

JORDAN REFUGEE RESPONSE

INTER-SECTOR WORKING GROUP

Priorities for the Humanitarian Pooled Fund Call for Proposals

November 2015



BACKGROUND

The following have been adapted from the attached updated list of overall programme priorities for the purposes of the Humanitarian Pooled Fund (HPF) call for proposals of November 2015.

The priorities for the HPF are more specific than the broader programme priorities because of 1) the short-term nature of the HPF: the need to identify projects that can pass the approvals process quickly and be implemented or scaled up within a short-space of time; 2) the relatively small amount of funding involved in the HPF, and the need to select projects that can have a meaningful impact/are suited to smaller scale programming; 3) the principle that NGOs should be the recipients of HPF funding, rather than UN agencies.

HPF PRIORITIES¹

For more details on each priority, see **the Sector Programme Priorities below**.

1. SHELTER:

Cash-for-Rent to vulnerable refugee households in urban areas. Shelter is the most under-funded sector in relation to the 3rd quarter Financial Tracking of the refugee response.

- ***Should specify how the VAF is being applied for analysis/targeting; entry into RAIS to prevent duplication of assistance.***
- ***Multi-Sector with BASIC NEEDS; PROTECTION; complementary with FOOD SECURITY***

2. BASIC NEEDS:

Support to maintaining refugee households' assets through unconditional cash or household item assistance, thereby reducing the risk of exposure to negative coping mechanisms. Focus on urban areas, but also prioritise household support in Azraq, where limited market access is a contributing factor to higher food insecurity.²

- ***Should specify how the VAF is being applied for analysis/targeting; entry into RAIS to prevent duplication of assistance***
- ***Multi-Sector with PROTECTION, SHELTER, complementary with FOOD SECURITY***

3. HEALTH:

Projects that a) support secondary referral care for priority cases such as deliveries and emergency obstetric care, neonatal care and war-wounded including supporting priority medical referrals from the eastern and western borders; and/or

b) strengthen and expand the community health network in underserved areas and the availability of key integrated community level interventions.

- ***Should specify how the VAF is being applied for analysis/targeting; entry into RAIS to prevent duplication of assistance.***
- ***Multi-Sector with PROTECTION***

¹ Assumes that other ERF/HPF basic criteria – including the gender marker – are met.

² WFP, Comprehensive Food Security Monitoring Exercise, November 2015, available at <http://data.unhcr.org/syrianrefugees/download.php?id=9700>

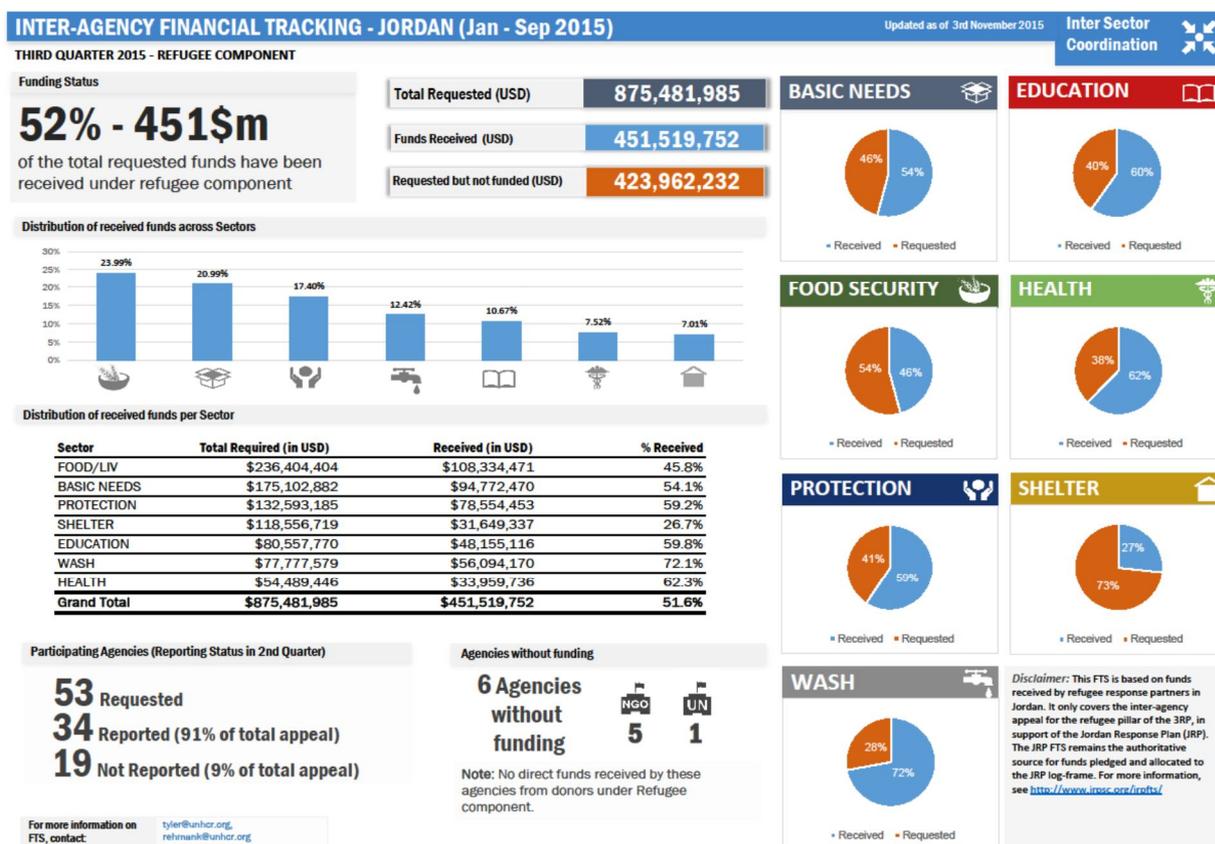
4. EDUCATION:

Projects that a) support boys and girls (children and youth) to benefit from formal, non-formal, and basic life skills and PSS activities;
 b) support boys and girls (children and youth) to access essential learning materials; and/or
 c) support Jordanian public schools with small scale intervention to expand absorption capacity (including WASH in schools).

- **Should specify how the VAF is being applied for analysis/targeting; entry into RAIS to prevent duplication of assistance**
- **Multi-Sector with CHILD PROTECTION; WASH**

5. WASH:

- a) WASH repairs and rehabilitation in schools.
 b) WASH support to vulnerable households in communities, includes household level support; repairs and rehabilitation of the water network in these areas to reduce water loss.
- **Should specify how the VAF or other WASH specific analysis frameworks are being applied for analysis/targeting; entry into RAIS to prevent duplication of assistance**
 - **Multi-Sector with EDUCATION, CHILD PROTECTION.**



For more information, please consult the Refugee Response Inter-Sector Coordination through: Alex Tyler, Inter-Sector Coordinator (tyler@unhcr.org); <http://data.unhcr.org/jordan/>

JORDAN REFUGEE RESPONSE

INTER-SECTOR WORKING GROUP

End-Year Programmatic Priorities

November 2015



The following priorities are compiled from refugee sector, and relate primarily to programmatic priorities. These priorities are developed based on the current operational context. They assume continued limitations on refugees' access to livelihoods/mechanisms to support themselves, therefore requiring a continuation of individual assistance such as a cash and food e-vouchers. It also assumes that, given these activities are within the JRP, they will be approved by the Government. Priorities for changes in the policy environment are dealt with separately.

Inter-Sector Priorities

1. Invest further in the capacity of refugee women, girls, boys and men to reduce exposure to negative coping mechanisms, in particular in non-camp settings. A specific focus will be on reducing asset depletion among refugee households.
2. Continue to develop alternative cost-effective delivery mechanisms in the camps in relation to infrastructure and service provision, in particular in relation to shelter, WASH and electricity systems, and also shifting towards vouchers for Non Food Items (NFIs).
3. Within the 'No Lost Generation' Initiative, seek to support, protect and offer educational opportunities to refugee and other vulnerable children; encourage positive engagement of adolescents and youth, and build social cohesion.
4. Increase the number and scope of community-level projects that benefit Jordanians in areas with high concentrations of refugees, together with greater investment in shared services – in Education, Health, WASH – with the aim to reduce tensions and maintain protection space in Jordan.
5. Strengthen early identification, referral and comprehensive multi-sectoral response to SGBV cases in women, girls, boys and men including early and comprehensive clinical care and follow up, psychosocial support, protection and other legal services, and material assistance and other programmes to promote self-reliance and positive coping mechanisms.
6. Increase the inter-agency focus on Code of Conduct sessions for staff of all humanitarian agencies, community-based organisations and other institutions working with refugees and other affected populations, and on expanding the inter-agency network on protection from sexual exploitation and abuse (PSEA) and community-based complaints mechanisms.

Sector Priorities

Basic Needs

1. In the camps, ensure investment in NFIs for new arrivals and replenishments, and in the infrastructure required for their distribution.
2. Unconditional cash grants for vulnerable refugee households in urban areas. These are a crucial component of many refugee households income, prevent asset depletion and negative coping mechanisms. As of mid-2015, there is a significant shortfall compared with the appeal and needs. There are four well served governorates (Jerash, Ajloun, Maan and Tafileh) and four significantly underserved governorates (Mafraq, Zarqa, Karak and Madaba).

Education

1. Projects that support boys and girls (children and youth) to benefit from inclusive formal, non-formal and informal education and basic life skills and PSS activities in camp and host community.
2. Bilateral support to Jordan to support the formal education sector (schools, teacher salaries, textbooks), while UN and NGOs concurrently expand informal education to support the 90,000 out of school children.
3. Support to Jordanian public schools with small scale interventions to expand absorption capacity; camp schools expanded/established to keep pace with increasing camp student population and reduce overcrowding in classrooms.
4. Identification of vulnerable out-of-school children in order to provide protection and learning opportunities, and referral to formal education where possible.
5. Projects that enhance the opportunity for tertiary education for Syrian refugees who completed secondary education or dropped out of university as a result of displacement. Provide Higher Education opportunities as part of integrated programming, such as preparatory programmes (e.g. English and IT) as well as online distance learning/blended learning.

Food Security

1. Continuation of food assistance targeting vulnerable Syrian refugees both registered and unregistered. In particular food voucher programmes need to be maintained, targeted at the most vulnerable refugees, in the absence of alternative self-reliance opportunities for refugees.

Health

1. Strengthen post-operative care and rehabilitation at facility and community level for wounded persons once discharged from Ministry of Health or other hospitals in camp or the urban setting (includes nursing care (facility and home based), medical care and follow up, physical rehabilitation, mental health and psychosocial support.³
2. Support secondary referral care for priority cases such as deliveries and emergency obstetric care, neonatal care and war-wounded including supporting priority medical referrals from the eastern and western borders. This can be through either direct payment of referral costs or through demand side financing initiatives.⁴
3. Strengthen and expand the community health network in underserved areas and the availability of key integrated community level interventions such as infant and young child feeding support, management of non-communicable diseases, mobilization and support for routine immunization, strengthening of linkages with available primary health care and reproductive health services, home visits for the newborn, and mental health and psychosocial support.⁵

³ Justification: Injury remains a considerable burden with 8 per cent of refugees in Jordan having a significant injury of which 90 per cent are conflict-related. Men accounted for 72 per cent of the injured persons with the highest proportion of injuries found amongst those aged 30 to 60 years. Women accounted for 28%. The impact of injuries on men of productive age increases household vulnerability. The capacity to address the health needs of war wounded has increased substantially, however there are still major gaps in medium to longer term post-operative/ convalescent care, home nursing, functional rehabilitation (assistive devices/prosthesis) and community-based rehabilitation.

⁴ Justification: The withdrawal of free health services for registered refugees in the out of camp setting has meant that many vulnerable refugees will face considerable difficulties accessing essential secondary and tertiary care. Even though assistance is being targeted to the most vulnerable and referral protocols have been tightened, a continued high level of funding is needed to ensure access to essential care such as safe deliveries, caesarean sections, war-related injuries and cardiac abnormalities. Costly complex treatments such as certain types of cancer cannot be supported with available resources necessitating difficult choices relating to resource allocation. The continued flow of war wounded across the border and withdrawal of various actors supporting war-wounded has meant that additional resources need to be identified to manage the cases in the acute phase.

⁵ Justification: At community level, coverage of outreach and Syrian community involvement in the promotion or provision of health services is insufficient for women, girls boys and men; Zarqa has one community health volunteer per 3,657 refugees and Amman has 1 per 1,946 (target >1 per 1000). This undermines Syrian access and coverage of key services, community capacity building, self-reliance and the ability to withstand future adversity. There is a need for greater access of refugees to information and enhanced

Protection

1. Expansion of programmes providing community-based, multi-sectoral and case management services to survivors of SGBV and children at risk, particularly those targeting individuals with specific needs and vulnerabilities, including persons with disabilities – particularly in underserved or remote areas.⁶
2. Support to integrated programmes that promote strong linkages between child protection and education. Corporal punishment and abuse by teachers in schools continues to be a major concern for children and their families. It is one of the most important factors affecting attendance of refugee children in formal schools. Programmes that support training of teachers and school counsellors, and that support the enhancement of existing referral pathways and service provision continue to be major priorities.
3. Strengthen support to community-based initiatives that promote positive coping mechanisms, particularly programmes that target youth (15-24 years of age), and reduce reliance on child labour, early marriage and other negative coping mechanisms.⁷
4. Ensure that Syrians can continue to access legal services and to benefit from their legal rights and entitlements, particularly in remote and under-served areas of the North and the South, through legal awareness and civil documentation activities that assist refugees to (i) participate in the urban re-registration exercise (delivery of new Ministry of Interior Service Cards) and (ii) to document marriages, deaths and births.⁸
5. Continued support to more equitable access for girls and boys, adolescents and youth, to quality psychosocial support services in order to improve their emotional and social well-being, with a view to contributing to social cohesion, while enhancing their knowledge and skills. Despite expansion, there continue to be gaps for specialized MHPSS services for children, programmes that target community and family support for caregivers of those with MHPSS problems, and programmes for those with neurodevelopment disorders (including Autism, ADHD and intellectual disabilities).

Shelter

1. The cash for rent assistance for extremely vulnerable HHs is a key and appropriate emergency support. This should be targeted to extremely vulnerable HHs, with clear criteria on how these HHs are selected, (reference must be made to the new Shelter Working Group guidelines on conditional cash for rent). Proposals must highlight how this assistance does not duplicate with other interventions (i.e. UNHCR cash assistance and NRC's free rental months) and demonstrate due diligence with regards to the contract (e.g. some refugees / landlords have a high value rent contract to exploit this intervention). Reference must be made to the new Shelter Working Group on Duplications.

refugee participation and engagement in identification of health and disability related needs, provision of information and linkages with health and rehabilitation services.

⁶ Justification: While there has been an expansion of multi-sectoral and case management services across Jordan, there remain gaps in remote areas and in areas with smaller concentrations of refugees. Efforts are ongoing to incorporate refugees into national protection systems, but these systems are already overstretched and require additional support, not only in terms of financial resources, but also in terms of capacity strengthening. Other areas of expansion will include improving the outreach and delivery of services to groups who do not appear to be accessing services, including persons with disabilities, men and boy survivors of SGBV and LGBTI refugees.

⁷ Justification: With reductions in material humanitarian assistance and increased targeting of material assistance to the most vulnerable, there are significant risks that refugees will increasingly resort to negative coping mechanisms that will increase protection risks. Programmes that support the temporary economic integration of refugees so that they can support their families, through appropriate formal employment and skills training, in a manner that contributes positively to the Jordanian economy and results in limited competition with Jordanians, should be supported to reduce negative coping strategies with negative protection consequences. Temporary opportunities should be provided in sectors that can accommodate both women and men's employment, leveraging the skills and expertise of the Syrian refugee community.

⁸ Justification: There are increased demands upon legal, counselling and advice services as a result of the Government of Jordan's urban re-registration exercise, particularly in relation to housing, land and property rights (given the requirement to present a stamped copy of a lease) and an increased focus of the Government on personal identity documentation to prove family links.

2. In camps, it is vital that the needs of men, women, boys, girls, and people with specific needs (such as people with disabilities female headed households, and elderly) are individually addressed, also taking into consideration cultural sensitivities, such as privacy, family linkages, and place of origin. In Azraq, and given the camp's location and the exposure to extreme weather conditions, there is a need to continue shelter maintenance and improve existing shelters through needed additions such as private showers, cooking areas, shelves, shades, etc...In Zaatari and given the limited life span of the prefabricated caravans, there is a need to repair/replace dilapidated shelters and conduct winterization activities.

WASH

1. Critical gaps in recurring humanitarian assistance in refugee camps (i.e. Water Supply, Desludging, Solid Waste Management, Hygiene promotion and NFIs). Support initiatives for infrastructure projects to increase the equity, sustainability and cost-effectiveness of WASH services in camps (Water Network, Waste Water Network etc.)
2. Conduct water conservation and hygiene promotion messaging in camps and host communities to reduce water wastage and encourage water reuse, including support of hygiene materials.
3. WASH repairs and rehabilitation in schools.
4. In terms of geographic priorities, projects in host community areas having a Syrian population of more than 10% of the total population and:
 - a. WASH support to vulnerable households in communities where more than 50% of households have, in the last two months been without water (for more than one day) more than 4 times. Includes household level support; repairs and rehabilitation of the water network in these areas to reduce water loss.
 - b. Where more than 15% of households have reported or where it has been observed that in the last three months there has been an overflow of the "excreta disposal facility" (Septic Tank/Soak away pit etc.) or where such facilities are non-existent. Conduct repairs of the sewage network or connect facilities to the network.
 - c. Where it is observed that at least 15% of households report a below standard hygienic environment (Crucial HH basic wash facilities including Kitchen bathroom, sanitation), conduct water conservation and hygiene promotion campaigns, including on Solid Waste Management.