

Jordan

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	7.01 M
Urban population (2012)^a	5.82 M
Rural population (2012)^a	1.19 M
Population growth rate (2012)^a	3.88%
Gross domestic product USD (2012)^b	31.02 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	16.4
Under 5 mortality / 1,000 live births (2012)^c	19.1
Life expectancy at birth (2012)^d	74 yrs
Diarrhoea deaths attributable to WASH (2012)^e	66

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	98%
Use of drinking-water from improved sources (2012)^f	96%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

Despite the water scarcity challenge in the country and limited available financial resources, Jordan has made major achievements in providing almost universal access for drinking-water and improved sanitation. Political instability in the region, which results in continuous refugee influxes to Jordan, has impacted the water and sanitation sector. A recent refugee influx arriving to the country is from Syria. High numbers of refugees have put pressure on water and sanitation services in the country and have impacted services provided in schools and health centers.

In terms of governance, several ministries and institutions share the responsibilities for sanitation and drinking-water services. The Ministry of Health leads local hygiene promotion initiatives and has a number of responsibilities in sanitation and water. However, there is no national policy for health awareness and hygiene with stated targets and necessary investments. The Ministry of Water and Irrigation is the lead institution in policy and strategy formulation and development of investment plans and financing of projects in the country. The Water Authority of Jordan and public utilities are responsible for water and wastewater service provision. Surveillance is currently performed by a service provider (Water Authority of Jordan) and also performed directly by an independent regulator (Ministry of Health).

Clearly defined performance indicators for monitoring the performance of utilities exist. Jordanians enjoy equal and non-discriminatory access to water and sanitation services. Water is subsidized for low income populations. However, no tracking system exists for different population groups, mainly because services are tracked against service areas and population centers.

There is a human resources strategy for delivering drinking-water and sanitation services (including hygiene promotion). Capacity is being developed to meet current and future needs. HR gaps identified include: low recruitment of new staff and lack of training in certain areas.

Jordan has developed mechanisms to allocate, spend, and track financial flows for the water and sanitation sector. At the beginning of every fiscal year, the Budget Law for the Government is prepared with estimated committed funding for WASH. At the end of the fiscal year, a new report is prepared that includes expenditures.

The Government Program for 2013-2016 includes coverage targets for water and sanitation, projects that need to be implemented and the investments needed. Investments for new infrastructure projects are major and there is a continuous need for securing funds for such projects from external funding sources. The government cannot cover such investments from its financial sources.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Several ministries and institutions share the lead for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Health		✓	✓
Water Authority of Jordan	✓	✓	
Miyahuna Water Company–Public Utility	✓	✓	
Yarmouk Water Company–Public Utility	✓	✓	
Aqaba Water Company–Public Utility	✓	✓	
Ministry of Environment	✓		

Number of ministries and national institutions with responsibilities in WASH: **8**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	71	2016
Rural sanitation	✓	71	2016
Sanitation in schools	✓		
Sanitation in health facilities	✓		
Urban drinking-water supply	✓	98	2016
Rural drinking-water supply	✓	98	2016
Drinking-water in schools	✓	100	
Drinking-water in health facilities	✓	100	
Hygiene promotion	✗		
Hygiene promotion in schools	✗		
Hygiene promotion in health facilities	✗		

There are specific plans implemented addressing most major issues of improving and sustaining WASH services including the pilot of Water Safety Plans at five sites and the reuse of 90% of treated wastewater.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES ^a	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low ————— High
Improve reliability/continuity of urban water supply	Low ————— High
To rehabilitate broken public latrines	Low ————— High
Safely empty or replace latrines when full	Low ————— High
Reuse of wastewater or septage	Low ————— High
Ensure DWQ meets national standards	Low ————— High
Address resilience to climate change	Low ————— High

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 survey unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making for drinking-water and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2012		2012		2007
Use of performance indicators^a	●		✓		●
Data availability for decision-making^a					Health sector
Policy and strategy making	●		●		✓
Resource allocation	●		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✓	
Internal monitoring of formal service providers	✓	✓	✓	✓	
Communication^a					
Performance reviews made public	●	●	✓	✓	
Customer satisfaction reviews made public	✗	✗	✗	✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water, though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources and recruitment practices.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
Human resource strategy developed^a	✓		✓		✗
Strategy defines gaps and actions needed to improve^a	●		●		
Human resource constraints for WASH^b					
Availability of financial resources for staff costs	✗		✗		✗
Availability of education/training organisations	●		●		●
Skilled graduates	✓		✓		●
Preference by skilled graduates to work in other sectors	✓		✓		✓
Emigration of skilled workers abroad	✗		✗		✓
Skilled workers do not want to live and work in rural areas	✓		✓		●
Recruitment practices	✗		✗		✗
Other					

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

In light of the international financial and economic crisis, investments in infrastructure have been reduced as a result of national budget reductions and a budget deficit resulting in reducing the percentage of domestic commitments utilized. There are also reported difficulties in absorption of donor commitments due in part to conditions set by donor agencies to utilize funds and delays on the implementation of projects due to a need to review costs based on old feasibility studies.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	✓	✓	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	●	●	●	●
Estimated % of donor commitments used ^b	●	●	●	●
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	●	●	✓	✓

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.
^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	NA
Health ²	9.0
WASH ³	1.3

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
 NA: Not available.

V. Equity

Jordan has ratified the Human Rights Council Resolution 15/L.14 (United Nations) – Human Rights and access to safe drinking-water and sanitation. In accordance with the current legislation governing water and sanitation, these services have to be paid for. As a step towards addressing equity in access to WASH services, six disadvantaged groups are identified in WASH plans and plans are implemented to address these groups; however, refugee influxes have impacted services, especially in schools and health centers.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation	✗		✗	
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	✗	✗	✗	✗
Effective complaint mechanisms	✓	●	✓	●

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations
5. Ethnic minorities
6. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

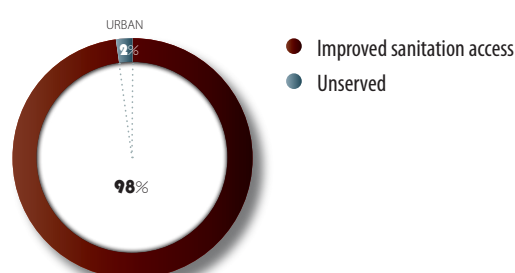
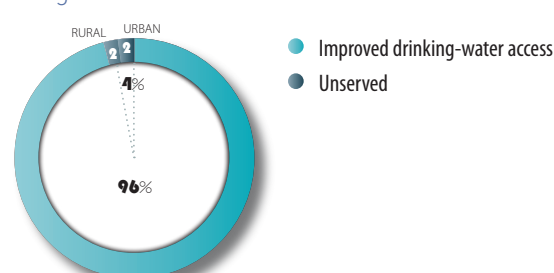


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.