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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Jordan**

Proposed indicative UNFPA assistance:	\$60.4 million: \$4.0 million from regular resources and \$56.4 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Tenth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

## I. Programme rationale

1. Jordan is a low middle-income country with an estimated population of 11.05 million of which 62 per cent is under the age of 30. The country will approach the peak of the demographic dividend by 2040, with 67 per cent of the population in the working age bracket and a dependency ratio of 48 dependents per 100 inhabitants.<sup>1</sup>

2. Over the years, Jordan has served as a haven for many populations within a volatile region. Jordan has the second highest share of refugees per capita in the world, with refugees accounting for almost 30 per cent of the population. Around 1.3 million Syrians, of which 670,000 are registered as refugees, 2.3 million Palestinian refugees and 340,000 migrant workers live in Jordan. The refugees and migrants have placed an additional burden on infrastructure, including health and education services, which were already affected by the economic downturn. Vulnerability among refugees remains high, with over 500,000 people dependent solely on cash and food assistance from United Nations organizations.

3. The COVID-19 pandemic severely impacted the economy as well as the well-being of the most vulnerable. Disadvantaged populations, such as refugees and vulnerable Jordanians, including women, girls and youth, were most affected, exacerbating existing inequalities. Moreover, the pandemic set back progress towards ending gender-based violence, with an increase of reported incidents of gender-based violence by 50.9 per cent in the first half of 2021.<sup>2</sup>

4. Over the last decade, Jordan has enacted many progressive policies and strategies, but full implementation remains a challenge. Many of the strategies outline clear objectives but with limited action plans and budget allocation. There is a lack of accurate data across key policy areas and a need to enhance data utilization to inform policymaking. This makes it challenging to identify key inequality gaps among social groups and across geographical areas. The Government undertakes periodic public consultations on specific policy issues; however, there are still limited avenues for citizens, civil society or the private sector to engage in policymaking processes.

5. The maternal mortality ratio has increased over the last three years, with an estimated 38.5 deaths per 100,000 live births in 2020, compared to 32.4 per 100,000 live births in 2019 and 28.9 in 2018. Most deaths were among Jordanian women, 87 per cent, with the remaining 13 per cent among refugees and migrant workers. Obstetric complications were the direct leading causes of death followed by diseases of the respiratory system, obstetric haemorrhage and diseases of the circulatory system. COVID-19 infection was the most common respiratory illness and accounted for 20.3 per cent of respiratory deaths. A national Jordan maternal mortality surveillance response system was developed to monitor and respond to maternal mortality. The system is mandated by law and ensures that every death of a woman of reproductive age is reported, and a maternal mortality review and an audit is conducted.

6. The total fertility rate decreased during the past decade from 3.5 to 2.7 in 2021. There are significant variances in total fertility rates where the average number of children among Syrian women is 4.7, compared to 2.6 among Jordanian women. The adolescent pregnancy rate remains high at 27 per cent, with young Syrian women more likely to begin childbearing between ages 15 and 19 (28 per cent) than Jordanians (3 per cent).<sup>3</sup>

7. The contraceptive prevalence rate is 52 per cent; 57 per cent of demand for family planning is satisfied through use of modern methods.<sup>4</sup> Contraceptive use among married women aged 15-49 declined from 61 per cent in 2012 to 52 per cent in 2017-2018, linked to low utilization among refugees and decreases in the use of the male condoms from 8 per cent to 5 per cent. Although criteria for youth-friendly services have been endorsed, the use of contraception among ever married youth remains very low due to a lack of youth health-friendly services, provider behaviours that limit informed counselling and contraceptive choice, and strong social norms regarding family size. Young people aged 15-19 and 20-24 utilize contraception at a much lower

<sup>1</sup> Higher Population Council, 2017.

<sup>2</sup> Gender-based Violence Information Management System Report, 2021.

<sup>3</sup> Demographic and health survey, 2018.

<sup>4</sup> Ibid.

rate, 16.9 per cent and 35.4 per cent, respectively than other age groups, highlighting the significance of tailored interventions to address unmet need.<sup>5</sup>

8. Jordan ranked 131 out of 156 countries in the 2021 global gender gap index, with 68.7 per cent of men and 42 per cent of women believing it is justified for a man to beat his wife in some circumstances.<sup>6</sup> National data from the 2018 demographic and health survey shows that 21 per cent of ever-married women aged 15-49 have experienced physical violence since age 15. The most reported form of violence in Jordan is psychological abuse, followed by physical assault (25.5 per cent) and denial of resources, opportunities or services (8.6 per cent). Only one in five women who have experienced any physical or spousal sexual violence have sought help or support. Child marriage remains a concern, with its prevalence on the rise after a decade of decline, particularly among refugees. Registered child marriages increased during 2020 at a rate of 11.8 per cent of total marriage contracts, an increase of 1.2 per cent compared to 2019. Among Syrian refugees, between 50 and 60 per cent of all registered marriages in the Zaatari and Azraq refugee camps are child marriages. In November 2021, a UNFPA situation analysis highlighted the risk of female genital mutilation in adolescent girls and women from the Somali and Sudanese refugee communities in Jordan.

9. Jordan is not rich in natural resources and one of the most water-stressed countries in the world, falling well below the international threshold for severe water scarcity. It is currently using its water resources at unsustainable levels and faces real prospects of a water crisis in the coming years. Government projections suggest that Jordan may be forced to implement crisis-control measures to match water supplies to demand over the next five years. The situation is exacerbated by climate change, which is causing more frequent droughts and heatwaves.<sup>7</sup> Jordan imports most of its food and energy, leaving it vulnerable to fluctuations in international prices. These issues have a significant impact on the well-being of women and girls and increase their overall vulnerability.

10. The evaluation of the ninth country programme, 2018-2022, commended UNFPA efforts to achieve the three transformative results, including supporting policy dialogue and other strategic interventions such as: (a) support to the national sexual and reproductive health strategy, 2020-2030, and the national population strategy, 2021-2030; (b) support to the demographic health survey; and (c) launch of the maternal death surveillance and response system. This also includes development of the clinical management of rape protocol – the first nationally led standard operating procedures on gender-based violence prevention and response – and the national action plan against gender-based violence. These strategic milestones constitute important building blocks in accelerating achievement of the three zeros. Lessons learned from the ninth country programme include: (a) the effectiveness of advocating for an integrated programming approach, with a focus on gender and human rights-based approaches, for impact; (b) the importance of using lessons learned from the humanitarian programme to advocate for change with the Government for development programming, including promoting and adopting standards of excellence in the clinical management of rape through trainings with the Ministry of Health; and (c) the importance of partnering with public and private universities to expand the reach of sexual and reproductive health and rights for young people, which has been key in launching comprehensive sexuality education efforts. The evaluation of the ninth country programme recommends that the tenth country programme continue to strengthen these efforts, which will increase the comparative advantage of UNFPA as a leader on population issues in Jordan, including among multilateral and bilateral institutions.

11. In line with the evaluation's recommendations, UNFPA will continue to align its work with the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027, and national goals and objectives regarding sexual and reproductive health and rights, gender equality and women's empowerment, and population and development with greater emphasis on most-at-risk populations and vulnerable communities furthest behind. UNFPA will strengthen partnerships with other United Nations organizations, particularly on policy work, resource

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<sup>5</sup> Ibid.

<sup>6</sup> Demographic and health survey, 2018.

<sup>7</sup> Common country assessment, 2021.

mobilization, evidence and intelligence and data generation, including the demographic and health survey 2022 and the 2025 national census. UNFPA will utilize different models of programming to facilitate an effective response to the needs and diverse contexts of hard-to-reach populations and communities in view of humanitarian emergencies and the COVID-19 situation. It will also continue the meaningful engagement of adolescent and young people at all levels of programming, including by scaling up investments in innovation by young people using digital and online platforms to increase access to sexual and reproductive health information and climate change awareness. The country office will strengthen strategic partnerships with key government ministries, donors, international financial institutions, non-governmental organizations, academia and the private sector. Collaborating with human rights and civil society organizations, including women and youth-led organizations, will be critical in reaching communities, including vulnerable populations, to achieve the three transformative results.

## II. Programme priorities and partnerships

12. The proposed country programme is developed with the Government and in consultation with United Nations organizations, academia, development and humanitarian partners, including refugees, as well as representatives of civil society organizations for women, youth and people with disabilities. The programme is guided by the national priorities of the Government, as outlined in the Government Executive Programme, 2021-2024, and Jordan Vision 2030, and is aligned with the four priorities of the UNSDCF, 2023-2027, and the UNFPA Strategic Plan, 2022-2025. It aims to accelerate efforts towards achieving the three transformative results: ending preventable maternal deaths; ending the unmet need for family planning; and ending gender-based violence and harmful practices across the humanitarian-development-peace continuum and focus gender equality and women's empowerment to reach those who furthest left behind.

13. The country programme will use multiple strategies to achieve these objectives, including advocacy and policy dialogue, knowledge management, capacity-building, strategic partnerships, and service delivery in humanitarian settings. To accelerate progress towards achieving the transformative results, the programme will utilize six accelerators focused on: (a) human rights-based and gender-transformative approaches; (b) innovation, including digitalization; (c) leaving no one behind and reaching the furthest behind first; and (d) resilience, the humanitarian-development-peace nexus, and adaptation.

14. The country programme will contribute to achieving the national priority of social services by improving access to quality sexual and reproductive health, family planning and gender-based violence services and by strengthening and expanding access to social protection services to people in need, with a focus on women, youth, the elderly, people with disabilities and other vulnerable groups left behind, which will contribute to UNSDCF priorities 1 (green growth); 2 (vulnerable groups); 3 (food security and climate change); and 4 (accountable institutions), where objectives align with the Sustainable Development Goals 3 and 5. UNFPA will focus its contributions on outcomes 2, 3 and 4.

15. The country programme will be tailored around four interconnected outputs, aligned with the UNFPA Strategic Plan outputs: policy and accountability, quality of care and services; gender and social norms; and population change and data. Adolescents, youth and humanitarian issues will be mainstreamed across the four outputs. Furthermore, the programme will contribute to the four priority areas of the UNSDCF: (a) support to the country's growth, by providing support to growth policies and strategies, including financing pathways, that reduce exclusion; (b) strengthen the rights and self-reliance opportunities of the poorest and those living in vulnerable situations; (c) secure the country's access to – and equitable use of – resources; and (d) strengthen links between institutions and populations. The programme therefore aims to create an enabling policy environment that allows for women, adolescents and youth, particularly adolescent girls and those furthest left behind, to fulfill their sexual and reproductive health and rights in both development and humanitarian contexts.

**A. Output 1. Improved integration of sexual and reproductive health and rights and prevention of and response to gender-based violence and harmful practices into relevant national policies and accountability frameworks**

16. The new country programme will directly contribute to the four outcome areas outlined by the UNSDCF, 2023-2027. Fostering integrated approaches across UNFPA outputs and UNSDCF outcomes, UNFPA will reinforce its collaboration with other United Nations organizations to accelerate and scale up interventions to achieve the 2030 Agenda for Sustainable Development, with particular attention to gender equality and human rights-based approaches. UNFPA will partner more closely with the United Nations Children's Fund (UNICEF) on ending child marriage and youth and twenty-first century skills development through global programmes and large public-private platforms, such as Generation Unlimited. UNFPA will join forces with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and others to scale up the tackling of social norms. UNFPA will continue to collaborate with UNICEF and the World Health Organization (WHO) for health systems strengthening to deliver high quality reproductive and maternal health services, and it will align with other United Nations organizations to strengthen data and evidence and build institutional capacities to strengthen resilience and mitigate impact of disasters on achievement of the three transformative results. UNFPA will coordinate and strengthen partnerships with United Nations organizations, including the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), UN-Women and WHO, to promote gender equality and access to sexual and reproductive health, gender-based violence and youth services in both development context and humanitarian settings to reach the furthest left behind communities

**B. Output 2. Strengthened capacity of government, community-based and non-governmental organizations to provide high-quality, comprehensive sexual and reproductive health information and services, including family planning and supplies, as well as essential services to address gender-based violence and harmful practices**

17. The pathways to achieve this output include: (a) investing in strengthening health and social services systems to ensure availability and accessibility of integrated, high quality sexual and reproductive health and gender-based violence information, services and supplies, especially for the most vulnerable groups such as women, youth, elderly, people with disabilities and other furthest left behind persons; (b) improving preparedness, readiness and functionality of primary health care systems, and scaling up operationalization of the comprehensive sexual and reproductive health and rights package, including emergency obstetric and newborn care; (c) supporting the national maternal mortality surveillance and response system; (d) strengthening accessibility and uptake of high-quality multisectoral, integrated, human-centred, inclusive gender-based violence services for women and girls, with focus on reaching the most left behind people, including women, youth and people with disabilities; (e) scaling up the provision of life-saving inclusive support for gender-based violence survivors in humanitarian contexts, including through cash voucher assistance and mental health and psychosocial support; (f) strengthening sexual and reproductive health and gender-based violence referral pathways and network of services available particularly for women, people with disabilities, adolescents and youth; (g) expanding access to and coverage of nationwide comprehensive sexuality education by integrating it in school curricula; (h) promoting the use of innovation and digital technologies for the expansion of sexual and reproductive health and rights and gender-based violence prevention and response services; and (i) strengthening emergency preparedness to respond to future shocks or crises.

**C. Output 3. Strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms towards gender equality and women's decision-making**

18. The pathways to achieve this output include: (a) addressing gender inequalities and supporting the transformation of sociocultural norms through a combined behavioural change approach, which will involve men and boys and decision-makers and influential leaders in society, including religious leaders; (b) expanding demand for sexual and reproductive health and rights and family planning by addressing sociocultural barriers and promoting youth and adolescent agency through comprehensive sexuality education based on informed choices; (c) strengthening the role of midwives as community-based service providers who promote gender and social norms that progress gender equality; (d) improving the agency of adolescent girls and youth, especially adolescent girls, by building their health, social and economic assets; (e) adopting human rights-based and gender transformative approaches to promote positive masculinity, nurture gender and social equitable norms, and foster the individual agency and bodily autonomy of women and girls; (f) increasing community-led initiatives and supporting local women's/feminist and youth-led organizations; (g) working on stigma reduction and attitudes on child marriage and disability inclusion at policy, family and community level; (h) tackling gender digital divide as a means to empower women and girls and people with disabilities; (i) supporting the implementation of the national action plan to limit child marriage, including among refugees, and advocate for law reform; and (j) conducting investment cases on child marriage and providing empowerment-tailored programming for adolescent girls.

**D. Output 4. Strengthened capacity of national institutions to generate and utilize data to develop policies and programmes that address population dynamics and other megatrends in relation to sexual and reproductive health and rights**

19. The pathways to achieve this output include: (a) improving the collection, analysis, use and dissemination of demographic data to identify vulnerabilities, reduce inequalities and inform the development of public policies, including for emergency preparedness and response; (b) supporting the monitoring and tracking of the SDG population-related indicators and voluntary commitments made at the 25<sup>th</sup> anniversary summit of the International Conference on Population and Development in Nairobi (ICPD+25) in 2019; (c) applying innovative approaches and using technology solutions to address operational challenges to improve sexual and reproductive health and rights programming; (d) generating data and evidence on the determinants of unmet need for family planning and maternal deaths; (e) strengthening health data systems for maternal mortality prevalence in health facilities and communities at large; (f) strengthening information systems to capture and analyse real-time data on gender-based violence and harmful practices in development and humanitarian contexts; (g) providing technical assistance to identify and support sharing and gaining of developed knowledge products, useful and successful experiences, and innovative practices regarding population policies, including climate change and youth empowerment, South-South and triangular cooperation and partnerships; (h) strengthening the leadership of women, young people and people with disabilities and other left behind groups by creating platforms for learning and exchange; (i) building capacity of women and young people in sexual and reproductive health and rights, gender-based violence, and youth peace and security; and (j) supporting the design of gender-sensitive climate-resilient health systems and interventions.

### **III. Programme and risk management**

20. UNFPA and the Government, under the overall coordination of the Ministry of Planning and International Cooperation, will implement, monitor and evaluate the programme, following UNFPA guidelines and procedures. Partnerships will be strengthened with existing line ministries to implement the programme and ensure government ownership and sustainability of interventions.

21. Systematic, structured and timely risk identification and analysis from the design stage, and updating suitable response plans, will enable and sustain the value of programme investments. UNFPA will implement the harmonized approach to cash transfers together with United Nations organizations, whereby partners will be assessed for risk and selected based on relevance and ability to deliver results.

22. Risks to programme implementation include: (a) Insufficient budget allocation for priorities related to Agenda 2030 and the ICPD; (b) reduction in external funding due to donor fatigue and changes in donors priorities; (c) high turnover of authorities and technical human resources; (d) advancement of conservative groups' agendas, particularly against sexual and reproductive health and rights, comprehensive sexuality education, and gender equality; (e) persistence of the COVID-19 pandemic and other potential public health emergencies, (f) lack of durable solutions for the Syrian refugees crisis; and (g) impact of current and potential regional and international conflicts.

23. Risk mitigation strategies include: (a) expanding partnerships with civil society organizations, human rights institutions, the media and parliamentarians to enhance advocacy and policy dialogue and align partners to support the ICPD Programme of Action and develop the capacity of implementing partners, especially local organizations with the potential to reach most vulnerable groups; (b) strengthening partnerships for resource mobilization and financing for development, including with the private sector and non-traditional donors, international financial institutions, and coordinating with United Nations organizations; and (c) employing virtual strategies as innovative way to maximize reach and reduce operational costs. UNFPA will continue regular political scanning and pursue opportunities through multistakeholder partnerships. UNFPA will minimize programme disruptions by maintaining flexibility and agility as well as operationalizing contingency planning and business continuity plans.

24. UNFPA will leverage its comparative advantages for programme and coordination on sexual and reproductive health, gender-based violence and youth, across the humanitarian-development-peace nexus in consultation with the Government and other partners, including those working with refugees and other left behind groups. It will incorporate lessons learned and innovations from the COVID-19 response, for example, by advocating through the United Nations country team and the humanitarian country team for emergency preparedness, early warning, and action and risk mapping for disasters and potential crises and shocks. Mitigation activities include virtual and digital delivery modalities to disseminate targeted information and provide gender-based violence, sexual and reproductive health and family planning services to lessen the impact of crises. Furthermore, UNFPA will strengthen its regular environment scanning work to identify emerging issues that may affect its programme delivery and coordinate with key partners for alternative programme delivery modality.

25. UNFPA will play an active role in coordinating UNSDCF implementation through its leadership and contribution to the United Nations country team results groups and inter-agency monitoring and evaluation, particularly on sexual and reproductive health and rights and gender-based violence-related strategies in the UNSDCF. Strategic alliances will be brokered with United Nations organizations and other partners, including through joint assessments, advocacy, resources mobilization and programming to reach the furthest behind and accelerate achievement of the three zeros. UNFPA will also continue to strengthen its leadership coordination role on gender-based violence, including using the gender-based violence information management system, sexual and reproductive health, and youth.

26. The country office's technical and programmatic structure will be calibrated to ensure adequate human resource capacity and skills to deliver programme results effectively, including by building capacity to use evidence for policy dialogue and advocate for enhancing upstream work. The country office will solicit technical support from the regional office and UNFPA headquarters, including by recruiting junior professional officers and United Nations volunteers, as necessary, and it will leverage South-South and triangular cooperation and use technological solutions and innovations (engaging women, youth and people with disabilities) that address operational challenges and create new opportunities so the country programme accelerates the impact of UNFPA interventions and reaches the furthest behind populations.

27. This country programme outlines UNFPA contributions to achieving national objectives and serves as the primary unit of accountability to the Executive Board for results alignment and resource management at the country level. Accountabilities at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures and secured through the internal control framework.

#### **IV. Monitoring and evaluation**

28. UNFPA and the Government, under the overall coordination of the Ministry of Planning and International Cooperation, will build the capacities of national partners and institutions to enhance their results-based management capacities, including for monitoring and reporting on the country's commitments to the 2030 Agenda (voluntary national reviews) and the voluntary ICPD+25 commitments.

29. UNFPA will contribute to the United Nations delivering-as-one through active participation in joint programming, monitoring, reporting and evaluation of the UNSDCF, 2023-2027. The UN-Info platform will be used to report on and consolidate information through the alignment of the country programme results framework with the UNSDCF results framework. Joint work plans will include agency-specific activities and outputs, aligned with government priorities and sectorial strategies, with roles and responsibilities clearly articulated.

30. The UNFPA monitoring and evaluation plan will include joint monitoring approaches with implementing partners, field monitoring visits, periodic and data quality reviews, evaluations of joint projects, risk assessments, and adjustment to work plans, if necessary. The plan will use UNFPA platforms to monitor budget implementation, progress reports and achievement of results. Through adaptive learning, UNFPA will use quarterly and annual results reporting and data and evidence from evaluations to strategically shape policy and inform programme adaptation.

31. UNFPA will undertake programme review assessments and project evaluations to provide evidence for medium and long-term planning and management of the country programme, using theory-based and participatory approaches. A midterm assessment of the country programme will be carried out to analyse progress, reorient strategies, and align the country programme to emerging national priorities. A comprehensive evaluation of the country programme will also be undertaken to document lessons learned and guide the successor programme cycles towards achieving the three transformative results by 2030.



## RESULTS AND RESOURCES FRAMEWORK FOR JORDAN (2023-2027)

<b>NATIONAL PRIORITY:</b> Social services: improve the quality of and equity of services provided to people (National Development Executive Plan, 2019-2024).				
<b>UNSDCF OUTCOME(S):</b> 1: Enhanced inclusive, gender-responsive and green growth in Jordan that provides access to entrepreneurship and decent work opportunities, life-long learning, and market-relevant skills with a focus on 'leaving no one behind'. 4: Enhanced accountability and responsiveness of Jordanian institutions and their partners, and especially women and youth are increasingly and meaningfully involved in policy choices and decisions that affect their lives.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of laws that were developed, adopted, revised or repealed to advance inclusivity/leave no one behind and gender equality and women's empowerment towards green and inclusive growth</li> <li>Proportion of the population satisfied with public services' accessibility and quality</li> <li>Percentage of representation of Jordanian youth, women and persons with disabilities in National Assembly, local governments and leadership positions</li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Jordan has laws and regulations that guarantee full and equal access for women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: No (2021); Target: Yes (2027)</i></li> <li>Jordan adopts and implements national disaster-risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030 <i>Baseline: No (2021); Target: Yes (2027)</i></li> </ul>	<p><u>Output 1.</u> Policy and accountability: Improved integration of sexual and reproductive health and rights and the prevention of and response to gender-based violence and harmful practices into national-related policies and plans, and support for implementation and accountability frameworks.</p>	<ul style="list-style-type: none"> <li>Number of sexual and reproductive health and rights packages integrated into national universal health coverage plans <i>Baseline: 0; Target: 5</i></li> <li>Number of operational sexual and reproductive health and gender-based violence joint programmes and/or initiatives on issues within the UNFPA mandate areas in the country <i>Baseline: 0; Target: 4 (gender-based violence: 2; sexual and reproductive health: 2)</i></li> <li>National plans and policies that integrate gender-based violence and child marriage prevention and response are up to date in line with best practices <i>Baseline: No; Target: Yes</i></li> <li>Number of national action plans for sexual and reproductive health (2020-2030) and population (2021-2030) strategies developed <i>Baseline: 0; Target: 2</i></li> <li>Number of functional complaint mechanisms, referral and feedback systems to support rights-holders to claim their rights <i>Baseline: 0; Target: 2</i></li> <li>National strategic framework addressing climate change integrating sexual and reproductive health and rights and gender-based violence and youth issues is in place <i>Baseline: No; Target: Yes</i></li> <li>Number of South-South and triangular cooperation initiatives implemented at country level <i>Baseline: 1; Target: 3</i></li> </ul>	<p>Ministry of Health, Ministry of Planning and International Cooperation, Department of Statistics, CSPD, National Council of Family Affairs, Higher Population Council, Higher Council for the Rights of Persons with Disabilities, Ministry of Youth; UNDP, UNICEF, UN-Women, WHO, the United States agency for International Development (USAID), the media, women and youth-led organizations, international financial institutions</p>	<p>\$4.0 million (\$0.5 million from regular resources and \$3.5 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> 6: Social services: improve the quality and equity of services provided to people.				
<b>UNSDCF OUTCOME(S):</b> 2: Enhanced access to quality social services, protection, and self-reliance opportunities for all people living in vulnerable situations in the country. 4: Enhanced accountability and responsiveness of Jordanian institutions and their partners, and especially women and youth are increasingly and meaningfully involved in policy choices and decisions that affect their lives				

<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Universal health coverage service coverage index</li> <li>• Early marriage rate</li> <li>• Percentage of Jordanian youth, women and persons with disabilities’ representation in the National Assembly, local governments and leadership positions</li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Maternal mortality <i>Baseline: 38.5 per 100,000 live births (2020); Target: 30 per 100,000 live births (2027)</i></li> <li>• Unmet need for family planning <i>Baseline: 14% (2018); Target: 10% (2027)</i></li> <li>• Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 58.2% (2018); Target: 67% (2027)</i></li> </ul>	<p><u>Output 2.</u> Quality of care and services: strengthened capacity of government, community-based and non-governmental organizations to provide high-quality, comprehensive sexual and reproductive health information and services, including family planning and supplies, as well as essential services to address gender-based violence and harmful practices, in development and humanitarian settings.</p>	<ul style="list-style-type: none"> <li>• Number of women, adolescents and youth, including those with disabilities, that benefited from quality sexual and reproductive health and prevention and response to gender-based violence services <i>Baseline: (gender-based violence) 53,644; Target: 250,000</i> <i>Baseline: (sexual and reproductive health) 120,098; Target: 450,000</i></li> <li>• Number of vulnerable people reached by vocational/livelihood skills training activities run/supported by UNFPA <i>Baseline: 450; Target: 2,000</i></li> <li>• Number of costing analysis products of resources required to end unmet need for family planning, end gender-based violence and eliminate preventable maternal deaths <i>Baseline: 1 (gender-based violence costing); Target: 3</i></li> <li>• Number of women’s organizations capacitated to deliver and/or monitor the quality of services, resources and goods for women in Jordanian host communities and refugees. <i>Baseline: 1; Target: 5</i></li> <li>• Number of schools implementing quality in-school comprehensive sexuality education <i>Baseline: 70; Target: 270</i></li> </ul>	<p>Government service providers (including Ministry of Social Development, Family Protection Department and the Ministry of Health), Ministry of Education, Higher Council for the Rights of Persons with Disabilities, Health Care Accreditation Council, Institute for Family Health; UNHCR, USAID, UNICEF, WHO, women and youth-led organizations, international financial institutions, NGOs.</p>	<p>\$36.0 million (\$1.2 million from regular resources and \$34.8 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> 6: Social services: improve the quality and equity of services provided to people.				
<b>UNSDCF OUTCOME:</b> 2: Enhanced access to quality social services, protection, and self-reliance opportunities for all people living in vulnerable situations in the country.				
<b>OUTCOME 4:</b> Enhanced accountability and responsiveness of Jordanian institutions and their partners, and especially women and youth are increasingly and meaningfully involved in policy choices and decisions that affect their lives				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of reforms designed and financed that facilitate women’s equal access to their rights to economic</li> </ul>	<p><u>Output 3.</u> Gender and social norms: strengthened mechanisms and capacities of actors and institutions to address discriminatory</p>	<ul style="list-style-type: none"> <li>• Number of beneficiaries of social norms empowerment programmes that support women and girls to become agents of change promoting egalitarian gender belief, social and gender norms <i>Baseline: 258; Target: 2,500</i></li> </ul>	<p>Jordan National Commission for Women, National Council of Family Affairs, Ministry of</p>	<p>\$13.9 million (\$0.5 million from regular resources and \$13.4 million</p>

<p>resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources</p> <ul style="list-style-type: none"> <li>• Early marriage rate</li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Adolescent birth rate (aged 15-19 years) per 1,000 women in that age group <i>Baseline: 27(2018); Target: 22(2027)</i></li> </ul>	<p>gender and social norms towards gender equality and women’s decision-making in development and humanitarian settings.</p>	<ul style="list-style-type: none"> <li>• Number of functional diversity inclusive platforms in reflective dialogue towards eliminating discriminating social and gender norms stereotypes and practices as well as gender-based violence/sexual and reproductive health <i>Baseline: 1; Target: 3</i></li> <li>• Number of action plans on accepted recommendations from international and regional human rights mechanisms, which are related to discriminatory social/gender norms, stereotypes and practices and power relations on gender-based violence and harmful practices <i>Baseline: 1 (ICPD Programme of Action); Target: 2</i></li> <li>• Number of marginalized adolescent girls (aged 10-19) benefiting from UNFPA-supported girl-centred programmes that build their life skills and assets <i>Baseline: 500; Target: 2,500</i></li> </ul>	<p>Social Development; UNICEF, UN-Women, the private sector, civil society organizations, women and youth-led organizations, international financial institutions</p>	<p>from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> Improved effectiveness, efficiency, equity, sustainability and impact of government programmes through evidence-based policymaking, strengthening data systems and architecture and monitoring and evaluation ecosystem.</p>				
<p><b>UNSDCF OUTCOME(S):</b> 1: Enhanced inclusive, gender-responsive and green growth in Jordan that provides access to entrepreneurship and decent work opportunities, life-long learning, and market-relevant skills with a focus on ‘leaving no one behind’. 3: Enhanced national resource management models that ensure equitable access to water, food, and clean energy for all, address climate related and other risks, and empower local communities as agents of change for responsible production and consumption. 4: Enhanced accountability and responsiveness of Jordanian institutions and their partners, and especially women and youth are increasingly and meaningfully involved in policy choices and decisions that affect their lives.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Proportion of national laws, policies, reforms, strategies and practices that increase resource efficiencies, reduce disaster and climate risks and are in line with international environmental standards, the United Nations Framework Convention on Climate Change gender action plan and the updated Jordan nationally determined contributions</li> <li>• Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group</li> <li>• Jordan Census or population and housing census conducted</li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p>	<p><u>Output 4.</u> Population change and data: strengthened capacity of national institutions to generate and utilize data to develop policies and programmes that address population dynamics and other mega trends in relation to sexual and reproductive health and rights.</p>	<ul style="list-style-type: none"> <li>• Number of national measurement exercises and surveys supported by UNFPA (demographic and health survey (DHS) 2022 and national census 2025) <i>Baseline: 1 (DHS 2018); Target: 3</i></li> <li>• Number of analytical research products on demographic dividend, sexual and reproductive health and population dynamics available and accessible for public use <i>Baseline: 1; Target: 5</i></li> <li>• Number of gender-based violence coordination and information management analytical products accessible and available for public use <i>Baseline: 3; Target: 13</i></li> <li>• UNFPA related SDGs indicators included in the national SDGs monitoring System <i>Baseline: No; Target: Yes</i></li> <li>• Number of sexual and reproductive health and rights indicators (age-disaggregated) that are routinely collected as part of the national health information system and that are made publicly</li> </ul>	<p>Department of Statistics, Higher Population Council, Ministry of Health; USAID, UNICEF, Ministry of Youth, national and international, NGOs, universities/academia, women and youth-led organizations, international financial institutions</p>	<p>\$5.9 million (\$1.2 million from regular resources and \$4.7 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.5 million from regular resources</p>

<ul style="list-style-type: none"> <li>Country has: (a) conducted at least one population and housing census during the last 10 years; (b) proportion of births registered; (c) proportion of deaths registered <i>Baseline: Yes (2015); Target: Yes (2025)</i></li> <li>Proportion of children under age five whose births have been registered with a civil authority <i>Baseline: N/A; Target: 90% (2023)</i></li> </ul>		<p>available <i>Baseline: 1 (maternal mortality rate); Target: 5</i></p> <ul style="list-style-type: none"> <li>Number of youth-led innovative initiatives, including digital solutions, on youth, peace and security, climate change, sexual and reproductive health and rights and gender-based violence for accelerating the achievement of transformative results <i>Baseline: 3; Target: 10</i></li> <li>Number of women, men, youth, elderly and those with disabilities benefiting from UNFPA to increase their awareness and knowledge on climate change impact and their responsible consumption of resources, healthy nutrition and appropriate hygiene behaviour <i>Baseline: 0; Target: 30,000</i></li> </ul>		
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