is a qualified person of the same sex who has good communication skills, is caring, respectful, non-judgemental and ensures confidentiality.

\textbf{Adolescent Marriage and Motherhood}

The rising age of marriage has contributed significantly to lowering fertility and national growth rates. The legal age of marriage for both girls and boys is 18 years, but the law allows some exceptions based on judicial discretion. By 2002, the median age of first marriage had reached 21.8 years, with minor variations by residence and region. A positive relationship existed between levels of education and age at first marriage. Women with secondary education tend to marry two years later than those with no education or with elementary or preparatory education.\textsuperscript{140} Teenage marriage in Jordan reportedly decreased from 20 per cent of all marriages in 1998 to 15 per cent in 2004.\textsuperscript{141}

Families who continue to marry off their daughters at early ages do so mainly because of the high social value assigned to marriage, religious sanction of early marriages, fear that delayed marriage may result in involvement of adolescents in illicit relationships, and the desire to relieve the pressure on limited family incomes.\textsuperscript{142}

\textsuperscript{138} Youth Friendly Reproductive Health Services in Jordan from the Perspective of Youth: A Qualitative Study 2005. I. Khalaf for MOH/UNFPA
\textsuperscript{139} Youth Friendly Reproductive Health Services in Jordan from the Perspective of Youth: A Qualitative Study 2005. I. Khalaf for MOH/UNFPA
\textsuperscript{140} JPFHS 2002
\textsuperscript{141} Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005
\textsuperscript{142} Consultations with community women, May 2006
Table 2.11  Age-related Marriage Patterns: 2002 (Percentages)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Married at Age 15</th>
<th>Married at Age 18</th>
<th>Married at Age 20</th>
<th>Married at Age 22</th>
<th>Never Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>0.6</td>
<td>na</td>
<td>na</td>
<td>Na</td>
<td>93.8</td>
</tr>
<tr>
<td>20-24</td>
<td>0.9</td>
<td>11.1</td>
<td>21.5</td>
<td>Na</td>
<td>65.9</td>
</tr>
<tr>
<td>25-29</td>
<td>1.6</td>
<td>16.0</td>
<td>30.5</td>
<td>43.9</td>
<td>34.7</td>
</tr>
<tr>
<td>30-34</td>
<td>1.7</td>
<td>15.4</td>
<td>31.4</td>
<td>47.6</td>
<td>20.4</td>
</tr>
<tr>
<td>35-39</td>
<td>3.1</td>
<td>20.9</td>
<td>35.5</td>
<td>52.3</td>
<td>12.7</td>
</tr>
<tr>
<td>40-44</td>
<td>5.5</td>
<td>27.6</td>
<td>43.7</td>
<td>58.3</td>
<td>7.4</td>
</tr>
<tr>
<td>45-49</td>
<td>7.5</td>
<td>36.0</td>
<td>54.2</td>
<td>70.1</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Source: JPFHS 2002

Consultations with community women indicate a higher number of teenage marriages than recorded in official data. They say that parents find ways to evade the civil law regarding age at marriage, such as recording of a higher age than the actual, arranging the marriage contract in Syria, or using their connections to get the judge to invoke the exception clause. The women note that early marriage results in limited opportunity to acquire education and productive skills, domination of the wife by husband and mother-in-law, sexual and reproductive health (SRH) complications, too early and too many pregnancies, and higher likelihood of divorce due to the husband’s dissatisfaction with the girl’s immaturity, or poor domestic and childcare skills.143

A positive finding of the 2002 National Youth Survey was consensus among the youth that starting a family requires a considerable degree of mental and physical maturity and as such marriage should not take place before young people reach their twenties.144 Discussions with adolescents in 2006 confirmed a generally negative view of early marriage, especially among girls.145 To them the biggest issues were lost opportunities for further education, and a heavy emotional strain on very young wives partially because of feeling inferior for being less educated than their peers.146

Child-bearing among adolescents decreased from 6 per cent in 1997 to 4 per cent in 2002. No girl had begun child-bearing that year, though 2 per cent had had their first child at age 16. Teenage pregnancies occur more in urban areas (4.8 per cent) than rural (2.2 per cent). The proportion of girls who begin child-bearing in their teenage years declines as the level of education increases – from 14 per cent of the uneducated to 1 per cent of those with above secondary education.147

SEXUALLY TRANSMITTED INFECTIONS

The scale of sexually transmitted infections (STIs) in Jordan is not known, but private physicians report that these are commonly found among both male and female patients. A recent Family Health International (FHI) supported survey of 1,204 women attending obstetrics and gynaecology clinics discovered infections among 32.2 per cent.148 The JPFHS 2002 found that 73 per cent of ever-married women had no knowledge of STIs. Girls aged 15-19, rural women and the uneducated were even less knowledgeable.

143 Ibid
144 Jordanian Youth: Their Lives and Views 2002. DOS/UNICEF
145 Consultations with adolescents, May 2006
146 Ibid
147 JPFHS 2002
148 Prevalence of Reproductive Tract Infections (RTIs) Sexually Transmitted Infections (STIs) in Symptomatic Women in Urban Jordan As’as, Soliman, Qutob, Al Khateeb (unpublished abstract) quoted in 2002 IDA and VAD National Survey Report
HIV/AIDS – THE SCALE
(Please also see chapter 4)
HIV/AIDS is an emerging area of concern, though Jordan is still a low-prevalence country.
In the absence of a formal situation analysis, HIV/AIDS records in Jordan have depended mainly on passive case reporting. Some information has also become available through qualitative FHI-supported research among students and some vulnerable groups, but knowledge gaps remain for instance on prevalence and behaviours among injecting drug users, male homosexuals and migrants – groups which global evidence confirms as among the most vulnerable.
An AIDS case was first reported in Jordan in 1986. By April 2006, there were 437 reported cases. Age group patterns show an increase in infections among both males and females at age 20, holding steady for females, and peaking for males between the ages of 30 and 39. The subsequent drop is much sharper for females than for males. 149

Table 2.12 Cumulative HIV/AIDS Cases in Jordan 1986-April 2006

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>1.4</td>
</tr>
<tr>
<td>5-14</td>
<td>17</td>
<td>1</td>
<td>18</td>
<td>4.1</td>
</tr>
<tr>
<td>15-19</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>1.8</td>
</tr>
<tr>
<td>20-29</td>
<td>73</td>
<td>58</td>
<td>131</td>
<td>30.0</td>
</tr>
<tr>
<td>30-39</td>
<td>110</td>
<td>56</td>
<td>166</td>
<td>38.0</td>
</tr>
<tr>
<td>40-49</td>
<td>51</td>
<td>11</td>
<td>62</td>
<td>14.2</td>
</tr>
<tr>
<td>50+</td>
<td>37</td>
<td>7</td>
<td>44</td>
<td>10.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>298</td>
<td>139</td>
<td>437</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: National AIDS Programme (NAP) Report April 2006

The age-based pattern is less clear for the Jordanian cases partially because the sample is small – a total of 159 cases, 73 of whom had died. Sexual contact was the mode of transmission for 48 per cent of the cases, and infected blood and blood products for 36 per cent.

Table 2.13 Cumulative HIV/AIDS Cases Among Jordanians 1986-1/4/06

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2.52</td>
</tr>
<tr>
<td>5-14</td>
<td>13</td>
<td>0</td>
<td>13</td>
<td>8.18</td>
</tr>
<tr>
<td>15-24</td>
<td>15</td>
<td>3</td>
<td>18</td>
<td>11.32</td>
</tr>
<tr>
<td>25-34</td>
<td>36</td>
<td>10</td>
<td>46</td>
<td>28.93</td>
</tr>
<tr>
<td>+35</td>
<td>60</td>
<td>15</td>
<td>75</td>
<td>47.17</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1.89</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>31</td>
<td>159</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Source: NAP Report April 2006

149 National AIDS Programme Report April 2006
At present, there are lower reported infections among the younger age groups than in adults, yet there is growing realization in Jordan that young people below 30 years of age, especially those aged 15-30 years, are at most risk of contracting HIV/AIDS through unprotected sex. Information about the extent of sexual activity among adolescents is not readily available. A 1994 study showed that 7 per cent of college students admitted to non-marital sex. In a national survey among the general population between ages 15-30 in 1999, 4 per cent admitted the same. Adolescent respondents of the 2005 UNFPA sponsored study alluded to the existence of extramarital activity amongst their peers, but there is no hard evidence to support this.

Jordan’s socio-cultural environment contains both protective and risk factors that could influence levels of SRH problems including HIV/AIDS prevalence. Protective factors that combine to limit related risks include strong adherence to religious values, integrity of the family unit, close parental monitoring, and a sense of social solidarity and cultural identity. Risk factors are associated with some categories of tourists and others passing through the country, some of whom contract ‘al-urfi’ or temporary marriages with local girls. Increasing poverty and unemployment levels also hold possibilities of increased sexual activity for financial gain. This could be voluntary or forced, as in the case of disadvantaged children. Rapid changes in lifestyles of some segments of the society may also explain increased risk behaviour.

While general awareness about HIV/AIDS is high, specific knowledge, including about the modes of transmission, is low. Even at the adolescent stage, children do not have easy access to SRH information through parents, educational institutions, or health services. There seems to be some progress towards addressing this because young respondents of a recent survey demonstrated good familiarity about the symptoms, modes of transmission and so on, and said that they had obtained this from their school curriculum.

Both STIs and HIV/AIDS remain highly sensitive issues, with low levels of comfort among communities to discuss them, especially in public. The high political commitment to the National AIDS Programme and the ongoing awareness creation activities are resulting in a slowly increasing openness to discuss the subject, but the issue is still considered taboo by many. The JPFHS found that 75 per cent of spouses had never discussed the subject. Besides the belief that this is a disease of the promiscuous, there is a misconception that since extramarital sex and homosexuality are not socially acceptable, they do not exist in the country.

There is high political commitment to prevent the spread of HIV/AIDS. The National AIDS Programme is well established, and a National AIDS Registry is working on improving the information base on HIV/AIDS. A National AIDS Committee, formed in 1986 with representatives of various disciplines and NGO members, acts as the Country Coordinating Mechanism for the Global Fund Grants, and for liaison with the UN Theme Group on AIDS.

The National AIDS Programme approaches include surveillance, infection control in health care settings, school and university-based preventive education, public health education, treatment and control of STIs, condom provision, care and support for people living with HIV/AIDS including regular provision of antiretroviral drugs and overall management of activities integrated into the functional health and reproductive health care structures at central and peripheral levels. A draft National HIV/AIDS Strategy awaits formal government approval. Preliminary studies are being initiated among vulnerable groups, and media support is being enlisted.

The peer-to-peer manual prepared by the MOH entitled ‘Youth Educational Manual with Focus on HIV’ will be used with the most vulnerable adolescent groups including school dropouts, child labourers, children living or working on the streets and intravenous drug injectors. The MOE plans to incorporate HIV/AIDS information in the school curricula.

150 Reference quoted in the WB/WHO/UNAIDS document 2002 and in ‘Breaking the Silence and Saving Lives: Young People’s SRH in the Arab States and Iran. B.Shepard, J DeJong
151 Ibid
152 Consultations with adolescents, May 2006
A SAFE AND HEALTHY ENVIRONMENT

The National Jordanian Charter states that ‘A clean balanced environment is a human right. Preserving the Jordanian environment and protecting it from pollution for the present and the future is a national responsibility that requires cooperation and coordination among public institutions and specialized social parties’. It specifies the need to enlist the public through creation of environmental awareness, including about the dangers of pollution, and adopt policies that preserve the equilibrium of the natural environment.

The 2002 National Youth Survey found low environmental awareness among young people, especially children. Air pollution and unsafe waste disposal were most commonly known, followed by overpopulation and water shortages, but their health implications were not well understood. Knowledge of health risks seemed limited to the effects of smoking, drug or alcohol use, unhealthy diets, lack of physical exercise and poor personal hygiene. Environmental awareness is higher in areas where there are visible environmental problems.

During consultations for this situation analysis, young people in Hasa complained about the dust from the phosphate plant and chemical explosions in the nearby mines. In Manshiah, they mentioned the smell of olive cakes used for heating, and in Baqaa the sewage water, dumpsters and rodents. In Ajloun, they highlighted the risks of stagnant pools of water, swamps and car exhaust fumes. Women in the Madaba and Zarqa refugee camps described how overcrowding and poor sanitation facilities in homes, and dust from phosphate mines cause eczema, asthma, colds, coughs and eye infections, especially among children who are more exposed to the external environment. Other problems are high chlorine and calcium levels in the water, resulting in liver, urological and kidney problems, besides dental and other bone-related deficiencies.

Measures to control environmental and water pollution include increased and improved access to water and household sanitation, institution of safety measures and monthly inspection of water sources by the Ministries of Water and Irrigation. An important development is the Healthy Environment Initiative for Children launched in 2003 in Irbid at the University of Science and Technology/Queen Rania Al-Abdullah Centre for Environmental Science and Technology. This national network is determining environmental dangers faced by children, setting up a database on child focused environmental issues that will be accessible to all interested individuals and agencies, assisting the design of environmental projects targeting children and facilitating networking between all relevant stakeholders.

CHALLENGES

The health sector faces a growing demand for services that may outpace the availability of financial resources, facilities and specialized personnel. There are knowledge gaps and practical difficulties in quality service coverage of underserved groups. Health care awareness is low among many communities, and proper awareness does not necessarily lead to behaviour change. Inappropriate nutritional practices are contributing to poor health and obesity.

The focus of health services for women has been predominantly on their maternal roles, so information about their general health is incomplete. Maternal health services are vastly improved, but affected by inadequate family awareness of and support for women’s health and nutrition needs especially during pregnancy, advice provided and monitoring of high-risk pregnancies by health personnel, availability of quality obstetric care facilities in remote areas and women’s participation in post-natal services.

There have been striking reductions in infant and child deaths and illnesses. The main pending tasks are to reduce neonatal deaths, improve family care practices which determine child survival and health risks in early childhood, sustain the gains in disease prevention and control, and track and address emerging health risks.

Pre-adolescents and adolescents have the most unmet health needs. The still incomplete recognition of their needs has led to information gaps about their health status and lack of appropriate health services. Low
access to health education and constructive recreational opportunities results in unhealthy lifestyles, such as smoking, unhealthy diet, limited physical activity and increased vulnerability to STIs and HIV/AIDS.

There is inadequate research on the health of vulnerable groups, such as the impact of consanguineous marriages on disability incidence, occupational health hazards of child labourers and the health status of institutionalized children. Their access to quality health services is often constrained by practical circumstances, such as limited family means to cover the cost of transport and services, and also because not all categories of children with disabilities are entitled to free medical rehabilitation services. The coverage of services for early detection of disabilities and premarital testing is expanding, but is not yet universal. Child abuse detection and rehabilitation services are in extremely short supply.

**THE WAY FORWARD**

For universal access of all children and women to affordable quality health services, special attention is required for those who have not been able to fully claim their rights to good health – the poor, the vulnerable and most at-risk sub-groups, and the large group of adolescents. Implementation of the national nutrition policy must be accorded high priority.

Other steps towards sustaining and improving child and female health and nutrition are:

Supplementation of the knowledge base on issues such as:
- Family nutritional knowledge, and intra-family food distribution patterns;
- Access and affordability issues for underserved groups;
- The conditions of health care providers in rural and remote areas which constrain quality maternity services;
- Women’s general morbidity concerns – not just related to motherhood;
- The incidence and causes of home-based child deaths or serious accidents;
- Health and safety conditions of nurseries, KGs, schools and facilities providing institutional care;
- The impact of consanguineous marriages on disability incidence;
- Adolescent health concerns, and the contributing factors including for regional variations;
- The health situation of vulnerable groups such as those in care or juvenile centres, child labourers, children with disabilities, children on the streets and female sex workers;
- The outcome of school nutrition and health projects and public health education initiatives, including knowledge gained by students through healthy lifestyles education.

Service extension and enhancement through:
- Increased total health expenditures per capita as envisaged by the National Agenda;
- Higher allocations for preventive aspects to reduce the need for curative services and staff training to improve the quality of services and health outcomes;
- Upgraded and increased primary and secondary facilities and range of specialized services in underserved areas;
- Accelerated institutionalization of the IMCI by reinforcing internal links between various health interventions and strengthening the community component for effective home-based health practices;
- Extending the coverage of the Better Parenting Programme
- Mobilizing for increased participation of men in better parenting and contraceptive use programmes;
- Sustained and improved awareness and educational campaigns through the media, health, education and extension systems to promote healthy lifestyles, accident prevention and positive attitudes towards people living with HIV/AIDS;
- Continued nutrition supplementation through the health and school systems among at-risk groups of children and females of child-bearing age, and replacing fast food sold at school cafeterias by nutritious food;
- Expansion of the range of subsidized medical services for children with disabilities.
Maternal health and well-being would benefit from:
- Better guidance by health staff on diet and care during pregnancy;
- Streamlined monitoring systems for high risk pregnancies including through home visits;
- Higher participation in post-natal checkups;
- Availability of quality emergency obstetric care services in all areas at all times;
- Improved family awareness about the social risks associated with early marriage; the high risk factors during pregnancy; the special nutritional and psychological needs of expecting and new mothers; and the required support role of the family, particularly the husband;
- Legal extension in the maternity leave period;
- Mobilization of local support groups for pregnant women and children of working mothers;
- Promotion of the small family norm.

Survival and better health of infants at birth in the first few months will benefit from initiatives to improve maternal health, but it is essential to focus specifically on interventions to reduce deaths in the critical neonatal period. For maximum impact, other efforts to improve infant and child survival and well-being must include:

Expanding and reinforcing IMCI approaches, especially the community component to:
- Sustain the successful immunization, nutrition fortification and supplementation with adequate resource allocation, vigilant monitoring and course correction where indicated;
- Prevent the re-emergence of diarrhoeal diseases with stepped-up public awareness about safe water use and hygienic and sanitary practices;
- Improve infant and child feeding practices;
- Reduce ARI-related deaths and illnesses through staff training, improved supervision and promotion of home based management of infections;
- Reduce the incidence of childhood disability.

Strengthening the health and social systems’ ability to extend and improve detection, diagnosis, prophylactic and medical rehabilitation services for children with disabilities through:
- Adaptation and standardization of international tests for disabilities and learning difficulties to the Jordanian environment;
- Establishing an early disability detection centre in the North;
- Training of health staff, teachers and social workers to detect early signs of disability;
- Increased coverage of premarital medical tests, improved conditions during pregnancy and childbirth, post-natal checkups and accident prevention;
- Public education on the reasons for childhood disability and preventive approaches;
- Provision of specialized services at health facilities and physiotherapy centres, with free or subsidized access for the poor;
- Increased access to low-cost disability aids;
- Improved regulations and procedures for access to health insurance including coverage of those with motor disabilities.

Limiting traffic accidents through:
- Integrating traffic safety requirements as a long term objective in the planning of cities, transportation and the use of land;
- Inspecting traffic rules in new projects to ensure adherence to traffic safety requirements;
- Providing road safety requirements, such as zebra crossings, sidewalks and speed bumps in residential areas;
- Enhancing law enforcement programmes and, at the same time, conducting media and awareness-raising campaigns;
- Integrating traffic safety concepts in MoE curricula, in addition to including traffic awareness in training and education programmes, given that pedestrian traffic accidents constitute a major part of this problem.
Adolescents need priority attention to address past neglect through strategies and interventions such as:

Awareness creation about adolescent health through:
- Wide dissemination of findings of recent surveys especially to planners and through parenting programmes;
- Participation of adolescents in key health planning exercises, seminars with health planners and service providers and media dialogues;
- Interaction with community leaders at meetings arranged by the local community or school;
- Parental participation in school and community-based activities focusing on enhancing their knowledge and skills to promote the development and participation of their adolescent children.

Increased access to appropriate healthy lifestyles education through:
- Review and course correction of school-based health education programmes in the light of findings of recent youth KAPs;
- Reinforced focus on life skills education to enable adolescents to make informed decisions about their lifestyles;
- Increased availability of age-specific multi-media health education packages at schools, youth centres and public libraries, through the mass media and a dedicated website - the contents to include general health, nutrition, hygiene and environmental sanitation topics for all children including a focus on sexual and reproductive health and HIV/AIDS for adolescents.

Extended and improved services by:
- Establishing health units tailored to the needs of adolescent girls and boys within the existing health infrastructure;
- Arranging periodic health clinics in educational and care institutions, which go beyond routine checkups to include group health education sessions with specialists, and space for confidential individual consultations;
- Incorporating a focus on adolescent health into the curricula of university medical colleges, nursing and paramedic schools and in-service training for health staff.

Reducing the prevalence of smoking through:
- Enhanced awareness about the health consequences;
- Enforcing the ban on smoking by teachers in schools;
- Designating more public places as smoke-free zones;
- Enforcing the ban on cigarette commercials;
- Discouraging sports and media personalities from promoting tobacco products;
- Increasing penalties for violations.

Environmental factors need to be addressed through:
- Implement the environment protection Law.
- Introduce environmental health education programmes at school.
- Awareness creation and education on appropriate hygiene, water use and sanitation practices;
- Increased connection of households to proper sewerage systems;
- Enhanced waste management measures;
- Establishment of more parks and green areas;
- Avoiding the location of industries near residential areas;
- Interventions to reduce the negative effects of existing factories, thermal plants near residential areas.
Chapter 3
Development, Education and Participation
OVERVIEW

The Jordanian Government has demonstrated great commitment towards universalization of education - revising policies to reform the system and expanding facilities through sustained resource allocations. Jordan is among the eight Middle Eastern countries closest to achieving the Universal Primary Education Goal. It ranks 45th among 122 countries in the Education for All Developmental Index, measured by progress in net enrolment in primary education, adult literacy, gender parity and survival rate to grade 5.

Table 3.1. Expenditure on Education from Public and Private Sources (in US$ Million)

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>As % of GDP</td>
<td>4.7</td>
<td>4.8</td>
<td>5.1</td>
<td>5.3</td>
<td>5.5</td>
</tr>
<tr>
<td>As % of Budget</td>
<td>13.8</td>
<td>13.9</td>
<td>14.9</td>
<td>17.9</td>
<td>15.9</td>
</tr>
<tr>
<td>US$ Million</td>
<td>400</td>
<td>429</td>
<td>483</td>
<td>520</td>
<td>579</td>
</tr>
</tbody>
</table>

Source: MOPIC Website

Jordan is also among the six countries in the Middle East that have aligned their educational legislation with child rights principles. The 1988 Education Law extended compulsory education to 10 years, (ages 6-16), besides providing for two free years of secondary education. The Basic Education Reform Programme 1989-1998, which covered both government and UNRWA schools, included four broad national areas of focus: life-long learning, responsiveness to the economy, access to information and communication technology and quality learning. In 1994, the education system was divided into 3 stages: the two-year kindergarten stage, the basic education stage of free and compulsory 10-year schooling for the 6-16 year age group, and two years of secondary education for the 16-18 year olds, which is free, but not compulsory. However, it is compulsory for students to pay what is called “school donations”, which are paid every semester and amount to JD 40 for vocational education, JD 30 for secondary education and JD 20 for primary education.

There has been growing attention to formulation of policies and programmes for ECD, and a steady though slow growth in the number of facilities. Recognizing the need to further improve basic educational processes, and effectively meet emerging needs, the government has introduced the multi-donor funded Education Reform for the Knowledge Economy (ERfKE) (2003-2008) Initiative. This project is the first of its kind in the Region. Its basic elements are reorientation of education policy objectives and strategy through governance and administrative reform, transformation of education programmes and practices for the knowledge economy, support for provision of quality physical learning environments and promotion of learning readiness through early childhood education.

The focus on education, particularly female education, also figures significantly in other national policy frameworks that deal with cross-cutting issues. These include for instance the National Agenda (2005), the National Anti-poverty Strategy (2002), the updated National Strategy for Women and the National Plan of Action for Children (2004-2013).

Efforts are underway to improve school infrastructure and to design approaches to ease school-related financial pressure on parents through abolition of direct costs for clothing, books and paper and so on. Another pro-poor initiative is an MOE-MOPIC nutrition project in disadvantaged areas under the jurisdiction of 29 educational directorates across the country, which provides nutrition supplements to children in grades 1-6 and those in government-run kindergartens.

153 Investing in Children of the Islamic World. 2005 OIC/IESCO/UNICEF
154 UNESCO report, NCFA
155 Investing in Children of the Islamic World. 2005 OIC/IESCO/UNICEF
156 MOE
Public sector schools under the Ministry of Education (MOE), which constitute 58 per cent of the total, accommodate 70 per cent of the total enrolment. The remaining students attend schools run by UNRWA (9 per cent), the private sector (20 per cent), and other ministries and the military (1 per cent). Compared to girls, a higher percentage of boys attend private schools. Eighty-five per cent of Palestinian children attend UNRWA schools, which have maintained gender parity since the 1950s. The public sector also caters for 89.4 per cent of the secondary school students.

Jordanians assign a very high value to education, and express appreciation for the near universal access to education in the country. Jordanian girls and boys both consider attaining a high level of education to be an important goal.

**EARLY CHILDHOOD DEVELOPMENT**

The early years of life, especially the first three, but generally up to nine years of age, are crucial in the initial shaping of personal characteristics and physical growth. For the vast majority of children, it is the parental home that provides the best conditions for early development – physical, cognitive, social and emotional, and family members serve as the first teachers and role models. It is at home that the child first learns to move around, to explore, to communicate, to develop relationships, and acquire values and behaviour patterns. The nurture and stimulation received at home, besides levels of comprehension, confidence and comfort with relationships, determine how prepared the child is to enter an external learning environment.

In traditional settings, especially where extended families are the norm, while the mother remains the main caregiver and greatest influence, her responsibilities can be shared with others. The child also has the opportunity to be cared by and learn from other familiar actors, when the mother cannot devote full-time attention. With nuclearization of households, increased participation of women in economic activity outside the home, and situations where the mother has excessive child-bearing and rearing responsibilities, it becomes necessary to supplement home based care with external support. After the very early childhood phase, group activities with their peers become a very critical developmental need for children.

In Jordan, the concept of organised early childcare services was introduced in the 1950s. Services have slowly expanded with the rise in women’s education and employment rates and changes in family lifestyles. The majority of ECD services are still provided mainly through private, formal, centre-based programmes, but the role of the MOE has grown since 1999 as the MOE has initiated the opening of its first kindergartens in public schools.

Nurseries cater for children below four years of age, and kindergartens serve children aged four-six years. The MOE is responsible for designing the overall ECD framework, setting standards, and providing guidelines, besides licensing and supervision of NGO and private KGs, while the MOSD has a similar role for nurseries.

The coverage, geographical distribution and varied quality of ECD services have raised some questions in the past, for instance, on ease of accessibility for families in terms of distance from home or workplace, the availability and cost of transport, and for working mothers the lack of synergy between timings of the facilities and the mother’s working hours. Private sector facilities are highly commercialized and concentrated in the more profitable urban middle and upper middle class areas, limiting accessibility for children in remote rural areas and urban pockets of poverty, due to either non-availability of the facilities

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157 MOE, National Agenda education sector presentation 2006
158 Department of Statistics (DOS) Statistical Yearbook 2005
159 JHDR 2000
160 An Assessment of Needs and Programs for Children Ages 4-6 in Jordan 2002. Mary Young
161 Early Childhood Health and Education in Jordan: Status Report 2002. Save the Children
162 Assessing Readiness of Jordanian Children to School, 2003. L.Hussein
or non-affordability. In the case of nurseries, distance and timings have combined to limit the possibility of babies being breastfed. 163

A national seminar in 1993 drew attention to the ECD concept and the need for action. The issue received further attention when a 1996 national study to assess early childhood-related knowledge, attitude and practices of Jordanian parents found wide gaps in parental understanding with less than half providing correct responses.164

In 1999, Her Majesty Queen Rania Al-Abdullah commissioned a team of Jordanian professionals, representing different areas of expertise in dealing with young children, to develop a national ECD strategy. The National ECD Strategy focuses on pregnant women, as well as children from birth to below nine years who constitute 26.9 per cent of the total population. It consists of 14 modules covering a range of aspects, aimed at balanced and comprehensive development, through coordination of implementing agencies, and developing family and social awareness on childhood issues. The NCFA is mandated by law to follow up on the implementation of the National ECD Strategy. To operationalize the National ECD Strategy, which was the first in the region, a National ECD Action Plan (2003-2007) was developed. The NCFA, in cooperation with partners, is in the process of drafting the second Plan of Action 2008-2012.

The NCFA and the MOE have established a national framework of ECD standards and indicators that outlines the expected outcomes for Jordanian children in the early years. This covers areas such as language and literacy development, social and emotional development, physical health and development, logic and reasoning; and approaches to learning. The framework also defines age-specific developmental standards and indicators. These aim to assess child progress, guide curriculum development, programme evaluation. Consensus building among relevant stakeholders and systematize data collection. This key national-level achievement is acknowledged as a valuable contribution to the regional and global ECD knowledge base.165 As a result, Jordan was selected by UNICEF Headquarters as one of six pilot countries to participate in a project to develop global ECD indicators.

163 Consultations with community women, May 2006
165 NCFA
Nurseries
Nurseries, which provide temporary care and play activities for a few hours daily to the youngest and most crucial age group, are extremely limited covering 13,901 children in 2005, representing only about 2 per cent of the 0-4 age children, who constitute 12.9 per cent of the population.\textsuperscript{166}

Table 3.2 Distribution of Nurseries in the Kingdom, 2004

<table>
<thead>
<tr>
<th>Governorate/Area</th>
<th>Private</th>
<th>Institutional</th>
<th>Associations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amman</td>
<td>183</td>
<td>173</td>
<td>8</td>
<td>364</td>
</tr>
<tr>
<td>Balqa</td>
<td>18</td>
<td>20</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td>Zarqa</td>
<td>13</td>
<td>46</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td>Madaba</td>
<td>15</td>
<td>7</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Irbid</td>
<td>48</td>
<td>84</td>
<td>4</td>
<td>136</td>
</tr>
<tr>
<td>Mafraq</td>
<td>6</td>
<td>24</td>
<td>5</td>
<td>35</td>
</tr>
<tr>
<td>Jerash</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Ajloun</td>
<td>2</td>
<td>9</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Karak</td>
<td>13</td>
<td>8</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Ma’an</td>
<td>2</td>
<td>19</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Aqaba</td>
<td>4</td>
<td>23</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Tafilah</td>
<td>-</td>
<td>14</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Muwaggar</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Southern Shouneh</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>311</strong></td>
<td><strong>432</strong></td>
<td><strong>52</strong></td>
<td><strong>795</strong></td>
</tr>
</tbody>
</table>

Source: Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005

Of the 795 registered nurseries in 2005, 52.5 per cent were public, 36.5 per cent private, and 11 per cent NGO-run. The MOSD, in 2005, developed legislation for establishing and licensing nurseries, and is currently developing relevant instructions.\textsuperscript{167}

Table 3.3 Number of Nurseries in Jordan in 2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Nurseries</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>202</td>
<td>2,906</td>
</tr>
<tr>
<td>Central</td>
<td>504</td>
<td>9,489</td>
</tr>
<tr>
<td>South</td>
<td>90</td>
<td>1,154</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>796</strong></td>
<td><strong>13,549</strong></td>
</tr>
</tbody>
</table>

Source: MOSD report

The standard of services offered varies between different nurseries. Linkages don’t seem to have been established between the MOSD and the MOH, to ensure full awareness of nursery staff about the health, hygiene, nutrition, stimulation and general care needs of the young children, and for monitoring of primary health care standards The MOSD plans to upgrade the services by implementing a comprehensive project in cooperation with the NCFA and relevant partners. This includes development of a curriculum and training manuals for caregivers working with children below four years, capacity building of such caregivers, preparing guidelines to assess the quality of ECD environments and developing consensus on national occupational standards for caregivers.\textsuperscript{168}

\textsuperscript{166} MOSD
\textsuperscript{167} MOE
\textsuperscript{168} Ibid
Kindergartens

In Jordan, the KG is regarded as the first school experience for most young children, but because of economic factors, they were not part of public schools until recently. KGs have expanded faster than nurseries, perhaps because of higher perceived need, or level of comfort among parents about sending their children to such facilities after they are three years old. Another factor is the increased role of the MOE in extending KG outreach to remote and poor areas starting with the establishment of a few experimental preschools in school buildings in 1999. There are currently 235 public KGs in remote and poor areas. The MOE plans to establish another 50 annually till 2008. The overall number of KGs increased from 545 in 1990/1991 to 1,595 in 2004/2005. While 5 per cent of KG children were attending public KGs, 77 per cent were enrolled in private KGs, and 18 per cent in KGs run by NGOs in 2003. By 2004, the enrolment ratios had changed to 15 per cent, 70 per cent and 15 per cent in the public sector, private sector and NGOs respectively.

Overall KG enrolment has risen from 24.5 per cent in 1991 to 29.4 per cent in 2002, and 37.9 per cent in 2005. Boys slightly outnumber girls. A large number of children are enrolled directly into KG2 because of greater parental interest in preparing the child for school close to the time of primary school enrolment. The highest KG enrolment rate in the school year 2004/2005 was in Balqa governorate (57 per cent) followed by Ajloun governorate (56 per cent). The lowest enrolments were in Jerash and Madaba governorates at 31.3 per cent and 31.5 per cent respectively.

Table 3.4  Changes over Time in Gross Enrolment in KGs

<table>
<thead>
<tr>
<th>% in 1990</th>
<th>% in 2000</th>
<th>% in KG1 2004</th>
<th>% in KG 2 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>Boys</td>
<td>Total</td>
<td>Girls</td>
</tr>
<tr>
<td>27.3</td>
<td>29.7</td>
<td>23%</td>
<td>36.9</td>
</tr>
<tr>
<td>49.6</td>
<td>53</td>
<td>51.4%</td>
<td></td>
</tr>
</tbody>
</table>

Source: NCFA 2005 ECD database

The child/teacher ratio in KGs in 2002/2003 was 18:1 overall and 22:4 in rural areas. Among the governorates, Amman had the lowest ratio at 17.3 and Jerash the highest at 25.5. An increasing trend is being noted in the number of university graduates entering this field as KG teachers, accounting for 17.5 per cent of the total in 2002. Among the remaining personnel, 80 per cent had a diploma and 2.5 per cent a high school certificate. This trend could be reinforced by attending to the issue of the low pay scales of nursery and KG staff, which is felt to be a disincentive to attracting well-qualified candidates.

Besides the issue of limited availability of ECD services for early childcare and development, some studies have raised quality concerns about the infrastructure and basic facilities, as well as the quality and benefits of programme of activities in both nurseries and KGs. This has led to frank discussion on the need to improve resource availability, adherence to prescribed standards, programme design, specialized personnel, staff handling capacity, access to pre- and in-service training and monitoring and supervision systems.

The KG experience is expected to prepare children to cope with the requirements of the next stage of education. Its impact on the learning ability of Jordanian children is yet to be validated through solid research, but the fact that almost half are entering schools without any kind of formal preparation has implications for their learning achievement at the primary level. As part of the ERKKE project, a three-phase Readiness for School survey was conducted to assess the level of readiness of first grade Jordanian
children in general and across the five developmental domains (physical, social and emotional, approaches to learning, language, and cognition and general knowledge). Results revealed that 38 per cent of first grade children in Jordan are considered ready to learn, 36 per cent are progressing, while about 25 per cent are not ready to enter grade one.\textsuperscript{174} Children’s learning readiness was also found to increase with family income, father education, mother education, lesser number of siblings and smaller family size.

Efforts to improve ECD services include drafting of the Regulations of Establishing and Licensing KGs by the MOE and the NCFA. Prior to final approval and adoption these are being tested through the ERfKE, to determine their applicability to the national context.\textsuperscript{175} MOE and relevant partners have also initiated work on developing a comprehensive KG accreditation system. In the interest of professional development, MOE built the capacity of 313 teachers and 125 trainers on early childhood education and on the use of the new curriculum.\textsuperscript{176}

The National Plan of Action for Children (2004-2013) and the National Agenda propose to expand access to public KGs, particularly in poor and rural areas, and to increase gross enrolment in preschools to 50 per cent by 2012 and 60 per cent by 2015.

**Empowering Families for Early Childcare**

Alongside the institutional approach to ECD, Jordan is strengthening the support system for community and family based early childcare. Taking note of the 1996 study which found low parental understanding of early childhood concepts a Better Parenting partnership was initiated between the government of Jordan and UNICEF to address this aspect through community-based approaches. This has now expanded into a national network of 13 government and NGO institutions delivering parenting education courses within their respective areas of service. By 2006, the project was operational in three governorates, reaching more than 70,000 parents and other caregivers, 77 per cent female and 23 per cent male, through a network of community workers and facilitators.\textsuperscript{177} Having made maximum use of existing staff and facilities of partner organisations, the project has kept its expenditure at an estimated cost of $3.75 per child.\textsuperscript{178}

The programme particularly targets urban and rural families disadvantaged by poverty, unemployment and low educational levels. The Better Parenting Programme has demonstrated the efficacy of equipping parents for their critical child-rearing/child-shaping tasks in their early years. It has also provided a model for extending holistic and stimulating early developmental options to children in their natural environment.

**BASIC EDUCATION**

**The Quantitative Overview**

In its quest to universalize basic education, the government has taken concerted steps to ensure availability and accessibility of schools for all. There was a massive expansion from 1960 to the year 2000, with the number of government primary schools increasing about four times, the number of students multiplying seven times, and the number of government schoolteachers increasing almost ten-fold. Despite the fluctuating economic situation and the general trend towards privatization, there are currently no indications that the government is considering privatization of the education sector, as this could have negative implications for the lower income groups.
Table 3.5 Basic Education Infrastructure and Enrolment 2004-2005

<table>
<thead>
<tr>
<th>2004-2005</th>
<th>No. of Schools</th>
<th>Teachers</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>2,065</td>
<td>45,538</td>
<td>925,698</td>
</tr>
<tr>
<td>Private</td>
<td>744</td>
<td>13,136</td>
<td>218,871</td>
</tr>
<tr>
<td>UNRWA</td>
<td>177</td>
<td>4,034</td>
<td>123,612</td>
</tr>
<tr>
<td>Total</td>
<td>2,986</td>
<td>62,708</td>
<td>1,268,181</td>
</tr>
</tbody>
</table>

Source: DOS/ Statistical Yearbook 2005

Enrolment rates have fluctuated slightly between years, and there are minor discrepancies between different sources, but there is consensus that the primary level enrolment has remained steady at well above 90 per cent over the last decade. As estimated by the National Centre for Human Resource Development (NCHRDP), the net primary enrolment in 2002 was 92 per cent (91.5 per cent for boys and 92.1 per cent for girls). By 2003, the overall enrolment (grades 1-10) had reached an estimated 97 per cent (97.3 per cent for boys and 97 per cent for girls). Net enrolment ratios in the lower and upper secondary cycle (classes 7-12) have been sustained at 80 per cent since 1999/2000 with no overall gender differences.\(^{179}\)

Due to price hikes in the private schools, there has over the last years been a steady stream of students leaving private schools to rejoin public schools. By the start of the year 2005/2006\(^ {180}\), an additional 30,159 students rejoined public schools, in 2006/2007\(^ {181}\) the number was 35,317 students, thus further adding to school over crowdedness.

Table 3.6 MDG 2: Ensure that by 2015 Both Boys and Girls are able to Complete a Full Course of Primary Schooling (Percentages)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>1990</th>
<th>2001</th>
<th>2015</th>
<th>Prospects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Education Net Enrolment Ratio</td>
<td>91.4</td>
<td>92.0</td>
<td>100</td>
<td>On track</td>
</tr>
<tr>
<td>Proportion of Students Starting Grade 1 who Reach Grade 5</td>
<td>92.2</td>
<td>98.8</td>
<td>100</td>
<td>Good</td>
</tr>
</tbody>
</table>


In 2006/2007 an additional challenge to the Jordanian school system was the number of Iraqi displaced children in Jordan. 8,000 Iraqi children were registered in the public schools and an additional 8,000 children were in private schools. The number of Iraqi school age children was widely believed to be much higher. A study by the Norwegian Research Institute FAFO was conducted in May/June 2007 to help assess, inter alia, the number of Iraqi out-of-school children.

Qualitative Perspectives

Efforts to improve the quality of education have resulted in bringing down the student-teacher ratio to 19.0:1, with the urban and rural ratios being 21.4 and 15.4 respectively.\(^ {182}\) The ratio in UNRWA schools is less positive at 30:1, though it has improved from the 41:1 ratio of 1997/8. UNRWA plans to bring this to a 20:1 level by 2010.\(^ {183}\) There are governorate level variations with Ma’an having the lowest ratio at 13.1, and Zarqa the highest at 24.1 for basic education.

\(^ {179}\) NPA for Children. HDR 2005 UNDP  
\(^ {180}\) MOE, Education Planning Section  
\(^ {181}\) Ibid  
\(^ {182}\) MOE 2004, 2005 records  
\(^ {183}\) Education Dept, UNRWA Jordan Field Office, May 2006
The number of students per classroom is around 28.6 overall, with an average of 31.5 in urban schools, and 24.0 for rural schools. UNRWA classrooms are the most crowded with an average of 40 students per classroom.

Educational planners, managers and researchers acknowledge the need for further improvements by improving school infrastructure and facilities, eliminating the need for double shifts, adopting student centred teaching approaches and improving teacher motivation and skills. Ambitious plans are in place to introduce new teaching technologies, computerize classrooms, expand Internet connectivity, provide more and better teaching facilities such as computer and science laboratories, and transform the vocational training system to match labour market needs.

The Educational Reform Programme has introduced stimulating new teaching methodologies to foster communication, critical thinking and problem solving among students. Efforts towards this are being reinforced as most teachers later reverted to conventional teaching methods. A comprehensive revamping of school curricula and text-books is underway, and the process of introducing them to classrooms of both UNRWA and government is well advanced. The extent to which the teachers are able to internalize the changes remains to be seen.

The role of the educational counsellors has been strengthened. They now help grade 10 students to choose future courses of study by informing them about available options and the future market potential of each.

The MOE has developed a comprehensive plan for the integration of life skills-based education (LSBE) into vocational education and physical education. A trained national core team is developing the requisite framework and learning material, for use in the school year 2007/2008. The LSBE component is being included in the integrated activities and monitoring and evaluation plans of the ERFKE project. The MOE, the Ministry of Culture, the Greater Amman Municipality, as well as other government and non-governmental institutions are also planning to provide cultural and recreational activities, libraries, clubs, centres and children’s parks.

**Learning Achievement**

Despite the many successes of the educational system, it is not yet fully geared towards the development of the child’s personality, talents and mental and physical abilities to their fullest potential”. The over-emphasis on rote learning and memorization of facts to pass exams, rather than on attainment of general knowledge leads to poor scores on cognitive skills.

A national learning achievement test conducted by the MOE in 1998, found private school students performing much better than those of government schools. There were no significant differences between the maths skills of girls and boys. In problem solving, boys scored 31 per cent and girls 28 per cent.

Jordan is among the Arab countries that have participated in Trends in International Mathematics and Science Studies (TIMSS) that allow for comparisons between countries to assess learning achievement among young teenagers. Jordan’s initial position was 37th among 38 countries in 1991. Its position improved progressively over the years. The highest position attained in the decade was 30th out of 37 countries in 1999 in the science test and 32nd in the maths test. In 2003, its students scored slightly above the international average, ranking 26th out of 46 countries and first among Arab States. In maths they ranked 33rd overall and

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184 MOE 2004, 2005 records
185 Education Dept, UNRWA Jordan Field Office, May 2006
186 UNICEF Jordan
187 NPA for Children
188 The Situation of Children Youth and Women in Jordan. 2002 Hady Amr/UNICEF
189 Ibid
second among the Arab States, but scored slightly below the international average. Girls outperformed boys in the tests scores for both subject areas.\(^{191}\)

Failure and grade repetition rate are also indicators of learning achievement. The 1990 repetition rates show significant differences in level between grade 3 and subsequent grades indicating the stages which needed greatest attention. Since 1990, there has been an unexplained fall in repetition rates, which have dropped four to five times several times over the last decade.

By the 2000/2001, school year the repetition rate was 0.68 per cent for the whole basic cycle – 0.72 per cent for males and 0.63 per cent for females.\(^{192}\) The apparent reason for less grade repetition is enhanced learning and less students failing in exams. Another possibility could be the push of dramatic pressures to enrol the ever-increasing number of children of school entry age. This could be influencing the school managers to promote even low performing students to the next grade.\(^{193}\) While this may seem like a blessing to the concerned students, it could soon turn to their disadvantage due to the inability to keep up with the demands of the higher grade. The issue needs looking into to identify the real reasons for the lowered repetition rate.

**School Dropouts: The Missing Adolescents**

The rate of school dropout is very low at the primary stage (6-16 year group), but starts to rise slowly in grade 4 and registers a sharper increase in later grades, especially at the secondary stage, with higher dropout rates for boys. This ties in with the recorded age of entry into early child labour, especially for boys, around age 11.

The 98 per cent gross enrolment of 6-11-years-olds, translates into 93.4 per cent children of the 12-15 age group remaining in school in grades 6-10, while 75.2 per cent of the 16-17 year group get to classes 11 and 12.\(^{194}\) A similar pattern emerged among Palestinian refugee children in the 1995/1996 school year, with 97.7 per cent enrolment of children aged 6-11 years, 93.2 per cent of those aged 12-15 years, and 79.5 per cent among the 16-17 year group.\(^{195}\)

The dropout ratio remained at around 0.39 for the whole basic cycle for the school year 2001/2002, with 0.33 for females and 0.46 for males, with 97 per cent of the enrolled children reaching grade 5.\(^{196}\) Annual dropout rates of 0.8 per cent, become substantive when translated into numbers. The cumulative number of school dropouts in the decade of the 1990s comes to between 85,000 to 94,000 children below 16 years of age. According to World Bank estimates, 12 per cent of the children enrolled in grade 1 did not make it till the end of grade 10.\(^{197}\)

Most of these children are at the pre-adolescent and adolescent age. Their exit from schools implies possibilities of being led or forced prematurely into adult roles. This could lead to engagement of both boys and girls in child labour, with a loss of learning and play opportunities, as well as a heightened risk of getting involved in delinquent behaviour. In view of the low levels of education received, they may even join the ranks of the functionally illiterate.

This dropout during adolescence seems paradoxical when viewed alongside the fact that males and females of this age both consider attaining a high level of education as an important goal. The findings of some recent studies suggest that school-related push factors combine with pull factors in the external environment to trigger the premature withdrawal of adolescents from school. The leading reason for dropout appears to be

\(^{191}\) CCA 2006

\(^{192}\) Ibid

\(^{193}\) The Situation of Children Youth and Women in Jordan. Hady Amr/UNICEF 2002

\(^{194}\) NPA for Children

\(^{195}\) Human Development Report 2005 UNDP

\(^{196}\) Jordan Country Study of Disadvantaged Children 2002. NCFA/World Bank
economic, the cost of education being especially problematic for families with many children, and the need for help to supplement family incomes also greater. Nine out of ten students are reported to see great benefit to their studies, but one in eight feel that the cost of education will prevent them from continuing their studies at higher levels. Low academic achievement and dissatisfaction with the school environment also result in dropouts. Despite Personal Status laws forbidding underage marriages, some girls are withdrawn from school as early as 14 or 15 and married off, losing literacy skills and livelihood choices.

Similar reasons are reported for dropout among Palestinian refugees after age 10, with additional reasons cited as non-supportive family attitudes especially towards girls’ education, lack of interest in school among boys and repeated failure.

Outside the school system, there are insufficient constructive organised learning opportunities for children in general, and even less for school dropouts, many of whom end up as family helpers, child labourers, street beggars, or in juvenile detention centres. It is noteworthy that MoE has formed a committee to address the dropout and problems related to children in conflict with the law.

**Secondary Education and Vocational Training**

The two-year secondary or ‘high school’ education is not compulsory, but is free at government schools. Gross enrolment of 16-17-year-olds in 2004/2005 was 79 per cent (81 per cent for girl and 77 per cent for boys) compared to 73 per cent (74 per cent rate for girls and 71 per cent for boys) in 1998/99.

Technical and vocational education and training at the post-basic level (excluding community colleges), and applied vocational education are administered by the Vocational Training Corporation which is under the Ministry of Labour. Vocational education offers disciplines such as agriculture, commerce, industrial trades, nursing, etcetera. Historically, some two thirds of Jordanian adolescents had chosen the academic stream, without considering that only one third of the jobs are likely to be available in the academic field, compared to double this number requiring vocational skills. Rather than just being an aptitude-related choice, this is considered to be partially due to a persistent societal bias for white collar jobs, as technical and manual ones have traditionally had low value. Another reason was the lower remuneration for vocational employment compared to academic jobs.

Gradual improvements in the quality of vocational education since 1999, following the launch of the Educational Reform Programme, began to attract higher numbers of students, bringing the proportion of vocational students from 15 per cent in 1989 to 36 per cent of all secondary school students by 2002. Contributing factors were better job and pay prospects for graduates and new regulations allowing vocational graduates to continue on to higher education. One third of the vocational students were girls, studying traditionally female trades such as textiles, cosmetics and hairdressing. More recently, they are also taking up electronics and hotel/restaurant courses.

Interest in vocational education dropped to 20.6 per cent in 2003/2004, but according to a 2006 survey, vocational students are again 36 per cent of all secondary school students with a sex ratio of 52 boys to 46 girls. However employability of vocational graduates is still low.

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198 Jordanian Youth: Their Lives and Views 2002. DOS/UNICEF
199 JHDR 2004, Consultations with community women, May 2006
202 MOE/UNESCO survey 2006 quoted in the CCA 2006
EDUCATING CHILDREN WITH SPECIAL NEEDS
(Please also see chapter 4)

The Gifted
The MOE focuses attention on two categories of children with special educational needs – the gifted and the educationally challenged and children suffering from visual and hearing impairments. It started working on the Academic Acceleration Programme for gifted children as of the school year 1997/1998. This allows gifted students to progress in line with their academic achievements and abilities, regardless of age limits.203

Children with Learning Difficulties and Mild and Moderate Disabilities
Some 12-18 per cent of the children enrolled in regular schools suffer from various types and degrees of learning difficulties. This includes 10 per cent who have mild disabilities. Three-hundred school-based resource rooms for children with learning difficulties have been established in schools across the country by the end of 2006, through which the capabilities of staff working with this group of children are being enhanced. Teachers handling these resource rooms are supported to participate in Diploma training courses at the Princess Sarvath College in Amman.204 A study in 2002 states that only 1.5% of disabled children with mild to moderate disabilities are served in “resource rooms” in schools205.

The full application of the inclusive education approach faces considerable challenges, as in all countries. More follow-up training is required to reinforce the teachers’ ability to adequately help children overcome their learning difficulties and move from the resource rooms to regular classrooms. Other required steps are improving the physical infrastructure of schools to ease participation of children with physical disabilities; and development of supportive attitudes among other children and teachers.

Special Education
Children with more severe disabilities and those without access to mainstream schools attend special education classes run mainly by NGOs, the MOE and the MOSD.206 A study of the 131 centres serving the people with disabilities in Jordan in the year 2000, found that 105 institutions of these were serving children, and the rest were for adults. Among the 100 centres examined by the study, some provided boarding facilities, others only day care, and some both. Forty-four were run by Jordanian NGOs, 30 by the government, 9 by UNRWA, 15 by private institutions and 2 by foreign governments.207

Table 3.7  Centres Serving Children with Disabilities by Major Age Groups of Enrolment in 1999

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-2 Years</th>
<th>3-5 Years</th>
<th>6-12 Years</th>
<th>13-18 Years</th>
<th>19 Years and Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of centres</td>
<td>18</td>
<td>55</td>
<td>84</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: Care Centres for Children with Disabilities in Jordan. MCG Int./UNICEF 2002

Out of the children with disabilities in the country, only some 7,000 children were found to be benefiting from these services – 4,000 boys and 3,000 girls.208 The lower number of girls could either mean more disability among boys or a social bias towards sending boys for specialized care, which in this case is exacerbated by not wanting to send girls to boarding school. In any case, the number of children in

203 NPA for Children
204 Jordan’s Third Periodic Report to the CRC
206 Ibid
207 Ibid
208 Ibid
residential facilities was small – only 822 of the total.\textsuperscript{209} The centres seemed to be fairly evenly distributed throughout the country proportional to the population, though five governorates including Madaba and Tafilah had a higher proportion of centres to population than Amman. However, as in many countries, the capital is the only place where facilities exist to address all disabilities.\textsuperscript{210}

Services at these centres varied according to type of disability, and the mix of facilities, which ranged from shelter to provision of physical aids, physiotherapy, play activities, education, healthcare, family counselling, skill training, and referral. Human resources and equipment in the centres were often insufficient. Centres which had the support of local communities or individual philanthropists were able to provide better services than others. UNRWA centres also benefited from the ability to enlist substantial numbers of local volunteers.\textsuperscript{211} Private sector institutions seem to provide better services but these are more expensive than the public sector ones.\textsuperscript{212} By 2004, some 26,000 persons with disabilities were benefiting from various care and rehabilitation centres of which over 23,000 were children.\textsuperscript{213}

Adolescents with disability regret that most people focus only on their disability and not their other abilities such as creative writing, drawing with their feet if they cannot use their hands, singing, using computers, critical thinking and doing many things independently.\textsuperscript{214} While they appreciate the visits of volunteers who help with physiotherapy, they miss counselling and psychological and social support. Many suffer from low self-esteem, but some succeed despite all odds, especially when families are supportive.

**GENDER PARITY EDUCATION**

According to an international report,\textsuperscript{215} Jordan is among the five countries in the region well on the way to achieving gender parity in basic education, with slightly more girls currently enrolled at the primary level than boys. The report estimates that the net enrolment at the primary level had reached 94.9 per cent in 2001 – 94.3 per cent for boys and 95.5 per cent for girls, giving a Gender Parity Index (GPI) of 1.01. It also notes that the rate of annual increase over the period 1980-2001 has been 0.59 per cent overall – 0.20 per cent for boys and 0.94 per cent for girls. It suggests that what is now needed to achieve the MDG 3 target of eliminating gender disparity by 2015, is a 0.37 per cent overall annual rate of increase – 0.41 per cent for boys and 0.32 per cent for girls.\textsuperscript{216}

Access to education between sexes is equal for both Jordanian and refugee children. Boys and girls share similar aspirations in terms of attaining higher levels of education. Thirty-eight per cent of boys intend to obtain a university undergraduate degree, in comparison to 43 per cent of girls, while 20 per cent of boys intend to obtain a master’s degree, compared to 21 per cent girls.\textsuperscript{217} Enrolment is therefore high in the 55 community colleges that offer 1-3 year post-secondary education, as well as the 20 government universities. Female enrolment in community colleges in 1999-2000 was 68 per cent of the total and 49.2 per cent in the universities, a dramatic increase since 1979 when only 1 per cent Jordanian of women and 1 per cent of men had a university education.\textsuperscript{218}

\textsuperscript{209} Ibid
\textsuperscript{210} Consultations with adolescents, May 2006
\textsuperscript{211} Care Centres for Children with Disabilities 2002. Management Consultants Group Int./UNICEF
\textsuperscript{212} National Centre for Human Rights
\textsuperscript{213} Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005
\textsuperscript{214} Consultations with Adolescents, May 2006
\textsuperscript{215} Investing in Children of the Islamic World. 2005. OIC/ESCO/UNICEF
\textsuperscript{216} Ibid
\textsuperscript{217} Jordanian Youth: Their Lives and Views. 2002 DOS/UNICEF
\textsuperscript{218} The Situation of Children, Youth and Women in Jordan. 2002 Hady Amr/UNICEF

‘Recent reforms to basic education are setting the foundations for future knowledge economy workers. There have also been efforts to develop the education system, with integration of the gender concept into an educational development programme aimed at including all contemporary life skills, concepts and practices needed to cope with socio-economic challenges’.

*National Agenda*
Still, there is some way to go before the educational system can be considered as fully having achieved gender parity. Despite their high enrolment rates, girls feel that their right of access to education is precarious. During a survey, girls in Dana village in Tafileh governorate said that the combination of physical distance, poor transportation and restricted mobility for girls means that ‘when they have to travel to the secondary school 10 kilometres away, their parents are likely to withdraw them from school, but boys could continue’.  

In 1999, the Jordan Centre for Social Studies analyzed school curricula to determine how gender roles are presented in school textbooks. It found male/female figures appearing in stereotypical roles, with men in public settings and women in family settings or traditional professions such as nursing, teaching, clerical work and unskilled labour, with no reference to women in politics, business, or technical work. Males represented 88 per cent of all roles projected in textbooks in general – 96 per cent in public settings, and 76 per cent in family settings. These stereotypes appeared mostly in language, religion, social studies, and history books, and increased with the level of education, being minimal in textbooks for young children compared to those for higher grades.  

It is no wonder then that these persistent images influence the socialization of girls, and their perceptions of themselves and their capabilities which translate into choices of professional and vocational education. Stereotyping also perpetuates traditional gender roles among boys.  

School teachers and managers till recently received no gender sensitization training, so their teaching approaches frequently served to reinforce concepts of traditional gender roles, often detrimental to girls, and sometimes also to boys who may be subject to harsher treatment than girls. The 2002 Jordanian Youth Survey found that 4 in 10 students feel that boys and girls are treated differently, and 8 in 10 feel that girls students get preferential treatment. Some positive remedial initiatives are now underway. The ERfKE project is developing national standards to promote child-friendly, gender-sensitive school environments. One hundred male and female school principals and teachers had been trained by 2005 to assist organisation and implementation of participatory gender-sensitive programmes.

CULTURAL, RECREATIONAL AND SPORTING ACTIVITIES  

Many adolescents believe that the current education system is disproportionately concerned about academic achievements. They say that they possess diverse non-academic talents in creative fields such as art, writing, debating, and sports, which are lost due to lack of encouragement. All express the need for more facilities for leisure-time, cultural and sporting activities, and culturally appropriate reading materials in Arabic at home, libraries, schools and youth centres.  

Involvement in sports is among the most important means of physical and personality formation as well as of enjoyment. While indoor games improve comprehension and concentration skills, outdoor games, which involve physical exercise, contribute to mental alertness and physical health. In both cases group activities help to develop team building and a spirit of healthy competition. Participation in sports is also a great stress reliever. Many Jordanian schools do not provide adequate sports facilities, and there are few parks and playgrounds in the cities and even less in rural areas, or for institutionalized children. Access to safe play spaces is an issue of concern in all regions, including in Palestinian camps, where they are in very short supply for the younger children as well as for adolescents.  

Among the 14 youth clubs in the camps in 1999, only 1 with 27 members was exclusively for girls. In participatory rapid assessments conducted in urban settings of primarily Palestinian origins, children...
expressed a priority need for recreational and cultural activities. Their daily routine activities when not in school were mainly playing in the streets and watching television. Leisure activities for girls were mainly home-based and involved less physical exercise. Similar patterns prevail for non-Palestinian children and young people.

Table 3.8 Leisure-time Activities for Males and Females 10-25 Years

<table>
<thead>
<tr>
<th>Activity</th>
<th>Males %</th>
<th>Females %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching television</td>
<td>40.8</td>
<td>46.4</td>
</tr>
<tr>
<td>Listening to radio</td>
<td>6.3</td>
<td>13.4</td>
</tr>
<tr>
<td>Physical exercise</td>
<td>58.5</td>
<td>15.6</td>
</tr>
<tr>
<td>Going for a walk</td>
<td>13.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Reading</td>
<td>21.1</td>
<td>44.2</td>
</tr>
<tr>
<td>Writing</td>
<td>4.0</td>
<td>8.6</td>
</tr>
<tr>
<td>Using the computer</td>
<td>11.0</td>
<td>5.1</td>
</tr>
<tr>
<td>Using the Internet</td>
<td>3.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Visiting friends</td>
<td>13.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Visiting relatives</td>
<td>4.0</td>
<td>8.6</td>
</tr>
<tr>
<td>Going to a youth club</td>
<td>1.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Praying and reading religious books</td>
<td>3.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Art and handicraft</td>
<td>0.8</td>
<td>6.1</td>
</tr>
<tr>
<td>Helping with home chores</td>
<td>1.1</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Source: Jordanian Youth: Their Lives and Views. DOS/UNICEF 2002

In 2001, the overall percentage of youth membership in sports, social and cultural activities was less than 10 per cent, except for a 12.6 per cent participation rate among 10- to 14-year-olds in student councils. Membership in student councils was lowest in Zarqa governorate at 4.4 per cent compared to a high of 9.4 per cent in Irbid governorate. The South Region had the highest percentage of members of youth clubs, but this was only 3.5 per cent. Membership of girls was lower than males in all activities.

By 2002, there were 63 youth centres functioning under the HCY. Twenty-five of these were for girls and 37 for boys, while one was open to both. An assessment of these centres found them to be sub-standard and of limited value to the young people and to local communities. A large percentage (92 per cent) were in rented premises, some on second or third floors of buildings in busy market areas, often located near car repair shops, garages, small shops, etcetera.

They were inadequately staffed with one, or at best, two supervisors who were assigned multiple responsibilities – activity planning, day-to-day running of the centre, financial and administrative management, public relations, training, acting as sports coaches, and encouraging centre members’ creativity in literature, music and art. Staff capacity was affected by low motivation due to poor salary scales, and the fact that though many supervisors were college or university graduates, they had received no induction training, while the level of in-service training received ranged from zero to a couple of ineffective and mostly irrelevant short courses or lectures.

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223 Ibid
224 Jordanian Youth: Their Lives and Views. 2002. DOS/UNICEF
225 Ibid
227 Ibid
The centres’ routine and special activities were constrained by very low budgets. Management and financial procedures were found to be overly centralized and bureaucratic. The absence of clear plans based on felt needs had resulted in provision of activities and equipment which either did not interest the young people, or could only be used by a few at a time.\(^\text{230}\)

Adolescents also felt that youth centre supervisors treated them like children, did not involve them enough in the planning and management of activities, and that the programme of activities was not attractive enough to motivate parents to support the centres. They highlighted the lack of sports and computer equipment, and the lack of coordination between the centres and schools, with most youth centre activities being held when schools were in session – some during school timings, while not much happened during the vacations.\(^\text{231}\)

Future prospects seem brighter with the development of a gender-sensitive youth strategy (2005-2009) for the age-group 12-30 years, which was adopted by the government and launched in 2004. The strategy encompasses nine priority themes: participation; civil rights and citizenship; recreation activities and leisure time; media and culture; information technology, globalization and young people; education and training; employment; health; and environment.

### SOCIAL AND POLITICAL PARTICIPATION OF CHILDREN AND ADOLESCENTS

Young people feel a lack of participation options at many levels. While most Jordanian families provide a loving environment for their children, traditional norms and values constrain ease of dialogue between children and family authority figures, particularly fathers and other older male relatives, because of the strictly patriarchal nature of society. Children are allowed to decide about minor matters such as what to eat, but have less freedom to decide on issues such as academic choices, marriage, or moving to a new house.\(^\text{232}\) This is how parents themselves were socialized, so they naturally interact in the same manner with their offspring. Such relationships also find reflection in schools where teachers take on the role of authority figures, and school managers generally disregard MOE guidelines regarding the participation of children in student councils and community members in parent-teacher associations (PTAs).

Girls feel particularly constrained as they are less free to choose their academic disciplines or aim for a career. Parents are generally very reluctant to let them participate in extra-curricular activities at youth centres, summer camps and excursion trips, or even visit friends’ homes, especially if an overnight stay is involved. Girls believe that this is either because parents just don’t understand the need for such activities, or they are being over-protective fearing that their daughters will be harmed or led astray. Community women confirm that parental apprehensions about the girls’ safety and honour are the main reasons for such restrictions.\(^\text{233}\)

Adolescents and youth had very little access to organised forums to express their views prior to 1999 when the Future Search Conference and youth forums began to be organised. Such activities have received increasing attention in recent years, with many agencies providing opportunities for open dialogue with, and among, children, adolescents and adults. A key feature of the planning processes for the National Youth Strategy and the National Plan of Action for Children was the active involvement of young people. Other important participation focused initiatives are:

- The formation and activation of a Children’s Parliament;
- The large scale mobilization of and by children for the ‘Say Yes for Children’ Campaign;

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\(^\text{230}\) Ibid
\(^\text{232}\) Consultations with adolescents, May 2006
\(^\text{233}\) Consultations with adolescents and community women, May 2006
- Training of young people as leaders and peer trainers for participatory activities;
- Development of a youth participation manual to upgrade the skills of service providers working with adolescents and youth;
- The Child-Friendly City Initiative of the Greater Amman Municipality;
- The increased number of consultations and KAPs with children and adolescents;
- Media activities by children, for children;
- Orientation and training of school personnel in participative teaching approaches;
- Awareness creation among parents about the need for both boys and girls to participate in extra-curricular activities;
- Motivation of community-based organisations (CBOs) to involve young people;
- The Higher Council of Youth’s efforts to improve adolescent focused programmes and activate youth centres for girls.

Though some of these have been sporadic and often disconnected activities and not part of a comprehensive and sustained strategy, they are important first steps that pave the way for more concrete and sustained activities in the future.

As a follow-up to the 2006 MOE study on the situation of students’ councils and PTAs, guidelines to reactivate PTAs and strengthen children’s participation in student’s councils are being developed.

The Study showed that 46 per cent of the schools had both a student council and a PTA, 21 per cent had only a PTA, and 12 per cent only a student council. Participation rate in the elections was 25 per cent for the parents and 75 per cent for the students and between 10 and 20 per cent of student and parent representatives were appointed by school principals. Parents and students were under-represented in the supervising election committees. Besides the presidents of PTAs and student councils, the involvement of parent and student representatives in the implementation of decisions remained limited, and representatives had little ongoing contact with their electorate. Less than 50 per cent of students and parents were consequently satisfied with the work of their student councils and PTAs. They felt that these bodies do not represent them, their rights and responsibilities are unclear, they are not taken seriously by teachers and the school administration, and they are limited in their freedom of action and resources. Most groups see both bodies mainly as supportive to existing educational structures and practices. However, awareness for their mandate to represent parents and students through active participation in important educational decision-making processes is still low.

**PARENTAL ASPIRATIONS**

Family, and particularly parental influences, play a critical role in determining the regularity, overall duration and quality of children’s participation in educational activities, as well as their learning outside school, including formation of attitude and behaviour patterns. Parental involvement in the educational process and choice of educational streams can be most effective when they themselves have gone through the educational system.

Jordanian parents value education for both their sons and daughters.²³⁴ Poor people express regrets when they are unable to ensure their children’s adequate participation in formal education. Even the poor are willing to invest their scarce resources in the education of their children, if they feel it improves their livelihood prospects.²³⁵ Yet, both girls and boys of poor families are more likely to drop out than those of higher income groups. Poor children are also one-third less likely than the rich to enrol in educational levels beyond primary, and even with similar education levels the returns for higher education are 60 per cent higher for the non-poor as compared to the poor.²³⁶ Parents of refugee children seem to have considerably lower

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²³⁴ Baseline survey of five governorates. 2004. DOS/UNICEF
²³⁵ JHDR 2004
educational aspirations for their children compared to non-refugee parents, due to weaker expectations about the subsequent employment prospects. As a result, their children receive less encouragement in achieving their educational goals.237

It is accepted that girls and women should have access to any level of education, but their participation in the public sphere has less support. Most Jordanian parents want girls to get a first degree so that their education would be an asset in the future ‘in case they need it’ and boys to get a higher education ‘to increase their employment opportunities’. Eighty-nine per cent of Jordanian youth, aged 15 to 29, believe in girls’ access to higher education, but only 64 per cent believe that women should participate in the work force.238 Low value for the outcome of female education serves to emphasize that later in life, their primary roles as adults lie within the home, and not in the paid labour force. Female secondary or higher education is a key factor in improving several socio-economic indicators in Jordan. This does not hold true for a corresponding impact on their earning prospects, as overall unemployment is highest – at about 40 per cent, among females with intermediate-level diplomas. Some working women even face active disapproval and/or resistance from family members.

Parents’ Voices in the JHDR 2004 Surveys
Parents complain about the hidden costs of education such as fees, transportation, books and lunch. In situations where even small costs put pressure on the household budget, parents are more likely to withdraw their children from school.

They feel that educational outcomes do not meet their expectations. They complain that the curriculum and methods used are not linked to local employment opportunities and therefore fail to motivate students. Parents argue that these shortcomings contribute to poor educational outcomes for their children.

Many teachers are perceived as under-qualified, especially in science and technology subjects. The negative and unfriendly attitudes displayed by some teachers are a further problem. Some teachers, especially those recruited from outside the area, are felt to lack commitment to their work and their pupils. Turnover among such staff is considered to be high.

Poor communication with the school constrains the opportunity for parents to voice their concerns. Many, especially those who are illiterate feel alienated from the system and embarrassed by their own lack of educational capabilities.

ADULT LITERACY
Jordan has one of the highest literacy rates in the region. It has reduced illiteracy by a remarkable 70 per cent in three decades, from 35.5 per cent in 1979 reaching a low of 10 per cent by 2004.239 To bring this rate down further, special adult education programmes are being offered by the MOE in collaboration with NGOs in different parts of the country. Of the 324 literacy centres in the country, 269 are for females, given that in 2005, while the literacy rate for males was about 95 per cent, it was 83 per cent for females, the highest rates being among the oldest groups of women.240 The poor also lag behind with a literacy level of 80 per cent among the rural poor as against 92 per cent among the non-poor.242241 In situations where poor and unskilled labourers tend to marry young and start a family, they have little opportunity to reinforce the knowledge and skills learnt at school, and rapidly become functionally illiterate. Regional variations also

237 Living Conditions Among Palestinian Refugees and Displaced in Jordan. 1997 M. Arneberg. FAFO Institute of Applied Social Science
238 CCA 2002
239 Main Economic Indicators. August 2006. MOPIC website
240 Employment and Unemployment Survey. 2005 DOS
241 Jordan Poverty Assessment 2004. MOPIC/World Bank
exist. In 2002, the highly urbanized areas of Amman and Zarqa had the best rates at 91 per cent and 87 per cent respectively. Ajloun, Ma’an and Tafila had the lowest at 78 per cent.

Given the high basic education enrolment for both boys and girls, male or female illiteracy is not likely to be significant after 25 years, though for those who drop out early, there may be a challenge to ensure a minimum level of functional literacy beyond the school years.

The Future Agenda
The National Agenda aims to decentralize decision making and improve monitoring and evaluation of the education sector, expand public KG access particularly in poor and rural areas, extend access to basic and secondary education and improve quality at both levels, and enhance private sector involvement in vocational education reform. The working program of the “We Are All Jordan” Forum reiterated what was stressed in the National Agenda in terms of establishing more kindergartens, making education more accessible, improving educational opportunities, developing curricula and teaching material, fighting gender-based discrimination in curricula, and raising awareness of the importance of preschool education and training workers in kindergartens.

Table 3.9 National Agenda Performance Indicators (Percentages)

<table>
<thead>
<tr>
<th>Gross Enrolment Ratio</th>
<th>Current</th>
<th>Target 2012</th>
<th>Target 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>In primary education</td>
<td>99</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>In secondary education</td>
<td>86</td>
<td>90</td>
<td>95</td>
</tr>
<tr>
<td>In tertiary education</td>
<td>35</td>
<td>44</td>
<td>50</td>
</tr>
<tr>
<td>University and community college graduates employed within 12 months of graduation</td>
<td>N/A</td>
<td>85</td>
<td>95</td>
</tr>
</tbody>
</table>

Source: National Agenda English Summary

CHALLENGES
Further progress towards narrowing the ‘knowledge deficit’ in Jordan will depend on the country’s ability to match the quantitative and qualitative needs of a fast-growing, school-age population with the changing demands of the national economy.

Budget allocations to education have been substantial, but large percentages are spent on salaries and other administrative expenses, with not enough left over to cover all infrastructure and human resource development. Donor funding has provided a partial cushion through the ERKE project, but given the needs of the education sector, adequate resource availability is likely to remain a major challenge in the long term.

There is a considerable unmet need for better preschools, especially those that poorer communities can afford and which provide quality services. Despite very high enrolment in basic education, access for rural children is lower than the national average, as are their chances of benefiting from secondary and higher education. Public sector schools need better physical infrastructures, sports facilities and a better range of extracurricular activities.

Quality issues affect the value added of ECD facilities in ensuring school readiness, the relevance and comprehensiveness of curricula, teaching approaches, learning resources and the nature of knowledge and life skills acquired in school and their impact on personality development. Vocational education needs better
alignment to market requirements to enhance employment prospects of graduates. Girls outnumber boys and perform better in the basic education cycle, but are fewer in number in preschools. Female adult literacy, especially among the rural poor and employment prospects of female graduates are much lower than that of males. On the other hand, more boys drop out than girls at the post-primary level. School dropouts have few alternate educational and skill building options. Support services for children with learning difficulties are still not fully developed and most children with disabilities are out of mainstream schools and special education services. Children in institutions have inadequate encouragement for academic achievement.

Induction of suitable personnel into the ECD and the basic education cycles is affected by unappealing working conditions and incentives packages, besides low prospects of professional development and upward mobility.

There is not enough scope for area specific creativity in school activities and management. Student councils and parent-teacher associations (PTAs) are not very active, while outside the educational system, recreational, social and cultural options for young people are very limited.

THE WAY FORWARD

The direct influence of education, especially of females, on improving a number of socio-economic indicators is well documented in Jordan. Both formal and non-formal approaches to education must therefore retain high priority in the country’s development agenda. Availability of adequate resources is essential to achieve universal and equitable access, upgrade and expand learning resources, and for research and staff development. With this, education spending must become more efficient. Other requirements are:

- Assessment of the ERiKE project progress and design of strategies to sustain its successful approaches beyond the life of the project, and extend these to all public schools.

Research on:
- The hidden costs of education and their impact on the poor;
- Coverage gaps and requirements such as availability of transportation for public school students in remote and poor areas which affects participation in secondary education, especially for girls.

Reinforcing educational monitoring by:
- Orienting school supervisors on new concepts to ensure relevance of monitoring exercises;
- Increased students and parents participation in the monitoring and evaluation system, for example through PTAs and students councils.

Improving staff quality and satisfaction by reviewing teacher’s remuneration packages, opportunities for career advancement and other incentives offered by public, private and NGO institutions, and taking necessary remedial action.

Expanding access to improved ECD services through:
- Establishment of more public sector preschools, particularly in poor and rural areas;
- Appropriate location of preschools for easy access for children of poor and working mothers;
- Outreach of parenting education to all parents, especially the at-risk groups;
- Supporting NGO’s in establishing KG’s and promoting community-based ECD activities in remote and low income areas;
- Enforcing labour regulations about establishment of day care for children of female employees working in public and private sector establishments;
- Wider and improved dissemination of ECD information through the media and schools, and adult literacy activities;
- Facilitating access to ECD facilities for services for children with disabilities;
- Developing web-based, self-learning packages in Arabic for teachers and parents.

**Improved design and quality of nursery and KG services through:**
- Preparing sample family surveys on the felt need and preferred options for ECD, with a special focus on working women and deprived groups;
- Conducting early learning development studies to measure the impact of various child development programmes;
- Early approval of the new regulations for establishment and licensing of preschools and nurseries;
- Preschool curricula to include a developmental approach and a defined set of creative activities to enhance physical, cognitive, social and emotional capacities;
- Modernization of the ECD syllabi of community colleges and universities
- Redefined recruitment criteria for ECD personnel and review/revision of pay scales;
- Staff training for better application of ECD principles in nurseries;
- Stronger linkages between the MOE and MOSD preschool managers and the MOH to strengthen health care practices, monitoring and referral;
- Reinforcement of monitoring systems to ensure adherence to regulations.

The **Basic and Secondary Education** cycles need to sharpen their focus on student-centred teaching approaches and life skills-based education, and enhanced participation in secondary education particularly for girls. Related priorities are: Sustained awareness raising to publicize the causes and negative implications of dropouts, and the importance of life skills and continuing education.

**Enhancing Educational Quality through:**
- Institution of student-centred teaching approaches;
- Training of teachers on participatory student-centred teaching approaches, and imparting life skills based education;
- Periodic updating and easy availability of learning materials;
- Elimination of gender stereotyping in text-books and teaching approaches.

**Expansion of participative extra-curricular activities and sports opportunities through:**
- Adequate availability of sports facilities and promotion of sports competitions in schools;
- Reactivation of student councils and PTAs to plan and manage extracurricular activities;
- Increased opportunities to participate in debates, role plays, focus group discussion forums, small investigative school and community-based research projects;
- Revision of building codes for schools, youth centres, public places, parks and playgrounds to facilitate access of children with disabilities and adolescents;
- Increasing the number of youth centres and improving their programme of activities.

**Promotion of team building and civic responsibility through:**
- Group activities in classrooms;
- Small school improvement projects;
- Community service assignments such as summer vacation volunteer programmes directed at peer-to-peer support, or twinning of students of private schools with public schools or youth centres in deprived areas or refugee camps.

**Creating a conducive environment for enhanced student participation in the management of educational facilities through:**
- Advocacy to continue to convince officials and communities of the positive impact of adolescents’ participation and to adopt policies that enhance student participation;
- Service providers and other resource persons guided on the modalities of fostering such participation;
- Parents to be assured that their children will not be led astray by such activities, particularly to ensure the optimum participation of girls;
- Continuation and reinforcement of the commendable beginning made to involve older children in official strategy development processes which directly affect them, including the development of curricula;
- Opportunities for managers and service providers involved in child participation activities to share views and experiences in-country, and in the region. Such exchange could also help to identify Arabic speaking resource persons and resource material;
- Awareness raising on the importance of the role of student councils and parent-teacher associations as partners in enhancing the educational system and the development of children;
- Capacity building and provision of resources within the MOE to enhance the functioning of student councils and PTAs.

**Assisting efforts to integrate children with disabilities into regular schools by:**
- Review and improvement of the design of existing schools – classrooms, corridors, toilets, playgrounds, etcetera, for ease of physical access;
- Increased availability of specialized learning, appropriate furniture and play material for those with motor and/or other disabilities;
- Design and adoption of strategies to develop inherent talents and build marketable skills;
- Periodic upgradation of teachers handling skills for smoother transition of students from the resource rooms into regular classrooms;
- Sensitization of other children to the needs and potential of those with disabilities.

**Educating those not in schools due to multiple or severe disabilities by**
- Expansion of special education facilities;
- Building more learning opportunities into the CBR programme;
- Facilitating access to web and television-based learning facilities in public facilities such as special education centres, libraries and community centres, and enlisting of able bodied adolescents and youth for coaching and guidance;
- Tracking of progress of the ERfKE Computers-on-Wheels pilot project to explore cost-effective replication possibilities.

**Providing Children in institutions with:**
- Support to facilitate social integration in regular schools;
- Better coaching facilities for improved learning achievement;
- More access to sports and other recreational facilities;
- Opportunities to develop non-academic talents.

**More non-formal education options for school dropouts to ensure functional and continuing education and skills, for instance through**
- Short duration evening classes;
- Web and distance-based learning with guidance and easy access to necessary equipment at public facilities;
- Setting up peer coaching and counselling systems.

**Possible approaches to popularize and revitalize vocational and technical education include:**
- Capacity building of the Vocational Education Corporation;
- Creating an interest in vocational education through the promotion of a positive image of educational processes and material, revision of the pay structure of blue collar jobs and/or provision of an improved package of social security benefits;
- Market research to inform the better alignment of the curriculum with the changing demands of the economy;
- Participation of the private sector in revising the vocational education curriculum;
- Increased interaction of the trainees with potential employers to explore apprenticeship and employment options, and with lending institutions which support small and medium scale enterprises.
OVERVIEW

Nations have the obligation to protect their children’s right to a life free from conditions that violate their childhood rights, expose them to neglect, abuse and exploitation, devalue them, and draw them prematurely into adult roles. Especially vulnerable are children deprived of parental care, in conflict with the law, suffering from one or more forms of disability, drawn into addiction to narcotic drugs, the victims of psychological, physical and sexual abuse, exploited for commercial or military purposes, or in extreme hardship due to displacement or loss of national status. Though the Millennium Declaration does not refer explicitly to child protection, it is clear that several of the MDGs will not be achieved without addressing the concerns of the vulnerable, as shown in the below table:

<table>
<thead>
<tr>
<th>Protecting the Vulnerable</th>
<th>MDG Relevance</th>
<th>Goals 1-8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Underlying Child Protection Considerations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 1: Child labour squanders a nation’s human capital; poverty and exclusion contribute to child abandonment; inappropriate legal systems contribute to increased likelihood of marginalization and poverty of children in conflict with the law.</td>
<td>Goal 3: Gender-based disparities in protection provisions undermine efforts to empower girls and women.</td>
<td>Goal 6: Child labourers, institutionalized children and sexually abused children are more vulnerable to HIV/AIDS.</td>
</tr>
<tr>
<td>Goal 2: Child labour, early marriage and removal from parental care interfere with educational access.</td>
<td>Goal 4: Abuse and violence against children lead to death, disability and psychological impairment.</td>
<td>Goal 7: Environmental depletion contributes to poverty and increases the potential for child labour.</td>
</tr>
<tr>
<td>Goal 5: Lack of protection from early marriage and pregnancy contributes to maternal mortality/morbidity.</td>
<td>Goal 8: Child protection requires inter-sectoral cooperation at national and international levels.</td>
<td></td>
</tr>
</tbody>
</table>

Source: State of the World’s Children 2006

Statistics on the magnitude of the diverse problems related to Jordanian children needing special protection are limited. Official figures do not reflect the actual scale of the problem, as they only include cases with which governmental or civil society child protection organisations come into contact. The generality of such children remain invisible.

Protective articles have been built into legislative amendments. The draft Childhood Act of 2004 contains a number of clauses regarding the protection of children, and more laws are being drafted. Advocacy continues for action on unaddressed issues.

THE RIGHT TO AN IDENTITY AND NATIONALITY

At birth, the first right of any individual is to be registered as a citizen (right of citizenship). Birth registration, which guarantees access to diverse essential services, is assured for all children in Jordan, as compliance is high with the law that stipulates that a child should be registered within 30 days of birth within the Kingdom, or the father is faced with a fine. Registration of a child born out of wedlock is not subject to the 30-day condition. The grace period for registration of Jordanian births taking place in other countries is 90 days. Awareness campaigns about the importance of birth registration ensure public information on this
issue, while access to registering authorities has been facilitated, for example through registration with the Mayor in cases where no Personal Status Bureau exists. Birth certificates are also issued to all refugees born in Jordan.

Acquisition of a nationality is not automatic for all children born in the Kingdom. Concerns have been raised about the Jordan Citizenship Law (1954) in terms of the issue of equality between men and women. Article 3 of the Jordanian Nationality Law and its amendment 6/1954 define a Jordanian as a person born to a father with Jordanian nationality, and Article 9 reaffirms this principle. Jordanian women married to foreigners do not have the right to give their children Jordanian nationality, except in exceptional instances. Among the considerations cited to explain this apparent gender bias is that the Arab League prohibits the bearing of two Arab nationalities. Another is the likelihood of objections from other Arab countries that apply the international principle of giving the father’s last name to the child and do not allow holding of dual nationality.

There are certain circumstances under which exceptions to Articles 3 and 9 are allowed. A child born in the Kingdom to a Jordanian woman and a father of unknown nationality, or without nationality, can acquire Jordanian nationality to protect the child from a ‘no-nationality status’. Provisional Jordanian nationality status can also be granted to children of undetermined nationality, until the nationality of at least one parent can be identified. Underage foreign children, whose only care provider lives in Jordan, are given residency permits if the authorities are convinced of the reasons for their stay in the Kingdom. Children of Jordanian women married to foreigners are allowed residency permits, and are also exempted from financial penalties for exceeding the period of stay if any, besides allowing their children free education in government schools, regardless of whether they are fostered by their parents or not. However, it is compulsory for students to pay what is called “school donations”, which are paid every semester and amount to JD 40 for vocational education, JD 30 for secondary education and JD 20 for primary education.

CHILDREN DEPRIVED OF PARENTAL CARE

The birth family of a child is the safe haven which provides its members the best nurturing environment. Some children are deprived of this very early on due to parental divorce and/or desertion, death of one or both parents or because they are born out of wedlock. Such children may be abandoned, handed over to institutions or placed with extended or foster families. Children born out of wedlock face the double burden of being unwanted and stigmatized through no fault of their own, while children abandoned by their natural parents feel confused and ashamed at being rejected by their families.

The number of children growing up without their family is assumed to be relatively small in Jordan, because when the birth parents cannot care for the children, usually the extended family takes over, as traditional kinship values still prevail. Children without parents or other family caregivers are looked after by governmental, private or NGO institutions. The MOSD requires approval from a judge before accepting a child into one of its institutions, while this condition does not apply to NGO institutions.

According to the JPFHS 2002, 3 per cent of Jordanian children had experienced the death of one or both their parents. Ninety-four per cent of those less than 15 years old were living with both their parents. This included 98 per cent of children aged 0-2 years and 90 per cent of those aged 10-14 years. Some 2.6 per cent were living only with their mothers because parents were divorced or the father was dead or working away from home.243

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243 NCFA
### Table 4.1 Registered Marriages and Divorces, 2001-2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Total marriages</th>
<th>Total divorces</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>49,794</td>
<td>9,017</td>
</tr>
<tr>
<td>2002</td>
<td>46,873</td>
<td>9,032</td>
</tr>
<tr>
<td>2003</td>
<td>48,784</td>
<td>9,022</td>
</tr>
<tr>
<td>2004</td>
<td>53,754</td>
<td>9,791</td>
</tr>
<tr>
<td>2005</td>
<td>56,418</td>
<td>10,231</td>
</tr>
</tbody>
</table>

Source: Statistical Yearbook 2005

The crude divorce rate showed a significant increase between 2000 and 2005. The rate has increased from 1.7 per 1,000 in 2000 to 1.9 per 1,000 in the year 2005.

Legal adoption is not allowed in Jordan, as in most other Islamic countries. The prevalent alternate is the Islamic system of ‘Kafala’, whereby another family takes over the care of the child, but the child’s name and family origin are not legally changed. Such children do not have an automatic claim of inheritance from the adoptive family, but can get a maximum of one third of such inheritance if such a clause is written into the adoptive parents’ will. According to the Penal Code and Juvenile Law, there are legal penalties applicable to birth and foster parents for neglect or harm to children under their care. Foster families can obtain regular monthly allowances from the National Aid Fund. The father or other provider for a child in institutional or foster care can request for the child to be returned to the family in case of changed circumstances. Decisions on such cases are subject to review of the court and the MOSD. A more comprehensive Fostering Bill is expected to be passed through Parliament after the approval of the umbrella draft Childhood Act.

From 1998, when the MOSD’s Fostering Programme was set up, until 2005, the number of children whose families are not known was 1,050. Of these, 628 have found placement with foster families, while the rest still await placement opportunities. The reasons for difficulties faced by the government in placing these children are not available.

The MOSD, which encourages NGOs to take on a greater role in service provision, has five institutions that offer boarding, food, health care and social care, two of which are co-educational, two for girls only and one for boys. In 2000, there were 18 NGO-run care centres. In 1998, according to the MOSD, 80 per cent of children in care centres were from broken homes – 15 per cent were children born out of wedlock, and 5 per cent orphans. In the year 2000, a total of 1,136 orphans and children from broken homes lived in these 23 institutions, including 249 in public institutions, and 887 in private ones. Of these, 573 were in Amman, 62 in Zarqa, 71 in Aqaba, 164 in Irbid, and 17 in Balqa. Nearly 60 per cent of these children were girls. The reasons for the higher proportion of females among these have not been researched, so it cannot be assumed that more girls have been orphaned or that their original caregivers attach less value to them. By 2005, the number of children in these institutions decreased to 1,095 and to 1,050 by end-June 2006. Of these 250 were in government centres, and 800 in NGO-run facilities.

Placement of institutionalized children is arranged in mainstream public schools after the initial rehabilitation phase. This excludes some girls who are not allowed to circulate in public, as they may be at risk of harm from their own families due to perceptions of having shamed the family honour. The range and quality of services in these institutions vary. Most basic shelter, food and clothing needs are covered, but surveys confirm less attention to psychological, social and counselling and recreational aspects, and steps towards integration into the community.

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244 Social Trends in Jordan, Issue No.1 October 2006, DOS
245 Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005
246 NPA for Children
247 Evaluation of Child Care and Rehabilitation Centres in Jordan. 2001 MOSD/UNICEF.
248 NCFA, MOSD
249 Evaluation of Child care and Rehabilitation Centres in Jordan. 2001 MOSD/UNICEF
In 2000, the MOSD and the Queen Zein Al-Sharaf Institute for Development conducted a study of one such centre for boys aged 6-12 years. This found the health and shelter needs of children being met, but their academic achievements were poor. Of the children surveyed, 15 per cent were not able to read or write, and many complained of the lack of fun and stimulating activities. They also felt stigmatized by their classmates who were living with their parents.\(^{250}\)

Such feelings of rejection by their families often turn into alienation. Among adolescents, the need for psychological support and counselling becomes more acute, with increased insecurity at the prospect of leaving the institution to enter an unfamiliar world.\(^{251}\)

Results of the 2001 MOSD study of childcare centres and juvenile rehabilitation institutions, which were reconfirmed by a follow-up study in 2005, found much discontent among residents and childcare experts. It highlighted the lack of clear standards and comprehensive objectives and procedural guidelines, which had constrained the design of appropriate programmes and activities geared to children’s psychological, educational, and recreational needs.\(^{252}\) On receipt of initial results, Her Majesty directed the MOSD to develop criteria for all types of institutions and quality performance indicators for professionals working with children.

Besides the focal role of the MOSD, other governmental sources of financial support for orphans include the Orphans Trust Funds, the Orphan’s Guardian Programme at the Charity Fund Department of the Ministry of Awqaf and Islamic Affairs, and the Zakat Fund. The National Aid Fund and Jordanian and international NGOs provide direct financial assistance to the poor, the orphans and the children with disabilities among other categories. In 2004, about 20,000 orphans were receiving some form of assistance, either in institutions or otherwise, from various charitable funds.\(^{253}\)

**CHILD LABOUR**

The term working children covers diverse productive activities – some invisible, others more apparent. Historically, children have performed simple tasks at home, on a family farm or for a family business. Besides receiving the benefit of the child’s help, some parents consider this as training for the child’s future economic activities. Child labour implies more strenuous or otherwise exploitative work involving risks to the child’s physical well-being and intellectual, spiritual, moral and social development. In Jordan, attention to this issue is fairly recent, as the problem became visible only in the last decade. Characterization of the different forms of children’s work is pending, so the focus of this report will be on child labour.

Jordan has ratified all international treaties related to child labour and was among the first countries in the region to ratify ILO Convention No. 138 concerning Minimum Age for Admission to Employment, which forbids employment of children under 18 in hazardous jobs, and ILO Convention No. 182 on the Worst Forms of Child Labour. In 1996, Jordan’s adherence to international and Arab treaties was translated into national law, raising the minimum age for work from 13-16 years and explicitly barring the employment of children under 18 in any job labelled hazardous by the Ministry of Labour. The Law also states that children’s work should not exceed six hours a day, and prohibits children working between 8 p.m. and 6 a.m. The Education Law of 3/1994 guarantees the right of basic education for all children. However, monitoring systems are insufficient to ensure that the laws are enforced, and the Labour Law does not include children involved in agricultural work, family businesses and domestic service.

\(^{250}\) The Situation of Children, Youth and Women in Jordan. 2002 Hady Amr /UNICEF

\(^{251}\) Consultations with adolescents, May 2006

\(^{252}\) Evaluation of Child care and Rehabilitation Centres in Jordan. 2001 MOSD/UNICEF

\(^{253}\) Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005
Till recently, Jordanian law classified child beggars as ‘homeless’, according to article 23 of amended law 11/2004, not recognizing that these children are not on the streets of their own accord, but because of circumstances beyond their control. The Juvenile Law has now been amended to classify this group as children in need of care and protection rather than delinquents, but the legal penalty for guardians of children working on the streets or others who exploit them is negligible and is not an effective deterrent.

Reasons commonly cited for children’s entry into economic activities are: low family incomes, lack of parental awareness of children’s needs and rights, and parental and child dissatisfaction with the school. Experts fear that economic conditions may cause a progressive increase, especially as a sizeable percentage of children drop out of school because of low family incomes. This confirmed a 1997 study, which found 20 per cent of the working children meeting their school expenses through their own earned income.254

Both location-specific and national surveys indicate that children get sucked into paid or unpaid labour at the onset of adolescence. Children as young as 10 years of age are known to start vocational training as apprentices, some in family businesses. Studies conducted in the last 10 years confirm this with varying estimates of working children, but with similarities in the nature and patterns of work. The relatively high numbers of working children are in the governorates of Amman the capital (57%), Zarka (21%), and Irbid (8%)255. These working children work mostly in auto and mechanical repair (10%), blacksmithing (11%), carpentry (10%), and more. Working children are usually from poor families, with large numbers of brothers and sisters, and the head of household usually does not hold an educational degree.

A 2001 survey found 40 per cent of working children to be below 15 years of age, and 60 per cent between 15-18 years. Fifty-three per cent of these children said that they were working to acquire a vocational skill, and 52 per cent to supplement the family income.256

A 2002 country study estimated that 3 per cent of children aged 10-18 years were working.257 Though the mean age for first work experience was about 16 years, 34 per cent of ever-working youth said that they had started working at age 15, and some as early as 6 years.258

There is considerable under-reporting about children’s work in the informal sector, tourism, agriculture, as helpers in family businesses or as domestic help, as these categories of child labour are not officially recognized, yet these sectors account for a significant number of child and adolescent workers, especially girls. The JLCS 1997 found 81 per cent of adolescent workers employed as waged labourers, 9 per cent as family workers, and 5 per cent self-employed.

Despite the prohibition of employment of children in hazardous forms of employment, a 1997 survey of children aged 10-16 found that children, particularly boys, were most likely to find work only in the most strenuous and hazardous jobs. Thirty-three per cent of child labourers worked in auto-repair and related jobs, where they are exposed to dangerous chemicals and accidents; 27 per cent worked in agricultural jobs which are generally strenuous; 20 per cent in industrial jobs, which also carry risk of exposure to substances that can cause health problems; and 20 per cent in disciplines ranging from household services to mining.259

Female child labour is among the least visible, as it is generally confined to domestic service or small income-generating activities within or around the family home such as embroidery, weaving and farming, and not fully reported in child labour data. About 40 per cent of adolescent working girls are engaged in

254 JHDR 2000 quoting the First National Study on Child Labour 1997
255 National Strategy to Eliminate Child Labour in Jordan, 2006, MOL
258 Jordanian Youth: Their Lives and Views. 2002 DOS/UNICEF quoted in the NPA
259 DOS Household Survey quoted in The Situation of Children, Youth and Woman in Jordan 2002
seasonal agricultural jobs or as household servants. Girls also start assisting their mothers in household
tasks and care of younger siblings at an early age.

Most children are found working in very small institutions – 88 per cent in institutions that hire five or less
workers, 94 per cent in institutions that hire 10 or less workers, a condition which often provides a leeway
for the employers to flout the working standards prescribed in the Labour Law. Not much is known about
the safety conditions at the workplaces, or how many establishments employing under-age workers have
been penalized or shut down due to non-adherence to safety regulations. It is considered possible that when
word gets to the employers that labour inspectors are coming to visit, the children are made to disappear
from the workplace.

The harsh working conditions for many children are compounded by the long hours they put in for their
employers, who are in some cases members of their own family. The average working day of a child
labourer who works full time is exploitative. As per a finding of the Child Labour Unit it can extend up to 8
hours for 54 per cent and almost 9 hours for the rest. Working children are also highly vulnerable to verbal,
physical, and sexual abuse by employers and older colleagues, and in some forms of work, also to accident-
related injuries.

The 2002 National Youth Survey presents a picture of workplace-related accidents and violence affecting
adolescents and youth, with a differential focus on 3 age groups 10-14, 15-19 and 20-25 years. In the 12
months preceding the survey, 201 accidents were reported, accounting for 13.5 per cent of those surveyed,
while 143 (9.5 per cent) had been involved in fights and 57 (3.8 per cent) had been beaten up. Workplace
accidents that caused cuts, bruises, fractures and burns were reported by 7.4 per cent of the 10-14 year group
and 15.2 per cent of the 15-19 year group. The younger group had faced most violence at work. Boys were
more vulnerable to beatings, while fighting was reported to be more common among girls.

Table 4.2 Accidents and Violence at the Workplace Involving Children and Adolescents in 2001

<table>
<thead>
<tr>
<th>Nature of Harm suffered in the Last 12 Months</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
<th>Age Groups</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>10-14</td>
<td>15-19</td>
</tr>
<tr>
<td>Accidents</td>
<td>14.0</td>
<td>9.3</td>
<td>7.4</td>
<td>15.2</td>
</tr>
<tr>
<td>Involvement in fighting</td>
<td>9.3</td>
<td>11.7</td>
<td>10.6</td>
<td>8.7</td>
</tr>
<tr>
<td>Beatings</td>
<td>4.1</td>
<td>0.6</td>
<td>6.3</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Source: Jordanian Youth: Their Lives and Views 2002

Among the regions, Northern Jordan had the highest percentage of work accidents and cases of violence,
while Zarqa in the Central Region had the highest percentage among governorates.

Monetary returns are not worth the children’s efforts, as wages could be as low as JOD 1 or JOD 1.5 per day,
raising questions as to the actual gains for the children’s own basic needs or contribution towards family
income. Many do not even get cash wages. A recent survey found that 25.2 per cent of 10- to 14- year-old
workers to be unpaid family helpers.

260 JLCS 1997 quoted in the JHDR 2000
261 Ibid
262 Child Labour Unit Survey quoted in The Situation of Children Youth and Women in Jordan 2002
263 Jordanian Youth: Their Lives and Views. 2002. DOS/UNICEF
264 Jordanian Youth: Their Lives and Views. 2002. DOS/UNICEF
265 Ibid
The Ministry of Labour has conducted a study to identify the worst forms of child labour. The study included 400 working children in the age group 5-17 in the following governorates: Amman, Zarqa, Irbid, Madaba, Sahab, Salt, Northern Shouneh and Aqaba and covered the following types of work: construction, artisan work, carpentry, blacksmithing, painting, agriculture, peddling, mechanics and menial work. Study findings indicate that 80% of those children work of their own volition and 12% are forced to do so.

Child labour involves critical opportunity costs of deprivation of childhood rights to education, rest and recreation. The untimely thrust into adult income-earning roles also skews both family relationships and the children’s own psyche and personality. Their early withdrawal from school is not necessarily voluntary, they have no control over the choice of profession they are involved in, and are under constant parental pressure to bring money home. Besides the immediate stresses and strains of this situation, they do not see better prospects for themselves in the future either.

At the current time, magnitude and characterization of working children cannot be accurately assessed since most survey findings are based on data collected in a non-representative sample of children. DOS with support from ILO is preparing to conduct a national survey on child labour that will provide accurate and ample information by March 2008 on the magnitude and characteristics of working children including children working in the agriculture, tourism, and street children.

### Children on the Streets

In many countries, push factors, which are often but not always poverty based, force children on to the streets. Some children actually live there after being orphaned, abandoned by their families, or having run away from home due to difficult circumstances or delinquency. There are also children involved in begging, vending or other petty jobs on the streets, in some cases after attending school, and returning to their family homes at the end of the day. This is also a form of economic exploitation of children, and can be considered a type of child labour.

Children working or living on the streets in Jordan are mostly found in crowded urban areas, mainly in Amman, Zarqa and Irbid, as beggars or vendors of small items near busy traffic intersections. They usually have a home to return to, and a family which may be the motivating force for their presence on the street. Poverty is an important, but not the only factor that brings them on to the streets. The MOSD reports that families of only 37 per cent of the children living or working on the streets detained in 1996 ‘faced dire economic need’. Other factors emerging from small surveys are over-crowded living conditions due to large family size, domestic conflict, violence and abuse often triggered by a father’s unemployment and substance abuse, and lack of parental encouragement for schooling due to low perceived financial returns from education.

Available information on numbers involved is anecdotal or based on the detention of children working on the streets by the MOSD patrols checking for begging and vagrancy. The annual average of child beggars detained by the Begging Control Committees from 1998 till end-2004 was 650, and the cumulative recorded total reached 4,539. Many children appeared repeatedly with a higher number on the streets during the school summer vacations. The number of children who are regulars on the streets is estimated to be about 200 to 250 annually. Some 15 per cent are below 9 years of age. The older ones are mostly involved in street vending. In 2002, the number of child beggars was 626, of whom 134 were girls. The reasons for the lower proportion of girls could be more restricted mobility due to parental concerns about their security.

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266 **JHDR 2000**  
267 **Jordan’s Third Periodic Report to the Committee on the Rights of the Child**  
269 **NPA**
A 2002 study identified problems affecting children on the streets such as: ‘early and unprotected sexual experiences, violence and neglect at the hands of adults and peers, substance abuse, pressure to earn income, encounters with the law, and lack of schooling.’ After being picked up from the streets by the police, these children are not put into juvenile rehabilitation centres for child offenders who violate the law. They are temporarily enrolled in childcare and protection homes, which are expected to provide them with social, educational, recreational and basic services, until their family’s situation is studied, and solutions to their problems identified prior to returning them to their families. A process is also initiated to return them to school. The average number of such children at any given time is reported to be no more than 10. The Beggar Centre in Amman, established in 2003, houses male and female children between 7-18 years of age.

Overall responsibility for child labour issues lays with the Child Labour Unit established in 2001 under the MOL, in cooperation with the ILO. This Unit undertakes research on the magnitude and nature of child labour and monitors the situation of child labourers. The Inspection Division at the MOL is mandated to perform inspections of all registered institutions employing more than five workers. The inspection programme covers a wide range of issues including occupational safety and health for child workers. The MOL launches an aggressive nationwide media campaigns against child labour, latest in mid-2006. This includes seminars, conferences, and public service announcements in the media.

NEGLIGENCE, ABUSE AND VIOLENCE AGAINST CHILDREN AND WOMEN

Child abuse takes different forms – verbal, psychological and physical, which could also include different degrees of violence, sexual harassment and molestation. Perpetrators of child abuse also come in many categories – starting from members of the immediate and extended family, to others in the community, educational institutions and workplaces. There is global evidence that the abused often become abusers themselves. Closely linked to child abuse is the issue of violence against young girls and women, who are especially at risk of sexual abuse including incest. While abuse is a wilful act, many children are also vulnerable to neglect, where their basic needs are overlooked by those who are duty-bound to provide for them.

An NCFA study indicates widespread awareness that abuse does take place in Jordan including within the domestic sphere, and that the issue needs to be tackled. Different kinds of behaviour are seen as constituting abuse, including physical, verbal, economic, sexual, and the deprivation of freedom.

Legislation does not include all necessary conditions to protect children and women from all forms of abuse and violence. The Penal Code addresses assault, but not domestic violence. Despite advocacy by child rights activists, it retains the controversial Article 62, which allows parents to discipline their children through a stipulated degree of force, including by hitting them within ‘culturally acceptable norms’. There is concern that this could easily be abused with the perpetrators escaping social sanction and legal action. Article 98 of the Penal Code also allows those, often relatives, who commit crimes against females on suspicion of immorality, in what is know as “Honour Crimes”, to benefit from mitigation conditions. The legal system is quite vigilant in cases of sexual abuse, and the death penalty is applicable to the rapist of a girl younger than 15 years. In cases of sexual intercourse with a female without her consent, whether by deception, intimidation or ruse, the male perpetrator gets at least 10 years of imprisonment with temporary hard labour according to the Penal Code 9/1961. There is also a positive development in investigation.

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271 Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005
272 Ibid
273 MOL
274 IRIN report
275 Domestic Violence in Jordan: Knowledge, Attitudes and Status, NCFA 2005
276 Ibid
procedures for child abuse cases, with the introduction of a methodology for taking children’s testimonies by recording their statements on video by the police to save them from the trauma of having to repeat accounts of their experience.

The Penal Code and its amendments 9/1961, taking into consideration article 74 in the Penal Code and paragraphs 1 and 2 of the same article, state that it is permissible for the prosecutor or court, if need be and upon a justified decision, to use modern technology to protect witnesses below 18 years when they give their testimony, provided those technologies enable any opponent to cross examine the witness during the trial; and this testimony is admissible as evidence in the case.

A Family Protection Department set up in the Public Security Directorate in 1997 is the focal institution for handling and recording cases of all types of violence and abuse against children and women, within the family and in the public sphere. Its functions include strengthening the ability of the Jordanian police and forensic departments, the judiciary, NGOs and the MOSD to identify and deal with domestic violence against women and children; disseminating information; and close networking with multiple governmental and non-governmental agencies to establish a system of services for children and their families. It is currently operating out of Amman and six other governorates.

The issue of child neglect is not well researched, and the annual reported incidence of child neglect has remained low: five cases in 1999 and 51 cases in 2006. This is not surprising as the concept of neglect is not easily understood. Since abuse and violence against children and women also takes place mainly in domestic and informal-sector work settings, and mostly goes un-reported, the existing database does not reflect the real extent and magnitude of the problem. From 1999 to end-2006, the FPD received reports of 4,438 child abuse cases. The gradual rise in reported cases is believed to be due to the better and more extended outreach of the FPD to additional governorates, and the higher awareness level of the families resulting from advocacy campaigns.

Table 4.3 Number of Abused Children – Both Sexes (1999-2006)

<table>
<thead>
<tr>
<th>Year</th>
<th>Physical Assault</th>
<th>Sexual Assault</th>
<th>Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>64</td>
<td>227</td>
<td>5</td>
</tr>
<tr>
<td>2000</td>
<td>59</td>
<td>300</td>
<td>6</td>
</tr>
<tr>
<td>2001</td>
<td>51</td>
<td>242</td>
<td>4</td>
</tr>
<tr>
<td>2002</td>
<td>67</td>
<td>338</td>
<td>9</td>
</tr>
<tr>
<td>2003</td>
<td>157</td>
<td>533</td>
<td>17</td>
</tr>
<tr>
<td>2004</td>
<td>163</td>
<td>760</td>
<td>22</td>
</tr>
<tr>
<td>2005</td>
<td>133</td>
<td>633</td>
<td>27</td>
</tr>
<tr>
<td>2006</td>
<td>79</td>
<td>531</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>733</td>
<td>3564</td>
<td>141</td>
</tr>
</tbody>
</table>

Source: Jordan’s Third Periodic Report to the Committee on the Rights of the Child

Based on the assumption of a minimum of 50 per cent under-reporting to the FPD, a 2002 NCFA/ World Bank study estimated that 2,900 children were victims of severe neglect and violence in Amman from 1998 to 2001- a rate of 1.2 per 1,000 compared to the standard international rate of 4 per 1,000. This excluded victims of mild to moderate neglect and violence during that period. The same study indicated a 67 per cent incidence of same-gender sexual abuse by adults and 88 per cent by juveniles. FPD records at the Amman

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277 Family Protection Department Annual Reports
279 Ibid
Centre also point to the vulnerability of children to sexual abuse, showing that over 82 per cent of all such reported abuse cases are against children, and that almost 44 per cent of abusers are unemployed.\(^{280}\)

Though violence against children and women also occurs in the public domain, in all countries domestic violence constitutes the largest number of such abuse. The problem cuts across all societal groups, but since it is still an inherently taboo subject and confined to the privacy of the home, it is especially difficult to track.

In Jordan, as in many other countries, there is a deep-rooted and continuing belief, particularly among the more conservative and less-educated groups, in the right of elders and especially males to the exercise of force in disciplining other family members. These beliefs are also found among young people and women - the potential victims themselves, even among highly educated groups.

Various studies have found similar patterns of child discipline practices among parents. During a 2004 community survey, around 10 per cent of mothers reported positive child-rearing methods, while 30 per cent admitted to yelling at their children, and 45 per cent said they would slap them to make them behave.\(^{281}\) While fathers did not appear as the respondents for this study, official records and accounts by children show that harsh physical abuse is typically perpetrated by the father. Among children under age 12, boys are more likely than girls to be beaten as punishment for being naughty, but as girls become subject to greater parental discipline from age 12-18, they become more vulnerable to physical abuse.\(^{282}\)

In an NCFA survey of 1,500 families in 2005, more than one third said they knew of incidents of family violence among their friends or relatives.\(^{283}\) As for perpetrators, the majority were found to be the father, brother and the mother respectively. The survey revealed that 13.8 per cent of the respondents had committed acts of violence themselves in the previous 12 months. The victims were brothers and sons followed by sisters, daughters, wives and mothers. One third of those who committed acts of violence said that they had no regrets. Most admitted to having committed psychological violence such as ridiculing and verbal abuse, some mentioned neglect, and a few also mentioned sexual harassment.\(^{284}\)

Girls are more likely to be sworn at, but less likely than boys to fear being thrown out of the house or being forced into child labour. While boys often respond to repeated abuse by running away from home, for poor girls and women the ability to escape from abusive situations is constrained by lack of economic empowerment, as well as by fear of the outside world.\(^{285}\) Victims of abuse, who are afraid to speak up publicly, often contact confidential safe services like the Jordanian Women’s Union hotline service. Records for the hotline reveal that, between 1997 and 2000, almost half of the calls concerned social cases of which 68 per cent related to family violence. Victims of most reported sexual abuse victims are boys. It is not clear if the reason is lower incidence among girls or non-reporting to protect their reputation.

Reported causes of harsh treatment of children and women are: uncontrolled anger due to actions of the child or woman that are perceived to be disrespectful or disobedient; family disintegration, which could lead to frustration among parents and unruly behaviour among children; unemployment; work related problems; financial hardships; alcoholism, drug addiction and deviant behaviour. Absence of dialogue in the family, which gives rise to misunderstandings and conflict, could also be a contributory factor. The most commonly cited reason is that it is an expression of masculinity, in other words, an attempt to exert male control.\(^{286}\) This could result in the perpetuation of male stereotypes with boys internalizing violent authoritarian behaviour as their own right in adulthood. Some girls report that their brothers interfere in their lives, especially opposing their sisters’ wish to work outside the house, sometimes even after marriage.\(^{287}\)

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\(^{281}\) Baseline survey of 5 governorates 2004. DOS/UNICEF

\(^{282}\) Consultations with adolescents and women, 2006

\(^{283}\) Domestic Violence in Jordan, NCFA 2005

\(^{284}\) Ibid

\(^{285}\) JHDR 2004

\(^{286}\) Family Violence in Jordan NCFA 2005, Consultations with community women, 2006

\(^{287}\) JHDR 2004
The JPFHS 2002 cites ‘tolerance of, and experience of domestic violence, as significant barriers to women’s empowerment with consequences for their health seeking behaviour and the health of their children.’ It reports that 87 per cent of women interviewed accept at least one reason as a justification for wife beating, for instance: betraying or disobeying the husband and burning the food. Urban women were less likely to justify wife beating as were the more educated working women and those with more say in decision making within the household.

The JHDR 2004 confirms the prevailing perception, including among women, that certain kinds of violence are justified in case of wrongdoing by the victims. It also reports inter-generational differences among respondents, with younger people more likely to talk about being deprived of freedoms while older women focused on physical abuse.

In a compelling testimony on domestic violence, women living in refugee camps and other low-income areas reported that men not only beat up wives, but also mothers and sisters. They mentioned physical symptoms among abused women such as: bruised faces, broken bones, severe and bleeding cuts, and burn marks; while psychological signs included stuttering, introversion or withdrawal from social contact, obvious fear of the perpetrator and an increased tendency to become abusive towards their children. Abused children were observed to become insecure, or aggressive and abusive towards other children, and their school performance declines.

Older women seemed more resigned to domestic violence, but the younger and more educated ones were more critical. They all believed that such violence results from unequal gender relationships. They called for legal protection against abuse and violence, effective implementation systems, orientation of both men and women against violence against women and children, inclusion of a focus on the impact of gender discrimination as part of educational curricula, and more hotlines and mobile shelters for women and children.

In some cases, a significant reduction in the frequency of violence against women has occurred with growing awareness of rights, exposure to electronic media and women’s enhanced decision-making status due to their financial contribution to family incomes.

The fight against child abuse and violence in the family has been championed by Their Majesties King Abdullah and Her Majesty Queen Rania. A National Team for Family Protection was established in 2000 under the patronage of HM Queen Rania. The team, which is coordinated by the NCFA, is responsible for introducing legislative change, and planning and monitoring of programmes for protection of children from abuse and comprises representatives of related government agencies and NGOs. The team has won a UN Human Rights Award for creating a model for addressing violence issues, helping to lift the taboo on the subject of domestic violence in the region and promoting debate on issues of human rights, equity and gender.

Legislative review and analysis by the NCFA and its partners has led to the finalization of the draft Childhood Act and its submission to Parliament for endorsement. Another major achievement is the formulation of a National Framework for Family Protection from Violence, followed by the design of the National Plan for Family Protection 2005-2009.

A nationwide multi-media awareness campaign has directed public attention to this problem. An important milestone was the First Arab IPSCAN Regional Conference on Child Abuse and Neglect held in Amman in February 2004, followed by the Amnesty International’s regional ‘Stop Violence against Women’ campaign launched by her Majesty Queen Rania in May 2004.

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288 Consultations with community women, May 2006
289 Ibid
290 Ibid
291 JHDR 2004
292 HM Queen Rania’s Office/NCFA
293 Ibid
Training of social workers, medical practitioners and police officers has been stepped up on child abuse prevention, interventions and rehabilitation. A shelter for abuse victims is functioning under the MOSD, and the regulatory framework for shelters has been approved. NGO services for victims of domestic violence include shelters, legal and psychological counselling, and hotlines. It is also important for the health system to focus more attention on abuse of children and women as less than 1 per cent of the cases reported to the FPD were health sector referrals.294

Table 4.4 Beneficiaries of the Jordanian Women’s Association Shelter (1999-2004)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases (Women)</th>
<th>Children referred by the Family Protection Administration</th>
<th>Children Accompanying their Mothers</th>
<th>Children Contacting the Hotline Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>34</td>
<td></td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>2000</td>
<td>42</td>
<td></td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2001</td>
<td>43</td>
<td></td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>2002</td>
<td>66</td>
<td></td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>2003</td>
<td>77</td>
<td></td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>2004</td>
<td>81</td>
<td></td>
<td>98</td>
<td>40</td>
</tr>
</tbody>
</table>

Source: Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005

The MOE and the Jordan River Foundation (JRF) have jointly designed and integrated material into the school curriculum to assist prevention and identification of abuse against children aged five to nine years, and a related training manual for school counsellors, besides anti-child abuse information/awareness creation materials and institutional procedural guidelines.

JRF’s model center ‘Dar Al-Aman’/ The Child Safety Center serves as a therapeutic center for children between birth and twelve years of age. It serves physically, emotionally, or sexually abused and/or neglected children and their families.

The JRF has launched the Queen Rania Family and Child Regional Training Center in 2006 as the first regional training center specialized in the area of child safety. The training center aims to enhance the capacity of national and regional professionals in addressing child abuse and promoting child safety in their own fields and communities. In addition, a Family Support Unit will be launched by the end of 2007 to be the first national toll-free helpline that families can call for consultation on issues related to their children’s development.

CHILDREN IN CONFLICT WITH THE LAW

Delinquent behaviour develops among children because of the absence of quality in some aspect of their lives. Abandoned, neglected and abused children, and those growing up in situations of economic or emotional deprivation, tend to get involved in activities which they feel can fill a gap in their lives. Sometimes the means they adopt for this goes against set norms and regulations. Most childhood offences are minor. Some actions are caused by a desire for adventure, to attract attention or to impress their peers, and committed without knowledge of the practical or ethical implications. Appropriate guidance and handling of such cases should be available at the outset.

According to the MOSD, legal offences committed by children constitute 11 per cent of all crimes in the country, and 800 children are institutionalized annually in MOSD juvenile rehabilitation centres.295 Most of

294 Family Protection Dept records
295 Jordan Country Study of Disadvantaged Children 2002 NCFA/World Bank
them had been involved in petty offences such as theft, fighting, or assault. Fifty-six per cent of these were school children.\textsuperscript{296} Statistics on the family characteristics of juvenile delinquency reveal that 9 per cent were orphans, 3.9 per cent from divorced parents or deserted by their mothers, and 4 per cent from polygamous households.\textsuperscript{297} The majority were characterized as being from a ‘normal’ household, though the term ‘normal’ is not self-explanatory. Only 15-20 per cent of all juveniles arrested are repeat offenders, and 80-85 per cent new ones.\textsuperscript{298}

The Juveniles law has adopted special measures for juvenile offenders including much lower penalties than those for adults. Since the first priority is the reintegration of the child into the community, for minor offences the competent court is directed to hand over juveniles (7-18 years) to the parents, or place them under the supervision of the behaviour inspector. While the death sentence is permissible under the country’s judicial system, it is not applicable to those under 18 years of age. The law also prohibits detention of minors with adult prisoners and in reform and rehabilitation centres. Instead they are kept in special juvenile care centres, which are assumed to provide for their basic needs including education. Specialized reconciliation courts for juveniles exist in Amman, Irbid and Zarqa.

The Juvenile Law is currently under review by the Legislative Bureau at the Prime Ministry, which includes alternative measures to deprivation of liberty. The draft law stipulates legal representation as a right for juveniles in the case of offenses and misdemeanors and the presence of a probation officer at all stages of the judicial proceedings and hearing and discussing the latter’s report. At the level of competent authorities, the draft law included the possibility of establishing a specialized courts for juveniles and raising the age of criminal responsibility to internationally acceptable standards.

Recent efforts to improve the juvenile justice system include the enactment of two temporary laws in 2002. These provide for limiting the detention of children in conflict with the law solely to judicial authority, reducing the initial remand at police stations from 48 to 24 hours, ensuring the presence of a parent or guardian or the child’s lawyer during investigation, allowing the possibility of young persons staying on in a rehabilitation home up to age 20 if this would help them to complete their education and establishing procedures for consideration of release after completing one third of the sentence.

As per MOSD records, 30,000 children (15-18 years) were arrested during the period 1999-2001. Of these, 96 per cent were boys and only 4 per cent girls. Fifty-six per cent of the total were also enrolled in schools.\textsuperscript{299} The majority (67 per cent) were resident in Amman, Irbid and Zarqa.\textsuperscript{300} The MOSD attributes the vast majority of causes of juvenile crime to ‘bad upbringing’ / ‘bad social influences’ along with ‘ignorance’ on the part of the youth that their behaviour constituted a crime. This suggests that rapid urbanization along with the breakdown of traditional family structures contribute to juvenile crime and not poverty, which was cited only in a small minority of cases. Children themselves often cite ignorance of the law as a contributing factor for their behaviour, besides ‘delinquent friends’, faulty rearing and finally, poverty.\textsuperscript{301} Such behaviour is probably influenced by a combination of factors including those that push children out of school and into streets and workplaces. Families, schools, and society all contribute to shaping behaviours, and all have a duty to help prevent and eliminate juvenile crime.

The preponderance of boys among the apprehended children may be because of gender-based differences in socialization, for instance greater freedom of movement for boys and macho tendencies inculcated early on. Male adolescents seem to be more exposed to violence in crowded areas. In Zarqa, some 20 per cent of

\textsuperscript{296} Ibid & NPA for Children
\textsuperscript{297} The Situation of Children, Youth and Women in Jordan. 2002 Hady Amr/UNICEF quoting the 1997 Situation Analysis of Children in Jordan
\textsuperscript{299} MOSD records & Jordan Country Study of Disadvantaged Children 2002. NCFA/World Bank
\textsuperscript{300} The Situation of Children, Youth and Women in Jordan 2002. Hady Amr/UNICEF
\textsuperscript{301} Ibid
boys were involved in a physical fight in the week prior to a 2002 national survey compared to 10 per cent in Wastieh and 4 per cent in Mafraq. Verbal fights were also more common among boys in Al-Shallaleh, Zarqa, and Madaba compared to Wastieh and Mafraq. Girls’ involvement in verbal fights was 12-15 per cent in all areas.

The MOSD has eight care centres for children in conflict with the law. In 2001, 3,642 minors entered these institutions. Of these, 311 boys and 17 girls were institutionalized for extended periods. There is only one centre for girls aged 12-18, given the limited number of girls detained. Boys are housed separately according to age groups 7-12 and 12-18. The centres take care of the children’s basic needs, besides arranging legal assistance and counselling, and placement in schools.

Evaluations of these centres and feedback from adolescent residents have identified some shortcomings such as absence of clear, comprehensive and meaningful programmes of activity; inappropriate staff recruitment; poor management and handling skills; low attention to building the life skills and confidence levels of the residents; harsh treatment by some service providers; lack of privacy; limited encouragement and support to improve academic prowess, productive skills, and capabilities to cope with the demands of the world outside the centres. This negatively impacts on the residents’ comfort and confidence levels. The children also report being the subject of negative attitudes at school.

Parents of children in such centres are allowed to visit them, and the children are allowed telephone calls to their parents. Those with good behaviour records are permitted a leave of absence for a maximum of one week to join their families on feasts and special occasions.

Several activities aim at reducing the number of cases being referred to the Prosecutor. The skills of professionals dealing with children in conflict with the law are being upgraded. Specialists in fields such as law, sociology, medicine, psychology, are being oriented on the International Statutes and standards for juvenile justice. A specialized manual has been developed for the legislative system to train national service providers on the implementation of non-custodial measures for children. On a pilot basis special units staffed with social workers have been set up in four police centres, 3 in Anman and 1 in Zarqa to deal with juvenile cases. Conditions for institutionalized children are also being improved.

During the year 2004-2005, juvenile centres received 350 children in conflict with the law. The legal aid received helped the early release and reintegration of 85 per cent of the children with their families, and rehabilitation of 40 per cent of the convicted children.

Free legal assistance and counselling is being provided by MIZAN – the Law for Human Rights Group, to affected children and their families through diverse contact channels such as: telecommunication, correspondence, personal interviews, field visits, and e-communication.

“I don’t want to go back to school because the teacher keeps calling me «juvy hall kid». I hate myself and I leave the classroom. The teachers are understanding, the teaching is great, but we hate the look of pity from teachers and female adolescents in the school. I have money to buy what I need, why do they always offer me food and money.”

A young boy during consultations with adolescents in May 2006.

The Al-Khansa Centre for Girls (Zarqa) is a pilot effort aimed at rehabilitation and social reintegration of 12- to 18-year-old girls who either need care and protection, suffer from dysfunctional or separated families or have been abuse victims. The duration of their stay here ranges between one to five years. The ones interested in continuing their education were admitted to MOe schools in the academic year 2003/04. Their outstanding learning achievement and good behaviour has encouraged the centre management to adopt education as a regular rehabilitation strategy.

CRC Report


Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005


Baseline survey of five governorates. DOS/UNICEF 2004

Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005

Free legal assistance and counselling is being provided by MIZAN – the Law for Human Rights Group, to affected children and their families through diverse contact channels such as: telecommunication, correspondence, personal interviews, field visits, and e-communication.
The birth of a child to a female detainee is not registered to have taken place in prison. Only the governorate of birth is mentioned. In such cases, the mother is allowed to keep the newborn for three years. Females in reform and rehabilitation centres who have children when they are detained are also allowed to keep their children with them if they are below three years of age.

**CHILDREN ADDICTED TO DRUGS AND PSYCHOTROPIC SUBSTANCES**

Production of illicit drugs carries a penalty of up to 15 years hard labour and a fine not less that JD 10,000 and no more than JD 20,000, while drug dealers or those involving minors in their trade as users or carriers are liable to a sentence of temporary hard labour according to article 8 in the Narcotics and Psychotropic Substances Law. Giving or selling alcohol to a minor under the age of 18 is forbidden by law. Selling or abusing controlled drugs also carries penalties, including for doctors and pharmacists, to prevent abuse of prescription drugs by children. The law also penalizes persons who ask children to purchase tobacco products, alcohol, drugs or other volatile substances on their behalf. The law is more understanding of minors involved in the drug trade due to lack of awareness of the implications. Young users arrested for the first time are considered eligible for treatment in a drug rehabilitation centre. However, repeated instances of drug use or sale by minors, or proof of their active membership of an international gang, are liable to harsher penalties.

Information on the extent and patterns of drug abuse among the general population in Jordan is still incomplete. The government is aware that the country is being used as a transit point to transport illicit drug shipments because of its proximity to drug-producing and consuming countries, and that there is a rise in in-country heroin users. The rising annual number of apprehended drug users or dealers could reflect either growing drug use, better policing and reporting, or both factors. Unlike in previous years, the majority of apprehended drug users are now Jordanians. According to the Anti-Narcotics Department, from 1995-1999, among the 407 cases treated at its National Centre for the Rehabilitation of Addicts, adolescents and young people below 29 years of age constituted between 57 per cent and 66 per cent of the total, 94 per cent of whom were males.

Substance abuse among children has not received much programmatic attention, since it was previously not considered to be relevant to Jordan, and the number of children arrested for drug offences remains small.

**Table 4.5 Children Arrested for Drug-related Offences (2000-2004)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>5</td>
</tr>
<tr>
<td>2001</td>
<td>10</td>
</tr>
<tr>
<td>2002</td>
<td>8</td>
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<td>2003</td>
<td>13</td>
</tr>
<tr>
<td>2004</td>
<td>20</td>
</tr>
<tr>
<td>Total till 1/10/2004</td>
<td>56</td>
</tr>
</tbody>
</table>

*Source: Jordan’s Third Periodic Report to the Committee on the Rights of the Child 2005*

A private hospital has treated 24 child drug addicts from 2000-2004, of whom 15 were Jordanians, while no cases have been treated at the National Centre for the Rehabilitation of Addicts, but some conflicting

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307 JHDR 2000
308 Ibid
evidence is appearing about the prevalence of child drug abuse. During a 1997 survey of secondary school students, 17 per cent of the respondents admitted to smoking cigarettes, and/or use of alcohol, pills or other available drugs. A 1998 survey of youth and parents found 18 per cent of boys and 11 per cent of girls using tranquillizers, and 6 per cent and 4 per cent respectively, using stimulant drugs.300

According to an Anti-Narcotics Department study of 122 children at the MOSD’s youth rehabilitation centres, 52 per cent of those interviewed had previous experience in using psychotropic and addictive substances.310 Often tobacco smoking becomes one of the first addictive habits. The Department believes that factors in young people’s involvement with drugs are the lack of constructive recreational activities, natural curiosity of the young to try out new things and find alternate forms of entertainment and recreation, exposure to western culture, and negative socio-economic circumstances such as poverty and unemployment. The Drug Administration acknowledges that due to diverse pressures, some child labourers, such as those involved in painting and carpentry, begin to abuse substances such as glue, thinners, benzene, etcetera, which are necessary for their work and thus easily available.311

The Administration for Drug Control has departments and offices all over the Kingdom that receive complaints and information on the drug phenomenon, which are treated with maximum confidentiality possible. In coordination with the MOE, the Higher Council for Youth and Universities it organises awareness creation seminars and workshops, and trains counsellors of educational institutions to deal with the problem and advise young people and their families about the dangers of drug abuse.

The Drug Monitoring Department of the MOH inspects pharmacies regularly to check compliance with the Law of Pharmaceutical Profession and Dangerous Drugs 1972, which forbids over-the-counter sale of prescription drugs. All regions have been directed to form observation committees headed by administrative governors to ensure the application of regulations prescribed in the Monitoring of Behaviour of Minors Bill, which prohibits the entry of minors below 18 years of age into nightclubs, bars and coffee shops that serve alcohol.

PROTECTION PERSPECTIVES OF CHILDREN WITH DISABILITIES
(Please also see chapters 2 and 3)

In most countries, children with one or more physical or mental disability constitute one of the largest groups of disadvantaged and excluded children. Those with minor disabilities are more easily integrated into processes that help them to develop to their full potential, but those with moderate or severe difficulties live a life of exclusion from the mainstream.

In Jordan, the focus on the needs of the people with disabilities has existed for over four decades. The Jordanian Law for the Rights of Individuals with Disabilities issued in 2007 guarantees the rights of children with disability and calls for developing their skills and capacities and integrating them in their community. The Law also sets the ground for establishing a higher council for the affairs of the established mandated with developing policies for people with disability, adopting integration programmes between students with disability with their non-disabled peers, and ensuring free reasonable accommodation to help people with disability learn, communicate, receive training and move freely. In addition, the Law calls for training families on the proper treatment of people with disability in a way that respects their dignity and humanity; integrating them and providing them with rehabilitative care within the family or in alternative care if the former was not possible; and providing them with conducive environments, customs exemptions, sports, recreation and litigation rights.

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300 Knowledge Attitude and Practices on Early Childhood among Parents. 1998. UNICEF
310 Study quoted in the Jordan Country Study on Disadvantaged Children 2002. NCFA/World Bank
311 ILO 1999 document
The MOSD has focal responsibility for all issues related to the people with disabilities, with the Ministries of Health, Education, Labour, Awqaf and Islamic Affairs also playing key roles, besides other State institutions, NGOs and the private sector. However, a comprehensive strategy framework which encompasses prevention, early detection and rehabilitation was recently developed. In March 2007, Jordan signed the Convention on the Rights of the People with Disabilities. This will provide a new and rights-based platform for work also on children with disabilities.

Traditionally, a degree of shame has been associated in Jordan with the existence of a person with a disability in the family, with such children and adults being hidden away and/or isolated. This attitude is changing with rising education levels and because of awareness campaigns. These include the weekly sermons in mosques, and other community-based programmes, but more work is clearly needed. During the 2002 National Youth Survey, 97 per cent of the respondents said ‘they would be willing to help people with disabilities in public places, 75.2 per cent were open to befriending them, and to work alongside them, but only 10 per cent would consider marrying a person with a disability.’

The heavy cost implications of care of the person with disabilities constrain opportunities for those born in poor families. Such children are riddled with guilt when parents make sacrifices for them.\textsuperscript{312}

Such children feel the pain of negative social attitudes and exclusion from most social activities including school sports. In many cases, they tend to withdraw from mainstream social interaction, and suffer from a high sense of insecurity about their future.

The Law for the Welfare of Disabled Persons specifies the media role in public awareness and education on the importance of integrating the people with disabilities into the community, and the various aspects of training and rehabilitation. The MOSD and the National Council for the Affairs of Disabled Persons have formed a High-level Media Advisory Committee, with broad-based representation of the media, government and NGOs. The Community Awareness Programme conducts public information and education on the causes and means of preventing and handling of disabilities, and aims to improve attitudes towards the people with disabilities, their abilities and capacities.

CBR of people with disabilities is ‘a strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities.’ It is implemented jointly by people with disabilities, their families and communities, and relevant health, education, vocational and social services.\textsuperscript{314} Its introduction in Jordan and extension to new locations has been supported by NGOs and international agencies.

Through such programmes, parents learn to recognize disabilities and seek help for their children, their awareness of the children’s emotional and psychological needs and rights is enhanced and handling skills developed. Teachers are trained to work with such children, young women volunteers are recruited to work closely with the children providing much-needed support to the families, particularly the overworked mothers, and community members take on administrative responsibilities for programme activities.

\textsuperscript{312} Jordanian Youth: Their Lives and Views 2002. DOS/UNICEF
\textsuperscript{313} Ibid
\textsuperscript{314} WHO
Parents are also helped with placement of children with disabilities in schools and special education centres. Linkages are ensured with relevant interventions including the Better Parenting and Community Development Programmes.\textsuperscript{315}

The National Council for the Affairs of Disabled Persons in co-operation with the MOSD, has formed a national CBR Committee of government decision makers to monitor the implementation of laws for the rights of the people with disabilities, and promote the CBR concept. NGOs provide support services and advocate for friendly social attitudes, exemption of duties on disability aid devices, and a physical environment that facilitates their mobility.

For families of the people with disabilities and institutions that care for them, there are customs tax exemptions on fees to employ non-Jordanian helpers. Children with disabilities are also eligible to receive monthly stipends from some national grant funds, but many families either do not know about this, or find it procedurally difficult to claim the dues. Services for people with disabilities are provided through special institutions, CBR care, and by integrating those with mild disabilities into mainstream programmes.

**REFUGEE CHILDREN**

For almost 40 years, Jordan has hosted Palestinians refugees. The influx started in 1948, when the first Palestinian refugees fled their homeland after the creation of Israel. The 1967 War caused a second wave of refugees, mainly from the West Bank and Gaza. Some Iraqis who took refuge here after the two Gulf Wars used Jordan as a transit point, but large numbers have stayed on. The strain on Jordan’s resources due to the high population growth rate has been compounded by the need to subsidize the shortfall in UNRWA’s expenses to meet the basic needs of Palestinian refugees. The influx of Iraqi refugees is further straining national resources.

The legal and basic service cover provided by Jordan to Palestinian refugees is among the best in countries hosting refugees. Most Palestinian refugees hold Jordanian passports and are considered Jordanian nationals, subject to all citizenship rights and responsibilities. There are different rules for the 100,000 or so refugees from Gaza, who are instead issued temporary passports, which do not confer citizenship rights such as the right to vote and work for the government.

According to UNRWA, by March 2006, the registered Palestinian refugees living in Jordan numbered 1,835,704 – of whom 894,661 were females. Many Palestinians are fully integrated into mainstream life in Jordan, though the quality of life for those living in the 10 official refugee camps is fairly similar to that of the poorer category of Jordanians. A 1997 study of Palestinian refugees in Jordan found them over-represented among the lowest income groups, with poverty rates among refugees living in camps particularly high compared to non-refugee households.\textsuperscript{316}

While gross primary enrolments rates are above 97 per cent for both girls and boys, dropouts start after grade 3 and child residents of camps stay in school for fewer years than non-residents. Seventeen per cent of UNRWA schools were in rented buildings and 93 per cent were running double shifts up to the 1997/98 school year.\textsuperscript{317} Improvements are dependent on additional donor funding. Refugee parents have lower educational aspirations for their children and less optimism about the livelihood returns of education, so the children get limited encouragement for educational attainment. A 1996 survey put the labour force participation for Palestinian refugees aged 15-19 at about 18 per cent, with many combining work with schooling.\textsuperscript{318}

\textsuperscript{315} GOJ/UNICEF Country Programme Mid-term Review Report 2005
\textsuperscript{317} The Situation of Palestinian Children in the West Bank and Gaza Strip, Jordan, Syria and Lebanon 2000. UNICEF
\textsuperscript{318} Ibid
The camps provide few safe play spaces for younger children or sports and constructive cultural facilities for adolescents. Young people express pessimism about future livelihood prospects. Some feel excluded from the social life in regular settlements. Early marriages are more common and fertility levels higher among refugee women than among the Jordanian population. Camp residents face risks of water-borne and respiratory diseases due to the congested and environmentally unsound conditions in and around the camps.

The government has also signed two agreements with UNHCR to deal with non-Palestinian issues. Such refugees are given marriage certificates and other legal documents, including birth certificates for their newly born children. In November 2007, the government estimated that there was between 450,000 and 500,000 Iraqis in Jordan. These people have fled insecurity in Iraq and taken shelter temporarily in Jordan. As Jordan is not a signatory of the 1951 refugee convention, many of them live illegally in Jordan-making them and their children susceptible to abuse and deprivation of their rights. However, the Jordanian government has increasingly made available services to Iraqis in Jordan at the same level of access as that for a vulnerable Jordanian.

In particular, public schools- despite the additional pressure placed upon them- have been opened up completely freely for Iraqi children to enroll since August 2007. Some 20,600 children have December 2007 taken this opportunity to re-start or continue their education- supported by Jordanian Ministry of Education, UN agencies, Donors and NGOs. The Ministry of Education Donors, NGOs and UN agencies have worked hard to ensure a minimal temporary loss of quality to the education system as a result of this influx.

**CHILDREN, ADOLESCENTS AND WOMEN LIVING WITH HIV/AIDS**

(Please also see chapter 2)

Initially, HIV prevalence among pregnant women, children and adolescents was not known. Some age and gender breakdown is now available. The total Number of cases for children under 15 years of age reported from 1986 to 2007 was 20. In 2006, there were 17 children below 15 who were infected – 14 boys and 3 girls.

In 2007, seven (3.8 per cent) of the 184 reported HIV/AIDS cases were among children infected through mother-to-child transmission. Very limited information exists on other aspects of the situation of infected children or women or those living with infected family members.

Social attitudes towards HIV/AIDS victims remain negative, the common perception persisting about it being a problem of deviant groups such as injecting drug users, sex workers and homosexuals. There is therefore a high level of stigmatization of people living with HIV/AIDS, and extreme reluctance to have physical and social interaction with them, as well as to HIV-testing, and seeking help by or for infected persons. According to the JPFHS 2002, 29 per cent women who had heard of AIDS would not care for an infected relative, and 45 per cent believed that such a condition should be kept secret. Sixty-four per cent of respondents of a year 2000 youth KAP also said that AIDS patients should be isolated. Such attitudes are likely to have adverse effects on the infected and their families.

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319 Consultations with adolescents, May 2006
OTHER PROTECTION ISSUES

Children in Armed Conflict

Children face multiple and severe vulnerabilities during armed conflicts within and between countries. They are at special risk of war-induced food insecurity, disability, death, homelessness, loss of parents, physical and sexual abuse, and being drafted into armies or militias. International law requires nations to take special measures for child protection in conflict situations.

Jordan is committed to upholding of international legitimacy and UN resolutions, especially in the Occupied Palestinian Territory, as well as to relevant training of those working in the field of child rights and promoting international cooperation in this regard. It has ratified the Four Geneva Conventions of 1949 and the Rome Statute for the Establishment of the International Criminal Court, which cover different aspects of international protection regulations in times of armed conflict. It has taken measures to institute relevant training and awareness programmes for its armed forces and police, and conferences organised by the Jordan Institute of Diplomacy have led to legislative amendments regarding the draft age for military service. There are no child soldiers in Jordan. The age for entry into voluntary military service is now 16 for soldiers and 17 years for officers, but no one under the age of 18 years can participate in military operations. Conscription at 18 years of age was suspended in 1999, though as of 2004, all males are required to register. Jordan has acceded to the Optional Protocol to the Convention on the Rights of the Child on Children in Armed Conflict.

Trafficking

Trafficking of children constitutes multiple and extreme forms of one or more types of exploitation – abuse, violence and commercial exploitation, depriving them of their rights to: care within their family, a secure life within their natural environment, opportunities for education, proper employment as adults, dignity, self-esteem, honour and ultimately a future as responsible citizens, since many trafficked children are led into a life of crime. In Jordan, there is no information – anecdotal or otherwise about the existence of any such practice in the country. Use of children for commercial sexual exploitation is banned by law. The draft Childhood Act contains articles to bring national legislation in full compliance with active international conventions relevant to trafficking.

Female genital mutilation (FGM) is almost non-existent in Jordan, except in one community in Wadi Araba. In 1998, Community Centres for Social Development (CCSD) conducted a survey to assess the health situation of women in Wadi Araba; they discovered that 95 per cent of the selected sample were exposed to FGM. An educational project was designed and implemented focusing on reasons behind this high percentage. According to information from CCSD, no new cases were discovered since project intervention. There is no evidence about the existence of trafficking in children and women in the country, or of children being used for commercial/sexual exploitation or for production of pornographic material.

Children of Migrant Groups

No information is available about children of migrant groups.
CHALLENGES

Children most at risk are normally scattered, requiring multiple small localized initiatives, and this strains financial and human resources. Data concerns cut across all categories of vulnerable children, most of whom face neglect or violation of their rights, while others like some categories of child workers also remain invisible in the law books and national strategies. Despite recent campaigns to bring public attention to issues of the vulnerable, action is needed on many other fronts over the long term.

The heavy emphasis on institutionalization for categories such as orphans and juvenile offenders and the design of custodial care programmes inhibits personality development of the residents and their reintegration into society.

The juvenile justice system has a fairly high punitive and custodial care orientation, without due attention to more community-based alternatives. Juvenile reform centres do not have clear and comprehensive objectives and procedures that could assist improved design of reform and rehabilitation activities. This has an inherent risk of the children becoming repeat offenders, especially as many detainees also face problems of family acceptance and integration. It is noteworthy that according to the Juveniles Law, offenders by juveniles are not recorded in a criminal record.

Development and welfare approaches for the vulnerable tend to focus primarily on basic needs provision and reducing problematic aspects such as ‘prosthetics and physical rehabilitation of the people with disabilities’ and ‘reforming the delinquents’, with little attention to identifying abilities and building on the children’s positive potential.

The current inspection system has limited capacity to enforce adherence to minimum quality standards and protection from abuse at foster homes, reform centres or workplaces employing child workers. Awareness-raising programmes about abuse issues have not been regularized or effectively supported with practical interventions to change attitudes and behaviour. Support services for the victims are also in short supply.

Inattention to the health and environmental risks in refugee camps, the non-availability of safe play spaces and the lower access of refugee children to higher education and employment chances could aggravate both health and social problems.

Positive legal provisions to prevent young people’s access to addictive drugs and smoking are not fully effective in the absence of proper implementing mechanisms. Curative services for treatment of young addicts are not age specific, and available services are not well publicized.

The absence of an accurate database and a comprehensive framework and plan of action for children with disabilities has resulted in service gaps. The official approaches are predominantly medical and charity oriented, and without adequate linkages between the relevant agencies. The outreach of CBR activities is limited.

THE WAY FORWARD

The marginalized are specially justified to claim their share of attention and resources because of the degree of their deprivation. If unaddressed, their situation will continue to drag down national averages and retard overall progress.

A separate national coordination mechanism on child protection issues needs to be set up under the NCFA or the NCHR given the interlinked causes of various vulnerabilities, for instance between the phenomena of school dropouts, child labour, children living or working on the streets, those in conflict with the law and abuse and violence against children. Protection-specific initiatives underway to redress various disadvantages must also be reinforced with:
Legislative action to:
- Adopt the draft Child Rights Act;
- Lobby and advocate for the draft juveniles law, currently under review at the Legislative Bureau and attach a list of alternative measures to the draft law;
- Strive to establish a special police force for juveniles as put forward by the NPA;
- Train workers with juveniles in all legal proceedings, including probation officers, police officers, prosecutors and judiciary, in addition to workers in juveniles centers;
- Raise the legal age of responsibility to internationally accepted standards and introduce non-custodial measures to deal with children in conflict with the law;
- Change Article 62 of the Penal Code covering ‘parental discipline’, and address Article 98 of the Penal Code, which affords mitigating sentences to perpetrators of so-called ‘honour crimes’, as these acts serve to perpetuate negative gender and age relationships to the detriment of children and women;
- Extend the protective legal cover to children working in the informal, agricultural and domestic service sectors.

Causal analysis about the root causes, nature, prevalence and magnitude of problems affecting various vulnerable groups, on issues such as:
- The comparative development patterns of children in foster care and those in institutions;
- Inter-relationships between conditions that underlie domestic violence;
- The patterns and incidence of sexual molestation;
- Child labour patterns and working conditions in the informal, agriculture and domestic service sectors;
- The impact of the CBR programme;
- Unmet needs of children with disabilities and their families;
- The extent of abuse of common substances among children;
- An update of the living conditions of children in refugee camps.
- The situation of children infected with HIV/AIDS, or living with an affected relative;
- Collection and analysis of information on living conditions for Iraqi children in Jordan;
- Build the capacity of all institutions and professionals working with vulnerable children, including setting standards, guidelines and codes of ethics in dealing with vulnerable children.

Improved monitoring through:
- Capacity building of probation officers responsible for tracking occupational safety and health of working children;
- Regular surveillance of care and reform institutions to ensure adequate protection and care of the child residents;
- Wider access to confidential reporting facilities such as hotlines.

Preventing abandonment of children by their natural parents through:
- Advocacy and public education on parental responsibility;
- Institution of stricter regulations and checks on placing of children in orphanages by parents.

Design and adoption of non-custodial forms of care for children separated from their natural families for valid reasons such as being orphaned, and in the interim, revising the programme of care institutions to include:
- More extra-curricular and recreational activities;
- Counselling services;
- Guidance and enhanced supervision of staff of such institutions to ensure humane treatment of the residents;
- Interventions to build positive relationships between the children and their families;
- Involving the child residents in community activities that help them to establish normal relationships with their peers and assist future reintegration into society;
- More encouragement for educational attainment and orientation of school staff to prevent societal stigmatization of children in institutions.

Attending to the causes and support services for victims of abuse and neglect through:
- Institution of harsher penalties for perpetrators of sexual abuse against children;
- Public education through the media, education system, parenting and extension programmes, about the ill effects of abuse and violence against children and women;
- Skill building of service providers including for detection and referral of abuse cases by incorporating the subject into medical and paramedical curricula and in-service training for law enforcement officers, health providers, school teachers, social workers and NGOs;
- More shelters for abused children and women who can no longer live with their families.

Improving the situation of child labourers by:
- Closer monitoring of employers to ensure adherence to occupational safety conditions, wage and humane treatment of the workers;
- Re-enrolment of children in school and/or vocational skill training programmes.

Formulating a national strategic framework for children in conflict with the law with:
- Family and school-based preventive measures;
- Alternatives to custodial reform such as supervised community service; with institutionalization only as the last recourse in extreme cases and for the shortest possible time;
- Improved development options and community reintegration measures built into the programmes of all institutions;
- Conceptual and technical skill building and child-friendly orientation of relevant institutions and staff.

Preventing drug abuse and improving support services through:
- Exposure of school-age children to the negative effects of drug abuse;
- Preventive efforts among at-risk children, such as child labourers and children in institutions;
- Adolescent-friendly guidelines for staff of drug treatment centres, and the services adapted to ensure adequate age group relevance.

Developing a comprehensive strategic framework for children with disabilities and empowering them and their families with:
- Knowledge about their special rights and entitlements and the process for claiming them;
- Support linkages with service providers;
- Extended coverage of integrated CBR approaches;
- Reinforced public education to improve community attitudes towards the people with disabilities.
- Developing and adopting more internationally-accepted diagnostic tests for disability that are appropriate for the Jordanian context

Providing refugee children with:
- More sports facilities and youth centres for both girls and boys, in or near the camps;
- Better options for enrolment in vocational and self-employment training;
- Apprenticeships with industries and businesses in the camp neighbourhoods;
- Supportive action against environmental risk factors.

Action under the National AIDS Programme to:
- Address the psycho-social and development needs of infected children, the orphans and those living with family members affected by AIDS;
- Undertake research and preventive efforts among vulnerable child groups such as child workers, those on the streets, institutionalized children and young sex workers.
Chapter 5
Partnerships for Children’s and Women’s Rights
OVERVIEW
Globally, and within any country, all segments of society have a stake in ensuring the rights of children and women, as an obligation to human rights and as a means to optimum overall development. The state of progress on the realization of these rights owes much to activists who take up their causes and supportive partnerships, which monitor their situation, bring their issues into the national debate, lobby for remedial action, and design and implement appropriate strategies and action plans. Such partnerships in most countries have mainly been ‘for’ children and women, and in far less instances ‘with’ them.

The range of emerging partnerships for children and women in Jordan encompasses much diversity in focus, sphere of work, membership and output. Different sets of governmental and non-governmental entities have forged alliances for either children or women aimed at research and situation analysis, advocacy, awareness creation, legislative change, policy and action planning, fundraising, and enhanced service coverage. Because of the many points of intersection between women’s and children’s rights, many agencies undertake joint advocacy for both groups and/or provide combined or complementary services for them.

Overall, an encouraging vitality is emerging in partnership-building initiatives in Jordan. There has been large-scale participation in mass advocacy and mobilization initiatives, and in awareness campaigns through the media, national conferences and community contact, for instance on child abuse, the rights of people with disabilities and gender issues. Constructive inter-sectoral and inter-agency collaborative work at official levels has resulted in concrete and measurable legislative, policy and planning outputs.

There are emerging efforts towards inter-sectoral coordination between public sector agencies; setting up of autonomous coordinating institutions; and associating national NGOs, international organisations and the private sector with policy and planning efforts. While civil society organisations have taken on increasing advocacy and social service responsibilities, the private sector has played a key role in reinforcing education and health services. Participation of the people themselves and especially of women and children has been less active, but there are small beginnings to change this through pilot community activities, and in some cases by associating them in national strategy development processes.

Effective partnerships rely on critical elements such as a common understanding of issues, commitment to the cause, power and capacity balances, role definition of partners, complementary goals and action plans building on respective strengths, and effective coordination mechanisms. The degree of success achieved by partnerships in Jordan has depended on the extent of adoption of these critical elements. Excellent results have been achieved in the development of policies and strategies especially for causes that have had the benefit of highest level political commitment and leadership, though coordination at the follow-up implementation and monitoring stages often needs further streamlining and regularization.

Jordan’s National Agenda lays great stress on public – private partnerships, strengthening the role of civil society organisations and the media, equality of rights to social justice and opportunities and human resource development, besides social inclusion, transparency and accountability of development processes.

LEADERSHIP
HM Queen Rania’s leadership has made a clear difference in efforts to develop and institutionalize the Early Childhood Development Strategy, and to remove taboos about the public acknowledgement and discussion of child abuse issues. A National ECD Team started to work on developing an ECD Strategy in 1999. Within a year, it came up with a clear definition and a comprehensive strategy including 14 modules covering multi-dimensional ECD aspects. The strategy, which was the first of its kind in the region, was
widely acclaimed and endorsed by government and civil society representatives at a national conference. This was followed up by the development of a detailed Plan of Action for Early Childhood Development for the years 2003-2007, which included an important emphasis on ‘decentralized coordination between sectors, and solidarity between those sectors in planning of ECD programmes and services for the development and their implementation’. Work is currently underway to develop the 2nd ECD Plan of Action for the years 2008-2012.

With the increased attention to protection issues there has been a simultaneous emergence of partnerships for child protection. Again HM Queen Rania’s patronage and sincere concern for child rights has helped to bring many sensitive issues to the forefront. The National Framework for Family Protection, a working mechanism for dealing with violence in the family developed under her leadership, is another example of the potential of collaborative work. The team that worked on this first broke down the wall of silence surrounding this very sensitive issue and placed family protection concerns on the political agenda. Supportive structures and specialized projects were then put in place. Among these is the Family Protection Project, implemented in 1999, under a three-year technical assistance agreement with the United Kingdom’s Department for International Development (DFID). Over the years, other partners have come in to carry forward the Project’s activities.321

The partnership for legislative review is led by a committee representing the NCFA, the Legislative Bureau at the Prime Ministry, the National Centre for Human Rights, Penal Reform International, the FPD at the Public Security Directorate, the Ministries of Social Development, Health, Justice and Interior, national NGOs and the UN family.322 This Committee has proved to be very effective due to its knowledge of issues and its credibility arising from the mandates of the member agencies. Legislative measures are reviewed and analyzed in the human rights context, through a systematic, thorough and highly consultative process. An impartial analysis of the selected legislation is conducted to highlight negative and positive aspects of the legislation on child rights, taking into account international rights treaties. The draft recommendations are reviewed, and endorsed or rejected by a high-profile expert consultative committee – judiciary system, legislators, representatives of Islamic Justice, government officials, NGO experts and practitioners. Final recommendations are then submitted to Parliament. One major achievement is the finalization of the draft Child Rights Act and submission to Parliament for endorsement. Other laws have been amended and are now being enforced as temporary laws.323

Though more capacity building work remains to be undertaken, the process of joint planning and monitoring by police, judiciary, social development officials and NGOs has contributed much to developing a common understanding and bridging relationships between institutions.324 The strategy of working at the national level for legislative changes, supported by on-the-ground work, is proving to be mutually reinforcing, and is expected to yield positive results faster than through isolated and uncoordinated efforts of individual agencies.

With HM Queen Rania providing overall guidance and leadership, the NCFA worked with a large number of stakeholders to develop a National Strategy for the Jordanian Family. The aim was to determine approaches to assist the family to safeguard its rights and assume its rightful role in development. The consultative process involved ministries, NGOs, national experts, researchers, and communities in different governorates. Deliberations were based on in-depth studies and research about the status of the Jordanian family, its characteristics and needs, besides the challenges it faces. Discussion focused on the concept of the family as one social and cultural unit, as the primary source of knowledge that develops the cultural identity of its members, and as an effective and productive entity, not only a recipient of services. The outcome strategy, which aims to improve the quality of life of the Jordanian family and to maximize the role of the family in national development, encompasses eight themes related to various aspects of life.

323 Ibid
324 Ibid
The National Strategy for the Jordanian Family: The Themes

1. The family structure and means of strengthening it.
2. Basic roles and responsibilities of the family and means of empowerment to conduct its functions successfully.
3. The family’s cultural role as a preserver of the identity and the cultural values in the globalization era.
4. The status of the family and the organisation of its affairs in the national laws and legislation.
5. The family policies and their integration in the framework of the national policies of sustainable development.
6. The basic needs and rights of the family and its participation in public life.
7. The expatriate family and its relationship with the homeland.
8. The social, health, environmental and security related threats to the structure of the family.

The process of the development of the National Plan of Action for Children (NPA 2004-2013), which was led by the NCFA and the MOPIC, is a prime example of inclusive planning involving a wide range of stakeholders. A Steering Committee to guide and oversee the process included government, NGO, private sector and academia representatives. The Executive Committee formed to draft the plan also included members from the MOPIC, the MOSD, the NCFA, the HCY, UNICEF and Save the Children Fund. Working groups that contributed to the design of the plan also included NGO and private sector members and technical experts from the academic world. The costing of activities was also collaborative. The list of implementing partners is an impressive mix of ministries, semi-governmental organisations, NGOs and international organisations. The NPA got its official stamp of approval from the highest level, being launched in October 2004 by their Majesties King Abdullah and Queen Rania.  

THE ‘SAY YES FOR CHILDREN’ CAMPAIGN

Jordan’s ‘Say Yes for Children’ Campaign, leading up to the 2002 UNSSC was an outstanding example of the power of mass mobilization, triggering the participation of almost every element of society. Launched by HM Queen Rania, the Campaign resulted in over one million people expressing their support for the campaign’s 10 imperative actions and responsibilities deemed necessary for improving the lives of children and youth. The million signatures collected represented 20 per cent of the Kingdom’s population, and meant that virtually every household in the country had said ‘YES’.

The triumph of the campaign in Jordan is attributed to the involvement and support of Their Majesties, the government, the ‘Say Yes for Children’ Steering Committee, the Friends of Jordanian Children Group, individuals, NGOs, religious groups, the private sector and children themselves. The campaign demonstrated the enormous results that can be attained by joining forces. New partnerships were forged and positive energy generated to be shaped into definite actions for children. The organisers learned that in Jordan, any challenge can be overcome when it is based on commitment and partnership. The calls made by young girls and boys, mothers and fathers, children and decision makers resounded loud and clear across the country.

PARTNERSHIPS AT THE GRASS-ROOT LEVEL

Jordan has a very strong tradition of family and tribal ties which were historically the mainstay of local development, and still constitute safety nets for the more vulnerable elements within extended families. However, communities gradually took on a more passive role as the benevolent influence of the State grew as the provider of all services, in some cases supported by the larger NGOs.

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325 NPA for Children
326 Global Movement for Children. UNICEF Jordan
Efforts to involve communities in planning and undertaking local development are less than a decade old, but experience of recent community development programmes has been positive. The multi-agency sponsored Community Development Programme has piloted partnerships for self-help among under-privileged communities.\(^{327}\)

The pilot phase of the community development Programme (1998-2002), was based in four sub-areas of the Al-Nasser area in Amman, from where it expanded to the governorates of Mafraq, Karak and Aqaba. The next phase started in 2004, with 15 communities in the three least-advantaged governorates of Irbid, Zarqa and Ma’an, and extended to Al-Jafeer and Al-Hasa districts of the southern Badia in 2005.\(^{328}\)

The starting points in each community are advocacy and orientation meetings to mobilize community leaders and orient decision makers about the community development concept and approach. Local structures, which are then set up, as per set criteria, include community action committees (CACs) comprising selected community members, area local committees (ALCs) which include NGOs and community members, and women’s action committees. Participatory rapid appraisals help to improve knowledge and understanding of issues among NGOs and community committees. Training to build the capacity of committee members covers needs assessment, planning, problem solving, organisation and management skills. Orientation on community development concepts and the rights of children and women is also provided.

The committees enlist support for various development initiatives locally and interact with external agencies to bring in basic services. Some of their activities include organisation of summer camps, English classes for students who were weak in the subject, income-generating projects funded by MOPIC, projects for children with disabilities funded by MOSD, training workshops for new committee members, and varied educational sessions for mothers.\(^{329}\) Support is provided to the Community-based Rehabilitation Programme for Children with Disabilities at the project locations. Cases of children with disabilities are identified and families linked to CBR activities, resulting in children getting better home-based care.\(^{330}\)

The ALCs facilitate community contact, joint annual planning, coordination and division of tasks, information collection and sharing, technical collaboration in project implementation, twinning of strong and weak member organisations, and communication between national and international NGOs and CBOs.\(^{331}\)

Women are represented among the NGOs. Community women have also participated in the local committees more enthusiastically than men. Their main motivating factors are the desire for self-development, recognition by the local community and prospects of being engaged in paid work. The impact on their knowledge and confidence levels, and their ability to analyze underlying and structural issues in their social context was evident during recent consultations.\(^{332}\) These women have discovered abilities within themselves that have surprised the project organisers and the women themselves, and touched the lives of many in their communities.

\(^{327}\) Consultations with community women, May 2006
\(^{329}\) Consultations with community women, May 2006
\(^{330}\) GOJ/UNICEF Country Programme of Cooperation Mid-term Review Report 2005
\(^{331}\) Consultations with community women, May 2006
\(^{332}\) GOJ/UNICEF Country Programme of Cooperation Mid-term Review Report 2005
Sara Sharif is a member of the Women’s Area Committee in the Madaba Refugee Camp. She is also the principal of an integrated school that has several children with special needs. This used to be housed in two poorly lit and ill-furnished rooms on the second floor of a semi-constructed building. After picking their way gingerly up the unsafe staircase, 40 children used to crowd onto a mattress to take their lessons. The classrooms were dirty and without educational material or toys. Then the going got even worse. The news came that the school was to be shut down. This is when Sara stood up to be counted. She took out a personal loan, and lobbied with other committee members and external agencies for support. The result – a transformed school shifted to a proper ground-floor building, with a small open area converted into a playground, new furniture and colourful teaching aids, including a television and a computer. Some children even got wheelchairs, hearing aids and medical aid, and Sara made sure that ‘her’ children could claim their right to health insurance. It is no wonder that when the children – now 80 of them, sing nursery rhymes, their happiness rings out loud and clear, as does Sara’s when she recounts the story of her own transformation.

(Adapted from a UNICEF human interest story series)

In mid-2005, the MOPIC assessed project impact. ALC members showed appreciation of the opportunities the programme had provided them to work in their communities as a team, focusing on local priorities of children and women. Strategies applied such as capacity building, networking, coordination, and alliance building with government, civil institutions, and other NGOs, were all believed to have led to concrete outputs such as empowerment, project streamlining, community ownership and improvements in the quality of life. Networking and community involvement were seen as essential for the sustainability of the NGO projects and activities. It was found that capacity imbalances sometimes tend to undermine the concept of equal partnership, and that sustainability of the CACs varies according to the quality of the NGO and ALC structures. Other weaknesses mentioned were resource limitations; lack of male interest in women’s empowerment projects, and in monitoring and evaluation; inadequate application of the volunteerism concept; weakness of coordination processes; and implementation delays.

Cost sharing of project expenses among implementing agencies has improved, and exit strategies are being considered to enable the programme to move out of existing project locations, and into new ones. To assist replication at new locations, a field worker manual and guidelines for project implementation are being prepared.

FOSTERING CHILDREN’S PARTICIPATION RIGHTS

Making children and women more equal partners in development is particularly important for Jordan as the age-group 10-19 years represents almost 24 per cent of the population, while women between 20 and 49 years of age represent another 28 per cent For this to happen, attitudes must change about their potential to contribute, so that avenues for participation are opened to them. The best way to do so is to empower them to demonstrate that partnership with them will add value to development planning and outcomes.

While Jordanian children’s participation in education and a few children’s organisations such as the Scouts and Guides has continued for years, efforts to give them a voice in national and local affairs are fairly recent, as are efforts to build up their analytical, communication and participation skills; and provide participation opportunities.

The initial momentum for giving children a voice was provided by a UNICEF initiative that started with a series of Future Search Conferences in 1999. Today, this is supported by several government agencies, and more than 40 NGOs, besides UN agencies. School, youth centre and special training activities focus

334 Ibid
335 Ibid
336 Jordanian Youth: Their Lives and Views 2002. DOS/UNICEF
specifically on basic life skills – self-esteem, communication, decision making, group participation and so on, to enable them to deal with everyday challenges. The skills of service providers are being developed to improve their ability to encourage and guide participative activities. A resource pool is being built up of support training materials, and facilitators that include young people and adolescents for peer-to-peer training. Equal participation of girls and boys and inclusion of disadvantaged children are ensured.

Activities such as national and local surveys, youth forums, workshops, conferences and media encounters have helped to improve the knowledge base on children’s situation, their views and aspirations. This has informed public awareness and advocacy campaigns around children’s concerns and potential.

While participation has been promoted as a right in itself, the process has been used as an opportunity for orientation on social issues such as gender relations and guidance on sensitive issues such as young people’s sexual and reproductive health and prevention of HIV/AIDS. There is a noticeable difference in the social understanding, skill and confidence levels among participating boys and girls. An equally important outcome is the opportunity gained by children to influence some key planning processes related to their own lives.

Participation of children and adolescents in the development of the National Youth Strategy and the Jordanian National Plan of Action for Children (NPA), both in 2004, was among the groundbreaking events in the Kingdom’s planning history.

Much preparatory work to reflect the views of children and adolescents went into the designing of the National Youth Strategy. Findings of the 2001 National Youth Survey were disseminated widely to the media, policy makers, planners and young people, including through simply designed fact sheets and fliers shared at national, regional and international events. Specially trained facilitators also reached 50,000 young people in the Youth Voice Campaign designed to obtain opinions of young people on the themes selected for the draft Youth Policy – education, work, health, free time, mobility, access to information, participation in social relations, self perceptions, rights, legal awareness, and relevant parental attitudes. The young people’s perceptions were then fed back to the planners.

The Jordanian Women’s Union (JWU) led the process of involving children in NPA planning, initially training facilitators from the Children’s Parliament to lead the process. A summary of the draft National Plan was developed to facilitate discussion with the young people who represented all three regions. At workshops conducted in each region, participants presented their comments and recommendations on the Plan. These recommendations were jointly reviewed and finalized at an inter-regional meeting. These were then reviewed by a subcommittee of planners who incorporated the children’s recommendations into the final National Plan document. In all, some 400 children were involved in the exercise. Their direct participation added value to the process by ensuring that proposed objectives related to ground realities, and helped to build the children’s self confidence, sense of involvement and participation skills. Another important aspect was the representation from all regions, instead of from just the capital. The involvement of the JWU helped to strengthen the gender orientation of the process.

The Children’s Parliament was an innovative partnership among school children aged 10-18 years and was initiated by the JWU in 1996. Other partners included the MOE and the MOSD. The idea was to provide a forum for self-expression and advocacy for adolescent issues, plus education of adolescents on the concept of democracy and child rights. Sixty-three young facilitators were trained to lead an innovative election process. The 120 elected were students of public and UNRWA schools. There were equal numbers of girls and boys, and 3 per cent of the members represented disadvantaged groups. Parliament proceedings were in the form of a forum with discussions on themes chosen by the members themselves, as opposed to the traditional approach of having a seminar led by adults. Action points were earmarked for the members to

338 NPA
339 National Movement for Children, UNICEF report
work on with their community, decision makers, policy makers and strategists. Subcommittees participated in advocacy for issues related to pollution, poverty, children living or working on the streets and drug abuse. The Children’s Parliament is believed to have influenced the new marital age legislation. However, the Parliament has been dormant since 2004 due to funding constraints.

An increased number of organisations are now providing services for children and adolescents and trying to build their participation capacity. Communication and analytical skills and confidence levels of these children have improved, together with their understanding of social issues and rights and responsibilities. Some have participated in mainstream planning processes and others are serving as peer educators and trainers. Most importantly, children now speak out on their own behalf and on the concerns of their peers. Their numbers are still small, but a positive direction has been set towards wider coverage.

MULTI-AGENCY TRACKING OF NPA IMPLEMENTATION

The NCFA has overall responsibility for coordinating, monitoring and evaluating the National Plan of Action for Children, with all implementing partners. Defined impact and process indicators to measure progress are contained in an Integrated Monitoring and Evaluation Plan enclosed in the NPA document, along with a draft matrix for use by all partners. To assist the NCFA’s monitoring role, a technical committee has been put in place with representation from MOPIC, MOH, MOE, MOSD and MOL besides the Ministries of Interior and Culture, and DOS, the Higher Councils of Media and Youth, as well as children, youth, the academia, and NGOs. Training of focal persons representing various agencies on this committee took place to upgrade skills to monitor and evaluate the Plan.

PARTNERSHIPS FOR WOMEN’S RIGHTS

The Jordanian National Commission for Women (JNCW) led by HRH Princess Basma bint Talal has forged a variety of partnerships with government and NGOs – men and women, for the advancement of women’s rights. The JNCW works at the national level through various government and private sector agencies, through a communication network of subsidiary organs, a subcommittee for coordination with NGOs and a legal working group. It has also set up an experience-sharing forum for women academics from national universities, and worked towards enlisting the support of male Parliamentarians.

Though more needs to be done to achieve gender equality in all spheres of life, the power of the combined advocacy has resulted in many legislative amendments in favour of girls and women, as well as a highlighted gender focus in national policies and plans. Among the most important legislative amendments favouring women are those related to personal and civil status, labour force participation, income tax, social security, passport and residency, and elections.

While social sector policies, for example for health and education, have traditionally had a somewhat gender differentiated focus, the women’s movement has contributed to the adoption of a highlighted gender focus in sectors which were previously gender neutral. The development of the Economic and Social Development Plan for 1999-2003, registered a first in the country, and in the region, in adopting the principle of strengthening gender equality as a structural approach. This owed much to the unprecedented 20 per cent female membership in the Plan drafting committees, and the establishment of a gender coordination committee, which helped to highlight the importance of women for national development. The outcomes were an acknowledgement by the Plan that women’s issues and rights are important as those of men, and the incorporation of specific objectives for women in most of the Plan’s sectoral sections.

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240 Ibid
242 Jordanian Women’s Union
243 NPA for Children
244 Jordan’s Beijing+10 Report 2004. JNCW
The successful gender mainstreaming in the Plan was followed up by direct work with government entities to ensure concrete gender-focused action. The work started with the Civil Service Department in view of its pivotal role and impact on other government institutions. This involved a review of the Department’s hierarchy, procedures and working principles, and proposals for adoption of a better gender balance. By 2004, similar efforts were underway with the Departments of Agriculture and Lands and Surveys, and a specialized Gender Unit has been established in the Ministry of Agriculture.

Several other national plans also include a special female focus. The economic empowerment of women has emerged as a major issue. The Jordan Anti-Poverty Strategy of 2002 devotes special attention to female education and increased labour force participation, besides including disadvantaged women in many categories eligible for financial assistance. The Political Development Strategy and Plan of Action 2004 focus on the importance of women’s active participation in the country’s political life and stress upon women’s citizenship rights in law and in practice. Another advocacy outcome for women is the Supreme Population Council’s major policy shift, which emphasizes upon the male role in family planning, replacing the previous approach of placing the full responsibility on women.

The preparation of the National Programme of Action for Women 2003 was the outcome of broad-based participation coordinated by the JNCW to assess follow-up to the 1994 Beijing Conference on Women. Interest groups brought together for consultations included women at the grassroots, rights activists, government and NGO officials and workers, and members of Parliament. Government-NGO partnership has also been a feature of the preparation of periodic reports on CEDAW implementation and review of the observations of its Committee.

**ENGAGING CIVIL SOCIETY ORGANISATIONS**

There is a large number of civil society organisations of various denominations in Jordan including national NGOs, professional and faith-based groups, and small CBOs. Between them, there are considerable variations in conceptual orientation, geographical outreach, membership, mandate and operational styles, but the large majority are supportive of children or women’s concerns or both. Besides large NGOs with a nationwide scope or with close ties to government agencies, scores of small CBOs provide a range of services in the areas of health, education, participation and recreation. They have complemented and supplemented government efforts for the well-being of children and women.

NGOs and other civil society organisations are regulated by the government according to their mission. The MOSD regulates all charitable organisations, under Law 33 of 1966. Foreign NGOs may be authorized under the same licensing procedures. The General Union of Voluntary Societies (GUVS) performs as the umbrella organisation for most of the social welfare NGOs in Jordan. It coordinates the activities of small grassroots NGOs and represents their interests with the government. According to one source, there are 836 charitable and social societies; 110 women’s organisations, 16 environmental and sustainable development societies and 27 foreign NGOs registered at the MOSD.

Patterns of NGO membership in Jordan are similar to global trends, especially those in developing countries. Several of the more prominent national NGOs are women led and have a predominantly female membership. Some NGOs, such as those sponsored by members of the royal family, are exempted from the MOSD registration requirement and have greater flexibility. Some of them are very important actors for children and

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345 UN Common Country Assessment 2006
356 Ibid
women. The majority of alliances for women comprise the more educated, urban women who are well placed to access decision makers at national and international levels. At the grassroots level, within the CBOs, women are much less visible, especially in leadership and management roles. A common characteristic of urban and rural NGO membership is the minimal participation of adolescents and youth.

NGOs have operated at different levels ranging from awareness creation and advocacy on issues of concern of marginalized groups, fund raising, service provision at grassroots level, and as resource institutions for training of government and NGO trainers and service providers, and more recently of young resource persons. They have also played key roles in planning at different levels, disseminating public health messages, running preventive and curative maternal and health, besides educational services, including for ECD, female literacy and special education facilities. Some have pioneered protection interventions for children and women setting up innovative pilot schemes to address their needs and joining hands with government and other partners to extend the coverage of such services. NGOs are now also taking the lead in strengthening the role of women and youth in local development.

They have also participated actively in the preparation of national reports such as the End-of-Decade Report on progress against the World Summit for Children Goals and the various reports to the Committee on the Rights of the Child and the Committee on the Elimination of All forms of Discrimination against Women. In recognition of their potential, NGOs are being assigned important implementation and monitoring roles for various new national plans, and are also involved in monitoring progress against the MDGs.

While much good work has been undertaken by NGOs in their respective areas of work, the increasing trend towards networking on policy issues has extended the outreach of awareness creation and advocacy efforts. This has increased the visibility of sensitive issues such as violence and abuse in the family and child labour, enriched national planning, influenced legislative and policy reform, and helped to leverage resources.

The positive effect of civil society partnerships on coverage and outputs has been registered in field-oriented initiatives such as the Better Parenting, Community Development and CBR programmes. The work of informal groups of influential decision makers such as the Friends of Jordanian Children has brought high level attention to recommendations generated from studies on child rights issues. For instance senators from this group brought findings of the National Youth Survey to the attention of high level meetings, and called for substantial dialogue between adolescents and their parents, and the activation of school councils.

**THE ROLE OF THE MEDIA IN CHILD RIGHTS PROMOTION**

The main focus of the official media in the region has traditionally been on the news and on senior official figures, besides the ongoing conflicts in parts of the region. News reports have tended to be events driven, narrative and descriptive, rather than investigative or analytical, giving inadequate attention to programmes relevant to the daily life of the ordinary citizen. While the National Agenda discusses freedom of the media also in the context of the role of the media as a “fourth authority”, there is still a long way to go for the media to take on a truly independent role.

The national media has a key existing and potential role in projecting issues of national concern, and for highlighting concerns of children and women, especially in view of the fact that access to satellites is not universal. The Jordanian media is slowly becoming sensitized to the challenges facing children in Jordan and the needed action. It is becoming a proactive information seeker on child rights issues, generating its own stories without having to rely on official press releases to start this process.

The effort is aimed at ensuring laws are in line with international human rights principles, and guaranteeing freedoms of speech and media.

*National Agenda 2006-2015*
For example, the increase in the number of child abuse cases reported to the FPD is partly attributed to the increased information dissemination and advocacy efforts. Editorials have increasingly focused on needed legislative reform and action for children. Some of the editorials are very well written; taking a human rights-based approach to issues raised.

Children are normally not very visible in the media, especially not as reporters or as actors of change. Some initiatives have been made to provide children with skills as effective communicators. For the 2005 International Children’s Day of Broadcasting, 25 children aged 12-18 years received training in investigative reporting and television programme planning, production and presentation. The aims were to identify the knowledge and attitudes of children towards specific problems; have the children find solutions for them; build their media skills, and have them use these skills to highlight children’s issues.

Among the themes they wanted to report on was child abuse and neglect. One of the children’s messages was that schools are not always safe spaces for children. Another was that children were not able to engage in sports in schools due to the absence of proper playing facilities. They also discussed the highly sensitive HIV/AIDS issue. The initiative generated widespread interest among local media channels, as well as among international ones such as the BBC Arabic Service, Reuters, UN Radio and Media Line which picked up the story and interviewed the adolescents involved.

### Adolescents Report Back on their Media Experience

- “We were able to talk freely and openly about anything, to build friendships with other adolescents from different parts of Jordan and from very different social backgrounds; and be exposed to and interview abused adolescents and talk to them”.
- “We want to go live on air so that we can speak out without any editing or censorship”.
- “We need such programmes throughout the year, once a week in the evenings and not in the traditional children’s slot (early afternoon), as we want both adolescents and their families to listen to us”.
- “We must establish partnerships with schools and community centres to give more children the opportunity to be involved in the production process and participation in the show”.

### What the Organisers Learned

- Children are very good at researching and brainstorming. They were able to learn research techniques and discuss and analyze the output of their work very creatively.
- Children were opposed to having drama sketches in their show and preferred documentary styles.
- Live discussions, e-mail, fax and open telephone lines should be an integral component of live shows.
- It is important to have a good team of television technicians to work with children’s productions.
- After working with both Jordan Television and the private sector the programme should be filmed and edited at Jordan Television.
- The private sector should be engaged to sponsor such programmes.

UNICEF Report 2005

### THE PRIVATE SECTOR

Private sector financing has played a key role in supplementing public sector education and health facilities, particularly in the urban areas. Users express considerable satisfaction about the range and quality of private services, but access is constrained for lower income and rural groups. The private sector role in support of non-commercial community services is yet to evolve fully.

The private sector is actively involved in high-profile fundraising events or campaigns. A mobile phone company’s partnership with King Hussein Cancer Centre, giving a steady income, is one such example. Other companies have sponsored education grants for children of poor families, a basketball team or a Young Arab Leaders’ Forum meeting. Visibility and brand recognition are key.
Companies are to some extent competing to market and position themselves as socially responsible, forging alliances with NGOs working for children and women, but contributions tend to be ear-marked and stand-alone. They have donation policies that usually are of a charitable character, and UNICEF has found it difficult to involve such companies in long-term partnerships of a development or rights-based nature.\textsuperscript{347}

**INTERNATIONAL ORGANISATIONS**

Jordan continues to be a strong supporter of the UN system, and has good relationships with bi-lateral donors many of whom have country offices in Amman, while others interact with the government directly through their regional offices or Headquarters. The country hosts a large UN country team consisting of 12 agencies working for Jordan, regional offices for the Middle East and North Africa Region, UNRWA Headquarters, and the UN-Iraq country team. With so many international partners, many of them with over-lapping fields of interest, the need has been expressed in the past, especially by the government, for better coordination of external assistance in the country, to ensure coherence and avoid duplication of efforts and resources. This has received serious attention of the donor community.

**The UN Country Team**

Reinforcement of the concept of the UN as a team is being guided by the UN reform process. The first Common Country Assessment (CCA) and the UN Development Assistance Framework (UNDAF) 2003-2007 were finalized in 2002. The second CCA was developed in 2006, followed by the UNDAF. There is a gradual trend towards joint programming, with field interventions being funded through the parallel funding approach. Theme groups function around the UNDAF’s 2003-2007 priority themes – human rights, social development, and community empowerment. Another theme group on gender was reactivated by end-2004. The creation of the UN Media and Communication Group in 2006 reflects the UN’s intention to speak with one voice in all of its communication work in Jordan.

The HIV/AIDS theme group which has broad participation of key government and UN agency staff and NGOs, and funding support from UNAIDS and various donors has sponsored training of health, education and prison staff, besides public awareness.

Inter-agency initiatives have a special focus on capacity building for MDG achievement. The preparation of Jordan’s First MDG Report launched by the Minister of Planning and International Cooperation in 2004 is an important benchmark in collaborative MDG monitoring by national and international agencies.\textsuperscript{348} A UNCT-funded project, “Taking the MDGs to the People” supports United Nations Volunteers (UNVs) to undertake monthly visits to 60 communities to disseminate information and facilitate discussion around the MDGs.\textsuperscript{349}

**CHALLENGES**

Capable multi-disciplinary partnerships will be key to translating Jordan’s commitments to children and women into reality and to ensuring sustainability. Existing alliances will therefore need to be strengthened and new ones fostered to ensure that action for children becomes more effective and achieves universal coverage. Areas of reinforcement include induction of a rights orientation, sharpening of planning, implementation and monitoring skills, maximum participation of all societal groups, and regularization of coordination processes.

Coordination structures are being reinforced and partnerships around specific themes and time-bound tasks have had very good results, but the momentum has often lost its vitality after the achievement of the original objective, such as policy or strategy formulation.

\textsuperscript{347} Partnership Framework, UNICEF Jordan, July 2005
\textsuperscript{348} UNDP
\textsuperscript{349} UNDP
While NGOs are providing good services in their individual spheres of interest and geographical locations, many have limited outreach, maintain hierarchical structures, and approaches that are predominantly welfare oriented and top down service provision. There is considerable donor dependency, competition for resources and insufficient coordination. Inadequate attention is given to developing a future leadership cadre, despite the proven development potential of Jordanian adolescents.

The developmental role of CBOs becomes critical in remote areas where outreach of government services faces practical constraints, but commitment to community participation is still not fully institutionalized as a fundamental element of development. Despite some very commendable efforts, very few regional and grassroots groups have been engaged in national decision-making processes. The Community Development Programme has set the right direction in target communities, but substantial long term efforts are needed for self-reliant sustainability of the existing CBOs, extension of the enabling process to all rural and remote communities, and ensuring that these organisations maintain their focus on children and women.

Women, adolescents and children are still generally treated as unequal partners in development processes at all levels due to gender and age biases inculcated from early childhood and procedural regulations of most organisations. Creation of positive attitudes and behaviours at early ages is the best approach towards a more socially conscious and empowered society. Government and NGO initiatives to build the participation skills of children and adolescents have met with good results, but they are still small-scale and not institutionalized. Similarly, considerable gaps remain in institutionalizing women’s active participation as equal partners in local development.

**THE WAY FORWARD**

Besides a general framework of action, the NPA includes comprehensive log frames detailing activities and implementing agencies. It also provides a coordinated monitoring and evaluation system through a committee under the umbrella of the NCFA with representation from MOPIC, the Higher Media Council Higher Council for Youth, children, youth, the academia, NGOs and UNICEF. This committee will jointly define research priorities, liaise with DOS and other relevant agencies for follow-up and with donor agencies to source required funds, and review the findings for necessary follow-up. Based on progress reports from implementing partners, the committee will also review overall plan implementation through biannual meetings to deliberate on progress, challenges and required action.

To further the NPA’s declared goal of strengthening cooperation and partnership between various stakeholders, it would be useful to:

- Strengthen the coordination capacity of the NCFA;
- Set up coordination subcommittees for the first four NPA components, and for cross-cutting aspects such as reinforcing the roles of NGOs, CBOs, the private sector, children and women, and include the NCHR as a member of the technical committee to ensure a rights focus in all activities.
- Provide sufficient human and financial resources for the full implementation of the NPA.
- Strengthen coordination at the governorate levels.
- Effectively activate and support NCHR’s Committee for Women and Children and ensure that their concerns are not sidelined from the mainstream. Establishment of an ombudsperson for children to address their complaints.

Facilitate establishment of centres of excellence for research, training and capacity building for policy and plan development by partnering with universities and other higher education institutions since they have multi-disciplinary resource persons and considerable geographic coverage, and are also the training grounds of future leaders.

Children and adolescents have proved to be very effective advocates of their causes, and the adolescent group has made excellent contributions as peer trainers and in planning meetings when given the opportunity and guidance. Given the vast and largely unexplored potential of this group it, is of critical
importance for government, civil society, the media and international agencies to adopt, as a fundamental principle, the association of children as active partners in child-focused research, planning, and programme implementation and review. With this, participation opportunities must be reinforced and extended to larger numbers through regular programmes of schools, youth centres, municipalities and other local authorities, and through special projects.

To strengthen the role of communities to undertake local development is important. The findings of the MOPIC and other assessments need to be used to:

- Strengthen community empowerment interventions at the existing sites;
- Reinforce the children’s and women’s rights orientation of community committees;
- Maximize the role of women as more equal partners by empowering them with family and community encouragement, orientation on human rights and community development concepts, training in participation, mobilization, management, group facilitation and leadership skills;
- Promote more active involvement of adolescents in plan design, monitoring and review;
- Develop strategies to cover a progressively larger number of communities.

The NGO support role for children needs to be strengthened through:

- Orientation on child rights and promotion of research-based and participative approaches;
- Skills building for more effective resource generation, planning, management, monitoring, self-evaluation and community mobilization;
- Guidance to set up youth wings to help develop a second line of leadership, bring new dynamism into their ranks and contribute to organisational sustainability.

Promotion of a more visible and active role for children through the media can assist public and media sensitization about their concerns and potential, influence funding prospects and help to channel socially conscious children into media careers. Approaches towards this include:

- Providing more space for inter-generational dialogue via studio and call-in programmes;
- Introducing children to technical aspects of investigative reporting, media production and facilitation;
- Encouraging children-led media activities as producers, reporters, editors, photographers and presenters; and reflecting their opinions in popular print media.

Other requirements for more informed mass media partnerships for children include:

- Orientation of electronic and print media representatives on children’s and women’s rights issues through workshops and roundtable discussions with technical experts;
- Sharing of updated knowledge about children generated through periodic research;
- Opportunities for investigative reporting at the grassroots;
- Review of the media focus on children by electronic media producers and representatives of training institutes, with children of different ages directly associated with this review.

NPA activities require considerable financial resources over and above the regular allocations of the government agencies involved. The coordination structures within the government and the UN system, and further role definition of NPA partners will reduce wastage and duplication of efforts to leverage more resources.

The government needs to consider a plan to enhance private sector partnership for child development initiatives, going beyond its involvement in the health and education sectors, which has a basic commercial orientation. Possible approaches could include:

- Development of sponsorship options to be offered to various corporations;
- Mobilization efforts such as orientation on children’s issues through visits to communities and children’s institutions, and interactive sessions with children including the vulnerable;
- Encouraging large industrial and commercial establishments to combine their promotional programmes with development messages, and increase health care and education subsidies for children of their own low-income employees;
- Exploring the possibility of regulating private sector health and education facilities to include a grading of fees to enable affordability by the poor.
The momentum towards partnerships between international organisations needs to be reinforced through adoption of shared advocacy, research and training agendas, with a highlighted focus on children and gender concerns, and clear demarcation of respective responsibilities. Inter-agency collaboration should also be streamlined for:

- Development of strategic frameworks, ethical and implementation standards and guidelines and monitoring and evaluation tools; and training for resource generation and management;
- Selective support to extend and upgrade services;
- Sponsorship of knowledge networking including through in-country, regional and global exchange visits including on creative fund-raising initiatives;
- Preparation of training and information campaigns and packages.

International organisations also need to develop a joint approach towards increased support for process-oriented initiatives instead of only short-term projects that yield immediate but often unsustainable results, besides resource allocation for innovative high impact activities such as children-led media initiatives, adolescent leadership development and community-led projects.
ANNEX 1

Jordan and International Human Rights Covenants

Jordan has acceded to the following:

• The International Covenant on Civil and Political Rights, International Convention Against Apartheid.
• The Convention on the Elimination of All Forms of Discrimination against Women.
• The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
• The Arab High-Level Conference on the Rights of the Child.
• The Convention on the Rights of the Child.
• ILO Convention No. 138 concerning the Minimum Age for Admission to Employment.
• ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.
• The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.
• The Convention on the Political Rights of Women.
• The Convention on the Rights of Persons with Disabilities (March 2007).

Jordan has yet to accede to and ratify the Optional Protocol to:

• The International Covenant on Civil and Political Rights.
• The Second Optional Protocol to the International Covenant on Civil and Political Rights.
• The Optional Protocol to the Convention on the Elimination of all Forms of Discrimination against Women, whereby by ratifying the Optional Protocol, a State recognizes the competence of the Committee on the Elimination of Discrimination against Women -- the body that monitors States parties' compliance with the Convention -- to receive and consider complaints from individuals or groups within its jurisdiction.

ANNEX 2

Institutional Mechanisms:

- The National Council for Family Affairs
- The Higher Council for Youth
- The Jordanian National Commission for Women,
- The National Centre for Human Rights
- The Royal Commission on Human Rights
- The National Council for the Affairs of Disabled Persons
- The National Registry for the Disabled
- The Family Protection Department / Public Security Directorate
- The Child Labour Unit at the Ministry of Labour
- The Inspection Division at the Ministry of Labour
- The Princess Basma Youth Resource Centre
- The MOH Centre for Early Detection of Disabilities
Other Sources of Support:
- Orphans Trust Fund
- Orphan’s Guardian Programme at the Charity Fund Department at the Ministry of Awqaf and Islamic Affairs (for orphans without a last name)
- National Aid Fund for the poorest of the poor, widows and orphans among other deserving categories
- The Social Security Corporation,
- The Development and Employment Fund
- The Semi-governmental Zakat Fund
- The Noor Al-Hussein Foundation
- The Jordanian Hashemite Fund for Human Development
- Other Jordanian and international non-governmental organisations

Policy/Planning Frameworks:
- The National Early Childhood Development Strategy
- National Framework for Family Protection
- Jordan’s National Poverty Alleviation Strategy
- The National Strategy for Women
- The National Strategy for the Jordanian Family
- The National Strategy for the Disabled 2007

ANNEX 3

Reference Documents

- Jordan’s Third Periodic Report to the Committee on the Rights of the Child, 2005.
- Jordan Population and Family Health Survey (DHS 2002).
- Reports of Technical Committees for the 2006 Situation Analysis.
- Written inputs from the NCFA and Steering Committee Member Ministries.
- The Situation of Palestinian Children in the West Bank and Gaza Strip, Jordan, Syria and Lebanon, 2000, UNICEF.
- Baseline Survey of 5 governorates 2004. DOS/UNICEF.
- Pilot survey to assess IDD Among Jordanian Children after Introduction of Iodized Salt/ Nutrition

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• Children in the Arab World: Understanding the Present. Shaping the Future, N. Hijab/UNICEF.
• Review and Appraisal of Arab States Efforts to Implement the Beijing Declaration and Platform of Action 1995 and the Outcome Document of the 23rd Special Session of the General Assembly 2000. (UN document)
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• The UNICEF Adolescent Project, 2003, UNICEF Jordan.
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• Resolution Adopted by the UN General Assembly 55/2. The United Nations Millennium Declaration, September 2000.
• The Millennium Development Goals (UNICEF booklet)
• Early Childhood Matters: Children without parental care – Qualitative Alternatives, 2005
Bernard van Leer Foundation.

Websites

• HM Queen Rania’s official website www.queenrania.jo
• Ministry of Planning and International Cooperation. www.mop.gov.jo
• UNICEF Jordan website: www.unicef.org/jordan
• NCFA website : www.ncfa.org.jo
• Other websites of UN agencies in Jordan www.un.org.jo
• Global websites CIDA, UN, UNICEF, UNIFEM, UNDP, USAID, World Bank
• CBR, IRIN, CRIN, ICCD, Jordan Times, Google
• CRC : www.ohchr.org/english/bodies/crc/crcs43.htm
• CEDAW : www.un.org/womenwatch/daw/cedaw/reports.htm
• MoH website : www.moh.gov.jo
• MoE website : www.moe.gov.jo
• MoSD website : www.mosd.gov.jo
### ANNEX 4

#### Steering Committee

<table>
<thead>
<tr>
<th>NAME</th>
<th>MINISTRY / AGENCY</th>
</tr>
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<tbody>
<tr>
<td>Dr. Tayseer Al-Nahar Al-N'eemi</td>
<td>Secretary-General, Ministry of Education (Later Minister of Education)</td>
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<tr>
<td>Hussien Abu Al-Ruz</td>
<td>Secretary-General, Ministry of Social Development</td>
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<td>Jeries Samawi</td>
<td>Secretary-General, Ministry of Culture</td>
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<tr>
<td>Dr. Ali As’ad</td>
<td>Secretary-General, Ministry of Health</td>
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<td>Ali Al-Dmoure</td>
<td>Secretary-General, Ministry of Justice</td>
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<td>Majed Al-Habashneh</td>
<td>Secretary-General, Ministry of Labour</td>
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<td>Maher Madadhah</td>
<td>Secretary-General, Ministry of Planning and International Cooperation (Later Minster of Public Sector and Reform)</td>
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<tr>
<td>Shaher Bak</td>
<td>Secretary-General, The National Center for Human Rights</td>
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<tr>
<td>Lt. Colonel Fadel Al-Humoud</td>
<td>Head, Family Protection Department</td>
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<tr>
<td>Sari Hamdan</td>
<td>Secretary-General, The Higher Council for Youth</td>
</tr>
<tr>
<td>Hashem Khreisat</td>
<td>Secretary-General, The Higher Media Council</td>
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<tr>
<td>Dr. Jamil Smadi</td>
<td>Secretary General – National Council for Family Affairs</td>
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<tr>
<td>Lara Hussein</td>
<td>Deputy Secretary-General, National Council for Family Affairs</td>
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<tr>
<td>Anne Skatvedt</td>
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<tr>
<td>Nasser Moeini</td>
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<tr>
<td>Randa Nubani</td>
<td>Monitoring &amp; Evaluation Officer, UNICEF</td>
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### Technical Committees

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<tr>
<td>Lara Hussein</td>
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<td>Reem Al-Naser</td>
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<td>Suhair Bushnaq</td>
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<tr>
<td>Dr. Saleh Al-Oraibi</td>
<td>Families and Friends of Persons with Disabilities Society</td>
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<td>Khthem Al-Kufireh</td>
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<td>Center for Women’s Programmes</td>
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<td>Ali-Abed Al-Qader Al-Salaq</td>
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<td>Al-Manar Project</td>
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<td>Basem Barakat</td>
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<tr>
<td>Naderah Al-Bakhet</td>
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## Advisors

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<thead>
<tr>
<th>NAME</th>
<th>Role</th>
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<tbody>
<tr>
<td>Naheed Aziz</td>
<td>Preparation and overall supervision and editing</td>
</tr>
<tr>
<td>Hussein Othman</td>
<td>Desk review and coordination of working committees</td>
</tr>
<tr>
<td>Kamel Al Nabulsi</td>
<td>Dialogue with children</td>
</tr>
<tr>
<td>Saeda Ramadan</td>
<td>Dialogue with women</td>
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<tr>
<td>Majd Muhsen</td>
<td>Translation from English to Arabic</td>
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<tr>
<td>Waleed Sawalha</td>
<td>Design Supervision</td>
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<tr>
<td>Abeer Abu Saud</td>
<td>Preparation of Summary</td>
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