Children in Jordan
Situation Analysis
2006/2007

Summary

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CHAPTER 1
THE CONTEXT OF CHILDREN’S LIVES

Jordan has made important strides toward the implementation of the Convention on the Rights of the Child. It has attempted to reinforce the legislative framework in favour of children, the Penal Law, the Juvenile Law, the Personal Status Law and the Nationality Law have all been reviewed, amendments have been introduced, and new laws enacted. CRC and CEDAW concepts have been incorporated into the curricula of the schools of law at Jordanian universities and officials of the judicial and law enforcing institutions were adequately oriented. General awareness on CRC principles has been generated through schools, various field projects and the electronic media. Jordan submitted its first national report on CRC implementation to the Committee on the Rights of the Child in Geneva in 1993, the second periodic report in 1998, and the third report in 2005.

- Jordan signed the CRC in 1990 and ratified it by Royal Decree in 1999, with reservations on three articles, 14 & 20 & 21. A law was issued for the endorsement of the Convention on the Rights of the Child and was published in the Official Gazette (issue no. 4787) on 16 October 2006.
- Jordan also ratified ILO Convention No. 138 which specifies the Minimum Age for Admission to Employment and No. 182 covering the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour and the CRC Optional Protocols on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict.
- Jordan has also (in March 2007) signed the Convention on the Rights of Persons with Disabilities.
- Jordan signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1980 and ratified it in 1992 with reservations on Article 9 paragraph 2, Article 1 paragraph 4, Article 16 paragraph 1(c) & (d) and (g).
ACTION PLANNING FOR A ‘JORDAN FIT FOR CHILDREN’”

Jordan’s National Agenda addresses education, health, social welfare, employment generation and poverty alleviation aspects. Frameworks for child focused planning, developed in the last five years, include the National Plan of Action for Children (NPA), National Framework for Family Protection, the National Early Childhood Development Strategy, the National Strategy to Eliminate Child Labour, the National Youth Strategy, and the National Strategy for the Jordanian Family.

Lead by Her Majesty Queen Rania Al-Abdullah, The National Council for Family Affairs (NCFA) in cooperation with the Ministry of Planning and International Cooperation (MOPIC), UNICEF and other stakeholders, developed The National Plan of Action for Children (NPA) (2004-2013). The NPA aims to build a ‘Jordan Fit for Children’, by creating a secure environment that guarantees their rights to survival, development, protection and participation. The vision is to create supportive conditions through positive legislation, policies and programmes for the physical, mental, social and emotional well-being.

To assist achievement of CEDAW objectives, the Jordanian National Commission for Women (JCNW) was established as a semi-governmental institution in 1992. It is the official national monitoring mechanism for all government agencies in all matters relating to women’s issues and represents the country in all relevant international and regional forums. A Parliamentary Working Group on Women’s issues has also been set up.

FACTORS AFFECTING THE REALIZATION OF CHILDREN’S RIGHTS

Jordan has been affected by the long-standing Middle East Crisis following the creation of Israel in 1948 and also in 1967, the 1990 Gulf War, and the 2003 US-led occupation of Iraq. However, Jordanians have not relented in managing the humanitarian consequence of these crises. The Royal Family has always supported humanitarian causes. Following many years of support for UNICEF programmes for children in and outside Jordan, in January
2007, Her Majesty Queen Rania was appointed by the UNICEF Executive Director as the first Eminent Advocate for Children.

THE ENVIRONMENTAL FACTOR
Jordan suffers from low availability of water resources per capita, which is further aggravated by high population growth and urbanization rates. Agriculture is challenged by the combination of water scarcity and degradation of natural resources. By 2002, 96 per cent urban households and 84 per cent rural ones had access to safe drinking water. Eighty-nine per cent of households had flush toilets in 2002, but compared to 73 per cent of urban dwellings, only 7 per cent of the rural had access to public sewage networks. Environmental pollution levels have risen because of emissions from oil refineries, thermal power plants, factories, mines and cars. Efforts to maintain and build environmental resources include the enactment of the 1995 Environmental Law, and development of planning frameworks such as the 1991 Environmental Strategy, the National Health and Environmental Strategy and Plan of Action, the Water Resources Master Plan 2000, and Jordan’s Agenda 21 which was adopted in 2001. Other initiatives are the establishment of the Ministry of Environment in 2003, the Biodiversity Strategy and Action Plan, and National Strategies for Environmental Education and Information.

ECONOMIC AND SOCIAL TRENDS
The average GDP growth from 2000 to 2005 was 5.9 per cent and is expected to be sustained at this level till 2008. Major challenges facing the economy are dependence on foreign grants and loans resulting in high external debts – 91 per cent of GDP in 2004, resulting in budget deficits (currently at 11 per cent). The government is also concerned about poverty and unemployment, which remains at about 15 per cent. In order to remedy this, the Jordan National Strategy for Poverty Alleviation 2002 focused on increasing and extending the National Aid Fund, supporting sustainable micro-financing and increasing employment opportunities in rural areas and small towns. The latest poverty study by the government and the World Bank reports a marked reduction in the incidence of poverty.
from 21.3 per cent in 1997 to 14.2 per cent in 2002-2003, with the chronically poor comprising only 29 per cent of the poor.

Food prices have steadily risen, straining the budgets of poorer households, which spend 48 per cent of their income on food, and rural families for whom food expenses represent 58 per cent of their income.

With progressive improvements in Jordan’s human development index (HDI), its global rank is now 89 out of 177 countries, and 9 out of 19 countries in the region. Jordan’s development vision for the next decade is contained in the Jordanian National Agenda 2006-2015. This is a forward-looking which is also expected to contribute to the achievement of the Millennium Development Goals.

*The Impact of Changing Demographic Trends* implies that more resources need to be allocated to cover social services for the growing population. In 1961 there were less than a million people in Jordan, and by the end of 2004, the number had risen to about 5.35 million people including 32 per cent (1.7 million) registered Palestinian refugees. In recent years, fertility has gone down from 4.4 children per woman in 1997 to 3.2 by 2007. Due to positive preventive health policies and expansion of health services, mortality has declined even faster than fertility. Since 1990, the estimated crude death rate has been 7 per 1,000 compared to 12 per 1,000 in the early 1980s. By 2002, infant mortality rate was reduced to 22 per 1,000 live births and maternal mortality rate to 41 per 100,000 births. The result was a rise in life expectancy levels to 71.5 years – 70.6 years for men and 72.4 years for women. Population density is 60.3 per sq km overall, but varies across regions and sub-regions.

**THE HOME ENVIRONMENT**

For a large percentage of the population there is improvement in the quality of the living space, access to public utilities and household conveniences. Over 98 per cent now live in permanent, substantial housing. Access to electricity is almost universal – 99.7 per cent urban, and 98.7 per cent rural. Access to drinking water and sanitation facilities is high, but the quality varies between urban and rural and rich and poor households. Household sizes are
still fairly large. As reflected by national average in 2002, it was 5.7 persons per household, with an average of 5.5 family members in urban households and 6.2 in rural ones.

**Family Norms**: Till its abolition in 1975, tribal law was accepted as legitimate as civic law in Jordan. Family relationships and voting patterns reflect strong kinship ties, and the extended family remains an important support system. Polygamy still prevails in more conservative families. In 2002, as in 1997, seven per cent of married women were in polygamous unions. Though feedback from community women indicates widespread prevalence of son preference, girls and boys seem to be equally cared for in infancy, but gender stereotyping is evident in their socialization from early ages.

**MEDIA AND COMMUNICATION**

Television viewer-ship is still high among mothers (70 to 80%), and 50 per cent were listening to the radio according to a 2004 baseline survey. Newspapers readership ranks low in rural areas, but in some urban areas is around 65 per cent. Media choices are expanding, with access to 20 television stations and international satellite channels, besides a large number of FM, AM and shortwave radio stations. The role of the official media is gradually being reinforced towards public education on social aspects including child-related issues. There has also been progress in the information and communication technology (ICT) field in recent years, though more ground needs to be covered. Between 2002 and 2005, computer ownership rose from 19 per cent of households to 38 per cent, and Internet use from 5 per cent to 26 per cent.

**GOVERNANCE STRUCTURES AND PEOPLE’S PARTICIPATION**

Jordan, a constitutional monarchy, continues to shift towards democratization. The country’s constitution which was originally promulgated on 01 January 1952 has undergone several changes. The first ever elections were held in 1960 with voting rights for those 20 and above. Universal suffrage was extended to those 18 years and above. There are many political parties, but the party system is yet to mature. Voting is guided by tribal
considerations and personalities rather than party affiliations or election manifestos. The bicameral legislature – ‘Majlis Al-Umma’ consists of a 110 seat Lower House of Parliament – ‘Majlis Al-Nuwaab’ elected by popular vote on the basis of proportional representation for a four-year term, and an Upper House of Parliament – ‘Majlis Al-Ayaan' that consists of 55 members appointed by the monarch from designated categories of public figures. In the Lower House six seats are reserved for women, to be allocated by a special electoral panel if no women are elected. The Prime Minister is appointed by the monarch, while the Cabinet is formed by the Prime Minister in consultation with the monarch. The latest parliamentary and municipal elections were held in November 2003. Women were not part of the political process till the early 1950s. In the 2003 parliamentary elections, none of the 54 women candidates were elected. All six female members of the current Parliament came in through appointment. Except by voting, the general public does not have many means of participating in governance matters. Administratively, Jordan is divided into three regions, which cover 12 governorates.

KEY CROSS-CUTTING CHALLENGES

- Approval and regularization of some draft and temporary laws is pending, and there are unaddressed concerns such as the low age of criminal responsibility, the absence of protective laws for child workers.
- Marginalized children are not likely to benefit from generalized approaches, and sustaining gains in child and women’s health and education may be at risk due to increasing population pressure.
- The socio-economic status of less educated girls and women of lower income groups has not changed substantially, nor have attitudes changed appreciably towards women’s political and economic roles.
- Neglect and violation of children’s or women’s rights are still due to complex and deep-rooted societal norms, where behaviour change strategies are not yet well defined.
- There is insufficient attention to decentralized and participative development planning and management approaches.
- There is room for better coordination between government agencies, NGOs and international agencies working for children.
THE WAY FORWARD
Future efforts need to focus on sustaining existing gains and some streamlining to fill identified gaps, for instance:

• Further harmonization of laws with the country’s international commitments and mainstreaming of a rights orientation in all development frameworks.

• To regularly report on the monitoring and evaluation of the realization of the CRC and to widely disseminate reports and observations of the CRC International Committee in Geneva.

• Alignment of project design to the appropriate context through Governorate- and district-level planning, fostering community-based development approaches, and reinforcing the planning and implementation skills of government, NGO and community.

• Strengthen awareness, advocacy and behaviour change programmes and create an enabling socio-economic environment for child development.

• Sustaining education and health care gains, and making efforts towards quantitative and qualitative improvements for children, adolescent and women, as well as filling gaps in integrated strategic frameworks and action plans in support of vulnerable children and adolescents.
CHAPTER 2
SECURING HEALTHY LIVES

Almost 98% of Jordanians have access to health services. Birth spacing has been promoted, steps were taken to improve child nutrition, and access to clean water and sanitation is high. Rising levels of female education have played a vital role in improving health indicators. However, the country needs to make extra efforts to achieve the child survival Millennium Development Goals (MDGs) by 2015.

Jordan’s health system comprises the Ministry of Health (MOH), the Royal Medical Services, university hospitals, the private sector, NGOs and the international and charitable sector, including the UN Relief and Works Agency for Palestine Refugees (UNRWA), which serves the 1.84 million registered Palestinian refugees in the country. The estimated health insurance coverage in the country in 2004 was 70 per cent and the National Agenda aims to raise it to 100 per cent by 2015.

Trends in Infant and Child Mortality by Five-Year Periods

![Chart showing trends in infant and child mortality]

**Safe Motherhood:** The currently accepted figure of maternal mortality in Jordan is 41 mothers dying per 100,000 live births. Achievement of the MDG to reduce it to 12 per 100,000 live births seems very challenging. The DHS 2002 found high anaemia prevalence among 26 per cent of females of child-bearing age and 29 per cent of ever-married women. Male participation in family planning is still low.
Women’s Reproductive Health: The total fertility rate declined from 4.4 in 1997 to 3.7 in 2002 and to an estimated 3.2 in 2007. The overall median length of intervals between deliveries, which was 25.5 months in 1997, rose to 30.1 months in 2002.

The Antenatal Stage: Since 1997, almost all pregnant women (99 per cent) are receiving antenatal care from medically trained personnel. The care provider was a doctor for 95 per cent of the more urbanized Central Region compared to 93 per cent in the North and 90 per cent in the South. Yet, findings of a UNICEF/DOS 2004 baseline survey in five governorates indicated the total lack of home visits by health staff in some governorates, and that only about 15% of mothers were reached in others. According to this survey women’s nutrition awareness was low, and less than 40% of women were taking vitamins.

Conditions During Childbirth: 97% of births take place in a health facility. This means that Jordan has surpassed the target of 90 per cent of births attended by skilled health personnel, the MDG’s proxy indicator for reduction of maternal deaths.

Post-Natal Care: In 2002, 31 per cent of women, giving birth in a health facility, were returning for post-natal care, and 35 per cent of those delivering outside a health facility were receiving post-natal checkups. Low coverage is a result of post-natal neglect where there is no felt need; lack of awareness of the importance of post-natal care; no information about the availability of services; and post-natal care costs.

CHILD SURVIVAL

Infant and Child Mortality: There are sub-national variations in Infant Mortality Rate (IMR) and under-five mortality rate (U5MR) according to location, family income and the educational level of mothers. To bring the IMR level down to 11.3 per 1,000 births, the national MDG target for the year 2015, special attention is needed on the crucial neonatal stage, during which 73 per cent of infant deaths occur at the rate of 16 per 1,000 births.

The National MDG target for the year 2015 for the U5MR to reach 13 per 1,000, is considered achievable with special
interventions addressing areas and groups with higher death rates than the national averages.

**IMR and U5MR Variations – Urban/Rural, Poverty and Maternal Education, per 1,000**

<table>
<thead>
<tr>
<th></th>
<th>IMR</th>
<th>U5MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Rural</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>Urban</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>Poorest 20% of the population</td>
<td>35.4</td>
<td>42.1</td>
</tr>
<tr>
<td>Richest 20% of the population</td>
<td>23.4</td>
<td>25.2</td>
</tr>
<tr>
<td>Children of uneducated mothers</td>
<td>36</td>
<td>44</td>
</tr>
<tr>
<td>At least preparatory education</td>
<td>20</td>
<td>24</td>
</tr>
</tbody>
</table>

**Immunization:** Jordan has been free from polio and diphtheria since 1995, and there have been only a few cases of pertussis and tetanus during this period.

**Percentage of Children 12-23 Months Vaccinated**

<table>
<thead>
<tr>
<th></th>
<th>DPT 3</th>
<th>OPV3</th>
<th>Measles</th>
<th>All Except BCG</th>
<th>BCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>98.1</td>
<td>97.0</td>
<td>94.7</td>
<td>92.4</td>
<td>28.7</td>
</tr>
<tr>
<td>Female</td>
<td>98.3</td>
<td>98.2</td>
<td>95.6</td>
<td>94.9</td>
<td>28.9</td>
</tr>
<tr>
<td>Urban</td>
<td>98.4</td>
<td>97.6</td>
<td>95.4</td>
<td>93.9</td>
<td>35.2</td>
</tr>
<tr>
<td>Rural</td>
<td>97.3</td>
<td>97.5</td>
<td>94.2</td>
<td>92.9</td>
<td>6.8</td>
</tr>
<tr>
<td>Central</td>
<td>98.6</td>
<td>97.5</td>
<td>95.0</td>
<td>93.3</td>
<td>38.1</td>
</tr>
<tr>
<td>North</td>
<td>98.9</td>
<td>98.9</td>
<td>96.2</td>
<td>95.6</td>
<td>17.3</td>
</tr>
<tr>
<td>South</td>
<td>93.3</td>
<td>94.6</td>
<td>93.6</td>
<td>90.4</td>
<td>2.9</td>
</tr>
</tbody>
</table>

*Source JPFHS 2002*

**Control of Diarrhoeal Diseases:** There are no reported cases of diarrhoea-related child deaths, or severe dehydration among children since 1998. Sanitation is also becoming a concern, as though almost all households have toilets, only 58 per cent of houses were connected to the public sewage networks in 2004.
Acute Respiratory Infections (ARIs): The MOH reports a 70 per cent decline in the use of antibiotics in 2002, better management of pneumonia cases, and overall improvement in ARI indicators.

Low Birth Weight: In 2002, almost all babies (98%) were being weighed at birth. The rural prevalence of low birth weight—less than 2.5 kilograms—was 14.6 per cent compared to 8.9 per cent urban.

Breast Feeding: Most Jordanian mothers breastfeed their babies immediately after delivery, but the JPFHS 2002 found that about 45 per cent of mothers stop exclusive breastfeeding by the time their babies were two months old, and 97 per cent by the time they were four-five months old.

Under-five Growth Trends: Though chronic malnutrition is not an acute problem in Jordan, the 2002 JPFHS reveals that stunting increased with age from 3 per cent among children below 6 months of age to 13 per cent among children aged 12-23 months, and differed by sex, birth order, birth interval, residence and mother’s education. Both stunting and wasting levels were higher among the poorer and rural groups and in the South.

The Influence of Micro-nutrients on Child Health: Studies showed that 20 per cent of children below 5 years of age were anaemic, 15 per cent had vitamin A deficiency (VAD) and 33 per cent had iron deficiency anaemia (IDA). In Jordan VAD is a public health problem only in certain geographical pockets. Severe IDA, which affects the cognitive and physical development of children, is not a generalized public health problem in Jordan. The MOH provides vitamin A supplements to school children in high risk areas, and conducts public education to promote breast feeding and proper complementary feeding. The MOH is currently fortifying the flour used to make the staple Arabic bread with iron. All edible salt is being iodized in compliance to the government regulations.
CHILDHOOD DISABILITY-THE CAUSALITY AND THE SCALE

The 2002 DHS found that 43 per cent of married females aged 15-49 was related to their current or previous husband prior to marrying. In 2004 premarital examinations were made compulsory, and facilities include 41 laboratories in public sector health centres and 129 in the private sector, besides 5 pre-marital counselling centres. The tests only cover Thalassaemia. The nine most common disabilities are Down’s syndrome, autism, attention deficit disorder, mental retardation, spina bifida, muscular atrophy, cerebral palsy, hearing impairments and visual impairments. There is no accurate estimate of the number of inflicted persons.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

Work began in 2005 to prepare for the pilot implementation of IMCI in 14 health centres in 3 governorates – Madaba, Balqa and Zarqa. Besides adaptation of manuals and guidebooks to the Jordanian situation, initial training of trainers has been conducted, and case-management courses held for nurses to ensure a skilled cadre at the pilot health centres.

UNINTENTIONAL INJURIES (ACCIDENTS)

In 2004, the 77,314 reported injuries involved 9,057 children below 16 years: almost 12 per cent of the total. This included home and workplace-based injuries as well as traffic accidents, with death resulting in about one fifth of all reported serious accidents. Leading causes of accidents at early ages within the home are accidental poisoning, falls and burns. A substantial number of child and adolescent deaths and injuries occur due to road accidents.
Ainjuries and death in road accidents among children under 18 years in 2006

In a sample study among 2,500 13-15 year-old students in public and private schools, 4.3 per cent of boys and 2.8 per cent of girls were obese, according to the Jordan Global School-based Health Survey 2003. The Global Youth Tobacco Survey, 2003 revealed that 33% of children aged 13-15 years – 37% of boys and 28% of girls, smoke cigarettes and flavoured tobacco through the ‘shisha’ (water pipe).

Healthy Lifestyles: Status and Awareness:
According to a study entitled “Jordanian Youth: Their Lives and Views” conducted by DOS and UNICEF in 2002, more than 90 per cent of young Jordanians aged 10-19 evaluate their health as good or very good. Their main perceived health problems are respiratory tract and gastro-intestinal diseases, and to a lesser degree, dental problems and headaches. Persistent functional impairments were reported by 23 per cent, with vision problems being the most prevalent. A sample study among 2,500 13-15 year-old students in public and private schools showed that 4.3 per cent of boys and 2.8 per cent of girls were obese, according to the Jordan Global School-based Health Survey 2003. The Global Youth Tobacco Survey, 2003 revealed that 33% of children aged 13-15 years – 37% of boys and 28% of girls, smoke cigarettes and flavoured tobacco through the ‘shisha’ (water pipe).

Sexual and Reproductive Health and Access to Health Services: The Youth Survey in 2001 found low sexual and reproductive health knowledge and awareness levels with 42 per cent of those aged 15-19 (48 per cent boys, 35 per cent girls) unable to explain the meaning of reproductive health. A 2005 UNFPA survey found knowledge gaps and misconceptions among both girls and boys, but with girls being somewhat better informed than boys on these issues. All respondents were keen to be educated about healthy lifestyles including on psychological and emotional aspects, puberty, sexual health and interaction between sexes, pregnancy, and means of protection against HIV/AIDS.
Adolescent Marriage and Motherhood: The legal age of marriage for both girls and boys is 18 years, but the law allows some exceptions based on judicial discretion. By 2002, the average age of first marriage had reached 21.8 years. Teenage marriage in Jordan reportedly decreased from 20 per cent of all marriages in 1998 to 15 per cent in 2004. Child-bearing among adolescents decreased from 6 per cent in 1997 to 4 per cent in 2002.

Sexually Transmitted Infections
The scale of sexually transmitted infections (STIs) in Jordan is not known, but a recent Family Health International (FHI) supported survey of 1,204 women attending obstetrics and gynaecology clinics discovered infections among 32.2 per cent. The JPFHS 2002 found that 73 per cent of ever-married women had no knowledge of STIs.

HIV/AIDS - The Scale
An AIDS case was first reported in Jordan in 1986. By April 2006, there were 437 reported cases according to the National AIDS Programme report. At present, there is growing realization in Jordan that young people below 30 years of age, especially those aged 15-30 years, are at most risk of contracting HIV/AIDS through unprotected sex. The National AIDS Programme is well established, and a National AIDS Registry is working on improving the information base on HIV/AIDS.

A Safe and Healthy Environment
The 2002 National Youth Survey found low environmental awareness among young people, especially children. Air pollution and unsafe waste disposal were most commonly known, followed by overpopulation and water shortages, but their health implications were not well understood. An important development is the Healthy Environment Initiative for Children launched in 2003 in Irbid at the University of Science and Technology/Queen Rania Centre for Environmental Science and Technology.
CHALLENGES

• The health sector faces a growing demand for services that may outpace the availability of financial resources, facilities and specialized personnel. Knowledge gaps and low health care awareness and inappropriate nutritional practices all contribute to poor health.

• There is evidence for the need to reduce neonatal deaths, improve family care practices which determine child survival and health risks in early childhood, sustain the gains in disease prevention and control, and track and address emerging health risks.

• The higher number of children killed or severely injured due to traffic accidents.

• Pre-adolescents and adolescents have the most unmet health needs. The incomplete recognition of their needs has led to information gaps about their health status and lack of appropriate health services, which result in unhealthy lifestyles, such as smoking, unhealthy diet, limited physical activity and increased vulnerability to STIs and HIV/AIDS.

• There is inadequate research on the health of vulnerable groups and how their access to quality health services is often constrained by practical circumstances, such as the financial burden of the cost of transport and services.

THE WAY FORWARD

• Implementation of the National nutrition policy, aimed at sustaining and improving child and female health and nutrition and increasing access to appropriate health lifestyles education.

• Improve the quality of maternal health services through providing access to quality pre- and post-natal health services, streamlining the monitoring systems for high risk pregnancies including home visits, and making quality emergency obstetric care services available in all areas at all times.

• Improve infant and child survival and well-being with focus on interventions to reduce deaths in the critical neonatal period, and taking targeted measures to reduce the incidence of acute respiratory infections among infants and young children.

• Reduce the incidence of child disabilities by improved detection, diagnosis, prophylactic and medical
rehabilitation services including psychological and counselling services.

- Prevent road traffic accidents by adopting and implementing a multidisciplinary national strategy and plan of action on road safety, and conduct public awareness raising campaigns to increase traffic safety awareness among children, parents, teachers and the public in general.
- Giving priority to Adolescents needs through strategies and interventions, which are designed to address past neglect.
- Reduce the prevalence of smoking through awareness raising and legislative enforcement.
- Address environmental factors through implementing the Environment Protection Law, awareness creation and introducing environmental health education programmes in schools, expanding proper sewerage systems to more households, enhanced waste management measures, and interventions to reduce the negative effects of existing factories, thermal plants near residential areas.
CHAPTER 3
DEVELOPMENT, EDUCATION AND PARTICIPATION

Jordan is among the eight Middle Eastern countries closest to achieving the Universal Primary Education Goal. It ranks 45 among 122 countries in the Education for All Developmental Index, measured by progress in net enrolment in primary education, adult literacy, gender parity and survival rate to grade 5. The Jordanian government recently introduced the multi-donor funded Education Reform for the Knowledge Economy (ERfKE) (2003-2008) Initiative, which focuses on transformation of education programmes and practices for the knowledge economy, support for provision of quality physical learning environments and promotion of learning readiness through early childhood education.

Public sector schools under the Ministry of Education (MOE), which constitute 58 per cent of the total, accommodate 70 per cent of the total enrolment. The remaining students attend schools run by UNRWA (9 per cent), the private sector (20 cent), and other ministries and the military (1 per cent). Eighty-five per cent of Palestinian children attend UNRWA schools. The public sector also caters for 89.4 per cent of the secondary school students, according to the Department of Statistics (DOS) Statistical Yearbook 2005.

EARLY CHILDHOOD DEVELOPMENT

The majority of early childhood development (ECD) services in Jordan are provided through private, formal, centre-based programmes, but the role of the MOE has grown since 1999 when it initiated the opening of its first kindergartens in public schools. The MOE is responsible for designing the overall ECD framework, setting standards, and providing guidelines, besides licensing and supervision of NGO and private KGs, while the MOSD has a similar role for nurseries. In 1999 the National ECD strategy was developed, with a focus on pregnant women, as well as children from birth to below nine years who constitute 26.9 per cent of the total population. To operationalize the National ECD Strategy, the National ECD Action Plan (2003-2007) was developed. The National Council for Family Affairs (NCFA), in cooperation with partners, is in
the process of drafting the second Plan of Action 2008-2012. The NCFA and the MOE have established a national framework of ECD standards and indicators that outlines the expected outcomes for Jordanian children in the early years.

**Nurseries**: 795 nurseries were registered in 2005, from which 52.5 per cent were public, 36.5 per cent private, and 11 per cent NGO-run. The MOSD, in 2005, developed legislation for establishing and licensing nurseries, and is currently developing relevant instructions. The standard of services offered varies between different nurseries. Nurseries, which provide temporary care and play activities for a few hours daily to the youngest and most crucial age group, are extremely limited covering 13,901 children in 2005, representing only about 2 per cent of the 0-4 age children, who constitute 12.9 per cent of the population.

**Kindergartens**: The overall number of KGs increased from 545 in 1990/1991 to 1,595 in 2004/2005 where 15% of children were attending public KGs, while 70% were enrolled in private KGs, and 15% with KGs run by NGOs. Overall KG enrolment has risen from 24.5 per cent in 1991 to 29.4 per cent in 2002, and 37.9 per cent in 2005. The National Plan of Action for Children (2004-2013) and the National Agenda propose to expand access to public KGs, particularly in poor and rural areas, and to increase gross enrolment in preschools to 50 per cent by 2012 and 60 per cent by 2017. There are currently 235 public KGs in remote and poor areas. The MOE plans to establish another 50 annually till 2008.

**Empowering Families for Early Childcare**: Taking note of the 1996 study, which found low parental understanding of early childhood concepts, a Better Parenting partnership was initiated between the government of Jordan and UNICEF to address this aspect through community-based approaches. This has now expanded into a national network of 13 government and NGO institutions delivering parenting education courses in three governorates, reaching more than 70,000 parents and other caregivers, 77 per cent female and 23 per cent male, through a network of community workers and facilitators.
BASIC EDUCATION
Basic Education Infrastructure and Enrolment
2004-2005

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

Source: DOS/ Statistical Yearbook 2005

Since 1960 the number of government primary schools increased about four times, the number of students multiplied seven times, and the number of government schoolteachers increased almost ten-fold.

**Enrolment:** As estimated by the National Centre for Human Resource Development (NCHRD), the net primary enrolment rate in 2003 reached an estimated 97 per cent (grades 1-10). Net enrolment ratios in the lower and upper secondary cycle (classes 7-12) have been sustained at 80 per cent since 1999/2000 with no overall gender differences.

**Learning Achievement:** Since 1990, there has been an unexplained fall in repetition rates, which have dropped four to five times several times over the last decade. By the 2000/2001 school year, the repetition rate was 0.68 per cent for the whole basic cycle – 0.72 per cent for males and 0.63 per cent for females.

**Qualitative Perspectives:** Efforts to improve the quality of education have resulted in bringing down the student-teacher ratio to 19:1. The ratio in UNRWA schools is less positive at 30:1. UNRWA plans to bring this to a 20:1 level by 2010. The number of students per classroom is around 28.6 overall, with an average of 31.5 in urban schools, and 24.0 for rural schools. UNRWA classrooms are the most crowded with an average of 40 students per classroom.

**School Dropouts:** This ratio remained at around 0.39 for the whole basic cycle for the school year 2001/2002, with 0.33 for females and 0.46 for males, with 97 per cent of the enrolled children reaching grade 5. Over the past
years there has been a steady stream of students leaving private schools to rejoin public schools due to price hikes in the private schools. The Iraqis displaced in Jordan put additional burdens on the school system in 2006/2007.

**Secondary Education and Vocational Training**: The two-year secondary or ‘high school’ education is not compulsory, but is free at government schools. Gross enrolment of 16-17-year-olds in 2004/2005 was 79 per cent. Gradual improvements in the quality of vocational education since 1999 attract higher numbers of students, bringing the proportion of vocational students from 15 per cent in 1989 to 36 per cent of all secondary school students by 2002. However employability of vocational graduates is still low.

**EDUCATING CHILDREN WITH SPECIAL NEEDS**

MOE focuses attention on two categories of children with special educational needs – the gifted and the educationally challenged and children suffering from visual and hearing impairments.

**The Gifted**: MOE started working on the Academic Acceleration Programme for gifted children as of the school year 1997/1998. This allows gifted students to progress in line with their academic achievements and abilities, regardless of age limits.

**Children with Learning Difficulties and Mild and Moderate Disabilities**: 12-18 per cent of the children enrolled in regular schools suffer from various types and degrees of learning difficulties. By the end of 2006, 300 school-based resource rooms for children with learning difficulties were established in schools across the country, and the capabilities of staff working with this group of children were enhanced. A study in 2002 states that only 1.5% of disabled children with mild to moderate disabilities are served in “resource rooms” in schools.

**Children with more severe disabilities** and those without access to mainstream schools attend special education classes. 257 centres serving the people with disabilities in Jordan run mainly by NGOs, government and UNRWA. The centres are distributed throughout the country. By 2004,
some 26,000 persons with disabilities were benefitting from various care and rehabilitation centres of which over 23,000 were children.

**GENDER PARITY EDUCATION**

It is estimated that the net enrolment at the primary level had reached 94.9 per cent in 2001–94.3 per cent for boys and 95.5 per cent for girls, giving a Gender Parity Index (GPI) of 1.01. In order to achieve the MDG 3 target of eliminating gender disparity by 2015, there is a need to reach a 0.37% overall annual increase rate. Access to education between sexes is equal for both Jordanian and Palestinian refugee children. Progress is being achieved through the ERfKE project, which is developing national standards to promote child-friendly, gender-sensitive school environments.

**CULTURAL, RECREATIONAL AND SPORTING ACTIVITIES**

Many adolescents express the need for more facilities for leisure-time, cultural and sporting activities. Many Jordanian schools do not provide adequate sports facilities, and there are few parks and playgrounds in the cities and even less in rural areas, or for institutionalized children. Access to safe play spaces is an issue of concern in all regions, including in Palestinian camps. By 2002, there were 63 youth centres functioning under the HCY. An assessment of these centres found them to be sub-standard and of limited value to the young people and to local communities. Future prospects seem brighter with the development of a gender-sensitive youth strategy (2005-2009) for the age-group 12-30 years, which was adopted by the government and launched in 2004.
SO CIAL AN D POLITICAL PARTICIPATION OF CHILDREN AND ADOLESCENTS

Young people feel a lack of participation options at many levels. While most Jordanian families provide a loving environment for their children, traditional norms and values constrain ease of dialogue between children and family authority figures because of the strictly patriarchal nature of society. Children are allowed to decide about minor matters, but have less freedom to decide on more important issues such as academic choices. Adolescents and youth had very little access to organised forums to express their views prior to 1999 when the Future Search Conference and youth forums began to be organised. A key feature of the planning processes for the National Youth Strategy and the National Plan of Action for Children was the active involvement of young people. Among other important participation focused initiatives are the formation and activation of a Children’s Parliament, large scale mobilization of and by children for the ‘Say Yes for Children’ Campaign, training of young people as leaders and peer trainers for participatory activities, and the Child-Friendly City Initiative of the Greater Amman Municipality. As a follow-up to the 2006 MOE study on the situation of students’ councils and PTAs, guidelines to reactivate PTAs and strengthen children’s participation in student’s councils are being developed. The Study showed that 46 per cent of the schools had both a student council and a PTA, 21 per cent had only a PTA, and 12 per cent only a student council.

PARENTAL ASPIRATIONS

Jordanian parents value education for both their sons and daughters. Poor people express regrets when they are unable to ensure their children’s adequate participation in formal education. Even the poor are willing to invest their scarce resources in the education of their children. Most Jordanian parents want girls to get a first degree so that their education would be an asset in the future “in case they need it” and boys to get a higher education ‘to increase their employment opportunities’.
ADULT LITERACY
Jordan reduced illiteracy by a remarkable 70 per cent in three decades, from 35.5 per cent in 1979 reaching a low of 10 per cent by 2004. To bring this rate down further, special adult education programmes are being offered by the MOE in collaboration with NGOs in different parts of the country. Given the high basic education enrolment for both boys and girls, male or female illiteracy is not likely to be significant after 25 years, though for those who drop out early, there may be a challenge to ensure a minimum level of functional literacy beyond the school years.

The Future Agenda; The National Agenda aims to decentralize decision making and improve monitoring and evaluation of the education sector, expand public KG access particularly in poor and rural areas, extend access to basic and secondary education and improve quality at both levels, and enhance private sector involvement in vocational education reform. This is all reiterated through the working program of the “We Are All Jordan” Forum.

National Agenda Performance Indicators (Percentages)

<table>
<thead>
<tr>
<th>Gross Enrolment Ratio</th>
<th>Current</th>
<th>Target 2012</th>
<th>Target 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>In primary education</td>
<td>99</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>In secondary education</td>
<td>86</td>
<td>90</td>
<td>95</td>
</tr>
<tr>
<td>In tertiary education</td>
<td>35</td>
<td>44</td>
<td>50</td>
</tr>
<tr>
<td>University and community college graduates employed within 12 months of graduation</td>
<td>N/A</td>
<td>85</td>
<td>95</td>
</tr>
</tbody>
</table>

Source: National Agenda English Summary
CHALLENGES

• Further progress towards narrowing the ‘knowledge deficit’ will depend on the country’s ability to match the quantitative and qualitative needs of a fast-growing, school-age population with the changing demands of the national economy, as well as making adequate resources available.

• There is a considerable unmet need for better preschools, especially in poorer communities. Quality issues affect the value added of ECD facilities in ensuring school readiness, the relevance and comprehensiveness of curricula, teaching approaches, learning resources and the nature of knowledge and life skills acquired in school and their impact on personality development.

• Public sector schools need better physical infrastructure, sports facilities and a better range of extra-curricular activities, and vocational education needs better alignment to market requirements to enhance employment prospects of graduates.

• Girls outnumber boys and perform better in the basic education cycle, but are fewer in number in preschools. Female adult literacy, especially among the rural poor, and employment prospects of female graduates are much lower than that of males. On the other hand, more boys drop out than girls at the post-primary level.

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

• Availability of adequate resources is essential to achieve universal and equitable access, upgrade and expand infrastructure and learning resources, research and staff development and more efficient education spending.

• Expanding access to improved ECD services and improved design and quality of nursery and KG services, outreach of parenting education to all parents and to modernize ECD syllabi of community colleges and universities.

• Improved staff quality and satisfaction by reviewing teachers’ remuneration packages, opportunities for career advancement and other incentives offered by public, private and NGO institutions, and taking necessary remedial action

• Basic and secondary education cycles more focused on student-centred teaching approaches and life skills-based education, and enhanced participation in secondary education particularly for girls.

• Basic and secondary education cycles, more focused on student-centred teaching approaches and life skills-based education, and enhanced participation in secondary education particularly for girls.

• More non-formal education options for school dropouts to ensure functional and continuing education and skills, and possible approaches to revitalize vocational and technical education.

• Support efforts to integrate children with disabilities into regular schools, and expand on special education facilities for those not in schools due to severe disabilities.
CHAPTER 4
CHILD PROTECTION

Statistics on the magnitude of the diverse problems related to Jordanian children needing special protection are limited. Official figures do not reflect the actual scale of the problem, as they only include cases with which governmental or civil society child protection organisations come into contact. Protective articles have been built into legislative amendments. The draft Childhood Act of 2004 contains a number of clauses regarding the protection of children, and more laws are being drafted. Advocacy continues for action on unaddressed issues.

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

Source: State of the World’s Children 2006

THE RIGHT TO AN IDENTITY AND NATIONALITY

Birth registration is assured by law for all children in Jordan within 30 days of birth, or the father is faced with a fine. Acquisition of a nationality is not automatic for all children born in the Kingdom. Children of Jordanian women married to foreigners are allowed residency permits, and are also exempted from financial penalties for exceeding the period of stay.
CHILDREN DEPRIVED OF PARENTAL CARE

Children without parents or other family caregivers, whose numbers are relatively small, are looked after by governmental, private or NGO institutions. The MOSD requires approval from a judge before accepting a child into one of its institutions, while this condition does not apply to NGO institutions. Legal adoption is not allowed in Jordan, as in most other Islamic countries. The prevalent alternate is the Islamic system of ‘Kafala’, whereby another family takes over the care of the child, but the child’s name and family origin are not legally changed.

The MOSD which encourages NGOs to take on a greater role in service provision, has five institutions that offer boarding, food, health care and social care, two of which are co-educational, two for girls only and one for boys. There are 18 NGO-run care centres with a total of 1050 orphans and children from broken homes living in these 23 institutions by end-June 2006. Of these 250 were in government centres, and 800 in NGO-run facilities. The range and quality of services in these institutions vary. Most basic needs are covered, but surveys confirm less attention to psychological, social and counselling and recreational aspects, and steps towards integration into the community.

Besides the focal role of the MOSD, other governmental sources of financial support for orphans include the Orphans Trust Funds, the Orphan’s Guardian Programme at the Charity Fund Department of the Ministry of Awqaf and Islamic Affairs, Zakat Fund, the National Aid Fund and Jordanian and international NGOs provide direct financial assistance to the poor, the orphans and the children with disabilities among other categories.

CHILD LABOUR

Jordan has ratified all international treaties related to child labour and was among the first countries in the region to ratify ILO Convention No. 138 concerning Minimum Age for Admission to Employment, which forbids employment of children under 18 in hazardous jobs, and ILO Convention No. 182 on the Worst Forms of Child Labour. In 1996, Jordan’s adherence to international and Arab treaties was translated into national law, raising the minimum age for work from 13-16 years and explicitly barring the
employment of children less than 18 years in any job labelled hazardous by the Ministry of Labour. Among subsequent remedial efforts, a key development was the formation in 2006 of a National Strategy to Eliminate Child Labour.

A 2001 survey by MOL found 40 per cent of working children to be below 15 years of age, and 60 per cent between 15 to 18 years. Fifty-three per cent of these children said that they were working to acquire a vocational skill, and 52 per cent to supplement the family income. Child labour in agricultural work, family business and domestic work is under-reported and not officially recognized. Not much is known about the safety conditions at the workplaces. The 2002 National Youth Survey presents a picture of workplace-related accidents and violence affecting adolescents and youth, with a differential focus on 3 age groups 10-14, 15-19 and 20-25 years.

Children on the Streets; in Jordan, they are mostly found in crowded urban areas, as beggars or vendors of small items near busy traffic intersections. They usually have a home to return to, and a family which may be the motivating force for their presence on the street. In 2002, the number of child beggars was 626, of whom 134 were girls. A 2002 NCFA study identified problems affecting children on the streets such as: ‘early and unprotected sexual experiences, violence and neglect at the hands of adults and peers, substance abuse, pressure to earn income, encounters with the law, and lack of schooling.’ Overall responsibility for child labour issues lays with the Child Labour Unit established in 2001 under the MOL, in cooperation with the ILO.

NEGLECT, ABUSE AND VIOLENCE AGAINST CHILDREN AND WOMEN
Legislation does not include all necessary conditions to protect children and women from all forms of abuse and violence. The Penal Code addresses assault, but not domestic violence. Despite advocacy by child rights activists, it retains the controversial Article 62, which allows parents to discipline their children through a stipulated degree of force. The legal system is quite vigilant in cases
of sexual abuse, and the death penalty is applicable to the rapist of a girl younger than 15 years. The Family Protection Department, set up in the Public Security Directorate in 1997, is the focal institution for handling and recording cases of all types of violence and abuse against children and women, within the family and in the public sphere. The fight against child abuse and violence in the family has been championed by Her Majesty Queen Rania Al-Abdullah; a National Team for Family Protection was established in 2000 under Her Majesty’s patronage. The Team, which is coordinated by the NCFA and comprises representatives of related government agencies and NGOs, is responsible for overseeing the implementation of the National Family Protection Framework and the National Strategic Plan for Family Protection (2005-2009). The team has won a UN Human Rights Award for creating a model for addressing violence issues, helping to lift the taboo on the subject of domestic violence in the region and promoting debate on issues of human rights, equity and gender.

Child neglect is not well researched, and the annual reported incidence of child neglect remains low: five cases in 1999 and 51 cases in 2006. There is widespread awareness that abuse does take place in Jordan, even within the domestic sphere, according to an NCFA study. Yet, the existing database does not reflect the real extent and magnitude of the problem. From 1999 to end-2006, the FPD received reports of 4,438 child abuse cases. The gradual rise in reported cases is believed to be due to the better and more extended outreach of the FPD to additional governorates, and the higher awareness level of the families resulting from advocacy campaigns. Legislative review and analysis by the NCFA, MOSD and relevant partners has led to the finalization of the draft Childhood Act and its submission to Parliament for endorsement. Other major achievements are the formulation of a National Framework for Family Protection from Violence, followed by the design of the National Plan for Family Protection 2005-2009. An important milestone was the First Arab IPSCAN Regional Conference on Child Abuse and Neglect held in Amman in February 2004, followed by the Amnesty International’s regional ‘Stop Violence against Women’ campaign launched by her Majesty Queen Rania in May 2004. Training of social workers, medical practitioners and police officers has been stepped up on child abuse prevention, interventions and
rehabilitation. A shelter for abuse victims is functioning under the MOSD, and the regulatory framework for shelters has been approved. NGO services for victims of domestic violence include shelters, legal and psychological counselling, and hotlines. The MOE and the Jordan River Foundation (JRF) have jointly designed and integrated material into the school curriculum to assist prevention and identification of abuse against children aged five to nine years, and a related training manual for school counsellors, besides anti-child abuse information/awareness creation materials and institutional procedural guidelines JRF also provides services for abused children and their parents through it's model center ‘Dar Al-Aman’ and ‘Queen Rania Family and Child Center’ which is also a regional training center. In addition, a Family Support Unit will soon start providing a helpline counselling and referral services for children and their families.

CHILDREN IN CONFLICT WITH THE LAW

According to the MOSD, offences committed by children constitute 11% of all crimes in the country, resulting in the institutionalisation of 800 children annually in MOSD juvenile rehabilitation centres. Most of these children have committed petty offences such as theft, fighting, or assault. Fifty-six per cent of them were school children. The adopted Juvenile Law of 2007 has embraced special measures for juvenile offenders such as limiting the detention time of children in conflict with the law at police stations from 48 to 24 hours, ensuring the presence of a parent or guardian or the child’s lawyer during investigation, and establishing procedures for consideration of release after completing one third of the sentence. However, another draft of the Juvenile Law is still under review by the Legislative Bureau. This draft law introduces alternative measure to deprivation of liberty such as community service; in addition to, rising the legal age of responsibility to internationally accepted standard and establishing Juveniles courts.

As per MoSD records, some 30,000 children (15-18 years) were arrested during the period 1999-2001. Of these, 96 per cent were boys and only 4 per cent girls. Fifty-six per cent of the children were enrolled in schools at the time of arrest. MoSD has eight care centres for children in conflict with
the law. Evaluations of these centres and feedback from adolescent residents have identified many shortcomings. Free legal assistance and counselling is being provided by MIZAN – the Law for Human Rights Group, to affected children and their families through diverse contact channels such as: telecommunication, correspondence, personal interviews, field visits, and e-communication.

CHILDREN ADDICTED TO DRUGS AND PSYCHOTROPIC SUBSTANCES
The Jordanian law penalizes persons who ask children to purchase tobacco products, alcohol, drugs or other volatile substances on their behalf. Information on the extent and patterns of drug abuse among the general population in Jordan is still incomplete. The rising annual number of apprehended drug users or dealers could reflect either growing drug use, better policing and reporting, or both factors. Unlike in previous years, the majority of apprehended drug users are now Jordanians. Substance abuse among children has not received much programmatic attention, since it was previously not considered to be relevant to Jordan, and the number of children arrested for drug offences remains small. The Administration for Drug Control has departments and offices all over the Kingdom that receive complaints and information on the drug phenomenon, which are treated with maximum possible confidentiality possible.

PROTECTION PERSPECTIVES OF CHILDREN WITH DISABILITIES
Rights of individuals with disabilities law number 31 for year 2007, replaced the Jordanian Law for the Welfare of Disabled Persons in 1993. The new Law guarantees the rights of children with disability and calls for developing their skills and capacities and integrating them in their community through providing the necessary measures to ensure their best interests, while taking into consideration their special circumstances and how to address them.

In 2007, a comprehensive strategy framework which encompasses prevention, early detection and rehabilitation was issued, and in the same year Jordan signed the Convention on the Rights of the People with Disabilities,
which provides a new and rights-based platform for work on children with disabilities. The MOSD and the Higher Council for the Affairs of Disabled Persons have formed a High-level Media Advisory Committee, with broad-based representation of the media, government and NGOs. The Community Awareness Programme conducts public information and education on the causes and means of preventing and handling of disabilities, and aims to improve attitudes towards the people with disabilities, their abilities and capacities. CBR of people with disabilities is ‘a strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities.’ It is implemented jointly by people with disabilities, their families and communities, and relevant health, education, vocational and social services. Its introduction in Jordan and extension to new locations has been supported by NGOs and international agencies.

REFUGEE CHILDREN
According to UNRWA, by March 2006, the registered Palestinian refugees living in Jordan numbered 1,835,704 – of whom 894,661 were females. Jordan also hosted a large number of Iraqi refugees including a recent influx since 2006 estimated by the government in the FAFO report to 450,000- 500,000. The legal and basic service cover provided by Jordan to Palestinian refugees is among the best in countries hosting refugees. Most Palestinian refugees hold Jordanian passports and are considered Jordanian nationals, subject to all citizenship rights and responsibilities. There are different rules for the 100,000 or so refugees from Gaza, who are issued temporary passports, which do not confer citizenship rights. Many Palestinians are fully integrated into mainstream life in Jordan, though the quality of life for those living in the 10 official refugee camps is fairly similar to that of the poorer category of Jordanians.

In November 2007, the government estimated that there are between 450,000 and 500,000 Iraqis in Jordan. As Jordan is not a signatory of the 1951 refugee convention, many of them live illegally in Jordan- making them and their children susceptible to abuse and deprivation of their rights. At the same time, the Jordanian government has increasingly made available services to Iraqis in Jordan at the same level of access as that for a vulnerable Jordanian. In particular, public schools- despite the additional pressure
placed upon them—have been opened up completely freely for Iraqi children to enroll since August 2007. Some 20,600 children have December 2007 taken this opportunity to re-
start or continue their education—supported by Jordanian Ministry of Education, UN agencies, Donors and NGOs.

Children, adolescents and women living with HIV/AIDS; Initially, HIV prevalence among pregnant women, children and adolescents was not known. Some age and gender breakdown is now available. The Cumulative Number of cases for children under 15 years of age reported from 1986 to 2007 was 20 and 3.8 per cent of the reported HIV/AIDS cases were among children who were infected through mother – to-child transmission. There is a high level of stigmatization of people living with HIV/AIDS and reluctance to have physical and social interaction with them, as well as to HIV-testing, and seeking help by or for infected persons.

OTHER PROTECTION ISSUES
There are no child soldiers in Jordan. There is no evidence about the existence of trafficking in children and women in the country or of children being used for commercial/sexual exploitation or for production of pornographic material. Female genital mutilation is almost non-existence. There is no information available about children of migrant groups.

CHALLENGES
• Despite recent campaigns to bring public attention to issues of vulnerable children, most of whom face neglect or violation of their rights, while others like some categories of child workers also remain invisible in the law books and national strategies, action is needed on many other fronts over the long term.
• Development and welfare approaches for the vulnerable tend to focus primarily on basic needs provision and reducing problematic aspects such as ‘prosthetics and physical rehabilitation of the people with disabilities’ and ‘reforming the delinquents’, with little attention to identifying abilities and building on the children’s positive potential. The absence of an accurate data base and a comprehensive framework and plan of action for children with disabilities has resulted in service gaps.
The juvenile justice system has a fairly high punitive and custodial care orientation, without due attention to more community-based alternatives, or reform and rehabilitation activities. This has an inherent risk of the children becoming repeat offenders, especially as many detainees also face problems of family acceptance and integration.

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

THE WAY FORWARD

- Expedite the endorsement of the child rights related laws (i.e. Childhood Act, Juvenile Law, and Penal Code) by the parliament to ensure the full protection of children in Jordan.
- Institute a national coordination mechanism on child protection issues in order to create synergy among various protection initiatives.
- Build the capacity of all institutions and professionals working with vulnerable children, including setting standards, guidelines and codes of ethics in dealing with vulnerable children.
- Develop a comprehensive information base on the number, composition and characteristic of vulnerable children and a monitoring system for children’s rights violations.
- Ensure the participation of families in the development of intervention strategies and approaches for working with vulnerable children and guarantee the non-separation and re-integration of children within their families and communities.
CHAPTER 5: PARTNERSHIPS FOR CHILDREN’S AND WOMEN’S RIGHTS

Jordan’s National Agenda emphasizes on public – private partnerships, strengthening the role of civil society organisations and the media, equality of rights to social justice and opportunities and human resource development, besides social inclusion, transparency and accountability of development processes. Different sets of governmental and non-governmental entities have forged alliances for either children or women aimed at research and situation analysis, advocacy, awareness creation, legislative change, policy and action planning, fundraising, and enhanced service coverage. The triumph of the ‘say yes for children’ campaign, which resulted in over one million people expressing their support for the 10 imperative actions and responsibilities deemed necessary for improving the lives of children and youth, is yet another example of the positive energy seeking to materialize in definite actions for children.

LEADERSHIP

Her Majesty Queen Rania’s leadership has made a clear difference in efforts to develop and institutionalize the Early Childhood Development (ECD) Strategy, and to remove taboos about the public acknowledgement and discussion of child abuse issues. A National ECD Team, started to work on developing an ECD Strategy in 1999. Within a year, it came up with a clear definition and a comprehensive strategy including 14 modules covering multi-dimensional ECD aspects. This was followed by the development of a detailed ECD Plan of Action for the years 2003-2007, and work is currently underway to develop the 2nd ECD Plan of Action for the years 2008-2012. Increased attention to protection issues led to the emergence of partnerships for child protection. Again Her Majesty Queen Rania’s patronage and sincere concern for child rights helped bring many sensitive issues to the forefront. The National Framework for Family Protection, a working mechanism for dealing with violence in the family was developed under her leadership. The National Team for Family Protection that is represented by key governmental and NGOs working in the area of family protection works under the umbrella of
NCFA on overseeing the implementation of the National Framework for Family Protection and the National Strategic Plan for Family Protection.

The partnership for legislative review is led by a committee representing the NCFA, the Legislative Bureau at the Prime Ministry, the National Centre for Human Rights, Penal Reform International, the FPD at the Public Security Directorate, the Ministries of Social Development, Health, Justice and Interior, national NGOs and the UN family. This Committee reviews legislative measures and analyzes them in the human rights context, through a systematic, thorough and highly consultative process. An impartial analysis of the selected legislation is conducted to highlight negative and positive aspects of the legislation on child rights, taking into account international rights treaties. Draft recommendations are reviewed, and endorsed or rejected by a high-profile expert consultative committee and final recommendations are then submitted to Parliament. One major achievement is the finalization of the draft Child Rights Act and submission to Parliament for endorsement. Other laws have been amended and are now being enforced as temporary laws.

With Her Majesty Queen Rania providing overall guidance and leadership, the NCFA worked with a large number of stakeholders in year 2004 to develop the National Plan of Action for children with the aim of providing them with a secure environment that guarantees their right to survival, development, protection and participation, and developed in year 2005 a National Strategy for the Jordanian Family, with the aim of determining approaches to assist the family to safeguard its rights and assume its rightful role in development. The consultative process of the development of the National Strategy for the Family and the National Plan of Action for Children (NPA), involved a wide range of stakeholders. The Committees and working groups included representatives from different ministries, NGO and private sector members and technical experts from the academic world. The NPA got its official stamp of approval from the highest level, being launched in October 2004 by their Majesties King Abdullah and Queen Rania.
PARTNERSHIPS AT THE GRASS-ROOT LEVEL
In a community which has a very strong tradition of family and tribal ties which were historically the mainstay of local development, efforts to involve communities in planning and undertaking local development are less than a decade old. Experience of recent community development programmes has been positive. Strategies applied such as capacity building, networking, coordination, and alliance building with government, civil institutions, and other NGOs, are believed to have led to concrete outputs such as empowerment, project streamlining, community ownership and improvements in the quality of life. Networking and community involvement are seen as essential for the sustainability of the NGO projects and activities.

FOSTERING CHILDREN’S PARTICIPATION RIGHTS
The initial momentum for giving children a voice was provided by a UNICEF initiative that started with a series of Future Search Conferences in 1999. Today, child participation is supported by several government agencies, and more than 40 NGOs, besides UN agencies. Participation of children and adolescents in the development of the National Youth Strategy and the Jordanian National Plan of Action for Children (NPA), both in 2004, was among the groundbreaking events in the Kingdom’s planning history. The Children's Parliament was an innovative partnership among school children aged 10-18 years and was initiated by the Jordanian Women’s Union (JWU) in 1996. The JWU led the process of involving children in NPA planning, initially training facilitators from the Children’s Parliament to lead the process. An increased number of organisations are now providing services for children and adolescents, trying to build their participation capacity.

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

PARTNERSHIPS FOR WOMEN’S RIGHTS
The Jordanian National Commission for Women (JNCW) led by HRH Princess Basma bint Talal has forged a variety of partnerships with government and NGOs – men and women, for the advancement of women’s rights. The JNCW works at the national level through various government and private sector agencies, through a communication network of subsidiary organs, a subcommittee for coordination with NGOs and a legal working group. It has also set up an experience-sharing forum for women academics from national universities, and worked towards enlistig the support of male Parliamentarians. The preparation of the National Programme of Action for Women 2003 was the outcome of broad-based participation coordinated by the JNCW to assess follow-up to the 1994 Beijing Conference on Women. Interest groups brought together for consultations included women at the grassroots, rights activists, government and NGO officials and workers, and members of Parliament. Government-NGO partnership has also been a feature of the preparation of periodic reports on CEDAW implementation and review of the observations of its Committee.

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

NGOs have operated at different levels ranging from awareness creation and advocacy on issues of concern of marginalized groups, fundraising, and service provision at grassroots level. Some have pioneered protection interventions for children and women setting up innovative pilot schemes to address their needs and joining hands with government and other partners to extend the coverage of such services. NGOs are now also taking the lead in strengthening the role of women and youth in local development. The increasing networking on policy issues has led to increased visibility of sensitive issues such as violence and abuse in the family and child labour. The positive effect of civil society partnerships on coverage and outputs has been registered in field-oriented initiatives such as the Better Parenting, Community Development and Community Based Rehabilitation (CBR) initiatives. In recognition of their potential, NGOs are being assigned important implementation and monitoring roles for various new national plans, and are also involved in monitoring progress against the MDGs.

THE ROLE OF THE MEDIA IN CHILD RIGHTS PROMOTION
The Jordanian media are becoming sensitized to the challenges facing children in Jordan and the action required. They are becoming proactive information seekers on child rights issues, generating their own stories without having to rely on official press releases to start the process. Some initiatives have been taken to provide children with skills as effective communicators. For the 2005 International Children’s Day of Broadcasting, 25 children aged 12-18 years received training in investigative reporting and television programme planning, production and presentation. The initiative generated widespread interest among local media channels, as well as among international ones such as the BBC Arabic Service, Reuters, UN Radio and Media Line which picked up the story and interviewed the adolescents involved.
THE PRIVATE SECTOR
The private sector is actively involved in high-profile fundraising events or campaigns. A mobile phone company’s partnership with King Hussein Cancer Centre, giving a steady income, is one such example. Other companies have sponsored education grants for children of poor families, a basketball team or a Young Arab Leaders’ Forum meeting. Visibility and brand recognition are key. Companies are to some extent competing to position themselves as socially responsible, forging alliances with NGOs working for children and women, but they have donation policies that usually are of a charitable character, and UNICEF has found it difficult to involve such companies in long-term partnerships of a development or rights-based nature.

INTERNATIONAL ORGANISATIONS
The country hosts a large UN country team consisting of 12 agencies working for Jordan, regional offices for the Middle East and North Africa Region, UNRWA Headquarters, and the UN-Iraq country team. With so many international partners, many of them with overlapping fields of interest, the need has been expressed in the past, especially by the government, for better coordination of external assistance in the country, to ensure coherence and avoid duplication of efforts and resources.

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

• Existing alliances need to be strengthened and new ones fostered to ensure that action for children becomes more effective and achieves universal coverage.

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

• While NGOs are providing good services in their individual spheres of interest and geographical locations, many have limited outreach, maintain hierarchical structures, and approaches that are predominantly welfare oriented and top down service provision.

• There is considerable donor dependency, competition for resources and insufficient coordination.

• The Community Development Programme has set the right direction in target communities, but substantial long term efforts are needed for self-reliant sustainability of the existing community committees, extension of the enabling process to all rural and remote communities, and ensuring that these organisations maintain their focus on children and women.

• Women, adolescents and children are still generally treated as unequal partners in development processes at all levels due to gender and age biases inculcated from early childhood and procedural regulations of most organisations.
THE WAY FORWARD

• Support NCFA in its coordination and monitoring roles on the implementation of the NPA and provide sufficient human and financial resources for the full and effective implementation of the NPA.

• Strengthen coordination at the local and governorate levels.

• Effectively activate and support NCHR’s Committee for Women and Children and ensure that their concerns are not sidelined from the mainstream, establishment of an ombudsperson for children to address their complaints.

• The government, civil society, the media and international agencies adopt, as a fundamental principle, the association of children as active partners in child-focused research, planning, and programme implementation and review.

• Facilitate establishment of centres of excellence for research, training and capacity building for policy and plan development by partnering with Universities and other higher education institutions.

• Strengthen the role of communities to undertake local development and NGO support role for children.

• Promotion of a more visible and active role for children through the media, and more informed mass media partnerships for children.
## Basic Indicators

### Demographic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jordan</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (2006)</td>
<td>5,729,000</td>
<td>6,449,371,000</td>
</tr>
<tr>
<td>Population under 18 (2006)</td>
<td>2,460,000</td>
<td>2,183,143,000</td>
</tr>
<tr>
<td>Population under 5 (2006)</td>
<td>718,000</td>
<td>616,219,000</td>
</tr>
</tbody>
</table>

### Survival

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jordan</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (2004)</td>
<td>72</td>
<td>68</td>
</tr>
<tr>
<td>Neonatal mortality rate (under 28 days), per 1,000 births (2000)</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td>Infant mortality rate (under 1), per 1,000 live births (2004)</td>
<td>22</td>
<td>52</td>
</tr>
<tr>
<td>Under 5 mortality rate per 1,000 live births (2004)</td>
<td>27</td>
<td>76</td>
</tr>
<tr>
<td>Under-5 mortality rate, average annual rate of reduction (1990-2004)</td>
<td>2.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Maternal mortality ratio, per 1000,000 live births (2000, adjusted)</td>
<td>41</td>
<td>400</td>
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### Health and Nutrition

<table>
<thead>
<tr>
<th>Indicator</th>
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<tbody>
<tr>
<td>Percentage of infants with low birthweight (1998-2004*)</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Percentage of under-5s who are moderately or severely underweight (1996-2004)</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Percentage of population using improved drinking water sources (2002)</td>
<td>91</td>
<td>83</td>
</tr>
<tr>
<td>Percentage of population using adequate sanitation facilities (2002)</td>
<td>93</td>
<td>59</td>
</tr>
<tr>
<td>Percentage of 1-year-old children immunized (2004) against:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (BCG)</td>
<td>58</td>
<td>83</td>
</tr>
<tr>
<td>Diphtheria/pertussis/tetanus (DPT1)</td>
<td>96</td>
<td>88</td>
</tr>
<tr>
<td>Diphtheria/pertussis/tetanus (DPT3)</td>
<td>95</td>
<td>78</td>
</tr>
<tr>
<td>Polio (Polio3)</td>
<td>95</td>
<td>78</td>
</tr>
<tr>
<td>Measles</td>
<td>99</td>
<td>77</td>
</tr>
<tr>
<td>Hepatitis B (hepB3)</td>
<td>95</td>
<td>55</td>
</tr>
<tr>
<td>Haemophilus influenzae (Hib3)</td>
<td>95</td>
<td>-</td>
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<tr>
<td>INDICATOR</td>
<td>JORDAN</td>
<td>WORLD</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of primary school entrants reaching grade 5 (administrative data; 2000-2004*)</td>
<td>97</td>
<td>83</td>
</tr>
<tr>
<td>Net primary school attendance ratio (1996-2004*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>99</td>
<td>78</td>
</tr>
<tr>
<td>Female</td>
<td>99</td>
<td>75</td>
</tr>
<tr>
<td>Net secondary school attendance ratio (1996-2004*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>85</td>
<td>46</td>
</tr>
<tr>
<td>Female</td>
<td>89</td>
<td>43</td>
</tr>
<tr>
<td>Adult literacy rate (2000-2004*)</td>
<td>90</td>
<td>80</td>
</tr>
<tr>
<td><strong>Economic Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GNI per capita (US$,2004)</td>
<td>2,140</td>
<td>7,002</td>
</tr>
<tr>
<td>Percentage of population living on less than $1 a day (1993-2003*)</td>
<td>&lt;2</td>
<td>21</td>
</tr>
<tr>
<td>Percentage share of central government expenditure (1993-2004*) allocated to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>10</td>
<td>13</td>
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<tr>
<td>Education</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Defence</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>Percentage share of household income (1993-2003*):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest 40 per cent</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Highest 20 per cent</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Adult prevalence rate (15+ years, end 2003)</td>
<td>&lt;0.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Estimated number of people (all ages) Living with (HIV (2003)</td>
<td>600</td>
<td>38,600,000</td>
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<tr>
<td>Estimated number of children (0-14 years) Living with (HIV (2005)</td>
<td>-</td>
<td>2,300,000</td>
</tr>
<tr>
<td>Estimated number of children (0-17 years) Orphaned by AIDS (2005)</td>
<td>-</td>
<td>15,200,000</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth registration (1999-2005*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rural</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Child marriage (1986-2004*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>Rural</td>
<td>12</td>
<td>-</td>
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<tr>
<td>INDICATOR</td>
<td>JORDAN</td>
<td>WORLD</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>Child Labour (5-14 years, 1999-2005*)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Male</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Female</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult literacy parity rate (females as a percentage of males, 2000-2004*)</td>
<td>-</td>
<td>86</td>
</tr>
<tr>
<td>Antenatal care coverage (percentage, 1996-2004*)</td>
<td>99</td>
<td>71</td>
</tr>
<tr>
<td>Skilled attendant at delivery (percentage, 1996-2004*)</td>
<td>100</td>
<td>63</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (2000)1 in…</td>
<td>450</td>
<td>74</td>
</tr>
</tbody>
</table>

**NOTES:**
* Data refer to the most recent year available during the period specified
- Data not available

*Source: SWOC 2007*