

I. Allocation Overview

A) Introduction/Humanitarian situation

Nine years into the Syria crisis, Jordan continues its efforts to face the prolonged challenges. In 2021 Jordan is hosting 1.36 million Syrian refugees, the number of refugees registered in Jordan currently stands at 744,795 persons of concern, among them approximately 655,000 Syrians, 67,000 Iraqis, 15,000 Yemenis, 6,000 Sudanese and 2,500 refugees from a total of 52 other nationalities. According to UNHCR's statistics over 80 per cent of the registered refugees live in urban and rural communities across the country, with less than 20% residing in camps.

Coupled with the outbreak of COVID-19, critical pressures are straining the country's social, economic, institutional, and natural resources with increased constraints for access to public utilities, schooling, health services, and employment opportunities placing Jordan in a fragile situation.

This strategy paper draws on recent sector-led exercises to identify urgent priorities and gaps to address new or additional humanitarian needs, the allocation will prioritize two sectors: **(1) Health and (2) Child Protection.**

II. 2020 1st Standard Allocation Strategy

A) Purpose of the 2020 1st Standard Allocation Strategy and linkages to the Jordan Response Plan (JRP).

- 1. The Allocation Strategy is in line with the objective of the JRP to mitigate and respond to the impact of Syria crisis and COVID-19 on people in Jordan.** Projects will be prioritized based on: "Support saving lives, alleviate suffering and increasing access to humanitarian assistance for vulnerable people and those with specific needs". The Allocation will respond to inter-sectoral priorities in line with the JHF's objectives and projects' prioritization criteria. The allocation will fill urgent gaps to ensure support to the affected population, guided by the humanitarian principles of humanity, neutrality and impartiality.
- 2. Allocation Sectoral Priorities and Target Groups:** To maximize the impact of this allocation, projects addressing critical needs in the Health and Protection sectors will be considered. Special attention will be given to projects addressing the needs of People with Special Needs targeting both Syrian Refugees in host communities and in camps, vulnerable Jordanians and refugees from other nationalities, prioritizing areas with the highest needs. Complementarity sector projects and interventions in targeted geographical areas are encouraged to support coherence and added value.
- 3. Organizations submitting projects on Protection and Gender Mainstreaming** must demonstrate how protection principles, including child protection, GBV considerations and Gender Equality are incorporated and mainstreamed in project design. 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.

B) Allocation Amount and project duration

4. **JHF Funding Balance:** As of May 2021, the JHF has a balance of US\$ 2.2 million. To date in 2021, the JHF has received contributions from the government of Germany. The HC has decided to allocate \$2 million. **The submission deadline is set to Sunday 6 June 2021**

Standard Allocation envelope	\$ 2,000,000
Project Duration	Up to 12 months

C) Prioritization of Projects

5. Partners who 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.
6. Partnerships between new and existing JHF partners are encouraged in line with the JHF’s capacity development objectives.
7. Multi-sectoral collaboration and complementarity between activities in the selected sectors is encouraged to provide a comprehensive package of assistance, wherever feasible.

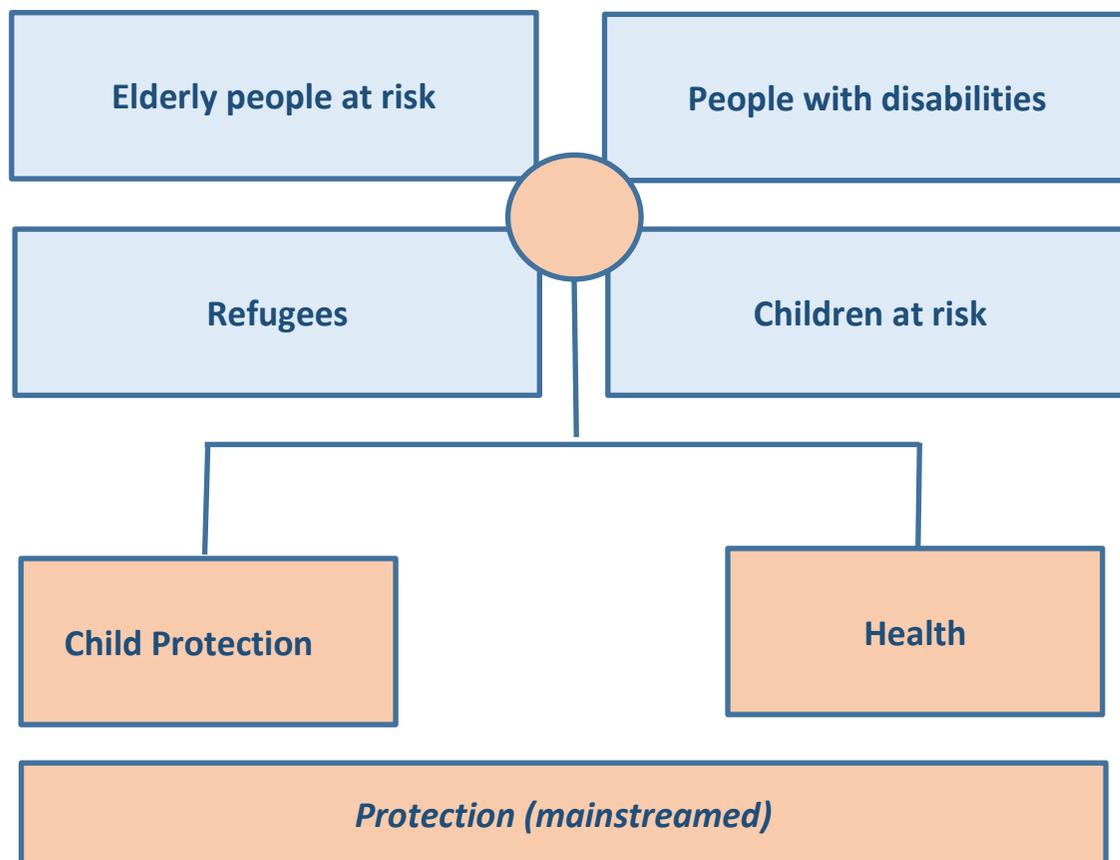
D) Priority Target Groups for Allocation

- a. **Elderly people:** Older people are more susceptible to COVID-19 because of weakened immune system and increased propensity for underlying health conditions, such as heart disease, diabetes or cancer. Older people are also at risk of indirect health impacts for example, adverse mental health consequences and deteriorating health status due to interruption in management of long term conditions due to suspension non-COVID related essential health. Most elderly in Jordan do not have a pension and rates are particularly low among women. Many older persons rely on household support, which is likely to be less reliable in the event of economic stresses on household.
- b. **People with disabilities.** Significant numbers of disabled people lack sufficient economic resources to access health care, live in remote areas or have mobility constraints, making access to access health care or markets challenging. Fears of stigmatization and discrimination may complicate how, if, or where they are able to access health care. Increased movement restrictions due to COVID-19 exacerbates existing challenges. Adapted and actionable information to protect against contamination is not consistently available to them, which is exacerbated when there is no social support network to help them face the new threat. Those who live in crowded environments are more vulnerable, particularly where there is inadequate health, water and sanitation facilities to prevent contamination and the spread of the virus.
- c. **Refugees** – Whether originating from Syria, Palestine or elsewhere - are amongst the most vulnerable people and communities in Jordan. Refugees face specific risks to Covid-19 (e.g. high population density in the camps) and encounter specific vulnerabilities (e.g. high incidence of respiratory conditions).
- d. **Children at risk:** Person below the age of 18¹ who is at risk due to his/her age, dependency and/or immaturity.

For projects that focus on Informal Tented Settlements or refugees of other nationalities than Syrians, the applicant should contact OCHA/HFU for discussion

¹ The Convention on the Rights of the Child (CRC) defines, in Article 1, a “child” as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier”. See: <http://www.unhcr.org/refworld/docid/3ae6b38f0.html>.

In line with the JHF's guiding principles for 2021 allocations, projects that are submitted against this allocation should put extra focus on responding to the needs of the vulnerable individuals and those with specific needs. The JHF targets critical funding gaps and urgent humanitarian needs of the following specific groups.



E) Sectors' Priorities and Alignment with the Jordan Response Plan (JRP)

Sector	Priority	JRP overall objective	JRP Sector Specific Objective	Standard indicator/s from the JRP	Geographical locations
Health	<p>Projects that support secondary health care for priority cases, such as Basic Emergency lifesaving interventions and Comprehensive Emergency Obstetric, Newborn Care (CEmONC); child health care and nutrition; and including supporting priority medical referrals</p> <p>Output 1: Access to lifesaving, secondary and tertiary care provided directly or through cash support and/ or logistics and other support to referrals.</p> <p>Output 2: Access to comprehensive emergency obstetric and neonatal care provided to women and girls at risk, directly or through cash support and/or logistics and other support to referrals</p>	To improve the health status of Jordanian host communities and Syrian refugees by meeting humanitarian health needs, promoting resilience, and strengthening the national health system and services	Increased equitable access, uptake and quality of secondary and tertiary healthcare for Jordanian and Syrian WGBM in impacted areas	<p>Number of WGBM referred for secondary and tertiary care</p> <p>Number of deliveries in presence of skilled Attendant</p>	Camps and major north urban centers will be the main targeted group for this call.
<p>Justification:</p> <p>Jordan's health sector continues to face increasing needs and vulnerabilities with continued demand for services from refugees, a changing population demographic, continued pandemic and increasing rates of determinants of poor health. Rising in health care cost has been noticed by 47% of refugees. 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.</p>					

In 2020 health sector were able to raise only 45.9 % of their total needs of refugees, while the current funding levels mean that very little refugees living in urban settings will be covered by health services, leaving the majority of people with uncertain access. The Vulnerability Assessment Framework (VAF) health sector vulnerability indicator found that 49% of Syrians are part of households with severe or high health vulnerability. Moreover the VAF found 47% reported increase in health care cost and 17% of Syrians incurred debt to cover their health expenditure. The vast majority of refugees (79%) were no longer able to afford their medication and 72% confirm that the increased cost prevented them from visiting doctor when needed.

Based on the above vulnerabilities, the identified priority to JHF will focus on maintaining long-term affordable access to essential lifesaving health services for most vulnerable refugees (women and girls at risk during reproductive period, children and patients with chronic life threatening illnesses) who can't afford service while refugees in the camps and major north urban centers will be the main targeted group for this call.

Finally, all projects and planned interventions should aim to mitigate vulnerabilities that facing refugees and improve the response to ongoing and standing population needs.

Sector	Priority	JRP overall objective	JRP Sector Specific Objective	Standard indicator/s from the JRP	Geographical locations
Protection (Child Protection)	Provide inclusive child protection case management, hotlines and multi-sectoral services, including for situations of child labour (both for regular and worst forms of labour) Child Marriage, and other child protection concerns which were further affected by COVID situation.	To provide all vulnerable groups affected by the crisis with access to improved social protection services and legal protection frameworks in all governorates affected by the Syria crisis	REF 1.8: 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 <i>(Providing quality child protection services to the most vulnerable children in Jordan.)</i>	Number of WGBM with access to protection services in accordance with international and national standards. Number of national and sub-national protection systems with increased capacity to provide quality social protection services in Jordan	Urban and Camps

Additional information:

- Provide inclusive child protection case management and multi-sectoral services, including for situations of child labor (both for regular and worst forms of labor) Child Marriage, and other child protection concerns which were further affected by COVID situation:

1. With regards to Child Labour, case management agencies reported that 2,208 child labor cases were identified and received case management services in 2020. Child labor featured as the highest growing child protection concern, especially since the start of the COVID19 situation and the release of full-lockdown restriction.
2. On child marriage, in camp locations, monthly statistics of child marriage indicate that 60% to 80% of new marriages are actually child marriages, depending on the location. The extent of child marriage in urban locations is still not fully comprehended and in need of further efforts and scrutiny.

Other child protection concerns that were also on the rise as per recorded data in 2020 had violence neglect and abuse against children as one of the top three major child protection concerns during the year.

Justification:

With the continuation and prolongation of the COVID-19 situation, and the associated financial strains on families, rising numbers of identified cases of child labor, early marriage and increased violence against children, there is a need for enhancement of the current levels of case management (utilizing both remote and in-person modalities) to enable proper response and protection of the children at risk as well as those facing child protection situation. Currently, there is a gap in area of child labor as there is limited funding dedicated to projects targeting this issue, as well as the need for hybrid response activities, including cash as a tool for protections.

When it comes to child marriage, focus is needed on programmes targeting behavioral change as well as legal reform to enable solid impact and move away from simple awareness raising intervention (which unfortunately have a limited effect). The myriad of other services needed for the child protection sector include enhanced parenting activities and PSS interventions through direct or hotline services to balance out the increased psychological strain linked to loss of resources and the prolongation of the COVID-19 situation, which affects the children primarily via domestic violence and verbal abuse.

F) Project Proposal Preparation and Budget Preparation

- All project proposals should be submitted via Grant Management System (GMS) by **Sunday 06 June 2021 23:45** (Midnight – Jordan time). Any submission after this date will not be considered.
- Once the GMS registration is completed, please login to CBPF GMS Support portal and read instructions on how to submit a project proposal. <https://gms.unocha.org/content/partner>
- Project proposals should be prepared in line with the strategic objectives of the JRP and the Allocation Paper. Proposals need to be supported by logical frameworks with outcomes, outputs, SMART indicators and detailed activities.
- Organizations should consult with relevant sector coordinators during the project proposal preparation phase.
- All project proposals must have a detailed budget outlining all the project related expenditures under relevant budget lines.
- 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.
- Budget must be accompanied by a budget narrative that explains the object and rationale of budget lines. For example, shared costs, large/expensive assets, and costs/equipment required to support the regular operation of the implementing partner, would require details 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.

G) Eligibility and Allocation Criteria

The review and approval of project proposals are made in accordance with the programmatic framework and focus of the JHF described above and on the basis of the following criteria:

- **Strategic relevance:** clear linkage to JRP strategic and sector(s) objectives, compliance with the terms of the JHF allocation strategy as described in the allocation strategy paper, and alignment of activities with areas of special focus of the Fund.
- **Technical soundness and cost effectiveness:** the proposal meets technical requirements and sector technical guidelines to implement the planned activities; and the budget is fair, proportionate in relation to the context, and adequate to achieve the stated objectives.
- **Needs-based:** the needs are well identified using recent surveys and studies undertaken.
- **Beneficiaries:** beneficiaries should be clearly described and broken-down per type, gender and age. The beneficiaries should be identified based on the vulnerability.
- **Appropriateness:** the activities are adequate to respond to the identified needs.
- **Risk management:** assumptions and risks are comprehensively and clearly spelled out, along with risk management strategies.

- **Monitoring:** a realistic monitoring and reporting strategy is developed in the proposal. The JHF encourages the use of participatory approaches, involving affected communities in needs assessment, implementation and monitoring and evaluation.
- **Complementarity with other funding:** Proposal recommending activities that have received funding from other sources should be weighted more favourably than activities that have no other funding.
- **Partnerships:** applicants must provide detailed information about future partnerships under the proposed plan (if any).
- **Value for Money:** projects that can demonstrate the most 'value for money' (e.g. maximum outcome and beneficiary reach for each dollar invested and effectiveness of the intervention) relative to the project budget are prioritized.
- **Accountability to the affected population:** the project must include a section on the Accountability to the Affected Populations and ensure that complaint and feedback mechanisms are in place.
- **Protection, gender, age and disability mainstreaming:** the allocation promotes protection, gender, age and disability mainstreaming and to check the extent to which appropriate measures have been integrated into project design.
- **Environment Marker:** the CRCs verify to which extent the project design is respecting the environmental measures (when it applies).

H) Timeline and Procedure

- 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.

Task description	Responsible	Key Date
Launch the call and set the allocation parameters in the Grants Management System (GMS)	Humanitarian Financing Unit	19 May 2021
Partners' applications' submission	Implementing Partners Humanitarian Financing Unit	19 -31 May 2021
Send application to the Sectors Technical review and recommendations	Humanitarian Financing Unit Sectors' review committees	1 June 2021
Technical Review received from the sector leads	Sector leads	9 June 2021
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	11 June 2021

Task description	Responsible	Key Date
AB to review recommended projects by the sector committees and provide feedback to HFU	AB	15 June 2021
Request the HC's final endorsement	Humanitarian Coordinator	16 June 2021

I) HFU information

OCHA's Humanitarian Financing Unit (HFU) is the managing agent of the JHF and is responsible for the daily operations of all programmatic and financial processes, on behalf of the HC and in coordination with the Country-Based Pooled Funds Section (CBPFS), OCHA New York for ensuring compliance with standardized global policies and procedures for Country-based Pooled Funds (CBPFs). The HFU supports partners and Sector leads 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>

J) Contacts

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Head of OCHA Jordan Office: Mr. Carlos Geha, gehac@un.org +962 (0) 79 867 4610

K) Complaints Mechanism

The following email address, 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.

L) Acronyms

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

M) Annexes

Annex 1: list of groups with specific needs
 Annex 2: Protection and Gender Guidance
 Annex 3: JHF Minimum requirements for Cash-Based Programming
 Annex 4: Sector contacts

Annex 1: List of groups with Specific Needs ²

	Description	Definition
1	Child at risk ³	Person below the age of 18 ⁴ who is at risk due to his/her age, dependency and/or immaturity.
4	Older person at risk	Person of 60 years old ⁵ or above, with specific need(s) in addition to his/her age. This includes single older persons and older couples. They may be the sole caregivers for others, suffer from health problems, have difficulty adjusting to their new environment, and/or otherwise lack psychological, physical, economic, social or other support from family members or others.
6	Disability	Physical, mental, intellectual or sensory impairments from birth, or resulting from illness, infection, injury, trauma or old age. These may hinder full and effective participation in society on an equal basis with others. <i>Note:</i> Assessment of the patient to define whether the condition is moderate or severe would require specialist/qualified personnel.

² UNHCR, Guidance on the Use of Standardized Specific Needs Codes

³ See ExCom, *Conclusion on Children at Risk*, 5 October 2007, No. 107 (LVIII) – 2007, <http://www.unhcr.org/refworld/docid/471897232.html>.

⁴ The Convention on the Rights of the Child (CRC) defines, in Article 1, a “child” as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier”. See: <http://www.unhcr.org/refworld/docid/3ae6b38f0.html>.

⁵ The UN-agreed cut-off is 60 years to refer to older persons, but exceptions can be made to the age requirement depending on the physical state of the individual. See, for example, World Health Organization, *Definition of an older or elderly person*, <http://www.who.int/healthinfo/survey/ageingdefnolder/en/>.

Annex 2: Protection and Gender guidance

Note for organization submitting projects on Protection and Gender Mainstreaming:

Protection as primary responsibility 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 integrated, and how protection is mainstreamed in the project starting from the design phase.

Please consider the following examples:

1. How to ensure that the project is designed in a way that ensures women, girls, men, and boys have safe access to the assistance/services? It is though required to show examples of measures adopted to safeguard equitable access for people with disabilities, the elderly, and minority groups. Equally, what actions you are taking to avoid contextual, programmatic, and institutional risks involved in the implementation of your project.
2. Besides the vulnerability criteria, describe how the project will ensure that the specific vulnerabilities and capacities of older people, women, girls, and people with disabilities are fully taken into account?

For example, have the communities been consulted, have distribution modalities been adapted to meet the specific needs of those identified vulnerable groups? This exercise will enable equitable implementation and guarantee the exclusiveness of response.

How will you ensure that marginalized vulnerable groups (unaccompanied children, people with disabilities, LGBT and women, and minor caregivers) have been included?

3. Specific confidential complaints and feedback mechanisms could be set up 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 the Protection Sector to ensure that a risk analysis of the complaints and feedback mechanism itself is also conducted.
4. Score the project proposal using the current IASC Gender with Age Marker (GAM) with clear indications of 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 recognizes that differences between women, girls, boys, and men need to be described and logically connected through three key sections of a proposal:
 - The Needs Assessment (context/situation analysis).
 - The Activities.
 - The Outcomes and Indicators.
5. In all sectors, the reviewing committees will look favourably on projects achieving the highest GAM code score signifying that the project has made significant efforts to address gender concerns, or the principal purpose of the project is to advance gender equality.
6. Only projects which score 4 and 3 under the GAM section 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 (males and females) in needs assessment, implementation, 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 sector. The tip sheet includes a form to assist teams in reviewing project Gender with Age Marker codes:

<https://www.iascgenderwithagemarker.com/en/tip-sheet/>

Annex 3: 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.

Annex 4: Sectors contacts

Health	Muhammad Fawad	Chair [UNHCR]	fawad@unhcr.org	(+962) 79 - 709 34 73
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	Seema Alzibdeh	Co-chair [UNICEF]	salzibdeh@unicef.org	(+962) 79 - 613 29 37