COUNTRY PROGRAMME ACTION PLAN

(CPAP)

2013 – 2017

BETWEEN

THE GOVERNMENT OF JORDAN

AND

THE UNITED NATIONS POPULATION FUND (UNFPA)

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AM	Amman Municipality
AWO	Arab Women Organization
AWP	Annual Work Plan
BCC	Behaviour Change Communication
CA	Country Assessment
CCA	Common Country Analysis
CP	Country Programme
CPR	Contraceptive Prevalence Rate
CPAP	Country Programme Action Plan
CSPD	Civil Status and Passport Department
DCD	Department of Civil Defense
DHS	Demographic and Health Survey
DOS	Department of Statistics
EDP	Executive Development Plan
EU	European Union
FACE	Fund Authorization and Certificate of Expenditures
GBV	Gender Based Violence
HACT	Harmonized Approach to Cash Transfers
HCY	Higher Council for Youth
HIV	Human Immunodeficiency Virus
HLS	Health life styles
HPC	Higher Population Council
ICPD-PoA	International Conference on Population and Development – Programme of Action
IEC	Information Education and Communication
ILO	International Labour Organization
IFH/NHF	Institute for Family Health/ Noor Al-Hussein Foundation
INGO	International Non Governmental Organization
IP	Implementing Partner
KAFD	Kind Abdullah Fund for Development
JNCW	Jordanian National Commission for Women
JRTV	Jordan Radio and Television
JOHUD	Jordanian Hashemite Fund for Human Development
LoU	Letter of Understanding
MD	Millennium Declaration
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MISP	Minimum Initial Service Package for RH in Crisis
MMR	Maternal Mortality Ratio
MoC	Ministry of Culture
MoEHE	Ministry of Education and Higher Education
MoH	Ministry of Health
MoL	Ministry of Labour
MoPIC	Ministry of Planning and International Cooperation
MoSD	Ministry of Social Development
MoV	Means of Verification
NCFA	National Council for Family Affairs
NCCA	National Center for Culture and Arts
NCHR	National Center for Human Rights
NEX	National Execution
NGO	Non-Governmental Organization
NPO	National Programme Officer
NPS	National Population Strategy

NWHC	National Women's Healthcare Center
PSD	Public Security Department
RH	Reproductive Health
RHAP2	Reproductive Health Action Plan – Second
RHAS	Royal Health Awareness Society
RHCS	Reproductive Health Commodity Security
SBAA	Standard Basic Assistance Agreement
SAI	Supreme Audit Institution
SRH	Sexual Reproductive Health
SP	Strategic Plan (UNFPA's corporate one)
STI	Sexually Transmitted Infection
TOT	Training of Trainers
U5MR	Under Five Mortality Rate
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDG	United Nations Development Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and Empowerment of Women
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
WAJ	We Are All Jordan Commission
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
YFHS	Youth-Friendly Health Services
Y-PEER	Youth peer education network in Jordan
ZENID	Queen Zein Al Sharaf Institute for Development

THE FRAMEWORK

1. The Government of Jordan, hereinafter referred to as "the Government", and the United Nations Population Fund, hereinafter referred to as "UNFPA", being in mutual agreement to the content of this Country Programme Action Plan (CPAP) and to the responsibilities outlined therein for the implementation of UNFPA's Eighth Country Programme (2013-2017) approved by the joint UNDP/UNFPA Executive Board; and

- **Furthering** their mutual agreement and cooperation for the fulfilment of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), ICPD+5, ICPD+10, other related conferences, and the Millennium Development Goals (MDG);
- **Building** upon the experience gained and progress made during the implementation of the UNFPA Seventh Country Programme (2008-2012), and based on the recently approved Eighth Country Programme (2013-2017);
- **Entering** into a new period of cooperation; and
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

HAVE AGREED AS FOLLOWS:

I. BASIS OF RELATIONSHIP

2. The Standard Basic Assistance Agreement (SBAA) between the Government and the United Nations Development Programme (UNDP), dated the 12th of January 1976 which applied mutatis mutandis to UNFPA and the exchange of letters between the Government and UNFPA, constitute the legal basis for the relationship between the Government of the Hashemite Kingdom of Jordan and UNFPA.

II. SITUATION ANALYSIS

3. Jordan is a middle-income country. The per capita gross domestic product was $4,335 in 2010. The percentage of the population living below the absolute poverty line fluctuated from 14.2 per cent in 2002, to 12.5 per cent in 2006, to 13.3 per cent in 2008, with disparities among governorates.

4. The unemployment rate, which is approximately 13 per cent, is higher among youth aged 15-24 (29.9 per cent) and women (21.7 per cent). Despite women's high educational attainment, the female labour force participation rate does not exceed 15 per cent.

5. Over the last decade, the country undertook political and economic reforms, which were accelerated by recent developments in the Arab region. His Majesty King Abdulla II, who recently approved constitutional amendments, has stressed the importance of introducing new laws and legislation aligned with the amended constitution, as well as the importance of increasing the participation of youth and women in the reform process.

6. Jordan's population was estimated at 6.25 million in 2011. Urbanization is high, at 82.6 per cent. The annual population growth rate is 2.2 per cent. The next census is scheduled for 2014. The country has historically experienced sudden population increases due to influxes of people seeking refuge from neighboring countries, most recently from Iraq and the Syrian Arab Republic. Many of the new arrivals have settled in urban areas, and have limited access to employment and services. These population increases have led to increased pressures on the environment, resources (especially water resources), infrastructure and basic services.

7. The country is experiencing a changing age structure, which is leading to a youth 'bulge' and an increase in the proportion of elderly people. This presents challenges as well as opportunities. Youth are mainly concerned about education and employment, and are less interested in healthy lifestyles and reproductive health. The participation of youth in community activity is limited.

8. According to a 2008 study, only 1.7 per cent of males aged 15-24 and 3.8 per cent of females in the same age group reported attending community meetings during the previous six months.

9. The availability of disaggregated data is crucial for the analysis of social inequities and regional disparities. There are data gaps in the areas of youth reproductive health, external and internal migration, and disabilities.

10. Nearly 99 per cent of pregnant women receive antenatal care. Almost all deliveries are attended by a health professional and take place in hospitals. The maternal mortality ratio is 19 maternal deaths per 100,000 live births. However, a number of health-related indicators have remained stagnant for more than five years. The infant mortality rate has remained unchanged at 23 deaths per 1,000 live births, primarily due to neonatal mortality. In 2008, maternal morbidity, ranging from mild to severe, was 60.8 per cent. Urinary-tract infections and genital infections were the most common forms of maternal morbidity, at 20.2 per cent and 19.4 per cent, respectively. To further reduce neonatal and maternal mortality and morbidity, there is a need to focus on the perinatal period and on the quality of delivery care.

11. Total fertility rates and contraceptive prevalence rates have been stagnant over the past five years. The total fertility rate was 3.7 children per woman in 2002, 3.6 in 2007, and 3.8 in 2009. The contraceptive prevalence rate was 56 per cent in 2002, 57 per cent in 2007 and 59 per cent in 2009; for modern methods, the contraceptive prevalence rate was 41, 42 and 42 per cent, respectively. The demand for reproductive health services will continue to increase, as the number of women of reproductive age is projected to increase from 1.5 million to 2 million by 2020.

12. In order to address the stagnant fertility rate, there is a need to: (a) improve the quality of services, especially counseling; (b) increase the role of other service providers; (c) expand the contraceptive method mix; (d) address the contraceptive discontinuation rate; and (e) decrease the unmet need for family planning, which is 12 per cent. The adolescent fertility rate is low at 4.7 per cent, up slightly from 4 per cent in 2002.

13. Social norms allow the occurrence of domestic violence, and there is a lack of data on violence against women. In a 2007 national survey, 32.2 per cent of ever-married women aged 15-49 reported having been subjected to physical violence, and 13 per cent said they had been subjected to physical violence at least once during the previous 12 months.

14. HIV prevalence, estimated at less than 0.1 per cent, is low. By the end of 2009, a cumulative total of 713 cases had been reported. Due to limited voluntary counseling and testing, the actual figure may be greater. Young people facing social or economic disadvantages or exclusion are especially vulnerable.

III. PAST COOPERATION AND LESSONS LEARNED

15. The previous programme included $3 million from regular resources and $1.3 million from other sources. The programme, which was nationally executed, strengthened capacity by establishing protocols, norms and guidelines and by supporting evidence-based advocacy and policy dialogue. At the community level, the programme supported social mobilization, capacity-building and empowerment to increase the demand for sexual and reproductive health and rights in five pockets of poverty in Hashemieyeh, Ghowayrieh, Ghor Safi, Sweimeh and Um Rasas.

16. Programme achievements included: (a) strengthening the capacity to integrate population and reproductive health issues into national plans; (b) supporting surveys and research on population, reproductive health, and violence against women; and (c) using the results of surveys and research for policy advocacy.

17. The programme also: (a) strengthened the capacity of the health system to address violence against women; (b) strengthened the capacity of partners at national and community levels to increase the demand for reproductive health services among women and youth; and (c) strengthened the capacity to monitor follow-up to the recommendations of the Committee on the Elimination of Discrimination against Women and the Millennium Development Goals.

18. UNFPA and the Government undertook an evaluation of the programme in 2011. Lessons learned included the need for:

(a) increased synergy among programme components and partners and more robust risk assessment; (b) more systemic technical support; (c) an increased focus on advocacy and policy dialogue, based on operational research and analysis; (d) increased linkages within the national family protection framework to address violence against women; (e) expanded outreach efforts for vulnerable youth; and (f) an increased focus on monitoring and evaluation, and on results-based management.

19. A number of good practices emerged from the programme, including: (a) the integration of services for female victims of violence into the reproductive health services of the Ministry of Health, in partnership with the United Nations Children's Fund (UNICEF); (b) support to the Higher Population Council to publish national population reports; and (c) support to the Ministry of Planning and International Cooperation to integrate and monitor population and gender issues in the national executive development plan, in partnership with UNDP.

IV. PROPOSED PROGRAMME

20. The proposed programme is aligned with national development priorities, the United Nations Development Assistance Framework (UNDAF) and the UNFPA strategic plan. It builds

on lessons drawn from the evaluation of the previous programme. The programme uses a human rights-based, participatory approach, and plays a catalytic role in promoting synergies, convergence, resource optimization and knowledge management. The programme will emphasize joint programming with other United Nations organizations, in particular the International Labour Organization (ILO), UNDP, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), and the World Health Organization (WHO).

21. The UNDAF focuses on four outcomes, in the areas of systemic reform, social equity, youth and the environment. The UNFPA programme will focus on the first three UNDAF outcomes and on three UNFPA strategic plan outcomes, through five outputs. The programme will seek to accelerate the achievement of the health-related Millennium Development Goals, especially goals 4 and 5. It will increase the focus on advocacy and policy dialogue, with targeted pilot assistance centred on a few vulnerable groups in a small number of geographical areas.

22. UNFPA will complement the work of the United States Agency for International Development (USAID), which is the largest donor in the area of reproductive health in Jordan. The programme will focus on social determinants, particularly gender dimensions, and on promoting an enabling environment for maternal health.

23. At the national level, UNFPA will generate data and operations research for improved policy advocacy, with the aim of increasing access to high-quality reproductive health services, promoting healthy lifestyles among young people, and protecting women from violence. Work at community and subnational levels will be limited to piloting interventions that adopt human rights-based and gender-sensitive approaches. The focus will be on robust technical assistance and the sharing of experiences using various approaches, including South-South cooperation. UNFPA and the Government will undertake a rigorous risk assessment and stakeholder analysis to strengthen partnerships, coordination and results-based management.

Population dynamics

24. Output 1: The capacity of national institutions is strengthened to monitor and provide evidence-based analysis and advocacy on population and reproductive health in order to guide media, public and policy debates. This will be achieved by: (a) strengthening coordination among stakeholders on issues relating to population and reproductive health; (b) supporting evidence-based advocacy and policy dialogue within the context of related national development plans; (c) strengthening the capacity of national partners including the Higher Population Council to conduct evidence-based research on population issues, including the relationships between population, the environment and climate change; (d) supporting the development and implementation of an advocacy and communication strategy on youth employment and entrepreneurship; (e) Support development of national strategy for elderly 2013-2017, (f) Production of national reports on population bi annually, (g) support the Higher Population Council in updating its strategic plan 2015-2019 and evaluating its previous strategic plan; and (h) continuing to build national capacity in results-based management, in monitoring the Millennium Development Goals, and integrating population and gender issues into national development plans.

25. Through its partnership with the Higher Population Council (HPC), UNFPA will be strengthening HPC coordination role by supporting its coordination activities related to

demographic dividend and monitoring and evaluating mechanisms related to implementation of Demographic Dividend policies, population projection, migration, youth and media, using clear criteria to ensure coordination effectiveness. Moreover, UNFPA will support HPC, the Ministry of Planning and International Cooperation (MOPIC) and other national institutions as needed in the development of policy papers and position documents to advocate for the integration of population issues into national and sub national plans and strategies. UNFPA will support Jordan's preparations for the ICPD beyond 2014 by facilitating public debates on Jordan's position for the ICPD beyond 2014 agenda in partnership with MOPIC, HPC and, NGOS and other concerned stakeholders within a national technical committee established for this purpose.

26. UNFPA will technically and financially support HPC to evaluate its strategic plan and develop its new strategic plan for the years 2015-2019.

27. As Jordan is considered one of the main hosting countries in the region, UNFPA will be supporting the development of mechanisms and ways to implement recommendations of the national analytical report on migration produced in 2012 to enhance data on migration and support research and policy briefs on the linkages between migration and population issues.

28. UNFPA will support the integration of population issues and reproductive health in key national planning documents, including the national strategies related to the elderly. In collaboration with UNICEF and WHO technical support will be provide by UNFPA to develop a national acceleration plan of MDG5 focusing on improving health services and care during delivery, pre-post natal care with special focus on high risk pregnancies. UNFPA will support MOPIC and MOH in their advocacy activities for the adaptation of the national plan recommendations.

29. UNFPA will support the National Council for Family Affairs to conduct an assessment of the national plan for elderly people and its action plan 2009-2011 and support the development of a new national strategy for the years 2013-2017.

In reaching this output, UNFPA will work in close coordination with UNDP, UNICEF, WHO and other UN agencies.

30. Output 2: The capacity of national institutions is strengthened to generate and use data from the census, surveys and records to guide policy and decision makers at national and subnational levels. This will be achieved by: (a) providing technical support to the national population census in 2014 and national surveys on migration and youth, demographic and health surveys, and other surveys to ensure that gender and human rights concerns are taken into account; and (b) strengthening the national capacity to use routine records, real-time data and other data sources for more effective and efficient policy actions. The programme will address data gaps (including data on persons with disabilities, the elderly and other marginalized populations) and will support the monitoring of the Millennium Development Goals.

31. UNFPA will support the Department of Statistics (DOS) in developing a technical assistance plan for the successful completion of the 2014 census and will be providing technical support in selected areas in this plan. UNFPA will provide support to the dissemination of census findings nationally and regionally. UNFPA will be supporting the development of analytical researches and in-depth analysis of produced census and DHS data.

32. UNFPA will support the Civil Status and Passport Department (CSPD) to improve the vital statistics reporting based on their civil registration system and strengthen the linkages between their systems and those of the MOH maternal mortality information system (please see output 1 under maternal and newborn health below).

33. UNFPA will support conducting surveys such as the Demographic and Health Survey, survey on Youth and other survey that cover gaps in data on the elderly, and the dissemination of these surveys main results in addition to selected details analysis reports.

34. In achieving this output, UNFPA will coordinate closely with USAID, UNICEF, UNDP and other UN agencies.

35. Output 3: National organizations are better equipped to institutionalize healthy-lifestyle programmes that promote reproductive health for young people, including groups that are most at risk. This will be achieved by: (a) supporting advocacy efforts targeted at decision makers and opinion leaders; and (b) introducing and modifying existing tools to build the capacity of national partners to promote healthy lifestyles and enhance civic participation among young people. UNFPA will explore partnerships with other United Nations organizations, including ILO and UNDP.

36. UNFPA will complement training modules produced in the previous cycle tocontinue supporting the healthy life styles (HLS) camps with HCY, and will support and train organizations working with youth such as We are All Jordan (WAJ) on the camps modality to ensure proper implementation of the camps. With the Royal Society for Health Awareness (RHAS), UNFPA will work on integrating the RH and GBV within RHAS's already developed university community materials and courses. This project will be piloted in two universities focusing on nursing schools and general faculties' students.

37. UNFPA youth project will strengthen the linkages with the Y-PEER network in Jordan via engaging the network members in the HLS camps and in the RH courses and initiatives with RHAS, HCY and WAJ. UNFPA will strengthen the Y-PEER network in terms of capacity building and partnerships with local NGOs as a youth working partner for UNFPA youth component and will support the network expansion, structure and activities on the national level.

Maternal and Newborn Health

38. Output 1: National capacity is strengthened to increase the demand for and the provision of high-quality, equitable reproductive health services for women and young people in selected centres and communities. This will be achieved by: (a) establishing coordination mechanisms to identify, monitor and strengthen accountability related to maternal and neonatal deaths and near-miss cases; (b) strengthening a facility-based maternal and neonatal death and near-miss review and audit system, and piloting it in one urban directorate and one rural directorate; and (c) updating existing guidelines and protocols, and building the capacity of the Ministry of Health to provide life cycle-based health services, including family planning counseling and puberty when appropriate, to women and girls according to their age group (from age 9 to the post-reproductive years) in women's clinics and will include services in emergency settings. At the community level, UNFPA will work in two communities to: (a) build the capacity of non-governmental and community-based organizations to use a life-cycle approach to raise awareness of reproductive health, gender and youth issues; and (b) strengthen the linkages

between communities and community centres and health facilities, progressing from isolated interventions to strengthened partnerships.

39. Within MOH, UNFPA, will support the Ministry with technical expertise to enhance existing maternal death notification system and providing staff capacity building on data generation. At the facility level, UNFPA will be piloting in two hospitals to strengthen the death audit system and ensure better reporting within the facility to identify any avoidable factors which could improve maternal care in the future through providing technical expertise and training for health professional. UNFPA will coordinate with UNICEF and WHO to link work on maternal death audits with the UNICEF supported neo natal death audits. UNFPA will also ensure coordinate with the Civil Status and Passports Department as needed.

40. UNFPA will be working with MOH in seventeen selected comprehensive health centers in addition to the National Women's Healthcare Center (NWHC) in Tafieleh to provide life cycle-based health services to women and girls. UNFPA will be supporting assessment of the available services, develop plans and capacity building programmes to enhance the health care services provided. Moreover, UNFPA will also support monitoring and evaluation activities in addition to various awareness raising activities. To maximize the impact, UNFPA will ensure linkages among the piloted hospitals for the maternal death audit and the selected 18 comprehensive women heath centers, as well as the community level activities. UNFPA will work closely with UNICEF, WHO, USAID and other partners

Gender Equality and Reproductive Rights

41. Output 1: The capacity of national institutions is strengthened to address violence against women at the service level and at the national-framework level. The programme will, in coordination with UNICEF, build on the achievements of the previous programme cycle by: (a) supporting advocacy and expanded partnerships to strengthen linkages within the national family protection framework; and (b) building the capacity of health workers and family protection committees in the three most populated governorates (Amman, Irbid and Zarqa) to detect and refer cases of violence against women and provide counselling, with an emphasis on addressing the attitudes of health workers regarding violence against women and children.

42. UNFPA will build on the work done with MOH in the previous programme cycle and will continue its coordination with UNICEF in the selected health centers to enhance the institutional capacity of MOH to provide quality services for GBV cases.

43. UNFPA will contribute to strengthen the institutional capacity and the role of Family Protection Section in MOH. Through providing MOH with technical expertise, UNFPA will also continue supporting different types of capacity building activities for service providers with stronger focus on their attitudes towards GBV survivors and vulnerable groups including the disabled, in addition to awareness raising activities on GBV for health service providers and for local communities. UNFPA will also support MOH to increase the number of its trainers on GBV and to produce data on KAP "knowledge, attitudes, and practices of service providers in MOH on domestic violence".

44. In order to support MOH to combat violence against women in the public health system within the overall National Family Protection Framework, UNFPA will support the capacity building of FPD personnel on GBV issues. UNFPA will support NCFA by providing technical

expertise to update and endorse the new Family Protection strategy (2013-2015) and to develop policy document on health sector related gaps in the family protection legislation, laws and regulations.

45. Moreover, as mentioned under output 3, UNFPA will be supporting_RHAS on integrating GBV issues within its developed university community materials and courses targeting nursing students in two universities. UNFPA will work closely with UNICEF, UN Women and other UN agencies.

V. PARTNERSHIP STRATEGY

44. The programme will be implemented through national execution modality. The Ministry of Planning and International Cooperation (MOPIC) will be leading the coordination and monitoring of programme implementation and making sure it is complementing the National Agenda and the Execution Development Plan for 2011-2013 (EDP).

45. Based on the recently conducted stakeholder analysis, UNFPA will be working with a number of government, NGO's, IGOs, UN agencies and others as appropriate; these will include the following;

From the Government:

- Ministry of Health (MoH)
- Ministry of Planning and International Corporation (MoPIC)
- Ministry of Social Development (MoSD)
- Ministry of Education and Higher Education (MoEHE)
- Ministry of Information and Communication (MoIC)
- Ministry of Finance (MoF)
- Ministry of Interior (MoI)/ Local Development Directorate
- Ministry of Culture (MoC)
- Higher Population Council (HPC)
- Higher Council for Youth (HCY)
- Jordan Radio and Television JRTV)
- Department of Public Security (PSD)/Family Protection Department (FPD)
- Department of Civil Defense (DCD)
- Department of Statistics (DoS)
- Civil Status and Passports Department (CSPD)
- Amman Municipality (AM)

From the NGOs, CBOs and semi governmental organizations:

- National Council for Family Affairs (NCFA)
- National Center for Human Rights (NCHR)
- Queen Zein Al-Sharaf Institute for Development (ZENID)
- Jordanian Hashemite Fund for Human Development (JOHUD)
- Jordanian National Commission for Women (JNCW)
- Princess Basma Youth Resource Center (PBYRC)
- Noor Al-Hussein Foundation /and Institute for Family Health (NHF/IFH)
- Injaz for the Creation of Economic Opportunities for Jordanian Youth
- Jordan River Foundation (JRF)
- Abu Thar Al-Ghafari society
- Jordanian Red Crescent (JRC)
- Jordanian Women's Union (JWU)

- Family Development Association (FDA)
- Arab Women's Organization (AWO)
- Jordanian Association for Family Planning and Protection (JAFPP)
- Jordan Health Aid Society (JHAS)
- Aman Society
- National Women's Healthcare Center in Tafeeleh (NWHC)
- Jordanian Hashemite Charity Organization (HCO)
- Royal Health Awareness Society (RHAS)
- We All Jordan Commission (WAJ)
- King Abdullah II Fund for Development (KAFD)

Multilateral partners:

- United Nations (UN)
- World Bank (WB)
- European Union (EU)

Bilateral partners:

- USAID and its funded projects
- JICA
- British Council
- Swiss Embassy
- Norwegian Embassy
- Canadian Embassy
- Action Aid Denmark
- Others

Universities:

- University of Jordan
- Jordan University for Science and Technology
- Others

Others:

- Upper and lower Houses of Parliament
- Y-Peer Network

46. National partners will ensure that UNFPA is achieving its stated outcomes and outputs by strengthening coordination among stakeholders on issues related to population and reproductive health, strengthening national capacities, systems and procedures, and enhance advocacy and policy dialogue.

47. UNFPA will continue to partner, directly or indirectly, with local NGOs at the community level. This modality will be made for piloting purposes.

48. UNFPA will continue to work as a part of the UN Country Team. This will be reflected through its representation in the different UNDAF working groups, UN theme group on HIV/Aids, UN media and communication group and RH and Child Protection and GBV emergency sub working groups and other formed working and sub working groups.

49. MOUs and AWPs will be signed with main partners to clarify partnership modality including outputs, activities and fund allocations.

50. Joint programmes with UN agencies will be implemented in the area of youth, GBV, maternal and new born health and policy advocacy.

VI. PROGRAMME MANAGEMENT

51. AWPs will be developed with the different partners involved in the execution of the UNFPA programme, within the framework of the CPAP. The concerned ministries, departments and non-governmental organizations will be responsible for programme planning, implementation, monitoring and evaluation. Guided by the Simplification and Harmonization process of the UN, the interventions of UNFPA and other UN agencies will be coordinated with key partners to ensure a synergetic impact. Areas for joint programming will be identified during the consultations with the agencies on the AWPs preparation process.

52. All cash transfers to an implementing partner are based on the AWPs agreed between the implementing partner and UNFPA.

53. Cash transfers for activities detailed in AWPs can be made by using the following modalities:

a. Cash transferred directly to the implementing partner:
    i. Prior to the start of activities (direct cash transfer), or
    ii. After activities have been completed (reimbursement);
b. Direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partners;
c. Direct payments to vendors or third parties for obligations incurred by United Nations agencies in support of activities agreed with implementing partners.

54. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by implementing partner over and above the authorized amounts.

55. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

56. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-United Nations[1] Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

57. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

58. Annual review meetings will be carried out through the programme implementation period to review achievements, challenges and lessons learnt that will help in developing next AWPs and programmes.

59. UNFPA Jordan country office consist of a non-resident Country Director to be appointed by the UNFPA Regional Office for Arab States, (ASRO) an Assistant Representative will be responsible for the overall and day to day follow up of the programme. National programme staff and General Services staff according to an office typology cleared by UNFPA will provide technical managerial support to the programme. Additional staff and consultants will be hired on service contract and special services agreement as needed, and according to UN rules and regulations. Additional staff may be recruited in case of emergencies that require additional support.

60. A Fundraising strategy will be developed and monitored and updated on an annual basis, to raise the additional other resources stipulated in this CPAP according to the Country Programme Document approved by the joint UNDP/UNFPA Executive Board.

VII. MONITORING AND EVALUATION

61. Monitoring and evaluation of the 8th programme will be based on Results-Based Management principles, and specifically on the CPAP Results and Resource Framework (RRF) in Annex I, the CPAP Planning & Tracking Tool in Annex II. The CPAP matrix and the RRF are core components of the M&E framework.

62. These instruments contain the outcome, output and sub-output indicators, baselines and targets, implementing partners, indicative resources per output. This will be the basis for assessing the achievements of results at all levels and for assessing progress towards planned targets which represent the CPAP yearly milestones.

63. Implementing partners agree to cooperate with UNFPA for monitoring of all programmatic activities supported by cash transfers and will facilitate access to relevant

[1] For the purposes of these clauses, "the United Nations" includes the International Financial Institutions (IFIs).

financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing Partners agree to the following:

- Periodic review of their financial records by UNFPA or its representatives, following UNFPA's standards and guidance,
- Periodic review and monitoring of their programmatic activities following UNFPA's standards and guidance,
- Special or scheduled audits: UNFPA, in collaboration with other United Nations agencies (where so desired: and in consultation with the [coordinating Ministry] GCA) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

64. To facilitate assurance activities, implementing partners and UNFPA will agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

65. (Where an assessment of the Public Financial Management system has confirmed that the capacity of the Supreme Audit Institution (SAI) is high and willing and able to conduct scheduled and special audits), the SAI may undertake the audits of Government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, audits shall be conducted by auditors designated by UNFPA.

66. Assessments and audits on non-government implementing partners will be conducted in accordance with the policies and procedures of UNFPA.

67. Annex 2 presents a summary of the CPAP Monitoring and Evaluation Plan.

VIII. COMMITMENTS OF UNFPA

68. The UNFPA Executive Board approved a total commitment of US$ 3,500,000 from UNFPA Regular Resources (RR), subject to the availability of funds, for the period 1 January 2013 to 31 December 2017 in support of the Country Programme. The Board also authorized UNFPA to seek additional funding to support the implementation of the Country Programme Action Plan, referred therein as Other Resources, to an amount equivalent to US$ 3,000,000. Therefore, the country programme approved by the UNFPA Executive Board, totals US$ 6, 500,000.

69. These funds are stipulated based on the regular eights country programme approved by the UNDP/UNFPA Executive Board, should an emergency, either natural or man-made take place then UNFPA will seek additional funds to support the Government of Jordan in addressing the impact thereof in close coordination with the Jordanian Government and other UN partner agencies.

70. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within fifteen days after receiving a request for the prospective quarter.

71. In case of direct payment to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners on the basis of requests signed by the designated official of the Implementing partners, UNFPA shall proceed with the payment within two weeks after receiving approved official request.

72. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

73. Where more than one UN agency provide cash to the same implementing partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

IX. COMMITMENTS OF THE GOVERNMENT

74. The government of Jordan will have an in-kind contribution to the implementation of programme in which they will provide salaries to programme government focal points, office space for NPPPs and running cost for implementing activities such as youth camps and training workshops.

75. The Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNFPA to the Government. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNFPA under this Country Programme Action Plan. UNFPA shall also be exempted from Value Added Tax (VAT) or any other forms of local taxation in respect of local procurement of supplies or services procured in support of UNFPA assisted programmes. The accounting procedures for supplies and equipment will conform to the general accounting procedures of the Government which will provide such information as required by UNFPA. This is in line with the Standard Basic Assistance Agreement (SBAA) between the Government and the United Nations Development Programme (UNDP), dated the 12th of January 1976 which applied mutatis mutandis to UNFPA.

76. Each of the UNFPA assisted programme ministries shall maintain proper accounts, records and documentation in respect of funds, supplies, equipment and other assistance provided under this country programme. Authorized officials of UNFPA shall have access to all relevant records and documentation concerning the distribution of supplies, equipment and other materials and the disbursement of its funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all relevant phases of the programme.

77. All supplies and equipment procured by UNFPA should be used as indicated in the AWP to serve the CP goals. Should any of the supplies and equipment thus transferred not be used for the purposes for which they were provided, UNFPA may require the reprogramming of those items, and the Government will make such items freely available to UNFPA. Therefore, in consultation with concerned government ministries, UNFPA may request a joint review of the

use of commodities supplied but not used for the purposes specified in this CPAP or AWP, for the purpose of reprogramming those commodities within the framework of the CPAP.

78. With respect to the use of programme funds, UNFPA and the heads of respective Government ministries as indicated in the AWP, will sign separate letters of understanding and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The Government shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/assistance in accordance with Government regulations and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved AWP budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the ICSC circulars.

79. The Government shall facilitate and co-operate in arranging periodic visits to programme sites and observations of programme activities for UNFPA personnel and officials for the purpose of monitoring the end use of programme assistance, assessing progress in programme implementation and collecting information for programme development, monitoring and evaluation.

80. The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials and advisors, within Jordan. UNFPA and its officials and advisors will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors or employees. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the Government.

81. The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP. The Government will co-operate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds needed to implement the unfunded components of the programme by endorsing UNFPA's efforts to raise funds for the programme from the private sector both internationally and in Jordan by permitting contributions from individuals. The Government will authorize the publication through various national and international media of the results of the Programme of Cooperation and experiences derived there from.

82. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s)

authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

83. Cash transferred to Implementing Partners will be spent for the purpose of activities as agreed in the AWPs only. It shall be used in accordance with established national regulations, policies and procedures, consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are substantially inconsistent with international standards, the UN agency regulations, policies and procedures will apply.

84. To facilitate scheduled and special audits each Implementing Partner will provide the UNFPA-appointed auditor, UNFPA staff or delegated UN Agency staff with timely access to: all financial records of cash transfers provided by UNFPA; all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed; and all relevant documentation regarding the national processes underlying direct payment requests to UNFPA.

85. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will review the audit report issued by the auditors; provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA and the audit firm; undertake timely actions to address the accepted audit recommendations; and report on the actions taken to implement accepted recommendations to UNFPA.

X. OTHER PROVISIONS

86. This Country Programme Action Plan and its annexes shall supersede any previously signed Country Programme Action Plan or Master Plan of Operations and become effective upon signature, and will be understood to cover programme activities to be implemented during the period 1 January 2013 through 31 December 2017.

87. The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review or compelling circumstances.

88. Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Work plan, any supplies, equipment or vehicles furnished (and to which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.

89. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946.

90. IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day, (20 May 2013), in Amman, Jordan.

For the government of Jordan

For United Nations Population Fund

UNITED NATION'S POPULATION FUND
UNFPA
AMMAN - JORDAN

Annex I- RESULTS AND RESOURCES FRAMEWORK FOR JORDAN

National priorities: (a) strengthening principles of social justice and equal opportunity; (b) developing human and economic resources; and (c) upgrading the production base and expanding development benefits

UNDAF outcome: Jordan has undertaken political and institutional reform at national and subnational levels in a participatory, transparent and accountable manner

Outcome indicators: (a) number of laws drafted in a participatory manner; (b) number of national consultation processes engaging civil society and youth; and (c) number of functional, gender-sensitive mechanisms that support accountability and decision-making at national and governorate levels

UNDAF outcome: Jordan has institutionalized policies and mechanisms for the effective and inclusive participation of young people in social, cultural, economic and political life

Outcome indicators: (a) the existence of a national strategy for young people detailing specific social, cultural, economic and political programmes; and (b) the percentage of young people engaging in voluntary civic and political activities and initiatives

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Population dynamics Outcome indicators: • Number of laws drafted in a participatory and transparent manner Baseline: 1; Target: 6 • Existence of a national strategy for young people detailing specific social, cultural, economic and political programmes Baseline: draft Target: adopted	Output 1: The capacity of national institutions is strengthened to monitor and provide evidence-based analysis and advocacy on population and reproductive health in order to guide media, public and policy debates	Output 1 indicators: • An effective coordination mechanism Baseline: needs improvement Target: strengthened and active • Number of policy advocacy documents that integrate population and reproductive health Baseline: 0; Target: 15	Ministry of Planning and International Cooperation; Higher Population Council; academia; UNDP; UNICEF	$3.4 million ($1.6 million from regular resources and $1.8 million from other resources)
	Output 2: The capacity of national institutions is strengthened to generate and use data from the census, surveys and records to guide policy and decision makers at national and subnational levels	Output 2 indicators: • Number of institutions that utilize analysis reports Baseline: 0; Target: 3 • Number of national strategic documents that use census and UNFPA-supported surveys Baseline 0; Target: 3	Department of Statistics; academia; research centres; Macro International; USAID	
	Output 3: National organizations are better equipped to institutionalize healthy-lifestyle programmes that promote reproductive health for young people, including groups that are most at risk	Output 3 indicators: • Number of peer educators conducting at least one initiative promoting healthy lifestyles Baseline: 20; Target: 200 • Number of young people who participate in healthy-lifestyle programmes, including those that promote reproductive health, through institutionalized programmes or informal structures. Baseline: 500; Target: 4,000 • Number of targeted institutions that offer programmes that promote healthy lifestyles and civic participation to young people, including those who are most at risk Baseline: 2; Target: 5	Ministry of Youth and Sports; Ministry of Social Development; community-based and non-governmental organizations; youth peer networks; ILO; UNDP; UNICEF	

National priorities: (a) reform health-sector policies and improve the institutional framework; and (b) enhance the operational efficiency of the public health-care system while improving the quality of services **UNDAF outcome**: Jordan is providing equitable delivery of high-quality social services for all people Outcome indicators: (a) rate of smoking among people aged 18 and over; and (b) contraceptive prevalence rates Also links to **UNDAF outcome**: Jordan has undertaken political and institutional reform at national and subnational levels in a participatory, transparent and accountable manner				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Maternal and newborn health Outcome indicator: • Contraceptive prevalence rate Baseline: 59% Target: 71%	Output 1: National capacity is strengthened to increase the demand for and the provision of high-quality, equitable reproductive health services for women and young people in selected centres and communities	Output indicators: • Policy document on maternal and neonatal death and near-miss cases of maternal deaths Baseline: inexistent; Target: endorsed • Facility-based maternal and neonatal death and near-miss surveillance system Baseline: not fully operational; Target: operational in one urban and one rural directorate • Number of women and young people receiving services from women's clinics Baseline: to be determined; Target: 30% increase	Ministry of Health; Jordanian Society of Obstetricians and Gynaecologists; Royal Medical Services; community-based and non-governmental organizations; private-sector hospitals	$1.8 million ($1.1 million from regular resources and $0.7 million from other resources)
National priority: eliminate all wrongful social practices against women and correct negative stereotyping that undermines their rights **UNDAF outcome**: national institutions have improved social-protection services and poverty-alleviation programmes for vulnerable people Outcome indicators: number of policies and laws aligned with the principles of human rights and child rights, which seek to protect women and children from violence				
Gender equality and reproductive rights Outcome indicator: • Number of policies and laws aligned with the principles of human rights that seek to prevent gender-based violence and violence against children Baseline: 0; Target: 3	Output 1: The capacity of national institutions is strengthened to address violence against women at the service level and national-framework level	Output indicators: • One violence-monitoring system at the Ministry of Health Baseline: non-existent; Target: functional • Number of health workers in targeted health facilities who are trained on protocols for the protection of women from violence Baseline: 500; Target: 1,500	Ministry of Health; Ministry of Social Development, Family Protection Department; National Council for Family Affairs; national partners working within the family protection framework; Jordanian National Commission for Women; non-governmental organizations; UNICEF; UN-Women	$1 million ($0.5 million from regular resources and $0.5 million from other resources) Total for programme coordination and assistance: $0.3 million from regular resources

Annex II - Planning Matrix for Monitoring and Evaluation Template

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
SP outcome 1: Population dynamics and its inter linkages with the needs of young people (including adolescents) sexual and reproductive health (including family planning) gender equality and poverty reduction addressed in national and sectoral development plans and strategies																	
UNDAF outcome 1: Jordan has undertaken political and institutional reform at national and subnational levels in a participatory, transparent and accountable manner **UNDAF outcome 4:** Jordan has institutionalized policies and mechanisms for the effective and inclusive participation of young people in social, cultural, economic and political life																	
CP output 1: (output 1.6 in UNDAF) The capacity of national institutions further strengthened to monitor and provide evidence-based analysis and advocacy on population and reproductive health in order to inform media, public and policy debates	1.1- An effective coordination mechanism. Baseline: needs improving; Target: strengthened and active	- Mechanisms to implement recommendation of migration data analytical report -8 coordination meetings on DD, Migration, population projections, media conducted -DD regular monitoring report produces DD monitoring plan updated and new indictors introduced		-8 coordination meetings conducted - Road map on migration data supported - Coordination meetings on ICPD supported -Evaluate HPC strategic plan and devlop new plan for the years 2015-1019		- ICPD beyond 20 follow up national plan developed - HPC coordination mechanisms strengthened - 8 coordination meetings conducted -DD monitoring report produced		- Monitoring and coordination mechanisms on DD evaluated -8 coordination meetings conducted - ICPD beyond 20 national plan monitored - DD policy document reviewed and updated		-Migration data analytical report updated - Coordination meetings conducted		-Reports of HPC	-Monitoring visits. -Annual reviews -MTR	-Monthly. -Quarterly -Annual	PDS focal point	1500	Quality of monitoring reports Absence of tracks to monitors impacts of policy documents

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	1.2- Number of policy advocacy documents that integrate population and reproductive health. Baseline: 0; Target: 15	-National ICPD 20 report launched. -ICT youth employment report launched. - 5 advocacy meeting s conducted - Promise researches website updated - National Plan for MDG5 Acceleration drafted.		-Document on Jordan's position on ICPD 20 developed -3 policy briefs developed -Bi-annual population report produced -2 researches conducted -National plan for MDG5 acceleration endorsed		-Policy document on ICPD 20 developed -3 policy briefs developed -5 advocacy activities conducted.		-Bi Annual population report. -5 advocacy activities conducted.		- 5 advocacy activities conducted -2 policy briefs developed - National MDG5 Acceleration plan reviewed		Reports of HPC and MOPIC	Monitoring visits. Annual reviews MTR	-Monthly. -Quarterly -Annual	PDS focal point	1500	

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
Output 2 (output) : The capacity of national institutions further strengthened to generate and use data from the census, surveys and records to inform policy and decision makers at national and subnational levels	2.1- Number of institutions that utilize analysis reports Baseline: 0; Target: 3	- Census technical assistance plan developed and partially supported - Technical assistant plan for Vital statistics data system developed - National youth Survey Supported		-Quality census report produced. -Vital statistics data system supported		- 3 Analytical reports of Census developed -Quality of vital statistics annual report improved		-3 advocacy activities conducted.		-DHS 2017 supported		- DOS DHS and Census reports. - DOS progress reports - CSPD annual report	-Close follow up and filed Visits. -Quarterly progress reports -provided by partners. -Annual reviews.	-Monthly. -Quarterly -Annual	PDS focal point		-High turnover among partners. - Bureaucracy in partners' procedures; delay in implementation process

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	2.2- Number of national strategic documents that use census and UNFPA-supported surveys; Baseline 0; Target: 3	-DHS report launched. -Draft youth survey report developed. -Youth strategy updated		-National Youth Strategy launched and disseminated - 2 Analytical reports on DHS produced -youth survey report Launched.		-No. of policy documents Supported utilizing census, DHS and youth survey results - 2 Analytical research on youth issues produced						- DOS DHS and Census reports. - DOS progress reports - HCY reports	-Close follow up and filed Visits. -Quarterly progress reports -provided by partners. -Annual reviews.	-Monthly. -Quarterly -Annual	PDS focal point		-High turnover among partners. - Bureaucracy in partners' procedures; delay in implementation process.

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
Output 3 (output 4.3 UNDAF): National organizations have institutionalized healthy-lifestyle programmes including reproductive health to which young people have access focusing on the most at risk groups)	3.1- Number of peer educators conducting at least one initiative promoting healthy lifestyles Baseline: 20; Target: 200	-30 Nursing students trained on RH and GBV and 30 youth trained on RH in one university with RHAS - 2 health initiatives conducted by the trained youth		-30 Nursing students trained on RH and GBV and 30 youth trained on RH in one university with RHAS - 2 health initiatives conducted		-60 Nursing students trained on RH and GBV and 30 youth trained on RH in one university with RHAS - 2 health initiatives conducted by the trained youth		-60 Nursing students trained on RH and GBV and 30 youth trained on RH in one university with RHAS - 2 health initiatives conducted - publishing the best youth initiatives and lessons learnt on HLS project to be attached to the HLS kit		-60 Nursing students trained on RH and GBV and 30 youth trained on RH in one university with RHAS - 2 health initiatives conducted		- Pre and post evaluations for HLS camps. - RHAS M&E evaluation tools	-Close follow up and filed Visits. -Quarterly progress and financial reports -Annual reviews.	- Activity's based follow ups - Quarterly and annually received reports	-UNFPA: Programme Youth focal point person. - Partners: focal points from RHAS, All Jordan and HCY		- Partners human resource and capacity -High turnover with the partners who received the trainings

Monitoring risks	- Partners human resource and capacity -High turnover with the partners who received the trainings
Resources available for M&E activities	- Already developed pre and post evaluation tool for HLS camps. - RHAS M&E evaluation tools -Youth Survey data when published
Persons/ units responsible for M&E activities	- UNFPA: Programme Youth focal point person. - Partners: focal points from RHAS, All Jordan and HCY
Timing/ frequency of M&E activities	Activity's based follow ups - Quarterly and annually received reports
M&E activities	- Close follow up and filed Visits. -Quarterly progress and financial reports provided by partners. -Annual reviews.
Means of verification	- Pre and post analysis for the RH courses with RHAS and the HLS - All Jordan, RHAS and HCY progress reports
Targets and achievements – Year 5 – Achievement	
Targets and achievements – Year 5 – Target	- 2 HLS camps conducted by All Jordan and 4 HLS camps by HCY - 300 youth aged 15-24 yrs aware of at least 5 ways of HLS ways and aware of at least 3 ways to prevent HIV/AIDs
Targets and achievements – Year 4 – Achievement	
Targets and achievements – Year 4 – Target	- 2 HLS camps conducted by All Jordan and 4 HLS camps by HCY - 300 youth aged 15-24 yrs aware of at least 5 ways of HLS ways and aware of at least 3 ways to prevent HIV/AIDs
Targets and achievements – Year 3 – Achievement	
Targets and achievements – Year 3 – Target	- 2 HLS camps conducted by All Jordan and 4 HLS camps by HCY - 300 youth aged 15-24 yrs aware of at least 5 ways of HLS ways and aware of at least 3 ways to prevent HIV/AIDs
Targets and achievements – Year 2 – Achievement	
Targets and achievements – Year 2 – Target	- 2 HLS camps conducted by All Jordan and 4 HLS camps by HCY - 300 youth aged 15-24 yrs aware of at least 5 ways of HLS ways and aware of at least 3 ways to prevent HIV/AIDs
Targets and achievements – Year 1 – Achievement	
Targets and achievements – Year 1 – Target	- 2 HLS camps conducted by All Jordan and 4 HLS camps by HCY - 300 youth aged 15-24 yrs aware of at least 5 ways of HLS ways and aware of at least 3 ways to prevent HIV/AIDs
CP output indicators and baselines	3.2- Number of young people who participate in healthy-lifestyle programmes, including those that promote reproductive health, through institutionalized programmes or informal structures. Baseline: 500; Target: 4,000
Results	

Monitoring risks	- Partners human resource and capacity -High turnover with the partners who received the trainings
Resources available for M&E activities	- Already developed pre and post evaluation tool for HLS camps. - RHAS M&E evaluation tools -Youth Survey data when published
Persons/ units responsible for M&E activities	- UNFPA: Programme Youth focal point person. - Partners: focal points from RHAS, All Jordan and HCY
Timing/ frequency of M&E activities	Activity's based follow ups - Quarterly and annually received reports
M&E activities	- Close follow up and filed Visits. -Quarterly progress and financial reports provided by partners. -Annual reviews.
Means of verification	- Pre and post analysis for the RH courses with RHAS and the HLS -RHAS, All Jordan, and HCY progress reports
Targets and achievements — Year 1 — Target	- Updated and reviewed materials on RH with RHAS and HLS camps -25 qualified trainers on RH and healthy life styles materials with RHAS and 15 qualified trainers on HLS camps modality with All Jordan
Targets and achievements — Year 1 — Achievement	
Targets and achievements — Year 2 — Target	-Healthy life style programme integrated within RHAS youth programme by the end of the year - 15 new youth workers trained on RH materials from RHAS and 15 new worker trained on HLS camps kit with All Jordan
Targets and achievements — Year 2 — Achievement	
Targets and achievements — Year 3 — Target	-15 qualified trainers on HLS camp modality with All Jordan
Targets and achievements — Year 3 — Achievement	
Targets and achievements — Year 4 — Target	- Develop a position paper with the youth and the partners on HLS for young people.
Targets and achievements — Year 4 — Achievement	
Targets and achievements — Year 5 — Target	- RHAS, HCY and All Jordan manage to support the HLS initiatives, camps and courses and mainstreamed them. - 25 new qualified trainers (practitioners and academic personal) on RH materials with RHAS and universities
Targets and achievements — Year 5 — Achievement	
CP output indicators and baselines	3.3- Number of targeted institutions that offer programmes that promote healthy lifestyles and civic participation to young people, including those who are most at risk Baseline: 2; Target: 5
Results	

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
SP outcome 2: Increased access to and utilization of quality maternal and newborn health services																	-High turnover among partners. - Bureaucracy in partners' procedures; delay in implementation process. - Lack of national experts in the field of adolescents' health
UNDAF outcome 3: Jordan is providing equitable delivery of high-quality social services for all people	4.1- Number of health centers providing quality lifecycle approach services to women & youth Baseline: to be determined; Target: 30% increase	-Assessment of service provided for women and adolescents in selected centers conducted. -Road map and service package for quality lifecycle approach services to women and youth endorsed.		-Protocols, training materials and M & E tools for quality lifecycle approach services endorsed. -22 trainers trained TOT -100 health service providers trained		-100 health providers in the selected areas trained on comprehensive women health services. -38 awareness sessions for the communities conducted. -IEC materials on comprehensive women health Services produced		-100 health providers in the selected areas trained on comprehensive women health services. -38 awareness sessions for the communities conducted		-Assessment of the service provided for women and adolescents in the selected health centers conducted. - Assessment recommendations for women and adolescents comprehensive life cycle health services addressed.		-Training records of workshops from partners. - Regular reporting reports provided by the selected health facilities. -Pre and post tests for workshops. -Final reports of the assessment including recommendations and action plans.	-Assessments for health services provided for women and adolescents. -Close follow up and filed Visits. -Quarterly progress reports provided by partners. -Annual reviews.	- 1st year and 5th year -Monthly -Quarterly -Annually	UNFPA: Gender /RH focal point person. Partners: focal points.	- 1st assessment 20,000$ - 2nd assessment 20,000$	
CP output 4: Output 1 (output 3.4 UNDAF) National capacity is strengthened to increase the demand for and the provision of high-quality, equitable reproductive health services for women and young people in selected centres and communities																	

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	4.2-Facility-based maternal and neonatal death and near-miss surveillance system Baseline: not fully operational; Target: operational in one urban and one rural directorate	-National committee on maternal and neonatal deaths established. -Road map to strengthen maternal and neonatal death audit system developed.		-Actions from road map to establish audit maternal mortality system taken. -Facility based reviews for the three selected hospitals on maternal deaths conducted. -Information system on maternal death at MOH assessed.		-Capacity building to improve maternal health services and reporting at three selected hospitals provided. -MOH information system staff trained and follow up visits on maternal cases		--Capacity building to improve maternal health services and reporting at three selected hospitals provided. -National data on maternal death produced		-Facility based maternal and neonatal death and near-miss surveillance system established. -Advocacy document on maternal and neonatal death and near-miss cases developed.		- Roadmap for r the national committee for maternal death audit. -Reports of data produced from the maternal death audit system. -The final copy of the policy paper on maternal death and near-miss cases.	-Close follow up and Field Visits. -Quarterly progress reports provided by partners. -Annual reviews. Assessment for the maternal health audit system.	-Monthly. -Quarterly. -Annually.	-UNFPA: Gender/RH focal points. -Partners: focal points	20,000 USD	-High turnover among partners. - Bureaucracy in partners' procedures; delay in implementation process

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	4.3- Policy document on maternal and neonatal death and near-miss cases of maternal deaths Baseline: inexistent; Target: endorsed	-				-National committee on maternal and neonatal death advocacy plan developed.		-Developed advocacy plan supported. -Policy document on maternal and neonatal deaths produced.				- Records of MOPIC. -MOH progress reports.	-Represent UNFPA in national meetings. -Follow up field visits.	-Monthly -Quarterly.	-UNFPA: PDS & RH/Gender focal points. -Partners: focal points		
SP outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy																	
UNDAF outcome 2: National institutions have improved social-protection services and poverty-alleviation programmes for vulnerable people Outcome indicators: number of policies and laws aligned with the principles of human rights and child rights, which seek to protect women and children from violence																	

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
Output 5 (output 2.1 UNDAF): National institutions have a strengthened capacity to address Gender Based Violence through provision of quality services; referral; and improved legal framework	5.1- One violence-monitoring system at the MoH Baseline: non-existent; Target: functional	--The new family protection strategy updated and endorsed.		-Policy document on health sector related gaps in the family protection legislation, laws and regulation developed.		-Capacities of FP committees and section in MOH further strengthened. - KAP survey for MOH health service providers on GBV conducted.		-Case management assessment within GBV protocols conducted.		- New members of the Family Protection Committees in MOH trained. - Case management assessment recommendations addressed.		-Training records of workshops from Family protection section. - Regular reporting reports provided by the Family Protection Committees Pre and post tests for workshops. -Final copies of the Strategy ,KAP, and policy paper.	-Close follow up and filed Visits. -Quarterly progress reports provided by partners. -Annual reviews.	-3rd year and 4th year -Monthly -Quarterly -Annually	-UNFPA: Gender/RH focal point - Partners: focal points.	-KAP study 15,000$ - Case Management 15,000$	-High turnover among partners. - Bureaucracy in partners' procedures; delay in implementation process

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	5.2- Number of health workers in targeted health facilities who are trained on protocols for the protection of women from violence -Baseline: 500; target 1,500	- GBV protocols and training manual endorsed – -22 new trainers (TOT) and 200 health service providers from MOH trained		-350 service providers trained		-350 service providers trained		-300 service providers trained		-300 service providers trained		-Training records of workshops from Family protection section. - Regular reporting reports provided by the Family Protection Committees Pre and post tests for workshops.	- -Close follow up and filed Visits. -Quarterly progress reports provided by partners. -Annual reviews.	- 2nd year and 4th year -Monthly -Quarterly -Annually	-UNFPA: Gender/RH focal point - Partners: focal points.	-	-High turnover among partners. - Bureaucracy in partners' procedures; delay in implementation process. - Lack of national experts in the field of GBV TOTs