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① 「家族計画・WID」プロジェクト提案（改訂、英文）

**Integrated Family Planning
And
Women In Development**

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Integrated Family Planning And Women In Development

1. Problems To Be Addressed:

- There is a high rate of population increase where it is becoming a threat to mankind and nature, especially given the limited natural resources of Jordan.
- There is a lack of the necessary family planning educational and awareness programs especially in rural area.
- Women in general, and rural women in particular, lack the knowledge of basic health, nutrition, child care, legal and human rights, proper interpretation of the religious and constitutional rights.
- Coordination and collaboration between NGOs and GOs are relatively weak in the area of reproductive health and family planning, especially in rural areas.
- Most women lack adequate skills to participate in the economic activities. More important is the fact that women lack the recognition of their own inner strength and capabilities to even start the process of getting involved in development.
- Unemployment rate in Jordan is very high; one out of seven individuals, is unemployed. The rate of unemployment is much higher among women especially in rural areas.

2. Conceptual Framework of the Project:

This pilot project is based on an integrated approach which intends to use the women in development activities and approach in addressing the family planning concerns, in order to achieve the project's main objective of reducing the natural population growth rate.

In addition, this integrated approach is a practical application and in accordance with the recommendations of the International Cairo Population Conference of 1994.

The project is based on the assumption that CPR is increased by the following:

- Proper education and awareness regarding the family planning and reproductive health will encourage more women to practice family planning.
- Statistics indicate that working mothers tend to have less children, thus engaging women in skills training and economic activities will help in altering their reproduction patterns and reduce the population growth.
- Improving the health facilities, health workers' skills and delivery of services will encourage more women to visit medical centers, in the targeted area.
- Increasing coordination and collaboration between GOs and NGOs in the targeted area to avoid duplication and better utilization of the existing resources.

3. Institutions Framework

3.1 Background of the Institutions

The National Population Commission (NPC)

The NPC was founded in 1973, and operates in accordance with a Cabinet decision issued in 1988, at which time a General Secretariat (GS) was formed to act as the commission's executive body.

The NPC is responsible for the formulation of the population national policy and strategy and implementing the national health plan of birth spacing. NPC is trusted with all activities related to population, hence it is responsible to advise the government on all population matters.

Ministry of Health

The Ministry of Health is responsible for all health related concerns. The Ministry provides family planning services through its various facilities such as MCH, primary, comprehensive, village clinics and small hospitals.

Queen Alia Fund (QAF)

QAF is a non-governmental and non-profit organization. It was established in 1977 and operates under Law No. 37 of the year 1985. Her Royal Highness Princess Basma Bint Talal is the Chairperson of QAF's Board of Trustees.

At Present, QAF has forty eight Community Development Centers (CDC) located in all parts of Jordan, mainly in the rural remote areas. The operation of two more centers is planned for the next year. The centers provide a wide variety of programs and services to their communities in vocational training, educational awareness; child care, children's programs, community development education and services etc. At present, more than half a million people benefit from these services.

More than 300 technical and administrative staff are engaged in QAF's activities, 80 percent are field workers compared to 20 percent staff members who are located at the headquarters Office. More than 600 volunteer workers, mainly women, are also closely engaged in QAF's activities.

In June 1994 QAF started the operation of Queen Zein Al-Sharaf Complex for Development. The Complex is designed to offer specialized training in community development, communication, business skills, pre-school education and vocational skills. In addition to the training unit, the Complex includes a Community Development Center which is available for the practical application of training as well as serving the needs of its surrounding community. The Complex was established to respond not only to the national need for specialized training but also to that of the entire region.

QAF's strategy focuses on two main issues: First, participation and involvement of local communities in the development of their own localities. Second, the introduction of development in all its aspects, services and activities.

3.2 The Role and Responsibilities

NPC will be the Jordanian counterpart institution which will assume the following responsibilities:

- Management of the project
- Formulate and preside over the steering committee.
- Designate a staff member as a counter part to the Japanese project manager, to jointly with the Japanese counter part manage, supervise, monitor and evaluate all projects' activities.
- NPC will assume full responsibility for receiving the projects equipment, tools, and supplies. This entails all details including the custom clearance, transportation, distribution and delivery to the implementing institutions.

MOH will be responsible for :

- Provide FP/MCH/RH counterpart expert.
- Provide the needed medical personnel for the project.
- Provide MCH and family planning services through the existing facilities in the targeted area.
- The operation, maintenance and all overhead cost of the medical mobile unit which will service the remote areas of the project and its surroundings.
- Provide training facilities for the training of the medical staff in the targeted area and its surroundings.

- The maintenance and repair of all equipment provided to MOH.

QAF main responsibilities will include:

- The implementation of the awareness and education programs within the CDC in the targeted area.
- Establish an EDU to stimulate demand for economic activities, provide skills training, appraise and monitor projects.
- Provide the needed personnel for the implementation of the above activities.
- Train social workers.
- Conduct a socio-economic baseline surveys.
- Coordinate with the local staff of MOH for home visits.
- The overhead cost and maintenance of the IEC mobile unit.
- The maintenance and repair of all equipment provided to QAF.
- Conduct impact survey.

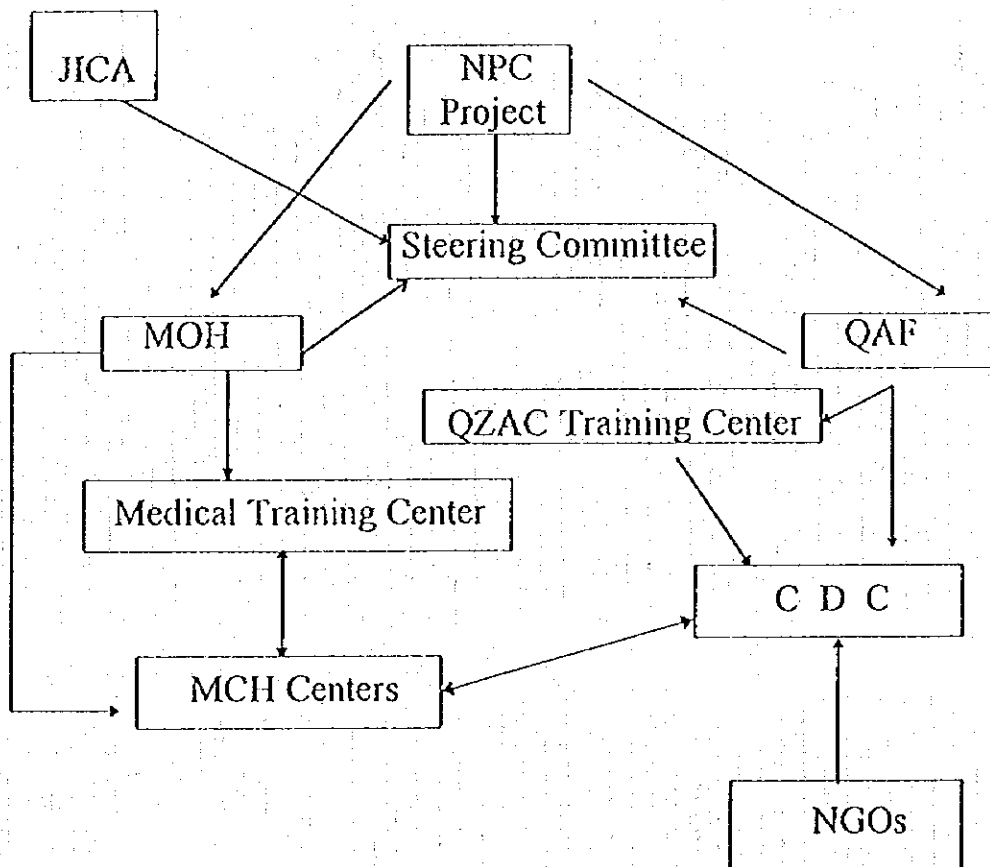
3.3 Coordination and Collaboration

In rural areas, the GOs and the NGOs are present to provide health social and economic services. However, each sector on its own faces great difficulties in being comprehensive, effective and sustainable.

NPC technical committee agreed to enhance the collaboration and coordination between GOs and NGOs as the most efficient and effective way to achieve sustainable provision of services in rural

and remote areas. As a result, the NPC is formulating this pilot project and will see it through by coordination and collaboration between GOs, (MOH) and the NGOs (QAF) to achieve sustainability of service delivery for the benefit of local communities. The GO and the NGO in the area are in need of a formal referral and follow up system in order to complement each others roles and maximize outputs and minimize waste of resources and duplication. The help and assistance of Japanese experts will be called upon to carry out the project side by side with their Jordanian counterparts from NPC, MOH and QAF.

This project is expected to demonstrate the integrated approach of RH/FP and WID, as well as sustainability of projects through collaboration and coordination between GOs and NGOs.



4. Project Description

4.1 Overall Goal

To reduce natural population growth rate through the promotion of family planning and women in development programs.

4.2 Project Purposes

- (1) To increase women's awareness in relation to health, family planning and socio-economic participation.
- 2) To improve provision of health and family planning services.
- (3) To improve the standard of living of women and their families through training, job opportunities and economic activities.
- (4) To enhance coordination and collaboration between GO (MOH) and NGO (QAF).

4.3 Target Population and Project Site

Target Population:

Primary Population: Rural women in general
Secondary Population: Rural communities at large

Project Site:

The project targets Karak and Tafileh governorates. The Wadi Araba and Ghor Al Safi area is chosen as a pilot area to serve as a model. The population of the pilot area exceeds 35000, while the population of Karak Governorate is 175,000 and that of Tafileh is 64,000.

The Pilot area is located in the southern part of Jordan with an area of 2058 square km, and a population of approximately 35,000. The rates of poverty is more than double the corresponding national level. The line of absolute poverty in the area is JD 86.00 for the local average family size of 6.3. Illiteracy is rampant throughout the Wadi reaching 55% among individuals over fifteen and 95% among over nineteen compared with the national average of 19%. Health services in the valley's towns are typically limited to a medical clinic, supplemented at most by a modest pharmacy. Private telephone lines are available to only 2 per cent and public telephones to 26.2 per cent of the valley's population. 51.5 per cent of families live in permanent homes, 38.1 per cent in tent houses, and 10.4 per cent in shed houses. Most families do not have electricity supply and must forego the benefits of refrigeration such as cooling water and the preservation of foods.

The labor force distribution gives further indications of the area's acute need for development programs. Only 17.6 per cent of the valley's population make up the total labor force. The dependency ratio is high at 1:6 (national average 1:4); the local rate of unemployment is 23 per cent (national rate 15 per cent); and males make up 94.7 per cent and women only 5.3 per cent of the local labor force.

The climate in the Wadi is dry and semi-arid. The mean annual rainfall range is 50-300 mm. Surface water is universally scarce; ground water is the primary source for agricultural projects throughout the valley.

4.4 Activities:

Stage One

(1) Preparatory Activities

- To schedule general public meetings and home visits to explain the project to potential participants and encourage them to participate in the activities .

- To organize and conduct social activities for the purpose of building group cohesiveness, trust and willingness to participate.
- To conduct baseline surveys of the pilot area.

Stage Two

(2) Awareness Activities

- To conduct awareness programs in population and development issues. Special focus is on family planning and the role of women in development. The programs will target women in particular and the community at large. These programs envisaged include:

Lectures and seminars on health, birth spacing, environment, nutrition, religion, rights, job opportunities, etc.

Utilization of media materials; films, videos, bulletins, brochures, posters, stickers, eg. through the use of audio visual van.

(3) Health and Family Planning Services Activities:

- To provide training for the medical staff in the area. (This training will be conducted at the MOH training center in Ma'an).
- To strengthen the training capability of the MOH training center.
- To upgrade FP/MCH services at the MCH centers
- To provide population in the area with basic health education and family planning services through the mobile unit.

(4) Women in Development Activities:

- To conduct training programs for women to enable them to find jobs and become self-dependent. The training programs will cover skill development related to agriculture, manufacturing, services, health and social issues.
- To provide women with technical consultancy and material assistance through the establishment of Enterprise Development Units (EDU).
- To provide the CDC with support services for participants i.e. child care and transportation during seminars and training periods.

(5) Coordination and Collaboration between GO and NGO.

- To improve the referral system between MOH and QAF
- To strengthen the coordination capabilities of NPC to enhance the effective and efficient management of the population activities.

Stage Three

(6) Conduct impact Survey

5. Justification of the Project.

The high population rate combined with the limited natural resources and the over exploitation of the vulnerable agricultural land are posing a serious threat towards falling into the vicious circle of poverty and population.

Jordan is an Islamic country where all policies and practices fall within the concepts of this theological belief. In Islam birth spacing is highly encouraged because of its noticeable effects on the health of mothers and children. On the other hand, the population in Jordan is misguided to a great extent due to social illiteracy,

inadequate education, poverty, little exposure to modern ways of living and the misinterpretations.

The Arab traditions and their way of life has imposed a certain social attitude upon women where they are expected to marry at a young age and confine their role and power within the domestic activities. Thus, the participation of women in the socio-economic life of the area is very minimal.

6. Duration of the Project

The duration of the project is three years.

7. Expected Results

The impact of the project: A significant increase in CPR.

The outcomes of the project:

- Positive social attitudes towards FP and women are increased.
- The majority of the population especially women, become aware of RH/FP, general health and preventive health care.
- Most of the reproductive age population in the area received MCH and FP services through the MCH Centers and Mobile Unit.
- All medical staff of MOH in the pilot area received training the area of RH/FP. Also, additional medical staff in Karak and Tafileh governorates are trained in the field of RH/FP.
- The number of women receiving training on agro-industry income generation activities, management, marketing is increased.
- The number of job opportunities available to women is increased.

8. Inputs

A- Personnel

JAPAN:

Chief Advisor
Coordinator
WID expert
FP-MCH-RH expert
Short-term () IEC expert
Short term experts in other related fields to be mutually agreed upon.

JORDAN:

Headquarter : Project Manager / NPC
WID expert counterparts (two QAF staff)
FP/MCH/RH expert counterpart (MOH)

Pilot Area: QAF: CDCs' staff and rural leaders;
MOH: MCH staff , director and trainers for
the training center.

Jordanian budgetary input is estimated at US\$500,000 annually.

B. Equipment

- Medical equipment and supplies
- Mobile clinic
- IEC equipment and material
- Audio visual van
- Vehicles
- Communication equipment
- Equipment for survey, monitoring and evaluation
- Income generation equipment and supplies
- Other equipment and materials mutually agreed upon as necessary.

C. Training in Japan

A BRIEF ON JORDAN

Jordan is an East Mediterranean country, with few natural resources and limited arable land. It has no energy sources, and water sources are also very limited. Phosphate and Potash comprise the only commercially viable natural resources. Agricultural land is 6.2 percent of the total area of which only 15 percent is irrigated. The remaining cultivable land depends on fluctuating rainfall which is low in most of the seasons leading to further desertification of marginal land. In 1991, the water deficit reached 320 million cu/m. All this compelled Jordan to have a service oriented economy, and to rely mainly on education to overcome lack of natural resources. Experienced Jordanian expatriates, with relatively high educational levels, worked all over the Middle East, particularly in the Gulf states. They contributed to the development of Jordan, through their remittances. In addition, Arab aid was received during the oil boom of the late seventies and early eighties. The decline of oil prices in the second half of the eighties affected Jordan, and the country had to adopt an economic adjustment program. All this, however, was interrupted by the Gulf Crisis that negatively affected Jordan in almost all aspects. The country lost many of its export markets and had to handle almost one million Gulf evacuees and 200,000 Jordanian returnees from Kuwait, consequently, putting severe strains on the government's budget increasing the rate of unemployment, and pushing one fifth of the population under the poverty level. Poverty which was almost unknown to Jordan, suddenly became very well noticed.

At present the population of Jordan exceeds four million and is characterized by:

- crude birth rate of 34 per 1000;
- crude death rate 6 per 1,000;
- natural rate of increase of 2.9 percent;
- total fertility rate of 5.5;
- population growth rate of 3.4 percent;
- a dependency ratio of 1 to 4.2;
- 40 percent of married women use contraceptives.

The population growth rate is among the highest in the world with 43 percent of Jordan's population being under fifteen years of age. This does not only add to the existing unemployment problem, but also incurs new burdens on government spending mainly in education, training, health and other social services.

In addition there is an imbalance in the geographic distribution of the population where 80 percent inhabit only 20 percent of the land; and where 78 percent are urban and 22 percent are rural or desert inhabitants.

In regards to employment, Jordan presently faces a serious problem where the unemployment rate has exceeded 18 percent. This is contributed to many factors but mainly to the negative effects of the Gulf Crisis. Also, there is little correlation between the outputs of the educational and training systems to the demands of the local employment market. In fact the ratio of the applicants seeking new job opportunities to actual recruits is 97 to 3 within the public sector.

The scarcity of technical and professional jobs forced a large number of Jordanian manpower and skilled workers to emigrate to other countries seeking better job opportunities and better income, leaving Jordan to depend heavily on the foreign laborers in certain sectors.

The increasing rate of unemployment, adds further economic strains on the families just to maintain their actual standard of living. According to a study commissioned by the council of Ministers, in 1993, the number of families below the poverty line was 21 percent. This fact could drive women to seek work, but the scarcity of available jobs combined with lack of skills for women leaves them at a great disadvantage with their male counterparts.

Women in Jordan, and specifically, in the rural areas are primary responsible for all household and child care duties. Females are involved in house work and family care at an early age. Marriage in

the Jordanian society is a common expected social practice. One third of the female population marry between the ages of fifteen and nineteen. They usually have their first born baby within one year leading to longer span of child bearing, consequently to large families. This is reinforced by the fact that reproduction and large families are considered an important social status.

The existing social attitudes encourage the domestic role of women especially in the rural areas. This is combined with discouraging social attitudes and concepts towards women's role in certain economic activities. Consequently, the small percentage of women who enter the labor market are confined to traditional female jobs.

This reality is further reinforced by the fact that women lack the adequate skills and education to compete with their male counterpart especially in light of the high unemployment rate, challenging the country.

In addition, the long existing social norms, practices and negative attitudes have stripped women of self esteem and opportunities to recognize their own inner strength and capabilities of their role and responsibility in the development process.

The participation of males in the labor market is 86.5 percent compared to 13.5 percent for females. Most of the employed women are urban dwellers and fall within the age group of 20-39; 84 percent of the employed females fall within the age group of 20-29 and nearly half of them are married; 41 percent are single and 5 percent are widowed or divorced; 69 percent of the employed females have a degree higher than secondary education.

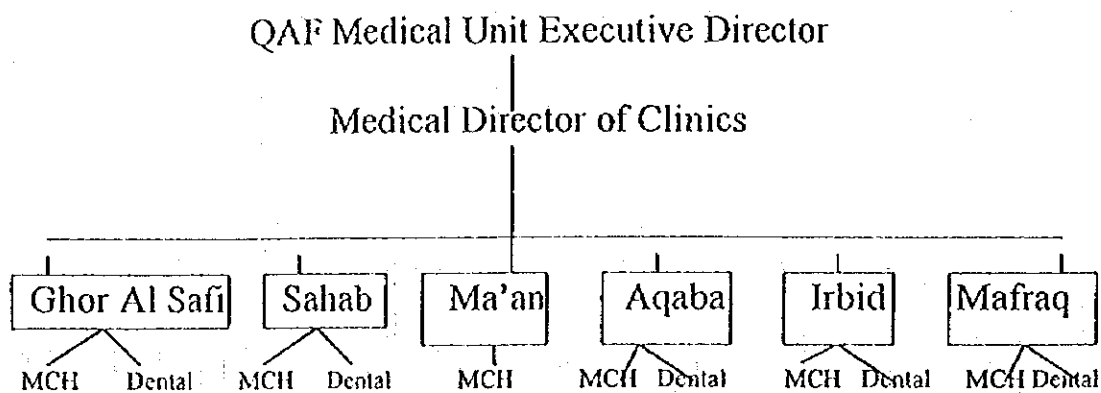
In spite of those discouraging statistics yet there is an encouraging key factor that relates indirectly to fertility. In 1979 the total fertility rate was 7.3 but dropped to 5.5 in 1991; female participation in the labor market was 8.4 percent in 1980 and increased to 13.5 percent in 1993. This indicates that increasing the participation of women in the labor market has altered the fertility attitude.

Women's participation in the economic and educational activities is considered to be the most important factor in raising their social and economic status in society. It has impacted all aspects of women's lives including power in family decision making and control over fertility even if it did not alter the division of labor within the household.

Despite the different levels and activities of women's participation in the labor market, the concern of activating and enhancing the role of women in this respect is universal. However, Jordan, like all other developing countries, has numerous socio-economic problems and finds this vital task to be a challenging one.

Due to its limited resources Jordan suffers from inadequate, training, and awareness programs; social and health services in terms of both quality and quantity. This burdens the social service agencies with major responsibilities especially in working with women in a rural community.

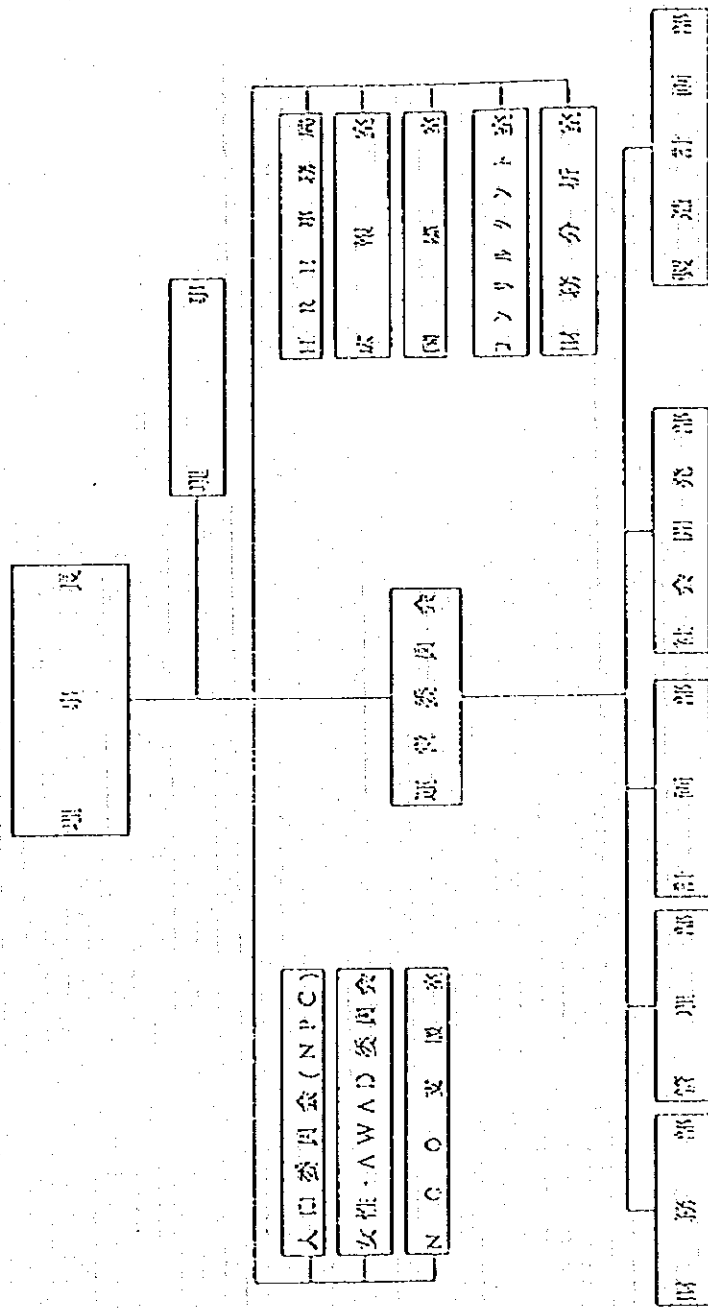
The rural communities and more so the rural women are the least advantaged and least privileged sector of the society. The socio-economic problems of Jordan are much more compelled in the rural areas. For instance, despite of the compulsory education instated in Jordan, there is a high illiteracy rate among rural women 37 percent compounded with social illiteracy. Many rural communities in the remote areas lack the basic infrastructure and are of desperate need for health services and awareness. Though there is a noticeable reduction in the maternal and infant mortality and morbidity rates in Jordan as a whole yet those rates remain relatively high especially in rural areas (MMR and IMR stand at 60 per 100000 and 34 per 1000 respectively). Many children suffer from poor health and infectious diseases. Anemia is widespread among children especially in the southern region of Jordan. Children's accidental death remain to be a concern.



Responsibility of the Medical Unit Staff

1. Supervise the construction, furnishing and equipping the clinics .
2. Recruit the following Medical Staff :
 - GPs
 - Dentists
 - Nurses
 - Janitors
4. Train the medical staff in the field of MCH services in cooperation with MOH .
5. Follow up the operation of the clinics and responsible for the following:
 - Providing medical advice related to MCH and B.S
 - Distributing the Contraceptives
 - Anti-natal and post-natal Care
 - Providing medical care for newly born babies including the vaccination- feeding
 - Dental Services:
 - Enhancing the medical awareness regarding oral - hygiene
 - Prophylactic treatment and management of all oral dentistry care.

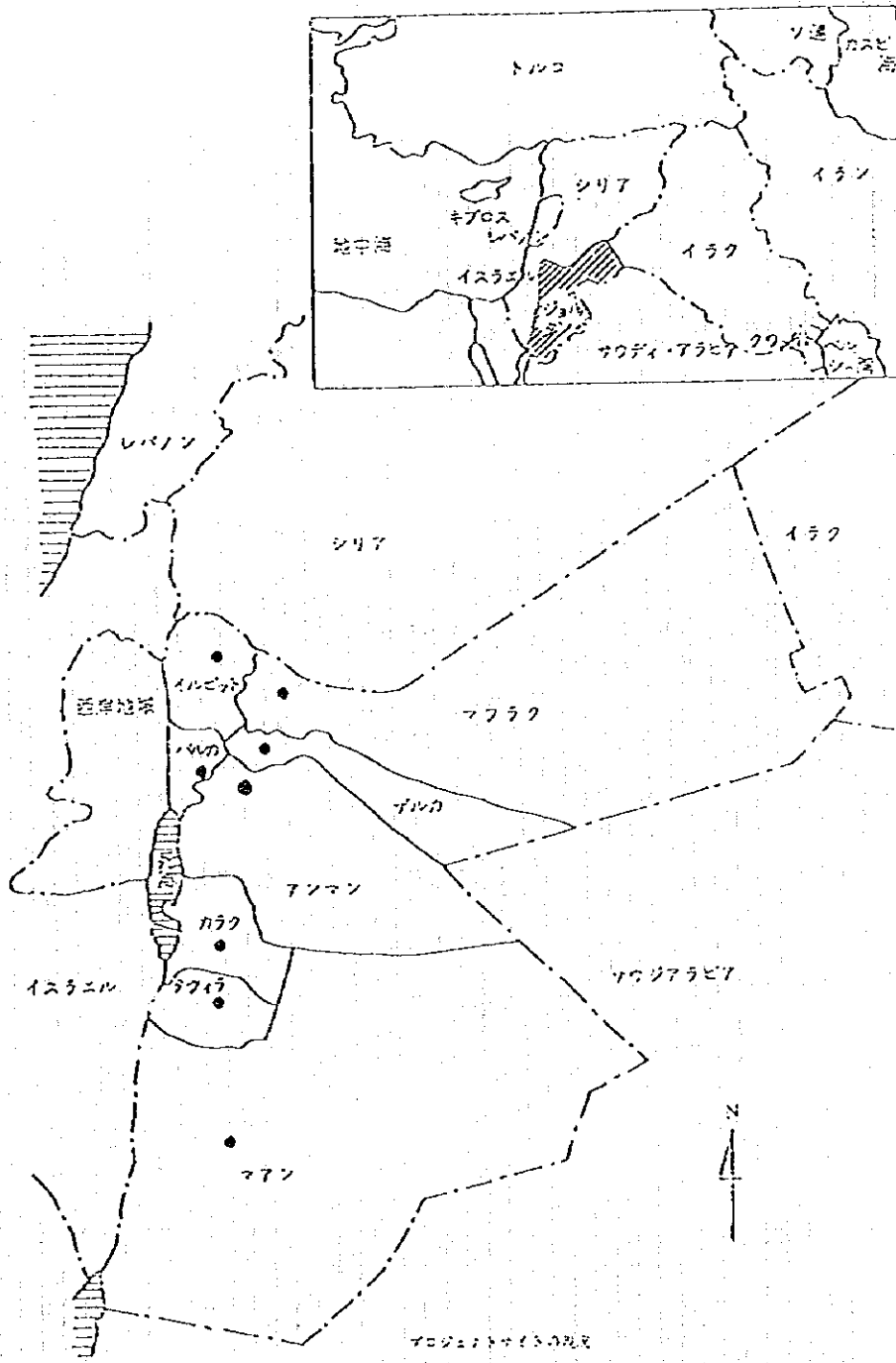
② QAF組織図



QAFの組織図

④ ジョルダン地図

(行政区分図)



アムマン市人口

自治体	人口	自治体	自治体
アムマン	200,000	イrbid	100,000
ザルカ	100,000	マダバ	100,000

JICA