

# **Country Gender Profile: Hachemite Kingdom of Jordan Final Report**

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This study was conducted between August 2015 to January 2016 by Kokusai Kogyo Co., Ltd., based on a review of existing literature and a field survey in Jordan. This report was produced as a reference material for the Japan International Cooperation Agency (JICA) for implementation of its development assistance in the country. The views, analysis and recommendations presented here do not necessarily reflect the official views and opinions of JICA.

## Summary

<b>Gender Situation and Government Policy on Gender</b>
<b>Current Gender Situation in Jordan</b> <ol style="list-style-type: none"> <li>(1) The Hashemite Kingdom of Jordan (Jordan) is a Kingdom with a King who has great authority. It is a country with a young and growing population, hosting many refugees from neighbouring countries including Syria and Palestine. As the economy has recently slowed down, its persistent and high unemployment rate is a social and economic concern.</li> <li>(2) The gender situation in Jordan is characterized by its culture and tradition: the Arab tribal system and Islamic religion has nourished the so-called culture of ‘honour’ and ‘shame’, which in practice results in gender inequality and women’s scarce access to, and control of, strategic resources. This has hindered the empowerment of women despite their high attainment in education.</li> <li>(3) While women’s participation in decision making has recently advanced, partly thanks to quota systems, it is still low when compared internationally. Female labour force participation is very low at approximately 17%, and as the social norm for women is to marry and have children, many women stay home (willingly or unwillingly). The working women concentrate in the ‘female appropriate’ jobs including those in education and healthcare.</li> <li>(4) Women in Jordan do not have much access to, and control of, assets, with few opportunities to build assets themselves. This results in their lack of bargaining power that hinders their empowerment.</li> </ol>
<b>Governmental Commitment on Gender</b> <ol style="list-style-type: none"> <li>(1) The current gender strategy, “National Strategy for Jordanian Women 2013-2017”, incorporates 3 (three) areas as its Axes: Human Security and Social Protection, Political Empowerment of Women and Participation in Public Life, and Economic Empowerment of Women.</li> <li>(2) The legal system has not achieved gender equality, although the situation has improved in recent years. Legal stipulations in areas of personal life such as marriage and divorce, inheritance, work and nationality do not provide the same rights to men and women.</li> <li>(3) Internationally, Jordan commits to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and to the Beijing Declaration and Platform for Action. Jordan is in preparation of a National Action Plan for UN Security Council Resolution 1325.</li> </ol>
<b>National Machinery</b> <ol style="list-style-type: none"> <li>(1) The national machinery, Jordanian National Commission for Women (JNCW) was established in 1992 in line with the government’s decision to ratify CEDAW.</li> <li>(2) JNCW has been active in formulating national gender strategies and mainstreaming gender in government. It has succeeded in incorporating gender considerations in several sector strategies and increasing the electoral quota for seats held by women.</li> <li>(3) However, JNCW is a very small organisation and it struggles to keep up with mounting tasks. Being a policy advisory agency, it does not have means to secure actual implementation of policies including gender policy.</li> </ol>

(4) Many governmental organisations have gender departments, sections, and/or officer(s), whose level of authority and achievements vary greatly.
<b>Current Gender Situation in Selected Sectors</b>
<b>Peacebuilding/Syrian Refugee Crisis Response</b>
<p>(1) As a result of the ongoing Syrian crisis, since 2011, Jordan has observed an influx of refugees from Syria. The country currently hosts 630,000 Syrian Refugees across the country, with a high concentration in its northern region.</p> <p>(2) Syrian Refugees are very vulnerable, with more than 80% living under Jordanian poverty line. While both men and women refugees struggle to survive, the women—especially those who head households—have great difficulty to keep themselves and their families safe and fed.</p> <p>(3) Notably in the northern region, where many of the Syrian Refugees reside, health services, along with other public services, are under tremendous pressure due to the increased demand. In reproductive health services, deterioration of both the quality and quantity of care has resulted in health problems and discontent in both Refugee and host community women.</p> <p>(4) Due to overstretched public services, price increase, and intensified job competition, amongst other reasons, tensions have risen in both host and refugee communities, as well as between them. This has led to negative impact on gender situations including less freedom of movement for women.</p> <p>(5) Early marriage is of concern. Anecdotally, many Syrian girls are being married off due to poverty and insecurity. However, the actual situation, including the number and trend, is unclear.</p>
<b>Peace-building/Palestinian Refugees Support</b>
<p>(1) Jordan has long hosted Palestinian Refugees; currently, 2.1 million Palestinian Refugees reside in the country, accounting for nearly 40% of Palestinian Refugees in the region.</p> <p>(2) Palestinian Refugees who live in Refugee Camps tend to be poorer than those living outside the Camps. According to sources, more than 30% of those in Camps live under the Jordanian poverty line. Despite this, women's labour participation is very low in the Camps.</p> <p>(3) It is widely thought that Palestinian Refugee Camp communities are more 'conservative' and adhere to stronger gender norms that dictate women to marry early, have many children, and take care of the house and the family. This norm likely affects women's low labour participation.</p> <p>(4) Women in Palestinian Refugee Camps experience more violence than those outside the Camps. Control of women by their husbands is more stringent in the Camps than outside them.</p> <p>(5) Early marriage in Palestinian Refugee communities occurs more frequently than the Jordanian average. Reasons likely include poverty and related social/economic anxiety.</p>
<b>Person(s) with Disabilities</b>
(1) Since 2007, Jordan has put in effort to build a support system for persons with disabilities (PWDs). Currently, the "National Strategy for Persons with Disabilities Phase II" is being implemented.

- (2) Social inclusion of PWDs has only begun. Traditionally, disability has been a social stigma, and PWDs have hardly been able to participate in the society.
- (3) Due to the social stigma, reliable data on PWDs are scarce and thus their actual situation is unclear.
- (4) PWDs, both men and women, are deprived of educational opportunities. In a country with 98% literacy rate, more than 35% of PWDs are illiterate. Illiteracy rate of female PWDs is as high as 40%.
- (5) In employment, although there is a quota for PWDs for enterprises, finding employment is still very difficult for PWDs. While the economically inactive population of male PWDs is very high, at 74%, the female rate is immense, at 94%. Although the detailed circumstances are unknown, it is thought that PWDs, especially female PWDs, have long been 'hidden' from the outside world, making them unable to act on their own.

#### **Social Protection**

- (1) [Health] The total fertility rate (TFR) for Jordanian women is currently 3.5 births per woman. TFR in Jordan has not notably decreased in recent years.
- (2) [Health] Non-communicable diseases (NCDs) are of social concern. Women die more from diabetes than men do. Obesity is specifically problematic for women in Jordan, with more than 40% of all women being obese.
- (3) [GBV] Gender-based violence (GBV) is a social taboo, thus the actual situation is unclear. However, it is thought to be very serious. Gender norms that allow men to express masculinity through violence, together with social and economic unrest and anxiety, are likely to formulate a spiral of violence.
- (4) [GBV] The protection and support system for GBV survivors is still weak. Moreover, due to social taboos, not many survivors try to seek outside help.
- (5) [GBV] Early marriage is widespread, with no hint of decrease. While Syrian and Palestinian Refugee girls are more likely to marry early, rate of early marriages for Jordanian girls is still high at 12-14%. One important factor here is that females, including the girls themselves and their mothers, usually do not have decision-making power over marriage.
- (6) [Poverty] Approximately 14% of the population is in poverty. While it is widely said that many female-headed households suffer from severe poverty, the details are unknown.
- (7) [Poverty] The National Aid Fund (NAF) is the major actor in financial support for poor households. While NAF understands female-headed households tend to be in severe poverty, it does not have a specified programme targeting poor women.

#### **Challenges and Considerations for Gender Mainstreaming in Development Assistance**

##### **Consolidation and Sharing of JICA's Know-How and Lessons Learned in the Involvement of Community Men in Jordan**

Involvement of community men in gender-related development activities has recently been vigorously discussed in the international development community. As this is

relatively a new topic, while all seem to agree this is important, international actors have not necessarily established know-how in a practical sense. Here, JICA has advantage through accumulated first-hand experiences and lessons learned in Jordan through project implementation.

Therefore, it would be advisable for JICA to organise and analyse these concrete lessons, and create material which distils JICA's know-how on how to involve men in gender-related assistance. The lessons learned, including to-dos and not-to-dos, will be valuable not only for future JICA projects/programmes in Jordan, but also for JICA's projects/programmes in the region where similar socio-cultural factors exist, as well as for other organisations/agencies working in Jordan and the region.

### **The Polarized Gender Situation in Jordan and its Implications for Development Assistance**

It would be fair to describe the overall picture of Jordan's women's empowerment as polarized; in the upper strata of society, a certain extent of gender mainstreaming and women's empowerment has been realized, while underprivileged groups continue to experience many gender issues.

This being so, it would be advisable for Japan to continue to assist gender mainstreaming and women's empowerment in Jordan, especially targeting socially vulnerable groups. Development assistance of Japan/JICA has been noted for its patient and down-to-earth activities; maintaining its stance would be desirable.

Another meaningful approach in gender-related assistance would be promoting and fostering Jordanian women's leadership through, for example, training courses targeting public servants. Many of the women already participating in the economy are in the public sector, but not many are found at the management level. Thus, proactively including female public servants in international training would serve the purpose of not only their individual capacity building, but also of strengthening women's leadership as a whole.

### **Desirability for Assistance specifically targeting Host Communities of Syrian Refugees**

In the northern region of the country, where a great number of Syrian Refugees have taken refuge, discontent has been accumulating both in host communities and in Syrian Refugees communities. This has led to rising tension amongst and within the communities, which in turn has impacted gender situations negatively. It could be said that the situation has reached a stage where visible assistance especially targeting the host communities is desirable, so that host community members would not feel forgotten and the relationship between host communities and the Syrian Refugee communities would not deteriorate further. Such assistance would contribute not only to the betterment of the whole community, but also to the improvement of gender issues, at minimum through reduced negative impact. If/when gender component(s) could be incorporated in the assistance programme from the beginning, the positive impact would be greater.

### **Significance of Livelihood Improvement Programme(s) targeting Women**

As it has been shown that access to a safe and stable livelihood is effective as a means for prevention and protection against GBV, GBV prevention and livelihood support could

be, under certain conditions, incorporated into a single project/programme.

GBV is regarded as a social taboo in Jordan and social/political circumstances make it difficult to focus a project/programme explicitly on GBV, but livelihood support programme/activities with non-vociferous GBV-related component(s) could be viable even under the same circumstances.

Findings also show that households with more than one breadwinner are economically less vulnerable. This indicates that livelihood support is meaningful, especially when targeting socially disadvantaged groups, not only for women who are heads of households, who are generally more poverty-prone, but also for women with male breadwinners in their families.

### **Gender Perspectives Required for Private Sector Development (to be tackled in the Future)**

Many of the Jordanian women who work outside home are in the public sector, concentrated in the so-called ‘female appropriate’ fields including education and health, and the job market in the public sector have become saturated. The private sector is the key to women’s social participation and economic empowerment.

Considering this, it would be advisable for Japan’s future assistance towards private sector development in Jordan to include mitigating measures against existing hindrances towards women’s participation, such as: concentration of women in ‘female appropriate’ jobs and educational fields, inappropriateness found in the private sector working environment, and gender-bias against women’s potential as workers especially amongst private sector employers. Suggested measures include awareness raising in society as a whole, and encouragement for women to challenge non-conventional areas in education and in vocational training.

### **Adherence to the National Action Plan of Japan for UN Security Council Resolution 1325**

In 2015, the Japanese government has formulated its National Action Plan for UN Security Council Resolution 1325, which guides Japanese development assistance from now on. In order for all projects/programmes to comply with the Plan effectively and efficiently, it would be advisable that the required considerations, actions, to-dos and not-to-dos for compliance with the Plan would be distilled and compiled into a kind of checklist.

In the context of development assistance in Jordan, the Plan instructs practitioners to consider, not only GBV and involvement of men in gender-related activities, which have been discussed in other sections of this study, but also the participation of women in the peacebuilding process. From this perspective, it would be desirable for Japan’s assistance to Jordan, (1) to include components that address the empowerment of women and women’s leadership in programmes and projects which target people directly and indirectly affected by the conflicts (Syrian and Palestinian Refugees as well as host community residents), so that the women would act as active agents in the peacebuilding process in their own communities, and (2) to support capacity development of female public servants, for example through training programmes, as public servants support those affected by the conflicts, such as refugees, and are thus involved in peacebuilding.

<b>Necessity to Maintain Long-term Perspectives in Areas Concerned with Social Taboos</b>
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Some gender issues such as GBV and those concerning PWDs are regarded as social taboos and it is often the case that these issues are difficult to address directly and explicitly. In these cases, they could be incorporated into non-controversial components of projects/programmes as a first step forward. For instance, GBV and PWD issues may be included as training session topics along with other topics.

Another problem around taboo issues is that, precisely because they are taboos, reliable data, research, and analysis are scarce, making it more difficult to understand the actual situation. Here, research project(s) should be considered.

Whatever approach is taken, interventions in these areas would be difficult to evaluate, as the outcomes/achievements, as well as the baselines, are near-invisible. It should be understood that any intervention concerning these issues would take a long time to bear fruit and even then it would be difficult to evaluate the achievements. Thus, it would be desirable if achievement indicators and evaluation methods could be specifically designed to include non-conventional indicators/methods.



## List of Abbreviations

3RP	Regional Refugee and Resilience Plan
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
C/P	Counterpart(s)
DOS	Department of Statistics
DPA	Department of Palestinian Affairs
ESCWA	The Economic and Social Commission for Western Asia
FHH	Female-headed Household(s)
FP	Family Planning
GBV	Gender-based Violence
GDI	Gender-related Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GGGI	Global Gender Gap Index
GII	Gender Inequality Index
GNI	Gross National Income
HCD	Higher Council for Affairs of Persons with Disabilities
HDI	Human Development Index
HDR	Human Development Report
HE	Health Educator
HPC	Higher Population Council
HIV/AIDS	Human-Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
ILO	International Labour Organization
JICA	Japan International Cooperation Agency
JNCW	The Jordanian National Commission for Women
JOD	Jordan (Jordanian) Dinar
JPFHS	Jordan Population and Family Health Survey
JPRS	Jordan Poverty Reduction Strategy
JRP	Jordan Response Plan
MHH	Male-headed Household(s)
NAF	National Aid Fund
NCD	Non-communicable Disease(s)
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OJT	On the Job Training
PWD	Person(s) with Disability/Disabilities
RH	Reproductive Health
TEC	Training and Employment Center
TFR	Total Fertility Rate
UAE	United Arab Emirates
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development
USD	US Dollar(s)
VAW	Violence against Woman (Women)
VHC	Village Health Center
WDI	World Development Index
WFP	World Food Programme
WHO	World Health Organization

# Map of Jordan



Base 803051AI (C00697) 4-04

Source: [http://www.lib.utexas.edu/maps/middle\\_east\\_and\\_asia/jordan\\_physio-2004.jpg](http://www.lib.utexas.edu/maps/middle_east_and_asia/jordan_physio-2004.jpg)

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# 1 Basic Profiles

## 1.1 Socio-Economic Profile

International  
Development  
Indicators

Year	Human Development Index (HDI)		Gender Development Index (GDI)		Reference <sup>1</sup>
	Value	Rank	Value	Rank	
2013	0.745	77	0.842	130	<1>
2007	0.773	86	0.760	80	<2>
Year	Gender Empowerment Measure (GEM)		Gender Inequality Index (GII)		Reference
			Value	Rank	
2013	N/A		0.448	101	<1>
2007	N/A		N/A	N/A	<2>

Demographic  
Indicators

Year	Population		Urban Population		Reference
	Total	% of female	Urban Population	% of female	
2014	6,607,000	48.7%	1,147,703	N/A	<3>
2008	5,786,000	48.3%	1,089,875	N/A	<3>
Year	Annual Population Growth Rate	Households by Head of Households’ Gender		Reference	
		Male –headed Households	Female-headed Households		
2012	2.2%	89.7%	10.3%	<3>	
2005	2.2%	87.1%	12.9%	<3>	

Economic  
Indicators

Year	GNI per capita	GDP Growth Rate	Inflation Rate	Gini Index	ODA received (% of GNI)	Grant received (against GDP)	Reference
2013	\$4,940	2.8%	5.6%	33.7(2010)	4.2%	N/A	<3>
2008	\$3,530	7.2%	19.9%	32.6(2008)	3.3%	N/A	<3>

Public  
Expenditure by  
Sector

Year	Health	Education	Employment & Welfare	Agriculture	Defense	Reference
2012	4.7%	5.1%	N/A	N/A	0.7%	<3>
2009	4.1%	4.3%	N/A	N/A	0.7%	<3>

Sectoral Share  
of GDP

Year	Agriculture	Industry	Services	Reference
2014	8.3%	28.8%	62.9%	<3>
2009	72.2%	33.1%	59.7%	<3>

Labour  
Indicators

Year	Labour Force Participation Rate (Age 15-64) (%)		Unemployment Rate (%)		Minimum Wage per Month	Reference
	Male	Female	Male	Female		
2013	69.6%	16.4%	10.5%	22.1%	\$266 (2014)	<3><4>
2008	70.6%	15.7%	10.0%	25.0%	N/A	<3>

Sectoral  
Employments

Year	Agriculture	Industry	Services	Reference
2013	2%	20%	78%	<5>
2007	2.7%	20%	77.4%	<6>

<sup>1</sup> See list of Data Sources for Basic Profiles on page 7.

Global Gender  
Gap Indices

Overall Rank in 2014 (Rank/out of total number of countries)	134 /142	
Economic Participation and Opportunity	Rank in 2014	Reference
Total	134/142	<7>
Ratio: female labour force participation over male value	139/142	<7>
Wage equality between women and men for similar work	74/142	<7>
Ratio: female estimated earned income over male value	137/142	<7>
Ratio: female legislators, senior officials and managers over male value	119/142	<7>
Ratio: female professional and technical workers over male value	111/142	<7>

## 1.2 Education Profile

Education  
System

The Jordanian education system starts with kindergarten (2 years) followed by basic education of 10 years, followed by secondary education of 2 years, followed by tertiary education. The basic education is compulsory.

Adult Literacy  
Rate

Year	Total	Male	Female	Reference
2012	97.89%	98.44%	97.37%	<8>
2007	92.20%	95.49%	88.90%	<8>

Primary  
Education

Year	Gross Enrolment Rate			Net Enrolment Rate			Reference
	Total	Male	Female	Total	Male	Female	
2012	98.44%	99.29%	97.55%	97.11%	97.87%	96.32%	<8>
2007	102.54%	104.41%	103.31%	94.68%	N/A	N/A	<8>
Year	Completion Rate			Reference			
	Total	Male	Female				
2011	93%	94%	92%	<3>			
2006	101%	100%	102%	<3>			

Secondary  
Education

Year	Gross Enrolment Rate			Net Enrolment Rate			Reference
	Total	Male	Female	Total	Male	Female	
2012	101.82%	86.64%	89.05%	N/A	N/A	N/A	<8>
2007	100.42%	91.63%	95.12%	N/A	N/A	N/A	<8>
Year	Completion Rate (Lower Secondary) <sup>2</sup>			Reference			
	Total	Male	Female				
2012	90.30%	N/A	N/A	<3>			
2007	80.60%	N/A	N/A	<3>			

Vocational &  
Technical  
Education

Year	Number of Students /Female Ratio		Reference
	Number of Students	Female Ratio	
2011	25,076	38%	<3>
2006	32,330	35%	<3>

Tertiary  
Education

Year	Gross Enrolment Rate			Reference
	Total	Male	Female	
2012	46.61%	43.40%	49.92%	<8>
2007	41.17%	39.10%	43.35%	<8>

<sup>2</sup> "Lower secondary" is as is defined in the source.

Global Gender  
Gap Indices

Education Attainment	Rank in 2014	Reference
<b>Total</b>	134/142	<7>
<b>Ratio: female literacy rate over male value</b>	69/142	<7>
<b>Ratio: female net primary enrolment rate over male value</b>	104/142	<7>
<b>Ratio: female net secondary enrolment rate over male value</b>	1 /142	<7>
<b>Ratio: female gross tertiary enrolment ratio over male value</b>	1 /142	<7>

## 1.3 Health Profile

Life Expectancy  
at Birth (age)

Year	Male	Female	Reference
2013	72	76	<3>
2008	72	75	<3>

Health  
Professionals

Year	Doctor to Population Ratio (per 1,000)	Nurse to Population Ratio (per 1,000)	Reference
2010	2.558	4.049	<9>
2005	2.264	3.056	<9>

Reproductive  
Health

Year	Maternal Mortality Ratio (per 100,000 live births)	Total Fertility Rate	Contraceptive Prevalence Rate (Age 15-49)	Pregnant Women Receiving Antenatal Care	Reference
2012	59.0/100,000	3.3	61.2%	99.1%	<3>
2007	59.0/100,000	3.6	57.1%	98.8%	<3>
Year	Births Attended by Skilled Health Staff	Average Age at First Marriage	Adolescent Fertility Rate (births per 1,000 women aged 15-19)	Reference	
2012	99.6%	24.7 (2009)	26.0	<3><10>	
2007	99.1%	N/A	24.9	<3>	

Infant and  
Under-five  
Mortality Rate

Year	Infant Mortality Rate (per 1,000 live births)			Reference
	Total	Male	Female	
2015	15.4	16.2	14.4	
2010	17.8	18.8	16.7	
Year	Under-5 Mortality Rate (per 1,000 live births)			Reference
	Total	Male	Female	
2015	17.9	18.9	16.9	<3>
2010	20.8	21.9	19.7	<3>

Immunization  
Rate (1 year  
old)

Year	Measles	DPT	BCG	Polio
2014	98%	98%	96% (2012)	98% (2012)
2009	95%	98%	N/A	N/A
Year	Hep B	HiB	Reference	
2012	98% (2012)	98% (2012)	<3><11>	
2009	N/A	N/A	<3><11>	

Nutrition

Year	Prevalence of Underweight (% of children under 5)	Prevalence of Stunting (% of children under 5 )	Iodine Deficiency	Diarrhea Treatment (% of children under 5 receiving ORS <sup>3</sup> packet)	Reference
2012	3.0	7.8	N/A	20.4	<3>
2009	1.9	8.3	N/A	19.8 (2007)	<3>

Access to Safe Water and Improved Sanitation Facilities (% of population)

Year	Access to Safe Water	Access to Improved Sanitation Facilities	Reference
2012	96%	98%	<12>
2000	97%	97%	<12>

HIV/AIDS

Year	HIV Prevalence among Pregnant Women Attending Antenatal Care(s)	Prevalence of HIV among Adults aged 15-49 (%)			Reference
		Total	Male	Female	
2013	N/A	N/A	N/A	N/A	-
2007	N/A	N/A	N/A	N/A	-

Global Gender Gap Indices

Health and Survival	Rank in 2014	Reference
Total	134/142	<7>
Sex Ratio at Birth	94/142	<7>
Ratio: Female Healthy Life Expectancy over Male Value	134/142	<7>

3 Oral rehydration salts.

## 1.4 Millennium Development Goals

<b>Goal 1: Eradicate Extreme Poverty and Hunger &lt;13&gt;&lt;14&gt;</b>		<b>2002</b>	<b>2008</b>
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1.25 a day	● Proportion of population below \$1.25 (PPP) per day	3.8%	0.75%
	● Poverty gap ratio	3.3%	2.7%
	● Share of poorest 20% (lowest quintile) in overall consumption	6.9%	11.2
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	● Growth rate of GDP per person employed	N/A	N/A
	● Employment to population ratio	34	34.5
	● Proportion of employed people living below \$1.25 (PPP) per day	N/A	N/A
	● Proportion of own-account and contributing family workers in total employment	N/A	N/A
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	● Prevalence of underweight children under 5	4.4%	1.9%
	● Proportion of population below minimum level of dietary energy consumption	4.4%	N/A
<b>Goal 2: Achieve Universal Basic Education &lt;13&gt;&lt;14&gt;</b>		<b>2001</b>	<b>2008</b>
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	● Net enrolment ratio in primary education	92.0 %	109%
	● Proportion of pupils starting grade 1 who reach last grade of primary education	98.8%	16.2%
	● Literacy rate of 15-24 years-olds, women and men	98.8 %	6.4%
<b>Goal 3: Promote Gender Equality and Empower Women &lt;13&gt;&lt;14&gt;</b>		<b>2001/02</b>	<b>2008/09</b>
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	● Ratio of girls to boys in primary, secondary and tertiary education	98.3%	109%
	● Share of women in wage employment in the non-agricultural sector	20%	16.2%
	● Proportion of seats held by women in national parliament	5.8%	6.4%
<b>Goal 4: Reduce Child Mortality &lt;13&gt;&lt;14&gt;</b>		<b>2002</b>	<b>2009</b>
Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	● Under-5 mortality rate per 1,000 live births	27/1,000	28/1,000
	● Infant mortality rate (0-1 year) per 1,000 live births	22/1,000	23/1,000
	● Proportion of 1-year old children immunized against measles	95.2%	103%
<b>Goal 5: Improve Maternal Health &lt;13&gt;&lt;14&gt;</b>		<b>2005</b>	<b>2010</b>
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	● Maternal Mortality Rate (per 100,000 live births)	41.4/100,000	19/100,000
	● Proportion of births attended by skilled health personnel (15-49 years olds)	98.6%	99%
Target 5.B: Achieve, by 2015, universal access to reproductive health	● Contraceptive prevalence rate	55.8%	59.3%
	● Adolescent birth rate	4.3%	4.7%
	● Antenatal care coverage (at least one visit)	98.6%	98.8%
	● Unmet need for family planning	11%	11%
<b>Goal 6: Combat HIV/AIDS, Malaria and other Major Diseases<sup>4</sup> &lt;13&gt;&lt;14&gt;</b>		<b>2003</b>	<b>2008</b>
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	● HIV prevalence among population aged 15-24 years old	N/A	N/A
	● Condom use at last high-risk sex	55.8%	N/A
	● Proportion of population aged 15-24 years old with comprehensive correct knowledge of HIV/AIDS	72%	N/A
	● Ratio of school attendance of HIV/AIDS orphans to school attendance of non-orphans aged 10-14 years old	N/A	N/A
<b>Goal 7: Ensuring Environmental Sustainability<sup>5</sup> &lt;13&gt;&lt;14&gt;</b>		<b>2001/02</b>	<b>2009</b>
Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation	● Proportion of population using an improved drinking water source	97%	97%
	● Proportion of the population using improved sanitation facilities	60.1%	60.1%

4 Selected relevant targets and indicators.

5 *Ibid.*



## 1.5 National Commitment on Gender Issues (Political Participation, Conventions and Laws)

### Women in Decision Making

Year	Parliament	Government		Private Sector			Reference
	Member of Parliament	Minister	Vice Minister	Manager	Professional	Technical	
2014	12%	0.13%	-	N/A	N/A	N/A	<15>
2008	8%	0.17%	-	N/A	N/A	N/A	<15>

### Commitment to International Agreements

Signature	Ratification	Treaty/Convention/Declaration
1980	1992	Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
1995		Beijing Declaration and Platform for Action

### Laws and Regulations for Gender Equality and Protection for Women

Year	Law/Regulation
2008	Law for Protection from Domestic Violence
2011	Amended Municipalities Law

### National Policy on Gender

Year	Policy
2013	National Strategy for Jordanian Women 2013-2017

### National Machinery

Year of Est.	Name of National Machinery
1992	Jordanian National Commission for Women

### Global Gender Gap Indices

Political Empowerment	Rank in 2014	Reference
Total	134/142	<8>
Ratio: females with seats in parliament over male value	107 /142	<8>
Ratio: females at ministerial level over male value	98/142	<8>
Ratio: number of years of a female head of state (last 50 years) over male value	64 /142	<8>

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## 2 Gender Situation and Government Policy on Gender

### 2.1 Current Gender Situation in Jordan

#### Summary

- (1) The Hashemite Kingdom of Jordan (Jordan) is a Kingdom with a King who has great authority. It is a country with a young and growing population, hosting many refugees from neighbouring countries including Syria and Palestine. As the economy has recently slowed down, its persistent and high unemployment rate is a social and economic concern.
- (2) The gender situation in Jordan is characterized by its culture and tradition: the Arab tribal system and Islamic religion has nourished the so-called culture of 'honour' and 'shame', which in practice results in gender inequality and women's scarce access to, and control of, strategic resources. This has hindered the empowerment of women despite their high attainment in education.
- (3) While women's participation in decision making has recently advanced, partly thanks to quota systems, it is still low when compared internationally. Female labour force participation is very low at approximately 17%, and as the social norm for women is to marry and have children, many women stay home (willingly or unwillingly). The working women concentrate in the 'female appropriate' jobs including those in education and healthcare.
- (4) Women in Jordan do not have much access to, and control of, assets, with few opportunities to build assets themselves. This results in their lack of bargaining power that hinders their empowerment.

#### <Socio-economic Situation in Jordan>

The Hashemite Kingdom of Jordan (hereafter referred to as Jordan) is surrounded by Iraq, Saudi Arabia, Syria, the Palestinian Territories and Israel. Jordan is a constitutional monarchy, which gained independence in 1946. The King holds great authority as the head of state and as the supreme commander of the armed forces. The current King, His Majesty King Abdullah II Ibn Al Hussein, is deeply involved in reforms in various sectors as he sees the improvement of the standard of living for the people as the primary matter for the Kingdom<sup>6</sup>.

With the territorial size of 89,000 km<sup>2</sup>, Jordan has a population of 6.6 million (as of 2014). The population growth rate in 2014 was 2.3%<sup>7</sup>. In addition to natural growth of population, a great number of refugees from Palestine, Iraq and other countries have taken refuge in the Kingdom. As a consequence, the population has increased almost seven-fold since 1961. Recent years have seen the influx of Syrian Refugees due to the conflict in Syria: as of 2015, 630,000 Syrian Refugees take refuge in the country<sup>8</sup>. Jordan is host to the largest number of Palestinian Refugees, and it is sometimes said that 70% of its population have Palestinian origin<sup>9</sup>. The population is

6 JICA (2015a), <http://www.jica.go.jp/jordan/office/others/situation.html> (accessed 30/Nov/2015)

7 Ibid, <http://data.worldbank.org/indicator/> (accessed 30/Nov/2015)

8 <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed: 24/Dec/2015)

9 <http://www.mofa.go.jp/mofaj/area/jordan/data.html#section1> (accessed: 30/Nov/2015)

predominantly young with the under-30 population accounting for 70% of the total<sup>10</sup>. Ethnically, Arab people are dominant (98%) and religion-wise, Muslims (97.2%)<sup>11</sup>.

Jordan is classified as an upper middle income country in the World Bank category<sup>12</sup>, and as a middle income country in JICA category. In 2014, GNI per capita was USD 5,160 with GDP growth rate of 3.1%<sup>13</sup>. The economy is vulnerable to external factors, as it is highly dependent on foreign investment and tourism, and water and energy is constantly in shortage<sup>14</sup>. In the mid-2000s, the economy grew steadily with approximately 8% growth rate per annum. However, the global financial crisis of 2008, the so-called Arab Spring since 2010, and the beginning of the conflict in neighbouring Syria together greatly affected regional stability and trade, resulting in the slow-down of economic growth in Jordan<sup>15</sup>. As to the unemployment rate, it has hovered at a high 10% rate since the 2000s<sup>16</sup>; especially worrying is the youth unemployment rate of 15%<sup>17</sup>, both in terms of social stability and economic productivity<sup>18</sup>.

Looking at the GDP composition in 2014, agriculture and industry only account for 3.8% and 29.8% respectively, whilst the services sector including tourism makes up the majority of economic activity with 66.4%<sup>19</sup>. Additionally, approximately 60 million Jordanians are estimated to be working overseas (mainly in Gulf countries), sustaining the country's balance of payments<sup>20</sup>.

In primary education, gross enrolment rate exceeds 98%, with adult literacy rates for both males and females being more than 97%. Jordan's attainment in education is higher than that of an average upper middle income country and also higher than other countries in the region<sup>21</sup>. Current challenges in education are to improve the quality of education and the cultivation of human resources to meet the needs of the business community<sup>22</sup>. The figure below shows the primary education completion rate of Jordan together with the average of upper middle income countries as well as the average of countries in the region (Middle East and North Africa).

10 JICA (2015a), <http://www.jica.go.jp/jordan/office/others/situation.html> (accessed 30/Nov/2015)

11 <https://www.cia.gov/library/publications/the-world-factbook/geos/jo.html> (accessed 01/Dec/2015)

12 <http://data.worldbank.org/country/jordan> (accessed 30/Nov/2015)

13 <http://data.worldbank.org/country/jordan> (accessed 30/Nov/2015)

14 JICA (2015a), <http://www.jica.go.jp/jordan/office/others/situation.html> (accessed 30/Nov/2015)

15 JICA (2015a)

16 The 'unofficial' unemployment rate is however said to be as high as 30%.

( <https://www.cia.gov/library/publications/the-world-factbook/geos/jo.html> (accessed 01/Dec/2015))

17 An estimate setting the unemployment rate for the people aged 15-24 as high as 29.3% also exists.

(<https://www.cia.gov/library/publications/the-world-factbook/geos/jo.html> (accessed 01/Dec/2015))

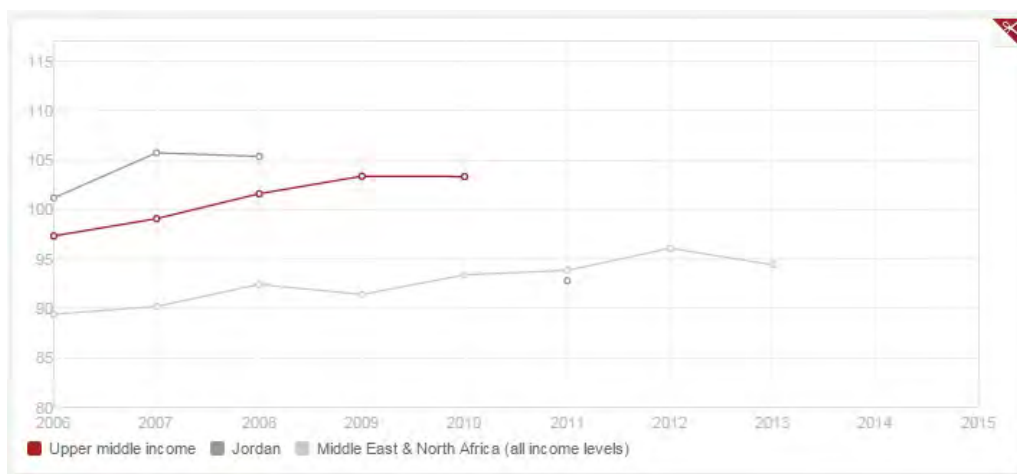
18 JICA (2015a)

19 <https://www.cia.gov/library/publications/the-world-factbook/geos/jo.html> (accessed 01/Dec/2015)

20 <http://www.jica.go.jp/jordan/office/others/situation.html> (accessed 01/Dec/2015)

21 The discussion here is based on the World Bank category, rather than JICA category, for the sake of international comparison.

22 <http://www.jica.go.jp/jordan/office/others/situation.html> (accessed 6/Nov/2015)



Source: World Bank <sup>23</sup>

Figure 2.1.1: Primary Education Completion Rates  
(Jordan, Upper Middle Income Country Average and Middle East and North Africa Average)

Jordan is pro-Western/pro-America and a moderate within the Arab nations. As such, a key issue as a nation is how to integrate Western values and systems with Arab-Islamic traditions and culture.

### <General Situation of Women in Jordan>

In Jordan, socio-cultural elements characteristic to the Arab region including a tribal system, the Islamic religion and related factors, and so-called culture of ‘honour’ and ‘shame’ have nourished particular and persistent gender/social norms. Consequent gender inequality, scarce access to and control over resources and assets in women’s hands, and their lack of bargaining power in the households and in the community have together deterred the progress of women’s empowerment and their social participation despite their high educational attainment.

In the 2014 Human Development Report by UNDP, Jordan ranked 101 out of 187 countries for Gender Inequality Index (GII) with a GII value of 0.488<sup>24</sup>. GII is relatively new as an index, and is based on the experiences of previously used indices of Gender Development Index (GDI) and Gender Empowerment Measure (GEM). GII measures gender inequalities by data from 3 (three) areas: reproductive health (RH), empowerment, and economic status. RH is measured by maternal mortality ratio and adolescent birth rates; empowerment is measured by proportion of parliamentary seats occupied by women and proportion of adult females and males (age 25+) with at least some secondary education; and economic status measured by labour force participation rate of female and

<sup>23</sup> <http://data.worldbank.org/indicator/SE.PRM.CMPT.ZS/countries/XT-JO-ZQ?display=graph> (accessed 01/Dec/2015)

<sup>24</sup> Hereafter, descriptions of GII is based on UNDP (2014a), unless otherwise specified.

male populations (aged 15+) <sup>25</sup>.

A smaller GII value means the society has achieved more gender equality. The average GII value for Arab countries is 0.546, with Jordan, relatively speaking, doing better in the region. Yet, looking at the world by region, the Arab region ranks next-to-worst following Sub-Saharan Africa.

Table 2.1.1: GII Values by Region

Region	GI Value
Europe and Central Asia	0.317
East Asia and Pacific	0.331
Latin America and the Caribbean	0.416
South Asia	0.539
Arab States	0.546
Sub-Saharan Africa	0.578

Source: UNDP (2014a)

Jordan's Human Development Index (HDI), the flagship index of Human Development Reports, ranks 77 out of 187. Thus, achievements in gender equality lag behind the country's overall development. This tendency where the GII ranks worse in comparison to the HDI is commonly seen in the Arab region, notably in the Gulf countries. The table below shows the comparison between Jordan and selected neighbouring countries <sup>26</sup>.

Table 2.1.2: GII and HDI: Jordan and Selected Arab Countries

	GI Rank <sup>27</sup>	HDI Rank <sup>28</sup>	Maternal Mortality Ratio <sup>29</sup>	Adolescent Birth Rate <sup>30</sup>	Share of Seats in Parliament <sup>31</sup>	Female Population with some Secondary Education <sup>32</sup>	Male Population with some Secondary Education	Female Labour Force Participation Rate <sup>33</sup>	Male Labour Force Participation Rate
UAE <sup>34</sup>	43	40	12	27.6	17.5	73.1	61.3	46.6	91.0
Tunisia	48	90	56	4.6	25.8	32.8	46.1	25.1	70.6
Saudi Arabia	56	34	24	10.2	19.9	60.5	70.3	18.2	75.5
Oman	64	56	32	10.6	9.6	47.2	57.1	28.6	81.8
Turkey	69	69	20	30.9	14.2	39.0	60.0	29.4	70.8
Lebanon	80	65	25	3.1	3.1	38.3	38.9	22.8	70.5
Algeria	81	93	97	25.8	25.8	20.9	27.3	15.0	71.9
Jordan	101	77	63	26.5	12.0	69.5	78.5	15.3	66.2
Iran	109	75	21	31.6	3.1	62.2	67.6	16.4	73.1
Syria	125	118	70	41.6	12.0	29.0	38.9	13.4	72.7

Source: UNDP (2014a)

<sup>25</sup> <http://hdr.undp.org/en/content/gender-inequality-index-gii> (accessed 10/Dec/2015)

<sup>26</sup> Table 2.1.2 selectively shows countries in the region with similar HDI value with Jordan, in consideration of space.

<sup>27</sup> This refers to the ranking within 187 countries where HDI and GII are provided in Human Development Report 2014 (UNDP 2014).

<sup>28</sup> Same as above.

<sup>29</sup> Deaths per 100,000 live births, in 2010.

<sup>30</sup> Births per 1,000 women aged 15-19, 2010-2015.

<sup>31</sup> Percentage of Parliamentary seats held by women, in 2013.

<sup>32</sup> Female population with at least some secondary education, as percentage, for people aged 25 and above, 2005-2012. Same definition applied in next column to males.

<sup>33</sup> Female labour force participation rate, as percentage, for people aged 15 and above. Same definition applied in next column to males.

<sup>34</sup> United Arab Emirates.

As seen above, Jordan compares favourably with higher-HDI countries in female education. On the other hand, the proportion of parliamentary seats held by women and female labour participation rate are low. In RH, adolescent birth rate is high, which is a shared tendency in the region<sup>35</sup>.

Another internationally comparative index to examine gender equality is the Global Gender Gap Index (GGGI) by the World Economic Forum<sup>36</sup>. GGGI is measured through data from 4 (four) areas: Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment. Data for Economic Participation and Opportunity are: ratio of female labour participation over male value, wage equality between women and men for similar work, ratio of female estimated earned income over male value, and ratio of female professional and technical workers over male value. Those on Educational Attainment are: ratio of female literacy rate over male value, rate of female net primary enrolment rate over male value, ratio of female net secondary enrolment rate over male value, and ratio of female gross tertiary enrolment ratio over male value. Health and Survival is measured by data on sex ratio at birth and ratio of female health life expectancy over male value. Political Empowerment is calculated from ratio of females with seat in parliament over male value, ratio of females at ministerial level over male value, and ratio of number of years of a female head of state in the last 50 years over male value. With these sets of data, GGGI enables us a detailed international comparison.

In the 2014 report on Global Gender Gap, Jordan ranks as low as 134 in 142 countries<sup>37</sup>. The table on the next page describes the ranking of countries in the Middle East and North Africa region, as defined in the World Economic Forum report.

Overall, rankings of the countries in this region are, with the exception of Israel, fairly low. Characteristically, all countries except for Israel rank below 100 in Economic Participation and Opportunity, and Political Empowerment rankings are also low. On the one hand, Educational Attainment and Health and Survival rankings vary considerably within the region. Jordan, in particular, ranks fairly high in Educational Attainment while in the other 3 (three) areas, and especially in Economic Participation and Opportunity, its rankings sag. In the sections below, the gender issues that cause and/or relate to this tendency are discussed.

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<sup>35</sup> RH is discussed separately in 3.4 below.

<sup>36</sup> Hereafter, description regarding GGGI is based on World Economic Forum (2014), unless otherwise specified.

<sup>37</sup> The countries that rank worse in GGGI than Jordan are, in the order of ranking, Lebanon, Cote d'Ivoire, Iran, Mali, Syria, Chad, , and Pakistan, followed by Yemen at the lowest rank of 142 out of 142 countries.

Table 2.1.3: 2014 GGGI Ranking of Middle East and North African Countries

	Total Ranking	Economic Participation and Opportunity	Educational Attainment	Health and Survival	Political Empowerment
Israel	65	90	49	96	49
Kuwait	113	106	76	134	137
United Arab Emirates	115	123	83	132	96
Qatar	116	101	94	136	140
Tunisia	123	130	107	129	82
Bahrain	124	126	90	132	116
Oman	128	128	96	91	139
Egypt	129	131	109	57	134
Saudi Arabia	130	137	86	90	117
Mauritania	131	129	130	80	77
Morocco	133	135	116	122	98
<b>Jordan</b>	<b>134</b>	<b>140</b>	<b>74</b>	<b>127</b>	<b>119</b>
Lebanon	135	133	106	62	141
Syria	139	142	101	37	126
Yemen	142	138	140	117	138

Source: World Economic Forum (2014)

### <Women's Participation in Decision-Making>

Although women's political empowerment in Jordan is lagging behind in comparison to the world (as discussed above), the country has seen improvement in the recent years. It would be at least partially attributed to the initiatives by the royal family, especially the current King His Majesty King Abdullah II and Princess Basma<sup>38</sup>, whose influence is considerable both politically and socially<sup>39</sup>.

As of September 2015, women account for: 5 out of 28 cabinet ministers (17.8%), 9 out of 75 Senators (12%) and 18 out of 150 Members of Parliament (12%). In the Senate, where Senators are appointed by the King, female Senators increased from 3 out of 40 (7.5%) in 1997 to the current 12%. In Parliament, where Members are elected, the quota for females has increased from 5% at the beginning of the 2000s to 10% in 2012 by the amendment of Electoral Law. In 2013, 18 women, corresponding to 12% of Parliamentary seats, were elected; thus more women than the quota specifies currently fill the seats<sup>40</sup>. Municipal Elections also have a female quota, which was increased from 20% to 25% in 2011. In the 2013 elections, women accounted for 35.9% of all elected members<sup>41</sup>.

Although the number/percentage of women is over quota, it is observed that the women are yet to

38 Her Royal Highness Princess Basma bint Talal, the sister of the late King, King Hussein, is the paternal aunt of the current King, King Abdullah II. She has been active in human development, gender equality, protection and welfare of children since the 1970s. <http://www.princessbasma.jo/index.php> (accessed 14/Dec/2015)

39 JNCW (2015a) and interview with Center for Women's Studies, The University of Jordan.

40 JNCW (2015a), Quota Project (2014)

41 JNCW (2015a), <http://jordan.unwomen.org/en/what-we-do/women-leadership-role-and-political-participation/initiative2> (accessed 19/Nov/2015). See also 2.2 below.



reach the ‘critical mass’ which would be needed to realize political and/or legal decision making from the women’s point of view<sup>42</sup>. A more troubling criticism is that, according to some observers, many of the women who were elected thanks to the quota lack experience and capacity; they are yet to make the other (male) members take gender issues seriously; moreover, it is not clear whether these women will be re-elected in the next Elections<sup>43</sup>.

In other areas, women’s participation has also gradually increased. Female representation in political parties has jumped from 6.8% in 2005 to 33% in 2012. Women judges, who were nonexistent in 1995, increased to 18% in 2015. Female diplomats in 2015 account for 18.4%, compared to 3.8% in 2000. Still, neither the Sharia Court (Islamic Court) nor the Constitutional Court has women judges, both of which have considerable influence on the society and the rule of law in Jordan<sup>44</sup>.

While, as above, women’s participation has been promoted at the top level of society, not many women are in decision making positions at the practical (or working) level. Traditionally in employment, the majority of women who have been educated become public servants rather than private sector workers<sup>45</sup>, making up nearly 50% of the public sector employees<sup>46</sup>. However, the rate of women in management is 29%, with a mere 6.9% at the General Directors and Directors level<sup>47</sup>.

As to the situation of women in the private sector, recent and comprehensive data was not available. In an international comparison research by ILO, published in 2015, 14 out of 50 top listed companies in Jordan had women on their board<sup>48</sup>. These 14 companies were predominantly in the Banking and Service sectors. In the 2006 World Bank Enterprises Survey quoted in this ILO research, women held ownership, or part of it, in 13.1% of Jordanian companies<sup>49</sup>. However, when looking at women managers at all levels, Jordan ranked 106 out of 128 countries with a mere 5.1% represented<sup>50</sup>. Judging from these pieces of information, in the same manner as the society as a whole, women’s presence is established at the top level, to a certain extent, while at the practical level not many women hold power.

### **<High in Education, Low in Employment>**

As seen in the international comparisons above, in Jordan, women’s educational attainment in general is high while their economic participation is very much limited. Table 2.1.3 above shows

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42 Interview with JNCW (The Jordanian National Commission for Women: see 2.3 below).

43 Interview with UN Women.

44 JNCW (2015a), and interview with JNCW.

45 See the next section for more detailed discussion on employment in public and private sectors.

46 Women account for 46% of Central Government Employees (UNDP 2012).

47 Interview with JNCW.

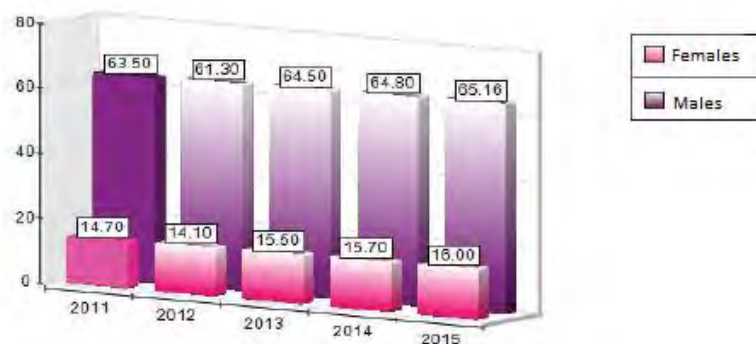
48 ILO (2015)

49 *Ibid.*

50 It should be noted that the data for Jordan in this comparison is dated 2004; thus the current situation might have changed (ILO (2015)).

that even in the Arab countries where gender norms against women's outside-home employment are generally strong, Jordan ranks the second lowest in economic participation, only after Syria which is currently suffering from the conflict<sup>51</sup>. According to data in 2013, labour participation rate for females is at a mere 16.9% while the male rate is 69.9%<sup>52</sup>. This trend has remained fairly constant for several years (see the figure below), as has the stagnation in economy.

Various reasons lie behind the low labour participation of women. One of the strongest is the gender norm, predominant in Arab countries including Jordan; women, especially after marriage, should stay home and take care of the children<sup>53</sup>. Socio-culturally, a woman is to marry as a matter of course<sup>54</sup>; according to a 2012 nationwide survey, only 8% of women have not married by 49 years of age<sup>55</sup>.



Source: JNCW (2015b)

Figure 2.1.2: Trend in Labour Participation by Gender

This is not to say, however, that Jordanian women are universally oriented to be 'housewives'. The labour participation rates are greatly different by educational level.

As seen in the figures on the next page, female labour participation rates differ significantly by educational levels. Interestingly, the generational difference hardly affects the trend. On the other hand, male labour participation rates tend to be very similar regardless of age and education. Thus, for a woman, how much education she obtains practically determines whether she works outside home or not later in her life. It should be noted, however, that even among those with university level education, a mere 60% are in the labour force (i.e., 40% are not economically active). This

51 See also World Bank (2014)

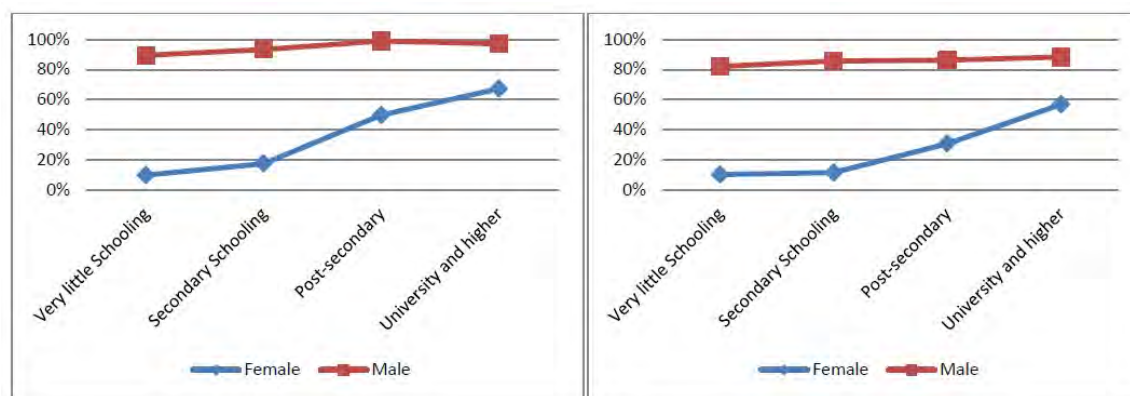
52 <http://data.worldbank.org/country/jordan?display=grap> (accessed 11/Nov/2015)

53 World Bank (2013, 2014), JNCW (2015a)

54 An unmarried woman, regardless of her career or educational achievement, is somebody to be pitied because she is a 'spinster'. See, for example, <http://www.thenational.ae/news/world/middle-east/unmarried-women-do-not-want-pity> (accessed 22/Dec/2015). A similar social notion is widespread in the region. See, for example, <http://www.patheos.com/blogs/mmw/2012/07/the-problem-of-spinsterhood-in-the-gulf/> (accessed 22/Dec/2015)

55 DoS and ICF International (2013a). According to the same source, the average age for the first delivery is 24.

could probably be attributed to the gender norms described above.



Source: World Bank (2013)<sup>56</sup>

Figure 2.1.3: Labour Participation Rate by Education and by Gender, 2010 (aged 15–29)

Figure 2.1.4: Labour Participation Rate by Education and by Gender, 2010 (aged 30–64)

Moreover, social and gender norms require a woman to perfectly perform her tasks as wife and mother, whether she works full-time or not<sup>57</sup>. Thus, it would be fair to estimate a considerable number of women who are forced to choose between having a career and being a wife/mother. In a related matter, the scarcity of childcare services poses women with small children an additional obstacle for working<sup>58</sup>.

Yet one other social norm hinders wider female participation in the economy. This is about what is ‘appropriate’ for women. What is deemed as appropriate for women’s work includes education, health and social work—jobs that have things to do with traditional gender roles for women as caretakers<sup>59</sup>. Many of these types of jobs are in the public sector. In addition, public sector jobs offer more stability, with fewer working hours and more secure welfare systems including health insurance and maternity leave. As a consequence, many women aim to go into the public sector, resulting in 44% of women in the labour force working in the public sector<sup>60</sup>.

In contrast, women in general are unwilling to take jobs in the private sector, due to relative job insecurity, longer working hours, less systemized (or sometimes non-existent) welfare and harassment including sexual harassment<sup>61</sup>. On another front, employers in the private sector are also unwilling to hire women. The reasons include the commonly accepted belief that women are less

<sup>56</sup> The data used are taken from Jordan Labour Market Panel Survey (2010) (World Bank (2013)).

<sup>57</sup> Interview with JNCW.

<sup>58</sup> World Bank (2014), interview with JNCW.

<sup>59</sup> World Bank (2013, 2014)

<sup>60</sup> World Bank (2013). It should be noted, however, that the job market in the public sector has been in decline, due to the sagging economy (World Bank (2014)).

<sup>61</sup> World Bank (2013)

productive than men, women's general lack of skills and qualifications that are in high demand by the private sector<sup>62</sup>, physical weakness (compared to men in general), and reluctance to work overtime. Regulation which requires employers to provide maternity leave, also works against employers' willingness to hire more women. As such, women account for a bare 15% of the workforce in the private sector<sup>63</sup>. In terms of mismatch of supply and demand in skills and qualifications, the majority of women who receive higher education major in the humanities, while the academic background that private enterprises want is usually the sciences<sup>64</sup>. In sectors with high productivity growth, such as finance and mining, there are few women working<sup>65</sup>.

When looking at unemployment, in 2013, male unemployment rate scores 10.5% and female 22.1%<sup>66</sup>. While only one out of six women is in the workforce, more than one within this fraction is out of a job.

The trend in unemployment, as that of labour participation, has been stable for these several years.



Source: JNCW (2015b)

Figure 2.1.5: Unemployment Rate by Gender

The unemployment rates, segregated by education attainment and generational group, show a clear difference between the younger and older generations (see figures below) – unlike labour participation rates. The high unemployment rate of women could mostly be attributed to that in the younger generation. Young women, regardless of their education level, suffer from severe unemployment; even those with university level education in the 15-29 age group show rates as high as 40% of unemployment<sup>67</sup>. One reason for this could be saturation in the public sector for

62 In the Jordanian economy, currently and in the near future, the following industries are expected to welcome qualified and/or skilled workers: pharmaceutical (chemical), financial intermediation, information and communication, and medical tourism (World Bank (2013)).

63 UNDP (2013), World Bank (2013, 2014)

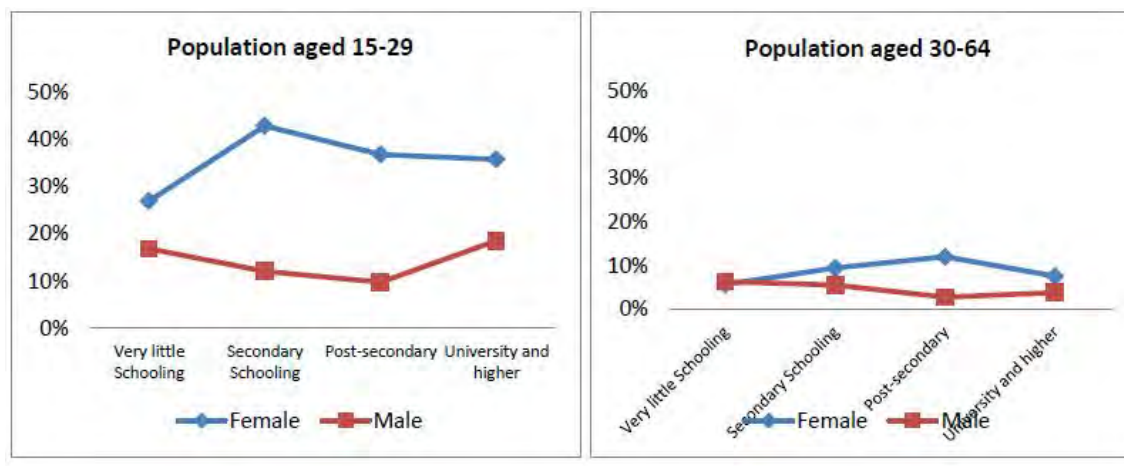
64 World Bank (2013)

65 *Ibid.*

66 <http://data.worldbank.org/country/jordan?display=grap> (accessed 11/Nov/2015)

67 World Bank (2013)

which the majority of women aim to enter; another could be the mismatch in qualifications and academic background; as discussed above, women tend to study in humanities but the companies prefer those with a background in the sciences<sup>68</sup>.



Source: World Bank (2013)<sup>69</sup>

Figure 2.1.6: Unemployment Rate by Education and by Gender, 2010 (aged 15-29)

Figure 2.1.7: Unemployment Rate by Education and by Gender, 2010 (aged 30-64)

### <Assets and Bargaining Power>

Speaking broadly, women in Jordan are very vulnerable in terms of access to economic resources including assets<sup>70</sup>.

Individual asset building is difficult for most women, because few women are in employment and they thus do not have their own income (see the discussion in the former section). Even when working, a woman's lifetime earnings are considerably less than a man's; there is a gender gap in wage (in the private sector, men in average earn 1.24 times as women: in the public sector, 1.17 times). Moreover, retirement age is younger for women (in the public sector, men retire at 60 while women at 55)<sup>71</sup>. On top of it, the social norm is that it is the men in the household (husbands or fathers) who control the income and assets of women<sup>72</sup>.

In land ownership, which makes up a good part of individual asset composition, legally men and women have the same rights. However, in practice, women account only for a small proportion of landowners (see figure below)<sup>73</sup>. Of land individually owned, a mere 3-10% belongs to women<sup>74</sup>

68 World Bank (2013, 2014), interview with JNCW.

69 Data from Jordan Labour Market Panel Survey (2010) (World Bank (2013))

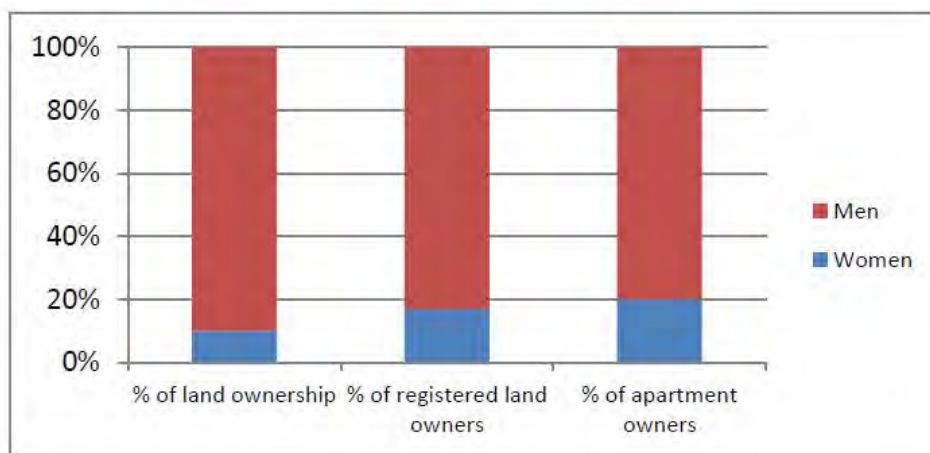
70 OECD (2014), World Bank (2013)

71 World Bank (2013)

72 World Bank (2013) and interview with Center for Women's Studies, The University of Jordan.

73 JNCW (2015a), World Bank (2013)

and the land actually owned by women tends to be small<sup>75</sup>.



Source: World Bank (2013)

Figure 2.1.8: Land and Property Ownership by Gender

A major factor operating in the gender gap in land ownership is inheritance. Legally, women do have certain inheritance rights<sup>76</sup>. However, in reality, the society thinks that it should be men who inherit land and property, not women. This social pressure, put on women, makes them devolve their inheritance rights to male relatives<sup>77</sup>. According to a study in Irbid Governorate in the north, 76% of women respondents answer that they waived their rights to inheritance they were entitled to<sup>78</sup>. The social norm that disproportionately favours men over women in inheritance is derived from the tribalism in which people try to protect tribal land assets. If a woman is the owner of the land, the land may eventually be transferred to the tribe to which she will marry into<sup>79</sup>. The social pressure for women to waive their rights is particularly strong in rural areas. Parents sometimes transfer the ownership to sons before death, which would further diminish the daughters' shares<sup>80</sup>.

The majority of the land women own is obtained through inheritance in spite of this social pressure; women can seldom prepare the funds to purchase land, but not only that, it is out of the social norm for women to purchase land in their own names<sup>81</sup>.

Because of these circumstances, in many cases, a woman's only individual asset is her dowry

74 <http://www.fao.org/economic/es-policybriefs/multimedia0/female-land-ownership/en/> (accessed 23/Oct/2015)), World Bank (2013)

75 OECD (2014)

76 However, a woman is entitled to less inheritance than a man in a comparative position (e.g., a daughter compared to a son). See 2.2 below.

77 OECD (2014), World Bank (2013)

78 UNDP (2013)

79 World Bank (2013)

80 OECD (2014)

81 World Bank (2013)

(typically jewelry). Yet, even the dowry is sometimes controlled/managed by the husband<sup>82</sup>.

As to the access to other economic resources than land, financial services including loans from official financial institutions are legally accessible for men and women alike. In practice, though, women face discrimination<sup>83</sup>. Microfinance is accessible for women and it is said that 90% of the loan takers are women<sup>84</sup>. However, it is argued that microfinance so far has, by and large, failed to economically empower women. It is often men (husbands or fathers) who control the money that women have borrowed through microfinancing, regardless of the name of the borrower<sup>85</sup>.

An international comparison study which probes into the relationship between gender equality and assets concludes that not having assets and access to resources directly leads to the lack of bargaining power in society and in the household<sup>86</sup>. As seen above, women in Jordan have little ownership/control of, and access to, assets, which results in the absence of bargaining power, which in turn results even less control over what is available, which leads to less and less assets of their own: a vicious cycle for women.

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82 *Ibid.*

83 For instance, a woman may be required to submit a guarantee from her husband when applying for a loan (World Bank (2013)).

84 OECD (2014)

85 Interview with Center for Women's Studies, The University of Jordan.

86 Doss *et al.* (2008)

## 2.2 Governmental Commitment on Gender

### Summary

- (1) The current gender strategy, “National Strategy for Jordanian Women 2013-2017”, incorporates 3 (three) areas as its Axes: Human Security and Social Protection, Political Empowerment of Women and Participation in Public Life, and Economic Empowerment of Women.
- (2) The legal system has not achieved gender equality, although the situation has improved in recent years. Legal stipulations in areas of personal life such as marriage and divorce, inheritance, work and nationality do not provide the same rights to men and women.
- (3) Internationally, Jordan commits to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and to the Beijing Declaration and Platform for Action. Jordan is in preparation of a National Action Plan for UN Security Council Resolution 1325.

### <National Policy on Gender>

The current Gender Policy, “National Strategy for Jordanian Women 2013-2017” (hereinafter the Strategy), embraces 3 (three) Axes as follows:

Axis (1) Human Security and Social Protection,

Axis (2) Political Empowerment of Women and Participation in Public Life, and

Axis (3) Economic Empowerment of Women.

Axis (1), human security and social protection, refers to education, health, violence against women (VAW), environment and climate change, and women with basic needs and challenges (food security, shelter and housing, disabled women, elderly women). Axis (2), political empowerment and participation in public life, targets to foster more female participation in decision making mechanisms, including not only in legislative and governmental bodies but also in private sector (enterprises and associations) and civil society. Axis (3), economic empowerment of women, encourages more labour force participation and employment of women, and aspires to support women in poverty and female breadwinners.

The Strategy does not set numerical targets except for one: women to achieve 30% representation in all the policy making and decision making positions in various authorities and sectors that are under governmental influence (including non-governmental bodies such as boards of universities and companies with governmental shares). It should be noted, however, that this is expressed as a future target with no particular time frame.

The Strategy also incorporates 4 (four) “cross-cutting axes” that are to be employed in all Strategy Axes and areas. These are: (a) community culture that supports women’s empowerment, (b) media,



information technology and communication, (c) gender integration in national legislations, policies, plans, programmes and budgets, and (d) institutional development of organisations working in women's empowerment<sup>87</sup>.

## **<Gender in the Legal System>**

### **[The Constitution]**

The Jordanian Constitution provides equality for Jordanian citizens, prohibiting discrimination based on race, language and religion in the Article 6. However, it does not refer to gender/sex. In the Constitution, special treatment of women in employment is allowed for, which is in practice implemented in terms of preventing women from employment in some sectors and restricting them from night-time work<sup>88</sup>.

### **[Gender inequality in the Legal System]**

Women were granted their right to vote in 1974. Today, gender equality in the legal system is yet to be achieved; although the situation has improved in recent years with several legal reforms, there remain gender-discriminative clauses and provisions<sup>89</sup>. The government has agreed with the United Nations Commission on Human Rights that the country would remove and/or change discriminatory provisions.

### **[Personal Status Law]**

The Personal Status Law (amended in 2010) stipulates personal and family matters including marriage, divorce and inheritance. Major items in relation to gender issues are reviewed below<sup>90</sup>.

- In the Sharia (Islamic) Courts, a man's testimony weighs twice as a woman's.
- Only "religious" marriages are legally accepted. The minimum eligible age for marriage is 18 for both genders. However, when the Sharia Court acknowledges the "general interests", minors of 15-17 years of age can marry ("general interests" are not specifically defined). Both males and females under the age of 15 cannot marry legally in any circumstances.
- A male guardian (a senior male relative) manages and supervises the person's education and place(s) to live, until the person attains the age of 18 for male, and the age of 30 for female.
- When entering into a marriage, a woman must have the guardian's (see above) permission. Without his physical attendance, her marriage contract is not accepted, while on the male side,

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87 JNCW (2015b)

88 World Bank (2013), Jordanian Women's Union (2012)

89 JNCW (2015a, 2015c), UN Women (2014a), OECD (2014)

90 Hereafter, description regarding the legal system is based on the following, unless otherwise specified: JNCW (2015a, 2015c), OECD (2014), World Bank (2013), UNDP (2013), and Jordanian Women's Union (2012).

only the groom himself is required to attend<sup>91</sup>.

- A husband may divorce his wife one-sidedly. A wife can divorce her husband only after bringing her case to the Sharia Court, and going through numerous procedures. When the divorce is done by agreement, the wife is still required to relinquish her dowry and the right for future financial gain(s).
- The legal guardian of a child is his/her father. When parents divorce, the guardianship is automatically given to the father. The mother will be given only the physical custody of the child until the child reaches either 15 years of age or his/her puberty. Then, the child has the right to choose either his/her father or mother to live with. When a divorced woman remarries, she loses the parental right to the children from the previous marriage.
- Sharia Law stipulates the details of inheritance. For example, in the inheritance from a parent to a child, a daughter is eligible for half the share of a son's. A non-Muslim woman who is married to a Muslim man shall have the right to inherit from her husband only if she converts to Islam.
- When it comes to a married woman's right to work, she may get a job if the job is legal and her husband approves her to do so. If their marriage contract incorporates an article that states the wife can work without the husband's approval, then she could do so<sup>92</sup>.

### **[Civil Code]**

The Civil Code provides equal rights to both men and women as to the ownership/management of land and other properties, to enter financial contract(s), and to have access to financial services. However, women face discrimination when it comes to actual implementation of the law<sup>93</sup>.

### **[Penal Code]**

The Penal Code, especially its sections regarding rape and sexual harassment, is criticized as gender-discriminative. Sexual harassment as such is not a defined legal offence, although it is possible to punish the aggressor utilizing the Penal Code.

Problematic issues about rape are as follows: Spousal rape is not regarded as illegal, while rape in general is penalized. When a rape assailant agrees to marry the victim, the rape charge is dropped<sup>94</sup>.

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91 In practice, the marriage contract is made and signed by males from the both sides. It could be seen that this practice is legally accepted by this stipulation.

92 In many cases, however, women do not know such a potential article exists and thus it is rare for the article to be included in the marriage contract. This stipulation is also criticised as disadvantageous to women when her insistence on working leads to divorce. (Jordanian Women's Union (2012))

93 UN Women (2014a)

94 Not only Jordanian civil society but also the international community including the UN Commission on Human Rights have requested the abolition of this stipulation. Interview with UN Women, JNCW (2015a)

This stipulation is problematic because whether the rape victim assents to this marriage or not is virtually unknowable from outside, as the marriage is, as described above, arranged by the males (the groom-to-be, his family, the guardian of the bride-to-be, and her family). It is reported that in many cases, the victims have no other choice than to agree to marry, as they fear to be victimized once again by the violence from their own families, and because being a rape victim is a ‘shame’, they receive considerable social and family pressure to ‘maintain the family honour’ by being married<sup>95</sup>.

### **[Domestic Violence Law]**

Law for Protection from Domestic Violence, known as the Domestic Violence Law, was established in 2008 as a first law of the kind in the region. The assailant is to be detained up to 24 hours, and the victim is to be protected. The law is yet to be improved on the following points amongst others<sup>96</sup>.

- Domestic violence (DV) is very narrowly defined as the violence that occurred inside the victim’s house.
- VAW is not clearly defined.
- Rather than protection of the victim, the reconciliation between the assailant and the victim is emphasized.

### **[Labour Code]**

Gender discrimination in employment and so-called equal pay for equal work are not specifically mentioned in the Labour Code.

A pregnant woman is eligible to have 10 weeks of paid maternity leave<sup>97</sup>. Enterprises with 20 or more female married employees should provide adequate care for children under the age of 4 (four)<sup>98</sup>; however, this article, in practice, works to discourage employers from employing women because of the perceived ‘trouble’ and additional expenditure that the employers would be responsible for<sup>99</sup>.

Sexual harassment in the work place is prohibited, but the victim is eligible to terminate the work contract or to claim for the damage only when the employer is the harasser; no provision is given for the sexual harassment from any non-employer (e.g. a colleague).

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<sup>95</sup> See also 2.1 above and 3.4 below.

<sup>96</sup> It is also argued that the government needs to put more effort on informing the public about the law. (UNDP 2012)

<sup>97</sup> Jordanian civil society has requested paternity leave to also be incorporated. (Jordanian Women’s Union (2012))

<sup>98</sup> UNDP (2013)

<sup>99</sup> Interview with JNCW

### **[Social Security Law]**

The Social Security Law of 2004 has created the system of unemployment insurance and maternity insurance. It has also provided a way for female employees in small and medium sized enterprises and female homemakers to join the social security system<sup>100</sup>. One disadvantage that the law still confers to women is the beginning age for pensions; men start to receive their pensions at the age of 60, women at 55. This in practice means that women (who typically have more years in old age to look forward to) earn less while in the workforce, and receive less after retirement<sup>101</sup>.

### **[Civil Service Regulations]**

According to the Civil Service Regulations, a married male employee would automatically receive a family benefit, while a married female employee, in order to receive the same benefit, needs to go through lengthy procedures to prove she is a widow, or has a husband who is unable to work (e.g. he is disabled), or is the actual person who is the primary breadwinner in the family.

### **[Law of Owners]**

According to the Law of Owners, a widow would lose the inheritance from her late husband if she remarries.

### **[Nationality Law]**

A non-Jordanian woman married to a Jordanian man is eligible for Jordanian nationality automatically (unless the husband is opposed to it). However, a non-Jordanian man married to a Jordanian woman is not. Considerable conditions must be satisfied for him to be eligible for Jordanian nationality, including investments in Jordan, and presentation of his will to stay in Jordan for good. Because of this provision, the Jordanian wife would be forced to apply repeatedly for a work permit for her husband.

A child is given Jordanian nationality without question provided the father is Jordanian. A child with a Jordanian mother is not, unless the father is unknown or stateless. In the latter case, the child does not have the right of residence in Jordan, thus the parent(s) - primarily the mother - is required to apply for the child's residence permission on the basis of humanitarian consideration. The procedures for the residence permission are complicated as well as non-lasting, resulting in cases of such children losing opportunity in education and their right to vote when grown up. The Ministry of Interior recently moved to improve this issue, although measures are yet to be legally realized.

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100 JNCW (2015a)  
101 World Bank (2013)

### **[Passport Law]**

It had been criticized that in the Passport Law, a woman is required to submit a written approval from her father or her husband in order to be issued a passport. This article was removed in 2013<sup>102</sup>. A remaining issue is that a father still holds the right to refuse his child to leave the country.

### **[Electoral Law]**

In the recent years, the Electoral Law has been amended several times, increasing the quota for women representatives in Parliament<sup>103</sup>. As of 2015, Parliament quota reserves 15 seats for women out of 150 (amended Electoral Law of 2012). Likewise, the Municipalities Law sets the quota for women members in local legislative councils; the Municipalities Law amendment in 2011 gives 25% of the seats to women<sup>104</sup>.

### **[Another issue in the Legal System (of non-existence): Sexual Harassment]**

A law which specifically penalizes sexual harassment does not exist in Jordan. As described above, it is possible to penalize the assailant according to the Penal Code, but sexual harassment is not clearly defined as a crime. Also as described above, some sorts of sexual harassment in employment are prohibited, leaving space for other sorts. Sexual harassment outside the work place, such as in public spaces, is not legally regulated.

## **<Commitment to International Agreements>**

### **[CEDAW]**

Jordan signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1980, ratifying it in 1992, with some reservations<sup>105</sup>. One reservation which has been criticized in and out of the country, regarding Article 15 (women's - and men's - freedom of mobility and choice of residence without consent of their spouses or other male family members), was removed in 2009<sup>106</sup>.

### **[Beijing Declaration and Platform for Action, Fourth World Conference on Women]**

Headed by Princess Basma, the Jordanian delegation attended the Fourth World Conference on Women in 1995, joining the world and committing to the Beijing Declaration and Platform for

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102 It was under criticism by Jordanian civil society as a breach in CEDAW (Article 15 which secures women's freedom of mobility and choice of residence without consent of their husbands or other male family members). (Jordanian Women's Union (2012)). See also the section below on CEDAW.

103 Senators are appointed by the King.

104 JNCW (2015a), Quota Project (2014)

105 [https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtldsg\\_no=IV-8&chapter=4&lang=en](https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtldsg_no=IV-8&chapter=4&lang=en) (accessed 10/Dec/2015)

106 OECD (2014), Amman Center for Human Rights Studies at:

<http://www.achrs.org/english/index.php/arab-and-international-mainmenu-46/arab-and-international/142-participate-in-the-debate-on-the-cedaw-in-jordan.html> (accessed 8/Nov/2015)

Action<sup>107</sup>. Afterwards, Jordan has submitted its Progress Reports every 5 (five) years<sup>108</sup>.

### **[UN Security Council Resolution 1325]**

As of 2015, a draft for Jordanian National Action Plan (hereinafter the Plan) for the UN Security Council Resolution 1325 (Women, Peace and Security) has been produced<sup>109</sup> and the Government is discussing its contents<sup>110</sup>.

The following 3 (three) points are the major pillars in the draft for the Plan.

- (1) To improve the participation of women in decision making, peacebuilding, and prevention of and response to conflicts, through the promotion of women's rights and securing protection of women in the legal system,
- (2) To mainstream gender in national policies and programmes, protect the human rights of women and girls, protect them from any and all kinds of violence, and
- (3) To raise awareness in the society of the importance of women's participation in sustainable development, in capacity development, and in partnership building, and to encourage more and better coordination and cooperation amongst the government and civil society organisations who have stakes in implementation of Resolution 1325 National Action Plan.

The draft states Targets for each of the points above, and under the Targets, Procedures to realize them. However, they do not identify specific policies/laws/implementing agencies/time frame, especially for the points (1) and (2). For point (3), several governmental agencies are identified in relation to the protection from Gender-based Violence (GBV)<sup>111</sup>, but not time frame. Overall, the implementing agency and/or personnel in charge for the Plan are not identified<sup>112</sup>.

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107 <http://www.un.org/womenwatch/daw/beijing/> (accessed 10/Nov/2015)

108 JNCW (2015a, 2015c)

109 JNCW (2015d)

110 UN Women (2015a)

111 GBV in Jordan is discussed in 3.4 below.

112 JNCW (2015d)

## 2.3 National Machinery

### Summary

- (1) The national machinery, Jordanian National Commission for Women (JNCW) was established in 1992 in line with the government's decision to ratify CEDAW.
- (2) JNCW has been active in formulating national gender strategies and mainstreaming gender in government. It has succeeded in incorporating gender considerations in several sector strategies and increasing the electoral quota for seats held by women.
- (3) However, JNCW is a very small organisation and it struggles to keep up with mounting tasks. Being a policy advisory agency, it does not have means to secure actual implementation of policies including gender policy.
- (4) Many governmental organisations have gender departments, sections, and/or officer(s), whose level of authority and achievements vary greatly.

### <Background>

The national machinery to promote gender mainstreaming and women's empowerment in Jordan is the Jordanian National Commission for Women (JNCW). JNCW was established in 1992, through the Cabinet Decision after the ratification of CEDAW (see above). Princess Basma chairs the Commission<sup>113</sup>. JNCW is in charge of the following tasks<sup>114</sup>:

- To plan, prepare and develop the national policy on gender (current version: National Strategy for Jordanian Women 2013-2017, see 2.2 above); To monitor and follow-up the policy implementation,
- To promote gender mainstreaming in sectoral policies, including providing advice; To review the policies in their preparation phase and provide gender-related consultation,
- To review and research gender issues in governmental policies and in legal structure; To provide advice, accordingly, to the concerned authorities as to how better to mainstream gender and promote gender equality,
- To research and analyse gender issues in socio-economic spheres, and to lobby toward the gender equality according to the results,
- To coordinate and cooperate with the concerned authorities and civil society organisations,
- To act as the government representative in terms of the gender related issues in the international relations, and,

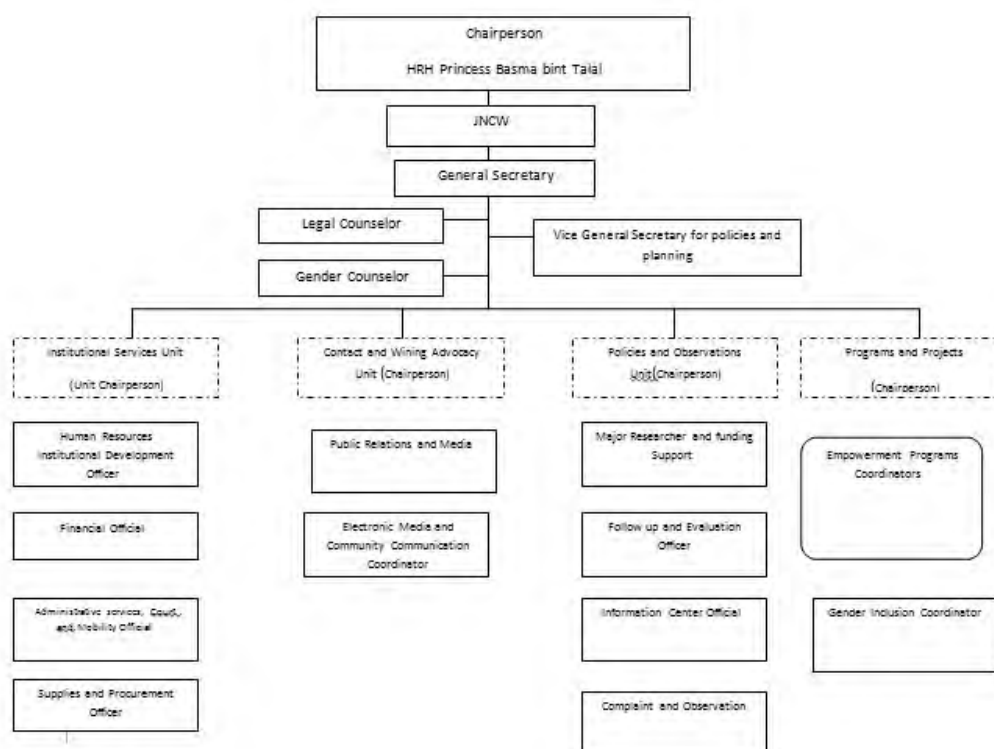
<sup>113</sup> Interview with JNCW, UN Women (2015b)

<sup>114</sup> Hereafter the description on JNCW's tasks is based on the interview with JNCW and UN Women (2015b) unless otherwise specified.

- To supervise the Women's Complaint Office<sup>115</sup>.

## <Organisation>

JNCW is a very small organisation with only 13 staff<sup>116</sup>. The organogram is provided below.



Source: JNCW (2015e)

Figure 2.3.1 : Organogram of JNCW

## <Achievements and Challenges>

JNCW has succeeded to mainstream gender considerations into national policies in the various sectors fairly well, in addition to its flagship gender-policy development (see 2.2 above). For instance, the National Employment Strategy 2011-2020 allocates one section of its situation analysis to the gender gap in labour participation and aspires to strengthen female labour participation<sup>117</sup>. The National plan of Ministry of Public Sector Development for 2016-2018, which is in the making, will probably argue the importance of increasing female employment<sup>118</sup>.

JNCW is aware that it is not enough to have 'gender' written on paper. For example, the National

115 The Office was established in 2009 as a window for complaints on violence and discrimination against women under JNCW. The office offers 24 hour free telephone counselling, refers cases to other professional organisations where necessary, and constructs and manages relevant databases (JNCW (2015a)).

116 Interview with JNCW.

117 Ministry of Planning and International Cooperation (2011)

118 Interview with JNCW



Education Strategy 2006-2016 declares that it “promote(s) gender mainstreaming in all policies, programmes, and practices”<sup>119</sup> with not many tangible resulting efforts<sup>120</sup>. Sectors, including finance, energy, and tourism, are yet to incorporate gender considerations in their sector policies and strategies<sup>121</sup>.

As to JNCW’s achievements in the area of legal and institutional development<sup>122</sup>, it has helped to increase the quota for female members of national and local legislative bodies (see 2.1 and 2.2 above) and has established the national Equal Pay Committee for gender equality in employment, amongst others. The Equal Pay Committee has achieved the incorporation of maternity leave into the social security system, so that the former expenditure is paid by the latter. JNCW is now involved in the near-future amendment of the Domestic Violence Law, which came in effect in 2008 but has been criticized as insufficient (see 2.2 above).

These achievements are mirror images of the challenges JNCW faces<sup>123</sup>. Being an advisory organisation and not an implementing agency, JNCW can only monitor and follow-up the National Strategy for Jordanian Women 2013-2017, without means to secure its actual implementation. Likewise, for various sector policies and laws, JNCW, without any binding power, can recommend gender mainstreaming to the concerned authorities; but whether to take in that recommendation or not is up to the authorities in charge. The same can be said for the implementation of policies and laws (see the discussion on the National Education Policy above).

Another challenge is JNCW’s physical limitation. Having a mere 13 staff, it suffers from a severe shortage of hands to fulfill its tasks. According to the Secretary General of JNCW, at least twice the number of staff would be necessary to complete the tasks that are to be executed<sup>124</sup>.

### **<Other Gender Mechanisms in the Government>**

As of 2015, 103 governmental organisations including Ministries and National Commissions have set up their own Gender Departments/Sections. Many of the remaining governmental organisations have designated officer(s) in charge of gender issues<sup>125</sup>.

These Gender Departments/Sections and Gender Officers hold different levels of prerogative and authority, according to the commitment of the authority’s top decision makers. In the organisations with weak commitment, it has been reported that the gender department/officer(s), despite their

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119 Pp.15, Ministry of Education (2006)

120 Interview with JNCW

121 Interview with JNCW

122 Description in this paragraph is based on the information obtained in the interview with JNCW as well as JNCW (2015a).

123 Description in this paragraph is based on interviews with JNCW and UN Women.

124 Interview with JNCW

125 Interview with JNCW

efforts and struggle, have failed to bring in many tangible results<sup>126</sup>.

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126 Interview with JNCW, UN Women (2015b)

### 3 Current Gender Situation in Selected Sectors

#### 3.1 Peacebuilding/Syrian Refugee Crisis Response

##### Summary

- (1) As a result of the ongoing Syrian crisis, since 2011, Jordan has observed an influx of refugees from Syria. The country currently hosts 630,000 Syrian Refugees across the country, with a high concentration in its northern region.
- (2) Syrian Refugees are very vulnerable, with more than 80% living under Jordanian poverty line. While both men and women refugees struggle to survive, the women—especially those who head households—have great difficulty to keep themselves and their families safe and fed.
- (3) Notably in the northern region, where many of the Syrian Refugees reside, health services, along with other public services, are under tremendous pressure due to the increased demand. In reproductive health services, deterioration of both the quality and quantity of care has resulted in health problems and discontent in both Refugee and host community women.
- (4) Due to overstretched public services, price increase, and intensified job competition, amongst other reasons, tensions have risen in both host and refugee communities, as well as between them. This has led to negative impact on gender situations including less freedom of movement for women.
- (5) Early marriage is of concern. Anecdotally, many Syrian girls are being married off due to poverty and insecurity. However, the actual situation, including the number and trend, is unclear.

##### [Overall Situation and Policy Framework]

The Syrian crisis which has been ongoing since 2011 has resulted in the massive influx of Syrian Refugees into Jordan, especially in its northern region where the border with Syria lies. As of November 2015, the number of Syrian Refugees in Jordan has risen up to 630,000<sup>127</sup>, putting great pressure on governmental services including education, health and sanitation and hygiene.

In response to the Syrian crisis, the United Nations High Commissioner for Refugees (UNHCR) has led the formulation of the Regional Refugee and Resilience Plan (3RP) and the Government of Jordan formulated the Jordan Response Plan (JRP). Both plans are now being implemented as of 2015<sup>128</sup>. JRP covers a wide range of topics including education, energy, environment, health, justice, livelihoods and food security, local governance and municipal services, shelter, social protection, transport and water and sanitation. It will address “social imbalances, including gender inequalities, and strengthen social cohesion<sup>129</sup>” in the affected areas.

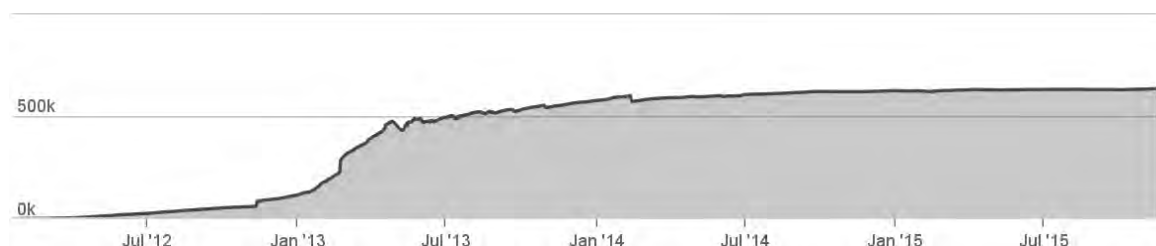
As the figure below shows, the influx of refugees from Syria sharply increased at the end of 2012,

127 The number of registered refugees with UNHCR. <http://data.unhcr.org/syrianrefugees/country.php?id=107#> (accessed 19/Nov/2015). The Syrian Refugees in this report refer to UNHCR registered refugees unless otherwise specified.

128 In January 2014, the National Resilience Plan (NRP) was announced as the Jordanian government response, which has been incorporated into JRP since JRP launch in December 2014 (JICA (2015a), Ministry of Planning and International Cooperation (2015)).

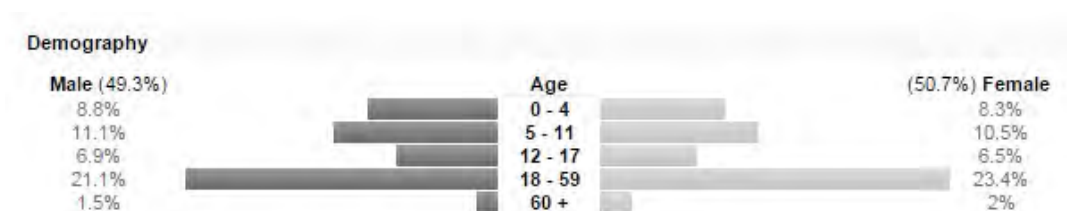
129 Pp. 26, Ministry of Planning and International Cooperation (2015)

then gradually reached the current 630,000. Women and children (up to 17 years old) make up 77.5% of all the refugees, while overall male-female ratio is roughly 50:50<sup>130</sup>.



Source: <http://data.unhcr.org/syrianrefugees/country.php?id=107#>

Figure 3.1.1: Number of Syrian Refugees in Jordan



Source: <http://data.unhcr.org/syrianrefugees/country.php?id=107#>

Figure 3.1.2: Gender- and Age-Segregated Syrian Refugee Population (as of Nov 2015)

There are 5 (five) Syrian Refugee Camps in Jordan where roughly 20% of refugee population resides. The vast majority, more than 80%, lives in so-called host communities outside these Camps<sup>131</sup>. Geographically, 26.8% live in Amman Governorate of which the centre is the capital, while 49.5% concentrates in 4 (four) northern Governorates of Irbid, Mafraq, Jerash and Ajlun<sup>132</sup>.

### [Vulnerable Syrian Refugees, particularly Vulnerable FHHs]

A UNHCR report from May 2015 estimates as many as 86% of Syrian Refugees live under the Jordanian poverty line (see figure below)<sup>133</sup>. 92% are vulnerable in terms of the fulfillment of basic living needs including food, shelter, health and education. The major reason for this vulnerability is not because these services are non-existent, but because the refugees cannot afford them<sup>134</sup>.

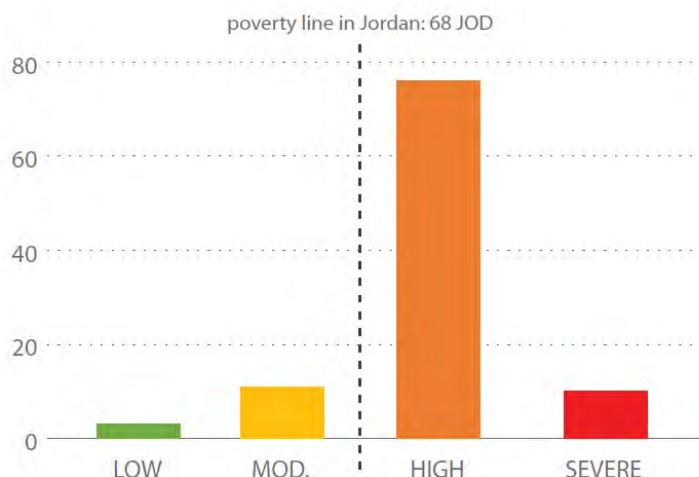
<sup>130</sup> <http://data.unhcr.org/syrianrefugees/country.php?id=107#> (accessed 19/Nov/2015)

<sup>131</sup> UNHCR (2015a)

<sup>132</sup> <http://data.unhcr.org/syrianrefugees/country.php?id=107#> (accessed 19/Nov/2015)

<sup>133</sup> UNHCR (2015a). The poverty line in Jordan is set at the income level of 68 Jordanian Dinar (JOD) per person per month (UNDP 2013).

<sup>134</sup> UNHCR (2015a). Some refugees cannot afford not only to pay for the services but also for the transportation and so on to access the services. See also the following discussion.



Source: UNHCR (2015a)

Figure 3.1.3: Vulnerability of Syrian Refugees (%)<sup>135</sup>

As Syrian Refugees are not given work permits in Jordan, the basic living scheme of the most refugees is to rely on aid; although a considerable number try to get a job illegally in the informal sector, the opportunity is scarce (see below). Yet, due to the prolonged crisis in Syria which is inevitably accompanied by so-called aid fatigue of the international society, donor contribution has been decreasing<sup>136</sup>. The most basic aid, the food voucher programme by the World Food Programme (WFP), has shrunk to 2/3 in September 2015, resulting in nearly 230,000 refugees losing their access to food aid<sup>137</sup>. Having taken refuge already for several years, many refugees have used up assets and savings they managed to bring along<sup>138</sup>. Unsustainable coping strategies including reducing the number of meals (62%) and slashing basic expenditure other than food (such as health and education) (24%) are observed to be taken by almost 80% of the refugee population<sup>139</sup>. Another unsustainable coping strategy, sending their children to beg, is also said to be increasing. This troubling strategy is thought to be reinforced by the strong social/gender norm within refugee communities that opposes outside-the-home work by women; some reckon it is less of a 'shame' to send children to earn coins than to send the wife to work<sup>140</sup>.

The vulnerability of the Syrian Refugees will be exacerbated in the coming years, as the prospect of returning to Syria and/or for sustainable livelihood in Jordan is not foreseeable.

<sup>135</sup> Figure 3.1.3 categorizes Syrian Refugees into 4 (four) vulnerability categories, with the percentage of people who fall into each category. From the left, categories for low, moderate, high and severe vulnerabilities.

<sup>136</sup> Interview with UNHCR, UNHCR (2015b).

<sup>137</sup> The Guardian (2015), UNHCR(2015b). As the UNHCR report that states that 86% fall below the poverty line was published in May 2015, it is probable that the current situation has become worse.

<sup>138</sup> In many cases, married women refugees bring their dowry (which is more often than not the only controllable asset for women), but most of these women end up selling them for family survival (UNHCR (2015a, 2014)).

<sup>139</sup> UNHCR (2015a)

<sup>140</sup> *Ibid*, interview with UNHCR.

According to this UNHCR report on refugees' vulnerability, the gender of the household head is not a decisive factor for the level of vulnerability of the family<sup>141</sup>. According to the figure below, both male-headed households (MHHs) and female-headed households (FHHs) have similar tendency in terms of their level of vulnerability, meaning both MHHs and FHHs need considerable support.



Source: UNHCR (2015a)

Figure 3.1.4: Vulnerability Categories by Gender of the Household Head<sup>142</sup>

However, as UNHCR (2015a) notes, this does not necessarily indicate that FHHs are not disadvantaged compared to MHHs. Firstly, FHHs in this survey include those living with other MHHs (such as relatives) so that they can secure shelter; in this case, one of the FHH-specific problems of difficulty in finding shelter, as described below, does not surface. Secondly, this survey intentionally excludes socio-cultural elements in its design so that it would measure economic and physical vulnerability more objectively. Thus, socio-cultural vulnerability of FHHs is neither measured nor reflected in the result above. According to the current international consensus, it is precisely this socio-cultural vulnerability, including the problems in socio-cultural protection (such as GBV and psychological and mental insecurity), is one major reason for why FHHs struggle and suffer greatly<sup>143</sup>.

Although it is virtually impossible to measure this socio-cultural vulnerability in a tangible manner, UNHCR (2013), as an attempt to document FHHs' particular difficulties, presents anecdotal evidence below.

- FHHs tend to struggle to find tolerable shelter, resulting in frequent movements. A major

<sup>141</sup> UNHCR (2015a)

<sup>142</sup> See footnote 135 for vulnerability categories.

<sup>143</sup> UNHCR (2015a)

reason for this is room-owners' reluctance to have female tenants, as they generally do not perceive women as reliable payers of rent.

- In order to secure a roof over their heads, they may take sub-standard housing; for example with broken or no lock(s), no toilet(s), no electricity. This causes insecurity especially at night, which is even more problematic for FHHs than for MHHs, because FHHs do not have adult male member(s) who could physically protect the others from intruder(s)/attacker(s). As a consequence, the woman who heads the family would be more and more hesitant to leave the family even for a short time to reduce the risk.
- It is even more difficult for FHHs to earn money than MHHs. The data in UNHCR (2013) may not be statistically reliable due to the small sample size, but according to the results documented, while 26% of MHHs had some kind of income, among their FHH counterparts this number was only 9%. Analysed reasons for this disparity include the FHH's incapacity for leaving the home (taking care of small children, elderly or sick family member(s))<sup>144</sup> and unavailability of jobs for women.
- The problems described above cause not only financial and physical impecuniosity; they also alienate the FHH, detaching them from human interaction and relationships. FHH may feel more and more isolated and helpless and many suffer from mental problems including severe anxiety and depression.

### **[Gender Situation in Health including Reproductive Health]**

Due to the fluid and ever-changing circumstances of refugees, comprehensive data on Syrian Refugee women's health is unavailable at the time of writing this report. However, it would be safe to assume that the situation has been aggravated, based on the anecdotal evidence presented below. Clearly, health services, including reproductive health (RH) services, are under great pressure and can barely satisfy the mounting demand<sup>145</sup>.

#### **● Issues observed in Syrian Refugee Camps**

In Syrian Refugee Camps, hospitals and clinics funded and managed by the international agencies and donors provide health services including RH services. However, due to the bulging population, the quality of the services has reportedly deteriorated. Complaints heard include: several women having to use one small delivery room at the same time; doctors and medical personnel having no time to properly consult the patients; and scarcity of female medical personnel causing tension and awkwardness amongst the patients. RH is by definition a sensitive and private matter (as is family

<sup>144</sup> As discussed in the bullet above, it seems that many women heads of households are unable to go out of their house due to trying to keep the family members safe.

<sup>145</sup> Discussion in this section is based on IAWG (2013), Anderson (2014), and interviews with several donor personnel working in Za'atari Camp unless otherwise specified.

planning (FP)) and maintaining the quality of services require a certain amount of physical space and time, but these have become impossible to provide. To make matters worse, due to the reduced flow of aid funds, medical supplies have recently also been in shortage.

In an RH clinic in Za'atari Camp, the biggest Syrian Refugee Camp in Jordan with a population of 80,000, many women suffering urinary tract infections and other related problems have sought assistance. The symptoms are thought to be caused by the sanitation facility-related circumstances. The public toilets in the Camp are unhygienic, and moreover, there are rumours of men hiding in women's toilets who would catch a lone woman and rape her (credibility unclear). Thus, women, not wanting to go to these toilets, reduce their intake of water and also restrain themselves from defecating, resulting in medical problems<sup>146</sup>. Although there is no available data in other Camps, it would be likely that similar problems are occurring.

### ● Issues observed in Host Communities

In host communities, medical service providers include public and private hospitals and clinics<sup>147</sup>. Syrian Refugees living in host communities are taken care of by these medical facilities, just like host community residents. Thus, the existing medical service system<sup>148</sup>, which had already been inadequate in the pre-Syrian Crisis era<sup>149</sup>, now needs to accommodate both groups of people. This is particularly difficult in the northern region where the influx of the refugees has been massive<sup>150</sup>.

According to a 2013 survey which focused on RH services in the host communities in the northern Irbid Governorate, both host community (Jordanian) women and Syrian Refugee women reported the following problems: lack of privacy in medical and health facilities, aggravated congestion (including the cases of several women having to give birth in one small delivery room), tension and stress felt due to the scarcity of female medical personnel. Many Jordanian women reckon that the quality of the service has been degraded compared to pre-Crisis times<sup>151</sup>. As to medical and health services as a whole, host community residents in Mafrq Governorate stated that the hospitals are much more crowded than before the Crisis and more often than not the hospitals are in shortage of, and are unable to provide, medicines<sup>152</sup>.

Another issue to be noted is that there is probably considerable, yet unaddressed, 'hidden demand'

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146 Anderson (2014)

147 The most common public clinics are Village Health Centres (VHCs) operated by the Ministry of Health. There are private clinics and hospitals, but due to cheaper fees, many residents are dependent on VHCs, public hospitals and NGO clinics.

148 Even though there are newly established clinics and other service providers as a response to the Syrian Refugee influx (see, for example, Médecins Sans Frontières (2015)), it is not clear how much service capacity as a whole has increased.

149 HPC (2013)

150 The population of Syrian Refugees account for 15.7% of total population in Irbid Governorate and 38% in Mafrq Governorate (UNHCR (2015a)).

151 IAWG (2013)

152 Interviews with residents of communities nearby Za'atari Camp, Mafrq Governorate.



for RH and other medical services amongst Syrian Refugees. Since the spring of 2015, 2 (two) registrations became necessary for Syrian Refugees to access Jordanian public health services,. One is the UNHCR refugee registration, which has always been required. A new requirement from 2015 has been proof of registration with the Ministry of Interior. Without the latter, the patient must pay as a foreigner, whose fees cost 3 (three) times as much as a Jordanian. A mere 30% of the refugee population has the Ministry of Interior registration<sup>153</sup>, meaning for the remaining 70%, a higher hurdle was set for their access to health services. As described above, the vast majority of Syrian Refugees suffer from economic poverty, which likely results in many of them restraining themselves from visiting a clinic/hospital when it is not too acute. A survey of Syrian Refugee FHHs collects painful voices telling that they cannot afford to pay for transportation to a medical facility, let alone the service fee<sup>154</sup>. As to the contraceptives which had been distributed for free, the Ministry of Health has been in discussion on whether or not to switch to paid service for Syrian Refugees; while the discussion is going on, some clinics in the field have temporarily cancelled free distribution or started to charge a fee<sup>155</sup>.

#### ● Issues observed in common

According to UNHCR, Syrian women have shown high fertility rates. While statistically reliable data is unavailable, in Za'atari Camp, where 80,000 people live, approximately 10 daily deliveries have been observed, which is likely to be significantly higher than the fertility rate of Jordanian women<sup>156</sup>. According to sources, in the majority of the communities in Syria from where the refugees came, a traditional gender norm which says 'a women's happiness is in marrying early and having many children' is strong and persistent<sup>157</sup>, thus young married women are socially pressured to bear children regardless of age. A women's clinic in a Refugee Camp reports that quite many Syrian Refugee women suffer from early and repeated pregnancies, making the medical personnel worry about the deterioration of their physical and mental health<sup>158</sup>.

As discussed above, both in Camps and host communities, demand for RH (including FP) services continuously exceeds supply, contraceptives are beginning to be charged for and/or not to be distributed, and there are refugees restraining themselves from visiting RH services due to poverty. Due to these factors working together, it is expected that already-high fertility rates amongst Syrian Refugee women may either remain high or go up further. Likewise, maternal and/or infant mortality rates could rise (although the current rate is unknown). These situations affect not only health matters; it also increases the middle-term likelihood of deepening poverty due to the economic

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153 JICA (2015b), UNHCR (2015a)

154 UNHCR (2013)

155 JICA (2015b)

156 Interview with UNHCR.

157 UN Women (2013), UNICEF (2014). See also the section [Dropping Out, Child Labour, and Early Marriage] below.

158 Anderson (2014)

burden of having many children to feed.

Needless to say, poor access to health services aggravates not only RH but also other health conditions. It is critical for those with chronic medical problems such as diabetes and high blood pressure to consult doctors on a continuous basis, but this is not easy for the refugees as the quality and quantity of the health service is low and many of them cannot afford to pay for services that often.

### **[Rising Tensions amongst the Communities, affecting Gender Situations]**

As discussed earlier, the influx of Syrian Refugees has been at a scale that affects demographic composition, notably in the northern region. Consequently, it has affected not only the health sector but also most of the other sectors related to everyday life of the population. The population explosion has put enormous pressure on basic public services including water, electricity, waste and management. Local administrations are struggling, but unable, to meet the demand. On the streets, prices have surged, especially house rents. Even before the Syrian crisis, the region was suffering from high unemployment and deepening poverty; after the crisis, refugees with severe economic needs flooded into the informal sector which has made the competition over the jobs fierce<sup>159</sup>.

As life becomes more difficult, tensions are rising between host communities and Syrian Refugee communities, as well as within the communities themselves. By the time of writing this report, these tensions have not caused major violent interactions amongst the communities<sup>160</sup>, but have already induced negative repercussions on the life of the Jordanian and Syrian men, women and children. Some have been documented as follows:

- Ever-intensifying competition for job opportunities and various resources have induced accumulated frustration and stress amongst the people, especially those who are socially vulnerable (e.g., poor Jordanians and many of the Syrian Refugees). Many men, who are incapable of maintaining their identity and pride as the breadwinner and protector of the family, tend to release their grudges through violence, which are more often than not against weaker ones within reach (i.e., in the households)—thus, it is feared that GBV/VAW are increasing and/or being aggravated<sup>161</sup>.
- It is reported that women who have suffered from VAW tend to turn violent themselves,

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<sup>159</sup> REACH (2014, 2015), UN Women (2014b), UNDP (2013)

<sup>160</sup> *Ibid*, interviews with NGOs working in the north region, and with UNHCR.

<sup>161</sup> UN Women (2013, 2014b), UNHCR (2013, 2014), IAWG (2013). See 3.4 below for the mechanism of worsening violence. It should be noted that as GBV is a social taboo, the actual situation on its worsening is not clear. While the international community is greatly concerned about this issue, due to the unavailability of reliable data and/or research, some argue that the influx of Syrian Refugees might be simply being blamed as the factor for worsening GBV, while GBV has been there, as serious as it is now, all along (interview with UNHCR). The current situation is difficult to grasp, due to the scarcity of care services for GBV survivors, the lack of information given out about existent care services, and the small proportion of survivors who would be willing to seek outside support due to the 'shame' attached to GBV (IAWG (2013), UN Women (2013)).

victimizing children, creating chains of violence, notably domestic violence<sup>162</sup>.

- Negative stereotypes are reported to have developed between communities; host community residents see Syrian Refugees negatively; Syrian Refugees see host community Jordanians negatively. There circulate rumours, such as these: “crimes have increased because Syrians are involved in violent crimes” (within Jordanian communities) and “Jordanian people try to take advantage of Syrian women and abuse them” (within Syrian Refugee communities). These rumours, whether true or not, have resulted in people’s increased sense of insecurity, which in turn have strengthened control over women’s movements. Both family and community do not want a woman, or even a group of women, to go out alone (i.e., without a man), so if a woman (or women) would like to go anywhere outside the home, a male relative must accompany her/them. A ‘backwards’ gender norm (at least from the point of view of the international gender equality movement) is thus reportedly being enhanced<sup>163</sup>.
- As administrative services have been stretched to near-limit, water often stops and waste is left out without being collected. Both Jordanians and Syrian Refugees cope with this situation by restraining from drinking water and from going to toilets. It would most certainly affect people’s health negatively; especially worrisome are the health of women and children who are socially and physically more prone to the ill-effects of poor sanitation<sup>164</sup>.

### **[Dropping Out, Child Labour, and Early Marriage]**

The rate of dropping out of school, for both Syrian boys and girls, rises sharply from the age of 15 and above. For boys, the major reason is to go to work, although it would be child labour, to earn whatever money possible whenever there is an opportunity. For girls, many leave school to get married<sup>165</sup>. One of the factors that lie behind the dropout rate is that the prospect of a better life does not work as an incentive for completing an education, because Syrian Refugees are not eligible for work permits in Jordan. Among the students, there are rumours that Jordanian education certificates would not be accepted back in Syria<sup>166</sup>.

When it comes to early marriage, as discussed in 2.2 above, the legal age for marriage is 18 for both sexes, with exceptions for 15-17 years olds with the permission of Sharia Court (under-15 would not be allowed to marry in any circumstances). The current international consensus is that an under 18-marriage is regarded as early marriage, because a person up to age 17 would not be mature enough to make a rational and levelheaded decision for life. As such, an early marriage is a forced

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162 UN Women (2014b)

163 *Ibid.*

164 REACH (2014, 2015)

165 UNHCR (2015a), UN Women (2013), and interview with NGO staff working in education for both Syrian Refugees and Jordanians in the host communities.

166 Interview with the NGO above.

marriage, and thus a form of GBV<sup>167</sup>. Within that definition, a considerable number of Syrian Refugee girls marry early. In 2013, of all marriage registrations, 25% of Syrian brides were 15-17 years of age<sup>168</sup>. According to a survey conducted in Za'atari Camp (the largest Syrian Refugee Camp in Jordan) in 2015, it is reported that as many as 73.3% of girls marry at less than 18 years of age<sup>169</sup>.

However, it is not clear whether early marriage of Syrian girls is 'increasing'; it may be simply as it was in Syria, in the southern Syrian communities where the majority of the refugees came from, early marriage of teenage girls was traditionally and culturally 'normal'<sup>170</sup>. UN Women (2013) reports that 44% of Syrian Refugee respondents answered that "age 15-17 is an appropriate age for a woman to marry", while 6% answered "in my community, the average age of a girl to get married was 12-14 years old". In this study, some agreed while others disagreed with whether or not the average age of girls' marriage has fallen after taking refuge in Jordan<sup>171</sup>.

On the other hand, there are sources which argue that insecurity as refugees foment early marriages. One possible reason is the collapse of the social safety net that existed in the original communities. Once in Jordan, where a safety net hardly exists, parents resort to securing other men (as husbands) for their daughters' safety and security as soon as possible<sup>172</sup>. Another possible reason is that parents try to avoid responsibility for potential sexual assaults against their daughters by marrying them off and making it the husband's problem<sup>173</sup>. Concerns are raised, though, that because of the hurried marriage arrangements, the character, qualifications, and family background of the groom-to-be are less thoroughly checked than they would have been in normal circumstances. This could result in the girls' (now wives') long-term insecurity, rather than security which was supposed to be the reason of marriage, as there could be higher risks of abuse and/or GBV<sup>174</sup>.

Although hardly documented, according to sources, affluent males from neighbouring countries come and 'buy' young girls (up to around 15 years of age) as 'brides' from poverty-struck refugee families<sup>175</sup>. This de-facto human trafficking has, however at least in Za'atari Camp, declined sharply since 2014 and is currently hardly seen<sup>176</sup>.

A final note on early marriage is that once married, girls are pressured by society to have children as soon as, and as many as, possible due to socio-cultural norms<sup>177</sup>. In circumstances where RH/FP

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167 UN Women (2013)

168 UNICEF (2014)

169 Shakboua (2015)

170 IAWG (2013), UNICEF (2014)

171 UN Women (2013)

172 Anderson (2014)

173 IAWG (2013)

174 UNICEF (2014)

175 Interviews with JICA personnel and NGO staff working in Za'atari Camp.

176 *Ibid.*

177 Anderson (2014)

services are scarce, as discussed above, repeated pregnancy and delivery by young girls who could be mentally and/or physically immature could have serious negative consequences on themselves as well as their families and communities.

### **[Other Gender Issues in Syrian Refugee Camps]**

In Syrian Refugee Camps, international organisations and donors provide classes and sessions for women intending to care for their trauma and to reduce stress. These typically include literacy classes and group lessons on handicrafts. They seem to have good effect on the participants as these classes give the women a chance to meet and talk with other women which appears to reduce stress significantly. The problem is that these services' provision currently exceeds demand, for example, in Za'atari Camp<sup>178</sup>. The background factor is that many women are most likely to be confined at home alone as the male(s) such as husbands or fathers would not allow women to go out and interact with other people<sup>179</sup>. Due to this social and cultural context, it is thus not enough to simply provide opportunities for activity when aiming to reach and support refugee women.

Another dimension of support for refugee women is to encourage them to take action as active agents (as opposed to passive victims). International society is putting in efforts towards this aim, by supporting women to form and work in women's Camp Committees<sup>180</sup>. Unfortunately, up until now, the men have dominated almost all the decision making exercises and some believe the women's Committees have become mere formality<sup>181</sup>. The actual situation needs to be probed into, and a more effective and/or realistic approach may be required to be developed.

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178 IAWG (2013), interviews with JICA personnel working in Za'atari Camp.

179 Interview with JICA personnel working in Za'atari Camp.

180 UN Women (nd), interview with UNHCR. Camp Committees are groups of camp residents which work to contribute to Camp management and decision making.

181 Interview with UNHCR.

## 3.2 Peacebuilding/Palestinian Refugees Support

### Summary

- (1) Jordan has long hosted Palestinian Refugees; currently, 2.1 million Palestinian Refugees reside in the country, accounting for nearly 40% of Palestinian Refugees in the region.
- (2) Palestinian Refugees who live in Refugee Camps tend to be poorer than those living outside the Camps. According to sources, more than 30% of those in Camps live under the Jordanian poverty line. Despite this, women's labour participation is very low in the Camps.
- (3) It is widely thought that Palestinian Refugee Camp communities are more 'conservative' and adhere to stronger gender norms that dictate women to marry early, have many children, and take care of the house and the family. This norm likely affects women's low labour participation.
- (4) Women in Palestinian Refugee Camps experience more violence than those outside the Camps. Control of women by their husbands is more stringent in the Camps than outside them.
- (5) Early marriage in Palestinian Refugee communities occurs more frequently than the Jordanian average. Reasons likely include poverty and related social/economic anxiety.

### [Palestinian Refugees in Jordan]

Ever since the onset of the Palestinian Refugee crisis, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has been a central actor in the picture, without which it is very difficult to understand the socio-economic situation of the Palestinian Refugees.

UNRWA was established in 1949, as the response of the international society to the 1948 Arab-Israeli conflict and began its relief activities in 1950. Having started as an emergency relief agency, in the absence of a solution to the Palestinian Refugee problem, UNRWA's mandate has repeatedly been renewed by the UN until today. The agency supports Palestinian Refugees with registration, in 5 (five) operation fields including the West Bank and Gaza Strip in the Palestinian Territories, Jordan, Lebanon and Syria. UNRWA provides assistance mainly in basic services including education, health, social welfare, and food, as well as livelihood support including microfinance services<sup>182</sup>.

UNRWA defines Palestine Refugees as persons "whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict"<sup>183</sup>. The Palestinian Refugee population, starting with 750,000, now exceeds 5 million<sup>184</sup> and is scattered across the 5 UNRWA fields. Jordan hosts 2.1 million, which

182 [http://www.unic.or.jp/info/un/unsystem/other\\_bodies/unrwa/](http://www.unic.or.jp/info/un/unsystem/other_bodies/unrwa/),  
[http://www.unic.or.jp/activities/humanitarian\\_aid/palestine\\_refugees/](http://www.unic.or.jp/activities/humanitarian_aid/palestine_refugees/) (accessed 10/Nov/2015)

183 <http://www.unrwa.org/palestine-refugees> (accessed 10/Nov/2015). Although this definition does not include people who were displaced by the other (later) conflicts such as the Third Middle Eastern War of 1967, considering the availability of the data and integrity of the argument, "Palestinian Refugee(s)" in this report will mean those in UNRWA definition, unless otherwise specified.

184 <http://www.unrwa.org/palestine-refugees> (accessed 10/Nov/2015)

accounts for 39.6% of the total refugee population<sup>185</sup>.

Palestinian Refugees have lived in Jordan for decades and sometimes are said to comprise 70% of the total Jordanian population. Many hold Jordanian nationality. Given this situation, the Jordanian government does not have a specific policy for Palestinian Refugees. Those with Jordanian nationality formally have the same rights as other Jordanians, but it is reported that they may face discrimination in education and in employment<sup>186</sup>. The governmental department in charge is the Department of Palestinian Affairs (DPA) of the Ministry of Foreign Affairs.

### **[Poverty and Women's Labour Participation]**

Palestinian Refugees, especially those residing outside the Palestinian Refugee Camps, are often treated the same as other Jordanians in statistics, surveys and analysis and hence it is difficult to understand their living situations as a discrete group of people. Even for those in Camps, there is hardly any encompassing data/information available, as there are 10 (ten) UNRWA Camps plus 3 (three) non-UNRWA Camps. That said, a clear tendency is for Palestinian Refugees who can afford to, to live outside the Camps, that is, in 'ordinary' Jordanian communities<sup>187</sup>. As a result, Palestinian Refugees living in the Camps have higher poverty rates; a study by Tiltne and Zhang (2014) finds 31% of the Camp population living under the Jordanian poverty line<sup>188</sup>. The Jordanian Women's Union (2012) argues the unemployment rate of Camp residents is close to 60%<sup>189</sup>. Gender-segregated unemployment rates are unavailable for this study, but it is estimated that female rate is higher than 60%<sup>190</sup>. While it is said that in 14% of the households, women are the main breadwinners<sup>191</sup>, female labour participation rate is at a mere 9% (male rate being 70%)<sup>192</sup>. An underlying factor is said to be the prevalence of a strong and persistent gender norm, that is, women are not supposed to work outside the home, in Camp communities<sup>193</sup>. Yet, as survey results indicate that households with more than one breadwinner are less prone to fall under the poverty line<sup>194</sup>, promoting female labour participation makes sense not only in terms of women's economic

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185 UNRWA (2015a). Many Palestinians who are not UNRWA-registered refugees also live in Jordan. However, actual number and other data are unavailable. Therefore, as in footnote 183, the discussion below basically refers to UNRWA-registered Palestinian Refugees.

186 Zahran (2012), <http://refugeesinternational.org/print/5470> (accessed 28/Oct/2015)

187 While the living environment in Palestinian Refugee Camps is poor, due to ever-increasing population which has caused high population density, there are advantages to living in Camps such as tenancy free of charge.

188 Tiltne and Zhang (2014). Although it is reported that the unemployment rate is over 60% in the Camps, it is not clear whether this information is reliable due to unspecified data source (Middle East Monitor (2011)).

189 It is argued that some Palestinian Refugees are not willing to find jobs and/or are selective. A major factor behind such selectiveness would be governmental and UNRWA financial support program targeting poor Palestinian Refugees, which enable them at least to sustain themselves. It is thought that this tendency contributes to the high unemployment rate amongst them. (Interviews with the JICA Expert and C/P personnel for Project for Capacity Development for Improvement of Livelihood for Palestinian Refugees (Phase 2)). For governmental support targeting the poor in general, see 3.4 below.

190 Jordanian Women's Union (2012), Middle East Monitor (2011)

191 Jordanian Women's Union (2012)

192 Tiltne and Zhang (2014)

193 Interviews with the JICA Expert and C/P personnel for Project for Capacity Development for Improvement of Livelihood for Palestinian Refugees (Phase 2). See also 4.1 below.

194 Tiltne and Zhang (2014)

empowerment but also in terms of the entire households' economic security.

### **[Strong Gender Norm in Camps and Reproductive Health]**

Although it is difficult to show as objective data, a great majority of sources from this study's field research indicated that people in the Palestinian Refugee Camps are more conservative than people in other communities, with stronger and more traditional gender norms. For instance, in the Camps, it is generally accepted that a women's happiness lies in marrying early and having many children; she should have at least 5 (five) children including one or more son(s)<sup>195</sup>. The table below (Table 3.2.1) is a comparison of reproductive health (RH) related data between in-Camp and out-Camp women according to the 2012 Jordan Population and Family Health Survey (JPFHS)<sup>196</sup><sup>197</sup>. In all 4 (four) categories, although the difference is not enormous, a tendency of Camp women having more children from an earlier age can be seen, which corresponds with the gender norm described above.

Contributing factors for this strong gender norm include the Camps' characteristics as closed communities. In a small area designated as the Camp site, several generations of people have stayed for decades, making all the residents close acquaintances. It is said that if a woman walks the streets alone, her husband would surely hear it by next day. In many cases, marriages occur between refugee families including between relatives<sup>198</sup>.

Table 3.2.1: Comparison between in-Camp and out-Camp Women on RH-related Indicators

	In-Camp Women	Out-Camp Women
Total Fertility Rate (TFR)	3.7	3.5
Average Age of Having the First Child	23.3 years old	24.1 years old
Desirable Number of Children	4.2 persons	3.9 persons
FP Practice Rate	60.8%	61.2%

Source: DoS and ICF International (2013a)

Through the data and information gathering for this study, no information was available as to self-help or self-reliant groups by Palestinian Refugee women. The fact that the women's organisations are hardly visible probably reflects the conservativeness of, and the intensity of gender norms in, the Camp communities.

### **[Early Marriage within the Palestinian Refugee Girls]**

195 Interviews with the JICA Expert and C/P personnel for Project for Capacity Development for Improvement of Livelihood for Palestinian Refugees (Phase 2), and other informants.

196 JPFHS is a part of Demographic and Health Surveys Program (DHS), which has been implemented worldwide (DoS and ICF International (2013a)). See, also, 3.4 below.

197 JPFHS does not specify 'Camps' and possibly not only Palestinian Refugees but also other refugees such as those from Iraq and Lebanon are included in the figures quoted in this report. However, the proportion of these other refugees is likely to be very small. In terms of Syrian Refugees, because JPFHS surveys were done in 2012, when the number of Syrian Refugees in Jordan was still relatively low, it is unlikely that it has influenced the data to a large extent. Therefore, in this report, 'women living in Camps' in JPFHS are treated as a proxy for Palestinian Refugee women in Camps. (See 3.1, especially Figure 3.1.1, for the details of Syrian Refugee influx over the years)

198 Interview with a DPA officer who has been in charge of Palestinian Refugee Camps.



Early marriage is a gender issue for Jordan as a whole<sup>199</sup>. However, in the Palestinian Refugee population, more girls marry early than in other Jordanian populations. The table below shows the rates of brides aged 15-17 in all registered marriages, for Palestinian Refugees<sup>200</sup> and Jordanian nationals according to UNICEF (2014).

Table 3.2.2: Early Marriages by Girls of Age 15–17 (%), Jordanians and Palestinians

Year \ People	2011	2012	2013
Jordanians	12.5	12.5	12.7
Palestinian Refugees	19.9	18.3	17.6

Source: UNICEF (2014)

Within this survey, the most prominent reason for Palestinian Refugee parents to marry off their daughters early<sup>201</sup> is poverty. When married to a man with a stable income, it is thought, the daughter can have security. The tendency for early marriage is stronger when the family has many children (especially daughters) and/or when the girl's performance in school is poor. In Jerash Camp where the poverty rate is higher than other Camps<sup>202</sup>, a higher acceptance is observed toward the early marriage for girls<sup>203</sup>.

The vast majority of Camp children go to UNRWA schools (90% of all children according to Tiltne and Zhang (2014)). Looking at the dropouts from 7<sup>th</sup> to 10<sup>th</sup> grades from UNRWA schools, 56% of dropout students are girls<sup>204</sup> and in many cases the reason being given is marriage (or marriage preparation). Within 5 (five) UNRWA fields (Jordan, West Bank and Gaza Strip, Lebanon and Syria), Jordan has the highest rate of female dropouts and dropping out for marriage is also most prevalent in Jordan<sup>205</sup>.

## [Violence against Palestinian Refugee Women]

According to the nationwide survey in 2012, the women who reside in Camps experience more

199 As to early marriages in Jordan as a whole, see 3.4 below, and as to those in Syrian Refugee communities, see 3.1 above. As discussed in 2.2 above, the marriageable age in Jordan is basically 18 and over, while it is possible for 15-17 aged girls and boys to legally get married provided Sharia Court approves.

200 "Palestinian Refugees" in UNICEF (2014) refers only to those who do not have Jordanian nationality. A Palestinian Refugee who holds Jordanian nationality is included in the category of Jordanians. Thus interpretation of the data should be careful. Note that Palestinian Refugees without Jordanian nationality show a higher poverty rate than those with Jordanian nationality (Tiltne and Zhang (2014)).

201 Marriages in Jordan (regardless of nationality/community) are arranged by parents and relatives, with few opportunities for the actual person (especially woman) getting married to participate in decision making. As to parents, it is possible for mothers to express their opinions, but the final decision is made by the fathers/males (UNICEF (2014)). In Palestinian Refugee communities, where gender norms are generally strong, it would be fair to consider this marriage-related norm is also strong. See also 2.2 above.

202 Jerash Camp was first set up as an 'emergency' camp in 1968, as a response to the influx of displaced people from Gaza Strip, Palestine, due to the 1967 Arab-Israeli War. (<http://www.unrwa.org/where-we-work/jordan/camp-profiles?field=13> (accessed 16/Nov/2015)). According to Tiltne and Zhang (2014), Jerash Camp residents scored the lowest in average for the income with the highest proportion of households in poverty.

203 UNICEF (2014)

204 Female dropout rate is 4.01%, while male rate is 3.04% (UNRWA (2013)).

205 UNRWA (2013)

violence than those who live outside Camps (see the table below).

Table 3.2.3: Experience of Violence of In-Camp and Out-Camp Women (%)

	In-Camp Women	Out-Camp Women
Ever Experienced Physical Violence	44.7	33.9
Ever Experienced Sexual Violence	12.2	9.1

Source: DoS and ICF International (2013a)

Experience of spousal violence follows a similar trend. Women who have ever experienced physical or sexual or emotional violence from their spouse are 41.7% for women residing in Camps, while 31.3% for women residing outside Camps. In relation to this, Camp women experience higher marital control, which is known to strongly correlate with spousal violence and is an important warning sign for violent behaviour by a husband. In all categories of marital control, which are: “is jealous or angry if she talks to other men”, “frequently accuses her of being unfaithful”, “does not permit her to meet her female friends”, “tries to limit her contact with her family”, and “insists on knowing where she is at all times”, women in Camps show rates of experience higher than those of non-Camp women<sup>206</sup>.

These results can be seen as another reflection of conservativeness and harsh gender norms in Camp communities as discussed earlier.

### [Issues relating to Health Services]

The vast majority of Palestinian Refugees, especially those residing in Camps, rely on public hospitals and clinics, as well as UNRWA clinics, all of which provide care free of charge or with cheaper fees than private facilities<sup>207</sup>. In Jordan, public health services are approaching their limits (see also 3.4 below) and UNRWA clinics are in curtailment of services due to prolonged shortage of funds<sup>208</sup>. When it comes to women-specific medical services including obstetric care and related RH services, dependence on UNRWA clinics is even higher than that in general—according to Tiltne and Zhang (2014), 71% of women concerned use UNRWA clinics for obstetric and RH services. Therefore, the dire situation of medical and health services today indicates impending risk for the maintenance of health of Palestinian Refugee women. To add to these concerns, UNRWA health services for obesity and diabetes, which have been rising sharply amongst women in recent years, and other non-communicable disease(s) (NCDs), are also very much stretched both finance-wise and human-resource wise<sup>209</sup>, and is another worrying development.

206 Pp. 207, DoS and ICF International (2013a)

207 According to Tiltne and Zhang (2014), 43% of Palestinian Refugees who have received health services in the preceding year used public hospitals and clinics, and another 39% used UNRWA clinics.

208 UNRWA (2015a, 2015b)

209 UNRWA (2015b)

### 3.3 Person(s) with Disabilities

#### Summary

- (1) Since 2007, Jordan has put in effort to build a support system for persons with disabilities (PWDs). Currently, the “National Strategy for Persons with Disabilities Phase II” is being implemented.
- (2) Social inclusion of PWDs has only begun. Traditionally, disability has been a social stigma, and PWDs have hardly been able to participate in the society.
- (3) Due to the social stigma, reliable data on PWDs are scarce and thus their actual situation is unclear.
- (4) PWDs, both men and women, are deprived of educational opportunities. In a country with 98% literacy rate, more than 35% of PWDs are illiterate. Illiteracy rate of female PWDs is as high as 40%.
- (5) In employment, although there is a quota for PWDs for enterprises, finding employment is still very difficult for PWDs. While the economically inactive population of male PWDs is very high, at 74%, the female rate is immense, at 94%. Although the detailed circumstances are unknown, it is thought that PWDs, especially female PWDs, have long been ‘hidden’ from the outside world, making them unable to act on their own.

#### [Policy Framework concerning Persons with Disabilities]

Jordan signed the Convention on the Rights of Persons with Disabilities in 2007 and ratified it in 2008<sup>210</sup>. A national system aiming for supporting persons with disabilities (PWDs) was developed in parallel; in 2007, the Higher Council for Affairs of Persons with Disabilities (HCD) was established, the Law on the Rights of Disabled Persons was formulated and enacted, and the National Strategy for Persons with Disabilities (the Strategy) was launched.

The current version of the Strategy, “the National Strategy for Persons with Disabilities Phase II” (2010-2015) presents 12 (twelve) axes, namely, (1) legislation, (2) health and disability, (3) habitation, rehabilitation and support services, (4) inclusive education, (5) higher education and scientific research, (6) economic empowerment, (7) family empowerment and social protection, (8) accessibility, (9) sports, culture and public life, (10) media, education and awareness, (11) violence, abuse and exploitation of persons with disabilities, and (12) networking with the civil society sector<sup>211</sup>. The axes cover more or less all the areas pertaining to PWDs; it could be interpreted that the disability services in Jordan are in their very infancy, and it is still too early to focus specifically on any one or even some of the areas; rather, each and every theme is needed to be addressed as much as possible. The Strategy clearly expresses the ‘double’ burden of a female PWD, being a woman and being disabled, and understands that female PWDs tend to suffer from more severe discrimination and misery than male PWDs. However, it is yet to stipulate concrete and tangible

210 [https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtidsg\\_no=iv-15&chapter=4&lang=en](https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtidsg_no=iv-15&chapter=4&lang=en) (accessed 11/Nov/2015)

211 HCD (2010)

programmes and/or projects addressing gender issues for PWD<sup>212</sup>.

HCD is an umbrella organisation for all the issues relating to PWD. Its tasks include reviewing governmental policies and programmes, along with laws, recommending and promoting improvement as necessary, and coordinating and cooperating with civil society organisations such as NGOs. However, HCD has neither been very active nor worked vigorously for gender mainstreaming in disability matters. There is a committee in charge of female PWD, but as of September 2015, the committee is for all intents and purposes less than well-functioning<sup>213</sup>.

### **[Institutional Framework for PWD support]**

The National Aid Fund (NAF) provides 2 (two) support initiatives for households with PWD<sup>214</sup>.

- (1) Handicapped Care Cash Assistance: Households with one or more persons with chronic mental illness, and with less than 450 JOD income a month, are eligible for this programme. 7,100 households received money through this programme in 2010.
- (2) Physical Rehabilitation Cash Payment: A one-time cash assistance targeting households whose main breadwinner or a child newly suffered from a physical disability. The provided cash is for purchasing physical rehabilitation equipment (e.g., a wheelchair, an artificial limb, or a hearing aid). Only households with less than 250 JOD income a month are eligible. 500 households received money through this programme in 2010<sup>215</sup>.

For both programmes above, gender-segregated data were unavailable.

For everyday-life support, conventional center-based services (both day-care and residential), managed by public/private/civil society actors are available, but the numbers of these facilities are insufficient and the quality of the care is not always high<sup>216</sup>.

### **[PWDs in Jordan - an Overview]**

In terms of social inclusion of PWD, regardless of gender, Jordan lags behind. Social stigma for either being a PWD or having a PWD in the family persists broadly, with the traditional cultural notion of 'shame'<sup>217</sup>. This results in PWD being hidden from the society, contained inside the house, by the family. Raising social awareness, so that conventional negative perceptions against disability and PWD would be changed, is greatly needed. However, advocacy toward this direction, whether by authority (such as HCD), or by the actual actors (PWD themselves or concerned supporters), has

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212 *Ibid*, Jordanian Women's Union (2012)

213 Interview with the Advisor for Disability Affairs, JICA. See also HCD website at <http://hcd.gov.jo/en/>

214 See 3.4 below for more information on the Fund and the other programs of the Fund.

215 UNDP (2013)

216 Interview with the Advisor for Disability Affairs, JICA, The Jordan Times (2015a)

217 HCD (2010), Al-Oraibi (2010). There are cases such as parents 'hiding' the child with disability for fear of their other children (especially daughters) being disadvantaged for their marriage (interview with the Advisor for Disability Affairs, JICA).

been weak<sup>218</sup>.

This persistent stigma has impeded the accumulation of statistical data, research and analysis in relation to PWD. For instance when responding to the census, household members may not honestly state the PWD member's condition or even his/her existence, due to perceived 'shame'<sup>219</sup>.

Thus, the situation and circumstances in which Jordanian PWD are in is not clear<sup>220</sup> and it is extremely difficult to picture how gender affects PWD's life. According to a set of data in 2013, PWD population in Jordan is estimated as 1.9% of the total population (male: 2.2%, female: 1.6%)<sup>221</sup> but it would be fair to think the number is too small, considering the current international consensus that PWD population in any country or region is approximately 15% of the total population<sup>222</sup>. A sample survey executed by HCD in 2014<sup>223</sup> states that approximately 13% of the population is with disabilities (gender-segregated data is unavailable)<sup>224</sup>. 13% multiplied by total population (6.607 million)<sup>225</sup>, PWD population in Jordan would be calculated as 859,000.

According to JNCW (2015a), 78.7% of households under the poverty line have one or more PWD family member. Under the circumstances where no reliable data on the PWD population exists, it would not be wise to interpret this piece of information hastily; one point that might be useful for further discussion is that, because the social stigma against PWD/disability is so strong, as discussed above, having a PWD in the family might negatively affect the household's social capital<sup>226</sup>, making the family more prone to fall into the poverty trap (or making it more difficult for them to escape the trap).

How female and male PWD are treated by and in the society often depends on their family circumstances and/or their types of disability. Generally speaking, however, a female PWD is even more likely to be 'ignored' than a male PWD at home (which is the most basic social unit)<sup>227</sup>. Intellectually and mentally disabled women are the most discriminated and stigmatized group of people, compared to females with physical disabilities and male PWDs as a whole<sup>228</sup>.

Over-protection, primarily by the family, is typically observed. One factor which lies behind over-protection is low awareness in society of the self-reliance potential that many PWD have.

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218 Interview with the Advisor for Disability Affairs, JICA.

219 Interview with the Advisor for Disability Affairs, JICA.

220 Asai (2014), HCD (2010)

221 ESCWA (2014)

222 WHO (2011)

223 This survey is a sample survey with only 408 households in 2 Governorates as respondents (HCD 2014); therefore, its data should not be taken as explanatory for the PWD population in Jordan as a whole. Still, it would be useful to understand the general situation of PWD in the country and thus quoted hereafter when appropriate.

224 HCD (2014)

225 See 1.1 above.

226 For example, see footnote 217 above. A daughter's 'good' marriage would serve as a beneficial social capital for the family as a whole, and therefore, a disadvantage towards its fruition, such as another child with disability in the family, would become degraded social capital - or so the family and the society would regard the situation.

227 The National Center for Human Rights (nd)

228 Interview with the Advisor for Disability Affairs, JICA.

Over-protection is given to both male and female PWD, but the tendency is greater in the case of female PWD, partly due to conventional social norm that says women are weak and thus to be protected, and also due to the family's fear of harassment (including sexual harassment) against her<sup>229</sup>.

Consequently, it is very likely that many female PWD have had little opportunity to go out of their own homes, and have interacted only with their family. As time passes, they become more and more socially isolated, not having the opportunities and/or social skills to make friends and acquaintances and to obtain information from outside sources. Having little access to information further reduces the possibility of them taking action on their own; after all, when one has never heard of a notion that 'a PWD is capable of take action for him/herself', it may be difficult for the person to have the will, or even the idea, to do anything for him/herself<sup>230</sup>.

### [PWDs and Education]

Legally speaking, in compulsory education, all schools are required to accept any child, whether disabled or not<sup>231</sup>. In practice, however, many children with disabilities are not able to attend school. The reasons include poor accessibility and teachers' inadequate knowledge and skills as to how to treat and teach these children<sup>232</sup>. Existing specialized schools, including schools for the blind and deaf, are few in number and the (potential) demand well exceeds the supply<sup>233</sup>. Furthermore, many parents are not keen to send their children with disabilities to school, because these children embody their 'shame' (see above)<sup>234</sup>. According to ESCWA (2014), the illiteracy rate of PWDs (including cases with very little literacy) is 35.3%<sup>235</sup>. Table 3.3.1 below shows the illiteracy rate by gender.

Table 3.3.1: Illiteracy Rate of PWDs (%)

	male	female	Total
PWDs*	32.0	40.0	35.3
General Public**	1.6	2.6	2.1

Source: \*: ESCWA (2014)

\*\* : UNESCO Institute for Statistics<sup>236</sup>

In terms of education, primary education, or the category of "below secondary"<sup>237</sup> comprises

229 *Ibid.*

230 *Ibid.*

231 <http://www.kinghussein.gov.jo/resources3.html> (accessed 11/Nov/2015)

232 Interview with the Advisor for Disability Affairs, JICA. Information on enrolment rates for children with disability is unavailable (Written interview with Ministry of Social Development)

233 Interview with the Advisor for Disability Affairs, JICA.

234 *Ibid.*

235 As discussed in the section above, due to the disproportionately small percentage of population with disabilities, data in ESCWA (2014) may not be reliable; however, it would still serve as a guide to understand the general picture.

Additionally, in HCD (2014), the illiteracy rate for PWD is given as 33% (no gender-segregated data available).

236 <http://data.uis.unesco.org/index.aspx?queryname=166> (Accessed: 26/10/2015)

237 Including dropouts from primary education.

45.7% (male: 47.3%, female: 43.5%) of the total for PWDs. “Illiterate/very little education” plus the aforementioned “below secondary” make up 81.1% (male: 79.3%, female: 83.3%)<sup>238</sup>, indicating that only about 20% of PWDs were able to obtain more than secondary education.

In both categories above, “illiterate/very little education” and “below secondary”, female PWDs are more excluded than males in terms of education. However, it is clear that male PWDs are also severely excluded. Noting the very high achievements in education of Jordan in general<sup>239</sup>, it should be interpreted that PWDs, regardless of gender, are greatly alienated in education, which is a big issue that needs to be addressed.

### **[PWDs in Employment]**

The Law on the Rights of Disabled Persons of 2007 stipulates the employment quota for PWD: 4 (four) % of total employees should be PWD in public and private enterprises with more than 50 employees<sup>240</sup>. In 2011, a unit to promote PWD employment was established in the Ministry of Labour, later becoming a Section. Despite these efforts, however, PWD employment has a long way to go<sup>241</sup>.

It is very difficult to have a clear idea of the PWD employment situation, due to insufficient data and statistics on PWD (see above). From the scarce information available, a sample survey of HCD (2014) finds that as many as 76% of PWD are economically inactive, leaving only 24% as the economically active population of PWDs<sup>242</sup>. It should be remembered that a certain proportion of PWD would not be capable of working, due to their disability itself. As stated, it is not possible to estimate proportion of this group, because of the unavailability of concerned statistics, but even considering this group to be withheld, the economically active population percentage is still quite low.

According to a survey in 2013, which explored PWD in employment matters with more than 800 PWD respondents, main reasons for not being employed are as follows: negative attitude of employer, bad economic situation in society, insufficient qualification/skills of the PWD. For PWD who are in employment, the top 2 (two) means by which they found the job were: personal network and acquaintance(s) (27%) and humanitarian assistance through governmental agencies (19%)<sup>243</sup>. One can imagine that in the stagnated economy with high unemployment rate<sup>244</sup>, it is difficult for PWDs to find a job unless they have a network/connection or are lucky enough to be the recipient

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238 ESCWA (2014)

239 See 1.2 above.

240 Interview with the Advisor for Disability Affairs, JICA, ESCWA (2014). The quota does not differentiate male and female PWD.

241 Interview with the Advisor for Disability Affairs, JICA, JICA (2015c).

242 HCD (2014). Note that the figures contradict each other within the document thus interpretation should be made carefully (Email correspondence with the Advisor for Disability Affairs, JICA).

243 USAID (2013)

244 See 2.1 above.

of humanitarian assistance. It is not clear from this survey alone how difficult it is for an ‘ordinary’ disabled person (without much education and/or special skill(s)) to find employment, but 43% report to have actually experienced being denied employment due to their disabilities. This survey does not probe into gender-segregated analysis<sup>245</sup>.

The table below utilizes data from ESCWA (2014) on the economic activity of PWDs.

Table 3.3.2: Economic Activity of Male and Female PWDs (%)

	Male	Female
Employed	23.8	4.8
Unemployed	2.2	0.9
Economically Inactive	74.0	94.3
Total	100.0	100.0

Source: ESCWA (2014)

Unlike education, an obvious gender difference can be seen in economic activity. The economically inactive population, although still very high in male PWD, reaches almost 95% in female PWD. Female PWD, it could be said, do not try to participate in economic activities, aside from few exceptional cases. While explicit reasons for this phenomenon are unclear from the available data sources, it could be extrapolated that in addition to the general social norm which is negative to female employment, the over-protective attitude of the family and people around a female PWD, coupled with her own lack of confidence in herself and her own will for action (see above) work together to discourage her from taking a step toward economic activity.

The Ministry of Labour currently operates 21 Field Offices in Governorates, where Employment Officers-cum-Disability Coordinators try to promote PWD employment. Unfortunately, though, job-hunting in Jordan is typically done through personal (community as well as kinship-based) connections (see above 2013 survey), and the Field Offices receive only a few inquiries from PWD every month, which hardly include those from females<sup>246</sup>.

While employment would foster female PWD’s potential independence and their mental/economic/social empowerment, it might be too early for international development agencies to focus on employment in gender support for PWD. Considering the severe circumstances in which Jordanian PWDs reside, what is more needed now is awareness raising toward a more PWD-inclusive society, for PWDs themselves as well as for families and the communities, and opportunities for PWDs (especially female PWDs) to go out of home to interact with people, to have an education, and to get to know the outside world and receive new information.

## [Abuse of PWDs]

<sup>245</sup> USAID (2013)

<sup>246</sup> Interview with the Advisor for Disability Affairs, JICA.



Abuse of PWDs has recently become a social problem in Jordan. A 2012 TV documentary on PWD abuse triggered the discussion by catching the King's attention and consequently his concerns. With the King's commitment, the Government has examined various Disability Centers and the media has started to cover the incidents, although the coverage is still anecdotal<sup>247</sup>. As such, the actual and holistic situation is yet to be understood.

As reliable data and/or research analysis on this theme was unavailable, it is not possible to examine the likelihood/frequency of abuse, the victims' typical types of disability, gender, age-group, and/or regional tendency. Available information sources such as media coverage show that victims are of both genders, of various types of disability including mental, physical, and intellectual. The forms of abuse also vary, from mild mistreatment to acutely serious ones such as 'having been tied to a stake for over a decade' and 'being pushed over a cliff, losing life'. Existing information hardly refers to psychological and/or verbal abuse, but it would not mean it does not exist; rather, it would simply indicate the difficulty of detection as psychological and verbal abuse does not leave physical evidence.

Female PWDs suffer from sexual abuse, although no tangible data/statistics are available<sup>248</sup>. One very serious type of abuse against women with some documentation is repeated rape accompanied by forced hysterectomy<sup>249</sup>. It is reported to be 'continuously occurring'. The hysterectomy is forced because if the woman would not get pregnant, the rape would not be detected, and thus the 'shame' would not be revealed to the public<sup>250</sup>. Obviously, this is a multiple human rights violation. However, because of layered social stigma including disability, sex, and sexual abuse, the problem has hardly been examined<sup>251</sup>.

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247 The Jordan Times (2015a, 2015b, 2015c)

248 It is very much probable that there is GBV against male PWD. However, it seems even more of a social taboo than GBV against female PWD and no written data/information is available.

249 Al-Araby Al-Jadeed (2014)

250 *Ibid*, Jordanian Women's Union (2012)

251 Jordanian Women's Union (2012). Due to the nature of the abuse, it is probable that females with intellectual and/or mental disability, who are even less likely to speak out than those with physical disability, are victimized. Yet, as very strong stigma is attached to intellectually/mentally disabled females (as discussed above), few cases are openly discussed (*ibid*).

### 3.4 Social Protection

Summary
<p>(1) [Health] The total fertility rate (TFR) for Jordanian women is currently 3.5 births per woman. TFR in Jordan has not notably decreased in recent years.</p> <p>(2) [Health] Non-communicable diseases (NCDs) are of social concern. Women die more from diabetes than men do. Obesity is specifically problematic for women in Jordan, with more than 40% of all women being obese.</p> <p>(3) [GBV] Gender-based violence (GBV) is a social taboo, thus the actual situation is unclear. However, it is thought to be very serious. Gender norms that allow men to express masculinity through violence, together with social and economic unrest and anxiety, are likely to formulate a spiral of violence.</p> <p>(4) [GBV] The protection and support system for GBV survivors is still weak. Moreover, due to social taboos, not many survivors try to seek outside help.</p> <p>(5) [GBV] Early marriage is widespread, with no hint of decrease. While Syrian and Palestinian Refugee girls are more likely to marry early, rate of early marriages for Jordanian girls is still high at 12-14%. One important factor here is that females, including the girls themselves and their mothers, usually do not have decision-making power over marriage.</p> <p>(6) [Poverty] Approximately 14% of the population is in poverty. While it is widely said that many female-headed households suffer from severe poverty, the details are unknown.</p> <p>(7) [Poverty] The National Aid Fund (NAF) is the major actor in financial support for poor households. While NAF understands female-headed households tend to be in severe poverty, it does not have a specified programme targeting poor women.</p>

#### <Health>

##### [Policy Framework]

The ongoing Ministry of Health Strategic Plan 2013-2017 prioritizes the issues below<sup>252</sup>:

- To expand access to and use of health insurance
- To ensure access to high quality health services
- To expand services in existing hospitals and health centers
- To adopt a quality management approach in hospitals and health centers
- To increase access to, and use of, reproductive health (RH) services
- To decrease the prevalence of non-communicable diseases (NCDs)

Regarding reproductive health (RH) above, a separate strategy, the “National Reproductive Health/Family Planning Strategy 2013-2017”<sup>253</sup> is being implemented, for it is regarded as one of the important development challenges in Jordan. The RH/FP Strategy states that RH/FP is important not only for the improved health for women and children, but also for the country and its health services as a whole; according to a statistical estimate, if the current fertility rate and

<sup>252</sup> Ministry of Health (2013)

<sup>253</sup> HPC (2013)

population increase continue, the population would be doubled in 2042, risking the collapse of already thinly-stretched health services. The bulging population would also put great pressure on Jordan's society and economy, which suffers from a scarcity of natural resources and low economic growth<sup>254</sup>.

Another pressing issue in health sector is non-communicable diseases (NCDs), which have increased rapidly in recent years (for details, see below).

To note an important factor affecting all the areas within the health sector, the Syrian Refugee Crisis, which gained momentum in 2012, has further strained the overall health services in the country. Especially in the northern region which has the great number of Syrian Refugees, health services, including RH/FP services, are reaching their limits<sup>255</sup>.

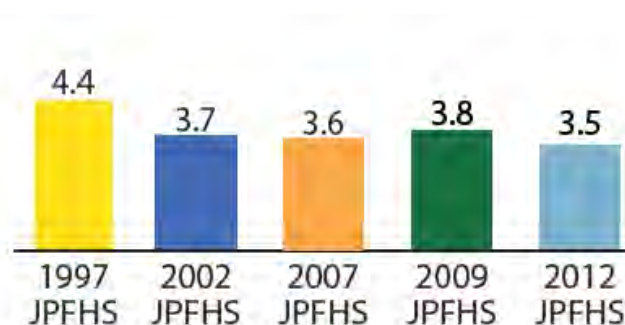
### [RH and FP]

According to the Jordan Population and Family Health Survey (JPFHS<sup>256</sup>), since the 1990s and into the early 2000s, the Total Fertility Rate (TFR) had decreased and the rate of using contraceptives (FP) had increased. However, in recent years, the trend has stagnated (see the table and the figure below).

Table 3.4.1: Trends in TFR and FP Practice in Jordan

Year	1990	1997	2002	2007	2009	2012
TFR	5.6	4.4	3.7	3.6	3.8	3.5
FP Practice Rate (%)	40	53	56	57	59	61

Source: DoS and ICF International (2013a)



Source: DoS and ICF International (2013b)

Figure 3.4.1: TFR Trend

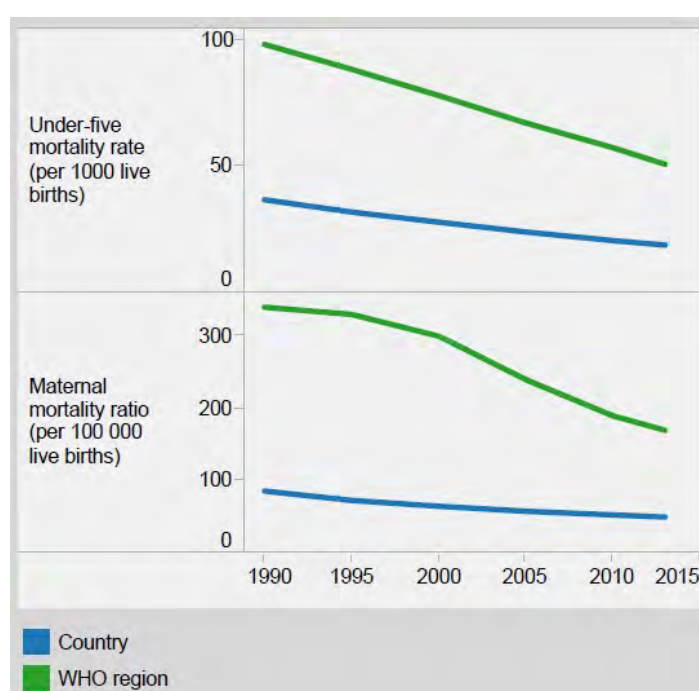
254 *Ibid.*

255 UN Women (2014), REACH (2014), WHO (2013). See also 3.1 as to the Syrian Refugee crisis and gender issues related to the crisis, including the issues in health-services.

256 See footnote 196 above for JPFHS.

In an effort to reduce the Jordanian TFR, the Government had set a target of TFR 2.5 in 2017 only to adjust it to 3.5 in 2012 and 3.0 in 2017<sup>257</sup>. As seen in JPFHS, 2012 target of 3.5 was achieved, but it is not clear whether 2017 target of 3.0 could be achieved, provided that the current trend continues.

As seen in the figure below, the Maternal Mortality Ratio and the Under-5 Mortality Ratio have steadily decreased throughout the 1990 and 2000s. This implies that the stagnation of TFR and FP use trends is not caused by a health services defect or national developmental problem, but by accumulated individual choices that are something more personal and related to social and family values.



Source: WHO (2015)

Figure 3.4.2: Trends in Maternal Mortality Ratio and Under-5 Mortality Ratio<sup>258</sup>

Other issues in this area include:

- Unavailability of access to RH/FP services (i.e., services related to sexual activities) to women who are not legally married<sup>259</sup>
- Artificial abortion is legal only when the mother's life or her physical/mental health is

<sup>257</sup> HPC (2013)

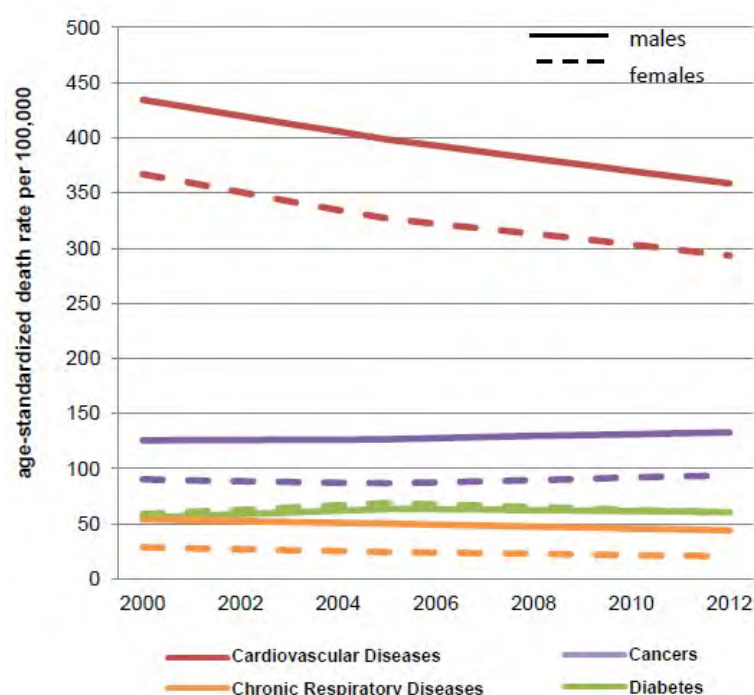
<sup>258</sup> "WHO Region" in Figure 3.4.2 are the average values of the countries in the region. As seen in the figure, Jordan's achievement is quite impressive for both under-5 mortality rate and for maternal mortality rate compared to the neighbouring countries. For reference, WHO Region including Jordan is "Eastern Mediterranean", with Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE, and Yemen (WHO 2014b).

<sup>259</sup> Interview with JNCW

threatened, or when the foetus has developed certain disabilities<sup>260</sup>

### [Non-communicable Diseases, their Risk Factors, and Women]

Recently Jordan has experienced rapid increase of non-communicable diseases (NCDs) in its population<sup>261</sup>. According to a WHO estimate, as many as 76% of the deaths were caused by NCDs<sup>262</sup>: 35% by cardiovascular diseases, 15% by cancers, 3% by chronic respiratory diseases, 7% by diabetes, and 16% by other NCDs. In comparison, deaths caused by communicable, maternal, perinatal and nutritional conditions added together accounts only for 13%<sup>263</sup>. The figure below shows the age-standardized death rates of the 4 (four) major NCDs (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) per 100,000 by sex.



Source: WHO (2014a)

Figure 3.4.3: Age-standardized Death Rates by 4 Major NCDs

Figure 3.4.3 shows that more men than women die from cardiovascular and chronic respiratory diseases and cancers, but women die more than men do from diabetes. Various risk factors are known for NCDs including alcohol and tobacco use, high blood pressure, and lack of physical exercise. The figure below shows the prevalence of selected major risk factors in a comparison

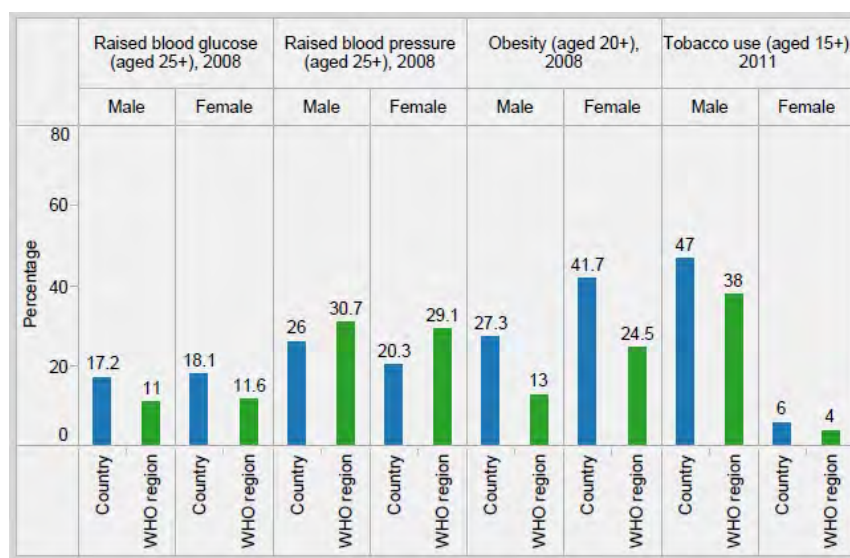
260 OECD(2014)

261 Rapid increase of NCDs has become an acute problem all over the world, notably in developing countries; the Middle East including Jordan is no exception. (WHO (2009))

262 WHO (2013, 2014)

263 WHO (2014)

between Jordanians and the average for the region<sup>264</sup>, disaggregated by sex.



Source: WHO (2015)

Figure 3.4.4: Comparison of Risk Factors for NCDs

In Figure 3.4.4, women in Jordan show higher rates than their counterparts in the region in raised blood glucose, obesity and tobacco use, with obesity much higher than the others. Obesity correlates with diabetes and cardiac diseases and is deemed globally as a serious health risk factor especially for women. Here, Al-Nsour and Arbaji (2014) analyse data acquired from 2012 JPFHS<sup>265</sup> and identified groups of women who have higher rates of obesity than others: obesity rate of women with 4 (four) or more children was 48.2%, higher than the women with 0 (zero) to 3 (three) children (28.3% - 28.5%); the difference is statistically significant. Another attribute which correlates with obesity rate is education level; women with elementary or less education have obesity rate of 51.2%, women with secondary education 40.1%, and women with above-secondary education 30.9%. Less education, more obesity is the trend. In their analysis, neither socio-economic attributes (wealth-poverty) nor refugee camp residency status (reside in camp or not) caused statistically significant differences<sup>266</sup>. This study does not discuss the cause-effect possibility for the results above, but with general understanding of gender issues, it could be argued that women with more children may have less decision-making power over their partners in terms of FP, and/or they may hold less information on RH. Women with less education may fit a similar pattern. However, whether these (possible) characteristics have anything to do with obesity is not clear; more research would be desirable.

Whatever the reason, women with less education and more children are the group with very high

<sup>264</sup> WHO Region. See footnote 258 above.

<sup>265</sup> See the section [RH and FP] above.

<sup>266</sup> Al-Nsour and Arbaji (2014)

obesity risk. An anti-obesity initiative may want to target these women, which could include a RH/FP awareness-raising component.

## <GBV>

### [Policy Framework on GBV]

GBV is considered a taboo topic, which should - or must - be treated privately<sup>267</sup>. According to the prevalent social and cultural norm, it would be a family ‘shame’ to let the others know that there is/was GBV in the family, which strongly prevents the survivors from asking for outside help and support<sup>268</sup>. These ideas and notions make it extremely difficult for objective observers to probe into the actuality of GBV; yet, it is widely considered that the problem of GBV in Jordan is gravely serious<sup>269</sup>.

Jordan has enacted a Domestic Violence Law in 2008, of which the target is domestic violence that occurs inside the victim’s house (and nowhere else)<sup>270</sup>. The Ministry of Social Development is in formulation (as of November 2015) of a GBV Strategy which would cover GBV more broadly. In 2014, the Ministry launched the “Communication Strategy of Gender-Based Violence 2014-2017”, which aspires to raise awareness of society on GBV through advocacy, toward both the general public and concerned persons who deal with violence and its victims. The Communication Strategy aims to change the social norms and gender norms which contribute to the occurrence of GBV<sup>271</sup>.

### [Situation Overview of GBV]

Traditionally, it is acceptable in Jordanian society for men to resort to violence against weaker person(s) such as women and children, as it is seen as an expression of masculinity; at the same time, men displaying sensitive emotions and/or communicating delicately are seen as effeminate<sup>272</sup>. This gender norm fuels violent problem-solving and decision-making especially in the households by men<sup>273</sup>. A 2012 study on spousal violence reveals that as many as 98% of wives have experienced at least one form of violence from among the following: sexual, physical, psychological, economic, social violence and sexual neglect. Moreover, a majority of both husbands and wives consider a husband’s violence against a wife as, to a certain extent, justifiable<sup>274</sup>. According to the 2007 and 2012 JPFHS, the rates of married women who have

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267 Al-Badayneh (2012)

268 World Bank (2013). GBV survivors who speak out might also risk double victimization. However, it is reported in recent years some increase is observed in the number of GBV survivors who make the violence public to seek legal protection and/or penalty for the assailant. (JNCW 2015a)

269 OECD (2014)

270 See 2.2 above.

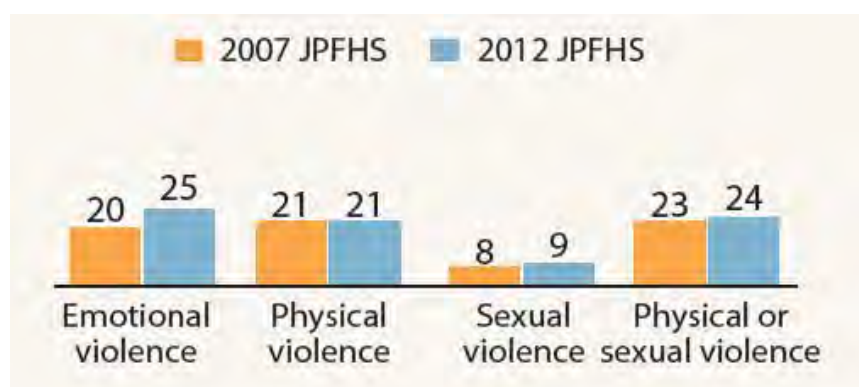
271 Ministry of Social Development (2014)

272 SGBV Sub-Working Group (2015)

273 Al-Badayneh (2012)

274 *Ibid.* World Bank (2013) also reports the tendency within the people of accepting male (husband’s) violence against female (wife) as justifiable.

experienced spousal violence are as in the figure below.



Source: DoS and ICF International (2013c)

Figure 3.4.5: Married Women who have experienced Spousal Violence (%)

Comparing the 2007 and 2012 results, the rates of women who have experienced physical violence were the same (21%), while other types of violence including emotional, sexual, physical or sexual violence are higher in 2012 than in 2007<sup>275</sup>. One should not jump to conclusions and say that spousal violence is on the rise from this result alone, but it would be safe to consider that wives who suffer from spousal violence have not, at least, decreased<sup>276</sup>.

Reliable data and information regarding GBV other than spousal violence are even scarcer. A piece of information from JPFHS above is that 34% of women over 15 of age have experience(s) of physical violence<sup>277</sup>.

Currently, aggravation of GBV is a worry amongst concerned parties; the masculinity-violence gender norm (see above), coupled with social unrest and anxiety that the Jordanian communities have been experiencing, may be forming a spiral of violence<sup>278</sup>. The Syrian Refugee influx in the north<sup>279</sup> and socio-political disorder in the south<sup>280</sup> have contributed to destabilize the whole society, while the unemployment rate is kept high and poverty is deepening by the stagnated economy. Male identity is shaped on another strongly-rooted gender norm, that is, on a man's responsibility and pride to feed his family<sup>281</sup>, thus incapability to do so is devastating for his identity. This stress, anxiety, and frustration combined together, require an outlet which is more

<sup>275</sup> DoS and ICF International (2013a)

<sup>276</sup> The GBV-related situation against unmarried women is not clear, as JPFHS mainly concentrates on domestic violence (primarily spousal violence).

<sup>277</sup> DoS and ICF International (2013b)

<sup>278</sup> SBGV Sub-Working Group (2015), UN Women (2014b).

<sup>279</sup> This section discusses GBV in Jordan as a whole; for Syrian Refugee influx in the north and GBV issues related to it, see 3.1 above.

<sup>280</sup> <http://www.cfr.org/global/global-conflict-tracker/p32137#/?marker=10> (accessed 23/Nov/2015)

<sup>281</sup> Al-Badayneh (2012)



often than not violence against intimate women<sup>282</sup>. An unconscious urge to show off that they are stronger than their women (so that the men can maintain their gender norm-related pride) may possibly be further reinforcing this mechanism<sup>283</sup>.

It is, however, to be noted that the discussion on GBV aggravation - whether it is truly occurring, and to what extent - is in need of concrete and reliable research and data to be based on, which is for the time being unavailable.

As one last point on GBV in Jordan, it should be noted that GBV is not only about violence against women (VAW); boys and men can be, and are, victimized as well. However, in Jordan, GBV against males is even a stronger taboo topic than VAW and information on this topic is largely absent<sup>284</sup>. A system to protect and/or support male survivors is practically non-existent<sup>285</sup>.

### **[Systems to Protect and Support GBV Survivors and their Challenges]**

The Family Protection Department, established in 1997 and jointly managed by the Public Security Forces and the Ministry of Social Development, is the main system in place to protect and support GBV survivors. There are smaller protection systems by the civil society organisations such as NGOs<sup>286</sup>. However, services provided by all of these systems are ‘minimal’ and short lasting<sup>287</sup>, and insufficiently known to the public<sup>288</sup>. In 2008, a governmental rescue center, “the Family Reconciliation Home” was opened, treating 864 cases in 2013<sup>289</sup>. As of 2015, there are 2 (two) such governmental rescue centers in operation<sup>290</sup>, but their scope is limited to domestic violence survivors; other GBV survivors may be sent to prison for ‘protection’<sup>291</sup>. While UNRWA has been operating a referral system for GBV survivors in Palestinian Refugee Camps, not many have sought support so far, with 62 cases detected in 2013-14<sup>292</sup>.

In terms of prevention, it is of concern that information concerning sex, including information on sexual abuse, is not properly shared with women, especially to younger generations. At home,

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282 Although this tendency is ostensibly in the Syrian Refugee community as Syrian Refugees do not have work permits in Jordan and therefore are basically unemployed (see 3.1 above), it would be fair to regard the similar tendency exists in other communities.

283 SBGV Sub-Working Group (2015), UN Women (2014b), UNHCR (2013, 2014), IAWG (2013). This mechanism is indicated to work not only in Jordan and in the region but also in other countries (Women's Refugee Commission (2009, 2011)). Additionally, in JPFHS, poor women suffer from more GBV than those in wealthier categories (40.9% vs. 25.2%). The data does not explain the cause-and-effect, but it may be implied that the same mechanism is in play. (DoS and ICF International (2013a)).

284 SBGV Sub-Working Group (2015)

285 The protection/support system described in the next section, [Systems to Protect and Support GBV Survivors and their Challenges] primarily target female survivors and basically states that males GBV survivors are not supposed to be included.

286 JNCW (2015a), UN Women (2013), World Bank (2013).

287 OECD (2014)

288 UN Women (2013), World Bank (2013), Jordanian Women's Union (2012). In interviews with UNRWA and with JNCW, similar observations were provided.

289 JNCW (2015a)

290 Interview with JNCW.

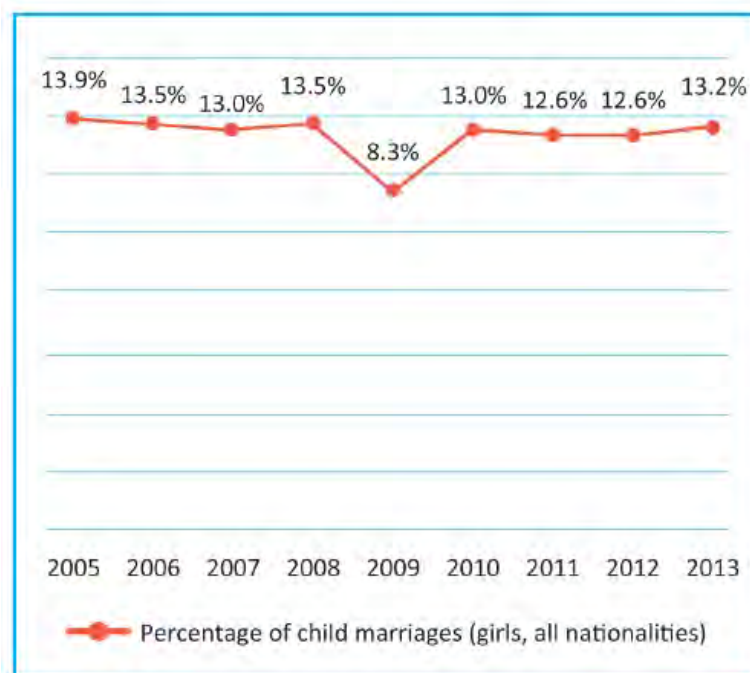
291 OECD (2014), Jordanian Women's Union (2012)

292 UNRWA (nd), interview with UNRWA

because sex-related topics fall within the sphere of ‘shame’, it is not discussed. In schools, health and sexual education is inadequately given, partly because teachers hesitate to engage the subject, due to cultural norms<sup>293</sup>. Consequently, for example, a case was reported of a teenager who has suffered from sexual abuse for years but has not understood what it was<sup>294</sup>.

### [Early Marriage]

As noted in 3.1 above, under-18 marriage is a form of GBV. Early marriage issues in Syrian Refugees and in Palestinian Refugees are discussed in 3.1 and in 3.2 but it is important to understand that early marriage is a widespread phenomenon, with no hint to decrease, all over Jordan<sup>295</sup>. Legally speaking, although marriageable age is 18 years old or older, 15-17 years olds can also marry, provided Sharia Court agrees (see 2.2 above). The percentage of girls of 15-17 years of age, within all the registered marriages, is shown below.



Source: UNICEF (2014)

Figure 3.4.6: Early Marriages by Girls of Age 15–17 within All Registered Marriages<sup>296</sup>

The table below shows that early marriages by Jordanian girls are fewer, compared to Syrian Refugees and Palestinian Refugees (without Jordanian nationality), yet they are still prevalent and show no sign of decreasing.

<sup>293</sup> Interview with JNCW

<sup>294</sup> *Ibid.*

<sup>295</sup> JNCW (2015c), interview with JNCW.

<sup>296</sup> UNICEF (2014) considers that the 2009 drop is anomalous and is presumably due to administrative reasons.

Table3.4.2: Early Marriages by Girls of Age 15–17 (%), by Nationality<sup>297</sup>

Year	2011	2012	2013
People			
Jordanian	12.5	12.5	12.7
Palestinian	19.9	18.3	17.6
Syrian <sup>298</sup>	-	-	25.0

Source: UNICEF (2014)

In UNICEF (2014), respondents answer that the reasons for marrying off young daughters are: alleviation of poverty of the family, having many children (especially girls) - in which case early marriage of a daughter means reducing the burden for parents, securing *sutra* for the girl<sup>299</sup>, and need to maintain cultural and/or family ‘tradition’. The survey also finds that when the girl’s academic achievement is poor or she has already dropped out of school, it is much more likely for the family and relatives to arrange a marriage<sup>300</sup>.

JNCW, the national machinery<sup>301</sup>, expresses its concern as to the prevalence and non-decrease of early marriages for girls in Jordan as a whole, despite the fact that social awareness regarding the potential negative effects of early marriage, early pregnancy and delivery on women’s health throughout life is spreading<sup>302</sup>. One of the key reasons behind the non-decrease of early marriage in Jordan is that, in most cases, the decision maker of a marriage arrangement is neither the bride-to-be herself nor the mother, but the senior male in the family (usually the father, possibly the male guardian)<sup>303</sup>. UNICEF (2014) collects mothers’ regrets for not being able to stop their young daughters’ marriage. As such, the early marriage issue stems from various gender issues, including the decision-making power balance between father (husband) and mother (wife) and the independence and free will of the girl herself, while it is clear that the awareness of the male, as to early marriage and its possible negative consequences for women, needs to be improved.

## <Women in Poverty>

### [Poverty in Jordan]

The current absolute poverty line is set at 68 JOD per month per person. The 2013 Jordan Poverty Reduction Strategy (JPRS) finds that, as of 2010, 14.4% of the population (119,000 households,

297 Due to data availability, UNICEF (2014), from which the data above are taken, defines “Jordanians” as those with Jordanian nationality. Thus, Palestinian Refugees who hold Jordanian nationality are included. Likewise, “Palestinians” here are defined as Palestinians who do not have Jordanian nationality only. As such, interpretation of the data should be made carefully.

298 As for girls with Syrian nationality (Syrian Refugees), the data source provides figures in 2011 and 2012, which are not included in this study. This is to avoid any misled interpretation, as the figures for 2011 and 2012 are small with less than 1,000 marriages for all Syrians.

299 The notion *sutra*, which is widely used in the Arab region, refers to security in life and/or protection from difficulty. (UNICEF (2014))

300 UNICEF (2014)

301 See 2.3 above for JNCW.

302 JNCW (2015a), interview with JNCW.

303 UNICEF (2014)

877,000 people) live below this criterion. The number of poor people is larger in urban areas, where 80% of poor households reside, while the poverty rate is larger in rural areas (16.8% in rural areas versus 13.9% in urban areas). Some Governorates, such as Ma'an (26.8%), Ajloun (25.6%), Balqa (20.9%) have a higher concentration of residents in poverty than others<sup>304</sup>. Rural areas (either District or Sub-District) where the poverty rate is especially high (more than 25% of the population) are identified as Poverty Pockets; in 2010, there exists 27 such Poverty Pockets in the country<sup>305</sup>.

Female-headed households (FHHs) account for 12.9% of all households in Jordan<sup>306</sup> and many are in severe poverty<sup>307</sup>. Yet, statistical and other specific data on FHH in poverty was unavailable for this study.

### [Poverty Programmes]

The National Aid Fund (NAF), a semi-autonomous arm of the Ministry of Social Development, was established in 1986 and has been the core of the Jordanian social protection system<sup>308</sup>. Major NAF programs are as follows:

- **Recurring Cash Assistance:** This programme accounts for more than 90% of NAF expenditure. The programme provides monthly cash payments of 40-180 JOD to eligible poor households. The criteria for eligibility include household income below the poverty line and owning limited assets. Generally, this programme targets households with an unemployed household head and thus without income.
- **Urgent Assistance Cash Payment:** Case-by-case one-time cash assistance for households in urgent needs including those who lost houses by fire, or lost income due to the breadwinners' sudden illness. Households with less than 250 JOD income are eligible.
- **Handicapped Care Cash Assistance:** Targets households taking care of family member(s) with mental disability. See 3.3 for details.
- **Physical Rehabilitation Cash Payment:** One-time cash assistance for families whose breadwinner or child becomes physically disabled, as seed money for rehabilitation equipment. See 3.3 for details.
- **Health Insurance Cards:** This programme supports beneficiaries of other NAF programmes to obtain Ministry of Health Insurance Cards.

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304 UNDP (2013)

305 *Ibid.*

306 Data collected in 2012.

[http://data.worldbank.org/indicator/SP.HOU.FEMA.ZS?order=wbapi\\_data\\_value\\_2012+wbapi\\_data\\_value&sort=asc](http://data.worldbank.org/indicator/SP.HOU.FEMA.ZS?order=wbapi_data_value_2012+wbapi_data_value&sort=asc)  
(accessed 24/Nov/2015)

307 Ministry of Planning and International Cooperation (2015), UNDP (2013)

308 UNDP (2013). Likewise, this section is based on the information in UNDP (2013) unless otherwise specified.

- Vocational Training Programme: Executed in 2001-2006, targeting youth from beneficiary households of other programmes. Suspended in 2007 as the participants' employment rate remained very low.

As described above, no NAF programme specifically targets women, although the most important programme, Recurring Cash Assistance, includes widows and divorced women as one of the 16 identified "vulnerable groups".

This study is unable, due to lack of information and data, to examine how effective and/or efficient the programme is in terms of supporting women in poverty.

According to UNDP (2013), these NAF programmes' beneficiaries come close to the number of 89,000 households. Within the population, the poorest, the second and the third poorest deciles receive approximately 45% of NAF assistance payment. Compared to other countries in the region, NAF's targeting is quite appropriate and efficient<sup>309</sup> with less wasted/wrong-targeted payments. However, one point to be noted is that because the major target is households without income (e.g., breadwinner in unemployment), the programmes exclude working poor families. In terms of FHH, due to the gender gap in wage<sup>310</sup>, it is highly likely that many working FHHs are in a chronic predicament of the working poor.

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309 Jawad (2015). In other words, there are still some funds misdirected towards non-poor population (UNDP (2013)).

310 On average, the wage for males is 1.24 times that of females in the private sector and 1.17 times in the public sector (World Bank (2013)).

## 4 Gender Mainstreaming in Development Assistance of JICA and its Lessons Learned

Japan's development assistance plan for Jordan of 2012 focuses on maintaining stability and development/promotion of industry as the basic policy. Priority areas include (1) support for self-reliant and sustainable economic growth, (2) poverty reduction and minimizing social disparities, and (3) investment for peacebuilding and regional cooperation. In this study, 3 (three) JICA projects and programmes which primarily deal with area (2) above, with some reference to area (3), are reviewed to examine the extent and effectiveness of their gender mainstreaming, and to draw lessons from their experiences.

### 4.1 Project for Capacity Development for Improvement of Livelihood for Palestinian Refugees (Phase 2)

Project Time Frame: October 2013 – September 2016 (planned)

#### [Project Overview and Status of Gender Mainstreaming]

The “Project for Capacity Development for Improvement of Livelihood for Palestinian Refugees (Phase 2)” (hereafter referred to as the Project) is preceded by 2006-2009 “Rehabilitation for Refugee Women Training Centers” (Individual Expert dispatch) and 2009-2012 “Project for Capacity Development for Improvement of Livelihood for Palestinian Refugees (Phase 1)” (Technical Cooperation Project). The Project aims to support capacity development of Palestinian Refugees (especially women refugees) for improved livelihood and to promote social understanding on refugee women's employment. 3 (three) major programmes of the Project are: (1) Self-employment (SE) programme, (2) Wage-employment (WE) programme, and (3) Behavioural Change (BC) programme. The (1) SE programme targets refugee women, trains them on how to produce merchandise (e.g., soap, cologne, mushrooms) and on how to market them in the neighbourhood, so that they can work from home and gain income. The (2) WE programme supports men and women refugees in job-hunting through job matching with neighbouring private enterprises such as factories, orientation sessions, and arrangement for On the Job Training (OJT). The (3) BC programme targets Refugee Camp residents in general (men and women, young and old), implementing awareness raising workshops which facilitate their understanding on the significance of women's participation in economic activities<sup>311</sup>. The main Project sites are 4 (four) Palestinian Refugee Camps where programmes (1) (2) (3) are implemented. Additionally, 5 (five) other Camps are designated as Mobile Sites where programmes (1) and (3) are implemented<sup>312</sup>.

311 JICA (2015d)

312 The program (2), WE program, is implemented only in the main Project sites. For the smooth and effective implementation of (2) WE program, it is essential for the staff to continuously and regularly coordinate the nearby private

Therefore, out of 13 Palestinian Refugee Camps in Jordan, 9 Camps are more or less involved in the Project. Daily operation is executed by “Trainers”, who belong to Training Employment Centers (TECs). TECs operate under the supervision of Department of Palestinian Affairs (DPAs) of the Ministry of Foreign Affairs. DPA, TECs and Trainers are in cooperation with Camp Committees, which are the management bodies of the Camps whose members are refugees themselves. Most Trainers are themselves women refugees residing in the Camps.

As major objectives of the Project, and of the preceding programme and project as well, are to support refugee women’s labour participation and to promote an environment which is pro-women’s work, mainstreaming gender has been considered in each step of the Project, from planning, designing, to implementation.

In (1) SE programme, all the direct beneficiaries are women. According to the progress report of the Project (Oct. 2013 – Dec. 2014), 35 SE training sessions were conducted with the total of 407 participants. One note is that the net number of participants would be considerably less, as there has been a tendency of ex-trainees to repeatedly take on training<sup>313</sup>. The income level of the ex-trainees varies, as it depends on not only the woman’s commitment, but also on whether the merchandise sells well or not<sup>314</sup>.

In (2) WE programme, the beneficiary-to-be is a refugee who contacts TEC in the hope of finding a job. Therefore, it can be either a man or a woman. In the first 15 months of the Project, 322 job seekers have found a job which accommodates his/her expectation and/or qualification. This number equals 34.4% of all job application documents which TECs received in the period. Out of 319 total trainees, a mere 46% (147 persons) remained in their work after 5 months. By gender, 67% of males were continuing their work after 5 months while merely 33% of females did; it is understood that this was because it is difficult for women to keep on working outside, mainly because family and community members, especially men, do not support – or actively oppose - their working outside the house; the underlying problem is the social/gender norm which disagrees with women’s employment (or, more broadly, women’s activities outside the home). Other reasons for quitting include long working hours, low wages, and unjust treatment at work (including sexual harassment and being forced to do tasks which are not within the work agreement)<sup>315</sup>.

The (3) BC programme is originally derived from the lessons learned in the preceding “Rehabilitation for Refugee Women Training Centers” programme; it was understood that one big hindrance to increase women’s employment and their economic empowerment is the deep-rooted

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enterprises (that is, potential places of employment). Therefore, it is difficult to implement the program in Mobile Sites where the staff are not on full-time basis.

313 JICA (2015e), interview with the Expert of the Project

314 Interview with the Expert of the Project

315 JICA (2015e), interviews with the Expert of the Project including email correspondence.

negative social norm against women's work outside the home, especially if the work is so-called blue-collar<sup>316</sup>. The norm is widely shared in Camp communities, but especially strongly held by men. Based on this understanding, Phase 1 of the Project started the (3) BC programme which has been continued in Phase 2. The Expert in charge of Phase 2 and JICA decided to emphasize (3) BC programme in Phase 2, because wage-employment (out-of-home work) is more stable in terms of income compared to self-employment at home, but the former is difficult to start specifically due to this negative social norm<sup>317</sup>. In practice, BC workshops are held regularly at each Camp site, in which significance of women's social participation and labour is discussed and promoted. Although the workshops would welcome men and women of all ages in the Camps, the focus is on men. In order to deal with the prevalent misunderstanding of Islam, that is, "Islam completely forbids women from working outside the home", the Project has produced a DVD to be viewed in the workshops, in which a respected Islamic scholar explains and clears up the misconception<sup>318</sup>.

### **[Lessons Learned and Challenges for Strengthening Gender Mainstreaming]**

Important lessons are extracted from the experiences of the Project so far, as well as the preceding programme and project.

#### **A) Significance of Understanding of and Cooperation from the Camp Committee (i.e., Community Leader(s))**

The importance of establishing a trusting relationship with community leader(s) cannot be emphasized enough in a project/activity such as this Project. In Palestinian Refugee Camps in particular, the role of Camp Committees as community leaders is not to be downplayed. A Camp Committee is a self-management body of the Camp by the refugees themselves, whose members are ordinarily selected from the influential and usually senior males. A Committee typically has an office in the local DPA office. The experiences of the Project show that the cooperative attitude of the Camp Committee and its leadership greatly affect all the programmes of the Project; for instance, for the (3) BC programme, a cooperative Committee would help the Project and call for participation in the workshops. As the Committee and its members are the respected opinion leaders in the Camp, it would attract more people, especially men, into attendance. The Project learned that, as it is the men in the households who decide if it is acceptable for the women to work, earn an income and/or control (whether partially or entirely) the money they earned, the empowerment of targeted women depends not only on the women themselves but also - or more so - on the men

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316 Males and females alike regard blue-collar work negatively. Yet, the majority of the job offers for the people in the Palestinian Refugee Camps are blue-collar jobs including factory line workers and cleaners (JICA (2014), interview with the Expert of the Project)

317 Interviews with DPA officers (C/P of the Project), the Expert of the Project and the JICA Jordan Office officer-in-charge of the Project.

318 JICA (2014), interviews with the Expert of the Project and DPA Officers (C/P of the Project).



around them<sup>319</sup>. This backs up the recent international developmental consensus that it is very important to involve the community, especially men, for supporting women and women's empowerment. Thanks to the cooperation framework between DPA and the Project, even in Camps where the Committees are not very cooperative, the activities have been conducted. But the results there are rather lackluster<sup>320</sup>.

It should be emphasized that the cooperative system and trust between the Committees and the Project is the fruit of the Project's long and patient efforts since 2009 (Phase 1 of the Project). 'Involving men' is much easier said than done, especially in communities where gender norm is strong and persistent.

## **B) Programme Model Applicable in Other Communities**

It is a conclusion reached by this study that, in the context of Jordan, the (2) WE programme would be more readily replicable in other communities than the (1) SE programme. While the (1) SE programme is in the framework of conventional livelihood support for women, staffed by those who have the knowledge, skills and experience of being actual vocational trainers, the (2) WE programme requires the staff to be more of coordinators between job offers available around the community and the job-hunters who contact the TEC. The staff does need to conduct introductory training but the practical vocational training is done in the enterprises as OJT. Therefore, (2) requires less expertise and know-how by the staff. Although (2) targets both men and women, the Project experience shows that demand for women workers in factories and other places of employment do exist, meaning that (2) also works as livelihood support for women.

In other Palestinian Refugee Camps, the (2) WE programme can be replicated once personnel are secured. It could also be applied to communities other than Palestinian Refugee Camps, except for Syrian Refugee Camps as Syrian Refugees are not eligible for Jordanian work permits<sup>321</sup>. In Jordanian communities, which are not 'man-made (artificial, or deliberately grown)' like Palestinian Refugee Camps, the first step would be to identify the 'core' of the community which corresponds to Camp Committees in Palestinian Refugee Camps. Then, accordingly, the activity framework can be designed and constructed. As discussed previously, building up trust and a cooperative relationship with the community leader(s) is essential<sup>322</sup>. It is also possible to explore involving existing organisations such as Field Offices of the Ministry of Labour<sup>323</sup>.

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319 Interviews with the Expert of the Project, DPA (C/P), and Committee members

320 Interviews with DPA (C/P), Committee members, and the Expert of the Project

321 See 3.1 above.

322 See 4.3 below.

323 See 3.3 above.

### C) Beneficiary Women as Role Models

Through field visits and interviews with the women beneficiaries, this study found out that these women have become, although small in scale, role models and/or the catalysts of behaviour change for and in their community.

For instance, a female ex-trainee of the (2) WE programme, who has worked in a nearby factory for a year, has been approached by other community women (relatives and friends) and asked about her work experience. Some of these women have already started to work in factories. As discussed, the gender norm against women's employment, especially in blue-collar positions, is persistent in the Camps. Despite this, women have successfully followed the ex-trainee's steps, indicating that this woman has been accepted as a role model by the people around her<sup>324</sup>. Another example is an ex-trainee of the (1) SE programme. Her husband had initially opposed her taking part in any income-generating activity, and refused to allow her from going out of home on her own at the beginning. However, as it has become evident that her work brings in money to the household over the years, his attitude has softened, and now she is able to visit acquaintances outside the Camp for marketing her merchandise and to control her income in full. In other words, behaviour change, not only her own, but also of her husband's, has been seen<sup>325</sup>.

It is in itself very important for the beneficiaries to become role models/catalysts. However, it would be even more desirable if such effects can be utilized more widely and deliberately by the community. An idea in this direction is for the Project to mobilize these beneficiaries as case studies in the workshops of the (3) BC programme. Real-life experience presented by the Camp women themselves could have considerable impact on the participants of the workshops, who are Camp residents.

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324 Especially for a person under social oppression and/or in disadvantageous situations, contact(s) with a role model who has been in circumstances similar to him/her works as very powerful leverage, when the person is to take actions outside dominant social norms (Wada and Nakata (2015)).

325 Husbands in general take their wives' work outside home negatively, as it offends their 'male pride'. However, this tends to change as the time passes and the wives' work brings income into the households, benefitting the family as a whole (Women's Refugee Mission (2009)).

## 4.2 Advisor for Disability Affairs / Support for Syrian Refugees with Disabilities

Advisor dispatch Time Frame: February 2014 – February 2016 (planned)  
Syrian Refugee Programme Time frame: November 2014 – March 2017 (planned)

### [Project Overview and Status of Gender Mainstreaming]

While disability affairs is regarded as one of Jordanian Government's priority areas, with legal and policy frameworks developed, their implementation on the ground has not been effective. Some of the challenges include conventional facility-based care continuing to be the main means of PWD support, and concentration of support initiatives in and around the capital, Amman.

JICA has assisted Jordan with disability affairs, including dispatch of Experts since 2007. It has borne fruits such as the set-up of the PWD employment promotion unit in the Ministry of Labour. Yet, PWD employment is still a new concept in the country with not enough know-how. Thus currently an Advisor whose major task is to support and advise the Ministry of Labour is being dispatched.

The activities of the Advisor, aside from her work at the Ministry of Labour, include inter-Ministry initiatives such as improvement of accessibility and empowerment<sup>326</sup>. In the Advisor's assignment, gender consideration is not specifically stipulated. While the Advisor herself is well aware of the predicament of female PWD, her activities are yet to include gender-focused ones, as the society as a whole first needs to embrace a more inclusive mentality toward PWD/disability, and more specifically, her main office, the Ministry of Labour PWD employment unit, is at its infancy which requires concentrated attention for the time being. The PWD employment quota (4% of all employees) does not distinguish male and female, for which the Advisor is in agreement. Be that as it may, the Advisor is careful always to include female participant(s) in activities such as capacity development training sessions for C/P and other concerned personnel<sup>327</sup>.

One other form of development assistance which the JICA Jordan Office currently oversees in relation to disability affairs, is a programme to support Syrian Refugees with disabilities. The beneficiaries of this programme are Syrian Refugees with disabilities that have participated in workshops and training sessions held in November 2014 and March 2015. The ex-participants have organised into a group and the programme aims to support the group's activities. At the time of writing this report, the group members are in formulation of activity plans which are mainly support programmes for other Syrian Refugee PWDs, such as peer counseling<sup>328</sup>.

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<sup>326</sup> JICA (2015c)

<sup>327</sup> JICA(2015c), interview with the Advisor for Disability Affairs, JICA

<sup>328</sup> JICA (2015f)

In this programme, 6 out of 11 beneficiaries, or group members, are women. While support for female PWDs is not necessarily the programme objective, gender consideration including the following has been taken by the programme towards implementation: (1) to have roughly 50-50 men and women participants when holding events such as workshops, and (2) to design activity plans in such a way that both male and female feel comfortable to participate (i.e., when necessary, to have separate activities for man and for women)<sup>329</sup>.

### **[Lessons Learned and Challenges for Strengthening Gender Mainstreaming]**

It is undisputable that in disability affairs, as in other matters, gender mainstreaming is very important. However, given the current situation surrounding PWDs in Jordan, with delayed social inclusiveness and strong and persistent social stigma against PWDs and disability itself<sup>330</sup>, development assistance targeting female PWD employment may be untimely. What is first needed is to raise awareness of the female PWDs themselves as well as of the people around them (family members, relatives, and community members). The themes to be introduced would include how to break away from the notion of ‘shame’, introduction of gender concept, (pros and) cons of over-protection, communication with the outside world and its positive consequences, and improved access to education. In order to do so, 2 (two) approaches can be considered; one is advocacy toward the broad society such as media campaigns, and the other is field level activities based on communities, such as technical cooperation projects. While the latter would yield tangible effects and outcomes, though small in scale, it may be difficult to launch immediately given current schemes of JICA.

Even so, partly as a preparation for the full-fledged assistance on gender mainstreaming in disability affairs in the future, it would be desirable to add-in gender considerations as much as possible in schemes currently underway or in preparation. Given that the dispatch period for the Disability Advisor is close to an end, the discussion below focuses on how to mainstream gender in the programme for support of the Syrian Refugee PWDs, which has started only recently.

Firstly, in the structure of the beneficiary group itself, a ‘female quota’ could be considered; for instance, in the management structure of the group, one or more posts could be reserved for women members. As it could be said that in general, Syrian Refugees have strong gender norms and ‘appropriate gender role’ notions<sup>331</sup>, the suggested quota would secure women’s participation in the group’s decision-making process.

Secondly, gender can be addressed through the peer counseling programme, which is included

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<sup>329</sup> Email correspondence with the officer in charge in JICA Jordan Office

<sup>330</sup> See 3.3 above.

<sup>331</sup> See 3.1 above.

within the activity plans currently in discussion. As female PWDs' needs are often different from those of male PWDs', it would be advisable to formulate the activity plan in such a way that the sessions consistently have female peer counselor(s).

Lastly, when the activity plans are completed and actual activities are launched, JICA Jordan Office could consider supporting the Syrian Refugee PWD group to widen their field of operation, into other JICA project areas including the northern region (where Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees<sup>332</sup> is conducted). As discussed in 4.1 above, especially for disadvantaged people, seeing and communicating with actual role models who are in similar disadvantaged circumstances have great impact<sup>333</sup>. Therefore, the group's activity may trigger change in awareness/notions and possibly in behaviors of community members, especially PWDs and their families in Syrian Refugee communities. Here, activity design that secures participation of female PWDs would also be important.

As mentioned above, what is required first and foremost is raising awareness of the PWDs themselves, both male and female, and the people around them. Thus, in order for JICA to promote PWD empowerment, especially for female PWDs, it would be essential to incorporate disability-related issues and gender consideration not only in disability-focused projects and programmes, but also in other programmes. For instance, a project to support infrastructure building could consider PWD accessibility; and social development programmes' training materials could include topics and goals related to disability and gender.

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332 See 4.3 below.

333 Wada and Nakata (2015)

### 4.3 Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

Project Time Frame: March 2016 – March 2018 (planned)

#### **[Project Overview and Status of Gender Mainstreaming]**

The "Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees" (hereafter referred to as the Project) is in preparation for the launch in March 2016, based on the Jordanian government's request. The request has been made in light of the strain on medical services in the northern region which hosts a great number of Syrian Refugees, and with a wish to utilize achievements and lessons of the preceding project, "Integrating Health and Empowerment of Women in the South Region Project" (2006-2011) (hereafter referred to as the preceding project).

JICA has assisted Jordan in its efforts to improve Jordanian women's reproductive health (RH) and empowerment. The assistance so far includes: "The Project for Family Planning and Gender in Development" (Phase 1 and 2) (1997-2003), "The Enhancing Self-Empowerment of Rural Women in Karak, Jordan with a Reproductive Health Focus" (2003-2006), and "Reproductive Health Action Plan" (Phase 1: 2003-2007, Phase 2: 2008-2012). The preceding project has incorporated the experiences (e.g., involvement of communities, men and youth as well as the behavioural change of the people facilitated by home visits) of these projects and programmes, and aimed to encourage empowerment as well as RH/FP activities in the conservative southern Governorates. The activities were mainly borne by so-called Health Educators (HEs) based at Village Health Centres (VHCs) in the communities. HEs were local women who were recruited and trained in the preceding project. Through the counseling sessions and home visits, HEs conducted activities to improve the VHC services on RH/FP. The preceding project also supported local community organisations on their activities regarding women's health promotion and empowerment.

The preceding project has encountered difficulties and seen limited outcomes in the involvement of the local people as a result of negative external factors, including complicated tribal relationships and rivalries as well as people's conservative attitudes. On the other hand, the activities conducted by HEs created tangible results such as increased FP practice rate and postnatal care rate for the local women<sup>334</sup>. HEs were later accepted as formal Ministry of Health employees thanks to the efforts of the preceding project. At the time of ex-post evaluation, 37 out of 54 HEs (68.5%) were continuing their activities at their VHCs<sup>335</sup>.

<sup>334</sup> Comparing data from 2007 and from 2011, the rate for FP practice increased from 44.0% to 50.4%. Likewise, the rate for using antenatal care increased 25.0% to 36.6% (JICA (2011)).

<sup>335</sup> JICA (2011), interview with the office in charge in JICA Jordan Office

The Project, which is currently in preparation, will make use of these lessons and experiences in the northern region where health services have become increasingly stretched thin due to the influx of Syrian Refugees. The overall goal of the Project is for an increased number of Jordanians (host community residents) and Syrians (refugees residing in host communities) to have better access to RH/FP services in terms of both quality and quantity, and to other basic health services. For this, the Project will support the strengthening of VHC functions to provide its services in the targeted 4 Governorates. While in the preceding project, many VHCs did not have a full-time office and led to the project's recruitment and training of HEs, the VHCs where the new Project will take place have at least one assistant nurse. Thus, the Project would be working through these assistant nurses as the agents to improve VHC services. For the home visits that brought in positive effects in the preceding project, however, it appears to be difficult to be incorporated into the new Project; home visits are beyond the scope of the assistance nurses' job description. As an alternative, the Project would help VHCs to design and conduct 'health promotion activities' in the communities<sup>336</sup>.

### **[Lessons Learned and Challenges for Strengthening Gender Mainstreaming]**

The preceding project, "Integrating Health and Empowerment of Women in the South Region Project" provides notable lessons which should be taken into account when promoting women's RH and empowerment through health services within the socio-cultural context in Jordan. Also important is to consider the specific circumstances of the northern Governorates where the new Project is implemented.

#### **A) Significance of the involvement of community leader(s) – the male(s) who steer the opinions held, and directions taken, by the community**

It is important to understand that in the southern region where the preceding project worked, the tribal system, a legacy created and preserved by the Bedouin community and their lifestyle, still strongly endured. In terms of project evaluation, the complicated power structure and personal relationships in the tribal society hindered the project's efforts to involve local men more effectively<sup>337</sup>. On the other hand, it could work very positively when the right pieces fit together; the field research for this study found out that in communities where the tribal leaders (*Mukhtar/Shekh*) were understanding and cooperative, unfamiliar (in the socio-cultural context of Jordan) concepts of RH/FP and/or women's empowerment can be and have been embraced by the whole community. This is because it is the tribal leader(s) who decide(s) the direction of the community's opinions. In the successful communities visited by this study, the activities introduced by the preceding project were energetically sustained even 4 (four) years after the completion of the

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336 JICA (2015b)

337 JICA (2011)

project<sup>338</sup>. In these successful cases, tribal (that is community) leaders have expressed and more importantly shown their commitment toward the cause of the preceding project since project inception, which considerably encouraged other community members to become interested in, and get involved in, the project activities, which in turn helped the HEs and other women to strengthen their initiatives (see also B) below).

As discussed in 4.1 above, it has become an international consensus that involvement of men and of the community could be a landmark for the efforts for women's empowerment. The experience of the preceding project reinforces this notion. Furthermore, it has shown that in specific circumstances of Jordanian rural communities, the significance of community leaders' understanding and cooperation is essential in order to guarantee the whole community's interest and commitment.

What is now important in considering the activities of the new Project in the north is that the power structure could be different from the south. Generally speaking, in the north, the Bedouin population is less dominant than in the south, and communities are less influenced by the tribal system. Details of community power balance and the structure of authority is not fully known, and the Syrian Refugee influx in the recent years may have, in any case, altered pre-existing structures. Still, there is a strong possibility that influential opinion leader(s) reside in each community, who could help or jeopardize the activities and potential achievements of the Project.

Therefore, it would be advisable for the Project to spare sufficient time and manpower at the beginning to research, obtain information, and analyse the target communities, as to who are the persons to be actively involved, and how to build up a cooperative trust relationship with these persons. It would also be advisable for the Project to take adequate time to construct a solid relationship with them in the beginning, so that concrete activities could be smoothly launched later. It may seem like a detour, but as the saying goes, make haste slowly.

#### **B) Focal Female Worker's 'Something Extra' – Advantage of Having a Social Status**

It is found that in the preceding project, when the HE's social status within the community was not high and she was withheld cooperation from the community leader (see section A) above), even when she was very committed herself, it was very difficult for her to achieve tangible outcomes. One HE experienced repeated denial of her home visits by community members, having had doors shut in her face; she had no opportunity to convey the project message on RH/FP to the community<sup>339</sup>. By contrast, a HE with social status, for example a relative of the tribal leader,

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<sup>338</sup> On the contrary, in communities where the tribal leader(s) (i.e., community leader(s)) were not cooperative, the project faced great deal of difficulties in its implementation.

<sup>339</sup> Interview with a HE.



would have the leader's backup that paved the way for a willing audience in the community. In such a friendly environment, her efforts were more likely to bear fruit, which in turn gave her incentive to go on further, making up a virtuous cycle<sup>340</sup>. This study has no intention to impress on the readers that a focal female worker's success depends on her social status. However, it should be a point to be kept in mind when implementing activities on the ground. In the Project in preparation, with the assistant nurses at VHCs being the focal points of work, it would be advisable for the Project to gather information on the nurses' position and related circumstances in the community (e.g., whether she is from the community, where she lives, what relationship she and her family has with the community leader(s)) at the beginning of the Project duration and to utilize the data and information as reference to be utilized to evaluate the way forward when issues arise.

A different kind of social status comes from official recognition. In the preceding project, the HEs obtained official Ministry of Health employee status thanks to the project's coordination with the Ministry. This raised the recognition and respect toward them from the community, which helped their activities<sup>341</sup>. In the Project, this point is already covered as the focal workers are assistant nurses who are already proper staff of the VHCs.

### **C) Designing 'Health Promotion' Activities as an Effective Alternative to Home Visits**

In the Project, home visits appear to be difficult to carry out, due to the lack of congruence with the assistant nurses' job description (as described above). As an alternative, 'health promotion' activities are to be designed and implemented by VHCs.

In the preceding project, home visits were effective as they worked as the means to convey message and information to the people who are more unlikely to participate in out-of-house events: the women. It is important for the Project, therefore, to closely examine how health promotion activities could reach the 'hidden' women with certainty.

One basic measure may be to secure the community leader(s)' commitment, as discussed in section A) above, so that more people in the community would be willing to participate. Another idea might be to coordinate with other donor programmes, including a USAID initiative currently implemented in the region where the Project will work<sup>342</sup>. This programme aims to expand the outreach for health (especially RH/FP) information by mobilizing male and female community opinion leaders, organizing them into committees. The option of working together with, or potentially utilizing, these committees could be examined, which would also help to avoid donor-overlapping. Yet another possibility is cooperation with NGOs who have already been

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<sup>340</sup> *Ibid.*

<sup>341</sup> JICA (2011), interview with the officer in charge in JICA Jordan Office

<sup>342</sup> USAID (2015)

implementing home visits in the target area. Capacity development/training for the staff of these NGOs in charge of home visits could be incorporated as a component of health promotion activities, drawing on the preceding project's experience in HE training; training components such as communication and the development of negotiation skills seem to have been particularly effective both for HEs themselves and for the beneficiaries, and could be incorporated in the suggested training. JICA's focus area-related issues, including disability issues and/or GBV, can also be covered in the suggested training.

#### **D) Squarely Facing the Current Context of the Target Area as Refugee Host Communities**

The target area of the new planned Project is exactly the area where Syrian Refugees have flooded in, which in turn has put significant pressure on the health services system (see 3.1 above). As a result, both host community residents and Syrian Refugees are affected. In addition to the limited quality and quantity of health services, there is societal negative impact on gender including increased control on female movement due to perceived insecurity. RH issues such as pregnancy at an early age and repeated pregnancy, notably amongst the Syrian Refugees, are also reported.

Considering these circumstances, it is advisable for the Project - in particular in the health promotion component - to place emphasis on awareness raising of community members on gender issues including gender equality and women's health and rights. In this regard, it would be essential to convey the message not only to the women but also - or more so - to the men so that they would begin to think of these issues. Lessons learned from the preceding project should be utilized in full towards this aim. Lessons learned from "Project for Capacity Development for Improvement of Livelihood for Palestinian Refugees (Phase 2)" (see 4.1 above) could also play a referential role. In particular, the latter project's workshop management experiences could be informative. These include: what to do and what not to do as younger (and/or female) facilitators when facilitating workshops attended by more senior males in the community, and how to potentially utilize religious dimensions (the project has produced a DVD in which a respected Islamic scholar corrects the common misunderstanding of Islamic teaching on women's social participation).

It would also be desirable for the Project to clearly, openly, and accurately articulate, both to host community residents and to Syrian Refugees, information on what services will be available or not available through the Project, and to whom. This is about expressing and adhering to a clear and fair standard on selecting beneficiaries. As discussed in 3.1 above, both communities (i.e., Jordanians as well as Syrian Refugees) are under stress, and community members are more prone to take rumours and speculations against each other as true/given, especially when insufficient information has been given out. For the Project to be effectively implemented in this target area, and to ensure that societal tensions do not affect the Project in a negative way, the Project would

need to be regarded not as a one-sided actor but as contributor to and communicator for all sides.

Lastly, contemporary health problems such as NCDs and obesity have become serious issues across Jordan today, with the target area of the Project being no exception. Thus, it would be advisable for the Project to incorporate these ‘new’ health issues in addition to traditional development issues such as RH/FP. For instance, as a great many women in Jordan suffer from obesity, and women with more children and less education tend to be more obese (see discussion in 3.4 above); the Project may want to consider health education sessions targeting these women.

## 5 Gender-related Assistance by International Agencies and Other Organisations

Programme/Project	Organisation/Agency	Outline
<b>Gender in General/Gender Mainstreaming at Policy Level</b>		
Increasing Accountability in Financing for Gender Equality	UN Women	A project to create and establishment of a national planning system including the national budget with secured consideration on women's empowerment. Due to lack of budget, the system is yet to be activated at the time of writing this report.
<b>Livelihood Improvement and Community Development</b>		
Cash-for-work for Syrian Refugees in Za'atari Camp	UN Women	Cash-for-Work programme as a livelihood support for Syrian Refugee women in the largest Camp of Za'atari.
Empowering rural women in the Mafraq Governorate	UN Women & UNESCO	A project in communities in Mafraq Governorate, located near archaeological sites. Local women's livelihoods are to be improved through the opportunities provided by the management and promotion of the sites.
<b>Easing Tension between the Host Communities and Refugee Communities</b>		
Social Cohesion Programme	UN Women	In communities which experienced Syrian Refugee influx, the programme aims to promote interaction between Refugees and host community people so that the tension in the communities would be reduced. Planned activities include sports matches fought by the youth from the both sides (such as girls football games).
<b>Education</b>		
Addressing Gender-Stereotypes	UNRWA	Based on the analysis of gender stereotypes in school textbooks, the programme seeks to foster stereotype-free education through training for teachers.
<b>Health</b>		
J-CAP (Jordan Communication, Advocacy and Policy Activity)	USAID	Information on health and medical issues, including RH/FP, shall be outreached to more people in communities, so that demand for RH/FP services would be boosted.
<b>GBV</b>		
"Hemaya"	UN Women	Focusing on capacity building of judicial professionals (judges, prosecutors and lawyers) and coordinating with security forces to better deal with survivors of violence, the project is to establish systems/mechanisms capable of filling the gaps in the justice chain, which will enhance

		access to justice for all survivors and victims of violence.
GBV Referral System	UNRWA	Referral System has been activated in UNRWA-managed facilities in Palestinian Refugee Camps, which enables GBV survivors to have better access to quality medical, psychological and legal supports.
<b>Cross-Sectoral Area</b>		
“ <i>Amani</i> ” (my safety) Campaign	UNFPA, UNHCR, and UNICEF	A cross-sectoral and multi-agency awareness raising campaign, aiming for: prevention and protection against GBV (including early marriage) and child labour, and PWD social inclusion amongst others.

## **6 Challenges and Considerations for Gender Mainstreaming in Development Assistance<sup>343</sup>**

### **6.1 Consolidation and Sharing of JICA's Know-How and Lessons Learned in the Involvement of Community Men in Jordan**

As discussed in 4.1 and 4.3 above, JICA has assisted Jordan in tackling its gender issues with pragmatic projects, which have borne down-to-earth outcomes as well as valuable experiences and lessons learned<sup>344</sup>. In particular, with regard to how to involve men in projects and activities that aim to empower women, JICA has accumulated significant and concrete know-how through trial and error.

One suggestion is that JICA organise and analyse these experiences, lessons learned, and know-how so that they evolve into a consolidated document that serves as manual/collection of tips/checklist for current and future programmes and projects with similar objectives. It would be useful not only in Jordan but also in other countries in the region with a similar socio-cultural context.

Recently, the importance of the involvement of men in gender mainstreaming/women's empowerment has been vigorously discussed in the international development community. Yet, it is still a relatively new topic with which other international organisations and donors are yet to establish solid know-how and/or approaches<sup>345</sup>. Now would be a desirable timing for JICA to consolidate its lessons learned; other development agencies would be very much interested in learning from it.

### **6.2 The Polarized Gender Situation in Jordan and its Implications for Development Assistance**

Through the discussions made so far in this study, it would be fair to say the overall picture of Jordan in terms of women's empowerment can be described as polarized. In the upper strata of society, a certain extent of gender mainstreaming and women's empowerment has been realized, while among underprivileged groups<sup>346</sup>, many persistent gender issues are being observed<sup>347</sup>. For

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343 This chapter discusses challenges and considerations required for gender mainstreaming and women's empowerment in development assistance, with Japan's ODA in mind. However, the discussed points should also be applicable to development activities conducted by other actors, to a considerable extent.

344 See 4.1 and 4.3 above for discussion on concrete experiences and lessons learned in each project.

345 For example, SBGV Sub-Working Group (2014). Also, interview with UNHCR.

346 In the context of this study, they include Syrian and Palestinian Refugees, PWD, women around these people, and women with not much education.

347 Some factors in the background of this phenomenon would include the rise of the radical Islamic fundamentalism in the region, which correlates with the stagnation of the Middle East Peace Process, and social conservatism, which incorporates regression toward the so-called traditional and religious values (Iizuka (2002), Ajaka (2014), and interview with Center for Women's Studies, The University of Jordan). In the underprivileged strata of society, social dissatisfaction tends to accumulate due to, for example, difficulty of living. This makes people in this stratum prone to be influenced by the anti-establishment, such as political opponents, which in Jordanian context include Islamic fundamentalists. In

the former, see 2.1 (specifically sections on <Women's Participation in Decision Making> and <High in Education, Low in Employment>) and for the latter, also 2.1 (especially the discussion in <High in Education, Low in Employment>), 3.1, 3.2, 3.3 and 3.4 above.

In terms of challenges and considerations for gender mainstreaming in development assistance in Jordan, this study would like to stress the importance of continuous interventions in gender mainstreaming and women's empowerment, especially those targeting the vulnerable segment of society. Development assistance of Japan/JICA has been noted for its patient and down-to-earth activities, though they might not be huge in scale. It would be advisable for JICA to maintain this stance in gender mainstreaming and women's empowerment in Jordan, capitalizing on its strength and experiences. From the point of view of women's leadership, JICA could consider proactively accepting women trainees in its training courses for professionals, especially in courses catering to public servants, given the Jordanian situation in which many women workers are in the public sector. As discussed in 2.1 above, while female workers rate in the public sector is high, not many have gained management positions; empowering women public servants, who are or may enter the management level, could also positively influence gender mainstreaming at the policy level in the medium and long run.

### **6.3 Desirability for Assistance specifically targeting Host Communities of Syrian Refugees**

Among the communities hosting Syrian Refugees, notably in the northern part of the country, the accumulating discontent has started to influence the quality of the life of the people, as well as induce a negative development in their gender situation<sup>348</sup>. It could be said that the situation has reached a stage where visible assistance especially targeting the host communities is desirable, so that host community members would not feel forgotten and the relationship between host communities and the Syrian Refugee communities would not deteriorate further. As such, it would be desirable for JICA to consider the possibility of providing assistance in a tangible manner toward, in particular, the host communities: for example, assistance in waste management and infrastructure would be welcomed by these communities. Such assistance would profit the community as a whole, and in terms of gender issues, potential benefits include those listed below.

- (1) A reduced negative impact on gender issues, resulting from a lessening of tensions and discontent within the community as a whole;
- (2) A positive impact on the gender situation, on the assumption that this suggested assistance

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Jordan, where the establishment embraces the attitude and value system close to the Western modernism (see 2.1 above), backlash against 'modern' and 'international' values including gender equality is likely to be gaining power.  
348 See 3.1 above.

incorporates gender-considered design and component(s)

In addition, experiences gained by the international community<sup>349</sup> suggest that if this additional assistance could be targeted at women specifically, the positive gender impact would be greater.

#### **6.4 Significance of Livelihood Improvement Programme(s) targeting Women**

It is understood that access to safe and stable livelihoods works as an effective means for prevention and protection against GBV<sup>350</sup>. As GBV is a social taboo, there may be social or political circumstances where programme(s) /activities explicitly focused on GBV are difficult to design/implement; even in these situations, ‘programme(s) for livelihood improvement with (non-vociferous) attention to GBV prevention’ could be implemented.

According to previous studies on correlation between GBV/DV and livelihoods, when a woman starts working outside the home, the male in the household (e.g., her husband) tends to become more violent as his authority and identity as the breadwinner of the house is perceived as threatened. However, this tends to resolve itself as time passes and as it becomes clear to him and to other members of the family that the woman’s income benefits all in the household<sup>351</sup>. If the programme is designed in such a way that men in the households and the community are involved in the activities from the beginning, this negative initial spill-over may be greatly alleviated<sup>352</sup>. JICA holds advantage in this matter as it has accumulated the concrete experiences in involving community men (see 4.1, 4.3 and 6.1 above).

While livelihood support targeting women is often discussed in the context of economic empowerment, as this report has argued so far, gender issues in Jordan have evolved as consequences of interactions between various political<sup>353</sup>, socio-cultural, and economic factors. Because the causal elements are diversified, interventions to tackle them must also be multi-dimensional. While difficult, this means that a successful intervention could also empower the beneficiaries multi-dimensionally.

Therefore, development assistance in the area of gender should examine the challenges and their causal elements, potential approaches and activities, and aim to achieve empowerment, all in a multi-dimensional manner. Assistance towards livelihood support and prevention of GBV should

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349 According to the experiences by UN Women in Jordan, comparing project/programme which explicitly targets gender mainstreaming and/or women’s empowerment, and project/program with more broad objective(s) (but still with gender components), the former always scores better in its effectiveness in gender mainstreaming/women’s empowerment (Interview with UN Women).

350 UN Women (2014b)

351 Women’s Refugee Commission (2009)

352 Women’s Refugee Commission (2011)

353 ‘Political’ here is not limited to formal political acts such as participation in elections; it includes factors concerning power balance at a small scale such as bargaining power of a wife toward her husband.



also be considered in this manner; an intervention may want to set targets not only on economic empowerment and physical and mental security, but also on political and social empowerment of women including increased bargaining power and re-examination of traditional gender/social norms within the community.

A supplementary suggestion is that GBV-related intervention would have difficulty to bear visible/tangible outcomes even when successful, as GBV itself is hidden. It would be important to carefully consider how to design, implement, and importantly, evaluate, these invisible outcomes<sup>354</sup>.

A study has shown that the households with more than one breadwinner are less vulnerable economically<sup>355</sup>. While this particular study is on Palestinian Refugees, the results imply the same would be applicable to other disadvantaged people such as Syrian Refugees and/or households with PWDs. Thus, livelihood support is meaningful not only for women who are head of households but also for women with male breadwinners in their families.

One issue raised in female labour participation is the scarcity of support/services to take care of young children. A livelihood-targeting intervention could consider a component which deals with this problem, including the introduction of supporting childcare service(s). This would be particularly helpful for beneficiaries from socially/economically vulnerable groups. Additionally, childcare services would also serve the community through the aspect of job creation as it would require service providers such as nursery teachers.

## **6.5 Gender Perspectives Required for Private Sector Development (to be tackled in the Future)**

In relation to livelihood support (see above), diversification of employment and education opportunities for women should be noted as a potential area of assistance in the future. As discussed above<sup>356</sup>, the majority of women who would work outside home has been, and still is, driven toward the public sector. However, the public sector job market has effectively become saturated.

Therefore, the private sector is the key to women's social participation and economic empowerment<sup>357</sup>. Obstacles in this regard would include the social and gender norms that dictate 'women should not work outside the home' and 'if women work, it must be an 'appropriate' job for women', which cause the currently observable problems below<sup>358</sup>:

- Women's concentration in the humanities (as 'appropriate areas for women') in education: a major element of current mismatch with employment opportunities,

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354 See 6.7 below.

355 Tiltne and Zhang (2014)

356 See 2.1 above.

357 Interview with JNCW

358 See 2.1 above.

- Problematic working environment in the private sector including long working hours and sexual harassment, and
- Generally accepted social notion of ‘women’s relative incompetence in work’ among employers

When assisting the development of the private sector in Jordan, consideration of the above these gender issues would be highly desirable. It might also be suggested that in education and/or vocational training, programme(s) and activities promoting unconventional professions for women may be meaningful.

## **6.6 Adherence to the National Action Plan of Japan for UN Security Council Resolution 1325**

In 2015, the Government of Japan formulated its National Action Plan for UN Security Council Resolution 1325<sup>359</sup>, with which Japanese ODA as a whole, including activities of JICA, is to comply. Practically speaking, it would be ineffectual and inefficient for each and every project/personnel to examine the Plan in detail so that it/he/she could properly implement it. It would be advisable, therefore, that the required considerations, actions, to-dos and not-to-dos for compliance with the Plan would be distilled and compiled into a kind of checklist. Done properly, it would be instrumental for personnel concerned in every phase of ODA project/programme cycle (planning, designing, implementation, and evaluation).

The National Action Plan of Japan refers to GBV, involvement of men when supporting women, and women’s participation in the peacebuilding process, amongst others. This study has already discussed the first two topics in several sections above; in the following, possible approaches toward specific target groups are discussed in relation to the last.

### **A) Women who are directly affected by conflicts and related socio-political turmoil: Syrian and Palestinian Refugees and their host community residents**

It may seem like a detour, but yet, patient, persistent and down-to-earth activities aiming for women’s empowerment would be essential for these target groups. Within JICA’s current/planned projects, “Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees” (see 4.3 above) for example targets not only the men and women directly affected by the conflict (that is, Syrian Refugees) but also the indirectly affected people including the Jordanians in host communities. This Project incorporates the aim to ease the tension between refugee and host communities – a peacebuilding attempt. Thus, if the Project could be designed and implemented in such a way that it would foster local women’s empowerment, notably

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359 <http://www.mofa.go.jp/mofaj/files/000101797.pdf> (accessed 11/Dec/2015)

in leadership, it would be expected that the women could become more active agents, evolving from passive victims, in the area of peacebuilding as well.

### **B) Women in the public sector**

As described in 2.1 above, many of the currently employed women are public servants. As Jordan is a host country for an appreciable number of refugees, public servants as public service providers could be regarded as those working in peacebuilding to a certain extent. In this regard, supporting more women in public sector to move up to management level (i.e., in decision-making positions) and to develop their capacity would lead to more participation of women in peacebuilding. In more concrete terms, JICA could consider, for instance in its training courses for public servants, adding and/or strengthening components to enhance women's leadership, including those in the areas of refugee management.

## **6.7 Necessity to Maintain Long-term Perspectives in Areas Concerned with Social Taboos**

While they incorporate important gender issues, areas concerning social taboos and stigmas such as GBV and disability issues could be difficult for development assistance projects to take on, specifically because they are taboos<sup>360</sup>. There are many potential circumstances where dealing directly with these issues is difficult within the societal context. In these cases, as a stepping stone, JICA may want to start working on these issues through other (i.e., for example, on-going) projects and programmes. An idea would be to involve the people (i.e., beneficiaries) in discussions regarding such taboo issues through more conventional components such as training and/or awareness raising sessions.

Another problem around these taboo issues is that, again specifically because they are taboos, reliable data and analysis are very scarce<sup>361</sup>. This poses additional complication for development agencies, as it makes interventions more difficult as there hardly is any solid ground for the very interventions to be based on. Considering this, one suggestion for an initial intervention is to design and implement a research project on these matters. One supplementary suggestion is that, because the topics in question are sensitive by definition, the research should be done at least partly by Jordanians (including residential refugees) so that the research team would be sufficiently knowledgeable in the society and culture of Jordan. A joint research project with Jordanian academic and/or research institution(s) can be considered.

Whichever, or whatever approach is taken, it would be difficult for interventions in these

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<sup>360</sup> One idea for working on the issue of GBV is, as suggested in 6.4 above, to fuse GBV consideration and livelihood support into one program/project.

<sup>361</sup> See 3.3 and 3.4 above.

taboo-related issues to bear tangible and/or visible outcomes, at least in the short term.

Development agencies including JICA would be required to maintain long-term perspectives and long-term commitments. In terms of evaluation of the intervention, it would also be advisable to consider indices and/or means of evaluation different from other/ordinary projects and programmes where necessary, so that what has been done would be fairly evaluated.

## 7 List of Organisations working on Gender

Name of Organisation	Activities	Contact
<b>Governmental and Academic Institutions</b>		
The Jordanian National Commission for Women (JNCW)	Formulation of gender policies, gender mainstreaming of government policies and legal system, coordination with civil society organisations and acting as the contact point for gender issues in Jordan internationally.	P.O. Box 5118, Amman 11183, Jordan
Higher Population Council (HPC)	Formulation of population policies, promoting and advocating for population issues, and promotion of RH.	Building No. 13, Madena Monawara Street, Faeg Haddaden Street, P.O. Box 5118, Amman 11183
Higher Council for Affairs of Persons with Disabilities (HCD)	Formulation of disability policies, coordination with NGOs and other civil society organisations working on disability issues.	<a href="http://hcd.gov.jo/en/">http://hcd.gov.jo/en/</a>
Center for Women's Studies, The University of Jordan	Research and educational on gender and women's issues.	The University of Jordan, Amman 11942, Jordan
<b>International Agencies</b>		
UN Women	Gender mainstreaming, gender budgeting, GBV, gender-related assistance for Syrian refugees and their host communities. Works on policy as well as project levels.	Um Uthaina, Jeddah St. Villa No.6, P.O. Box 830896, Amman, 11183, Jordan
UNFPA	RH, sexual health, GBV, strengthening gender-sensitive health services. Works on policy as well as project level.	Yousef Abu Shahout Street Al Deyar Area, Amman
UNHCR	Assistance for refugees including Syrians. GBV protection and prevention. Coordinates regional response on refugee crises.	P.O. Box 17101, Amman 11195
UNRWA	Assistance for Palestinian refugees. Support programmes include education, health, basic needs, livelihood improvement.	P.O. Box 140157, Amman 11814, Jordan
<b>Bilateral Donor</b>		
USAID Takamol Gender Program	Gender mainstreaming within USAID programmes in Jordan. Training/capacity building of staff on gender issues. Involvement of civil society actors and advocacy.	<a href="http://www.takamol.org">www.takamol.org</a>
<b>NGOs</b>		
The General Federation of Jordanian Women (GFJW).	A federation of women's organisations. Princess Basma sits as the Honorary President.	Jabal Amman, Amman
The Jordan River Foundation	Headed by Queen Rania. Women's livelihood improvement, community empowerment, protection of children from abuse.	Mawloud Mukhles Amman 11181
Jordanian Women's Union	Women's social empowerment. Manages women's shelters. Legal awareness raising, livelihood improvement, advocacy.	Jabal Al Hussein – Qasem Al Rimawi Street, Amman /P.O. Box 961188, Amman 11196

## 8 Technical Terms and Indicators

### Technical Terms

Term	Explanation
Empowerment	To be empowered is for an individual to have control over his/her own life. To be able to lead his/her life based on his/her values, to aim for what he/she wants, to be independent to make decision(s) either individually or collectively.
Gender	Gender refers to male-female differentiation, but is not about biology (which is referred to as sex). Rather, gender is about masculinity/femininity formed and developed socially and culturally.
Gender budget	To analyse the budget of state/local administration/ministry from the point of view of gender equality, and accordingly, to revise policies/programmes and/or to redistribute the budget so that the policy/programme would have an equal and fair effect on both men and women.
Gender mainstreaming	Based on the understanding that each and every policy, programme and measure affects men and women differently, gender mainstreaming is a process in which issues, needs and impacts of men and women are made clear in each stage of the policy/programme/measure. This being so, gender mainstreaming would work as a means to achieve gender equality.
National Machinery	Central policy-coordinating unit in the government in relation to gender equality and women's empowerment. The national machinery works in order to mainstream gender government-wide by supporting various government actors and institutions to strengthen their gender consideration and to promote gender equality in all policy areas.
Reproductive Health (RH)	RH refers to physical, mental and social health related to reproductive functions and systems. In good RH, a person is able to have a satisfying and safe sex life, has the capacity to reproduce, and freedom to decide if, when, and how often to do so. The concept encompasses access to not only health and medical services, but also sexual/reproductive education and protection and prevention services of sexually transmitted diseases including HIV/AIDS.

### Indicators

Indicator	Definition
Gender Development Index (GDI)	GDI measures disparities in HDI (see below) by gender, as a ratio of HDI values estimated separately for women and men. The closer the ratio is to 1, the smaller the gap between women and men.
Gender Empowerment	A measure to examine whether women and men are actively

Indicator	Definition
Measure (GEM)	participating in economic and political life and participating in decision making. By considering gender gaps in political representation, in professional and management positions in the economy, as well as gender gaps in incomes, it seeks to evaluate relative female representation in economic and political power.
Gender Inequality Index (GII)	Based on the lessons learned from GDI and GEM which are indices that measure gender situation, the new index GII measures gender inequalities utilizing data from three areas: RH, empowerment, and economic status.
Gini Index	Aggregated numerical measures of income inequality ranging from 0.00 to 1.00. A Gini index of zero represents absolute equality, while an index of 1.00 implies absolute inequality. A well-used indicator to express income disparity.
Gross Enrolment Rate	The total number of students/pupils who enroll in a given level of education regardless of age, expressed as a percentage of the population in the theoretical age group for that level of education.
Human Development Index (HDI)	A well-used index created by the UNDP, HDI is a summary measure of the average achievement in key dimensions of human development: (1) a long and healthy life, assessed by life expectancy at birth; (2) being knowledgeable, by mean of years of schooling for adults (aged 25+) and expected years of schooling for children of school entering age; and (3) having a decent standard of living, assessed by GNI per capita.
Infant Mortality Rate	Probability of a child born in a specific year or period dying before reaching the age of one. It is a probability of death expressed as the rate per 1,000 live births.
Labour Force Participation Rate	The proportion of the population aged 15 and older that is economically active (either employed or unemployed); all people who supply labour for the production of goods and services during a specified period.
Maternal Mortality Ratio	The number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.
Net Enrolment Rate	The total number of students/pupils in a theoretical age group who are enrolled, expressed as a percentage of the same population.
Total Fertility Rate (TFR)	The number of children that would be born to each woman if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates in a given year/period, for a given country, territory or geographical area.
Under-5 Mortality Rate	Probability of a child born in a specific year or period dying before reaching the age of 5. It is a probability of death expressed as rate per 1,000 live births.
Unemployment Rate	Definition and presentation of unemployment vary from country to country. ILO defines unemployed persons as all persons above a specified age who during the reference period were without work, currently available for work, and seeking work.

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