

**JORDAN
UNDERFUNDED EMERGENCIES
ROUND I
DISPLACEMENT
2020**

20-UF-JOR-40861

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

On 15 February 2021, OCHA convened an After-Action Review meeting to discuss timelines for the reporting process as well as for recipient UN organization to brief on CERF implementation, challenges, successes, and lessons learned. Due to COVID-19 concerns, the meeting was held remotely and attended by UNFPA, UNRWA, UNICEF, UNHCR, and UNWOMEN.

The recipient agencies provided a summary on the status of their CERFF-funded projects, and illustrated the implemented activities, and the achieved outcomes in terms of their impact on the targeted communities. A key challenge that all projects has faced was the extended lockdown and the accompanying movement restrictions imposed by the government to mitigate the spread of COVID-19 during the initial stages of the pandemic. Even after the restrictions were relaxed, programming adjustments were essential to ensure delivery modalities were as safe and effective as possible in limiting any unintentional spread of COVID-19. Despite logistic challenges, CERF funding was critical in addressing new and ongoing urgent needs of marginalized groups, particularly given the increased vulnerabilities associated with the COVID-19 crisis. CERF recipient organizations concluded that the allocation process was flexible and well-coordinated with OCHA.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Over one million Syrians have fled into Jordan since the start of Syria's decade-long conflict, and now constitute nearly 10 per cent of the country's population. UNHCR has registered 663,507 refugees, with 535,844 (81 per cent) in host communities and the remaining 127,663 (19 per cent) in camps. Jordan's estimated average annual cost of hosting Syrian refugees is US\$ 1.5 Billion. COVID-19 exacerbated the challenge of hosting refugees, as both refugees and the wider Jordanian population were impacted by increased direct and indirect needs associated with the pandemic. The COVID-associated increase in poverty and unemployment will further challenge Jordan's ability to maintain social and economic stability. Continuing support is therefore critical to mitigating the impacts of the protracted displacement crises, and ongoing pandemic-related hardships, including resource depletion, risks of exploitation and increase violence, and reduced opportunities for livelihoods.

CERF funding supported five UN agencies (UNICEF, UNHCR, UNFPA, UNWOMEN, and UNRWA) to respond to critical humanitarian needs of the most vulnerable groups. CERF funding supported projects focused on health care, WASH, NFI services, and protection activities. Timely funding supported a coherent and comprehensive response to urgent assistance and protection needs of refugees and vulnerable populations in Jordan.

CERF's Added Value:

CERF funds responded to emergency needs in the underfunded areas of health, WASH, and protection. The funding allowed a timely response to support and adjust humanitarian assistance, focused on the most vulnerable groups. This included addressing the increased health and protection needs of vulnerable refugee women and girls, who were often disproportionately impacted by COVID-19 and consequent mitigation measures.

Through this CERF UFE grant, UNHCR and its partners were able to continue lifesaving primary, secondary and tertiary healthcare for refugees, with vulnerable women and girls, comprising 84 per cent of project beneficiaries. The project mitigated COVID-19 associated risks, helping to prevent health deterioration, which was particularly important for vulnerable refugees with underlying health conditions who were more susceptible to complications from the virus.

The CERF allocation to UNFPA provided bridge funding to address a gap that allowed GBV services to continue in Villages 5 and 6 in Azraq camp. Ensuring continuity of services for women and girls was particularly critical as COVID-related curfew and movement restrictions increased the risk of domestic and gender-based violence.

With CERF funding, UN Women was able to improve access to protection services and empowerment opportunities for women at risk in camps and host communities. The funding enabled UN Women to continue delivering services and support from the initial stages of the COVID-19 crisis. Support provided included remote provision of GBV referrals and psycho-social services, updated and verified COVID-19 information on health and government measures. In addition, funding supported the timely conversion of cash-for-work programming to direct cash assistance, assisted by WFP's blockchain technology.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹

The CERF allocation targeted each of the four chronically underfunded humanitarian priority areas. The majority of funding targeted women and girls, including tackling gender-based violence, reproductive health and empowerment, and protection needs. UN Women's Oasis programme supported the continuation of education despite COVID-related challenges of school closures and online learning. With CERF funding UN Women increased the number of teaching assistants to address remote learning needs to follow the Ministry of Education's online curriculum. The intervention also facilitated access to health care for persons with disabilities.

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Through the UNHCR-led PSEA network, standard operating procedures on preventing and responding to PSEA are in place. This includes the four main referral pathways for all victims (safety/security, legal, medical, and psychosocial). UNHCR promotes PSEA with its staff, and partners, including the Government interlocutors. The healthcare referrals supported by this intervention focused on women and girls, including the cash for health component. Additionally, UNHCR works with partners to promote gender equality and women and girls' empowerment in all interventions. This project did not include a specific focus on persons with disabilities was integrated as part of the larger vulnerability-based beneficiary selection criteria.

The focus of the selected CERF projects are priorities in the refugee and COVID-19 context Jordan faced during 2020. For example, funding allocated to UNFPA positioned the organization to better advocate for the need to prioritize Sexual and Reproductive Health (SRH) and prevention and response to Gender-Based Violence (GBV) during the COVID-19 emergency response. This advocacy extended to ensuring the inclusion of SRH and GBV in the Jordan Response Plan (2020-2022) and the national preparedness and response plan for COVID-19.

Through gender-based programming in WASH interventions, UNICEF supported the safe provision of water and sanitation in Za'atari camp through household-level networks that eliminated the need for women to use communal water and sanitation facilities. The WASH networks have significantly reduced the domestic burden of water collection, which is typically managed by women and girls. In addition to additional time for other activities, such as income generation, childcare and/or leisure, safe, clean water, and secure spaces for women and girls have improved menstrual hygiene management.

OCHA reinforces the objective that protection underpins all partners' interventions during all stages of the programme cycle. This includes respect for individual rights and that protection risks are identified during project assessment and building in mitigation measures to address potential concerns. Support for women and girls, including tackling gender-based violence, reproductive health, and empowerment continue to require priority funding consideration, including addressing obstacles for Syrian refugee women of reproductive age in accessing health care and GBV services, which have been exacerbated by the pandemic.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	702,945,999
CERF	6,000,400
Country-Based Pooled Fund (if applicable)	10,091,921
Other (bilateral/multilateral)	[Fill in]
Total funding received for the humanitarian response (by source above)	16,092,321

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UN Women	20-UF-WOM-001	Protection - Protection	400,020
UNFPA	20-UF-FPA-012	Protection - Sexual and/or Gender-Based Violence	301,191
UNFPA	20-UF-FPA-013	Health - Health	399,979
UNHCR	20-UF-HCR-009	Health - Health	2,000,313
UNHCR	20-UF-HCR-009	Protection - Child Protection	298,897
UNICEF	20-UF-CEF-016	Water Sanitation Hygiene - Water, Sanitation and Hygiene	2,000,000
UNRWA	20-UF-RWA-002	Protection - Protection	600,000
Total			6,000,400

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	4,141,317
Funds sub-granted to government partners*	-
Funds sub-granted to international NGO partners*	-
Funds sub-granted to national NGO partners*	1,859,083
Funds sub-granted to Red Cross/Red Crescent partners*	-
Total funds transferred to implementing partners (IP)*	1,859,083
Total	6,000,400

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The conflict in Syria continues to be the world's largest displacement crisis, with Jordan highly impacted by the influx of people who have sought refuge in the country, many for up to nine years. As of 31 December 2019, UNHCR has registered 745,169 refugees in Jordan, the majority of whom (654,692) are Syrian. Most Syrian refugees live in urban communities (531,432), with the remaining 18.8 per cent in camps, principally the Azraq and Zaatari camps. In addition to the Syrian refugee caseload, the Kingdom is home to 56 other nationalities of refugees and asylum seekers – predominantly Iraqi (67,188), Yemeni (14,774), Sudanese (6,096) and Somali (744). Like Syria refugees, the vast majority of these groups live in urban areas. Jordan hosts the second largest number of refugees relative to the size of its population, with 1 in 14 people in the Kingdom a refugee. The large additional population has had a considerable impact on the country's economy, infrastructure, health and education systems. Nearly 80 per cent of the refugees in host communities fall below the national poverty line of JOD 68 (US\$100) per person per month. This underlines the hardships refugees face in meeting their daily needs, including access to adequate shelter, food, healthcare and education. Amongst the most vulnerable displaced communities in southern Syria are the estimated 12,000 people living in a 55-kilometer area near Jordan's northern border controlled by the International Coalition Forces (ICF). Originating from Homs, Aleppo and Dar'a, including areas previously controlled by ISIL, this population is exposed to the harsh desert conditions with very irregular access to humanitarian assistance, first from the Jordan side of the border and from mid-2018, Damascus. Over 120,000 Palestine refugees from Syria (PRS) have fled in search of safety and protection elsewhere, mainly in Lebanon and Jordan. PRS started to enter Jordan during the first year of the conflict, joining some 2.3 million Palestinian refugees already present in Jordan. Although admissions of PRS to Jordan were curtailed in 2013, following government policy changes, the inflow did not stop, in part because many PRS have some forms of Jordanian documentation. The PRS who have entered Jordan irregularly, are more likely to be more vulnerable to arrests, detention and forced return.

Operational Use of the CERF Allocation and Results:

The strategic objective of this allocation is to respond to critical health, protection and water and sanitation needs of particularly vulnerable refugee groups. The strategy has been tightly focused on key sectors and linked to the ERC focus areas to ensure sufficient funding for basic life-saving humanitarian action. Health intervention focus on maintaining long-term affordable access to essential lifesaving services for highly vulnerable refugees (at risk women and girls of reproductive age, children and adults with chronic life-threatening illnesses) unable to otherwise access, critical services. UNHCR's health component targets both Syrian and non-Syrian refugees outside camps, where the majority of refugees reside. UNICEF sought support for essential Water, Sanitation and Hygiene (WASH) services in Azraq and Zaatari refugee camps for an estimated 116,678 Syrian refugees (76,365 in Zaatari, 40,403 in Azraq), 56 per cent of whom are children. UNRWA's priority is to ensure that the essential needs of PRS are met and to reduce the likelihood that PRS fall into extreme vulnerability and adopt negative coping mechanisms. This allocation targets 141,640 vulnerable refugees and members of host communities with Health, Protection, Child Protection, GBV and WASH engagements.

People Directly Reached:

The actual numbers assisted through the six CERF-funded projects was -170,894- persons including 64,175 women; 29,314 men; 39,729 girls and 37,676 boys.

The number of people benefitting from the health intervention was based on the standard costs of health services provided by UNHCR and partners in Jordan. People benefitting from WASH interventions were calculated based on UNHCR population data accessed 4 January 2021.

Protection projects used actual counts based on enrolment documentation, daily counts of beneficiaries receiving assistance, and direct counts through internal case documentation from case management and referrals. In addition, a set of unified data collection tools for Implementing partners was developed to ensure accurate and complete information. Implementing Partners were required to submit qualitative and quantitative data on a monthly basis as well as to provide comprehensive quarterly reports.

For the Palestinian Refugees from Syria (PRSs), the numbers have been extracted from the payment files generated from Refugee Information Registration System.

Despite limitations on face-to-face engagement as a result of COVID-19, UNFPA continued to reach vulnerable women and girls through virtual service delivery. The number of beneficiaries reached exceeded the project's target by 20 per cent. After COVID-related lockdown and movement restrictions were eased, there was a notable increase in survivors disclosing violence and seeking assistance and through, Women and Girls Safe Spaces, clinics, and other community centres. Both in-person and hotline support services were maintained to ensure the maximum number of women and girls were supported. Double counting has been avoided by all UN agencies benefiting from this underfunded CERF round.

People Indirectly Reached:

The health component of the UNHCR project expanded service delivery capacity to reach additional refugees with secondary and tertiary healthcare services, with 624,812 refugees target for health referral assistance/services. Indirect project beneficiaries benefitting from community awareness were the entire population of Zaatari and Azraq camps (i.e. 120,861 refugees). Therefore, 745,673 refugees were covered as the catchment population.

Indirect beneficiaries of the CERF-funded programme included the host communities surrounding the refugee camps, which benefited from employment opportunities, as well as the operation of the Za'atari wastewater treatment plant, which received and treated wastewater from surrounding host communities.

UNWOMEN reported household members of women receiving Oasis services and individuals living in the Oasis communities who attended awareness raising sessions and information campaigns as indirect beneficiaries.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Health - Health	5,915	424	646	255	7,240	33,394	1,618	3,694	294	39,000
Protection - Child Protection										0
Protection - Protection	2,200	1,882	1,586	1,638	7,306	2,250	1,889	1,502	1,614	7,255
Protection - Sexual and/or Gender-Based Violence	1,745	205	945	480	3,375	2,145	103	973	558	3,779
Water Sanitation Hygiene - Water, Sanitation and Hygiene	26,742	24,085	31,883	33,969	116,679	26,386	25,704	33,560	35,210	120,860
Total	36,577	26,636	35,106	36,396	134,600	64,175	29,314	39,729	37,676	170,894

The discrepancy between the reached and planned beneficiaries was due to the revision to UNFPA's project "20-UF-FPA-013". The project was revised following the suspension of operations at the eastern borders. Following the endorsement of the project revision, UNFPA has utilized the funds to operate mobile health clinics in remote locations in seven governorates inside Jordan reaching more beneficiaries with comprehensive COVID and SRH information, counselling, and services to meet the needs of the most vulnerable groups.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	134,335	139,241
Returnees	0	0
Internally displaced people	0	0
Host communities	265	31,653
Other affected people	0	0
Total	134,600	170,894

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	36,602	64,175	2,048	1,605
Men	26,596	29,314	1,261	1,400
Girls	35,060	39,729	1,645	1,728
Boys	36,342	37,676	1,710	1,806
Total	134,600	170,894	6,664	6,539

PART II – PROJECT OVERVIEW

3. PROJECT REPORT

3.1 Project Report 20-UF-FPA-012

1. Project Information			
Agency:	UNFPA	Country:	Jordan
Sector/cluster:	Protection - Sexual and/or Gender-Based Violence	CERF project code:	20-UF-FPA-012
Project title:	Provision of Life-Saving GBV Services in Azraq Camp, Villages 5 and 6		
Start date:	11/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,710,000
	Total funding received for agency's sector response to current emergency:		US\$ 6,710,000
	Amount received from CERF:		US\$ 301,191
	Total CERF funds sub-granted to implementing partners:		US\$ 235,236
	Government Partners		US\$ 0
	International NGOs		US\$ 235,236
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partner supported two women and girls safe spaces (WGSS) in Villages 5 and 6 in Azraq camp between April to September 2020 and reached a total of 2,504 affected people (out of the 2,100 planned). The project conducted gender-based violence (GBV) outreach activities to reduce GBV risks and UNFPA continued to provide specialized response and prevention services to survivors of GBV through a hotline for individual case management, psychosocial support and referrals, reaching 573 vulnerable women and girls and GBV survivors. In terms of prevention, GBV outreach activities were conducted online through WhatsApp groups reaching 1,931 beneficiaries with information on reducing GBV risks, supporting the recovery of women and girls' as well as ensuring access to life-saving services.

Due to COVID-19 lockdown measures, the WGSS in Villages 5 and 6 closed from April to June, however, a virtual modality of service provision was adopted so that the services remained unaffected. From July 2020, the centers were sanitized and reopened to the public offering in-person GBV case management services through an appointment system, following the application of strict risk mitigation measures. After the centers were reopened, the hotlines remained operational giving women and girls the opportunity to decide between in-person and online support. Group activities were partially resumed in September but were limited to small group counselling sessions

and targeted adolescent girl activities through the roll out of “Girl Shine” life skill approach: a programme model and resource package that seeks to support, protect, and empower adolescent girls in humanitarian settings.

3. Changes and Amendments

Despite COVID-19 pandemic restrictions impacting GBV service provision, the planned activities were adapted and maintained. The WGSS in Villages 5 and 6 closed completely from April to June due to COVID-19 lockdown measures put in place by the Government of Jordan to contain the pandemic. Nevertheless the provision of GBV prevention and response services remained uninterrupted and the modality of service delivery shifted to online services through hotlines and social media in line with the proposed timeline. GBV outreach activities were also conducted online through WhatsApp groups. Although male engagement groups were suspended the outreach team conducted awareness raising sessions and disseminated information through calls and WhatsApp groups. Other recreational and empowerment activities remained suspended until the end of the year.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Sexual and/or Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,270	205	545	80	2,100	1,670	103	573	158	2,504
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,270	205	545	80	2,100	1,670	103	573	158	2,504
People with disabilities (PwD) out of the total										
	40	0	15	0	55	69	0	15	0	84

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The CERF grant ensured UNFPA and partners could continue GBV service provision in Azraq camp as well as continuing to invest in coordination. During the project period, the International Rescue Committee (IRC) and UNFPA were able to conduct an assessment on the impact of COVID-19 on GBV and sexual and reproductive health (SRH) in the camps and participate in the interagency GBV risk assessment conducted by the Danish Refugee Council and other protection actors. Without the WGSS operating, the IRC would not have been able to safely gather women for the focus group discussions and provide key informants for the studies on GBV concerns within the camp.

6. CERF Results Framework

Project objective	GBV prevention and response services are available and accessible in targeted villages of Azraq camp for vulnerable Syrian refugees, with a specific focus on women and girls
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Output 1	Provide specialised response services to survivors of GBV, including individual case management, psychosocial support, and referral - In all target areas in 2 locations (village ,5,6) survivors will have access to survivor centred individual case management support from a trained case manager through Women and Girls Safe Spaces as well as group psychosocial support sessions for all women and girls
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Sexual and/or Gender-Based Violence			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women, girls, (including survivors) accessing GBV multi-sectoral services and initiatives provided in the safe spaces in village 5 and 6	500	573	Data collection from implementing partners; monitoring reports

Explanation of output and indicators variance:	Increase in target achieved due to in-person and virtual modalities of service provision
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Activities	Description	Implemented by
Activity 1.1	Provide specialised response services to survivors of GBV, including individual case management, psychosocial support, and referral	International Rescue Committee
Activity 1.2	Conduct women's group psychosocial support sessions	International Rescue Committee
Activity 1.3	Tailored adolescent girls life skill activities	International Rescue Committee

Output 2 Conduct GBV outreach activities for reducing GBV risks and support women and girls' recovery as well as ensuring access to life saving services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Sexual and/or Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of WGMB (Women and Girls, Men and Boys) reached with information on services available through outreach modality and in the safe spaces	1,600	1,931	Data collection from implementing partners; monitoring reports

Explanation of output and indicators variance: Increase in target achieved due to in-person and virtual modalities

Activities	Description	Implemented by
Activity 2.1	Conduct awareness raising sessions and information sessions on GBV risks and services available	International Rescue Committee
Activity 2.2	Male engagement sessions are conducted to minimize risks of GBV and contribute to social norms change	International Rescue Committee

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

UNFPA is committed to Accountability to Affected Populations (AAP), and is working to ensure that comprehensive complaints and feedback mechanisms are available at all service delivery points, and that beneficiaries are aware of these mechanisms. Recently, the UNFPA Humanitarian Office has recruited two consultants to develop guidance for UNFPA on AAP, including linking to preventing sexual exploitation and abuse (PSEA) and the development and use of complaints mechanisms.

b. AAP Feedback and Complaint Mechanisms:

As part of our accountability to affected populations, UNFPA is committed to providing transparent and accessible information to affected populations on organizational procedures, structures, and processes that affect them. Information on complaints and feedback

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

mechanisms are posted in facilities where available, and beneficiaries have opportunities to provide feedback following sessions in women and girls safe spaces (WGSS) as well. Different forms of feedback and complaint mechanisms are available in the WGSS. Within case management, survivors complete feedback forms on the quality of service received and the feedback is then discussed between case management supervisors and case managers. UNFPA also supports IPs to organize and conduct focus group discussions and client experience surveys, which are used by UNFPA and IPs to plan and adapt interventions.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

In line with UNFPA's PSEA policy, UNFPA is implementing the UN implementing partner (IP) protocol on PSEA assessments, scoring partners on their capacity in eight core standards of PSEA organizational policies. This is now required for all IPs to continue being contracted under UNFPA. All UNFPA Jordan staff also participated in a PSEA refresher session. The new UNFPA self-assessment tool was introduced and completed by all of UNFPA's partners in order to measure the needed support of each and provide them with the requested technical support.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project intended to contribute to gender equality and promote the empowerment and protection of women and girls by providing specialized response services to survivors of gender-based violence (GBV), including individual case management, psychosocial support, and referrals, and by conducting GBV outreach activities to reduce GBV risks and support the recovery of women and girls. UNFPA also regularly conducted consultations with beneficiaries during programme implementation, in particular with women and girls, to ensure empowerment and group activities were responsive to their needs.

e. People with disabilities (PwD):

In 2020, UNFPA increased disability inclusion in its programming through awareness, recreational and empowerment activities across six WGSS. UNFPA implemented a roll-out of a strategy for inclusion, which included investment in the capacity-building of project staff and service providers on GBV and PwD, sign language, and working with people with intellectual disabilities and learning difficulties; improving centre accessibility for people with reduced mobility; and strengthening outreach and partnership with local community based organizations and associations working with PwD for safe referrals. An ongoing effort is to also make the information available to diverse communities who may have disabilities, such as those who may be blind or deaf, or who struggle with literacy.

f. Protection:

UNFPA continually aims to ensure beneficiaries' informed decision-making by supporting the IPs in providing evidence-based, impact-oriented, unbiased, non-discriminatory, non-judgmental, gender-sensitive, comprehensive, and rights-based GBV information. To do this, UNFPA builds capacity of healthcare providers to: (a) support the clients' right to seek and receive GBV information in general, (b) to make sure individuals receive specific and tailored information based on their particular health/protection status, (c) to ensure providers respect the rights holders' confidentiality and informed consent, and (d) to address specific providers' characteristics that make the rights holders less comfortable in accessing services. Awareness raising on available services through UNFPA and IPs are conducted to women, girls, men, and boys in affected communities, including through outreach teams to camps, persons with disabilities or others who may have challenges reaching service delivery points, and other areas.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?		
Planned	Achieved	Total number of people receiving cash assistance:
No	N/A	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNFPA currently does not operate a CVA programme in Jordan, however, in 2020 it began designing a programme for CVA within in its GBV response and SRH programming, particularly in response to COVID-19, which will strengthen the continuity of service delivery in a flexible and more dignified manner, aiming at building the resilience of targeted vulnerable populations across different governorates of Jordan.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction

9. Visibility of CERF-funded Activities

Title	Weblink
Prevention and Response to Gender-Based Violence in Syrian Refugee Camps in Jordan	https://www.youtube.com/watch?v=HUb3lsBnWc&feature=youtu.be
UNFPA Supported Women and Girls Safe Spaces	https://jordan.unfpa.org/sites/default/files/resource-pdf/unfpa_coverage_of_women_and_girls_safe_spaces_v1.4.pdf
UNFPA Regional Situation Report for the Syria Crisis	https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Regional_Situation_Report_for_the_Syria_Crisis_-_June_2020_-_FA.pdf

3.2 Project Report 20-UF-FPA-013

1. Project Information			
Agency:	UNFPA	Country:	Jordan
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	20-UF-FPA-013
Project title:	Provision of Life-Saving Emergency Obstetric and Reproductive Health Services to Syrian Population, in particular, pregnant women at the Northeastern border of Jordan (the Berm/Rukban)		
Start date:	11/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 7,800,000
	Total funding received for agency's sector response to current emergency:		US\$7,800,000
	Amount received from CERF:		US\$ 399,979
	Total CERF funds sub-granted to implementing partners:		US\$ 347,329
	Government Partners		US\$ 15,490
	International NGOs		US\$ 0
	National NGOs		US\$ 331,839
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, in just six months, UNFPA and its implementing partners, the Jordanian Health Aid Society International (JHASI) and the semi-governmental National Women Health Care Centre (NWHCC), managed to successfully reach at least 34,283 women, girls and men, with a total of 62,406 integrated sexual and reproductive health (SRHR) services with a life-course approach offered, including the provision of more than 14,669 counselling services on family planning. In addition, timely referral services were offered to women and girls in need of advanced services, in close collaboration with nearby hospitals offering Comprehensive Emergency Obstetric and New-Born Care (CEmONC) services.

In response to multiple assessments conducted by UNFPA and partner agencies on the impact of the COVID-19 pandemic on the accessibility to SRHR services, UNFPA designed an innovative mobile health clinic (MHC) intervention to deliver essential health and SRHR services to those left furthest behind. The MHCs, which commenced work at the beginning of July 2020, serve as a care delivery model tailored to vulnerable women and mothers' needs in seven governorates, namely in Irbid, Tafilah, Karak, Maan, Aqaba, Mafrqa and Balqa, through cooperation with government institutions, local associations, and civil society institutions. The selection of targeted governorates was data-driven in an attempt to maximize access to SRH services for the areas with the highest impact of primary health clinic closures due to COVID-19. The MHCs operated through campaigns throughout the week and were staffed largely by healthcare providers, including gynecologists and full-time midwives and nurses. The mobile clinics use a model of transportable healthcare units that enable community-based SRH services focusing on antenatal care (ANC), postnatal care (PNC), screening, and family planning targeting under-served populations, such as low-income or uninsured individuals, that may otherwise be hard to reach.

3. Changes and Amendments

The grant was initially designed to provide life-saving emergency obstetric and reproductive health services to syrian refugees, in particular, pregnant women at the Northeastern border of Jordan (the Berm/Rukban), however, due to the suspension of operations at the Berm in March 2020 by the Government of Jordan due to COVID-19, a request was made to and approved by OCHA to reprogramme interventions to implement MHCs in remotes areas across seven governorates of Jordan. The Health Sector lead was also informed about this change and a presentation about the project was delivered at the Health Sector Working Group meeting. The CERF grant contributed to mitigate the impact of COVID-19 on women and girl's SRH through the provision of comprehensive and time-responsive information, counselling, and services to meet the needs of the most vulnerable groups, who are most at risk of experiencing a lack in access to SRHR services, and adverse health outcomes.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,820	0	180	0	3,000	2,258	521	116	0	2,895
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	27,698	626	3,064	0	31,388
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,820	0	180	0	3,000	29,956	1,147	3,180	0	34,283
	500	0	30	0	530					

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The CERF grant helped strengthen the capacity of humanitarian actors and national counterparts to exercise strategic leadership and coordination, focusing on intra- as well as inter-sectoral coordination to deliver integrated, people-centered SRHR services. The grant contributed to the effective engagement of local authorities, communities, and stakeholders in the national Health Sector Working Groups (WGs), Sexual and Reproductive Health Sub-Sector WGs, and the Health Development Partners' Forum in order to mitigate the impact of COVID-19 on the SRHR needs of vulnerable women and girls in remote areas in Jordan.

6. CERF Results Framework

Project objective	Provision of life-saving basic emergency obstetric and neonatal care (BEmONC) services to Syrian population, in particular pregnant women living in dismal conditions at the north-eastern border of Jordan			
Output 1	Syrian population have access to life-saving basic emergency obstetric and neonatal care (BEmONC) services - Access to life-saving basic emergency obstetric and neonatal care (BEmONC) services, including normal and complicated delivery care, antenatal and postnatal care, family planning, management of sexually transmitted infections and clinical management of rape (CMR)			
Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries receiving reproductive health services	6,000	34,283	Data collection from implementing partners; monitoring reports
Explanation of output and indicators variance:		The grant location was modified from supporting the Rukban camp population through the static clinic at the Berm to provide life-saving comprehensive SRHR services through the use of Mobile Health Clinics in seven governorates inside Jordan, allowing UNFPA to reach a larger number of people, and provide a total of 62,406 integrated SRHR services. Safe delivery was not directly supported under the modified interventions.		
Activities	Description	Implemented by		
Activity 1.1	Providing Syrian population with life-saving basic emergency obstetric and neonatal care (BEmONC) services	Jordanian Health Aid Society International, National Women Health Care Centre		
Activity 1.2	Provision of project management support to the Rukban project	UNFPA		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age.

In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

UNFPA is committed to Accountability to Affected Populations (AAP), and is working to ensure that comprehensive complaints and feedback mechanisms are available at all service delivery points, and that beneficiaries are aware of these mechanisms. Recently, the UNFPA Humanitarian Office has recruited two consultants to develop guidance for UNFPA on AAP, including linking to preventing sexual exploitation and abuse (PSEA) and the development and use of complaints mechanisms.

b. AAP Feedback and Complaint Mechanisms:

UNFPA Jordan conducts regular consultations with beneficiaries during programme implementation, in particular with women and girls, to ensure empowerment and group activities are responsive to their needs. Different forms of feedback and complaint mechanisms are available in the clinics. For SRH, close programmatic monitoring ensures that rights holders can access SRH services irrespective of their social-economic status, age, ethnicity, disability, or sexual orientation and ensure that they are empowered to use these services. UNFPA also supports implementing partners (IPs) to organize and conduct focus group discussions and client experience surveys, which are used by UNFPA and IPs to plan and adapt interventions. In order to strengthen social accountability frameworks, UNFPA Jordan is also conducting satisfaction surveys and using community participation to formulate criteria for quality sexual and reproductive maternal, newborn, and adolescent health (SRMNAH) services.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

In line with UNFPA's PSEA policy, UNFPA is implementing the UN IP protocol on PSEA assessments, scoring partners on their capacity in eight core standards of PSEA organizational policies. This is now required for all IPs to continue being contracted under UNFPA. All UNFPA Jordan staff also participated in a PSEA refresher session. The new UNFPA self-assessment tool was introduced and completed by all of UNFPA's partners in order to measure the needed support of each and provide them with the requested technical support.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The CERF funds helped to deliver quality and responsive SRHR information and services to women and girls who need it the most. Through the supported mobile clinics, vulnerable women and girls living in remote areas were adequately empowered to take control, be able to make free and informed decisions and choices about their sexuality and reproductive lives, and to adequately protect themselves from unintended pregnancies and sexually transmitted infections.

e. People with disabilities (PwD):

An ongoing effort is to make the clinics accessible to people with disabilities and to ensure information is available to diverse communities who may have disabilities, such as those who may be blind or deaf, or who struggle with literacy.

f. Protection:

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UNFPA continually aims to ensure beneficiaries' informed decision-making by supporting the IPs in providing evidence-based, impact-oriented, unbiased, non-discriminatory, non-judgmental, gender-sensitive, comprehensive, and rights-based SRHR information. To do this, UNFPA builds capacity of healthcare providers to: (a) support the clients' right to seek and receive SRHR information in general, (b) to make sure individuals receive specific and tailored information based on their particular health/protection status, (c) to ensure providers respect the rights holders' confidentiality and informed consent, and (d) to address specific providers' characteristics that make the rights holders less comfortable in accessing services. Awareness raising on available services through UNFPA and IPs are conducted to women, girls, men, and boys in affected communities, including through outreach teams to camps, persons with disabilities or others who may have challenges reaching service delivery points, and other areas.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	N/A	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNFPA does not currently operate a CVA programme in Jordan, however, in 2020 it began designing a programme for CVA within in its GBV response and SRH programming, particularly in response to COVID-19, which will strengthen the continuity of service delivery in a flexible and more dignified manner, aiming at building the resilience of targeted vulnerable populations across different governorates of Jordan.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction

9. Visibility of CERF-funded Activities

Title	Weblink
A Mobile Clinic Providing Outstanding Services in Remote Areas	https://jordan.unfpa.org/en/news/mobile-clinic-providing-outstanding-services-remote-areas

A Mobile Clinic Providing
Outstanding Services in
Remote Areas

<https://www.youtube.com/watch?v=5Cg1MfdKucQ&feature=youtu.be>

UNFPA Regional Situation
Report for the Syria Crisis

https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Regional_Situation_Report_for_the_Syria_Crisis_-_June_2020_-_FA.pdf

3.3 Project Report 20-UF-HCR-009

1. Project Information			
Agency:	UNHCR	Country:	Jordan
Sector/cluster:	Health - Health	CERF project code:	20-UF-HCR-009
Project title:	Protection and Assistance to Refugees in Jordan through access to child protection services and healthcare referrals		
Start date:	12/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 16,406,231
	Total funding received for agency's sector response to current emergency:		US\$ 2,242,991
	Amount received from CERF:		US\$ 2,299,210
	Total CERF funds sub-granted to implementing partners:		US\$ 1,859,083
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 1,859,083	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR and its partners enhanced refugees' access to lifesaving primary, secondary and tertiary healthcare, with 84% of interventions targeting vulnerable women and girls. Given the developments with the COVID-19 pandemic in 2020, the project allowed UNHCR to prevent the deterioration of refugees' health status, especially for vulnerable refugees with underlying health conditions that are more susceptible to complications from the virus. As a result, emergency life-saving medical referral were provided to 4,717 Syrian refugees, including 3,438 women, 471 men, 514 girls and 294 boys, of which 1,499 received cash for health. Interventions were undertaken in Zaatari and Azraq camps as well as urban areas. UNHCR's partner, the Jordan Paramedic Society (JPS) facilitated all medical referrals to its network of public and private hospitals. On a reimbursement basis, cash for health was also provided to 1,225 Syrian refugee women living in urban settings to support the process of childbirth, including 511 Normal Vaginal Deliveries (NVD), 523 medically indicated Caesarean Sections (CS), and 91 cases with complicated deliveries. A network of community health workers in Zaatari and Azraq camps further supported health promotion, vaccination uptake, new-born care, non-communicable diseases (NCD) management, and access to health facilities including for reproductive health. UNHCR also worked with JPS to streamline information management systems including those to monitor referrals. Emphasis was placed on the promotion of a smooth workflow so that information was efficiently shared with persons of concern. Data was continuously gathered and analysed to inform effective programming.

This contribution was part of UNHCR's broader health interventions in Jordan whereby 304,424 primary health consultations were delivered to Syrian refugees and 15,229 refugees of other nationalities.

3. Changes and Amendments

In June 2020 UNHCR was granted a reprogramming of CERF funds. Funds initially allocated to child protection were no longer implementable due to the changes of the operating environment largely linked to COVID-19. Healthcare for refugees has been a priority in Jordan even before the COVID-19 crisis. Yet with the pandemic, health needs of refugees increased substantially. With the closure of Primary Healthcare Centres across the country due to COVID-19 restrictions referrals to Secondary and Tertiary Healthcare increased. In so far as referrals represent a central lifesaving activity undertaken by UNHCR and partners and continuity of health referrals remains a priority for UNHCR and the Government of Jordan, the reprogramming focusing on health allowed UNHCR to prevent the deterioration of refugees' health status during the pandemic. It thus allowed UNHCR to guarantee refugee health access in high risk categories and with underlying health conditions, who would be more susceptible to COVID-19. The entirety of the funds provided by CERF supported health activities as per the reprogramming decision.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	3,095	424	466	255	4,240	3,438	471	514	294	4,717
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,095	424	466	255	4,240	3,438	471	514	294	4,717

People with disabilities (PWD) out of the total

	108	15	16	9	148	116	16	17	11	160
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Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	40	40	156	154	390	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	40	40	156	154	390	0	0	0	0	0

People with disabilities (PWD) out of the total

	1	1	5	5	12	0	0	0	0	0
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

As the health component of the project helped expand service delivery capacity to reach additional refugees with secondary and tertiary healthcare services, the project indirectly targeted 624,812 refugees through health referral assistance/services. The indirect beneficiaries of this project were also the entire population of Zaatari and Azraq camps (i.e. 120,861 camp refugees) due to the community messaging that was carried out. Therefore, 745,673 refugees were covered as the catchment population.

6. CERF Results Framework

Project objective	Provision of Healthcare and Child Protection Assistance to Refugees in Jordan			
Output 1	Refugees are provided with reproductive health, chronic illness response and communicable disease response through healthcare referrals			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of persons referred to secondary and tertiary healthcare	4,240	4,717	Report from Implementing Partner
Indicator 1.2	# of referrals targeting women and girls	3,561	3,952	Report from Implementing Partner
Explanation of output and indicators variance:		The higher number of reached beneficiaries relates to the re-programming confirmed in June 2020.		
Activities	Description	Implemented by		
Activity 1.1	2,241 Syrian refugees are referred to secondary and tertiary healthcare at an average of \$500 per person	2,667		
Activity 1.2	500 refugees of other nationalities are referred to secondary and tertiary healthcare at an average of \$1000 per person	551		
Activity 1.3	1,499 Syrian refugees receive cash for health to aid safe delivery at an average of \$200 per patient	1,499		
Output 2	Identification, registration, referral and follow-up for vulnerable children through Best Interests Assessment and Determination and Community Based Protection Responses are Implemented			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of reported cases of child abuse, neglect, violence and exploitation followed up with case management support including BIAs and BIDs	300	0	

Explanation of output and indicators variance:		
Activities	Description	Implemented by
Activity 2.1	300 best interests' assessments conducted with BIDs as appropriate	
Activity 2.2	80 community members benefit from sessions on child protection issues	
Activity 2.3	4 community-based groups supported	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

UNHCR has a strong commitment to ensuring Accountability to the Affected People. At the design phase of this project, views of the affected population were sought through the community and individual consultations. Two-way communication with refugees was maintained throughout the intervention thanks to innovative approaches developed by UNHCR. Remote communication mechanisms were strengthened through the community centres to ensure continuous two-way communication with beneficiaries. Mechanisms in place were already suitable to connect with beneficiaries remotely but were strengthened through the project during COVID-19. The network of 32 Community Support Committees (CSCs) located in refugee camps and urban areas, managed by over 500 volunteers from refugee and host communities, were an integral part of UNHCR's communication efforts with persons of concern. Multiple tools were employed including the Helpline, remote focus group discussions, information sessions, remote surveys and meetings, targeted visits, phone counselling, e-mail, WhatsApp, Help website, and social media.

b. AAP Feedback and Complaint Mechanisms:

UNHCR has established strong AAP feedback and complaints mechanism serving several purposes. These contribute to transparency by creating a channel for people to register concerns. They indeed allow beneficiaries to report misconduct and the abuse of power by the organisation or staff. Such mechanisms provide invaluable sources of information instrumental for better project management and outcomes. Specific tools developed by UNHCR include and are not limited to UNHCR complaint boxes at the registration centres, online pages for refugees illustrating how to report fraud, exploitation or abuse, UNHCR Helpline and a dedicated email address. The network of 32 community committees located in refugee camps and urban areas foster communication with persons of concern and channelled feedback and complaints. Volunteers, as trusted members of their communities, employed several WhatsApp groups, reaching over 51,000 PoCs. The feedback received was continuously integrated into UNHCR's programming and informed the interventions funded by CERF.

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNHCR Jordan has put in place a system for Prevention of Sexual Exploitation and Abuse (PSEA) including standard operating procedures, operationalising the four main referral pathways for all victims (safety/security, legal, medical, and psychosocial), and promotes the same with partners, including the Government. UNHCR staff are also made aware of their duty of care to act on any concerns about sexual exploitation or abuse to ensure that the situation is addressed as a matter of priority. UNHCR ensures regular outreach to communities and awareness raising on PSEA as a preventive measure. Mechanisms are in place to report any type of misconduct (including PSEA allegations) to the appropriate office at UNHCR headquarters in Geneva. UNHCR also supports inter-agency efforts around PSEA, as lead of the PSEA Network and administrator of the CBCRM in Jordan. The PSEA Network works to increase community awareness and capacity on SEA in camps and urban areas.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Healthcare referrals supported by this intervention focused on women and girls, particularly cash for health. UNHCR works with partners to promote gender equality and women and girls' empowerment. Throughout the intervention, UNHCR gathered and analysed data on gender and worked to address sector specific needs in coordination with the Government of Jordan. UNHCR's deep field presence allowed us to garner trust with refugee communities and make best use of technical expertise for the purposes of SGBV prevention and response. To continuously promote the empowerment and protection of women and girls, UNHCR ensured that health workers were trained to apply GBV principles and were familiar with GBV referral pathway. Female health workers were also recruited to cater to the needs of the beneficiaries that were mostly women and girls. UNHCR also ensured that complaint mechanisms through the hotline, dedicated email and boxes were fully functioning despite COVID-19 restrictions.

e. People with disabilities (PwD):

The intervention did not focus specifically on persons with disability but considered disability as part of a larger vulnerability-based beneficiary selection criteria. Available statistics indicate that at least 4.1% of the refugee population has a disability. Yet the real percentage might be significantly higher. The intervention supported by CERF has facilitated access to health care of persons with disabilities. Due to the COVID-19 pandemic, refugees with disabilities faced challenges to follow up on their health care needs because of mobility restrictions and lack of accessibility to remote services. UNHCR has thus worked with partners to address such gaps and facilitate the continuous provision of health care. UNHCR encouraged partners to follow up with persons with disabilities and the caregivers/support persons through various modalities including phone calls, video calls, and, when possible, in-person visits in line with MoH guidelines. UNHCR activated hotlines through partners to ensure the continuous communication with refugees.

f. Protection:

Protection considerations underpin all interventions undertaken by UNHCR during all stages of the programme cycle. In so doing, efforts are made to ensure that individual rights are respected as part of programming and that potential protection risks are identified from the outset and mitigated. As part of its standard protection mainstreaming efforts, as part of the CERF funding UNHCR worked with partners to prioritize safety and dignity of beneficiaries, to ensure meaningful access to health serviced, established adequate accountability measures and to promote participation and empowerment of vulnerably groups throughout.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?		
Planned	Achieved	Total number of people receiving cash assistance:

Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	1,499
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNHCR utilized a direct implementation component of cash-for-health within the programme, alongside general referrals through partner Jordan Paramedic Society. Cash for health is employed primarily for pregnant women to ensure safe delivery, and for a selected number of cases in life-threatening situations. Cash is delivered to pregnant beneficiaries after they present at approximately 34 weeks to partner Jordan Paramedic Society, or upon referral to UNHCR after the case is reviewed. As UNHCR has a large-scale cash assistance programme in Jordan, where beneficiaries are able to collect different types of cash assistance through iris scan enabled ATMs, beneficiaries receive an SMS to pick up their cash, then pay for delivery in the hospital utilizing this system.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Cash for health, safe delivery	1,499	US\$ 299,800	Conditional	Unrestricted

Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/UNHCRJordan/status/1238471878672625664
Signboards	Signboards in camps
Mention in UNHCR reports	https://data2.unhcr.org/en/documents/details/84307 (this is just an example of many reports acknowledging CERF's contribution)

3.4 Project Report 20-UF-CEF-016

1. Project Information

Agency:	UNICEF	Country:	Jordan
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	CERF project code:	20-UF-CEF-016
Project title:	Ensure Access to Life-saving Water, Sanitation and Hygiene Services for Syria Refugees in Azraq and Za'atari Camps, Jordan		
Start date:	12/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 12,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 3,000,000
	Amount received from CERF:	US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:	US\$ 273,890
	Government Partners	US\$ 273,305
	International NGOs	US\$ 585
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this grant, UNICEF and implementing partners were able to reach more than 120,860 (50 per cent female) refugees in Za'atari and Azraq camps, of whom 68,770 are children and 26,386 are women⁸ with safe, equitable and consistent supply of treated water (45 to 60 litres per person per day), and support to the operation and maintenance of five boreholes, pump stations, and water networks within the camps. This grant also contributed to covering the cost of water extraction and electricity fees paid to the Government; the costs for operation and maintenance of the boreholes, networks, and storage systems; and costs for monitoring borehole water quality and water levels. Providing a reliable water supply to the camps supported improved hygiene practices and Infection Prevention and Control (IPC) measures in response to the COVID 19 pandemic.

UNICEF utilized funds from this grant to support the operation and maintenance of the wastewater network throughout Za'atari camp benefiting over 78,000 (50 per cent female) Syrian refugees living in Za'atari camp - of whom, 17,782 are women and 43,591 are children. Wastewater collected via the wastewater network was directly collected and treated in the onsite Za'atari wastewater treatment plant, established by UNICEF and operated by the Water Authority of Jordan. The collection and treatment of wastewater has helped manage public health risks effectively and ensured that the environment and underlying aquifers are protected.

⁸ UNHCR inter-agency information sharing portal accessed 4 January 2021

In Azraq camp, UNICEF provided adequate, safe, and dignified access to sanitation facilities for more than 42,000 (50 per cent female) Syrian refugees – of whom, 8,603 are women and 26,386 are children – through the maintenance of the communal WASH blocks across Azraq camp, thus ensuring sanitary conditions, free of open defecation incidents. UNICEF ensured the safe management of wastewater through desludging and transporting wastewater to the nearest treatment plant.

The timing and flexibility of this contribution was critical to sustaining the effective delivery of water and sanitation services in refugee camps in 2020, especially with the onset of the COVID-19 pandemic in March 2020.

3. Changes and Amendments

[No changes or amendments]

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	26,742	24,085	31,883	33,969	116,679	26,386	25,704	33,560	35,210	120,860
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	9	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	26,742	24,085	31,883	33,969	116,679	26,386	25,704	33,560	35,210	120,860
People with disabilities (PwD) out of the total										
	1,318	1,187	1,571	1,674	5,750	1,319	1,285	1,678	1,761	6,043

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Indirect beneficiaries of the CERF-funded programme included the host communities surrounding the refugee camps, which benefited from indirect employment opportunities, as well as the operation of the Za'atari wastewater treatment plant, which received and treated wastewater from surrounding host communities.

6. CERF Results Framework

Project objective	Sustain the effective delivery of water and sanitation services in refugee camps through the operation and maintenance of WASH networks.				
Output 1	The effective delivery of water services in refugee camps is sustained through the operation and maintenance of water networks				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of Syrian refugees provided with water delivery (incl. a minimum of 35l/person/day).	116,679	120,860 ⁹	UNICEF implementing partners report; UNICEF field monitoring reports, water quality and quantity reports Official UNHCR camp population figures	
Indicator 1.2	Number of boreholes maintained and functional for water provision in camps	5	5	UNICEF implementing partners report; UNICEF field monitoring reports, water quality and quantity reports	
Explanation of output and indicators variance:		The higher-than-planned achievement of target for Indicator 1.1 is a result of increase of camp population due to natural growth rate of the camp population			
Activities	Description	Implemented by			
Activity 1.1	Ensure the supply of safe water through operation of water sources (boreholes) at the camps (will include the following sub-activities): Operate and maintain 5 production boreholes (3 in Za'atari Camp, 2 in Azraq Camp), pump stations, and water networks; Monitor water quality and water levels in the boreholes; Contract water trucks delivering water supply throughout the camp to institutions and as contingency.	<ul style="list-style-type: none"> - Operation of water sources in Za'atari Camp: MID Contracting Company - Operation of water sources in Azraq Camp: Site Group - Quality monitoring at boreholes: UNICEF and MID Contracting Company 			
Activity 1.2	Ensure delivery of safe water through operation and maintenance of the water networks in Azraq and Za'atari Camps: Operation and maintenance of water network and system in Za'atari Camp. Operation and maintenance of water networks, storage tanks, and tap stands in Azraq Camps. Contract water trucks delivering	<ul style="list-style-type: none"> - O&M water network in Za'atari Camp: MID Contracting Company - O&M of Water network in Azraq Camp: Site Group - Water trucking (institutions and contingency): IMDAD company 			

⁹ UNHCR inter-agency information sharing portal accessed 4 January

	water supply throughout the camp to institutions and as contingency. Monitor and manage community complaints;	- Quality monitoring and community feedback: UNICEF
--	---	---

c

Output 2 The effective delivery of sanitation services in refugee camps is sustained through the safe excreta management and disposal

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Syrian refugees benefiting from wastewater services in the camps.	116,679	120,860 ¹⁰	UNICEF implementing partners report; UNICEF field monitoring reports Official UNHCR camp population figures
Indicator 2.2	Percentage functionality of the Za'atari Wastewater Treatment Plant achieved	100%	100%	UNICEF implementing partners report; UNICEF field monitoring reports

Explanation of output and indicators variance: The higher achieved targets for indicator 2.2 are as a result of increase of camp population due to natural growth rate of the camp population

Activities	Description	Implemented by
Activity 2.1	Collection of wastewater in camps through the network and desludging (will include the following sub-activities): Operate and maintain wastewater network; Truck wastewater to external treatment plant (Azraq); Engage Syrian volunteers in rotational Incentive-Based Volunteering work to maintain a clean environment and monitor wastewater removal	- O&M Wastewater networks in Za'atari Camp: MID Contracting Company - Wastewater management in Azraq Camp: IMDAD Company - Community Mobilization activities: ACTED, OXFAM, AAH/ACF - Monitoring and Management of IBVs: UNICEF
Activity 2.2	Treatment of wastewater at an onsite Wastewater Treatment Plant in Za'atari Camp	- O&M Wastewater treatment Plant (Za'atari Camp): Water Authority of Jordan

Output 3 Refugees in camps have improved knowledge and practice in environmental, hygiene, and water conservation behaviours

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Percentage of women, men, boys, and girls reached directly with hygiene and WASH services message	81,675	75 % ¹¹ (90,645 persons)	UNICEF implementing partners report.

¹⁰ UNHCR inter-agency information sharing portal accessed 4 January

¹¹ This indicator was reached using funds from other grants, as this indicator was not budgeted in the agreement

Indicator 3.2	Percentage of women and men that can understand the functionality and report ownership of the WASH Community Representative structure	75,841	79 % ⁴ (95,479 persons)	UNICEF implementing partners report
Explanation of output and indicators variance:		UNICEF overachieved the target for Indicator 2.1, due to the necessity to reach the entire camp population with implemented activities. For 3.1 and 3.2, UNICEF overachieved the target, as remote awareness through online platform reached more individuals than anticipated.		
Activities	Description	Implemented by		
Activity 3.1	Conduct awareness sessions on key hygiene, water conservation, networks ownership and vandalism	- ACTED, OXFAM, ACF		
Activity 3.2	Train plumbers and community representatives to take an active role in performing infrastructural repairs and promoting ownership of WASH systems	- ACTED, OXFAM, ACF		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

Community accountability and participation is a key component of UNICEF Jordan's operation during emergencies and regular operation. In Za'atari and Azraq camps, feedback on the water network operation and maintenance was received through community representatives, local hotlines and direct interaction with UNICEF staff members. Feedback received from the community was then used to address issues such as water shortages during the high demand summer season. As a result, UNICEF has ensured a continuous, reliable and accessible water source for all.

UNICEF also monitors the performance of the water and wastewater networks through the hotline feedback mechanism in Za'atari and Azraq camp. The hotline offers beneficiaries and partners a confidential feedback reporting mechanism for the provision of water and wastewater services.

During the COVID-19 pandemic, UNICEF relied heavily on existing community representatives and influencers' networks in camps for disseminating messages on COVID-19 prevention measures when access to targeted groups was limited.

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Knowledge, Attitude, and Practice (KAP) surveys were conducted in Azraq and Za'atari camps in 2020, gathering both qualitative and quantitative data to monitor progress on current programming and to inform future programming and priorities. Findings from the KAP survey in Za'atari camp in 2020 indicated that (94 per cent)¹⁴ of Za'atari camp households were satisfied with the quality of water they receive, 91 per cent were aware of the WASH hotline for filing complaints, and 48 per cent have contacted the hotline at some point in time.

b. AAP Feedback and Complaint Mechanisms:

UNICEF monitors the performance of the water and wastewater networks through the hotline feedback mechanism in Za'atari and Azraq camps. The hotlines for WASH complaints are run by call centres for Za'atari and Azraq camps. The WASH hotlines offer beneficiaries, partners, and other individuals a confidential feedback and complaints mechanism regarding the operation and management of water and wastewater networks, including network misuse and damage. Hotline numbers are displayed on the toilet blocks, tap stands and desludging trucks. After input into the complaint database, cases are verified and investigated on the ground to determine an appropriate response. For example, in Za'atari camp, beneficiaries may call from 7am to 8 pm, seven days per week. The hotline received 652 unique valid calls regarding the water network in June 2020, with all complaints successfully addressed by water trucking and system-wide technical maintenance within 24 to 48 hours. During June 2020, the hotline received another 310 calls on wastewater-related issues, with complaints successfully resolved within one day.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

A major component of the UNICEF Do No Harm policy is the Prevention of Sexual Exploitation and Abuse (PSEA). Child safeguarding and the prevention of sexual exploitation and abuse have for decades been at the core of UNICEF Jordan's mandate. UNICEF has a zero-tolerance policy for child safeguarding violations and sexual exploitation and abuse perpetrated by employees, personnel and sub-contractors of UNICEF and implementing partners. UNICEF Jordan has rolled out a set of instruments and actions in line with the UN Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners, to incorporate child safeguarding and prevention of sexual exploitation and abuse standards into all new and existing partnership agreements and contracts. This has been extended to all WASH partners and contractors operating in refugee camps. UNICEF and its WASH partners and contractors are also regularly trained on referral pathways and measures for child protection.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNICEF mainstreams gender-based programming and WASH interventions. In Za'atari camp, the provision of safe water and sanitation via household level networks has eliminated the need for women to use communal water and sanitation facilities. This has greatly reduced the domestic burden of water collection typically managed by women and girls, freeing their time for other activities, such as income generation, childcare and/or leisure. In addition, household-level facilities support improved menstrual hygiene management through provision of safe, clean water, and secure spaces for females.

Prior to the connection of households to the networks many of the existing communal WASH blocks were inaccessible, especially to women and children during the dark night-time hours. The operation of the water and wastewater systems in Za'atari and Azraq camps has resolved many of the reported challenges, particularly for women and girls. The provision of services to maintain access to adequate and sustainable WASH services ensures equity across gender and age groups of the community.

In Azraq camp, UNICEF ensures the functionality and privacy of the WASH blocks at all times by providing maintenance services for significant damage and minor repairs through trained community representatives.

e. People with disabilities (PwD):

UNICEF mainstreams programming for persons with disabilities and has worked to ensure that UNICEF-supported sites are increasingly accessible to people with disabilities. People with disabilities will continue to benefit from the operation of the water and wastewater

¹⁴ Satisfaction scores include "Somewhat Satisfied" and "Very Satisfied".

networks in Za'atari camp, particularly through household-level private toilets connected to the network. During the water network construction, more than 1,600 private latrines were installed (after a camp-wide assessment) to meet UNICEF standards, and households with one or more persons with a disability or an elderly member were provided with an English seat toilet. UNICEF Jordan's support will ensure continuity in providing safe and dignified access to clean and safely managed toilet facilities to all, including elderly and persons with disabilities. In Azraq camp, UNICEF ensures accessibility of persons with disabilities to tap stands and WASH blocks by constructing ramps to facilitate access.

During the reporting period, this funding support has supported UNICEF to reach 6,043 persons with disabilities (50 per cent female) in Za'atari and Azraq camps with equitable access to WASH services.

f. Protection:

UNICEF mainstreams child protection across all sectors, including WASH. The continuation of the provision of WASH services in camps plays a key role in ensuring a safe environment for all children by supporting child-friendly WASH facilities, including adequate and safe menstrual hygiene management (MHM). The provision of appropriate WASH facilities at the household level and institutions, such as schools and health facilities in the camps, ensures dignity for all and minimizes risks of physical and sexual violence. UNICEF and its WASH partners and contractors are also regularly trained on referral pathways and measures for child protection.

g. Education:

UNICEF supports community mobilization interventions in Za'atari and Azraq camps. In cooperation with UNICEF Jordan's implementing partners, approved messaging focused on water conservation and hygiene promotion, and information regarding COVID-19 awareness and prevention was disseminated to individuals in the camp through social media platforms. Community mobilization activities in the camps have supported the education of refugees on public health and water conservations issues.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
NA	https://twitter.com/UNICEFJordan/status/1304505875831443457
NA	https://twitter.com/UNICEFJordan/status/1272827302167142400
NA	https://twitter.com/UNICEFJordan/status/1305155906489982981

3.5 Project Report 20-UF-RWA-002

1. Project Information

Agency:	UNRWA	Country:	Jordan
Sector/cluster:	Protection - Protection	CERF project code:	20-UF-RWA-002
Project title:	Preserve resilience of Palestine refugees from Syria in Jordan through the provision of winterization assistance		
Start date:	12/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 1,430,000
	Total funding received for agency's sector response to current emergency:	US\$ 1,431,329
	Amount received from CERF:	US\$ 600,000
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

CERF project assisted a total of 7,255 PRS individuals (3,752 female, 3,503 male; including 207 PwDs of which 74 are female, and 133 are males) to cover their urgent winterization needs during Quarter Four 2020. The 1,672 beneficiary PRS families (523 female-headed households; 1,149 male-headed households) were better equipped to mitigate the cold weather burden and to manage the harsh winter season without having to resort to negative coping strategies such as increased borrowing. The one-off cash grant per annum is designed to allow for the purchase of essential items which make up the winterization package (heater, gas bottle / refill, blankets). The amount received by each family, through cash-based transfers, depends on the family size; ranging from US\$ 277 for small size families of one to three members, and US\$ 453 for larger families of seven members and above.

The CERF funding allowed UNRWA Jordan Field Office bridge the significant financial gap in its winterization assistance intervention-estimated at 41 %- thus, ensuring all vulnerable PRS families in Jordan receive this assistance in a timely manner. The CERF project assisted UNRWA in meeting its obligations towards the PRS community in Jordan as stipulated in the Agency's Emergency Appeal with the overarching goal of preserving the resilience of the families and ensuring that the most vulnerable refugees meet their basic through the provision of humanitarian assistance,

Table 1: Amount of assistance per family size

# Family members	1, 2, 3	4	5	6	7 and above
US\$	277	317	325	365	453
JOD15	196.12	224.44	230.10	258.42	320.71

The distribution covered PRS residing in the four administrative areas in Jordan as per the table below:

Table 2: Geographical distribution of PRS families

Area	Number of Households	Number of Individuals
North Amman	505	2132
South Amman	332	1443
Irbid	337	1512
Zarqa	498	2168
Total	1672	7255

3. Changes and Amendments

The project has been implemented as per the work plan, however with a slight delay. The delay occurred for few weeks and was due to piloting other distributing mechanism (e-wallets) as a contingency in case of any upcoming lockdown and to ensure PRS access to cash assistance in case reaching to nearest ATM will be difficult (which happened during lockdown in 2020), the pilot exercise took some time to be implemented (other source of funding was utilized to cover e-wallets transfer fees).

Also, there was a small variation that occurred in number of PRS households and individuals that benefited from the winterization cash assistance through CERF contribution, as at the proposal stage numbers were put based on estimates from previous years. As according to the proposal 1675 households, 7306 individuals were supposed to receive winterization assistance, while at the implementation phase 1672 households and 7255 individuals were covered by CERF contribution; the difference is due to the family size as indicated in the below table:

Table 3

# Family members	1, 2, 3	4	5	6	7 -18
US\$	277	317	325	365	453
JOD16	196.12	224.44	230.10	258.42	320.71

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection – Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,200	1,882	1,586	1,638	7,306	2,250	1,889	1,502	1,614	7,255
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,200	1,882	1,586	1,638	7,306	2,250	1,889	1,502	1,614	7,255

People with disabilities (PwD) out of the total

	37	59	13	27	136	56	99	18	34	207
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Sector/cluster	Multi-purpose cash (not sector-specific) - Multi-purpose cash (not sector-specific)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

People with disabilities (PwD) out of the total

	0	0	0	0	0	0	0	0	0	0
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Winterization cash assistance in addition to different types of cash assistance (Unconditional, Emergency and COVID 19 top ups) are provided in the form of cash and is loaded through ATM cards, As soon as the registration process is completed for PRS in the Refugees' Registration Information System (RRIS), ATM cards are issued through Jordan Ahli Bank for each head of family, except for refugees residing in King Abdullah Park (KAP), UNRWA Jordan Field Office liaise with the Syrian Refugees' Affairs Department (SRAD) in order to obtain required permits to distribute cash assistance by hand, in view of movement limitations imposed on refugees in KAP and their inability to reach nearest ATM to withdraw their cash assistance.

Accordingly, this contribution has directly targeted the needs of 1,672 PRS families (7,255 individual PRS), this entails that no indirect beneficiaries are to be considered part of this intervention.

6. CERF Results Framework

Project objective	Preserve resilience through the provision of humanitarian assistance, ensuring that the most vulnerable refugees meet their basic needs			
Output 1	PRS are able to meet their essential life-saving needs and to cope with sudden crises			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of PRS families provided with winterization cash assistance in quarter 4 2020	1,675	1,672	Refugees' Registration Information System (RRIS) Bank payment files
Indicator 1.2	Number of PRS families stating that the cash assistance received were enough to cover basic needs for half of the winter season	220 40%	262 44%	Post Distribution Monitoring Survey
Explanation of output and indicators variance:		[Fill in]		
Activities	Description	Implemented by		
Activity 1.1	Preparatory phase (costing of distribution)	November 2020		
Activity 1.2	Transfer of funds to bank	December 2020		
Activity 1.3	ATM cards are credited with cash-based transfer for winterization assistance	December 2020		
Activity 1.4	Withdrawal of funds	December 2020		
Activity 1.5	Reconciliation, Deactivation and replenishment of unutilized funds	December 2020		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

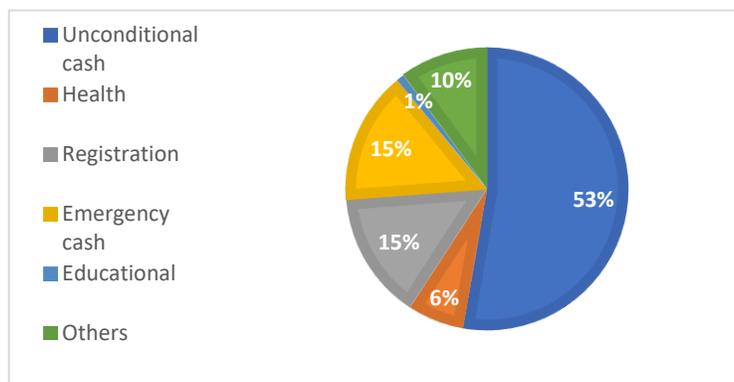
a. Accountability to Affected People (AAP)¹⁸:

All recorded Palestine Refugees from Syria are assigned to UNRWA emergency social workers who monitor PRS status in Jordan and ensure that their files and records are up to date. Social Workers are available to receive any complaints and to provide PRS with accurate information needed about the services available.

All PRS are currently being provided with information brochures with contact details of all UNRWA installations providing services to Palestine refugees. Also, included in the brochures, are contact information for all administrative buildings in each area and main office.

Social workers have a special tracking system to record all enquiries received by PRS through hotlines or office visits, this system facilitate following up and updating PRS about their cases and it contributes to better service delivery.

Throughout the year Social Workers responded to 9,969 calls and office visits from PRS; 23% took place in the first quarter, 22% in the second quarter, 25% in the third quarter, and 30% in the fourth. PRS reached out to either inquire about services, make new requests, or follow up on a previous requests. The majority of PRS called or visited to inquire about cash assistance, please refer to the below chart:



b. AAP Feedback and Complaint Mechanisms:

An appeal mechanism is in place which gives PRS families and individuals access to petition for cash assistance eligibility, appeal the decision if they disagree with the review results, and receive a timely response. Noting that 64 appeals were received throughout the year and were assessed either by household visits (first quarter of 2020) or through telecommuting (Due to COVID 19 implications household visits were temporarily stopped) and collecting all possible information and documents that reflects PRS living conditions.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

¹⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Based on instructions received through UNRWA HQ, an Incident Reporting Form (IRF) was endorsed by a High-Level UN Steering Group, in respect of all reports of sexual exploitation and abuse in identified field locations. The purpose is to initiate a formal process, in response to an allegation/report of sexual exploitation and abuse, which may include steps to provide victim assistance and/or requirements of further assessment to determine appropriate action, such as an administrative investigation and/or a referral for criminal investigation. The use of the IRF, a standardized and comprehensive form, will contribute to consistency in how the United Nations system collects information on and responds to reports of sexual exploitation and abuse.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

All UNRWA interventions are assessed in terms of their contribution to gender equality and prevention of gender-based violence (GBV). The Agency maintains gender disaggregated data on interventions/services that UNRWA carries out.

This project assisted in covering 41% of PRS caseload who has received a blanket coverage of winterization cash assistance distributed to 100% of PRS (2250 women, 1889 men, 1502 girls and 1614 boys).Moreover in February 2021, the Emergency Coordination Unit (ECU) at UNRWA Jordan Field Office completed winterization assistance Post Distribution Monitoring Exercise (PDM) exercise that targeted 595 households (2,376 individuals, 1,211 female, 1,165 male), 28% are female headed and 72% are male headed.

e. People with disabilities (PwD):

UNRWA has taken further actions to ensure that its programming and services are disability-inclusive. In particular, UNRWA has taken significant steps towards ensuring that Palestine refugees with disabilities have equal and meaningful access to its services in line with the Agency's Disability Policy from 2010 and further to the roll-out and implementation of the Disability Inclusion Guidelines that were finalised in 2017.

Through the project implementation, 207 PwD (56 women, 99 men, 18 girls, 34 boys) representing 51.1% of total PRS registered as having one or more disability, types of disabilities PRS have varies as follows: 1 Autism, 3 Brain paralysis, 1 Deaf and mute, 1 Half Paralysis, 19 Hearing- Impaired, 43 Mental disability, 57 Motor disability,10 Multi disabilities, 2 One-limb loss, 4 other disabilities, 13 Physical disability, 8 psychological disability, 37 sensory, 8 Visual- Impaired-.

f. Protection:

The project targeted several cross cutting protection concerns including general protection cases, which considered one of the most vulnerable conditions that PRS in Jordan can pass through and this is due to the non-admission policy announced by the government of Jordan, which prevents Palestine Refugees from Syria in Jordan having no valid Jordanian IDs to enter to the country. Hence this intervention and through CERF contribution, UNRWA has included this category and they were also able to receive winterization cash assistance along with other interventions covered through UNRWA Syria Emergency Appeal.

Considering that PRS with General Protection concerns are extremely vulnerable with very limited movement, inability to access livelihood sources and under risk of detention and deportation.

g. Education:

Not relevant as the intervention was under cash assistance.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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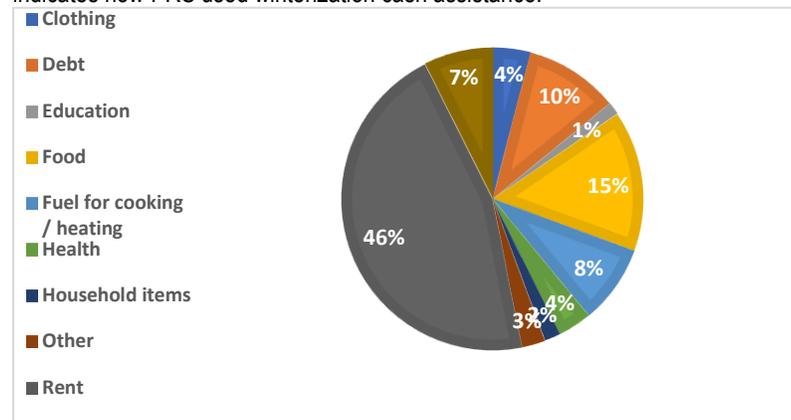
* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	7,255
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Findings from Post Distribution Monitoring Survey that targeted approximately 15% of households that benefited from winterization cash assistance informed that rent ranked first among other important expenses for PRS, food ranked second and debt third, the below graph indicates how PRS used winterization cash assistance:



Parameters of the used CVA modality:					
Specified CVA activity (incl. activity # from results framework above)		Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Winterization Assistance	Cash	7,255	*US\$ [332.55]	Unconditional	Unrestricted
[Fill in]		[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]		[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

*Average amount as the distribution is based on family size.

9. Visibility of CERF-funded Activities

Title	Weblink
August 2020 Snapshot	Annex 1
[Insert]	[Insert]
[Insert]	[Insert]

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

3.6 Project Report 20-UF-WOM-001

1. Project Information			
Agency:	UN Women	Country:	Jordan
Sector/cluster:	Protection - Protection	CERF project code:	20-UF-WOM-001
Project title:	Enhancing access to protection services and empowerment opportunities for women at risk in camps and host communities across Jordan		
Start date:	12/03/2020	End date:	31/03/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,000,000
	Amount received from CERF:		US\$ 400,020
	Total CERF funds sub-granted to implementing partners:		N/A
	Government Partners		N/A
	International NGOs		N/A
	National NGOs		N/A
Red Cross/Crescent Organisation		N/A	

2. Project Results Summary/Overall Performance

This CERF UFE grant permitted life-saving cash assistance through both cash-for-work (C4W) and direct cash assistance modalities to 210 women from March 2020-March 2021. This included 190 Syrian refugee women in 4 camp settings (in both Zaatari and Azraq camps) and 20 vulnerable Jordanian women in 8 host community settings (in Zarqa, Maan, Tafileh, Karak and East Amman). The amendment of the modality – from C4W to both C4W and cash assistance – in November 2020 was a critical measure to help counter growing vulnerability of women in the context of the COVID-19 crisis.

This project was implemented in the context of escalating GBV, especially domestic violence against women and girls, associated with household economic pressures resulting from the pandemic and restrictions on movement. CERF UFE grant allowed UN Women to continue providing GBV services, referrals and other protection and awareness support to a total of 475 women, 13 per cent of whom were PWDs.

CERF funding closed an approximate 20% funding gap while allowing UN Women to leverage existing infrastructure to increase the number of beneficiaries served. CERF has also contributed to reducing the risks associated with children left without supervision at home or outside by providing them with a safe environment to complete their formal education.

A year-end beneficiary survey conducted through UN Women's internal monitoring found a 72% positive change in women's view of gender equality concepts at the household level; 85% reported an increase in household decision making and 84% reported a reduction in experiences of GBV.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

3. Changes and Amendments

UN Women sought a three-month, no-cost extension to this activity and a change in the cash-for-work modality to include both cash-for-work and cash assistance. These changes were sought due to the fact that UN Women was unable to implement cash-for-work activities as a result of the Government of Jordan's COVID-19 mitigation measures, which initially required a cessation of activities in all Oasis centres in response to the evolving epidemiological situation. The requested changes were also an important measure to help offset growing vulnerability among women in the COVID-19 context. These vulnerabilities were identified through the UN Women impact assessment which found that 78% of women respondents reported borrowing money or food to meet basic needs, and 84% reported having consumed all their savings. The assessment also found a strong correlation between women's economic disadvantage and their risk of exposure to physical and psychological violence: more than 60% of respondents – both Jordanian and Syrian refugees – reported feeling at risk of violence due to the crisis and confinement; of these, 54% reported having to borrow food or money from neighbors, family or other households. Beyond the confines of the household, women's ability to repay debt has also been impacted, exposing them to intimidation from lenders. Reprogramming was requested in response to these changes which increased vulnerabilities and made cash assistance a critical lifesaving service. CERF approved the requested changes to this activity in November 2020. All funds were utilized by project closure on 31 March 2021.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	410	0	300	300	1,010	410	0	300	300	1,010
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	65	0	100	100	265	65	0	100	100	265
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	475	0	400	400	1,275	475	0	400	400	1,275
People with disabilities (PwD) out of the total										
	45	0	0	0	45	45	0	0	0	45

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

A total number of 6,375 indirect beneficiaries benefited from the project, including household members of women receiving Oasis services and individuals living in the Oasis communities who attend awareness raising sessions and information campaigns and benefit from other activities run by UN Women and other humanitarian partners in Oasis centers..

6. CERF Results Framework

Project objective	More Syrian women refugees at risk are better served by humanitarian action and resilience-based initiatives			
Output 1	Women's access to cash-based initiatives in Jordan, in context of protracted humanitarian crisis, is increased, saves lives, and promotes resilience and empowerment.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women directly accessing cash for work (and cash assistance) in camp Oases	190	190	UNW BMS/RMS ¹⁹
Indicator 1.2	Number of women directly accessing cash for work (and cash assistance) in non-camp Oases.	20	20	UNW BMS/RMS
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Support Oases in refugee camps and cash-for-work for women at risk	UN Women		
Activity 1.2	Support Oases in host communities and cash-for-work for women at risk	UN Women		
Activity 1.3	Provide childcare and transport subsidies to support women at risk accessing services and empowerment opportunities	UN Women		

Output 2	Women's access to prevention, protection and service-delivery related to GBV in both camp and non-camp settings is increased			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of women and girls directly benefiting from GBV services and referrals in camp Oases.	100	100	UNW BMS/RMS

¹⁹ UN Women Beneficiary Management System and Results Management System.

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Indicator 2.2	Number of women and girls directly benefiting from GBV services and referrals in non-camp Oases.	15	15	UNW BMS/RMS
Indicator 2.3	Number of women and girls directly benefiting from GBV awareness raising and prevention in camp and non-camp Oases	150	150	UNW BMS/RMS
Indicator 2.4	Number of women Oasis beneficiaries reporting a reduction in gender-based violence as a result of Oasis services	150	150	UNW BMS/RMS
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Provide beneficiaries with protection services and support to spread awareness of these services within their communities	UN Women		
Activity 2.2	Provide Oasis beneficiaries with awareness-raising, prevention and risk mitigation on issues of gender-based violence and protection referral services;	UN Women		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)²¹:

UN Women utilizes internal monitoring to gather feedback and insights used in programming and focus group discussions and key informant interviews, including KIIs with beneficiaries, to gather and utilize the viewpoints of beneficiaries in programming. Beneficiaries are selected in accordance with clearly defined vulnerability criteria, relevant to both camp and host communities. The Oasis model provides resilience and empowerment services to refugee women, rural women, women with disabilities, young women, elderly women and other vulnerable groups such as female-headed households, allowing for the opportunity to reach the furthest behind. UN Women has partnered with the Ministry of Social development to deploy the Oasis model in host communities with the goal of strengthening national systems and the sustainability of the approach. The Oasis approach is integrated in the MOSD National Social Protection Strategy for Jordan and consequently uses vulnerability criteria selected jointly by UN Women and MOSD to reach the most vulnerable women. Similarly, in camp settings UN Women potential programme participants through UNHCR vulnerability criteria.

²⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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b. AAP Feedback and Complaint Mechanisms:

AAP is considered throughout the humanitarian project cycle, including collecting and incorporating feedback from affected populations in appropriate ways, such as focus group discussions segregated by gender or confidential interviews. Several feedback mechanisms are available to Oasis beneficiaries on a permanent basis, including an anonymous on-site complaints box, availability of UN Women field staff and protection staff, and a WhatsApp channel. Follow-ups are done by UN Women's protection focal points in close coordination with programme team.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UN Women's PSEA mechanisms include: a 24-hour hotline for victims and those at risk of GBV, availability of UN Women field staff and protection staff, and outreach materials to support refugees to know their rights and where to access confidential support if they have experienced SEA. UN Women protection staff provides beneficiaries with awareness on numerous SGBV/PSEA topics and how to report them and keeps printed material visible and at hand in all centres. Camp and non-camp staff also worked to mainstream the concept of protection among all beneficiaries using informal mechanisms such as one on one discussions and conversations. During the reporting period, UN Women staff attended several training sessions, including PSEA ToT, SGBV safe referral training and child protection safe referral training provided by different organizations.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Gender equality is the core of this project: its main components are to promote the economic empowerment and protection of women and girls through the provision of life-saving, cash-based livelihoods opportunities as well as protection services, including SGBV protection and risk mitigation. The project is operated through UN Women's Oasis Centres which provide support to Syrian refugee and vulnerable Jordanian women. Through the complementary financing of the Oasis pooled fund, UN Women supported Syrian refugee women and vulnerable Jordanian women with information on their rights, including sexual and reproductive rights and psycho-social counselling and referrals, including legal and medical services to GBV survivors.

All received GBV cases are internally documented, tracked and managed in accordance with an internal Case Management and Referral Guidelines developed in accordance with the Inter-Agency SOP for Preventing and Responding to GBV in Jordan, the National Council for Family Affairs' SOP for GBV/DV prevention and response and the Jordan National Framework for Family Protection. UN Women provides semi-structured case management services: receiving officers make a determination as to whether a victim requires counselling or referral. In the case of a referral, officers seek confirmation from the service provider that the case has been received.

e. People with disabilities (PwD):

This project targeted women at risk through the use of a vulnerability-based beneficiary selection criteria that integrates disability as an intersectional vulnerability criteria. As a result, 45 women with disabilities – approximately 13% of all women beneficiaries – were engaged through this project, benefiting from income through cash-for-work and/or cash assistance, protection services and, when operational, benefiting from the safe space ensured by the Oasis centre environment. Overall in 2020, 13% of Oasis beneficiaries supported through the pooled fund were PwDs. In accordance with an internal 2019 Disability Action Plan, UN Women conducted an audit to assess accessibility in all existing and planned centres; planned refurbishments have been prioritized for 2021 after having been delayed by restrictions on movement imposed by the government as a mitigation measure in response to the COVID-19 pandemic. UN Women also provides training to field staff on disability inclusion.

f. Protection:

The provision of SGBV prevention and protection services are core project activities. These services continued to be delivered remotely during the lockdown period. The Oasis centres also provide after-school education, activities and childcare in a safe environment, reducing the risks associated with children left without supervision at home or outdoors. Before the lockdown forced a suspension in service delivery through the Oasis centres, 1,003 children (628 girls 375 boys) benefited from these services. During the confinement period, UN Women

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put into place a 24-hour hotline to assist victims and those at risk of GBV and utilized CERF funding to disseminate reliable information on COVID-19 (through WhatsApp) to explain mitigation measures and services made available by the Government of Jordan and the WHO.

g. Education:

The Oasis model integrates a number of educational opportunities to women to support their labour force participation, civic engagement and social issues, including gender equality, women's empowerment and SGBV prevention. While educational activities are not funded by the CERF project, complementary programming through UN Women's Second Chance Education Project helps ensure that women engaged in cash-for-work opportunities can sustainably transition to the labour force with requisite skills and knowledge and within a more enabling environment. The programme serviced 558 women in 2020. In response to the COVID-19 pandemic, this programme transitioned to virtual learning, with support for remote access through the provision of internet connections and computers.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	210

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.1	190	US\$ 299,000	Choose an item.Social Protection	Unrestricted
Activity 1.2	20	US\$ 31,000	Choose an item.Social Protection	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
(World Refugee Day 2020) From where we stand: Our journey of resilience and empowerment between two crises	https://jordan.unwomen.org/en/news/stories/2020/june/from-where-we-stand--our-journey-of-resilience-and-empowerment-between-two-crises-
From where I stand: "My husband would not allow me	https://jordan.unwomen.org/en/news/stories/2020/june/from-where-i-stand-noor-ali-halam

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to leave the house, now I'm financially independent	
Hand over the Mic: Baselah Mohammad Abdelrazak, Za'atari refugee camp Community leader, advocate for girls' rights and education, community mobilizer during the COVID-19 pandemic	https://jordan.unwomen.org/en/news/stories/2020/december/hand-over-the-mic-baselah-mohammad-abdelrazak-zaatari-refugee-camp
From where I stand: "I believe everyone is a potential leader"	https://jordan.unwomen.org/en/news/stories/2021/march/from-where-i-stand---i-believe-everyone-is-a-potential-leader

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

The *Enhancing access to protection services and empowerment opportunities for women at risk in camps and host communities across Jordan* project was fully and exclusively implemented by UN Women Jordan.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.