

## I. Allocation Overview

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### A) Introduction/Humanitarian situation

- 1. The UN Humanitarian Coordinator (HC) has launched this standard allocation for US \$5 million in order to support the implementation of the Jordan Response Plan (JRP) and the Humanitarian Response Plan (HRP) for Syria by releasing resources to partners early in the year and to respond to urgent and funding gaps in both Jordan and southern Syria.**
- 2. As this standard allocation is coming directly on the back of the JRP and HRP, activities supported must be within the agreed ‘humanitarian parameters’ of people recently affected by the crises, and reflect priority activities outlined in the sector-specific sections.** This strategy paper draws upon sector-led exercises recently completed to identify the most urgent priorities and gaps in assistance within their sectors and as articulated in the sector defense presentations.
- 3.** From a humanitarian perspective, and in recognition of the human tragedy unfolding within Syria, the Government of Jordan has welcomed Syrians seeking refuge, protection, and safety from the conflict. Within that same humanitarian spirit, the government and the people of Jordan have extended public services, facilities, resources and hospitality in an attempt to accommodate the most pressing needs of the Syrian refugees. Since the onset of the conflict in Syria, over a million Syrians have fled to Jordan, 660,440 of whom are registered refugees. Of these, 519,697 (78.7%) live in host communities, while the remaining 140,743 (21.3%) live in camps, principally Za’atari and Azraq. Over five years of successive waves of increasing refugee influx have placed considerable strain on social, economic, institutional and natural resource systems throughout Jordan.
- 4.** Jordan is host to about 1.4 million Syrians<sup>1</sup>, including around 630,000 refugees<sup>2</sup>. While some 83 per cent of all refugees have settled in host communities, particularly in the urban area of Amman and the northern governorates of Jordan, the remaining are hosted in refugee camps. In providing for their needs, Jordan has received support from the international community.
- 5.** In southern Syria, civilians continue to bear the brunt of a conflict marked by unparalleled suffering, destruction and disregard for human life. A total of 13.5 million people now require humanitarian assistance and over half of the population have been forced to flee their homes. In the south of Syria alone, as of October 2016, there were over 732,000 people in need, including over 350,000 long-term Internally Displaced Populations (IDPs). Although, throughout 2016, respective “cessation of hostilities” agreements provided a temporary platform for the de-escalation of hostilities, these agreements broke after varying periods and resumed conflict generated new waves of short-term displacement. The newly displaced

were often required to flee at short notice, leaving behind many of their belongings. While the majority was able to find refuge with host families, shelters were often extremely overcrowded and lacking basic amenities.

6. Following the adoption of UN Security Council (UNSC) Resolution 2165 (2014), the UNSC authorized UN agencies and their partners to use routes across conflict lines and the border crossings between Syria and the neighboring countries (Jordan, Turkey, and Iraq) to deliver humanitarian assistance to people in need in Syria. Under UNSC Resolution 2165, subsequently renewed through resolutions 2191 (2015), 2258 (2015) and 2332 (2016), the UN and its implementing partners have continued to deliver humanitarian aid and, increasingly, services to previously hard-to-reach areas in southern Syria with relative predictability.

## **B) Jordan Response Plan (JRP)& Humanitarian Response Plan (HRP) / Appeal**

7. The JRP 2018-2020 is a three-year plan with a total budget of USD 7.312 billion, including USD 2.761 billion for subsidy, security, income loss and infrastructure depreciation due to the Syria crisis, USD 2.126 billion for refugee-related interventions and USD 2.425 billion for resilience strengthening, including that of communities where both Jordanians and Syrians live. The JRP budget per year is the following: 2018 USD 2.483 billion 2019 USD 2.525 billion 2020 USD 2.304 billion Budget requirements for refugee.
8. Entering the seventh year of the crisis, the scale, severity, and complexity of needs across Syria remain overwhelming. Some 13.1 million people in Syria require humanitarian assistance. Of these, 5.6 million people are in acute need due to a convergence of vulnerabilities resulting from displacement, exposure to hostilities, and limited access to basic goods and services. The 2018 Humanitarian Response Plan – which requires \$3.51 billion is striving to support the affected population refugees and IDPs in meeting their basic and protections needs.
9. Priority needs which will be addressed through this standard allocation are therefore based on those where the impact of crisis on the Syrian refugees and IDPS is severe and harsh.

## **II. 2018 1st Standard Allocation Strategy**

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### **A) Purpose of the 2018 1st Standard Allocation Strategy and linkages to the HRP / Appeal**

10. **The allocation Strategy is in line with the objective of the Jordan Response Plan (JRP) to consolidate all efforts to respond and mitigate the impact of the Syria crisis on the country and the people living in it and the Syria Humanitarian Plan**, namely to “Support saving lives, alleviate suffering and increase access to humanitarian response for vulnerable people and those with specific needs.”. The priorities for the call are to respond to the inter-sectoral priorities in line with the JHF’s objectives and project’s prioritization criteria.

11. **This allocation paper also provides strategic direction and guidance for the allocation**

process for this call. In line with the JRP & HRP priorities, the 1st Standard Allocation is focused on providing timely and life-saving life sustaining assistance to people directly affected by the Syria crisis, irrespective of where they reside. Also the allocation will fill the urgent gaps to ensure the continuous support to the affected population and thus in a manner of consonant with the principles of neutrality and impartiality.

**12. The HC called for a JHF Advisory Board meeting on 7 March to hear the defense of funding priorities for the 1<sup>st</sup> Allocation of 2018.** A total amount of USD 6 million is available for this allocation. This paper outlines the allocation priorities and rationale for the prioritization.

<b>Standard Allocation envelop</b>	<b>USD 5,000,000</b>
Allocation for Jordan	USD 3,500,000
Allocation for Southern Syria	USD 1,500,000

**13. Allocation Strategic Priorities:** During the Jordan Inter-Sector Working Group on 1 March 2018, four Sectors (i.e. Health, Protection, Shelter/basic needs sectors and Azraq response) were prioritized for this round of funding. A rigorous round of prioritization and deliberation took place among the sector leads and after through discussions the four sectors were prioritized for this Allocation. The sector-wise funding status for the Inter-Agency Appeal (Refugee Component) has been also taken into account in prioritization. For southern Syria the same rounds of deliberation took place in the ISWG and Health, Shelter/basic needs and Protection were prioritized for this Allocation.

**14. Note for organization submitting projects on Protection and Gender Mainstreaming:** Protection imperatives will be mainstreamed across all prioritized sectors, as part of the commitment to the “do no harm principle and the “centrality of protection” in the humanitarian response. All proposals must demonstrate how protection principles, including child protection, GBV considerations and Gender Equality are incorporated and protection mainstreaming considered in project design.

## **B) Allocation Breakdown**

**15. JHF Funding Balance:** As of 01 January 2018, the JHF has received US\$30,708,726 in contributions. This year the JHF received contributions from the governments of Sweden and Belgium.

**16. The HC has made available \$5 million for the 2018 JHF 1st Standard Allocation as per the following envelopes: 3.5 million for Jordan and 1.5 for southern Syria.**

### **C) Prioritization of Projects**

- 17.** Only partners that have passed the OCHA JHF Capacity Assessment and “Due Diligence” requirements and are active members of the sectors are eligible to submit proposals for funding
- 18.** Eligible Partners may only submit a maximum total of 2 Project Proposals across all sectors.
- 19.** Partnerships between new and existing JHF partners are strongly encouraged in line with the JHF’s capacity development objectives.
- 20.** Partners can submit integrated multi-sector projects between no more than two interlinked sectors such as Shelter and Protection. Please consult relevant cluster coordinators in case of joint submissions.

## 21. Jordan Sectors' Priorities and Alignment with the 2018 Jordan Response Plan

SECTORAL PRIORITIES FOR JORDAN		
<p><b>Multisector: Basic Needs + Shelter + Protection</b></p> <p>Projects that aim to address the needs of eviction cases through a multisector approach (basic needs, shelter and protection), including soft components (such as referrals, mediation, dispute resolution and information provision) and cash assistance (conditional or unconditional cash assistance).</p>		
SHELTER:		
Sector / Sector Priorities	JRP Sector Specific Objectives	Standard Indicators
All interventions proposed by the shelter sector as part of the JRP that are related to the upgrading of substandard shelters and emergency support to eviction cases through cash for rent and tenure security have been underfunded for the past years.	Access to adequate, secure and affordable housing provided for vulnerable refugee and Jordanian women, girls, boys and men in host Communities	<p>Number of Jordanian and Syrian refugee WGBM supported with access to adequate, affordable and secure housing in host communities.</p> <p>Number of Jordanian and Syrian refugee WGBM provided with information and awareness on their right to adequate housing</p>

<b>BASIC NEEDS:</b>		
<b>Sector / Sector Priorities</b>	<b>JRP Sector Specific Objectives</b>	<b>Standard Indicators</b>
Projects that aim to address the needs of eviction cases through a multisector approach (basic needs, shelter and protection), including soft components (such as referrals, mediation, dispute resolution and information provision) and cash assistance (conditional or unconditional cash assistance).	To provide life-saving basic needs assistance to the most vulnerable families affected by the crisis inside the camps and in non-camp settings	Number of WGBM receiving basic needs support outside camps
<b>PROTECTION</b>		
<b>Sector / Sector Priorities</b>	<b>JRP Sector Specific Objectives</b>	<b>Standard Indicators</b>
<p>SGBV case management services are prioritized in locations where they are not currently available according to geographical prioritization.</p> <p>Women empowerment interventions (including through support groups, economic empowerment, or other methods) as well as adolescent girls-focused programming are also considered a priority.</p>	Strengthened and expanded national and sub-national protection systems that meet the international protection and social protection needs of vulnerable groups in the governorates most affected by the Syria crisis	Number of WGBM with access to protection services in accordance with international and national standards

<b>HEALTH</b>		
<b>Sector / Sector Priorities</b>	<b>JRP Sector Specific Objectives</b>	<b>Standard Indicators</b>
Projects that support secondary health care for priority cases, such as Basic Emergency Obstetric care and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) including supporting priority medical referrals from the borders and camp	Increased equitable access uptake and quality of primary health care for Jordanian and Syrian WGBM in impacted areas	Number of primary level consultations per capita
<b>WASH</b>		
<b>Sector / Sector Priorities</b>	<b>JRP Sector Specific Objectives</b>	<b>Standard Indicators</b>
Cash assistance in Villages 2 and 5 targeting vulnerable individuals through the expansion of the Greywater Project.	Providing safe and equitable access to gender appropriate sanitation services in Zaatari, Azraq and KAP camps	Number of people benefited from improved wastewater services in the camps

## 22. South Syria Sectors' priorities and alignment with the 2018 Humanitarian Response Plan for Syria

The two priorities have been identified for Southern Syria are:

- 1) Filling gaps in primary health care to communities in north-west and south-east of Dar'a Governorate through mobile clinical outreach teams which can also be used to provide care in the case of new displacements. The mobile units will also integrate essential nutrition services, GBV response and Mine/ERW awareness.
- 2) Multi sectoral response to vulnerable IDP and/or host family households in the Nawa area of Dar'a Governorate (including villages to the North and South) where the highest concentration of IDPs are to be currently found. The in-kind response should include a complimentary multi-purpose cash component. It is envisaged that the cash component could be used for additional shelter/NFI needs, water purchase, fresh food or fuel based on the specific needs of each household.

SECTORAL PRIORITIES FOR SOUTHER SYRIA		
<b>Multisector: Primary Health Care – Nutrition and GBV</b>		
Filling gaps in primary health care to communities in north-west and south-east of Dar'a Governorate through mobile clinical outreach teams which can also be used to provide care in the case of new displacements. The mobile units will also integrate essential nutrition services, GBV response and Mine/ERW awareness.		
HEALTH		
Sector / Sector Priorities	HRP for Syria - Sector Specific Objectives	Standard Indicators
Provide integrated mobile services, and establish a stock of primary health care medicines and medical supplies to support them.	To provide life-saving and life-sustaining assistance with an emphasis on those most at risk and in need	Number of medical procedures
Provide capacity-building to new and existing staff	To improve health system capacity... and community resilience and response to IDP movements and disease outbreaks	Number of health care workers trained

<b>NUTRITION</b>		
<b>Sector / Sector Priorities</b>	<b>HRP for Syria - Sector Specific Objectives</b>	<b>Standard Indicators</b>
<p>Ensure integration of essential nutrition services and screening services within existing static facilities and the proposed mobile units.</p> <p>Provide capacity-building to new and existing staff</p>	<p>Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition</p>	<p>Number of boys and girls (6-36 months) who received micronutrient supplements for four months.</p> <p>Number of pregnant and lactating women who received micronutrients for 6 months.</p>
	<p>Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and PLWs</p>	<p>Number of boys and girls 6-59 months with acute malnutrition treated</p> <p>Number of PLW with moderate malnutrition treated</p>
<b>PROTECTION</b>		
<b>Sector / Sector Priorities</b>	<b>HRP for Syria - Sector Specific Objectives</b>	<b>Standard Indicators</b>
<p>GBV focused response will be available in static facilities which will be a reference point for the Mobile teams. Health response to GBV will be made available in catchment areas of intervention e.g. CMR kits and trained health providers</p>	<p>Survivors have access to quality specialized GBV services and measures are in place to prevent and reduce risks of GBV</p>	<p>Number of specialized GBV services provided</p> <p>Number of beneficiaries reached with women and girls empowerment and GBV prevention activities</p> <p>Number of humanitarian actors trained on GBV</p>

Mine Action/ERW awareness integrated into mobile services	To reduce impact of explosive hazards	Number of people who received risk education. Number of people trained to conduct RE.
	To enhance the prevention and mitigation of protection risks	Number of explosive hazard tasks completed

<b>SECTORAL PRIORITIES FOR SOUTHER SYRIA continued</b>		
Multi sectoral response to vulnerable IDP and/or host family households in the Nawa area of Dar'a Governorate (including villages to the North and South) where the highest concentration of IDPs are to be currently found. The in-kind response should include a complimentary multi-purpose cash component. It is envisaged that the cash component could be used for additional shelter/NFI needs, water purchase, fresh food or fuel based on the specific needs of each household.		
<b>SHELTER &amp; NON FOOD ITEMS</b>		
<b>Sector / Sector Priorities</b>	<b>HRP for Syria - Sector Specific Objectives</b>	<b>Standard Indicators</b>
In-kind support and complimentary multi-purpose cash component to support household shelter and critical non-food items as determined by vulnerable IDP and host families.	<ol style="list-style-type: none"> <li>1. Provide life-saving and life-sustaining shelter and NFI support.</li> <li>2. Contribute towards the resilience and cohesion of communities and households by improving housing and related community/public infrastructure: by sustainably repair/rehabilitation of housing and related community/public infrastructure and facilities to owners/tenants/host families</li> </ol>	<p>Number of people that have received emergency NFI assistance</p> <p>Number of people that have received emergency shelter assistance</p>

<b>WASH</b>		
<b>Sector / Sector Priorities</b>	<b>HRP for Syria - Sector Specific Objectives</b>	<b>Standard Indicators</b>
In-kind support and complimentary multi-purpose cash component to support household water needs as determined by vulnerable IDP and host families.	Improved access to lifesaving / emergency WASH facilities and services.	Number of individuals benefiting from access to improved lifesaving / emergency WASH facilities and services
<b>FOOD SECURITY</b>		
<b>Sector / Sector Priorities</b>	<b>HRP for Syria - Sector Specific Objectives</b>	<b>Standard Indicators</b>
In-kind support and complimentary multi-purpose cash component to support household food security as determined by vulnerable IDP and host families.	<ol style="list-style-type: none"> <li>1. Improve the food security status of assessed food insecure people through emergency life-saving and regular life sustaining food assistance</li> <li>2. Improve the capacity to deliver essential services for improved linkages with value chain through the rehabilitation/ building of productive infrastructure as well as supporting services, early warning and DRR systems</li> </ol>	<p>Number of affected people benefiting from livelihoods support (loans, grants and productive assets, ...).</p> <p>% of targeted economic infrastructures rehabilitated</p>

## 1) Project Proposal Preparation and Budget Preparation

### 23. Proposal Preparation:

- All project proposals should be submitted via Grant Management System (GMS) **by 26 April 2018** 23:55 (Midnight – Jordan time). Any submission after this date will not be considered.
- Once you complete your registration on the GMS, please login to CBPF GMS Support portal and read instructions on how to submit a project proposal. <https://gms.unocha.org/content/partner>
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- Project proposals should be prepared in line with the strategic objectives of the JRP & HRP and the Allocation Paper. This needs to be supported by clear log frames with outcomes, outputs, SMART indicators and detailed activities.
- Organizations should consult with relevant sector coordinators during the project proposal preparation phase.

### 24. Budget Preparation

- All project proposals must have a detailed budget outlining all the project related expenditures under relevant budget lines. **Please refer to [Operational Manual Annex Project Budget Template](#) and [Annex Budget and Due Diligence Checklist](#) for further details.**
- Budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. Partners should avoid including only lump sum amounts and provide bill of quantities (BoQs) including list of items and costs per item to total the unit cost for the planned expenditures.
- Provide a budget narrative (as an essential component of the budget) that clearly explains the object and the rationale of any budget line. For example, shared costs, large/expensive assets, and costs/equipment required to support the regular operation of the implementing partner, are clear cases where the provision of details will be necessary in the budget narrative.
- **Project proposals that do not meet the above requirements or with missing financial and budgeting information will not make it to the strategic review stage and project proposal will be eliminated.**

For further guidance on budgeting (eligible and ineligible costs, direct or indirect costs) please also refer to the Operational Handbook for CBPF.

## 25. Start date and eligibility of expenditure

- The HFU will liaise with the implementing partner to determine the start date of the project. The earliest possible start date of the project is the date of signature of the grant agreement by the partner. The agreed upon start date will be included in the grant agreement. If the signature of the grant agreement occurs after the agreed upon start date, the date of the signature of the grant agreement takes precedence. The RC/HC can then sign the grant agreement.
- Upon signature by the RC/HC the HFU notifies the partner that the project has been approved, and sends the agreement for counter signature. Once the partner has countersigned, the agreement will be sent to OCHA FCS Finance Unit in New York for the final signature. Eligibility of expenditures will be determined by the date of implementing partner's signature of the grant agreement.

### III. Timeline and Procedure

Task description	Responsible	Key Date
Launch the call and set the allocation parameters in the Grants Management System (GMS)	Humanitarian Financing Unit	12 April 2018
Partners' applications' submission	Implementing Partners Humanitarian Financing Unit	12 April – 26 April
Send application to the Sectors Technical review and recommendations	Humanitarian Financing Unit Sectors' review committees	30 April
Technical Review received from the sector leads	Sector leads	7 May
Inform the AB with the results of the sector committees meetings and share with them list of recommended projects for final recommendation.	JHF Advisory Board, OCHA, HC	9 May
AB meeting to review recommended projects by the sector committees	AB meeting	14 May
Request the HC's final endorsement	Humanitarian Coordinator	16 May

#### IV. HFU information and Complaints Mechanism Contacts

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OCHA's Humanitarian Financing Unit (HFU) is the managing agent of the JHF- Jordan, responsible for the daily operations of all programmatic and financial processes, on behalf of the HC and in coordination with the Funding Coordination Section (FCS) at OCHA New York for ensuring compliance with standardized global policies and procedures for Country-based Pooled Funds (CBPFs). The HFU provides support to the partners and clusters during the allocation process, as well as for ongoing project implementation, monitoring, reporting and audits. The GMS Support Help-Portal assists users to navigate through the GMS system with step-by step instructions and screen shots: <https://gms.unocha.org/content/partner>

#### V. Contacts

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JHF Manager: Ms. Amani Salah, [salah1@un.org](mailto:salah1@un.org) , +962 (0) 79 535 4227.

JHF Programme Analyst: Mr. Hanna Abubarham, [abubarhamh@un.org](mailto:abubarhamh@un.org) +962 (0) 79 869 0448

Head of OCHA Jordan Office: Ms Sarah Muscroft, [muscroft@un.org](mailto:muscroft@un.org) , +962 (0) 79 897 4078.

#### VI. Complaints Mechanism

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The following email address, [OCHA-JHFU@un.org](mailto:OCHA-JHFU@un.org) , is available to receive feedback from stakeholders who believe they have been treated incorrectly or unfairly during any of the Fund's processes. OCHA will compile, review, address and (if necessary) raise the issues to the HC, who will then take a decision on appropriate follow-up action.

#### VII. Acronyms

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AB	Advisory Board
JHF	Jordan Humanitarian Fund
HRP	Humanitarian Response
CBPF	Country-based Pooled Fund
GMS	Grants Management System
HC	Humanitarian Coordinator
HFU	Humanitarian Financing Unit
JRP	Jordan Response Plan
OCHA	Office for the Coordination of Humanitarian Affairs

## VIII. Annexes

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Annex 1: Jordan Priorities

Annex 2: Southern Syria Priorities

Annex 3: Gender Guidance

Annex 4: JHF Minimum requirements for Cash-Based Programming

## Annex 1: Jordan Priorities

### **JHF PRIORITIES**

The following has been adapted from the attached sector priorities for the purposes of the Jordan Humanitarian Fund (JHF) call for proposals of March 2018.

The priorities for the JHF are more specific than the broader programme priorities of the ISWG because of 1) the short-term nature of the JHF: 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 JHF, 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 JHF funding, rather than UN agencies.

In February, refugee sector working groups have recommended four interventions for their respective sectors. Following OCHA's presentation on the JHF during the Inter-Sector Working Group meeting held on 4 March, sector coordinators further discussed and agreed to prioritize the below-mentioned interventions, considering the funding status of their sectors in 2017 and the possibility that these projects could bring quick impacts within the short period of time.

***More details of the sector priorities listed in this document are submitted along with this document.***

### **BASIC NEEDS + SHELTER + PROTECTION**

**Projects that aim to address the needs of eviction cases through a multisector approach (basic needs, shelter and protection), including soft components (such as referrals, mediation, dispute resolution and information provision) and cash assistance (conditional or unconditional cash assistance).**

This priority is a multisector priority and has been put forward by the coordinators of the Basic Needs, Shelter and Protection sectors.

#### **Justification**

JRP shelter sector needs quote:

*'...It is estimated that 1.5 million Jordanians (62%) and Syrian refugees (38%) across Jordan are living in substandard housing, mainly in urban centers and refugee camps. Shelter interventions aiming at addressing this vulnerability, such as the upgrading of substandard housing and the creation of new housing units, are needed. There is a high need to limit the increase in the rate of evictions through a multisector approach to improve referrals, monitoring and identification of vulnerable cases, in addition to mainstreaming security of tenure in all sector interventions...'*

The shelter sector has only received 22.6% of the requested 20 million USD to address shelter needs in the host communities. The shelter sector is the most underfunded sector, with 2017 overall funding level for the sector at 50%. All interventions proposed by the shelter sector as part of the JRP that are related to the upgrading of substandard shelters and emergency support to eviction cases through cash for rent and tenure security have been underfunded for the past years. The chronic underfunding of the sector has impeded the ability of the shelter sector actors to respond to the needs of the most vulnerable Syrian refugees and Jordanians. The sector estimates that 20,000 Syrian refugees are evicted on a yearly basis due to disputes with landlords, unpaid rent and unsustainable levels of debt. As a result, refugees are increasingly moving into housing of poor conditions. In addition to the protection risks linked to forced movement and eviction, refugees are therefore also exposed to health and safety risks related to poor housing conditions.

**JRP:** the priority needs highlighted in section 1 of this document are in line with the JRP shelter narrative, the sector strategy. The sector specific objective relevant to this call is SSO2 'Access to adequate, secure and affordable housing provided for vulnerable refugee and Jordanian women, girls, boys and men in host Communities' and projects under REF2.1 and 2.2 in

reference to the sector PSS. Projects that aim to address the needs of eviction cases through a multisector approach (basic needs, shelter and protection) which has case management and soft components at its core (such as referrals, mediation, dispute resolution and information provision) and is only complemented with cash assistance (conditional or unconditional cash assistance) following case management recommendations.

## HEALTH

**Projects that support secondary health care for priority cases, such as Basic Emergency Obstetric care and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) including supporting priority medical referrals from the borders and camps.**

**Justification:** The health sector in Jordan continues to face increasing needs and vulnerabilities with continued demand for services from refugees, a changing population demographic, changing epidemiology of disease and increasing rates of determinants of poor health. Rising healthcare costs<sup>1</sup>, of both services and supplies, also raise issues of sustainable financing mechanisms for this increased demand. The health sector response strategy will focus on durable solutions and aims to maintain humanitarian programming and continue to meet the immediate and short-term health needs of individual refugees.

In 2017 health sector were able to raise only 65 % of their total needs while the current funding levels mean that only 42% of refugees living in urban settings will be covered by health services, leaving over 300,000 people with uncertain access. The Vulnerability Assessment Framework (VAF) health sector vulnerability indicator found that 41% of Syrians are part of households with severe health vulnerability and 15% are part of households with high health vulnerability.<sup>2,3</sup> Moreover the VAF found 15% of Syrians are severely vulnerable in terms of being able to access health services when needed and 16 % of households have the presence of pre-existing medical conditions (e.g. disabilities or chronic illnesses) that are negatively impacting a family member's day to day life and of Syrian households report that they spend more than 41% of their expenditure on health care.<sup>4</sup>

Based on the above vulnerabilities, the identified priority to JHF will focus on maintaining long-term affordable access to comprehensive essential health services for all camp refugees and for other refugees. All projects and planned interventions should aim to mitigate vulnerabilities that facing refugees and improve the response to ongoing and standing population needs.

## PROTECTION

**Protection (SGBV focus): SGBV prevention and response activities addressing underserved areas and groups**

**Justification:** GBV continues to pervade the lives of women and girls and other vulnerable groups in the refugee and host community, because of patriarchal culture and protracted crisis and displacement there is pressure to resort to negative coping mechanisms. Analysis from GBV IMS and other assessment confirms multiple GBV risks. Although GBV prevention and response services are available in Jordan there are still gaps in geographical coverage and limitations in reaching most vulnerable groups. SGBV services are life-saving but yet they do not reach the most vulnerable women and girls in all locations and funding received from the sector do not cover the needs. SGBV

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<sup>1</sup> In February 2018, the access rate has been changed from noninsured rate to 80% of foreigner rate where cost inflated by 2 to 5 times at all level of care.

<sup>2</sup> Inter-Agency, Baseline Report, Vulnerability Assessment Framework, May 2015, available at <http://data.unhcr.org/syrianrefugees/download.php?id=8844>

<sup>3</sup> The sector identified access and availability of health care, family composition, the presence of pre-existing conditions and the proportion of household expenditure on health care as influencing health vulnerability.

<sup>4</sup> Health Access and Utilization Survey, 2017

gap analysis finalized by the SGBV SWG in February 2018 has underlined a number of critical gaps in the current response, which can be accessed on Syria regional portal:

[http://data.unhcr.org/syrianrefugees/working\\_group.php?Page=Country&LocationId=107&Id=35](http://data.unhcr.org/syrianrefugees/working_group.php?Page=Country&LocationId=107&Id=35)

The following priorities are in line with intervention for the prevention and response to sexual and gender based violence under the JRP objective of “Strengthened and expanded national and sub-national protection systems that meet the international protection and social protection needs of vulnerable groups in the governorates most affected by the Syria crisis:”

**Programmatic-Activity priorities:** SGBV case management services are life-saving and should therefore be prioritized in locations where they are not currently available according to geographical prioritization; additionally, inclusive GBV case management services to marginalized groups at high risk of SGBV. Projects combining SGBV case management and tailored cash interventions addressing acute protection needs may be considered.

Prevention activities have been identified as a major gap in the sector gap analysis; projects focusing on women empowerment (including through support groups, economic empowerment, or other methods) as well as adolescent girls-focused programming are also considered a priority. Prevention activities must demonstrate utilization of a community-based approach, while also including referral and/or access to specialized response services.

**Geographical priority:** The following locations lack SGBV programming and are therefore a priority for this allocation: Azraq camp village 2, Emirati-Jordanian Camp (for which SGBV and Child Protection activities may be considered, considering gaps in SGBV and Child Protection coverage), South of Jordan where number of refugees is low but there is absence of specialized services. Projects with well-developed justification for scale-up in services in areas with highest refugee populations may be considered when available services are insufficient to address critical SGBV needs. For Azraq Camp and Emirate-Jordanian Camp, organizations with existing authorization to undertake activities inside the camp may be prioritized, to ensure feasibility.

## **WASH, BASIC NEEDS AND LIVELIHOODS WORKING GROUP – AZRAQ CAMP**

**Cash assistance in Villages 2 and 5 targeting vulnerable individuals through the expansion of the Greywater Project (a joint submission from the WASH Sector and Basic Needs and Livelihoods Working group)**

### **Justification**

Based on the costs incurred in Villages 3 and 6, it is expected that this project will cost approximately US\$1.2M. In 2017, there was a funding gap of 49% for the WASH sector. While the figures for 2018 are not yet available, the funding outlook for 2018 is looking bleaker than in 2017, when major infrastructural projects in Za’atari accounted for large proportions of the funding. Currently no donors have expressed any commitment for this project to fund, despite its importance in several areas; gender; protection; livelihoods; child safety and environment. If this funding is received, there will be a direct impact upon the lives of an estimated 16,900 people in Villages 2 and 5. A direct improvement to the lives of people living in these two villages, which are considered the most under-served in the camp, will have an enormous positive impact on the wellbeing, psychology and livelihood and training options for some of the most vulnerable people in the camp.

### **Outline of the project**

**Where:** To expand the Greywater project to 5,532 shelters in Village 2 (2,412 shelters in 201 plots) and Village 5 (3,120 shelters in 260 plots) in Azraq camp

**What:** To connect all of the households in Villages 2 and 5 in Azraq to the underground collection tanks at the Communal WASH Blocks, to enable the greywater from the shelters (from the kitchens and bathing areas) to be collected and safely disposed

**Who:** An estimated 16,900 people in Villages 2 and 5 will benefit, including 103 IBVs

**Why:** This project will aim to address three key concerns in Azraq; the protection concerns for girls and women in Azraq who have clearly stated in surveys and in community gatherings that they do not like to use the communal facilities for bathing due to safety, dignity and privacy concerns. The low usage rates of the current WASH Blocks (where only 8% of girls and women use the facilities; 9% of boys and 11% of men) highlight these concerns. The second concern relates to the ability of people with a disability to use the facilities, without having to walk (or be carried) to the communal WASH block. The third major issue relates to safety concerns, particularly for children, relating to pools of standing water, which children play in. The issue of pools of standing water has been a particular concern for Azraq during the previous successive outbreaks of Hepatitis A.

**JRP:** the expansion of the greywater project was included in the JRP 2018-2020 project 6.2 (REF 6.2 - Construction, operation and maintenance of (greywater network) in camps).

## Annex 2: Southern Syria Priorities

### Jordan Humanitarian Pooled Fund Allocation 1

*Jointly submitted by Food Security, Shelter/NFI and WASH sectors*

#### 1. Strategy and Linkage with HRP

The Food Security, Shelter/NFI and WASH sectors jointly propose a multi-sector in-kind response with a multi-purpose cash based component to provide assistance to vulnerable IDP households in the Nawa area, where the IDP concentration is particularly high. The cash component builds on the lessons learned from ongoing cash based response in southern Syria, a study conducted on stakeholder analysis on cash based response in southern and central Syria<sup>5</sup>, trend analysis of market/price monitoring and each sector's needs/severity and common priority interventions. The proposed strategy is to ensure that the most vulnerable households, in addition to in kind food assistance (from ongoing pipelines) receive in-kind and cash based assistance to access fresh food, NFI, water and meet shelter requirements such as rent/repairs.

Sector	HRP sector objective
Food Security	Sector Objective 1 – Provide lifesaving and life sustaining food assistance. Activity 1.3. related to supplementary food assistance for dietary diversity Sector Objective 3. Activity 3.2 related to Support rehabilitation of relevant economic/productive infrastructures through appropriate modalities
Shelter/NFI	Sector Objective 1 - Provide life-saving and life-sustaining shelter and NFI support. Activity 1.1 Provision of core and essential NFIs; Activity 1.3 Provision of life-saving and life-sustaining shelter; Sector Objective 2 -- Contribute towards the resilience and cohesion of communities and households by improving housing and related community/public infrastructure., Activity 2.1 Support to sustainably repair/rehabilitate housing and related community/public infrastructure and facilities to owners/tenants/host families
WASH	Sector Objective 2 related to delivering humanitarian WASH supplies and services to most vulnerable people related to output 2.2 (Improved access to lifesaving/emergency WASH facilities and services).

#### 2. Needs as per HNO

##### Food Security Sector

Food Security Sector estimates over 563, 417 people in need of food and livelihoods assistance in southern Syria. Sector assessments show that IDP livelihood opportunities are still reduced and residents have depleted their productive assets and savings needed to relaunch livestock and agriculture activities in rural areas. In addition, high contamination by explosive hazards in the southern strip of Dar'a governorate will significantly impact the ability of farmers and herders to exploit their livelihoods. Market supply is average. Prices recently stabilized if compared to previous years, although at very high levels, thus significantly reducing purchasing power, even for those households still counting on regular income or remittances. Coping strategies are likely to further deteriorate with the expected scenarios and/or seasonal increase linked to increased cost of food, fuel and transportation costs, and also non-food expenditure. In 2017, Food Security Sector partners

<sup>5</sup> [http://fscluster.org/sites/default/files/documents/stakeholders\\_analysis\\_report\\_cbr\\_fss\\_with\\_annexes\\_1.pdf](http://fscluster.org/sites/default/files/documents/stakeholders_analysis_report_cbr_fss_with_annexes_1.pdf)

assisted about 74 percent of the acute PiN in the governorate through monthly food baskets. While 10 percent of the total PiN received assistance through livelihood-based activities as both direct and indirect beneficiaries. This demonstrates that even though food assistance has been regular, additional resources to diversify diet, utilize food, and improve coping mechanism is a critical gap.

**Priority Interventions** as reflected from HNO include emergency response within 72 hours through provision of regular food assistance, supplementary food assistance, protecting and restoring livelihoods and rehabilitating related productive assets/infrastructure.

The multipurpose cash based response component will assist in enabling targeted households to access fresh food/dietary diversity (in addition to in kind provided by the sector partners), fuel for food utilization and create small irrigation structures for water conservation to sustain agricultural livelihoods inputs provided by the sector partners to households in the targeted areas.

## Shelter/NFI

Western Dar'a has 9 sub-districts; these sub-districts have a Shelter PIN of 128,000 and NFI PIN of 136,000 (source HNO data). Several small hard-to-reach communities are in the north, while the town of Nawa hosting some 34,000 IDPs (source: PMI), is in the middle, and the south comprises Mzeireb and Da'el – two severely affected sub districts – which are situated in a somewhat precarious position between the ISIL-controlled territory and Government-controlled territory. Ash-shajara sub-district in the western extreme of Dar'a governorate is largely inaccessible due to the ISIL-affiliated Jaysh Khaled Ibn al-Walid. Dael and Mzeireb are underserved sub-districts with two hard-to-reach populations (affected by ISIL-affiliated group JKW), as well as having severe shelter problems (level 4 severity) across each sub-district, as identified in the HNO. Dael also has a critical NFI problem (level 5 severity) while in Mzeireb the NFI need is less critical but still constitutes a major problem (severity level 3). Jointly, according to HNO data, Dael and Mzeireb have 62,000 people in need of shelter and 48,000 people in need of NFI. Since January 2017, fewer than 12,000 people have been provided with shelter assistance in Dael and Mzeireb. The HNO identifies As-Sanamayn sub-district as having an intersector PIN of 80,000 people, with over 90% of them living in the northwest of Dar'a Governorate. As-Sanamayn sub district (which is north of Nawa) has 26,000 people in need of shelter, yet barely 4,000 people in this part of northwest Dar'a have received shelter support since April 2017; those that have been assisted received emergency shelter which has a limited durability.

## Priority Interventions

In line with the HRP, a priority will be to save and sustain lives through the provision of timely, targeted and appropriate assistance to displaced people in temporary and last-resort locations such as informal tented settlements. (ITS) and collective shelters. It will also include support to families whose minimum standards are not met. Priority is also be given to the objective of contributing toward the resilience and cohesion of communities and households by improving housing and related community or public infrastructure. Assistance will be provided to owners, tenants and host communities.

## WASH

There are an estimated 710,629 people in need of WASH across the south hub (HNO 2018). 76% of households in opposition controlled areas are reliant on water trucking and spending up to 20% of household income on water trucking (Feb 2017 WASH Sector Assessment). The existing water networks are not functional due to non-functioning wells/pumping stations and damaged water networks and many Informal IDP collective shelters are located in areas where there is no existing water source or water network access. Water trucking is being provided by unregulated vendors with risks of water being collected from unprotected and untreated water sources. There is also a need to chlorinate water sources/wells that feed existing water networks in order to avoid disease outbreak.

There is also a need to ensure adequate water storage at IDP collective shelters particularly as many families are reliant on water trucking as their only water source.

**Priority Interventions:** Provision of emergency water supplies, water storage facilities and rehabilitation of longer term sustainable water infrastructure integrated with water safety planning (including chlorination) and training water units/committees, meeting the lifesaving interventions, infrastructure and water quality assurance needs as described in the HRP objectives. A project focusing on unconditional SMEB that will help people to buy water from water vendors/trucking will not cover all the needed interventions but at least the first one : “provision of emergency water supplies”.

If part of the unconditional SMEB is used by beneficiaries to buy water, essentially from water trucking vendors, there is a need to ensure that the quality of the water provided is acceptable and that the water is safe (chlorinated in an appropriate manner). The proposed target locations are part of existing target households for Water Safety Planning activities implemented by CARE in the South. During project review complementarity in terms of locations between the two projects will be aimed.

- unconditional SMEB that will help people to buy water from water vendors/trucking
- water safety planning that will allow to ensure that water received by beneficiaries is appropriately treated/disinfected

### 3. Geographical Focus

- Providing a response to western sub-districts in Dar’a would help to meet the real and present needs, across all four sectors as already identified and established in HNO (alongside PiN and severity). Thus, this allocation will focus on responding to more concentrated needs in southwest Dar’a (Mzreib, Dael, Tassil) or to underserved parts of northwest Dar’a (As Sanyman, Jasim, Nawa). From these sub districts, final list of locations will be selected during project review based on partners’ capacity, market functionality, gaps in response and other related criteria. An estimated 3,500 – 4,000 households (21,000 – 24,000 people) expected to benefit from this approach through an inter sectoral vulnerability criteria. Indirect beneficiaries from small scale asset rehabilitation (canals etc) expected to support more people.
- As requested and recommended by the inter-sector working group, the proposed multi-purpose cash based response should be able to respond to the needs highlighted in HNO while also being flexible enough to adapt to the potentially shifting situation, should the end of winter bring a new wave of conflict, and conflict-related displacement, or should there be a spike in returns or localised breakdowns in social cohesion.

Sub district	IDPs	NFI PIN	NFI severity	Shelter PIN	Shelter Severity	FSS PIN	FSS severity	WASH PiN	WASH severity	HtR
Tassil	5,144	8,864	4	2,417	2	11,994	3	22,585	3	
As-Sanamayn	30,366	26,328	3	25,934	3	96,567	4	99,200	3	Kafr Shams Samlin, Barqa
Mzeireb	57,747	23,595	3	43,928	4	79,349	4	107,897	3	Mjeidel, Mahjeh, Malzumeh
Jasim	15,700	16,252	3	6,278	2	43,323	4	44,316	3	
Nawa	28,123	13,550	3	12,662	3	51,080	4	58,402	3	
Da'el	18,125	24,080	5	18,266	4	15,983	3	39,350	3	Edwan

## Annex 1: Further background on proposed Multi-Purpose Cash Grant Component

FSS conducted a study on stakeholders' analysis on cash based response in 2017 in south and central Syria. The study concluded that cash-based programming has the potential to improve the coverage, flexibility, efficiency, and effectiveness of humanitarian response efforts while providing choice and dignity to beneficiaries. While most assistance to date has been delivered in-kind, there is widespread interest in expanding the use of cash-based approaches in Southern and Central Syria and significant experience with a cross-border cash response in Northern and to some degree in Southern Syria. Despite limited experience with cash-based programming, unrestricted cash is the preferred transfer modality by both beneficiaries and NGOs (as compared to in-kind aid and vouchers). The decision to provide cash assistance as restricted or unrestricted should be project-specific, based upon project objectives and trade-offs in target operating environments, taking note of stakeholder preferences. The study recommended that agencies, as per their organizational protocols and standards, initiate further understanding of various aspects of Cash Based Transfer by assessing cooperating partners' capacity, information technology capacity, retail logistics, associated financial considerations, and field security, as well as identifying appropriate procurement options. As the stakeholders' analysis demonstrate preference for cash based transfers, operational partners are recommended to consider the key considerations provided in this study's report closely to determine the practicability of a gradual shift away from in-kind assistance, which at times has been problematic to deliver, towards a blended-response that includes both cash programming and in-kind assistance. Supporting humanitarian agencies to strengthen organizational structures and staff capacity for implementation of cash-based programming and increasing coordination among implementers and donors will facilitate a harmonized and more efficient response. Cash assistance can reduce fiduciary risks of assistance, in particular if there is increased attention to beneficiary targeting mechanisms and post-distribution verification, both of which can help to reduce diversion of aid. Coordinated response with strong risk mitigations will determine the feasibility of delivering cash transfers at scale.

Taking into consideration the above recommendations; the approach taken by FSS, S/NFI and WASH sectors for JHPF are as below:

**Blended/complementarity approach:** The approach taken by FSS, S/NFI and WASH sectors is to provide appropriate in-kind assistance together with a multi-purpose cash based response (cash or voucher) as a top up/supplement to in kind food assistance. Thus, the platform of in kind food assistance by FSS will be used to reach the same households with appropriate in-kind assistance and Multi-Purpose Cash Grants (MPCG). The cash component will mean that the targeted households can access shelter (rent/repair), NFI, fuel, safe water, hygiene kits, fresh food and other items as they see fit. Thus, the full package will be a combination or blended approach with in kind food (from existing pipelines) and cash/voucher (conditional or unconditional based on the project objective). This implies the fund sought from JHPF will be complemented by ongoing projects from FSS.

In the context of southern Syria, and in particular with regard to providing shelter response, a number of challenges arise through cross-border in-kind or direct assistance. Notably: with regards kit-based in-kind assistance from Jordan, certain items central to a shelter kit (e.g. nails, screws, screwdrivers) have been prevented from being transshipped, meaning that the items must be procured locally within Syria, and cost efficiencies are lost as kits need to be repackaged with the additional locally procured items added. Where direct assistance is provided, the work requires close remote monitoring from Jordan and is supplemented by third party verification; in the case of providing direct assistance to collective shelters, implementing agencies have maintained economies of scale, reaching multiple households with substantial interventions in relatively large collective shelters. However, the primary IDP hosting modality in southern Syria is for IDPs to be hosted within private households; a cash modality could provide the most vulnerable households living in inadequate shelter (whether privately hosted or living in shelters of last resort) with assistance to help meet basic needs, potentially

piloting a modality that could provide self-tailored assistance to people in need of shelter whether they are privately hosted or in shelters of last resort. If in-kind or direct shelter assistance is used as a modality on a small scale, seeking to provide the same level of flexibility (and ensuring oversight of quality assistance) will require funding that may significantly reduce the number of beneficiaries reached. However, while a closely monitored cash modality could provide wider reach and flexibility for beneficiaries, direct or in-kind shelter assistance could nevertheless supplement cash to provide multisector assistance and contribute substantively to the significant unmet needs in the shelter sector, notwithstanding the aforementioned limitations.

**Project design and Risks mitigation:** The three collaborating sectors will invite projects that will take an integrated approach and work in close coordination with in kind food distribution on-going projects for the complementarity approach. The aim will be to have 1 or 2 projects reviewed together by the different sectors and vetted from the submissions that demonstrate the required conditions. The geographic area in focus has already seen cash based response in the recent past; On-going REACH market monitoring shows also that markets are functioning in these areas. However, selected projects will be requested to ensure commodity specific analysis is conducted as well as all steps related to risks mitigation including post distribution monitoring is done in full compliance of cash based programming guidelines.

**Preparedness in case of access disruptions:** All scenarios on southern Syria indicate the possibility of disruption of access to western parts of Dara and onwards, thus to have this option of cash based response will ensure that we have enough flexibility to respond to the existing as well as emerging new needs in a coordinated way.

### **The Health, Nutrition, GBV and Mine action Joint Proposal**

- **Sector Needs (HNO) and Objectives (HRP)**

**Health** (Requested: 13.9 million southern Syria; 219 million Whole of Syria, Funded: pending)

**HNO:** The health situation continued to deteriorate throughout 2017 – in southern Syria alone there were 6 times as many measles cases in 2017 as compared to 2016. Lack of basic services increase vulnerability to disease outbreaks and worsens health conditions. Continued attacks on health care have forced closure or relocation of facilities. In southern Syria, many facilities and populations relocated to border areas early on in the crisis, yet those who stayed behind are under-served, particularly in NW Dar’a and E. Dara. Endemic violence, including IEDs and criminality create movement restrictions for patients, with women, children and elderly among the most vulnerable. If violence escalates, already under-served areas may be forced to absorb 60,000-90,000 IDPs.

**HRP:** Mobile units in under-served areas of NW Dar’a and E Dara are in line with Strategic Objective 1 *to provide life-saving and life-sustaining assistance with an emphasis on those most at risk and in need.* Since mobile units can also be re-purposed in the case of emergency response, they also serve Strategic Objective 3 *to improve health system capacity... and community resilience and response to IDP movements and disease outbreaks.*

**Nutrition** (Requested: 3.5 million, Funded: 22%)

**HNO:** 4.6 million children under the age of five and pregnant and lactating women (PLW) across Syria are in need of emergency preventative and curative nutrition intervention services. Out of 4.6 m in need 85,257 children under five and 52,986 PLWs are in need of nutrition assistants in southern Syria.

Additionally in south Syria, 51,154 children under five suffer from micronutrients deficiency and 31,792 caregivers are require nutrition services and optimal infant and young child feeding services. There are 42,629 children under five and 26,493 PLWs are in need for malnutrition screening with provide referral for acute malnutrition cases available nutrition clinics.

**HRP:** The proposed project is directly links to two objectives and priorities for nutrition sector set in 2018 HRP: Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition. In addition to, Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and PLWs

**GBV** (Requested: pending, Funded: 48%)

**HNO:** GBV continues to pervade the lives of women and girls living in southern Syria. In Dar'a alone, sexual violence was cited as a protection threat in 67% of FDGs while child marriage was described as widespread. Domestic violence was mentioned in over half of the FDGs. Despite widespread need, quality, specialized GBV services across Dar'a are extremely limited – only five locations offer specialized services. NW Dar'a and all of Eastern Dara lack specialized GBV services.

**HRP:** Expanding availability of GBV services both in mobile clinics and health facilities aligns with GBV Objective 1 *to ensure survivors have access to quality specialized GBV services and measures are in place to prevent and reduce risks of GBV.*

**Mine Action** (Requested: 7.4 million, Funded: 55%)

**HNO:** Contamination of explosive hazards is an ongoing danger to civilians and the delivery of humanitarian aid, with an average of 22 explosive incidents per day across southern Syria. Key vulnerable groups include IDPs – a large number of whom are displaced in NW Dar'a – and children.

**HRP:** Delivery of risk education is key priority in line with Protection Objective 4 *to reduce impact of explosive hazards* and Strategic Objective 2 *to enhance the prevention and mitigation of protection risks.*

### **Chapeau:**

The sectors and sub-sectors of Health, Nutrition, GBV and Mine Action are pleased to present an integrated package the leverages existing investments in health while aiming to fill key gaps among vulnerable individuals. By integrating key services within the health delivery service infrastructure, protection and nutrition colleagues can expand their reach to additional populations. Furthermore, by investing in prevention of explosive injury, and prevention and rapid treatment of incidents of GBV and malnutrition, patients will enjoy better health outcomes and the burden on health facilities will be reduced. Finally, mobile units are proven model used throughout Syria: their dual capacity for routine delivery of services as well as emergency response makes them an ideal intervention to respond to the dynamic needs of communities in NW and Eastern Dar'a – both of which are anticipated to experience significant escalation in violence over the coming months.

- **Project Description**

1. *Provide integrated **mobile services***

- Noting the contraction in the number of supported static health facilities, as well as the existence of remote and under-served communities, two mobile units, one each in East and West Dar’*a*, will be supported to deliver integrated services.
  - Mobile units can also be deployed as rapid response teams in the case of escalation in violence and therefore confer a level of preparedness across all three sectors. Core services to be provided include:
    - Primary health care services will be provided by a clinical outreach team
    - Nutrition screening of children under 5 years using MUAC and referral to treatment centers
    - Micronutrient interventions for Pregnant and Lactating Women (PLW) and children <5
    - GBV mobile response including prevention outreach, the provision of psychological first aid (PFA) as well as referral to specialized GBV services in static/mobile facilities providing case management services/focused PSS.
    - Mine action risk education to patients and surrounding communities
    - Transport of patients to static facilities to enable higher level care
2. ***Establish a stock of primary health care medicines and medical supplies.***
    - Primary health care (PHC) medicines and medical supplies will be immediately deployed in support the running of mobile units.
    - A recent (Feb 2018) survey of health sector partners revealed that PHC contingency stocks are scare and mostly proprietary. Yet, current scenarios predict military escalation could result in displacements of 60,000 persons or more in both East and West Dar’*a*.
    - The health sector will therefore bolster the mobile unit supplies with additional PHC stocks in east and west Dar’*a* that can be channeled to areas experiencing high levels of displacement
    - Dialysis medicines and supplies for the only dialysis center in NW Dar’*a* will be procured
  3. ***Ensure integration of essential nutrition services, GBV response services and risk education within existing static facilities.***
    - Micronutrient interventions at the partner’s static facilities, particularly facilities providing reproductive health services, will be integrated and strengthened to ensure targeting of pregnant and lactating women (PLW) as well children under five.
    - Nutrition screening and referral to existing CMAM centers from static and mobile facilities.
    - GBV focused response services will be available in static facilities, including health facilities and women and girls’ safe spaces, and will be a point of referral for the mobile response unit when access allows.
    - Health response to GBV is available in all catchment areas covered by the intervention, including trained health providers and CMR kits.
    - Provide mine action risk education to health care workers and patients coming to facilities
  4. ***Provide capacity-building to new and existing staff to enable the delivery of these services.***
    - Mobile unit teams, as well as staff from static health facilities, will receive training, capacity-building and mentoring to ensure quality provision of these essential, life-saving health and GBV services.
    - The health staff from humanitarian partners will be trained to facilitate IYCF awareness raising including training on the standard operating procedures for targeted breast milk substitutes (BMS).

**TOTAL ESTIMATED BENEFICIARIES:** Up to 120,000

## Annex 3 Gender guidance

### **Note for organization submitting projects on Protection and Gender Mainstreaming:**

Protection imperatives will be mainstreamed across all prioritized sectors, as part of the commitment to the “do no harm principle and the “centrality of protection” in the humanitarian response. All proposals must demonstrate how protection principles, including child protection, GBV considerations and Gender Equality are incorporated and protection mainstreaming considered in project design. For example, please consider:

1. How are you ensuring all people can access and use assistance/services provided under the project? Please give specific examples. For instance, what adjustments will be made to ensure elderly or disabled persons can access and use assistance/services? What specific actions will be taken to minimize risks to children’s safety and wellbeing that the project might inadvertently exacerbate?
2. Activity indicators reflecting the project’s considerations of “do no harm” principles, so that protection considerations within the project can be measured.
3. Besides vulnerability criteria, how the project will take the specific needs of vulnerable groups into account? For example, has the method of distribution or the type(s) of service provided been adjusted? How will you ensure that the specific vulnerabilities faced by girls and boys are taken into account when NFI distributions and shelter interventions will be implemented? How will you ensure that distribution points are accessible and safe for women and children? How will you ensure that “less visible” vulnerable groups, such as destitute older persons, people with disabilities, unaccompanied and separated children etc. will have equal access to the services provided based on needs? How will you ensure that the girls and boys of all ages and their caregivers, especially pregnant and breastfeeding women and girls have access to safe and appropriate food?
4. Specific confidential complaints and feedback mechanisms could be set up within to safely receive and respond to allegations of sexual exploitation and abuse experienced by women, girls, boys and men in receiving goods and services provided by the project. Descriptions of the mechanisms should be explained in the proposal for review by Protection sector to ensure that a risk analysis of the complaints and feedback mechanism itself is also conducted.
5. Score the project proposal using the current IASC Gender Marker with clear indications how gender equality elements and measures will be monitored and reported on. This is a self-applied coding system that checks the extent to which gender equality measures have been integrated into project design. It recognises that differences between women, men, boys and girls need to be described and logically connected through three key sections of a proposal:
  - a. The need assessment (context/situation analysis)
  - b. The activities
  - c. The outcomes
6. In all sectors, HF funding will prioritize projects achieving the highest gender marker code signifying that the project has made significant efforts to address gender concerns or the principal purpose of the project is to advance gender equality.
7. Only projects which scores Gender 2A and 2B will be considered for the funding. Exceptions to this requirement must be defended with the intent to build awareness and capacity to ensure the project can achieve the required gender marker during the project period.

The gender marker is only one tool used to promote gender equality. The JHF encourages the use of participatory approaches, involving affected communities (male and females) in needs assessment, implementation and monitoring and evaluation, fielding gender balanced assessment and monitoring teams, developing gender indicators and ensuring programming tools (surveys, strategies, objectives) are gender sensitive.

Please also consult the following link for a specific tip sheet for each cluster. The tip sheet includes a form to assist teams in reviewing project Gender Marker codes. These and other resources are available in four languages (including Arabic) at:

<http://www.humanitarianresponse.info/themes/gender/the-iasc-gender-marker>

<https://www.humanitarianresponse.info/topics/gender/document/gender-marker-tip-sheets-arabic>

<http://www.humanitarianresponse.info/topics/gender/document/gender-marker-tip-sheets-english>

## **Annex 4 Cash Guidance**

### **Background and purpose**

The purpose of this guidance note is to advance the ongoing consultative process within OCHA in order to support Humanitarian Financing Units (HFUs) in:

- a. Ensuring project proposals related to cash transfer programming (CTP) are developed based on agreed sectoral and in-country minimum requirements.
- b. Putting in place appropriate quality assurances (incl. monitoring mechanisms) across funds
- c. Tracking past and ongoing projects with cash-component to compile best practices.

CBPF Partners are expected to adhere to in-country sectoral and government regulations and rules on CTP, noting that adherence to the following requirements does not guarantee the approval of project proposals with cash transfers submitted under CBPF allocations.

### **Minimum Requirement 1: Partner Performance**

1. Partner experience in CTP is evidenced and endorsed by the Cluster or Cash Working Group (CWG).
2. Partner addresses risk of misappropriation of funds, duplication of assistance, security of staff and/or beneficiaries in proposal narrative or through organizational regulations.
3. Partner clearly demonstrates the benefit of cash for beneficiaries versus other interventions.

### **Minimum Requirement 2: Cash Feasibility**

4. Market assessments and analysis have been conducted for the geographic area in question, and the impact of the action on local markets has been evaluated.
5. Acceptance of CTP amongst beneficiaries and Government has been evaluated.

6. Financial service provider capacity and availability of transfer mechanisms have been assessed.

### **Minimum Requirement 3: Distribution of Cash Assistance**

7. Cash transfer mechanism options (such as cash in-hand, vouchers, mobile phone payments, number of instalments, amount, and currency) are clearly explained in proposal.
8. Process and details of distribution are specified, with access constraints addressed and, where relevant, crowd control-flow.
9. Benefit of the chosen distribution modality chosen is clearly demonstrated and Cluster or CWG approved.

### **Minimum Requirement 4: Monitoring and Post-Distribution Monitoring (PDM)**

10. Partner has established a proper PDM mechanism (internal or external, possible role for the CWG), considering access constraints and including a PDM questionnaire.
11. Partner will submit a PDM report to the HFU for endorsement and further sharing with CWG, the Clusters, and OCHA.