

04-221

USAID Grant No. 278-0293

AMENDMENT NO. 10

TO

GRANT AGREEMENT

BETWEEN

THE HASHEMITE KINGDOM OF JORDAN

AND

THE UNITED STATES OF AMERICA

FOR

THE POPULATION AND FAMILY HEALTH STRATEGIC OBJECTIVE

DATE: JUN 10 2003

APPN:  
BPC :  
RCN :

<b>FUNDS AVAILABLE FOR</b>	
ADM. RES. <input type="checkbox"/>	OBLIGATION <input checked="" type="checkbox"/>
CM. RES./EM. <input type="checkbox"/>	COMM. RES/COMM. <input type="checkbox"/>
ACTION TAKEN BY <i>852</i> DATE <i>6/11/03</i>	
APPROPRIATION: <i>723/4 1037</i>	
BPC: <i>HE53-03-23278-K613</i>	
RCN/ECN: <i>A030105</i>	

Certified conformed copy of  
agreement signed on June 10, 2003

*M. YASSIEN*

Mohammed Yassien  
Acting Director OPM

AMENDMENT NO. 10

TO

STRATEGIC OBJECTIVE GRANT AGREEMENT

BETWEEN The Hashemite Kingdom of Jordan, acting through the Ministry of Planning (Grantee), and the United States of America, acting through the United States Agency for International Development (USAID).

WHEREAS, on October 31, 1996, the Grantee and USAID (Parties) entered into an Amended and Restated Grant Agreement (Agreement or Strategic Objective Grant Agreement) for the Population and Family Health Strategic Objective whereby USAID granted to the Grantee nine million United States (U.S.) Dollars (U.S.\$9,000,000) to finance foreign exchange and local currency costs to help achieve the Strategic Objective; and

WHEREAS, on June 19, 1997, the Parties entered into Amendment No. 1 to the Agreement to, among other things, provide an additional one million U.S. Dollars (U.S.\$1,000,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on August 5, 1997, the Parties entered into Amendment No. 2 to the Agreement to, among other things, provide an additional one million U.S. Dollars (U.S.\$1,000,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on August 26, 1997, the Parties entered into Amendment No. 3 to the Agreement to, among other things, provide an additional three million and four hundred twenty thousand U.S. Dollars (U.S.\$3,420,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on June 9, 1998, the Parties entered into Amendment No. 4 to the Agreement to, among other things, provide an additional five million and seven hundred thousand U.S. Dollars (U.S.\$5,700,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on July 14, 1999, the Parties entered into Amendment No. 5 to the Agreement to, among other things, provide an additional ten million U.S. Dollars (U.S.\$10,000,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on July 6, 2000, the Parties entered into Amendment No. 6 to the Agreement to, among other things, provide an additional thirteen million and four hundred thousand U.S Dollars (U.S. \$13,400,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on May 2, 2001, the parties entered into Amendment No. 7 to the Agreement to, among other things, provide an additional nine million thirty seven thousand and nine hundred sixty U.S Dollars (U.S.\$9,037,960) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on May 30, 2002, the Parties entered into Amendment No. 8 to the Agreement to, among other things, provide an additional twelve million five hundred thousand U.S Dollars (U.S.\$12,500,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on September 30, 2002, the Parties entered into Amendment No. 9 to the Agreement to, among other things, provide an additional nine million U.S Dollars (U.S.\$9,000,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, the Parties now wish to further amend the Agreement to expand the scope of the Population and Family Health Strategic Objective Agreement (PFH SOAG) to include education and civil society initiatives, and among other things, provide additional USAID grant funding of twenty eight million nine hundred thousand U.S. Dollars (U.S.\$28,900,000) in FY 2003 funds to help achieve the Strategic Objective.

NOW THEREFORE, the Parties hereby agree to amend the Agreement as follows:

1. Article 3 (Contributions of the Parties), Section 3.1 (USAID Contribution), Subsection (a) (The Grant), is amended by deleting the amount of Seventy Four million fifty seven thousand and nine hundred sixty United States (U.S.) Dollars (U.S.\$74,057,960) and replacing it with the amount of one hundred and two million nine hundred and fifty seven thousand and nine hundred sixty (U.S.) Dollars (U.S.\$102,957,960)

2. Annex 1 (Amended and Restated Amplified Description) is amended and restated in its entirety to read in the form attached as Annex 1. This amendment effects the following modifications:

(a) Sections II, III, IV and V are amended to reflect the expanded scope and change in the title of the Population and Family Health Strategic Objective from "Improved Access to and

Quality of Reproductive and Primary Health Care" to "Improved Quality of Life for Jordanian Families and Communities." Accordingly, the Intermediate Results under the previous SOAG Amendment were revised, and new Intermediate Results were introduced to capture the expansion in the scope of this Strategic Objective. A list of illustrative activities, end results and indicators envisaged under this SOAG Amendment is included.

(b) Section VI, "Other Resources for the Strategic Objective," is amended to show the other resources available for the Strategic Objective in FY2003.

(c) The Financial Plan is amended and restated to reflect the distribution of the additional obligation among the SOAG intermediate results.

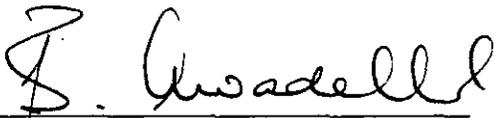
3. Except as amended herein, the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties, each acting through their duly authorized representative(s), have caused this Amendment to be signed in their names and delivered as of the day and year first above written.

THE HASHEMITE KINGDOM OF JORDAN

THE UNITED STATES OF AMERICA

BY:

  
H/E. Dr. Bassem Awadallah  
Minister of Planning

BY:

  
Edward W. Gnehm  
U.S. Ambassador

BY:

  
Anne Aarnes  
USAID Mission Director

**The Population and Family Health  
Strategic Objective  
Amended and Restated Amplified Description (SOAG Amendment 10)**

**I. INTRODUCTION**

This Annex, as amended, describes the activities to be undertaken and the results to be achieved with the funds obligated under this amended Agreement. Nothing in this Annex I shall be construed as amending any of the definitions or terms of the amended Agreement.

**II. BACKGROUND**

This Section of the Annex will provide a brief background description of the health, education, and governance sectors in Jordan.

Jordan has one of the fastest growing populations in the world. Between the two censuses in 1979 and 1994, the population grew from 2.1 to 5.1 million people, an average increase of 2.7 percent annually. At this rate, the population of Jordan will double in 25 years. The Government of Jordan (GOJ) has recognized that this is a prospect it can ill afford, given Jordan's natural resource base, current and envisioned potential.

Accordingly, Jordan's focus has been on developing its human potential, essentially by advancing the well-being of its citizens. While overall health conditions in Jordan -- low infant mortality rates and high life expectancy -- are among the best in the region, the population growth rate continues to be a major development constraint for Jordan -- especially when analyzed in light of the quantity and quality of services to be provided to accommodate this rapid increase in population. The landmark passage of the National Population Strategy in March 1996 made clear that Jordan was serious about family planning and recognized that a population growth rate of 3.7 was a major constraint to Jordan's development prospects. One of the principal elements of the Strategy is the reinforcement of the "right of families to produce an appropriate number of children and to have access to information and family planning methods in order to make their decisions freely, albeit in line with religious and cultural values."

The Total Fertility Rate (TFR) has declined from 5.6 children in 1990 to 3.7 in 2002, resulting in a decrease of two births per woman over the last 12 years, and nearly one birth per women since 1997. Seventy percent of the decline in fertility resulted from changes in marital fertility, while 30 percent resulted from a delayed age of marriage. The rate of increase in the modern CPR seems to be slowing down in the last five years. However, the continuing decline in fertility rates from 5.6 in 1990 to 3.7 in 2002, and the decline in the rate of natural increase from 2.6 in 1990 to 2.3 in 2001 are encouraging. The seeming contradiction between the slowing of CPR annual increases and the continuing decline in the total fertility rate is likely the result of further

counseling and expanded availability, resulting in more effective use of contraceptives. The later age of marriage is also a factor.

The 2002 DHS survey showed that fertility rates had dropped to 3.7 births and the unmet need for family planning had dropped to 11%. Nonetheless, the DHS findings also showed that 44% of married women do not want to have any more children, and 31% want to delay having another child for at least two years. In addition, 28% of Jordanian women reported discontinuation of contraceptives within one year of their use due to method failure, the desire to become pregnant again, or other reasons; while, 15% discontinue to switch to other more effective methods. These figures thus suggest that there yet remains much to be done to control the rapid population growth rate.

Considerable efforts have been exerted on improving Jordan's educational and health standards, thereby helping strengthen its economy – through a skilled and healthy labor force – and ultimately improving the quality of life for all Jordanians. These efforts have resulted in a highly educated population with a literacy rate of 89%. The structure of the educational system in Jordan consists of a two-year cycle of pre-school education, ten years of compulsory basic education, and two years of secondary academic or vocational education upon which the students sit for a General Certificate of Secondary Education Exam -- Tawjihi. Overall basic and secondary school gross enrollment are relatively high, with primary school enrollment reaching 90%, and secondary school enrollments reaching 72%.

However, many challenges still face the education sector in Jordan. Among those are quality of education, quality of teachers, lack of incentives for teachers, uneven distribution of teachers to students ratio, outdated teaching methodologies and technology. The Ministry of Education began reforming the educational sector in the early 1990s. This process was then accelerated when His Majesty King Abdullah, in early 2001, called for the "remodeling" of the education system as a critical step towards the preparation of the necessary human resources that will be necessary to realizing Jordan's vision of becoming the regional IT hub and entry into the global economy. The goal of the education system reform is to create and administer an educational system based on excellence, dedicated to high standards and contributing to the nation's wealth in a global "Knowledge Economy." The reform will target all sectors of basic education, vocational training and non-formal education, as well as teachers, students, managers and educational institutions. Issues of structure of education, e-learning and computerization, examinations and evaluation, certification and training of teachers, curriculum and educational materials development, early childhood development, administration and organization, and financial administration are the main aspects of the reform process.

Addressing Jordan's challenges, especially as related to the health and education sectors, requires increased civic participation in decision-making and policy reform processes to ensure government responsiveness to the needs of the citizens. This concept is being stressed through GOJ's Jordan First Initiative and much has been accomplished; however it still needs to be further reinforced and strengthened.

### III. THE POPULATION AND FAMILY HEALTH STRATEGIC OBJECTIVE

The GOJ entered into the Population and Family Health Strategic Objective Agreement (PFH SOAG) on October 31, 1996. This was a result of new USAID requirements that work be directed against defined Strategic Objectives (SOs) and be measured against predefined results. *The achievement of results is to be monitored and evaluated using objectively verifiable indicators.* The PFH SO was to address the challenges faced by substantial unmet demand for Family Planning (FP) services.

In July 1999, based on a rapid appraisal assessment of Primary Health Care (PHC) and Reproductive Health (RH) services within the Ministry of Health (MOH) and on requests from the Ministry of Health, the PFH SO was revised and expanded to better capture USAID's efforts to upgrade primary and reproductive health care services and contribute to the health care reform initiatives in Jordan. It also incorporated a series of activities to enhance the capacity of the MOH and its partners in the health sector to design, plan and implement reforms; to reduce inefficiencies; to contain cost escalation; and to better coordinate with the private sector in order to improve equity and access to essential preventive and curative health services, as well as to protect and sustain the gains achieved in reducing infant and maternal mortality and increasing contraceptive prevalence.

The 1999 expanded PFH SO also initiated follow-on activities to assist the MOH to implement a national health insurance scheme for Jordan, support the Jordan Association of Family Planning and Protection (JAFPP) in becoming self-sustainable while maintaining its share of FP/RH services, and expand the private sector involvement in FP programs.

Although Jordan has managed to achieve healthy economic growth rates in the past several years, improvements in the quality of life has not been shared by all Jordanians and poverty is still felt by many. To address these issues, the GOJ has been vigorously implementing its Social and Economic Transformation Plan (SETP) for the past two years. The main objectives of this plan is to develop human resources, improve quality of Government services, promote local community development, and implement more aggressive structural reforms. The PFH SO as it currently stands is too narrowly focused to fully assist the GOJ in its plans and address the burdens the population momentum is placing on available resources and quality of services. In response to the rapid rate of population growth, the program has been very effective in reproductive health education, comprehensive post-partum services, antenatal care, and increasing contraceptive availability. The program has also been productive in improving access to and quality of basic health services. However, this only addresses part of the total picture. Sound education combined with good primary and reproductive health has been proven to improve the lives of women and offer them and their families greater economic opportunities and well-being. Enduring democratic practices, civic participation and accountable governance are essential supportive factors to effectively address development problems. Therefore, this Strategic Objective is now being expanded to include activities targeting education, youth and civil society, in addition to the on-going and anticipated health activities.

The PFH SO is now expanded under SOAG Amendment No. 10 to accommodate those changes. The PFH SO will be amended and restated in its entirety to incorporate, in addition to the on-

going health activities, activities to begin addressing early childhood development, adolescent education, civic participation in community development, civil society strengthening, and good governance.

The PFH SOAG as amended envisages achievement of end results through working with the public, private and NGO sectors in Jordan.

#### **IV. INTERMEDIATE RESULTS TO ACHIEVE THE STRATEGIC OBJECTIVE**

##### **1) Strategic Objective**

The amended PFH SO was redesigned to better capture the expanded scope to include improved quality of PHC/RH services, improved quality of education for children and youth, and an enabling environment for community development and good governance. Accordingly, the title of the PFH SO was revised from "Improved Access to and Quality of Reproductive and Primary Health Care" to "Improved Quality of Life for Jordanian Families and Communities."

##### **2) Intermediate Results and Indicators**

An Intermediate Result is a package of activities that will be undertaken to achieve the PFH SO, that is to improve the quality of life for Jordanian families and communities.

The SO activities are grouped around three intermediate results described below. Several indicators will help GOJ and USAID measure progress in accomplishing the Strategic Objective until a new Country Strategy for 2004-2009 is in place and additional indicators are formulated.

Indicators at the SO level will be determined at a later stage. The three Intermediate Results for this Agreement and the indicators that will help the GOJ and USAID measure progress in achieving them are as follows:

###### **Intermediate Result 1: Improved Health Status.**

Indicators: Total Fertility Rate (TFR) is reduced. This will be accomplished through promoting healthy behaviors, increasing the number of public, private and NGO sector sites which provide PHC/RH services, increasing consumers' interest in and demand for reproductive health services, and strengthening the health and populations policies and systems.

###### **Intermediate Result 2: Improved Access, Quality and Relevant Education for Children and Youth.**

Indicators: Design and initiate implementation of activities to assist GOJ with the Education Reform for Knowledge Economy initiative. Anticipated activities will target the institution of participatory learning and critical thinking, and equipping the students with life-long learning skills.

### **Intermediate Result 3: Strengthened Good Governance and Civic Participation in Community Development.**

Indicators: Initiate programs to increase the information availability of good governance and civic participation principles. This will be accomplished through promoting civic participation in community development, community enhancement and involvement, and strengthening role of NGOs as agents for change and advocates for good governance.

#### **3) Details on Indicators**

For each Intermediate Result there is an indicator for measuring progress in achieving that Result. Those indicators are set forth in this Annex. Details on those indicators will be agreed upon by and between USAID and the relevant GOJ government agencies in accordance with Article 2 and Section 7.2 of the Amended and Restated Grant Agreement. For all purposes of the Agreement, including Article 2 and Section 7.2, indicators may include baselines and targets for measuring or achieving performance.

## **V. ACTIVITIES**

The Parties agree to finance activities in the areas of the three Intermediate Results to be selected from the following illustrative lists or as otherwise agreed upon by the parties:

#### **1) Improved Health Status (Intermediate Result 1):**

The goal will be to continue improving the quality of health care services and assisting the GOJ in reaching its population goals. This will essentially be achieved through three focus areas:

##### **A. Promote Healthy Behaviors (Sub-Intermediate Result 1.1):**

The main objective will be to strengthen and upgrade the quality of health outreach programs to promote behavior change in healthy life styles in general, and RH in particular. Special efforts will be undertaken to encourage women to seek PHC/RH services especially during pregnancy, postpartum and throughout their reproductive age period. This will be achieved through the following illustrative activities:

- i) Design and use a number of materials to educate women and their families on issues related to general health, PHC, RH, child care, and other common diseases. These materials will be available in the PHC centers. Other materials to be produced include videos, posters, leaflets, etc.
- ii) Produce and air short television and radio spots which convey the health benefits of PHC/RH. Educational dramas around these topics will also be produced and televised. Additionally, print info-commercials will be developed and placed in major newspapers and women's magazines.
- iii) Improve knowledge and counseling skills on the providers' side to ensure that

women get proper information related to PHC/RH.

- iv) Plan and implement innovative marketing and communication approaches in order to create awareness of the quality improvement program and increase demand for PHC center services.
- v) Design a comprehensive communication consortium activity to develop and implement strategies for promoting healthy life styles, providing RH education, and maintaining the low prevalence rates of HIV/AIDS. This will be targeted especially towards the poor, adolescents, and hard-to-reach groups.
- vi) Design a PHC/RH outreach program to increase demand on PHC/RH services. This will also be linked to the improved quality of services in the upgraded MOH and JAFPP health centers.
- vii) Any other activities that support this IR.

**B. Improve Access to Affordable High Quality PHC Services (Sub-Intermediate Result 1.2):**

The primary goal is to improve the PHC/RH services nationwide, especially for the poor and underprivileged. This will be achieved through the following illustrative activities:

- i) PHCI is upgrading, renovating and providing equipment to around 200 MOH/PHC centers nationwide. In addition, it is implementing a PHC/RH quality improvement program at all MOH/PHC clinics. This includes strengthening supervision and management; providing and institutionalizing training in management and clinical skills; implementing and institutionalizing a PHC/RH quality improvement program, and installing an MIS system for better planning.
- ii) Institutionalize a quality improvement program, through the PHCI project, with a major PHC/RH continuing education component in the MOH. This program will train all service providers at the PHC level in the different aspects of PHC/RH, such as family planning, pregnancy care, postpartum care, management of common medical conditions, and other maternal and child care aspects.
- iii) The Renovation of Clinics (ROC) activity is moderately renovating an additional 181 MOH primary health care centers throughout Jordan. This will mean that the facilities of all MOH primary care centers nation-wide will have been upgraded to ensure an appealing exterior and adequate sanitation, safety, environmental comfort and patient flow in the clinics.
- iv) Continue the support to JAFPP in improving its services at all of its clinics, and in its cost recovery/sustainability initiative.
- v) Maintain the interest and knowledge level of the private sector in provision of

contraceptive and other RH services. This will be achieved through improving the quality of FP services and counseling provided by the private sector, advocating the concept of public/private partnerships in health care delivery, and monitoring customer satisfaction.

- vi) Develop a standardized system of communication/feedback between primary, secondary, Comprehensive Post Partum (CPP) and tertiary referral health care units to improve utilization and access to the appropriate level of health care.
- vii) Design a follow-on activity to PHCI to build on the accomplishments of PHCI in improving the quality of PHC/RH services. This will include developing strategies to reaching the poor and hard-to-reach groups, increasing the use of essential RH services by high risk women, and institutionalizing the systems for improved PHC/RH services.
- viii) Any other activities that support this IR.

**C. Strengthen Health and Population Policies and Systems (Sub-Intermediate Result 1.3):**

The goal is to continue the progress made to-date in reforming the health sector and improving the health systems. This will include: improving health status and access to quality care; reducing waste and inefficiency and containing cost escalation; and protecting and sustaining the gains GOJ has made in achieving moderate maternal mortality, a moderately high contraceptive prevalence rate and childhood vaccination rate, and a low infant mortality rate. This will be achieved through activities such as the following:

- i) Strengthen the capacity of MOH and other national institutions to take a leadership role in policy development and analysis, management, health economics, and planning in order to implement the reform process, especially as related to population and health issues.
- ii) Improve the potential for financial sustainability of existing public insurance schemes and minimize overlap in insurance coverage; collect and analyze improved information on household utilization and expenditure patterns. In addition, implement approaches to increasing the coverage of health insurance schemes to include the poor.
- iii) Assist the MOH to institutionalize a system to produce National Health Accounts in order to estimate total health expenditures, sources and uses of funds.
- iv) Assist the MOH in the decentralization effort of selected MOH hospitals, in order to improve efficiency, insurance schemes and quality of services.
- v) Establish partnerships between the Public Sector and Private Providers in order to

reduce inefficiency, contain costs, and improve access to essential preventive and curative services and family planning.

- vi) Continue strengthening the surveillance and management systems for infectious and chronic diseases, especially for the poor.
- vii) Assist the GOJ to achieve contraceptive security through institutionalization of a contraceptive distribution system that provides a wide range of contraceptive methods to those Jordanian couples who want and need them.
- viii) Develop an effective referral system in order to reduce inefficiencies and contain costs.
- ix) Any other activities that support this IR.

## **2) Improved Access, Quality and Relevant Education for Children and Youth (Intermediate Result 2)**

The goal is to address specific needs within the education sector that will eventually contribute to the social and economic well-being of Jordanians. Essentially, this will be achieved through assisting the GOJ with the Education Reform for Knowledge Economy initiative. Special emphasis will be placed on developing programs that will increase the number of students entering and staying in schools, and then equipping them with practical skills that will be useful in the labor market. This will be achieved through the following illustrative activities:

- i) Improve access to education and increase literacy, especially among girls and the poor.
- ii) Promote participatory learning and critical thinking.
- iii) Assist with curriculum development initiatives.
- iv) Develop and implement training courses for teachers to update their skills to match current and future needs. This will include development of continuing education schemes and certification systems.
- v) Assist with setting the necessary standards for licensing and accreditation of schools and teachers to ensure high quality. Also assist with designing schemes to monitor and evaluate the quality and impact of curricula.
- vi) Implement incentive initiatives to encourage school attendance, as well as improve the nutritional and health status of children.
- vii) Encourage community and parents' involvement in school activities.
- viii) Develop public/private partnerships and strengthen the role of NGOs in

implementing initiatives related to the education sector.

ix) Any other activities that support this IR.

**3) Strengthened Good Governance and Civic Participation in Community Development (Intermediate Result 3)**

The goal is to sustain the development improvements accomplished thus far in Jordan, with special emphasis on progress made in the health and education sectors. This will be achieved through the following illustrative activities:

- i) Instill good governance principles in the Jordanian community. For example, promoting press freedom and the principles of ethical and responsible journalism; raising democratic awareness and increasing advocacy within the civil society; and providing opportunities for moderate voices and good governance.
- ii) Promote civic participation in community development, by raising awareness of civic rights and duties, supporting establishment of peer networks, assisting with the implementation of focused campaigns, and providing accurate and reliable information on issues of public concern.
- iii) Strengthen rule of law by training judges, strengthening their legal knowledge and professional skills, and introducing procedures for expeditious and transparent resolution of cases.
- iv) Strengthen role of civic education and community development with the aim of increasing youth participation in decision-making, enhancing their role as leaders, and promoting peer counseling.
- v) Increase sustainability of NGOs and strengthen their role in lobbying for needed reforms and addressing development issues, such as issues related to women, youth, children and family protection.
- vi) Increase the partnership and interaction between local NGOs and community leadership for decision-making.
- vii) Any other activities that support this IR.

The foregoing is a list of illustrative activities to be financed under the three IRs. USAID will approve actual activities, which may be different from the foregoing, as part of workplans under these IRs.

This program has been designed to allow flexible selection and modification of activities over time in order to best achieve the strategic objective and intermediate results identified above. The emphasis under this program will be on achievement of agreed-upon results, not simply

completion of specific activities. Consequently, activities to be financed under this Agreement, such as technical assistance, training and research, have not been specified in detail in this Amplified Description.

Although the program offers significant flexibility in selecting suitable activities to be financed under this Agreement, to be eligible for financing hereunder any technical assistance, training, research or other activity must (1) contribute to the Strategic Objective and intermediate results identified above; (2) be supported by cost estimates that are reasonable and reasonably firm, and appropriate analysis and planning, including feasibility analyses, where appropriate, with regard to institutional, technical, financial, environmental, social soundness, or other measures of feasibility; and (3) be likely to be completed within the time frame and budget specified in the proposal.

## **VI. Other Resources for the Strategic Objective**

Resources outside of this Agreement (and therefore financed with funds neither obligated by this Agreement nor included in the Financial Plan set forth in Section VIII of this Annex 1) are being made available, or may in the future be made available, from USAID to achieve the Strategic Objective. Those resources are being provided or will in the future be provided through USAID central bureaus and offices in Washington, D.C. (USAID/W) under projects and programs administered by them, and are or will be additional to the funds obligated hereunder.

The following sets forth a description of the additional resources being provided for the Strategic Objective in USAID's fiscal year 2003 (FY 2003), through the USAID central bureaus and offices in Washington, D.C. In FY 2003 this support is provided through the USAID/W's Bureau for Global Health (GH):

- i) Policy Project, \$500,000; TA, research and equipment to the National Population Commission, Jordan Hashemite Fund for Human Development (JOHUD), National Council for Family Affairs (NCFA) and other NGOs;
- ii) Central Contraceptive Procurement \$500,000; Provides contraceptives to MOH, RMS, UNRWA and NGOs;
- iii) Commercial and private sector strategies, Deloitte de Touche Tohmatsu, \$900,000; Long term TA, training and IEC for the private sector family planning initiative;
- iv) Implementing AIDS Prevention and Control Activities (IMPACT), Family Health International (FHI), \$400,000; TA, research, commodities and training related to HIV/AIDS and other Sexually Transmitted Diseases for MOH and private sector;
- v) Measure (DHS)+, Macro International, Inc. \$400,000; TA, Commodities and training to support the Department of Statistics in implementing the Jordan Population and Family Health Survey; and
- vi) Johns Hopkins University/Population Communication Services, \$100,000; Long

term technical assistance (TA) to the National Population Commission, the MOH, and other NGOs.

While there can be no assurance, additional resources may be available from USAID/W in the future for the Strategic Objective.

The additional resources described above are only available in the form of goods and services (TA, medical and computer equipment, and contraceptives). While the cost of those resources to USAID are indicated above, the resources are not available to USAID/Jordan or the GOJ in the form of money. G/PHN cooperating agencies have pre-existing contracts with G/PHN which specify what resources they can and cannot provide, and to the extent that these resources are being or will be provided by USAID/W to the GOJ, the GOJ can utilize these resources to enhance its own programs.

The assistance represented by these resources will only be provided upon USAID/Jordan receiving a request for such assistance from the GOJ. By signing this Agreement, the GOJ hereby acknowledges that it has requested all of the assistance described above and already being provided by USAID. With respect to any assistance not described above which may be provided by USAID in the future for the Strategic Objective, the Minister of Health, the Minister of Education or a certified representative of the GOJ, shall be authorized to make requests for such assistance.

All of the additional resources being made available by USAID to the GOJ, or which may be made available by USAID to the GOJ in the future, for the Strategic Objective, are being or will be made available by USAID to the GOJ on the understanding that all USAID assistance funded therefrom will be entitled to the privileges and immunities accorded under the agreements entered into in June of 1957 between the Government of the United States and the GOJ governing USAID economic assistance to Jordan. By signing this Agreement, the GOJ acknowledges and agrees to the application of the 1957 agreements to the assistance provided by these resources and to the personnel carrying out that assistance.

## **VII. Monitoring and Evaluation**

USAID and the GOJ jointly agree to provide resources and information for comprehensive evaluation of progress toward achievement of the Strategic Objective and Intermediate Results, including progress on specific activities as illustrated in Section V. There will be periodic "performance audits" based on a range of indicators which measure progress in achieving Intermediate Results.

A variety of contracting/assistance instruments will be used to perform the activities described above to achieve the Intermediate Results leading to the achievement of the Strategic Objective, as described above. Contractors, for example will submit Comprehensive Quarterly Progress Reports (QPR) as a principal monitoring tool. The QPR will list each task to be accomplished under the contract, the schedule for completing each task, and the progress towards completing each task (as appropriate for the particular timeframe of the QPR). Performance will be evaluated with reference to the following illustrative questions:

- Is the progress towards completion of the task sufficient, such that there is a reasonable expectation that the task will be completed on time and within the budget?
- Is the information needed to evaluate progress towards completing this task readily provided by the contractor, in a format that is easy for USAID as the employer and the GOJ to evaluate?

Financial audits of the activities will be conducted in accordance with the relevant standard provision contained in Annex 2 of the original Agreement.

As determined during the course of implementation of the Agreement, USAID and the GOJ may jointly authorize an external evaluation of the progress and impact of activities leading to realization of the Strategic Objective and the Intermediate Results.

### **VIII. Financial Plan**

The Financial Plan attached forms part of this Annex, and it may be amended in accordance with Sections 3.1(c) and 7.2 of the Agreement without formal amendment of this Agreement.

**The Improved Quality of Life for Jordanians Strategic Objective**  
**Amplified Description**  
**Illustrative Financial Plan**  
**For SOAG Amendment No. 10**  
**(US\$)**

INTERMEDIATE RESULT	PREVIOUS OBLIGATION	THIS AMENDMENT	TOTAL	LIFE OF SO FUNDING	HOST COUNTRY
1. Improved Health Status	72,057,960*	22,200,000	94,257,960	175,718,000	4,806,666
2. Improved Access, Quality and Relevant Education for Children and Youth	1,500,000	3,700,000	5,200,000	20,000,000	300,000
3. Strengthened Good Governance and Civic Participation in Community Development	500,000	3,000,000	3,500,000	15,000,000	0
<b>TOTAL</b>	<b>74,057,960</b>	<b>28,900,000</b>	<b>102,957,960</b>	<b>210,718,000</b>	<b>5,106,666</b>

\* The sum of all funds obligated under the four IRs of the previous PFH SOAGs, less the \$2 million that were obligated under IR1 of the PFH SOAG Amendment No. 9.