

# **The Millennium Development Goals**

## **MDGs**

**Jordan Report 2004**

Ministry of Planning and International Cooperation

United Nations in Jordan

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# Preface

The Millennium Development Goals Report (MDGR) for Jordan has been prepared through the active participation of both the Jordanian Government and the UN Country Team. As scorekeeper for the MDGs, UNDP supported the Ministry of Planning and International Cooperation (MOPIC), the main Government counterpart for the MDGR, in this joint endeavor.

Technical-thematic groups prepared the MDGR, including representatives of Government Ministries (MOPIC, Ministry of Education, Ministry of Social Development, Ministry of Health and Environment), the Department of Statistics, the National Council for Family Affairs, UN agencies and Civil Society Organizations (CSOs).

The **process** of preparing the MDGR was as important as the **product** itself, for awareness raising about the stipulated goals and for developing partnerships through a participatory approach. The draft report has been widely distributed and discussed with all stakeholders. Consultative workshops were held with Government ministries and agencies, civil society's organizations (NGOs, political parties, professional and labor unions, academic centers, and the media), the donor community, Ambassadors, and the private sector in order to support alliance building at every level and to ensure that the draft report is widely shared and agreed upon.

The objectives of the MDGR are to establish the baseline situation; monitor progresses achieved to date, and indicate what more should be done in order to achieve the MDGs. The concluding section of fostering global cooperation gives an overview of national efforts to strengthen the basis and improve the environment for developing strong partnerships to achieve macro-economic stability and other important national objectives.

This report is the first MDGR for Jordan. A comprehensive review of the MDGs, to measure achievement of the global targets will be prepared in 2015, and interim reports will be prepared on a regular basis. Excellent availability of statistics has assisted the process of monitoring and review. Periodic comprehensive surveys have been conducted by the Department of Statistics, such as the recent Household Expenditure and Income Survey 2002 as well as the Demographic and Health Survey (DHS). This report has incorporated these and other data and statistics: the base-line year for this report is for the most part 1990.

Supporting activities to ensure a broad advocacy for the MDGs has been undertaken including the consultative workshops, advocacy workshops, TV and radio talks, journalistic articles on each goal as well as the creation of a special web site dedicated to the MDGs which has been launched on ([www.jordandevnet.org](http://www.jordandevnet.org)) with an active discussion forum. A specialized MDG database, prepared by the Royal Scientific Society and housed at the Department of Statistics will ensure the sustainability of monitoring the goals. Future plans for the database include integrating it within the DEVINFO database, the UN corporate software for development indicators. In addition, and in order to take the MDGs to the local community, a programme is currently supporting UN Volunteers to advocate for the MDGs at the village level. Outcomes of the discussions will be posted on the website and provided to decision makers to facilitate input into policies and identification of priorities.

# Introduction

*"Today, the quest for peace unites us. The opportunities and perils of a new frontier challenge us, and the hopes and prayers, of millions around the world, for harmony and justice, echo, to remind us, of the historic significance of this Millennium Summit.*

*Our Summit today must look forward, towards realizing a vision of a tolerant and peaceful humanity that protects life, and seeks to improve it for all. In an increasingly smaller village, we must shun conflict and rivalry. We should instead, strive to achieve the greater expectations that this day and age entail: those of prosperity, liberty and freedom. Let us reconcile our conflicting values. Let us compete in the search for knowledge. Let us cooperate in the pursuit of excellence. Let us contribute to our humanity through achievement, peace and vision."*

*Speech by His Majesty King Abdullah II  
At the Millennium Summit of the United Nations  
New York, September 6, 2000*

In September 2000, 189 nations adopted the Millennium Declaration that outlines peace, security and development concerns, mainstreaming a set of interconnected development goals into a global agenda.

The Millennium Development Goals (MDGs), as articulated in the Millennium Development Declaration, are 'benchmarks for progress towards a vision of development, peace and human rights, guided by certain fundamental values ... essential to international relations in the twenty first century'.<sup>1</sup> This declaration recognizes that these targets are not just aspirations but are claimable rights. Taking action to achieve them is an obligation, not an act of charity.

There are eight goals that can be measured through 18 targets and 48 indicators, using 1990 as a reference year for the purpose of attaining the goals by the year 2015. The targets are global; however, achieving them will depend upon the efforts of each country. The main goals are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empowerment of women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

The importance of this report at the country level stems from the fact that it provides a database that enables decision makers and civil society at large to measure progress in achieving these goals, in addition to helping them take the appropriate actions for resource distribution, overcoming obstacles toward achieving the goals.



# Progress Towards Meeting The Millennium Development Goals in Jordan

Jordan is a small country with limited natural resources and semi-arid climate. Its strategic position connecting Asia, Africa and Europe has played a major role in shaping its past history and its present. Jordan's position between the two most insecure and politically unstable spots in the region (Palestine and Iraq) constitutes a major development challenge.

Jordan has a total land terrestrial area of 89,300 square kilometers, of which only 7.8% is arable land. Jordan's approximately 5.3 million people (2002) are mostly Arabs; with some Circassians, Chechens and Armenians. More than 92% of the population is Moslems and about 6% are Christians.

The average annual population growth rate is 2.8%. Nearly one quarter of the total population growth is attributed to in-migration, particularly the forced migration waves of Palestinian refugees as a result of the Arab-Israeli wars in 1948 and 1967, the Jordanian returnees from the Gulf States following the 1990-1991 Gulf Crisis in addition to other refugees as a result of the US-led war on Iraq.

The Hashemite Kingdom of Jordan is a constitutional hereditary monarchy with a representative Government. The King is the head of the state, the chief executive and the commander-in-chief of the armed forces. The King exercises his executive authority through the Prime Minister and the Council of Ministers, or cabinet, which is answerable to the elected House of Representatives of 110 members and the House of Notables (Senate) of 55 members. The judiciary is responsible for the legal system (religious, private and civil) and is independent of the Government.

Since 1989, all elements of the Jordanian political spectrum have embarked together on a road to greater democracy, liberalization and consensus building. These reforms, which were guided by the late King Hussein and continued by King Abdullah II, have placed Jordan on an irreversible road to democratization. The result has been greater empowerment and involvement of citizens in Jordan's civic life, contributing to increased stability and institutionalization, which should benefit the country far into the future.

During the 1970s and beginning of the 1980s, the Jordanian economy enjoyed unprecedented growth rates, relying on transfers from expatriate Jordanians, foreign assistance and loans. This economic growth was accompanied by improvements in social indicators especially in education and health. Poverty was negligible during this period and unemployment rates were low, for example, 4.3% in 1982.<sup>2</sup>

The economy of Jordan is, however, very much influenced by external factors, and is particularly sensitive to regional political and economic conditions. For example, due to the sharp increase in oil revenues generated in the Gulf oil-producing countries, Jordan's economy experienced a GDP real growth rate of 11% annually during the period 1973-1983. However, due to the fall of oil prices during the second half of the 1980s, the decline in the remittances from Jordanians working abroad and a drop in Arab official assistance, the economy experienced a negative growth rate during the period 1986-1990.

Demand for both Jordanian manpower and agricultural exports in the Gulf States decreased as well. The combined effect of these developments resulted in an increase in Jordan's foreign debt, increased unemployment, a decrease in average per capita income and the emergence of poverty as a problem. In order to deal with these challenges, Jordan agreed with the International Monetary Fund and the World Bank to implement programs for economic reform. Implementation of the first program (1989 – 1992) was halted as a result of the Gulf war in 1990.

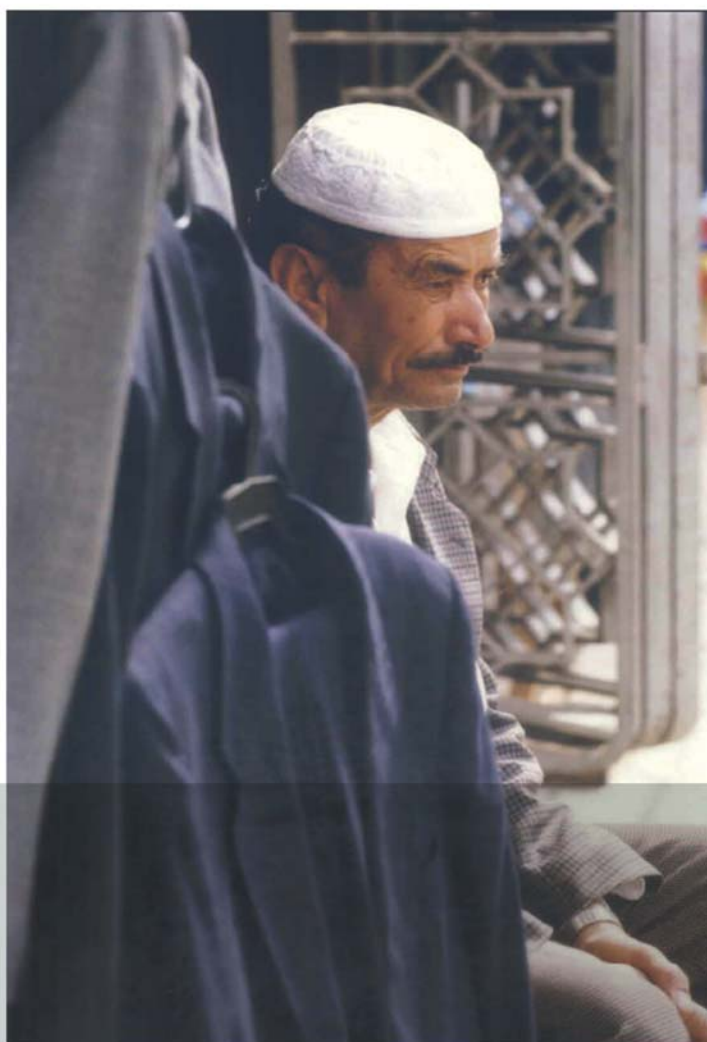
Notwithstanding these vulnerabilities to external shocks, Jordan continued to implement home grown economic reforms and succeeded in controlling its budget and balance of payments deficits, inflation, and in achieving stability in aggregate macro economic indicators. Attention has also been given to social development. Government policy focused on the provision and expansion of health and educational services, in addition to giving special attention to poverty and unemployment, through implementation of a number of programs such as the Social Security Package, the Social Productivity Enhancement program, and the Governorate Development program. Expenditures on basic social services reached an estimated 18% of GDP in 2002.

In addition and in order to enhance the competitiveness of the national economy, Jordan enhanced its policy of openness to the outside world by joining the World Trade Organization (WTO), signing the economic partnership agreement with the European Union, entering into a free trade agreement with the United States, and signing a Common Arab Market agreement. These Agreements are not limited to trade but are comprehensive in nature including articles that address cultural, social and environmental aspects.

The status of women in Jordan improved at various paces during the past few decades. The improvement was remarkable in women's accessibility to education and health, but it was modest in economic and political participation and in some legal rights. In other words, the shares of women and men in terms of life expectancy, measuring longevity, and educational attainment are nearly equally distributed, however women's economic and political empowerment lags behind that of men.

In spite of the remarkable accomplishments of Jordan, the country continues to face a number of challenges. Most prominent are its limited water resources, foreign debt, the lack of political stability and security in the region, the weak participation of women in the labor market, poverty and unemployment, and its demographic composition with 38% of the population below 15 years of age.

# GOAL 1



## **Eradicate Extreme Poverty and Hunger**

## GOAL

# 1

## Eradicate Extreme Poverty and Hunger

### A. Progress to date

#### **Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day**

During the 1970s and 1980s, the Jordanian economy grew at a steady pace. As a result, health, educational and social indicators all registered significant progress and improvement. By the mid-1980s, poverty was negligible. Unfortunately, this type of growth was accompanied by insufficient capital investment and was not sustainable.

Beginning in the mid-1980s, the Jordanian economy was subjected to a series of external and internal factors, which slowed, and in some cases reversed, progress made in the social sector. Poverty in Jordan increased between 1987 and 1993. During this period, the number of Jordanian households living at, or below the absolute poverty line rose from 16% to 21%. Published in 1989, the 1987 Country Poverty Assessment estimated that the percentage of the population living in abject poverty stood at 2%. In comparison, the 1993 poverty assessment found that 6.6% of Jordanian households lived under the abject poverty line.

Coincidentally, while poverty correlates to unemployment, it seems to be a low-income phenomenon. While some of the unemployed are poor, most of the poor cannot actually afford to remain unemployed, they end up taking jobs, even if temporary or casual, in the informal sector. However, it is proposed that unemployment be retained as an indicator of poverty. In addition, there is a strong correlation between household size and poverty and there is a regional perspective on poverty in Jordan. About three-fourths of Jordanians live in urban areas, including two-thirds of the poor. Consequently, while the incidence of poverty is higher in rural than urban areas, only a third of the poor are in rural areas.

In addition, there are two aspects of concern related to poverty in Jordan. First is the issue of inequity. The income share of the poorest quintile increased only marginally from 6.5% to 6.9%. (All things being equal, this share should be 20%). The second concern is the disparities in the indicators among governorates. The *Second Human Development Report for Jordan* (UNDP 2004) indicated that the Human Development Index (HDI) range from a high 0.767 for Amman to 0.697 for Ma'an, while the average for the country is 0.750 in its HDI value (JHDR 2004). In such a situation the economy needs a higher rate of economic growth to achieve the same level of poverty reduction that a lower growth rate would achieve in the absence of increasing inequity.

Finally, the issue of female poverty needs to be highlighted despite the fact that there is no evidence of the feminization of poverty in Jordan. Among the poor, females tend to be more marginalized and impoverished than other sectors of society. The employment opportunities available to poor women constitute a case in point. Although unemployment rates among the poor are usually much higher than those among the non-poor; the situation is even worse if female unemployment rates are compared, which is very significant in terms of highlighting the issue of the feminization of poverty. This is especially true when the female is the effective head of household. Evidence indicates that in 1994 while 5.2% of families headed by a female fell under the abject poverty line, only 4.4% of male-headed families were in the same category. The bias against female-headed families disappears when the absolute poverty line is considered. Recent figures indicate that there is no significant difference in poverty measures between female and male-headed households (15.3% for female headed households compared to 14.1% for males headed households)<sup>3</sup>.

There are various measurements of poverty. Human poverty is a measurement that includes the deprivation in income, in addition to deprivations from other dimensions of human development. These include long and healthy life, knowledge and a decent standard of living. According to the 2004 UNDP Human Development Report, Jordan has low human poverty, ranking seventh out of 95 countries ranked. This, and subsequent reports, indicate that poverty in Jordan is shallow, meaning that a large percentage of the poor are close to the poverty line, and that any positive action targeting this group will result in reducing their poverty substantially.

In recent years, in particular in the 1990s, the Jordanian Government has openly acknowledged that the country suffers from a poverty problem and has increasingly sought to find ways to resolve it. It has carried out several surveys and studies to measure the extent of poverty and has made the results public. In addition, it has launched several initiatives to address some of the causes of rising poverty rates.<sup>4</sup>

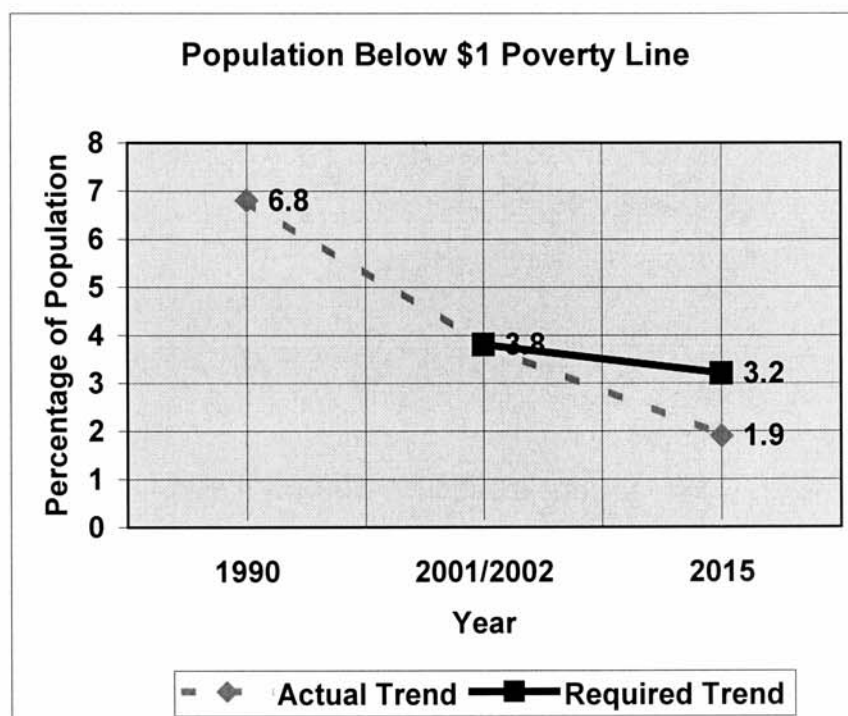
Current Government programs to tackle unemployment and poverty fall into four main categories: (1) public assistance (direct cash or in-kind transfers), (2) physical and social infrastructure (physical facilities and services in areas where the poor are concentrated), (3) stimulation of income generation (mainly credit for micro enterprises) and, (4) training. These programs include the Social Safety Net Package, the National Aid Fund and the Development and Employment Fund. The Government also encourages non-Governmental organizations (NGOs) to implement special programs aimed at tackling poverty. In 2002, the Jordan Poverty Alleviation Strategy was adopted and the Government is currently implementing the Productivity Enhancement Program, Governorate Development Program, and the Economic and Social Transformation Program.

Considerable progress has been achieved in Jordan in the past decade as far as poverty reduction is concerned. The percentage of the poor decreased from 21% in 1992 to 14.2% in 2002<sup>5</sup>. Abject poverty declined from 6.6% in 1992 to 4% by 2002. The *Human Development Report 2003* published by UNDP indicates that the percentage of families living in abject poverty was less than 2% of the total population in 2002<sup>6</sup>.

<b>Goal 1: Eradicate Extreme Poverty and Hunger</b>					
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day					
Indicators	1992	2002	2015	State of Goal Achievement	State of Supportive Environment
Proportion of families whose per capita daily income is less than \$1(*a, b)	6.6	4.0	3.3	On track	Well developed
Poverty gap ratio (incidence x depth of poverty) (%)	5.3 (1997)	3.3			
Share of poorest quintile in national consumption (20% of the population expenditure)	6.5% (1991)	6.9%	10%		

Source: Ministry of Social Development, Report on Poverty in Jordan: Reference Paper, Table 1, and p.12.

- a) The figures provided here representing indicators of abject poverty.
- b) Data for 1990 is unavailable.



<b>Existing Capacity for Goal Achievement</b>				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
Reduce Extreme Poverty	Strong	Strong	Strong	Fair

Despite the remarkable progress in the supportive environment to reduce poverty, the operations of the safety net institutions and NGOs in Jordan have not been effective and the targeting system of these networks requires better planning and coordination. Moreover, economic growth did not reduce poverty rates to the expected levels due to the negative impact of the structural adjustment's program on the poor especially privatization and the persistence of jobless growth. Thus, the poor

continue to suffer from the lack of suitable cheap housing, lack of capabilities and the increase of child labor and school drop out among them.

*The goal of income poverty is achievable. In fact, even with a "business as usual" scenario, the goal can be achieved as early as 2005 in terms of the percentage of the poor within the population and in 2007 in terms of absolute number.*

## **Target 2: Halve the Proportion of People Who Suffer from Hunger**

There has been great progress in addressing Target 2 related to hunger. Due to lack of data on hunger, the following indicators are used here to provide a broad picture of the situation in comparison to international measures of hunger. The proportion of children suffering from wasting as a result of malnutrition decreased from 2.8% in 1990 to 2.0% in 2002<sup>7</sup>, while that of underweight children under-five years of age decreased from 6.4% in 1990 to 4.4% in 2002. However, the percentage of children suffering from stunting increased from 5.3% in 1990 to 8.5% in 2002.

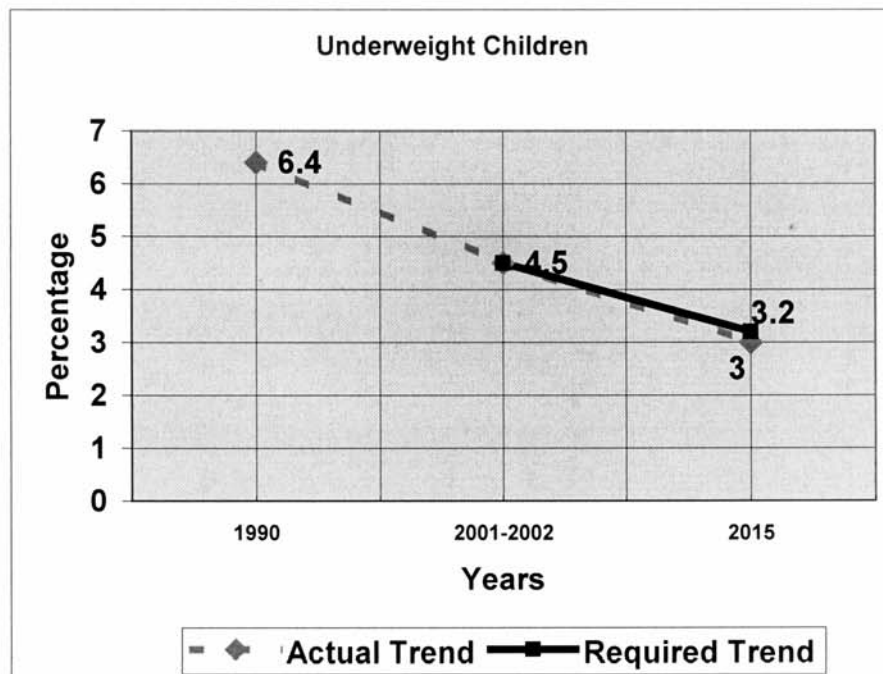
The reason for the increase in stunted growth is not yet understood. UNICEF notes that inadequate feeding and repeated illness are the immediate causes of stunting in the young child. This vicious cycle is itself a result of poverty and the consequent inability of families to adequately care for their children. A lack of clean water supply in a poor community, or a long distance between home and health clinic, for example, affects the level of care that can be given. Stunting also occurs when babies are born underweight because the mother was poorly nourished or because she was herself stunted. Once established, stunting and its effects typically become permanent. Stunted children may never regain the height lost and most will never gain the corresponding weight. And when the window of early childhood is closed, the associated cognitive damage is often irreversible.<sup>8</sup>

It remains to be noted that it is assumed that women and the girl child may suffer from higher rates of stunting and mal-nourishment due to the persistence of patriarchal attitudes and norms which favor the education of males over females and the tradition of feeding males before females in the family.<sup>9</sup> In Jordan 100 girl infants die for every 85-boy deaths.<sup>10</sup>

<b>Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</b>					
<b>Indicator</b>	<b>1990</b>	<b>2002</b>	<b>2015</b>	<b>State of Goal Achievement</b>	<b>State of Supportive Environment</b>
<b>Prevalence of underweight children (under-five years of age) Weight to Age (Underweight)</b>	6.4	4.4	3.2	<b>On track</b>	<b>Well developed</b>
<b>Proportion of population below minimum level of dietary energy consumption (a)</b>	6.6 (1992)	4.0	3.3		
<b>Weight to Height (Wasting) (b1)</b>	2.8	2.0	1.4		
<b>Height for Age (Stunting) (b2)</b>	5.3	8.5	2.7		

Source: Department of Statistics, Population and Family Health Surveys, 1990, and 2002

- a) According to the fact that poverty line is calculated on the basis of calories consumption, the figures are the same as Target 1, Indicator 2.
- b) Indicators (b1) and (b2) could be used as indicative indicators for malnutrition



Existing Capacity for Goal Achievement				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
Reducing Hunger & malnutrition	Needs Attention	Fair	Strong	Needs Attention

## B. challenges

- ❖ The vulnerability of Jordan to geopolitical conditions and tensions in the region as well as continued forced immigration due to armed conflicts
- ❖ Centralization of the management of poverty programmes and institutions
- ❖ Weak performance of, and coordination between, governmental and non-governmental agencies addressing poverty, which leads to duplication, increased competition and sometimes-conflicting initiatives
- ❖ Ineffective private-public partnership for poverty alleviation
- ❖ Weak institutional and human capacity, which leads to inefficiency and mismanagement
- ❖ The persistence of income inequalities, disparities among governorates and corruption
- ❖ Inadequate availability of national disaggregated data on regular basis
- ❖ Low wage levels amplified by the absence of official clear policies on wages and on linking the minimum wage with the poverty line
- ❖ Limitation in women's participation and integration in development programmes despite their high educational qualifications
- ❖ The "shame culture" related to menial/manual employment and the absence of awareness raising programmes to address it



- ❖ Insufficient water and energy resources that can be used productively to generate employment and lessen poverty and unemployment
- ❖ Limited job opportunities and increasing unemployment, especially among youth and first-time job seekers
- ❖ The high cost of basic needs and social services compared to limited income.
- ❖ Absence of data on the causes of stunting

## **C. Strengths**

- ❖ Strong Government commitment on eradicating poverty with policies and programmes in place
- ❖ The presence of traditional effective social solidarity within the Jordanian family structure
- ❖ Shallowness of the poverty
- ❖ A relatively stable internal political environment despite surrounding geopolitical vulnerabilities
- ❖ A well-educated human resource base to implement and sustain poverty reduction interventions
- ❖ An experienced private sector that can partner with the Government and civil society in reducing poverty through targeted strategies
- ❖ The numerous civil society organizations (CSO) that can be partners in promoting community based poverty reduction programmes
- ❖ Unwavering support from development partners

## **D. Recommendations**

### **Policies/Macro**

- ❖ Formulate pro-poor socioeconomic policies that build the capacities and assets of the poor especially at the governorate's level
- ❖ Develop the coordination mechanisms of both governmental and non-governmental poverty alleviation social safety nets programmes and establish tools to monitor their effectiveness and accountability
- ❖ Organize and develop the role of international organizations in poverty alleviation programmes
- ❖ Increase attention to the agricultural sector, agro-processing and cooperatives to enhance rural areas productivity
- ❖ Establish mechanisms to lessen the negative impact of structural adjustment programs through increased investment in the poor and projects targeting them
- ❖ Upgrade institutions and train staff to deal with new development challenges
- ❖ Strengthen the National Population Strategy which addresses the linkages between the population growth, the population dynamics and the high dependency ratio

### **Poverty programmes**

- ❖ Strengthen the capacity (institutional and human) of both governmental bodies and NGOs to enhance the effective management of poverty-related initiatives
- ❖ Expand the social security system to include those in the informal sector

- ❖ Base cash assistance allocations on the poverty line estimates and make the allocations to the chronically poor sufficient for a decent living standard
- ❖ Strengthen community mobilization for poverty reduction at the local level, focusing on empowerment and participation processes in local communities
- ❖ Improve the lives of slum dwellers in urban areas

### **Human Resources/Education**

- ❖ Widen the reach of general education, with special priority on the quality of education and the degree to which it provides girls and boys with needed technical and life skills rather than the enrolment, which is high
- ❖ Increase investments in human capabilities, especially quality health and education in rural areas
- ❖ Strengthening the links between educational outputs and external and internal labor market needs to reduce unemployment
- ❖ Expand the efficiency and scope of free-of-charge productive vocational training programmes

### **Employment Generation**

- ❖ Increase the coverage of low-interest micro credit programmes for housing purposes and small and medium enterprises targeting low-income groups
- ❖ Emphasize the role of the private sector in poverty alleviation and create incentives for it to create productive and well-paid employment opportunities and enhance the role of the banking sector in providing loans for small and medium enterprises and housing loans targeting the poor
- ❖ Establish mechanisms linking the minimum wages to the cost of living
- ❖ Generate meaningful jobs and incomes to absorb the increased number of new young job seekers who are entering the labor market every year
- ❖ Address gender inequality in terms of employment and decreasing the wage differentials between males and females
- ❖ Expand the social protection and health insurance coverage to cover the informal sector (formalizing the informal sector) and improve employment working conditions and benefits

### **Health**

- ❖ Strengthen the role of communities and communities' clinics in monitoring the anthropometrical status of children and in monitoring the prevalence of anemia and other micronutrient deficiencies among children and women
- ❖ Develop national and community level programmes for the promotion of exclusive breastfeeding until the age of six months and the introduction of proper complementary feeding with continued breastfeeding thereafter
- ❖ Ensure clean water is available to all with a special focus on rural areas
- ❖ Identify the poorest of the poor and the most malnourished children and devise programmes to help them
- ❖ Develop awareness programmes on nutrition and health

**GOAL**  
**2**



**Achieve Universal  
Primary Education**

## GOAL

# 2

## Achieve Universal Primary Education

### A. Progress to date

**Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.**

The Constitution of Jordan provides for education for all citizens, regardless of sex. Primary education, which extends to ten years of schooling, is compulsory and free by law. The National Conference for Education Development held in 1987 represented the beginning of the present education development reform efforts. In 1988 an Education Law was enacted, restructuring the public education system as follows:

- ❖ A non-compulsory two-year kindergarten stage for the 4–6 years age group;
- ❖ A compulsory ten-year primary education (elementary and preparatory) for the 6–16 years age groups; and
- ❖ A non-compulsory two-year secondary education stage for the 16–18 years age group composed of two concentrations, either a comprehensive secondary education or vocational training and preparation.

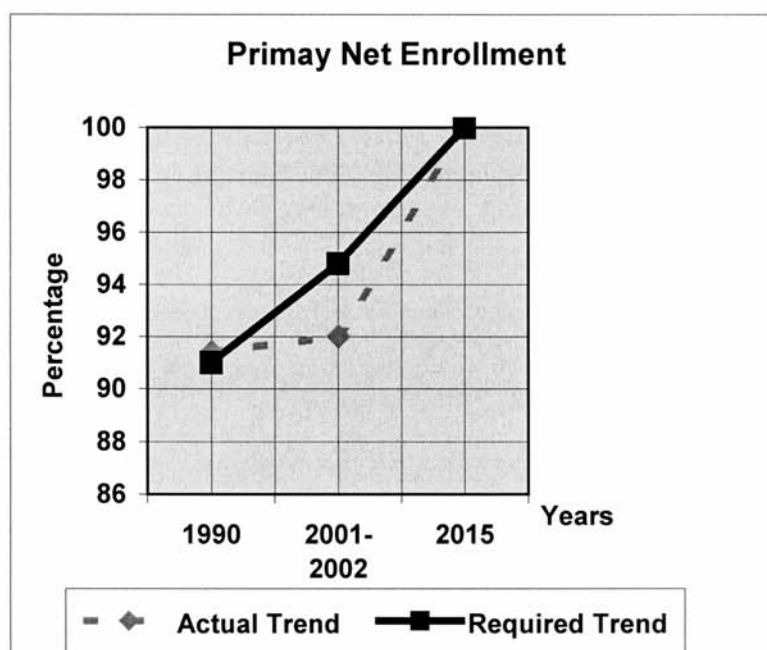
The concepts of a knowledge-based economy and empowerment of citizens to face the challenges of globalization is a priority in the provision of education in Jordan. As part of the programme for restructuring and reforming the education sector, the Government started providing computer laboratories in schools, and made computer science courses mandatory at all education levels. In addition, priorities in education spending focused on constructing classrooms and school buildings, computerization, and teacher training. It is worth noting that several actors provide education services in addition to the Government, including the private sector, the United Nations Relief and Works Agency for Palestinian Refugees, and the armed forces. Civil society's organizations, especially NGOs, have also played a major role in providing education services in early childhood education (kindergarten) and literacy programmes.

Progress in primary (elementary and preparatory) school enrollment has been steady, reaching a Net Enrollment Rate of 92% in 2001. Similarly, Jordan has achieved impressive results in eradicating illiteracy especially for adults (15-24 years) where the rates were halved between 1989/90 and 2000/01 from 2.6% (3.5% for females and 1.8% for males) to an estimated 1.2% (0.9% for males and 1.4% for females).

Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling					
Indicators	1990	2001	2015	State of Goal Achievement	State of Supportive Environment
Net enrollment ratio in primary education	91.4	92.0	100	<b>On track</b>	<b>Well developed</b>
Proportion of pupils starting grade 1 who reach grade 5	92.2	98.8	100		
Literacy rate of 15-24 years old	97.4	98.8	100		

Sources: National Center for Educational Research and Development; Department of Statistics, Manpower, Unemployment, Returnees and Poverty Survey, 1991; Department of Statistics, Manpower and Unemployment Survey, 2002.

\*Efficiency rate: indicates promotion rates from grade five to grade six



Existing Capacity for Goal Achievement				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
Universal Primary Education	Strong	Strong	Strong	Strong

Despite these remarkable achievements in the education sector, there are several issues that need attention and entail a challenge to Jordan's education progress. First, the problem of high dropout rates at all educational levels. According to statistics released by the National Center for Human Development Resources, the average dropout rate increased from 0.69% in 1998 to 1.2% in 2001. The rate also increased systematically from lower grades to higher grades. First grade dropout in 2001 was 0.19% compared to 2.5% for the tenth grade. Secondly, there is the issue of the quality of education in terms of curricula content and its suitability to address the challenges presented by globalization and information technology as well as

gender equality. Thirdly, curricula content remain focused less on analytical skills and more on didactic basis. Fourth, the public school system still suffers from insufficient school facilities (many unsuitable ill-equipped rented premises) and divides students into two shifts a day to address the large enrollment ratio. Finally, the absence of programs to address students with special needs or those who are with varied abilities (i.e. gifted, slow learners, etc.) remains an issue that must be addressed.

By 2000, Jordan was expected to have reached a Net Enrollment Rate of 94.8% ("expected" in the graph), against the actual rate of 92%. Thus Jordan was marginally off trajectory by 2.8%. It is assumed that the universal primary education goal will be achieved in Jordan especially in the presence of policies and programmes currently in place or projected.

## **B. Challenges**

### **Policies/Macro level**

- ❖ The high enrollment of girls in primary education does not translate later on into economic productivity and work opportunities
- ❖ Weak correlation between educational output and labor market needs
- ❖ The focus of the exam/testing methods on rote memorization instead of analytical skills and concepts
- ❖ The low level of the involvement of religious institutions, parents and the local communities in education
- ❖ Ineffective utilization of modern techniques and technologies in education especially in rural areas
- ❖ Inadequate number and quality of buildings for all students

### **Teachers/Students**

- ❖ High student/teacher ratio
- ❖ Weak moral and material incentives for teachers
- ❖ Weak teacher training programmes especially in problem solving and analytical skills
- ❖ The phenomena of "brain-drain" within the qualified teacher population
- ❖ Ineffective and insufficient teaching staff to address students with special needs
- ❖ High turnover and shortage of teachers in rural and isolated geographic locations
- ❖ Delays in posting teachers in schools beyond the school year

### **Special Needs**

- ❖ Weakness or nonexistence of programs to address the varied and individual abilities/talents among students
- ❖ Ineffective vocational/applied teacher training programs especially tailored to address students with special needs

## **C. Strengths**

- ❖ Strong Government commitment and legal environment to education delivery, both in terms of quantity and quality

- ❖ High enrollment rates for males and females
- ❖ Existing public awareness on the importance of education
- ❖ Societal acceptance of the schools as a safe space for girls to learn and develop which can be utilized to promote the teaching of basic life skills to young people especially young girls as part of the education system
- ❖ The presence of strong public/private partnership in education delivery
- ❖ The ratification of international treaties/conventions related to the rights of the child and child labor
- ❖ Strong support from development partners

## **D. Recommendations**

### **Policies/Macro level**

- ❖ Increase educational expenditures to cover school facilities' needs, teacher training and upgrading of teachers' skills to meet the requirements of a revised curriculum
- ❖ Increase investments in training of school administrators in the application of modern management methods
- ❖ Activate the role of parents and teachers in improving the school environment
- ❖ Encourage the linkages between schools' administration and the local community with the goal of improving the schools' infrastructure
- ❖ Implement international treaties and conventions that Jordan is signatory to.
- ❖ Strengthen the role of the media, religious institutions and civil society in raising awareness on the importance of education
- ❖ Increase the number of schools and teachers to enable single shift schooling
- ❖ Develop strategies to increase the socio-economic participation of girls to actualize the returns expected from investments in their education
- ❖ Conduct studies to assess the causes for dropout rates and failures and take measures to address them
- ❖ Activate the laws that are in place to support poor families to enable their children to complete their basic and secondary basic education in order to lower drop out rates

### **Curriculum**

- ❖ Enhance the role of civil society organizations and the private sector in curricula reform
- ❖ Make curricula reform themes more relevant and teaching more interesting and include new relevant subjects (e.g. political development, local development and volunteerism)
- ❖ Strengthen health awareness in the school system
- ❖ Address any gender-biased messages and content in educational curricula.
- ❖ Strengthen the role of the education system in teaching young people basic life skills to better provide them with education for life

### **Special Needs**

- ❖ Create special programs to integrate students with special needs at all educational levels
- ❖ Train special personnel to address students with special need

## **Teachers**

- ❖ Invest in quality training of teachers (including training that address students with special needs and on modern information technology) and enhancing their socio-economic status within society
- ❖ Continuous monitoring for the application of teachers' training in the classrooms





**GOAL**

**3**

**Promote Gender Equality  
and Empowerment  
of Women**

## GOAL

# 3

## Promote Gender Equality and Empowerment of Women

### A. Progress to date

**Target 4 : Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015.**

According to the Constitution, all Jordanians are equal before the Law and the State guarantees within its means the right to employment and education to all citizens (although the Constitution did not state equality on the basis of sex). The Constitution also stipulates that every Jordanian has the right to assume public office in accordance with the provisions and special conditions set out in the country's laws and regulations.<sup>11</sup>

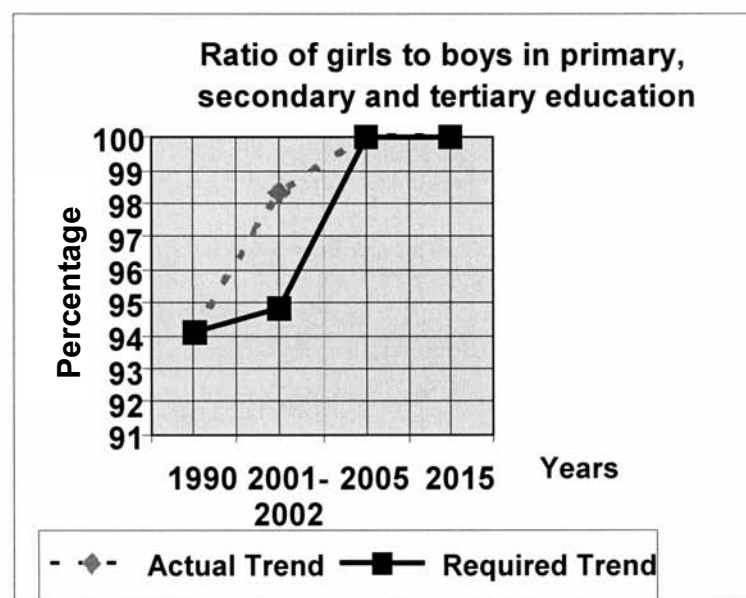
In the past four decades Jordan has made great strides in providing basic services for all of its citizens. Since the 1960s, there have been remarkable education advancements for both males and females; educational policies target both sexes, there has been a steady increase in budget expenditures on education progresses and there have been extensions of compulsory years of education.

*Jordan has achieved commendable progress in addressing gender imbalances at both primary and secondary educational levels. At pre-primary level, the proportion of females increased from 45% in 1989/90 to 46.1% in 2001/02 and at the primary level (elementary and preparatory from 6-16 years of age) from 48.2 in 1989/90 to 49.0% in 2001/02. In addition, for females who successfully completed the elementary level (1-6 grade) and above, in the 15–24 age group, their proportion to males in the same age group increased from 88.5% in 1991 to an estimated 91% in 2002 and to total females within the same age group from 91% in 1991 to an estimated 97% in 2002<sup>12</sup>.*

The improvement was remarkable in women's accessibility to education and health, but it was modest in economic and political participation and in some legal rights. In other words, the shares of women and men in terms of life expectancy, longevity, and educational attainment are nearly equally distributed, while their shares in income, as measured by GDP, is not equally distributed as it is lower for women than men.

<b>Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015</b>						
Indicator	1989/ 1990	2001/ 2002	2005	2015	State of Goal Achievement	State of Supportive Environment
Ratio of girls to boys in primary, secondary and tertiary education	94.1	98.3	100	100	<b>On track</b>	<b>Well developed</b>
Ratio of literate females to males of 15-24 years old	88.5	91	92.5	100		
Share of women in wage employment in the non-agricultural sector	11	20 (2000)	25	50	<b>Maybe not on track</b>	<b>Maybe not on track</b>
Proportion of seats held by women in national parliament	1	5.8	7.9 (a)		<b>Not on track</b>	<b>Not on track</b>

a) Reflects figures in upper and lower houses of Parliament as of 2004. The terms will continue until 2007.



<b>Existing Capacity for Goal Achievement</b>				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
Gender Equality	Strong	Strong	Fair	Needs attention

Despite the fact that women have achieved high levels of education in Jordan, they still experience low rates of labor force participation and high rates of unemployment. Accordingly, it can be surmised that current approaches to education and training are

ineffective as a strategy for increasing women's labor force participation and broadening employment opportunities into the so-called "non-traditional spheres".

Thus, juxtaposed to the progressive development in Jordanian women status and the notions of equality enshrined in the Jordanian Constitution, the laws and regulations governing the lives of citizen's fall short of actualizing that equality by allowing discriminatory practices to persist. For example, the Labor Law does not guarantee equal pay for equal work; it also fails to emphasize the need for equality in employment opportunities and training; it excludes from its provisions all workers in the agricultural, domestic, and seasonal work sectors, all of which employ high numbers of poorly paid women; it does not impose stiff penalties on violators.<sup>13</sup> There is also the need to activate laws and regulations related to working women's rights in addition to equal pay such as the establishment of day care centers for working mothers and health insurance.

Data from the Employment Survey for 2001, conducted by the Department of Statistics, showed that females represented 20% of the total employed (both public and private sectors) in the non-agricultural sector wage (excluding those working in the military and security institutions), compared to 11% in 1991<sup>14</sup>.

With regard to average wage, results of the Survey showed that average wage difference between genders is less in the private sector than in the public sector. The average hourly rate for males in the public sector was JD1.26 compared to JD1.1 for females, while in the private sector it was JD 0.81 for males and JD 0.73 for females.

### **Political Participation**

Jordanian women have achieved many basic political rights within the past twenty years. Women have been allowed to vote in national elections since 1974 and in municipal elections since 1982. Particularly in Jordan's new and pioneering experiment in free, multi-party elections in the Arab world, women's votes are increasingly important in determining the final outcomes of elections. Women constituted about 50% of voters in the 1989 parliamentary elections<sup>15</sup>. Yet women's participation in political and public life remains much lower than their percentage of the population and in terms of their qualifications (for example, there are more women in higher education than men, but they are still under-represented in the professions).

Women participated for the first time as voters and as candidates in the 1993 and 1997 elections, with the number of women candidates having increased more than five fold since the 1993 elections. In addition, and as a result of the fact that no women were elected to the 1997 parliament,<sup>16</sup> a large number of women activists and their supporters renewed their calls for the introduction of a quota system, which was introduced prior to the 2003 elections (6 seats out of a total of 110 seats). In the House of Notables, the share of women increased from one in 1989, to two in 1993, and three in 1997.

In 1995, two women were appointed to ministerial portfolio (Social Development, and Industry & Trade) and in 1997 one as Deputy Prime Minister. Representation of women in higher executive positions includes Secretary Generals of Ministries, Director Generals of Institutions, bank managers as well as elected mayor, chair and members of municipal councils. In addition, the number of women Judges increased from 7, (1.6% of total) in 2001 to 18 Judges (2.9%) in 2002. Women practicing as

lawyers constitute 16.6% of the total number of registered lawyers in the Jordanian Bar Association.

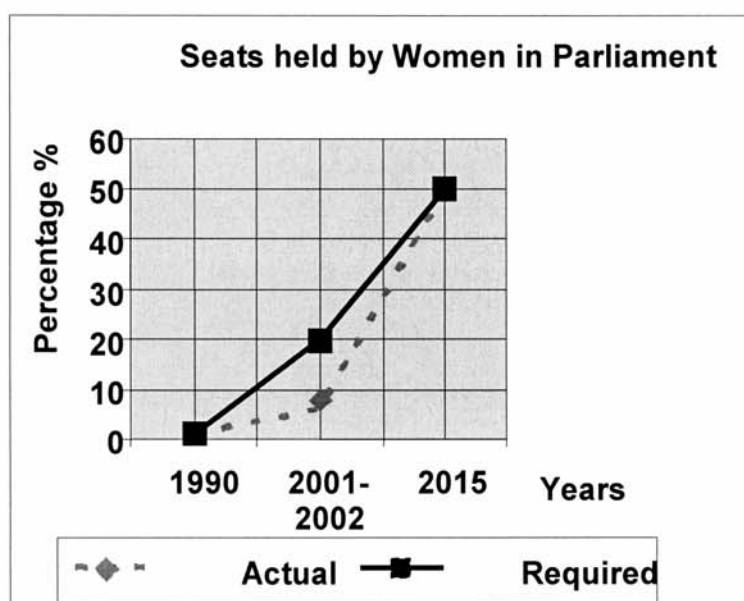
Based on these statistical data and patterns of existing gender-based discrimination, many from civil society's organizations who were consulted on the MDG gender empowerment goal, suggested to create a Jordan-Specific Target:

**Suggested Target: Increase the percentage of political and economic equality of women by 2015.**

Number of Elected and Appointed Members of the Jordanian Parliament by sex: 1993 – 2003

Parliament	1993 Men	1993 Women	1997 Men	1997 Women	2003 Men	2003 Women
House of Notables (Appointed)	38	2	37	3	48	7
House of Representatives (Elected)	79	1	80	0	104	6

Source: Official Statistics. Women representation in Parliament constitutes only 7.9%.



In addition to women's low political empowerment, data on the magnitude, types, dynamics and causes of gender-based violence in Jordan are far from complete and tend to cover the most severe cases reported to the police or the Institute of Forensic Medicine. In the past five years, an increasing number of cases of violence against women have been reported. Jordan's rapid social transformation and the dramatic change in women's roles during the past two decades, attained through increased education and employment, have led to increased polarization between traditional norms and more liberal perceptions. These changes have contributed to a rise in the crime rate, which is not unusual for societies undergoing rapid transition. The grimmest violations involve what are commonly referred to as honor crimes, where

the father, brother or first cousin murders a female relative to “cleanse the family honor”.<sup>17</sup>

Women activists have contributed to shifting the discourse towards inclusion, democracy and a non-discriminatory legal framework in Jordan.<sup>18</sup> As a result, in 1992, Jordan ratified the international Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which had been adopted by the UN General Assembly in 1979. Since then, women’s NGOs have made advocacy against discriminatory laws an integral part of their agenda.<sup>19</sup> They have focused on several issues, and the most prominent ones have included lobbying to amend the Nationality Law, the Personal Status Law, and the Penal Code.

To which factors do we attribute these contradictory trends for women status in Jordan? An understanding of women’s status in Jordanian society is not possible without considering the historical conjunctions, political phenomena, cultural traditions and family praxis among other relevant variables. To examine gender roles within society requires the analysis of the various underlying concepts, such as gender, patriarchy, tribalism, familial structures, socialization patterns, and the educational system, all of which have shaped and affected the nature of gender roles in Jordan. By analyzing these concepts and social structures, we will gain an in-depth view of what has shaped women’s status and roles. It will also help us to examine the factors that influenced society’s perception of women.

## **B. Challenges**

- ❖ The persistence of discriminatory clauses in Laws such as within the Penal Code, the Personal Status Law, and the Nationality Law
- ❖ Insufficient awareness among women on their legal rights and entitlements.
- ❖ The presence of violence against women; the absence of deterrent laws; the lack of monitoring and follow up laws to detect the number of cases; scarce information on the causes and on the possible measures to stop the violence
- ❖ The presence of societal and sometimes “personal” obstacles hindering women’s effective participation in the labor market
- ❖ The continued negative and discriminatory gender biased norms and habits
- ❖ Negative impact on women of the persistence of the patriarchal structure

## **C. Strengths**

- ❖ The Jordanian constitution affirms equality among all citizens, irrespective of gender
- ❖ Existence of a healthy partnership between the government and the NGO sector in promoting gender equality
- ❖ The existence of political commitment to promote gender equality and the commitment and involvement of agencies like the National Commission for Women which co-ordinate and monitor progresses in women’s status and gender-related issues
- ❖ The availability of a qualified cadre of women activists who can affect progressive change in women’s status
- ❖ The presence of gender units in some ministries and governmental departments

## **D. Recommendations**

- ❖ Amend the Constitution to state “no discrimination on the basis of sex”
- ❖ Re-examine and amend discriminatory laws and discuss ways to provide positive non-discrimination for women, especially in terms of political empowerment and protection from domestic violence
- ❖ Promote the withdrawal of reservations to CEDAW
- ❖ Follow up on Constitutional amendments necessary to bring international conventions and protocols into effect at the national level
- ❖ Activate NGOs and CSO in the preparation of “shadow-reports” on the adherence and implementation of international conventions
- ❖ Strengthen the use of reports prepared for international organization to identify priority areas of concern and co-ordinate and monitor progresses (e.g. Jordan’s third progress report to the CEDAW committee)
- ❖ Institutionalize awareness-raising campaign on women’s rights and on the importance of their effective participation/equality at all levels (e.g. school curricula)
- ❖ Increase employment opportunities for women
- ❖ Provide childcare facilities for working and student mothers

White





**GOAL**

**4**

**Reduce Child Mortality**

## GOAL

# 4

## Reduce Child Mortality

### A. Progress to date

#### Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

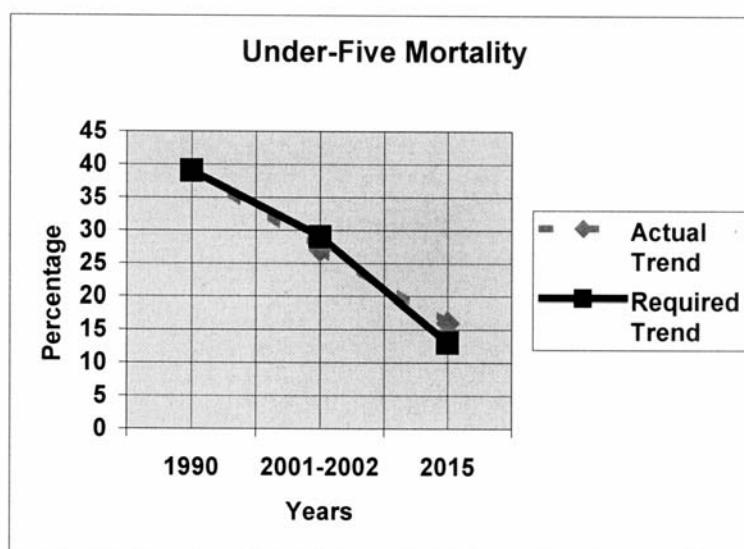
Jordan has been addressing the problem of child mortality through opening new mother and child centers, carrying out inoculation programs against infectious diseases such as measles, hepatitis and tetanus, in addition to conducting awareness campaigns and sponsoring school health programs. The Government also supports the Department of Statistics to conduct periodic population and family health surveys to inform planning of interventions.

Available data indicate that Infant Mortality Rate (IMR) decreased during the period 1990 – 2002 by 35%, and mortality rates of children under the age of five (U5MR) decreased by 31% during the same period. The infant mortality rate (death before completion of the first year) decreased from 34 per 1,000 live births in 1990 to an estimated 22 per 1,000 live births in 2002. The mortality rate of children under the age of five decreased from 39 per 1,000 live births in 1990 to 27 per 1,000 live births in 2002. However, this data should be related with caution in view of the fact that some births and deaths cases that occur outside health centers and hospitals may not be reported or are reported late.

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate					
Indicator	1990	2002	2015	State of Goal Achievement	State of Supportive Environment
Under-five mortality rate	39	27	13	On track	Well Developed
Infant Mortality Rate	34	22	11.3		
Proportion of 1 year old children immunized against measles	85	95.2	100		
Vaccine (DPT) Diphtheria, Pertussis, and Tetanus	92.0	98.2(a)	100		
Polio	92.0	97.6 (b)	100		
Tuberculosis	15.8	28.8		Not on track	Needs attention

Source: Department of Statistics, Population and Family Health Surveys, 1990, 1997, and 2002.

- For those who received the third dose and percentages for the second and third doses were 99.5% and 99.1% respectively.
- For those who received the third dose and percentages for the second and third doses were 99.9% and 99.5% respectively.



Existing Capacity for Goal Achievement				
Goal	Data gathering	Statistical Tracking	Statistical policy into	Monitoring & Evaluation
Reducing Under Five Mortality	Strong	Strong	Fair	Strong

Very good achievements have been made at the national level in terms of reducing Infant Mortality Rate (IMR), Under-Five Mortality Rate (U5MR), increasing immunization coverage. Data on vaccination coverage show a significant improvement. The low coverage for Tuberculosis (BCG) is attributed to the fact that the Ministry of Health policy for immunization against BCG is provided at school entry (6 years of age), and not in the first year. The decision to reduce the age to the first year was adopted only in 2001 following a recommendation by WHO given the changing epidemiological nature of the disease in Jordan.

Achievements have also been made in reducing micro-nutrient deficiencies. For example the prevalence of Iodine deficiency among school age children has been reduced from 38% in 1994 to 33% in 2000. Work has been done in changing legislation to enforce the fortification of salt with Iodine, the fortification of flour with Iron and distribution of vitamin A supplements at schools.

Despite recorded progress in the health sector, there are two issues that must be addressed. The first is regional disparities in health indicators. For example, the U5MR is lower in the Capital and higher in the North (35), South (31) and in rural areas (36). Secondly, a high percentage of deaths occur in the first month after birth; it is known as Neonatal Mortality and is estimated at 16 per 1,000 nationally. Thus, any effective interventions to reduce infant mortality must focus on reducing deaths in the neonatal period which calls for increased attention to pre-natal and delivery care and for increased attention to high risk pregnancies, education programs targeting expecting mothers in rural areas and post-natal care.

## **B. Challenges**

### **Policies/Micro Level**

- ❖ Weak coordination between the public and private health sectors
- ❖ Activation of the laws/regulations related to infant birth and death
- ❖ Shortages of incubators in all hospitals
- ❖ Ineffectiveness of services to children with special needs
- ❖ Limited attendance at post-natal clinics

### **Resources**

- ❖ The resources to continue in the vigilant monitoring of Immunization Programme's achievements to ensure sustainability and to identify the gaps in order to promptly address them are available
- ❖ The resources to continue with the close monitoring of iron deficiency, which remains an issue of concern, and the maintenance of the gains in the Primary Health Care (PHC) (EPI – Extended Programme of Immunization, ARI – Accued Respiratory Infection) are insufficient
- ❖ The persistence of regional disparities in infant and child mortality
- ❖ Resource mobilization to cover the costs of health programs is needed
- ❖ The role of the media in awareness raising campaigns is still limited

### **Data**

- ❖ Insufficient data on the causes of morbidity and mortality among children under the age of five
- ❖ Absence of data on the geographical distribution of disabilities among children and contradictions in data on disabilities.
- ❖ Insufficient data on the causes of underweight children and malnutrition causing wasting, underweight, and stunting
- ❖ Weak dependence on available health data/indicators by decision makers
- ❖ Difficulties in accurate data acquisition

## **C. Strengths**

- ❖ Strong Government commitment to reducing infant mortality
- ❖ Accessibility of governmental health centers throughout the country
- ❖ The presence of a qualified medical personnel and institutions
- ❖ The support of CSO/NGOs in the provision of community based health interventions especially awareness programmes
- ❖ Sustained support from development partners
- ❖ The active participation of the media in health awareness programmes
- ❖ The important role of the private sector in the health education, care and services
- ❖ The adoption of measures to address issues of vitamin deficiency and malnutrition among children; addition of iodine in salt, iron in wheat, vitamin A in oil and distribution of vitamins in schools
- ❖ The High attendance of doctors at birth (99% of which 97% are in hospitals)
- ❖ The eradication of polio since 1995

## **D. Recommendations**

### **Policies/Micro Level**

- ❖ Improve quality of health care and accessibility of the Ministry of Health Centers especially in rural areas
- ❖ Introduction of new vaccinations in the National Vaccine Programme such as for meningitis and HIB
- ❖ Involvement of the local communities in decision making related to health issues
- ❖ Establish mechanisms for recording deaths outside hospitals.
- ❖ Enforcement of pre-marital examinations

### **Data**

- ❖ Continuous and periodic provision of geographical disaggregated data, especially those related to fetus deaths
- ❖ Enhance the system of data collecting (quantitative and qualitative).
- ❖ Collect data/indicators on stunting and wasting
- ❖ Develop national systems for the registration and analysis on causes of child morbidity and mortality as well as psychological and social health of children
- ❖ Provision of data to decision makers and training for data analysis

### **Capacity**

- ❖ Emphasize the role of fathers in parents' awareness programmes
- ❖ Build the capacities of public-sector employees working in child health, and gather data for the planning and implementation of child-care programmes
- ❖ Develop sub-national plans to address disparities in child health building on integrated community-based approaches
- ❖ Strengthen the protection and rehabilitation services to children suffering from chronic diseases and disabilities.
- ❖ Provision of quality prenatal cares to all pregnant women especially those with high-risk pregnancies
- ❖ Increase the spread and effectiveness of services to children with special needs
- ❖ Improve the quality of primary health care services provided to children and pregnant women

### **Pre and Post-natal Care**

- ❖ Improve monitoring and follow up mechanisms for postnatal care
- ❖ Conduct awareness campaigns on postnatal care and health
- ❖ Train health workers on the early detection of disabilities
- ❖ Promote exclusive breastfeeding for the first six months of life and the introduction of complementary feeding thereafter
- ❖ Ensure the provision of vitamins and minerals to pregnant women

white

# GOAL 5



## **Improve Maternal Health**

## GOAL

# 5

## Improve Maternal Health

### A. Progress to date

#### **Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio**

Jordan regards reproductive health as one of the most important elements of the National Population Strategy (NPS). NPS targets fertility and mother and child health in order to achieve parity between population growth and available resources in the society, leading to sustainable development and, consequently, achieving economic and social prosperity. The Population Policy Document includes a number of goals that are in line with the MDGs. The reduction of maternal mortality resulting from pregnancy, natal and post-natal complications, is targeted at 40 cases per 100,000 deliveries in 2005.

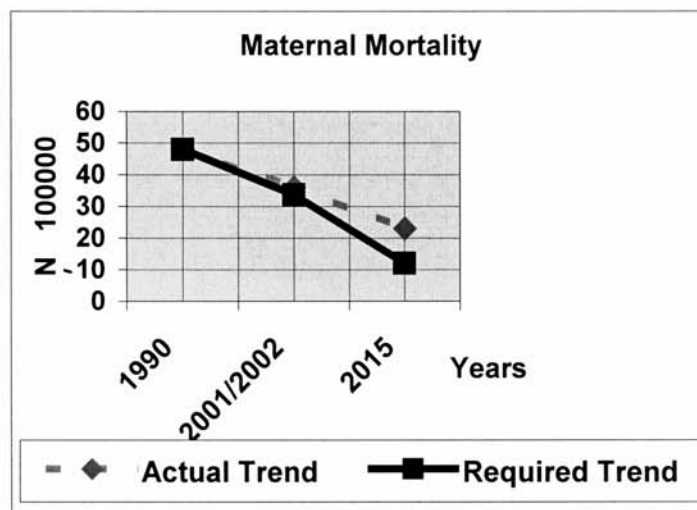
Available data produced by the Ministry of Health indicate a drop in the maternal mortality rate from 48 cases per 100,000 live births in 1990 to 41.4 cases per 100,000 live births in 1996. Data also indicate:

- ❖ An increase in the percentage of women who received medically qualified supervision from approximately 87% in 1990 to an estimated 98.6% in 2002
- ❖ An increase in the number of deliveries in a health facility from about 87% in 1990 to 93% in 1997, and 96.9% in 2002<sup>20</sup>
- ❖ An increase in the number of pregnant women who received at least one dose of the tetanus vaccine during pregnancy from, 24% in 1997 to 33.4% in 2002
- ❖ An increase in the median age at first marriage for the age group 15–49, from 19.6 years in 1990 to 21.5 in 1997 and 21.8 in 2002
- ❖ An increase in the median number of months of spacing between deliveries from 24 in 1990 to 25.5 months in 1997 and 30.1 months in 2002
- ❖ A drop in the number of young mothers (age group 15–19) who have one or more children, from 5.3% of the total number of mothers in 1990 to 3.5% in 1997, and 2.8% in 2002
- ❖ An increased use of contraceptive methods for women in the 15–49 age group, from 40.2% in 1990 to 52.6% in 1997 and 55.8% in 2002



Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio					
Indicator	1990	2002	2015	State of Goal Achievement	State of Supportive Environment
Maternal mortality per 100,000 live births	48	41.4 for (1996 no data for 2002)	12	Maybe not on track	In place
Proportion of births attended by skilled health personnel	87	98.6 (a)	100	On track	Well developed

(a) 97% of this figure was the number of births in health facilities.



Existing Capacity for Goal Achievement				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
Improve Reproductive Health	Strong	Strong	Fair	Fair

Jordan has already surpassed the proxy indicator of 90% births attended by skilled health personnel or longer follow-up. However, according to the Population and Family Health Survey 2002, poor postnatal care and practices have a great role to play in the slow progress in checking maternal mortality, though small compared to countries with similar economic conditions. According to this source, only 8% of mothers received a postnatal check up in the crucial 2 days after delivery. 69% of the mothers received no postnatal care at all. The main reason for not having postnatal check (88.2%) was that the mothers found no need or did not feel sick. Thus, it is the lack of knowledge of mothers of the need to come back for postnatal care after delivery and not the poor postnatal care available that is the main challenge.

## **B. Challenges**

- ❖ The decline in general economic and social conditions limit the ability of families to pay for health care
- ❖ The decline in the quality of medical services provided by the public sector has led to a growth in the role of the private sector and has contributed to the rise in health care costs, especially considering the lack of regulation about it
- ❖ Inadequate awareness within some societal segments on the importance of pre and postnatal care
- ❖ The high cost of delivery in private hospitals
- ❖ The discrepancies in the quality and effectiveness of health care services among the governorates
- ❖ The increasing gap between the number of beneficiaries of governmental and voluntary maternal health facilities as opposed to the lacking of qualified staff needed to address these numbers
- ❖ Weakness in logistical and technological administration in the health supply systems
- ❖ The lack of trust between the beneficiaries and the health care providers
- ❖ Absence of a culture of "individuality" and "privacy" in health care

## **C. Strengths**

- ❖ Strong Government commitment to improve maternal health
- ❖ Sustained support from development partners
- ❖ The high rate of education among women and gender equality in access to education, both supporting enhanced health awareness
- ❖ A good level of family awareness on health issues
- ❖ The active involvement of CSOs in health care projects
- ❖ The active role of the media in health awareness campaigns

## **D. Recommendations**

### **Advocacy**

- ❖ To conduct awareness campaigns targeting mothers and focusing on pre and postnatal care as recommended by health guidelines
- ❖ To conduct family health awareness campaigns on nutrition and postnatal quality care and access to pregnant and breast-feeding mothers to protect them from anemia, malnutrition and iron and folic acid deficiency as well vitamin deficiencies
- ❖ Increase awareness and outreach programmes, targeting both men and women, on reproductive health rights

### **Capacity**

- ❖ To improve national capacities to periodically collect, analyze, update, and utilize high quality data on reproductive health, including data on MMR
- ❖ To improve the quality of health care services especially the mother and child centers and primary health care centers
- ❖ To improve and expand accessibility to health care centers
- ❖ Continue expanding the health insurance coverage to encompass the poor and marginalized

- ❖ Improve the technical, administrative and logistical capabilities of health care providers
- ❖ Create home care programs to provide pre and postnatal care
- ❖ Create effective partnership between the private, public and voluntary sector to achieve the goals
- ❖ Future MDGR should have access to new indicators that are unavailable now such as:
  - Numbers and percentage of emergency birth care
  - Numbers and percentage of health care doctors disaggregated by gender
  - Numbers and percentage of 6-11 years old who suffer from thyroid
  - Numbers and percentage of mothers who have accessed vitamin A and Iron supplements
  - Prevalence of anemia among 15-49 years old women
  - Percentage of iodine in salt

white

# GOAL 6



## **Combat HIV/AIDS, Malaria and Other Diseases**

## GOAL

# 6

## **Combat HIV/AIDS, Malaria and Other Diseases**

### **A. Progress to date**

#### **Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS**

Jordan has an excellent health care system. It has been considerably improved since the 1970s. The government sponsors a health insurance program that allows all but the very poorest people to afford medical care and there are free clinics to treat those without insurance. Insurance covers not only medical expenses but also dental and eye care. There are 86 hospitals in Jordan today and the main health indicators are improving year after year. Jordan's health needs are met by a high ratio of medical personnel per capita. For every 10,000 Jordanians, there are 28 doctors, 10 nurses and certified midwives; this is the result of a sustained policy, implemented by the government and the Ministry of Health, to give access to medical care to all the population.

#### *HIV/AIDS*

The first case of AIDS (Acquired Immunity Deficiency Syndrome) was diagnosed in Jordan in the beginning of 1986. As a result, the National Jordanian AIDS Programme was established through the General Directorate for Primary Health Care. A National Committee was then formed, with representation from all health sectors, to monitor all national activities related to AIDS, through a number of epidemical, laboratory, educational and treatment committees. The National Committee ensures the provision of health care services to patients (carriers and infected) and has intensified screening of blood transfusion. A number of campaigns were also launched to increase citizens' awareness of how the disease is contracted and on the means of protection.

Jordan has a very low HIV prevalence rate and only a few cases of AIDS have been identified. On December 2003, 334 cumulative cases of AIDS (with 67 deaths) had been reported to the National AIDS Programme. Nearly 60 percent of those cases had occurred among non-Jordanians and 68% of all individuals with HIV infection are between the age of 20 and 39.

Sexual activity is the primary mode of HIV transmission, accounting for 52 percent of all infections in Jordan. Although nearly 22 percent of infections are due to blood and blood products, these appear to have occurred early in the epidemic; blood transactions in Jordan are now subject to 100 percent centralized and mandatory testing. Injected-drug use and mother-to-child transmission account for 5.5% of

HIV/AIDS cases. Nearly 21% of all infections are attributable to unknown modes of transmission.

<b>Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</b>					
Indicator	1990	2002	2015	State of Goal Achievement	State of Supportive Environment
HIV prevalence among 15-24 year old pregnant women	(a)			<b>Strong</b>	<b>Well Developed</b>
Contraceptive prevalence rate	40.2	55.8	72		
Number of children orphaned by HIV/AIDS	(b)				

- a. The prevalence of HIV/AIDS among pregnant women is unknown and there are no estimations made for the number of children infected with HIV/AIDS.
- b. Data not available. There are no officially recorded death cases. Numbers refer to cases contracted from visitors.

By the end of September 2002, the cumulative number of known AIDS carriers and infection cases in Jordan was 310 cases (WHO estimates as high as 700), of which 28 cases were discovered in the last five years; an infection rate of less than 1 per 10,000. This rate is considered very low internationally. However, these low rates do not reflect the real magnitude of the AIDS problem in Jordan, since these were cases discovered through special investigation methods by the Ministry of Health.

<b>Existing Capacity for Goal Achievement</b>				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
HIV/AIDS TB and Malaria	Strong	Strong	Fair	Fair

For the age group below 15 years, the cumulative number of cases discovered during the period 1986 – 2002 reached 18 cases, of which 5 cases were children under five years of age, with 8 cases having been discovered before 1991. By 2002, 16 deaths had been reported. However, the official reported cases might not give a clear picture of the number of cases existing in the country. Despite the fact that all laboratories must report any case to the Ministry of Health and the Ministry conducts periodic studies on at-risk groups, since HIV/AIDS is still a taboo subject culturally, many private laboratories do not report in order to protect the private lives of their patients. In addition, testing is not mandatory for all.

Raising awareness on HIV/AIDS in terms of transmission channels, causes, treatment and precautionary measures remains a “taboo” subject in Jordan. The Ministry of Health is making efforts to raise awareness however; there need to be more concerted efforts within society at large to ensure that the low prevalence will not become a “problem” in the future.

**Cumulative HIV/AIDS Sero-positives (Sept. 22, 2002)**

Year	Jordanians	Others	Total
1986	2	0	2
1987	12	2	14
1988	6	0	6
1989	13	1	14
1990	5	6	11
1991	10	5	15
1992	8	4	12
1993	7	10	17
1994	11	10	21
1995	4	6	10
1996	7	7	14
1997	16	22	38
1998	12	12	24
1999	1	21	22
2000	4	34	38
2001	2	26	28
2002	8	16	24
<b>Total</b>	<b>128</b>	<b>182</b>	<b>** 310</b>

Source: National AIDS Programme

\*\*65 died making the total of existing cases 245.

**Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*****Malaria***

Malaria was considered one of the most dangerous endemic diseases in Jordan during the first half of the 20<sup>th</sup> century, representing a major cause of mortality in the Jordan Valley and the surrounding highlands. In 1959, Jordan initiated a programme to eradicate the disease, achieving total success by 1970. During the period 1970 – 2000, Jordan was considered malaria free. In 2001, 124 cases of Plasmodium Vivax and Plasmodium Falciparum were detected among a total of 59,235 blood samples collected through epidemical investigation.

Five percent of the Jordanian population is prone to malaria incidence including the Jordan Valley and the surrounding highlands. The Malaria Eradication Project has stepped up awareness and health education campaigns as well as provision of preventive medication to population groups most exposed to the infection.

***Tuberculosis***

The average rate of Tuberculosis incidences in Jordan has dropped from 14 per 1000 people in 1990 to seven per 1000 in 2002. The programme for fighting respiratory diseases carries out active investigation to discover and treat new Tuberculosis incidences, in addition it provides BCG vaccination.



<b>Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</b>					
Indicator	1990	2002	2015	State of Goal Achievement	State of Supportive Environment
Prevalence and death rates associated with malaria (c)	260	143	0	<b>Strong</b>	<b>Well Developed</b>
Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	100	100	100		
Prevalence and death rates associated with tuberculosis (x 1000)	14	7	0		
Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)	60 %	77%	100%		

c. No deaths were registered

<b>Existing Capacity for Goal Achievement</b>				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
Reducing HIV/AIDS TB and Malaria	Strong	Strong	Fair	Fair

## ***Non-infectious diseases***

The problem of non-infectious diseases is its increasing burden on the health care system. The magnitude of this problem is not yet known, despite large outlays for diagnosis, health care and treatment. Most common is cancer prevalence where the national statistics indicate an average cancer incidence in 2000 of about 70 cases per 100,000 people examined. Lung, colon, bladder and prostate cancers have the highest incidence among males, while breast cancer has the highest incidence among females and comprise more than one third of incidences. The three leading causes of mortality from non-infectious diseases are heart attacks 42%, cancer 13% and road accidents 10%.

Dysentery remains a common problem, because of the occasional contamination of water supplies. Water and sanitation available to only 10 percent of the population in 1950 now reaches 99 percent of Jordanians. As Jordan prospers, it is also seeing an increase in cancer and heart disease, caused by smoking, high-fat diets and lack of exercise.

## **B. Challenges**

### **Advocacy**

- ❖ Awareness on HIV/AIDS remains weak and it is still considered a “taboo” subject, making it a challenge to promote precautionary measures and safe sex in order to halt the spread of infection

- ❖ Persistence of the negative views of the “different” within society, which affects HIV/AIDS patients, as well as the others, including people with epilepsy, etc.
- ❖ Absence of sex education in the school curricula
- ❖ The need to detect cases and raise awareness among vulnerable or at-risk groups including the homeless, child laborers
- ❖ Insufficient awareness and availability of educational materials for the different segments of society
- ❖ Absence of CSO’s role in awareness and education due to resources limitations

#### Resources and Programmes

- ❖ Need for additional resources and personnel, to limit the socio-economic impact of the disease on patients, and to provide them and their families with professional counseling
- ❖ Poverty and limited income may affect the rates of tuberculosis in Jordan.
- ❖ Life style issues need to be tackled to address the increase in non-infectious diseases
- ❖ Fragmentation of efforts and lack of coordination among the actors involved in the sector
- ❖ Absence of social responsibility and partnerships between the public and private sector
- ❖ Absence of national comprehensive database to register diseases such as cancer, etc.

### **C. Strengths**

- ❖ The proactive role of the Ministry of Health in cooperation with UNAIDS and local NGOs in raising awareness on HIV/AIDS prevention, particularly among vulnerable groups
- ❖ The broad and free detection/treatment/counseling coverage provided by the Ministry of Health to HIV/AIDS patients
- ❖ The provision of training courses and dissemination of educational materials by the Ministry of Health
- ❖ Availability of a suitable environment for health care services (e.g. health centers, hospitals, the HIV/AIDS hotline, etc.)
- ❖ The pro-active response and free treatment by the Ministry of Health to Malaria and TB infected patients
- ❖ The general high educational levels in Jordan that facilitates awareness campaigns reception

### **D. Recommendations**

#### Advocacy

- ❖ Enhance awareness and education on health-related issues and especially on AIDS through developing educational and awareness materials that are culturally suitable
- ❖ Activate the role of educational institutions and the media with a special focus on youth, e.g. through sexual education in intermediate and secondary schools and universities

- ❖ Work on changing behavioral patterns especially in terms of the perceptions and the acceptance of the “different”, to end discrimination
- ❖ Raise the awareness of adolescents on AIDS prevention through healthy life skills training
- ❖ Strengthen the participation of the private sector, particularly in the information and communication fields, in order to spread awareness and information on HIV/AIDS, on its causes and on the health care needed by infected individuals

#### **Data and Indicators**

- ❖ Conduct national studies to fill the knowledge gaps on HIV/AIDS and other diseases
- ❖ Conduct researches on life-style and on other issues possibly affecting the increase of non-infectious diseases.
- ❖ Conduct studies to document external and/or foreign negative social and cultural norms

#### **Capacity and Programmes**

- ❖ Activate the concept of good governance and enhance the role of Civil Society Organizations (CSOs) to ensure social justice in access to resources and health care
- ❖ Activate the role of civil society organization and strengthen partnerships and coordination between it and the public sector
- ❖ Build on existing community structures and use community development strategies to improve the lives of slum dwellers
- ❖ Increase focus on providing safe drinking water to those inhabitants of rural areas that rely on water tankers as their primary source of water
- ❖ Enhance the capacities of local NGOs and grass roots organizations in raising HIV/AIDS awareness and reaching out to the most vulnerable groups.
- ❖ Strengthen the control and the detection’s mechanisms on incoming workers, immigrants and tourists
- ❖ Cooperate with drugs manufacturing companies in order to provide the necessary treatment at reduced costs, especially to poor and needy persons.
- ❖ Upgrade skills for early detection, protection and treatment of tuberculosis and other contagious and epidemic diseases and provide laboratories with appropriate equipment

White



**GOAL**

**7**

**Ensure Environmental  
Sustainability**

## GOAL

# 7

## Ensure Environmental Sustainability

### A. Progress to date

**Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources**

**Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water**

**Target 11: Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers**

The Government of Jordan has been paying attention to environmental issues since the 1960s. In addition to Government institutions, there are many non-governmental organizations that handle different aspects of the environmental dimension of development. The Royal Society for the Conservation of Nature, established in 1966, was the first of such institutions. In addition, Jordan adopted a number of environmental strategies and plans, such as the National Strategy for the Environment in 1992, the National Work Plan in 1995, and Agenda 21 in 2000, as well as the ratification of nearly all international environmental protection agreements (such as the Framework Convention on Climate Change, the Kyoto Protocol on the Framework Convention on Climate Change, the Convention on Biological Diversity, and the Cartagena Protocol on Bio-safety). Jordan has also drafted and issued a number of laws, instructions, regulations and standards in various environmental fields. Moreover, Jordan is party to the second bilateral free trade agreement with the United States of America, which includes articles dealing with environmental issues.

Available data on environmental indicators show that the percentage of wooded areas increased from 0.44% in 1990 to an estimated 0.84% in 2002 and that protected areas for biodiversity represents 0.44% of the total area of Jordan. The percentage of the population provided with water through the public network reached 97% in 2002, and the percentage of residential units connected to sewage networks reached 60.1%.

Jordan's consumption of materials that lead to ozone layer depletion dropped from 835 tons in 1990 to about 251 tons in 2001. Some studies were carried out on air quality in areas such as Aqaba, Al Hashimiyyah, and Mahes, showing that overall lead concentration (microgram/cubic meter of air) during the period May/2001 – May/2002 reached an average 0.23 compared to the 0.50 level permitted by

international standards. For solid waste management and its dumpsites, there are 30 such sites, of which 10 are licensed. These sites use sanitary land filling and partial coverage as disposal methods.

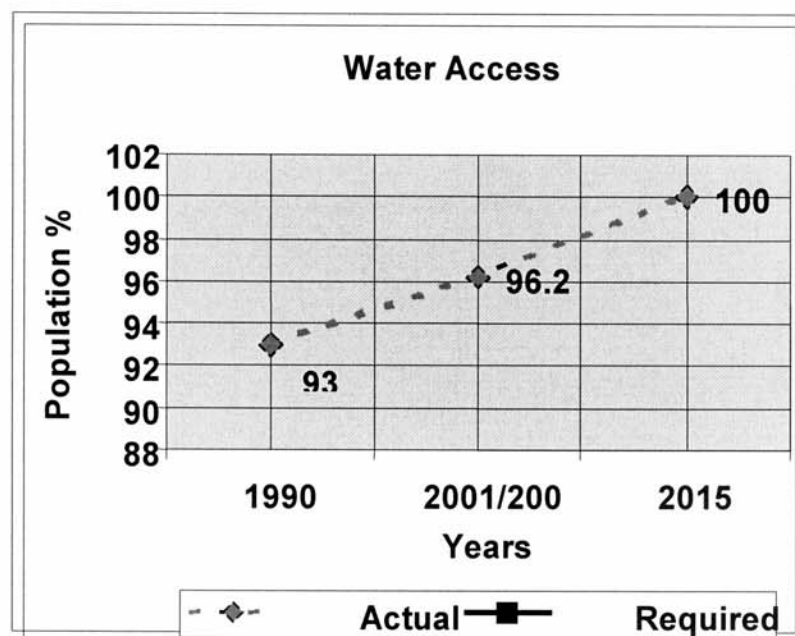
At local level, a significant area of land, approximately 60 million m<sup>2</sup>, is known or is in suspect to be mined. In a country starved of arable land and water, the development blockages posed by the presence of landmines are significant.

Baseline impact studies on clearing landmines have not been conducted in Jordan; however there is an undeniable link to poverty reduction efforts in the Jordan Valley, Eastern Highlands, and Wadi Araba. For example, in the Valley, mine clearance undertaken by the Royal Engineer Corps has created safe lands that have been turned into economically productive date plantations, it has cleared the historically and culturally significant Baptism site at Swaima and it has facilitated the building of the Al-Karameh and Wehdah Dams which hold important water reserves of over 150 million m<sup>3</sup>.

<b>Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</b>					
Indicator	1990	2001/2	2015 (a)	State of Goal Achievement	State of Supportive Environment
Proportion of land area covered by forest	0.44	0.84		<b>Potentially</b>	<b>Weak but improving</b>
Land area protected to maintain biological diversity	0.14	0.44			
GDP per unit of energy use (as proxy for energy efficiency)	0.63	0.56			
Carbon dioxide emissions (per capita) (plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases)	2.2 835 ton	2.3 251 ton			
<b>Target 10: Halve by 2015 the proportion of people without sustainable access to safe Drinking water</b>					
Proportion of population with sustainable access to an improved water source	92.8%	97%		<b>Achieved</b>	<b>Well developed</b>
<b>Target 11: Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers</b>					
Proportion of people with access to improved sanitation	48%	60.1%		<b>Potentially</b>	<b>Fair</b>
Proportion of people with access to secure tenure (urban/rural disaggregating)	72%	76.2%			

a. For this target figures can not be predicted

b. Percentage of people living in owned houses or living in houses free of charge



Existing Capacity for Goal Achievement				
Goal	Data gathering	Statistical Tracking	Statistical into policy	Monitoring & Evaluation
Environment	Fair	Fair	Fair	Fair
Basic Amenities	Strong	Strong	Strong	Strong

In 2001, the Aqaba Special Economic Zone Authority was established in the Aqaba region. Since its establishment, ASEZA has passed a number of relevant regulations including the Environmental Protection Regulation No. 21 for year 2001, Marine Park Protection Regulation No. 22 for year 2001, Wadi Rum Regulation No. 24 for year 2001 and Investment Climate Regulation No. 11 for year 2001 which contains articles pertaining to environmental aspects of investment permit requirements. In accordance with these regulations a number of procedures have also been established including: the environmental impact assessment, the environmental audit and the environmental inspection procedures, as well as an occupational health and safety manual. This has been released in order to ensure that environmental and occupational health conditions of the workers throughout the various facilities in Aqaba Special Economic Zone.

## B. Challenges

At the beginning of 2003 an independent Ministry of the Environment was established in order to tackle the obstacles and difficulties of managing environmental affairs.

### Policies/Macro Level

- ❖ Weak institutional and legislative framework, and the numerous and often overlapping legislations



- ❖ Limited natural resources, competition over their utilization and unsustainable usage of it
- ❖ Overlapping authorities and responsibilities between institutions in the public and private sectors
- ❖ Limited public financial resources allocated to environmental protection

## **Management Issues**

- ❖ The need for integrated solid waste management plans and policies
- ❖ Insufficient environmental database and number of qualified environmental specialists
- ❖ The absence of coordination between the various agencies
- ❖ The absence of a comprehensive system for integrated solid waste management plans and policies in legislative, monitoring and evaluation systems
- ❖ A formidable challenge in water management in terms of maintaining both quality and quantity
- ❖ The need for a comprehensive water, natural and agricultural resource management

## **Monitoring**

- ❖ The lack of adequate quality monitoring of potable water distributed by private companies
- ❖ The lack of comprehensiveness in air quality control and follow-ups, as well as the lack of the necessary equipment. The coordination and integration among the institutions concerned is still weak
- ❖ Inadequate funding for air-quality monitoring system, especially in the areas of high industrial activity (e.g. Zarqa, Russeeifa and the cement factory area)
- ❖ Inadequate monitoring systems for assessing air and water quality, increased urbanization, low quality fuel, poorly maintained vehicles, weak transportation management, and inadequate infrastructure

## **Advocacy**

- ❖ Weak environmental awareness at all levels
- ❖ Prevalence of unsustainable practices within the agricultural sector (e.g. agrochemical application and high water consumption)

## **Natural Resources**

- ❖ A possible water shortage might occur in the coming 15 years, as indicated by statistics on water use
- ❖ Quality degradation of water resources due to: the infiltration of wastewater from municipal and industrial wastewater treatment facilities, to the leaching from landfills and the salinization of groundwater aquifers due to the over abstraction of water.

## **C. Strengths**

- ❖ Jordan's ratification of international conventions and treaties related to the environment and the establishment of a Ministry for the Environment
- ❖ The formulation of the environmental strategy and the adoption of Agenda 21

- ❖ The increased environmental awareness and participation of CSOs in environment's protection activities
- ❖ The newly formed National Committee for Demining and Rehabilitation that will strengthen the management of demining and rehabilitation activities and systematically monitor their impact
- ❖ The engagement of international organizations and the extended global and regional sources allocated to provide financial support for the execution of environmental activities and programmes
- ❖ The active involvement of the media in addressing environmental issues through regular (daily or weekly) columns in newspapers
- ❖ A strong integration of environmental concerns in educational curricula and extra-curricular activities

## **D. Recommendations**

### **Policies/Macro Level**

- ❖ Formulate and modernize policies and institutional and legal frameworks in order to enhance the coordination among the Agencies including the public and private sectors
- ❖ Activate environmental protection laws and regulations
- ❖ Activate the role of national research and academic institutions in environmental protection research and studies
- ❖ Implement the provisions of international conferences on Sustainable Development and the environment and on the Arab initiative for Sustainable Development
- ❖ Complete enactment of regulations and stipulations related to the protection of the environment and to the environmental impact assessment.
- ❖ Strengthen the monitoring and accountability of environmental quality

### **Natural Resource Management**

- ❖ Adopt an effective national natural resource management system, especially to address water shortages
- ❖ Create capacity building and training programmes for the local communities and for those which work on environmental issues
- ❖ Revise and modernize land-use and land-organization laws
- ❖ Establish policies in the agricultural, industrial and transport sectors, urban planning, biodiversity as well as energy consumption and renewable energy resources, accessibility to water, sewage networks and treatment facilities and integrated solid waste management
- ❖ Improve the efficiency of water use in the municipal, industrial and agricultural sectors through the reduction of unaccounted-for water
- ❖ Optimize pricing policies between the economic sectors in order to encourage the cost-effective use of water resources
- ❖ Focus on awareness campaigns, knowledge management and technology transfer
- ❖ Adopt a national policy to manage water resources, monitor usage, rehabilitate infrastructure and adopt sound treatment technologies
- ❖ Complete the de-mining and return the land to productive use
- ❖ Develop the capacities of local authorities for environmental management (Agenda 21), execute national programmes of public awareness, and build up the capabilities of employees in the public sector, municipalities and NGOs.

## **Data**

- ❖ Establish an environmental database and human resource capacities to address environmental issues

## **Advocacy**

- ❖ Increase environmental awareness programmes
- ❖ Enhance training for the media in order to increase their involvement in environmental issues
- ❖ Integrate environmental awareness and protection programmes in school and university curricula, including extracurricular activities
- ❖ Strengthen public participation and public-private partnerships through increased access to information

white



# GOAL 8



## **Developing a Global Partnership for Development**

## GOAL

# 8

## Developing a Global Partnership for Development

The objectives for this goal are comprehensive and represent the creation of a true global partnership to achieve the MDGs. In particular the goal highlights the following:

- ❖ Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Includes a commitment to good governance, development and poverty reduction – nationally and internationally
- ❖ Address the least developed countries' special needs. This includes tariff-and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction
- ❖ Address the special needs of landlocked and small island developing States
- ❖ Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term
- ❖ In cooperation with the developing countries, develop decent and productive work for youth
- ❖ In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- ❖ In cooperation with the private sector, make available the benefits of new technologies –especially information and communications technologies

### A. Progress to date

#### *Openness*

Evolving partnerships for development requires the national economy to participate in, and act with, the global economy. This includes the level of openness and participation in partnership and free trade agreements with other countries. In terms of economic openness, measured by the proportion of foreign trade (exports + imports) to the Gross Domestic Product, Jordan recorded 76.8% in 2002, compared to 86% in 1990. This decrease in the level of openness can be attributed to the growth of the Gross Domestic Product at levels exceeding the growth in foreign trade. The large steps taken by Jordan in the area of economic openness are represented by Jordan's joining the Arab Free Trade Zone and the World Trade Organization, signing a partnership agreement with the European Union and the Free Trade Agreement with the United States of America, in addition to establishing qualified industrial zones. Aqaba has been designated a free economic zone and the Investment Promotion Law is being refined. These actions are expected to attract

more foreign investments and foster the integration of Jordan with the global economy.

### *External debt*

As of July 2003, Jordan had accumulated an external debt of JD 5,376.7 million (US\$ 7,527.4 million) including collateralized Brady Bonds worth JD 210.8 million (US\$ 295.1 million). Debt service ratio on commitment basis was at 18.8% of exports in 2002, down from 22.0% in year 2000.

In 2001, Jordan issued the Public Debt Law, the most important articles of which specify borrowing objectives, and set ceilings for public debt balances. The Law restricted the objectives of public borrowing to:

- ❖ Financing the general budget deficit and supporting the balance of payments
- ❖ Providing the necessary funding listed in the general budget or any temporary law for the purpose of dealing with disasters and emergency situations
- ❖ Financing national priority projects listed in the general budget
- ❖ Restructuring internal and external debt

As for the ceilings set for public debt balances as a percentage of the Gross Domestic Product at current prices, the Government pledged to achieve by 2006:

- ❖ 60% each for current balance on internal and external public debts
- ❖ 80% for the sum of the internal and external public debts

### *Official Development Assistance*

As far as Official Development Assistance (ODA - which includes development grants and loans) is concerned, data by the Ministry of Planning and International Cooperation indicates that the volume of this assistance as an absolute value remained more or less at same level since 1994, (694 million dollars in 1994, and 668 million dollars in 2002). The composition of this assistance, however, shifted in favor of grants; in fact the percentage of grants increased from 22% in 1994 to 66% in 2002. The amount of ODA as a percentage of Gross Domestic Product dropped from 16% in 1994 to 10% in 2002.

### *New Technologies*

With regard to information and communication technology, available data show that the average subscription to land telephone lines has increased from 256 thousand subscribers in 1990 to 629 thousand subscribers in 2002 (i.e. 118 line per 1000 citizens), in addition to 1219000 subscribers to cellular services<sup>21</sup>. Computer use has spread, with the percentage of households owning a personal computer reaching about 16.4% of the total number of households in the Kingdom, 5% of which has Internet connectivity. The number of Internet users increased from 11800 users in 1997 to an estimated 210,000 in 2001 (4.6% of the population). Comparing Jordan with other Arab countries, in terms of the percentage of internet users, shows that it ranks sixth after the United Arab Emirates, 24.4%; Bahrain, 16.7%; Qatar, 10.3%; Kuwait, 8.3%; and, Lebanon, 6.6%.

The Government is giving special attention to enabling citizens to access modern technology and computers by introducing computer classes at primary school level,

and making it a required course at the university level, in addition to expanding the number of ICT centers in governorates and rural areas.

## **B. Challenges**

- ❖ Globalization challenges and development requirements which necessitate quick rethinking of the role, functions and policies of the Government, private sector and civil society
- ❖ The need for implementation of the reform programme as outlined by the Government, with a view to decreasing the burden of debt on the national economy and better positioning of the country with respect to competitiveness
- ❖ Weak effectiveness of the public administration which is constrained by lack of modernization and by the need for enhanced staff capacity
- ❖ Weakness in aid coordination as well as coordination between the public/private sectors and civil society in development processes
- ❖ Implementation of laws and regulations

## **C. Strengths**

- ❖ Jordan's integration into the Arab Free Trade Zone
- ❖ The modernization of economic laws and regulations in response to globalization and liberalization challenges
- ❖ The modernization of educational systems and integration of information technology and computerization within the teaching curricula
- ❖ The governmental move toward transparency and the restructuring of the public sector
- ❖ The reform movement focusing on the judiciary and its restructuring to respond to global developments
- ❖ The strengthening of democratic life and Jordan's political stability
- ❖ The move toward enhancing and developing the role of accountability and supervision over governmental agencies
- ❖ The move to enhance the role of the private sector in development
- ❖ Modern information and communication systems
- ❖ Trade liberalization is helping economic reform through incentives for increased quality control, based on international stands and encouragement of partnerships to transfer know-how and technology to Jordanian entrepreneurs
- ❖ Technical assistance provided by donors helps build capacity
- ❖ Accelerating the privatization of a number of public services will increase productivity and attract foreign investments
- ❖ Modernization of the tax system and rationalization and decrease of government expenditures
- ❖ Elimination of certain restrictions and simplified procedures have decreased production costs and promoted job creation
- ❖ Custom fees on primary and intermediary goods have been lowered
- ❖ Legislation related to trade and the private sector has been modernized with a view to attracting investment and reactivating growth, improving transparency and productivity of the public sector
- ❖ The integration of Jordan in the regional and global economy is facilitated by the existence of a political commitment towards reform



## **D. Recommendations**

### **Partnerships**

- ❖ Activate the role of the media in the service of development processes and encourage specialized media
- ❖ Create effective public/private and academia partnerships
- ❖ Activate the role of the banking sector and local institutions in development
- ❖ Focus on widening donors' partnership and coordination
- ❖ Continue to develop partnerships, which facilitate ICT access

### **Employment Generation**

- ❖ To continue in programs that aim to mitigate the negative impact of the implementation of the Structural Adjustment Programme especially on the poor
- ❖ Provision of supportive environment to the productive sectors
- ❖ Facilitate incentives and enhance the role of the private sector and civil society in creating productive projects
- ❖ Support employment generation projects in poor areas
- ❖ Increase support to small and medium enterprises to enhance their competitiveness
- ❖ Continue and accelerate structural reform of the national economy and the public sector through modernization of laws, simplification of procedures, and improvement of productivity competitiveness, and public accountability.
- ❖ Adoption of a people-centered perspective where low-income and vulnerable groups are protected and given equal, fair opportunities to apply their potential
- ❖ Elimination of the digital divides by ensuring that E-literacy and universal access is achieved and by creating an enabling environment for all to achieve digital opportunities and address technological illiteracy

# ANNEX 1

## listing of participating organizations

- ❖ Ad-Dustour Newspaper
- ❖ Al-Hadara - Centre for Communications
- ❖ Al-Hashimiyah University
- ❖ Al-Manar Society
- ❖ Al-Rai - Newspaper
- ❖ Amman Municipality
- ❖ Amman Chamber of Commerce
- ❖ Charitable Rehabilitation Society
- ❖ Child Rights Society
- ❖ Princess Basma Centre
- ❖ Cultural Forum for Blind Women
- ❖ Department of Statistics (DoS)
- ❖ Development and Employment Fund (DEF)
- ❖ MIT Entrepreneurship Centre
- ❖ Family Development Society
- ❖ General Union for Voluntary Societies (GUVS)
- ❖ Human Forum for Women's Rights (HFWR)
- ❖ Jordanian Hashemite Fund for Human Development (JOHUD)
- ❖ Jordan River Foundation
- ❖ Jordan Society for Rehabilitation
- ❖ Jordan Times
- ❖ Jordan TV
- ❖ Jordanian Women Union
- ❖ Ministry of Education (MoE)
- ❖ Ministry of Planning and International Cooperation (MoPIC)
- ❖ National Centre for Human Rights
- ❖ National Council for Family Affairs
- ❖ Professional & Business Women Association
- ❖ Arab Network for Environment and Development (RAED)
- ❖ Royal Medical Services
- ❖ Royal Scientific Society (RSS)
- ❖ Royal Society of Fine Arts
- ❖ Rural Women's Development Society
- ❖ Samah Company – Zaharan Project
- ❖ Sisterhood is Global institute/Jordan (SIGI)
- ❖ Women Societies' Forum
- ❖ Women Organization to Combat Illiteracy (WOCl)
- ❖ Jordanians Womens' Union
- ❖ Young Muslim Organization
- ❖ Zachariah Charity Society
- ❖ United Nations Country Team

# **ANNEX 2**

## **COSTING THE MDGS**

### **RESOURCE REQUIREMENTS FOR MEETING MILLENNIUM DEVELOPMENT GOALS**

#### **Preamble**

The review in the previous section shows varying progress rates towards reaching the Millennium Development Goals in Jordan by 2015. With the exception of maternal mortality, the other goals are achievable even in the "business as usual" scenario. The target of water access has already been achieved, while for some of the goals such as universal primary education and reducing absolute poverty, achievement before the target year 2015 is likely.

Estimating resource requirements, both financial and human, is intended to ascertain needs. This needs-based approach presupposes in-depth knowledge of what already exists "on the ground". This knowledge is incomplete for most of the goals. Jordan's Planning Frameworks span is three years, the current one covering 2004-2006. It is only in such a time horizon that resources are firmed up. Estimating resource requirements beyond such an horizon can, at best, provide indicative figures for guiding policy, as especially the operating environment for Jordan's macro economic planning is affected by fragile regional geopolitics. However, by ascertaining needs it is possible to identify resources required to reach the goals. Both tasks are attempted in this section.

#### **Macroeconomic Assumptions**

In order to compute the resource requirements, especially financial, certain assumptions have to be made regarding macroeconomic aggregates. The assumptions are those made by the Government when preparing the 2004-06 Plan:

- ❖ GDP growth rate: 5% in 2004; 5.5% in 2005 and 6.0% in 2006
- ❖ Inflation rate of 1.8% per annum for the period 2004-2006
- ❖ Total revenue as % of GDP: 31.3% in 2004; 27.6% in 2005 and 27.7% in 2006
- ❖ Domestic revenue as % of GDP: 23.9% in 2004; 24.4% in 2005 and 24.7% in 2006
- ❖ GDP market prices in JD million: 2004: 7,502.9; 2005: 8,060.2; 2006: 8,699.6
- ❖ GDP 1994 prices in JD million: 2004: 6,423.1; 2005: 6,778.9; 2006: 7,189.0

Costing is recommended for the poverty goal, education, child mortality, maternal mortality and sustainable access to safe drinking water.

## Goal 1: Eradicate Extreme Poverty and Hunger

*This Report has been prepared prior to the issuance of the Poverty Assessment Report 2004; Therefore the calculations related to this goal were based on the 2001 World Bank Report: "Poverty in Jordan. lessons for the future". where poverty incidence was estimated at 3.7% in 2002, while it is 3.3 according to the recent study. This means that Goal 1 can be achieved faster and cheaper*

To generate the finances to reach this goal a higher volume of investments is required to stimulate growth and facilitate poverty reduction. Fast achievement of the goal requires a higher investment rate.

Two scenarios are analyzed:

### Scenario 1: using Government assumptions

Indicator	2004	2005	2006	2007	2008	2009	2010	2011
GDP*	6,423	6,779	7,189	7,620	8,078	8,562	9,076	9,621
Pop. mill.	5.63	5.79	5.95	6.12	6.29	6.47	6.65	6.84
Poverty Incidence %	3.45	3.20	2.95	2.70	2.36	2.02	1.68	1.34
Pop. < \$1	0.194	0.185	0.175	0.165	0.148	0.131	0.112	0.092
Inv. JDM	1348.9	1423.6	1509.7	1600.3	1696.3	1798.1	1905.9	2020.3

\* Government Finance Bulletin, 2003c.

a. Calculations based upon figures of 2001

### Findings

1. The poverty goal reached in the year 2011
2. The total cost (investment required) is JD 13303.1 million during the period 2004-2011, or an annual JD 1662.9 million
3. The investment required for the period 2004-2006 is already secured under the provision of socio-economic plan for the same period
4. However, the total investment required to maintain the 6% annual real growth rate is estimated by about JD 9020.9 in total, or JD 1503.5 per annum

### Scenario 2: using a higher growth rate

- ❖ The first step involves computing poverty elasticity (i.e. the responsiveness of poverty to GDP growth). Between 1992 and 1997 (years of survey) GDP grew by an average of 5.7% while absolute poverty declined by 2.9%
- ❖ This gives an elasticity of 0.51 (a 1% growth in GDP leads to a 0.51% reduction in the level of absolute poverty)
- ❖ According to the state of progress in poverty reduction discussed in part two, the target is to reach 3.3% by of this report year 2015
- ❖ Given that Jordan had reached 3.7% by 1997 (when expected value at 40% progress is 5.3%), then it is possible to work for complete eradication of absolute poverty

With this in mind, computations were made with the following further assumptions:

- ❖ At 0.51 poverty elasticity with respect to GDP growth, Jordan requires 8 years to eradicate absolute poverty (3.7% divided by 0.51)
- ❖ Base year is 2002 when most up to-date statistics are available. GDP is JD 6,591 and savings rate is 21% of GDP
- ❖ Required GDP growth rate and implied savings are then calculated annually
- ❖ The number of people in absolute poverty is also computed annually

### Results:

1. The MDG target is reached in year 2007 when population in absolute poverty is 90,000 while absolute poverty is completely eradicated in year 2011 when there is no individual living in absolute poverty.
2. The growth rates assumed by the government are too low to have the desired impact on poverty reduction. Instead the economy has to grow at 6% in 2004; 6.5% in 2005; 7% in 2006 and by 8% from 2007 onwards, and sustain it at that level.
3. This has implications on the rate of investments implied. Investments have to be increased as a proportion of GDP as follows: 25.2% in 2004; 24.8% in 2005; 24.5% in 2006 and thereafter maintained at not less than 28% per annum up to 2011 (and beyond).
4. A total of JD 20577.2 million is required in investments for the period 2004-2011 (or JD 2572.15 million per annum). Deducting this total from available government resources leaves a financing gap of JD 4565.7 million for the period 2004-2011 are JD 570.7 million per annum. The gap is equivalent to 5.8% of GDP per annum.

## Goal 2: Achieve Universal Primary Education

The following assumptions are made, based on data obtained from the Ministry of Education:

- ❖ Base year is 2002 when Net Enrollment Rate was 92% and enrollment was 1,190,595
- ❖ Cost of building one classroom of 48 square meters is JD 15,000
- ❖ Average number of students per class is 29
- ❖ Average number of students per teacher is 24.4 approximated at 25
- ❖ Students per desk, 2-3
- ❖ Cost of training one teacher is JD 7,143
- ❖ Drop out rate grades 1-10 average is 1.1%
- ❖ Teacher salary (gross) is JD 210 per month at entry, increasing to JD 214 after 5 years
- ❖ Number of primary school teachers in 2002 was 49,732
- ❖ Average expenditure per pupil is JD 351, being JD 299 for grades 1-6 and JD 403 for the preparatory level

We further assume an increase of 2.8% per annum in the respective age cohort, equal to the rate of population increase. It is also assumed that the dropout rate

decreases as poverty is reduced (refer to Part Two where socioeconomic factors for drop out are given). The required progress in Net Enrollment Ratio to year 2015 is 0.67% per cent per annum, (approximated to 0.7%) progress in Net Enrollment Ratio (100%-92% = 8%, divided by 12 years).

Computation is then made of requirements of classrooms and teachers as well as the cost. Note that the cost of desks has not been included because of near future plans to switch from desks to "chairs". Nor has the cost of books been calculated for lack of data on cost and ratio of students per book and required number of books per pupil.

### **Results:**

1. A total of JDs 12,497 million is needed for the period 2004-2015, which is equivalent to JDs 1,041.4 million per annum.
2. This is deducted from available Government spending. This leads to a financing gap of JDs 5,421.6 million for the period 2004-2015 or JDs 451.8 million per annum, equivalent to 4.2% of annual GDP.
3. The goal is reached in 2015 when Net enrollment Rate reaches 100%.

## **Goal 3: Promote Gender Equality and Empowerment of Women**

This goal is usually not recommended for costing, and where desired, the cost is equivalent to additional cost of providing girl-friendly environment in schools and outlays for campaigns designed to encourage women to come forward and participate in economic activities and public life such as in politics. Such estimates are usually too uncertain to be of value.

## **Goal 4: Reduce Child Mortality and Goal 5: Improve Maternal Health**

The cost of reaching these two goals is estimated through the cost of a proxy indicator, that of proportion of births attended by skilled health personnel. As pointed out in part two, Jordan has already surpassed the suggested target of 90% by 7% (2000). Slow progress in reducing maternal mortality is likely to be caused by inadequate post-natal care. There is thus no need to cost this goal according to conventional means. It is recommended instead that the cost of awareness raising campaigns for mothers to attend post-natal care as required be ascertained through an in depth study.

## **Goal 6: Combat HIV/AIDS, Malaria and Other Diseases**

The state of this goal in Jordan has not been well determined. It is thus too early to attempt realistic costing.

## **Goal 7: Ensure Environmental Sustainability**

Estimating the financial requirements for reaching this goal is done through costing inputs for access to water (target 10). Jordan has already surpassed this goal. However, an attempt has been made towards reaching 100% access. The financial gap was found to be JD 0.2 million which is equivalent to 0.003% of GDP. Realistic costing will involve costing activities for extending access to rural areas (access is at 100% in urban areas).

## **Goal 8: Develop a global partnership for development**

This goal is not subjected to costing in general.

### **Summary of additional cost per annum (financing gap)**

Poverty goal	JD 570.7 million
Education goal	JD 451.8 million
Water access target	JD 0.2 million
<i>TOTAL</i>	JD 1,022.7 or the equivalent of 10% of annual GDP

### **FINANCING OF GAP**

Given these additional resource requirements, the following sources of additional finance should be explored:

**Domestic mobilization:** this source includes gains from increase in GDP due to pursuing sound macroeconomic policies, improving efficiency, improving economic governance, encouraging savings and budget restructuring such as suggested in the "20/20 Initiative" for restructuring budget and aid in favor of basic social services.

The scope for this category may be quite limited. At a relatively high Domestic Revenue/ GDP ratio of 26.6% and Tax Revenue/GDP ratio of 15.2% (Central Bank of Jordan, 2003), this source may have a limited scope for being stretched without adverse impacts in the society. Budget restructuring may be limited. The most

commonly targeted line is military spending, which in many economies surpasses combined health and education spending. In Jordan, military spending constitutes 8.6% of GDP compared to combined health and education spending at 9.2% of GDP (UNDP 2003).

External resources: the likely avenues are Official Development Assistance (ODA), Foreign Direct Investment (FDI), debt relief, increased international cooperation, benefits from international trade and reforms in the international monetary, financial and trading arrangements. It is estimated that Jordan's ODA in 2001 equaled US\$ 431.5 million (4.9% of GDP) while FDIs constituted 1.1% of GDP (UNDP 2003). Debt service claimed 7.6% of GDP or 14.7% of exports of goods and services. Increased ODA (and it is within rich countries' economic ability according to their commitment), greater debt relief in the form of cancellation, and improved investment climate to attract more FDIs will go a long way towards providing additional resources to meet MDGs. Gains from international trade have so far been limited.

## **STATUS OF MILLENNIUM DEVELOPMENT GOALS**

The Kingdom of Jordan is categorized as a medium human development country. Considerable progress in meeting Millennium Development Goals is thus expected, and has been made.

This report is an initial attempt to monitor developments in Jordan for achieving the millennium development goals, and building a database that is periodically updated and developed, representing one of the bases for sustainable development planning by enabling decisions to be based on accurate and recent information.

The database will also contribute to achieving a national agreement over the measuring mechanism, the concept, and setting the value of present indicators, and ones that can be added to subsequent reports.



## ANNEX 3

### Summary of Progress towards the Millennium Development Goals

Goals/Targets	Will Development Goals/Targets Be Met?					State of Supportive Environment			
	Probably	Potentially	Un-likely	No Data		Strong	Fair	Weak but improving	Weak
Eradicate poverty and hunger Halve percentage of those suffering from abject poverty and hunger by 2015		✓				✓			
Reduce child mortality Reduce by two-thirds mortality rate of children under 5 by 2015		✓					✓		
Improve reproductive health Reduce maternal mortality rate by 2015 by 75% compared to what is was in 1990		✓					✓		
Combat HIV/AIDS and Malaria Stop the spread of these diseases and start to reduce number of cases by 2015		✓					✓		
Ensure a sustainable environment Integrate sustainable principles of development in policies and development programs		✓						✓	
Achieve universality of education Enable male and female children to complete primary education in 2015	✓					✓			
Reduce the gender gap Cancel differences between education of males and females in primary education stage by 2005, and in all stages by 2015	✓					✓			
Develop partnership for development by setting trade and financial systems characterized by openness, managing the public debt and activating the role of the private sector	✓						✓		

## ANNEX 4 CAPACITY FOR MONITORING AND REPORTING

Goal	Quantity & Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy-Making			Reporting & Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Poverty & Hunger		√		√	√									√	
Universal Primary Education	√			√			√						√		
Gender Equality		√			√				√					√	
Child Mortality	√			√										√	
Maternal Health	√			√							√			√	
Water and Sanitation	√			√							√			√	
HIV/AIDS	√				√						√			√	
Environmental Sustainability	√			√							√			√	

# ANNEX 5

## KEY DEVELOPMENT INDICATORS

### JORDAN

Measure	Rank/ #Countries 2004
HDI Rank	90/177
Human Development Index Rank (HPI-1)	7/95
Gender Related Development Index Rank	76/144

INDICATOR	VALUE	YEAR
<i>Population</i>		
Population (million)	5.33	2002
Population growth rate (%)	2.80	2002
Life expectancy at birth (female, 72.1; male, 69.3)	70.70	2001
Urban population as % of total	78.80	2002
<i>Economic Indicators</i>		
Gross Domestic Product (GDP) market prices (US\$ million) (JD 1=US\$1.41)	9,380.54	2002
Per capita GDP, nominal (US\$)	1,760.00	2002
Real GDP growth (%)	5.00	2002
Inflation rate (%)	1.80	2002
Domestic revenue as % of GDP	26.30	2002
Tax revenue as % of GDP	15.00	2002
Gross capital formation as % of GDP at current prices	20.10	2002
Overall Government deficit as % of GDP (cash basis)	2.80	2002
Savings / GDP (%)	0.8	2002
Investments / GDP	(%) 21.00	2002
<i>Selected Social and Poverty Indicators</i>		
Human Development Index (HDI) value	0.742	2002
HDI rank (among 175 countries)	87	2002
Proportion of population below US\$ 1 a day	3.70	2002
Prevalence of underweight children (under five years)	4.50	2002
Net enrolment ratio (primary school) (%)	92.00	2002
Under- five (years of age) mortality rate per 1,000	27.00	2002
Ratio of girls to boys in primary school	98.20	2002
Ratio of girls to boys in secondary school	109.20	2002
Maternal mortality rate per 100,000 live births	41.40	2002
Proportion of population with sustainable access to improved water supply	96.20	2002
Gini Index	0.364	2001
Share of income/consumption of poorest 20%	7.6	2001

# ANNEX 6

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# ANNEX 7

## ENDNOTES

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- <sup>4</sup> *Poverty Reduction Policies in Jordan and Lebanon: An Overview* Ramla Khalidi-Beyhum. Economic and Social Commission for Western Asia (ESCWA), *Eradicating Poverty Studies Series*, No. 10, (General E/ESCWA/SD/1999/6, 3 September 1999), p. 69.
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- <sup>6</sup> *Human Development Report, 2002*, United Nations Development Program (UNDP),
- <sup>7</sup> According to the draft report *Towards a comprehensive policy for food and nutrition in Jordan (2003)*, World Health Organization, Table (8), Page 46. These were the indicators: 3.1% in 1990 and 1.9% in 1997.
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