

STANDARD JOINT PROGRAMME/PROJECT DOCUMENT

Reference: UN-JCO/2014/003

Cover Page

Country: Jordan

Programme Title: Hemayati: Promoting women and girls health and well being

Joint Programme Outcome(s): SGBV survivors, including Syrian refugees, have increased access to comprehensive lifesaving protection services including, health, psychosocial and legal services in various areas in Jordan

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| <p>Programme Duration: 24 months (2 years)</p> <p>Anticipated start/end dates: 01/09/2014 – 01/09/2016</p> <p>Fund Management Option(s): Pass –through</p> <p>Administrative Agent: UNFPA</p> | <p>Total estimated budget*: \$ 3,541,881.86 Million US dollars total for 2 years (year 1: 1,711,502.43 USD, year 2:1,830,379.43 USD)</p> <p>Out of which:</p> <p>1. Funded Budget: 0 2. Unfunded budget:</p> <p>* Total estimated budget includes both programme costs and indirect support costs</p> |
| <p>Sources of funded budget: NA</p> <ul style="list-style-type: none"> • Government _____ • UN Org.... _____ • UN Org... _____ • Donor ... _____ • Donor ... _____ • NGO... _____ | |

Names and signatures of (sub) national counterparts and participating UN organizations

By signing this joint programme document, all signatories – national coordinating authorities and UN organizations - assume full responsibility to achieve results identified with each of them as shown in Table 1 and detailed in annual work plans.

| UN organizations | National Coordinating Authorities |
|---|--|
| <p>Suad Nabhan Assistant Representative UNFPA Jordan</p> <p>Signature: <i>Suad Nabhan</i> Date & Seal: 27 Aug 2014</p> | <p>Replace with: Name of Head of Partner Signature Name of Institution Date & Seal</p> |
| <p>Robert Jenkins Representative UNICEF Jordan</p> <p>Name of Organization Date & Seal: 27/8/14</p> | <p>Replace with: Name of Head of Partner Signature Name of Institution Date & Seal</p> |
| <p>Giuseppe Belsito Representative UN Women Country Office for Jordan and Syria</p> <p>Signature Date & Seal: 27/8/2014</p> | <p>Replace with: Name of Head of Partner Signature Name of Institution Date & Seal</p> |

1. Executive Summary

Jordan continues to receive a steady influx of Syrian refugees causing considerable strain on the fragile infrastructure and economy of the country. In 2014, over 10,000 Syrian refugees per month continued to cross into Jordan with their trauma and psychological wounds; they are exposed to risks of gender-based violence, including sexual violence, and are struggling to survive in difficult conditions.

Based on reports from the Commission of Inquiry on Syria, rapes have been perpetrated during house searches, at checkpoints, and in detention facilities, often in conjunction with other forms of torture. Refugees reported that protection from sexual violence was one of the main factors motivating them to leave their country¹. Children and women refugees reported feeling safe in Jordan²; however they remain more at risk than men in terms of psychological and sexual violence, particularly if they are members of female-headed households³. Furthermore, domestic violence was reported as the most widespread form of violence that women and girls face in Za'atri camp⁴. The worsening economic conditions of refugees are also exacerbating the risks of sexual exploitation and abuse particularly for women and girls.

According to data collected through service delivery during the first months of the Inter-Agency project, this trend is confirmed, with a percentage of survivors seeking support for different forms of violence perpetrated by their intimate partner. During emergencies, systems of protection are weakened and disrupted, and forced displacement and separation of families and communities place women and girls at increased risk of multiple forms of sexual and gender-based violence. Addressing SGBV in the current context, particularly sexual violence is a basic and life-saving protection issue. Effective SGBV programming involves preventing violence through addressing the causes, contributing factors and risks and responding to violence and its consequences to meet the needs of survivors. The survivor-centered approach ensures that survivors can access appropriate, accessible and good quality services including: health care, psychological and social support, security, and legal aid. Implementing a survivor-centered approach involves applying the guiding principles of safety, confidentiality, respect and non-discrimination. SGBV is normally under-reported, especially in the cultural context of the Middle East.

The urban refugee population in Jordan is fragmented and many people have still not registered officially. Discrimination and distrust can block refugees' access to protection and particularly women and girls. Based on the SGBV mapping conducted by the Child Protection and SGBV sub-working group, availability of quality services to respond to sexual violence remains a concern, in particular in Mafraq, Irbid, Ramtha and Zarqa. The availability of services is compounded by the fact that the number of refugees is increasing by the day. Findings from a SGBV assessment conducted by the Child Protection and SGBV sub-working group indicate that women and girls survivor of sexual violence experience challenges in accessing basic services and protection and still turn to family and other social networks for support. **Building on a successful first phase of the joint interagency project, this two year project aims to increase SGBV survivor's access to comprehensive lifesaving protection services including, health, psychosocial and legal services in four governorates (Amman, Irbid, Zarqa, and Mafraq).** The following outputs will be achieved:

¹ International Rescue Committee, Action Needed to Protect Syrian Women and Girls, July 2012.

² Inter-agency needs assessment, March 2012.

³ Un Ponte Per, Comprehensive Assessment on Syrian Refugees residing in the community in Northern Jordan, August 2012.

⁴ Interagency Child Protection and GBV assessment, Zaatri camp 2013.

1. SGBV Survivors continue to have safe and confidential access to non-stigmatizing psychosocial support, legal aid and case management through community based approaches.
2. SGBV survivors have increased access to quality health services and reproductive health services adapted to their age and gender.
3. Survivors of SGBV are protected from further harm and have safe and confidential access to shelters.

To ensure a comprehensive and non-stigmatizing approach to SGBV programming all activities will also be open to women, girls, men and boys from the Jordanian community and Syrian refugees. The joint project will be implemented by UNFPA, UNICEF and UN Women in partnership with the Ministry of Social Development (MOSD), Ministry of Health (MOH) and partner NGOs. UNFPA will act as the administrative agency. A memorandum of understanding (MOU) will be signed by the three agencies involved stipulating the responsibilities of each party with regard to project management and implementation. The NGO(s), as implementing partner(s) will be accountable to UNFPA, UNICEF or UN Women in line with their respective partnership agreements. The implementing partner(s) are responsible for implementation of the project activities as described in the project cooperation agreement(s) and for achieving the results in line with the work plan and budget.

2. Situation Analysis

The Interagency Standing Committee (IASC) guidelines on Gender-based Violence Interventions in Humanitarian Setting (2005) describe SGBV as “an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females”. During emergencies, systems of protection are weakened and disrupted, and forced displacement and separation of families and communities place women and girls at increased risk of multiple forms of SGBV. In the early stages of humanitarian emergencies, sexual violence and intimate partner violence are often the most common forms of SGBV. Sexual violence is the most immediate and dangerous type of SGBV occurring in acute emergencies. Addressing SGBV in the current context, particularly sexual violence is a basic and life-saving protection issue. Addressing gender-based violence in emergencies is complex and multidimensional. Effective SGBV programming involves preventing violence through addressing the causes, contributing factors and risks and responding to violence and its consequences to meet the needs of survivors. The survivor-centered approach ensures that survivors can access appropriate, accessible and good quality services including: health care, psychological and social support, security, and legal aid. Implementing a survivor-centered approach involves applying the guiding principles of safety, confidentiality, respect and non-discrimination. SGBV is normally under-reported, especially in the cultural context of the Middle East. Lack of disclosure is due to fear of reprisals, mistrust of authorities, cultural taboos, and risk/fear of re-victimization. Any available data, in any setting, about SGBV will represent only a very small proportion of the actual number of incidents of SGBV.

Syrian Humanitarian Crisis: Jordan continues to receive a steady influx of Syrian refugees causing considerable strain on the fragile infrastructure and economy of the country. Close to 600,000 people have fled their homes in Syria to reach Jordan and are now living in urban and rural contexts, camps and other collective centres. In 2014, over 10,000 Syrian refugees per month continued to cross into Jordan. Over 70% of these are women and children.

Protection concerns and its causes: Protection concerns are prevalent in Syria currently and the risk of women and girls of being exposed to SGBV is high. Fear of being subject to sexual violence prevails among women and girls in areas where fighting, attacks and raids take place. Boys and girls are suffering from psychosocial distress while their caregivers face difficulty providing them with much needed support due to their own high levels of distress. Pre-existing child protection and gender inequality issues have been exacerbated by the conflict. For example, child labor and early/forced marriage are often being used as a negative coping mechanism by populations under hardship.

In Jordan, the affected populations have exhausted their resources and coping mechanisms as a result of increased poverty, multiple displacement and lack of adequate access to services in many parts of the country. These conditions, and the lack to access to income generating opportunities, significantly increase dependency on aid, and heighten the risks of sexual exploitation and abuse. Traditional community support mechanisms are failing due to displacement and distrust. This has had a significant impact on the psychological well-being of the population and may lead to increased protection risks, including violence and exploitation of women and girls. Improved protection of civilians, particularly of children, women, the wounded and other vulnerable groups such as persons with disabilities, unaccompanied/separated children, survivors of SGBV, and victims of torture has been identified as a priority within the humanitarian needs framework for Syria.

Assessments (5) carried out by the UN and NGO partners in Jordan highlight a number of risks and vulnerabilities that the Syrian population faces in Jordan too. Supported by anecdotal evidence, those risks have been increasing as the situation inside Syria gets worse and the number of people crossing the border into the neighboring countries increases by the day. While the root causes of such vulnerabilities require longer term programs, some of the underlining causes should be addressed immediately through sustained service delivery.

In fact, there are many challenges to address in this emergency setting, including the following key risks and vulnerabilities:

- Most of the vulnerable Syrian refugees living in the community have no source of income leading to increased risks of violence, abuse and exploitation including but not limited to domestic violence, early marriage, child labor, labor exploitation etc.
- Adolescent girls and young women face a heightened threat of early and coerced marriage as households seek to lessen their economic burden. Particularly, unaccompanied women and girls and women headed households are at high risk of exploitation, trafficking and sexual abuse.
- Women and particularly female headed households are isolated, stressed and find it difficult to adapt to life in Jordan. The breakdown of the social fabric has led to mistrust among refugees in communities which, combined with a lack of a support network, makes it even more stressful. Domestic violence is the most reported violence from women and girls
- Most women are restricted in their movements and are not allowed to leave their dwellings. They are uncomfortable seeking support. In addition, the lack of sufficiently trained medical personnel to care for SGBV exposes their vulnerabilities even more.

4. Strategies, including lessons learned and the proposed joint programme

Background

Members of the SGBV sub-working group, chaired by UNFPA and UNHCR, are addressing SGBV issues facing Syrian women, girls, boys and men. For example, Women Safe Spaces are being opened in conjunction with Safe Spaces for Children in Za'atri and Azraq camp and in host communities. UN Women, UNICEF, UNFPA and other service providers are partnering with a number of active players to build Syrian women, girls, boys and men refugee capacities in refugee camps and in host communities for effective participation in all decision making processes concerning them and their community including but not limited to equitable service delivery mechanisms, increased participation and assessments of their own needs and vulnerabilities. The SGBV activities proposed are aligned with the *Sexual and Gender based violence Subworking group strategy* paper for Jordan. Also, UNFPA, UN Women and UNICEF are part of the leading agencies involved in the development of the RRP

⁵ Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Zaatari Refugee Camp, Child Protection and Gender-based Violence Sub-Working group Jordan, 2013; UNICEF Assessment on Early Marriage in Jordan, 2014; Inter-agency Assessment of Gender-based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on early marriage, UN Women 2013; SGBV Advisor Final Report, March-June 2012; IRC: Action Needed to Protect Syrian Women and Girls, July 2012; JWU-UPP: Comprehensive Assessment on Syrian Refugees Residing in the Community in Northern Jordan, August 2012.

and are in a strategic position to be able to bridge its activities with the Jordan National Resilience Plan. Considering the recent endorsement of the Jordanian National Response Plan, all agencies will continue to ensure consistency with the NRP and the strategic direction of the government of Jordan.

Lessons Learned

This program draws on globally and locally developed programs and strategies, as these have provided a wealth of lessons learned and best practices guidelines in the sector of SGBV, prevention and response. These include:

Multisectoral assistance to survivors. Multisectoral assistance seeks to provide survivors with a holistic care package based on their needs, including medical and psychosocial care, socio-economic and educational reintegration assistance and referral to legal support if requested. During the last year, a particular added value emerged in this approach. Partners of this project were able to create a "one-stop-shop" approach as medical, psychological, shelter and legal services were provided in one place or closely connected places.

A Safe-space approach. One of the main strategies for preventing and responding to SGBV while empowering women and girls is through the establishment of safe spaces. In order to successfully support SGBV survivors, a wide range of different services and systems need to be put in place in order to build trust and to have time and opportunities for disclosure as well as ensuring services are not stigmatizing. In the safe spaces supported by this project, activities are offered including social activities which empower women with an increased sense of self-worth, and provide them with an increased understanding of their rights to be able to make more informed choices. These include awareness raising on both SGBV and sexual and reproductive health, life skills, recreational activities and access to specialized SGBV response services. We are taking this initiative one step further by ensuring that its safe spaces for women are closely linked to SRH services.

Survivor centered approach. The survivor centered approach prioritizes the needs, wishes and rights of survivors. The approach aims to create a supportive environment in which a survivor's rights are respected and in which s/he is treated with dignity and respect. Moreover, the approach helps to promote a survivor's recovery and his/her ability to identify and express needs and wishes, as well as to reinforce his/her capacity to make decisions about possible interventions.

Men and boys' involvement. During the second phase of the project, strategies to involve men and boys in prevention of SGBV and stigmatization of survivors will be developed to ensure a more effective impact of interventions. Services will be adapted to address the specific needs of boys and men and will be age appropriate to ensure child friendly care. As the project follows the inter-agency Standard Operating Procedures, referrals for male survivors will be provided and access to services for men and boys ensured.

Focus on host communities. The UN's strategy in responding to the Syrian refugee crisis includes response in Jordanian communities where Syrian refugees are hosted, with a focus on less serviced areas as well as in areas where the demand for SGBV services is increasing. This project aims to expand and strengthen existing services to survivors of SGBV to include Syrian refugees and build on existing partnerships to scale up SGBV services. In fact, over 80% of Syrian refugees are now living in host communities. The programme is intended to respond to an increased demand on existing services, and the targeted areas are in those locations with a high density of Syrian refugees (Amman, Irbid, Zarqa and Mafraq governorates). It is important to note that the target population of this programme includes Jordanian communities, urban Syrian refugees as well as other individuals in need of support.

Community mobilization. Community outreach, awareness raising and mobilization are key components to the success of this project. Information about existing services will be disseminated

through posters, referral cards and other outreach activities. During the first phase of this project, theater based education has allowed us to give a voice to survivors in a safe and ethical way by allowing survivors to speak through the theater medium.

Ethical data collection and information sharing. UNFPA, UNICEF, UN Women and partners promote ethical data collection and information sharing based on the WHO Ethical Guidelines to improve and to inform programmatic response, analyze trends and to strengthen advocacy messages. Moreover, UNFPA, UN Women and UNICEF support other partners of the project to integrate global lessons learned through the Gender Based Violence Information Management System (GBV IMS) in locally adopted systems.

Promoting international standards. UNFPA, UNICEF, UN Women and partners adhere to the Inter Agency Standing Committee Guiding Principles on SGBV in Humanitarian settings, Mental Health and Psychosocial Support in Emergency Settings and WHO Clinical Management of Rape Guidelines. Thus, a priority is placed on fostering the natural resilience of each woman and girl and her capacity to recover when being placed in a safe, protective and positive environment.

Do no harm. The possibility of unintentionally placing survivors of SGBV and their communities at risk must be taken into consideration. UNFPA, UN Women, UNICEF and partners will adhere to Do No Harm principles and to international standards of care for survivors of SGBV.

Inter-agency collaboration. This project has supported the three UN agencies involved and their partners to complement each other by continuously linking their activities. This helped to create synergies and offer to beneficiaries the "one stop shop" concept: reproductive health/medical, psycho-social, legal services, and soon shelter services. More, governmental and NGO services for SGBV prevention and response need to be complementary, and this project will be helpful to establish these links. For example, NGO women centers could establish links with MoH hospitals through the reproductive health component. Also, many capacity building activities are integrated within the project, which is essential to ensure SGBV can be addressed in culturally sensitive ways. The programme will fit into the overall inter-agency SGBV coordination structure, such as the SGBV sub-working group and adopts agreed upon standards, referral pathways, procedures and strategies. In addition, UNRWA and UNHCR will specifically be consulted in the review and update of the protocol of care for the shelter component.

The Proposed Joint Program

This continued joint program was chosen based on the specific expertise of the three agencies, and the added value that they can bring to the project. The coordination and joint approach helps to offer comprehensive life-saving protection services to SGBV survivors in one place. The adoption of a community approach addressing SGBV issues in a sensitive and culturally appropriate manner has also been successful.

The Jordanian Women Union (JWU) will continue to be the main implementing partner of the first component, and contribute to part of the second and third components of the project. In collaboration with UNICEF, both UN Women and UNFPA will strengthen the capacity of additional JWU branches to be able to respond to the increased needs resulting from the Syrian crisis as well as to sustainably maintain the investment in SGBV prevention and response structures. UNFPA will continue to support JWU to develop its capacity to deliver comprehensive reproductive health (RH) services, and clinical care for SGBV survivors with a particular focus on quality improvement.

The JWU is an independent Jordanian NGO, and it has a proven SGBV work track record including with the first phase of this interagency project. JWU also has a high credibility among gender equality advocates and the Jordanian government. Through its 16 branches, JWU has the needed outreach to provide services to Syrian refugees in the communities. However, a predictable

prevention and response strategy needs to be developed and supported to expand the geographic coverage of services and to meet the increasing demand. All three agencies have developed strong links and collaborations with JWU. It is worth noting that while UNICEF does not partner with JWU directly under this project, it supports the Jordanian Women Union to run child friendly spaces within some of the same safe spaces supported by this intervention increasing even more the level of comprehensive services.

MOSD, supported by UNICEF, and in coordination with UNFPA and UN Women, will continue to support the operation of a new women's shelter in Irbid –established in the first phase of the project- to cover the North. The shelter will provide temporary shelter, psychosocial support, referrals to health care and training opportunities for women and girl survivors of SGBV. Jordanian and refugee women and girls alike will be able to access and benefit from the services available at the shelter. UNICEF and MOSD will coordinate with UNHCR and the Family Protection Department (FPD) to ensure refugee and other vulnerable women and girls have access to the shelter as well as other services available to refugees. To ensure quality of services, MOSD will coordinate with NHF/IFH for psychosocial services, MIZAN Group for Legal Aid and Sisterhood is Global Institute (SIGI) for legal aid and the Ministry of Health for medical care. Moreover, MOSD will continue to seek guidance from and coordinate with the National Center for Human Rights to ensure protection measures meet the needs of women and girls.

The Hemayati inter-agency programme was developed in coordination with the inter-agency programme Institutionalizing and Strengthening of the Family Protection System in Jordan (JUNFPA, UNICEF, UNHCR, NCFA). Protocols of care developed under the Hemayati programme will be considered and possibly adopted within the broader family protection system in Jordan.

As part of the further development and improvement of its shelter services, access to services and a solid multi-sectoral and survivor-centered referral system will be further improved by strengthening community-based social centers run by MoSD to conduct outreach and awareness raising on SGBV and protection services. MoSD will provide training workshops to social workers and counselors in the north and will strengthen the prevention activities of community centers through awareness raising workshops for the local community and CBOs.

Other partners will be added according to needs as the project advances.

Sustainability of results: This is the second stage of an interagency project which started in September 2013, and which naturally evolved as a multi-year project in order to ensure results sustainability. In order to ensure that the current project is sustainable in the long term, government institutions and local organizations were involved from the beginning. Results sustainability was and will continue to be considered throughout the project planning, implementation, monitoring and evaluation stages. First, there is a strong capacity building component throughout the proposal, including in the different areas of service provision: psychosocial, medical, and safety and security. The capacity building component will ensure that a strong knowledge base is put in place, and that the capacity of various implementing partners is strengthened throughout this project. Second, the project focuses on the establishment or reinforcement of the shelter structures, which will remain in place after the project completion. Finally, the implementing partners and UN organizations in charge of this program have strong ongoing ties to government institutions, and efforts will be made to sensitize them to the need to maintain these structures and ensure they remain in place when the project finishes.

4. Results Framework

- The outcome of this joint program, by ensuring SGBV survivor have increased access to comprehensive life saving protection services including health, psychosocial and legal services, directly contributes to the RRP6 protection sector objective 3: **the risks and consequences of SGBV experienced by women, girls, boys and men are reduced and/or mitigated, and the quality of response is improved.** The program is therefore fully in line with strategic goals of the humanitarian response in Jordan.

Table 1: Results Framework

| Outcome: Ensure Syrian protection needs are addressed through targeted protection interventions (including CP and SGBV), community mobilization and capacity building | | | | | | | | | | |
|--|--|--|-------------------------------------|----------------------|--|--|------------|----|----|--------------|
| Joint Programme Outcome: SGBV survivors access to comprehensive lifesaving protection services including, health, psychosocial and legal services in four governorates (Amman, Irbid, Mafrag, and Zarqa) | | | | | | | | | | |
| JP Outputs <u>per year</u> (Give corresponding indicators and baselines) | Participating UN organization - specific Outputs | Participating UN organization ⁶ | Participating organization priority | Implementing Partner | Indicative activities for each Output | Resource allocation and indicative time frame* | | | | |
| | | | | | | Y1 | Y2 | Y3 | Y4 | |
| Output 1. SGBV survivors have safe and confidential access to non-stigmatizing response services through safe spaces and a community based approach | Same as JP Outputs | UN Women /UNFPA | | JWU, UPP/JWU, others | Activity 1.1: Establishment and/ or strengthening of 7 safe spaces (e.g. women's centers) for increased access of survivors to adequate services, | \$ 490,914 (UN Women) | \$ 540,914 | | | Total (US) |
| Indicators: 1.1. Number of women | | | | | | \$ 250,000 (UNFPA) | | | | \$ 1,031,828 |
| | | | | | | | | | | \$ 500,000 |

⁶ In cases of joint programs using pooled fund management modalities, the Managing Agent is responsible/accountable for achieving all shared joint programme outputs. However, those participating UN organizations that have specific direct interest in a given joint programme output, and may be associated with the implementation, for example in reviews and agreed technical inputs, will also be indicated in this column.

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| <p>centers strengthened (Target: 7)</p> <p>1.2. Number of beneficiaries reaching safe spaces per month (Target: 900/month)</p> <p>1.3. Number of SGBV survivors accessing services (Target: 200/month)</p> <p>1.4. Number of staff trained (Target: 30-35/year)</p> <p>1.5. Number of community members reached through awareness raising activities (Target: 10000/year)</p> | | <p>including case management, psychosocial support, life-skills trainings and legal assistance as and when required.</p> <p>Activity 1.2: Enhancing capacities for an effective response to SGBV through documentation, reporting, and network building including capacity building for the documentation center personnel.</p> <p>Activity 1.3: Awareness raising and outreach activities are conducted in collaboration with the refugee and host communities in a sensitive and culturally appropriate manner including production and distribution of IEC materials</p> <p>Activity 1.4: Implementation of community based activities for persons at risks of SGBV as well as for SGBV survivors both as an entry point</p> | | | |
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|---|---|---|--|--|-----------|-----------|------------|--|
| <p>Output 2. SGBV survivors and vulnerable women and girls have increased access to quality health and reproductive health services adapted to their age and gender.</p> <p>Indicators: 2.1. Number of WGMB receiving reproductive health care (Target: 4000) 2.2. Percentage of identified SGBV survivors who receive clinical care as needed, including CMR (Target: 100%) 2.3. Number of WGMB reached through awareness raising activities and campaigns. (Target 10,000)</p> | UNFPA | | | | \$350,000 | \$350,000 | \$ 700,000 | |
| and psychosocial support methodology. | <p>Activity 2.1: Provide comprehensive RH services in the Women's Centers that will include providing regular antenatal care, post natal care, family planning, sexual transmitted diseases management, breast clinical exam, cervical and breast screening, referral, reproductive health counseling and education.</p> <p>Activity 2.2: Strengthening the clinical capacity of non-governmental health structures to detect, care and refer SGBV survivors including post-rape medical care.</p> <p>Activity 2.3: Awareness raising campaigns to increase awareness on SGBV, RH, and available services.</p> | <p>Activity 2.1: UPP-JWU, others Activity 2.2: UPP-JWU, others Activity 2.3: UPP-JWU</p> | | | | | | |

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|--|--|--|---|---|--|------------------|
| <p>Output 3: Survivors of SGBV are protected from further harm and have safe and confidential access to shelters</p> <p>Indicators:</p> <p>3.1. Number of shelters providing services to survivors of SGBV (Target: 2)</p> <p>3.2. Number of survivors accessing quality shelter services. (Target: 300 (MoSD), Target: 100 (JWU))</p> <p>3.3. Number of service providers trained (Target: 85)</p> <p>3.4. Protocol of care for survivors in shelters adapted. (Target: 2)</p> <p>3.5. Number of community members reached through awareness raising activities (Target: 2,000)</p> | <p>Activity 3.1: UNICEF</p> <p>Activity 3.2: UN Women</p> <p>Activity 3.3: UNICEF, UNFPA</p> <p>Activity 3.4: UNICEF</p> | <p>Activity</p> <p>3.1: MOSD</p> <p>Activity</p> <p>3.2: JWU</p> <p>Activity</p> <p>3.3: UNICEF, MOSD, UNFPA with support of relevant institutions</p> <p>Activity</p> <p>3.4, 3.5: MOSD</p> | <p>Activity 3.1: Provide and accessible shelter services including multi-sectoral assistance to survivors in Northern Jordan</p> <p>Activity</p> <p>3.2: Capacities of JWU shelter in Amman expanded to provide increased high quality services for SGBV survivors</p> <p>Activity 3.3: Develop and provide in-depth training on the common protocol of care of survivors in shelters to improve quality of care, strengthen capacity of service providers and provide guidance on comprehensive response plans including plans for reintegration.</p> <p>Activity 3.4: Capacities of MoSD are strengthened to conduct outreach for vulnerable communities to raise awareness of and access to SGBV services</p> | <p>3.1/3.3/3.4 344,960 (UNICEF)</p> <p>3.2\$ 10,000 (UNFPA)</p> <p>86,824\$ (UN Women)</p> | <p>3.1/3.3/3.4 344,960 (UNICEF)</p> <p>3.2\$ 10,000 (UNFPA)</p> <p>136,824\$ (UN Women)</p> | <p>\$933,568</p> |
|--|--|--|---|---|--|------------------|

NGOs and other institutions, as implementing partner(s) will be accountable to UNFPA, UNICEF or UN Women in line with respective partnership agreements. The implementing partner(s) are responsible for implementation of the project activities as described in the project cooperation agreement(s) and for achieving the results in line with the work plan and budget.

7. Fund Management Arrangements

The pass-through fund management option will be used whereby the donor contributions will be channeled through UNFPA acting in the capacity of Administrative Agent (AA). In its AA capacity, UNFPA will receive the funds from the donor and, upon instruction by the Steering Committee, will pass them to UNICEF and UNWOMEN to support activities in their unified work plans. UNFPA, as AA sign a "Standard Administrative Arrangement" with the Donor and a Standard Memorandum of Understanding with the other Participating UN Organizations: UNICEF and UNWOMEN.

Reporting:

UNFPA will be responsible for consolidating the final reports received from the Participating UN Organization and for submitting the consolidated single report by the end of the project activities to the Donor, as was done throughout the first stage of the project. All reports will be shared with participating UN agencies and relevant stakeholders through coordination mechanism.

Transfer of cash to national Implementing Partners (IPs):

UNFPA, UNICEF and UN Women will transfer cash to its IPs in accordance to its applicable procedures and policies and in line with the HACT/FACE modality. Direct cash transfer will be used to transfer funds to its IPs on quarterly basis. IPs will report their expenditures on advances received by the UN agency on quarterly basis. The frequency of expenditure reporting/releasing advances can also depend on the urgency of IPs to receive funds since this joint project falls under 'Emergency'.

8. Monitoring, Evaluation and Reporting

Monitoring: UNFPA, UNICEF and UN Women are dedicated to improving program effectiveness through sound monitoring and assessment methodologies that inform the quality and effectiveness of programming. UNFPA, UN Women and UNICEF's technical staff will work in partnership with the government and other experts in the field to carry out on-going quality service monitoring to ensure continuity and consistent follow-up.

As was done during the first phase of the project, UNFPA, UNICEF and UN Women will conduct regular inter-agency monitoring and assessments missions and respond to concerns and questions with regards to technical and organizational issues. All agencies will meet every month and a half for a technical meeting on the project, and every six months for the steering committee overseeing the project, and including donors and government. Minutes of meetings will be put together and shared. A field mission report will be submitted and reviewed after each interagency mission to review activities and follow-up on recommendations. UNFPA, UN Women and UNICEF will continually build on the experience of deployments and make adaptations as appropriate to best respond to needs.

Case management, psychosocial, health and shelter staff providing services will be monitored to ensure quality uniform confidential, compassionate and ethical care. All agencies will seek feed-back from beneficiary service providers on services and trainings rendered. When appropriate, UNFPA, UNICEF and UN Women will gather feed-back from direct beneficiaries regarding the degree of satisfaction of services received and to ensure survivors receive the appropriate care free of charge.

Considering the first phase of the programme will finish 31st August 2014, the targets achieved during the first phase will be added as a baseline to the result framework.

Table 2: Joint Programme Monitoring Framework (JPMF)

| Expected Results (Outcomes & outputs) | Indicators (with baselines & indicative timeframe) | Means of verification | Collection methods (with indicative time frame & frequency) | Responsibilities | Risks & assumptions (see also Annex 2) |
|---|---|---|--|-------------------------------|--|
| Output 1. SGBV survivors have safe and confidential access to non-stigmatizing response services through safe spaces and a community based approach | 1.1. Number of women centers strengthened (Target: 7) | 1.1. Monitoring/supervision missions and reports; Monthly monitoring data and narrative reports | 1.1.1. Monthly from project beginning to end | UN Women/UNFP A/ JWU/UPP- JWU | Risk : Difficulty locating qualified and skilled staff Mitigation strategy Risk: capacity development activities are built into the project |
| | 1.2. Number of beneficiaries reaching safe spaces per month (Target: 900/month) | 1.2. Documentation center records by branch; Monthly monitoring data and narrative reports | 1.2. Monthly from project beginning to end | | |
| | 1.3. Number of SGBV survivors accessing services (Target: 200/month) | 1.3. Documentation center records by branch; Monthly monitoring data and narrative reports | 1.3. Monthly from project beginning to end | | |
| | 1.4. Number of staff trained (Target: 30-35/year) | 1.4. Documentation center records by branch; Monthly monitoring data and narrative reports | 1.4. Monthly from project beginning to end | | |
| | 1.5. Number of community members reached through awareness raising activities (Target: 10,000/year) | 1.5. Documentation center records by branch; Monthly monitoring data and narrative reports | 1.5. Monthly from project beginning to end | | |
| Output 2. SGBV survivors and vulnerable beneficiaries have increased | 2.1. Number of beneficiaries receiving reproductive health care within the women centers (Target: 5000) | 2.1. Clinic registers; Monthly monitoring data and narrative reports | 2.1. Monthly from project beginning to end | UNFPA/UPP- JWU | Risk : Difficulty locating qualified and skilled staff (i.e. gynecologist, especially female) |

| | | | | |
|---|---|---|---|--|
| access to quality health and reproductive health services adapted to their age and gender | 2.2. Percentage of identified SGBV survivors who receive clinical care as needed, including CMR. (Target: 100%) | 2.2. Clinic registers; Monthly monitoring data and narrative reports | 2.2. Monthly from project beginning to end | Mitigation strategy Risk: Capacity development activities are built into the project |
| | 2.3 Number of beneficiaries reached through awareness raising activities and campaigns. (Target 10,000) | 2.3. RH education sessions and campaigns documentation; Monthly monitoring data and narrative reports | 2.3. Monthly | |
| Output 3: Survivors of SGBV are protected from further harm and have safe and confidential access to shelters | 3.1. Number of shelters providing services to survivors of SGBV (Target: 2) | 3.1. Shelter statistics and reporting records | 3.1. Monthly | Risk: Women and girls do not access shelters because of fear of retribution Mitigation strategy Risk: strong confidentiality protocols are put in place |
| | 3.2. Number of survivors accessing quality shelter services. (Target: 300 per year (MoSD), Target: 100 (JWU)) | 3.2. Shelter statistics and reporting records | 3.2. Monthly | |
| | 3.3. Number of service providers trained (Target: 85) | 3.3. Training records | 3.3. Monthly | |
| | 3.4. Protocol of care for survivors in shelters adapted. (Target: 2) | 3.4. Shelter reports. Monitoring /supervising visits. Existence of revised protocol. | 3.4. Monthly for Shelter reports; Protocol available and circulated by project end. | |
| | 3.5 Number of community members reached through awareness raising activities (Target: 2,000) | 3.5. Shelter reports | 3.5. Monthly from project beginning to end | |

Reporting: Each UN agency will include in its sub-agreements with partners reporting obligations, which at minimum will include monthly reports.

Annual/Regular reviews: During the last quarter, an end-of the project review will be organized to assess the achievements against indicator and systematically document lessons learned. The review will include recommendations on follow-up actions. UNFPA, UN Women and UNICEF will communicate the successes and lessons-learned of the project to the humanitarian community, service providers, the Norwegian Embassy and Government to contribute to improved response capacities all over Jordan.

9. Legal Context or Basis of Relationship

The following table illustrates the cooperation or assistance agreements⁷ of each agency that form the legal basis for the relationships between the Government and each of the UN organizations participating⁸ in this joint programme.

Table 3: Basis of Relationship

| Participating UN organization | Agreement |
|-------------------------------|--|
| UNFPA | The Standard Basic Assistance Agreement between the Government of the Hashemite Kingdom of Jordan and UNDP signed by the parties on 12 January 1976 also applied mutatis mutandis. Furthermore, programme related work is governed by the Country Programme Document (CPD) that regulates UNFPA work for the years 2013-2017 |
| UNICEF | UNICEF has a Basic Cooperation Agreement with the Government of Jordan for its work. Furthermore, programme related work is governed by the Country Programme Document that regulates UNICEF cooperation for the years 2013-2017. |
| UN Women | This joint document shall be the instrument referred to as the project document in Article I of the Standard Basic Assistance Agreement between the Government of the Hashemite Kingdom of Jordan and the United Nations Development Programme, signed by the parties on the 12 th of January 1976. |

The Implementing Partners/Executing Agency⁹ agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision will be included in all sub-contracts or sub-agreements entered into under this programme document.

10. Work plans and budgets

The activities to be carried out in the work plan are detailed below. Moreover, a work plan overview including corresponding budgets per UN agency is included in [Appendix 1](#).

Activity 1.1. Establishment and/or strengthening of eight safe spaces (e.g. women's centers) for increased access of SGBV survivors to comprehensive services, including case management, psychosocial support, legal assistance, and life skills trainings as and when required. The JWU has safe spaces in Mafraq, Zarqa, Amman, Ramtha, Irbid and is expanding its activities to reach out to more Syrian refugees. The women's centres will operate during the day, providing a number of services including psychosocial support and legal aid. During the first phase of the project; the women's enters in Mafraq and Zarqa provided comprehensive services to SGBV survivors; there is a strong need for the continuation of these services based on the reported number of SGBV survivors benefiting from them and the increased demand for services as a result of the increasing number of Syrian refugees in Jordan. JWU conducted a mapping of its

⁷ Such as: the Basic Cooperation Agreement for UNICEF; Standard Basic Assistance Agreement for UNDP, which also applies to UNFPA; the Basic Agreement for WFP; as well as the Country Programme Action Plan(s) where they exist; and other applicable agreements for other participating UN organizations.

⁸ Including Specialized Agencies and Non Resident Agencies participating in the Joint Programme.

⁹ Executing Agency in case of UNDP in countries with no signed Country Programme Action Plans.

services and identified the need to expand its activities in other locations with a high density of vulnerable Syrian refugees including Amman, Ramtha, and Irbid. The SGBV JWU centres will be funded and technically guided by both UNFPA and UN Women depending on the location of the centre.

Psychosocial support services will be offered through consultations inside the centers or, when appropriate and safe, during home visits. All cases requiring other specialized help will be referred to appropriate external structures according to inter agency SGBV standard operating procedures (SOPs). In addition, the lawyers in the centres will provide legal support to the beneficiaries. Also, an advanced training for the safe spaces staff from JWU's 16 locations will be held to evaluate the services they provide, open comprehensive plan for the second phase. Safe spaces will have different levels of services according to needs identified and resources available. Some safe spaces will offer basic services (psychosocial support, legal aid, and awareness activities), while others will offer the full range of services including life-skills activities. UN Women and JWU have identified the important protection link between reducing SGBV and increasing women's participation through various life-skills activities. According to JWU's experience, and violence prevention research, women who are not financially independent are less resilient to different forms of violence practiced against them due to their inability to support themselves financially. This component will help to empower survivors with the needed skills to generate their own work opportunities, contributing to increasing their overall options. SGBV survivors staying at JWU shelter will also benefit from this component.

The newly added centers will be supported from the budget of the second phase starting September 2014 while the 2 centres in Mafrq and Zarqa will be supported from the remaining funds of the first phase until 14 November 2014 and then will resume with the second phase.

Activity 1.2. Enhancing capacities for an effective response to SGBV through documentation, and reporting, including capacity building for the documentation centre personnel. The documentation center of the JWU has enabled the organization to formulate evidence-based interventions in response to SGBV. The aim of this activity is to expand the documentation center and increase staff capacities to include the establishment of an observatory devoted to research on SGBV trends. In the first phase of the project; UN Women supported JWU's documentation center to gather, enter and analyze data received from the hotline (16 branches) to include Syrian refugees and generate quarterly reports to identify SGBV trends and how these trends change over time. New staff was hired and trained on SGBV data entry skills, reporting forms and data editing. In the second phase, the documentation centre personnel will continue carrying these functions and they will have an advanced training based on evaluating the challenges encountered in the first phase and the reported cases which needed special measurements. In collaboration with UNFPA and UNICEF, lessons learned from the global gender based violence information management system will be central this process.

This activity will be supported from the remaining funds of the first phase until 14 November 2014 and then will resume with the second phase.

Activity 1.3. Awareness raising and outreach activities are conducted in collaboration with the refugee and host communities in a sensitive and culturally appropriate manner. Based on the success of the awareness raising and outreach activities of the first phase; The details and subjects are flexible to meet the needs and times schedule of the Syrian refugees and will be designed by JWU staff in the field jointly with the Syrian focal points among refugees. Based on initial observations of JWU staff working with Syrian refugees, some of training topics will include: a) Legal literacy courses on refugees' rights, women rights, and children rights; b) Awareness on different social subjects such as early marriage, child labor, forced marriage, human trafficking) c) Recreational and social activities that aims at encouraging acceptance and mutual understanding between the refugees in the local communities. Awareness raising will also be achieved through the

production and distribution of appropriate IEC materials in collaboration with UPP-JWU and through different mediums (safe spaces, dignity kits) including radio productions. This project will contribute to the CP-GBV interagency campaign Amani.

Activity 1.4. Implementation of community-based activities for persons at-risk of SGBV as well as for SGBV survivors both as an entry point and psycho-social support methodology.

The approach suggested is "play personal experiences" which involves women and girls in cultural activities as a means of reflection, dialogue and awareness on women's issues. Through theatre and film, the activity aims at empowering women and girls, while creating a dialogue and awareness on gender related issues. This activity will create a unique platform, where women and girls share their personal stories in a performance appealing to the audience. The approach promotes women and girls' self-expression and self-awareness, while providing them with skills to articulate changes they would like to see in their reality. The plays will target various issues including early marriage and its effects on women, girls and society told through personal experiences on stage with the possibility to have a new play on a different topic displayed in the second phase. The performances will also be presented in the Syrian refugee camps (Za'atri and Azraq). UN Women will facilitate the JWU access to these camps. After each performance, the moderator will lead the conversation on the issues raised in the play, e.g. early marriage in this case.

Activity 2.1. Provide comprehensive RH services in the Women's Centres and strengthen the role of the clinic as an entry point in the identification, care and referral of SGBV survivors.

The set up for the delivery of comprehensive reproductive health services was completed during the first phase of the project. The clinics will offer comprehensive reproductive health services including antenatal care, post natal care, family planning, sexual transmitted diseases management, breast clinical exam, cervical and breast screening, referral, reproductive health counseling and education. There will be a continued integration with the component of SGBV prevention and response in the governorates of Amman, Zarqa, Irbid and Mafraq. UPP-JWU, with the support of UNFPA, will use its health programming as an entry point for SGBV survivors improving detection and referrals to case management services as guided by the wished of the survivor. For this purpose the static clinics within the women centers will continue to include a gynaecologist, and midwife. Clinical management of SGBV will continue to be mainstreamed in the clinic services, ensuring a non-stigmatizing environment.

Activity 2.2. Strengthening the clinical capacity of non-governmental health structures to detect, care and refer SGBV survivors including post-rape medical care.

In linkage with activity 2.1 UNFPA will strengthen the response of UPP-JWU to provide RH services including clinical care for sexual assault survivors. Staff will be enrolled in continuous training and UNFPA will support clinics with the required RH commodities including medical equipment and drugs to ensure capacity to deliver services. UNFPA also will work closely with partners to ensure compliance to clinical guidelines.

Activity 2.3. Awareness raising sessions and campaigns to increase awareness on RH, and available services.

UPP-JWU will organize regular awareness raising events and campaigns with the support of UNFPA and other partners. The events will be conducted by JWU in collaboration with community based organizations, CBOs or other institutions (schools and health/social centers). Events will focus on a variety of reproductive health topics. The sessions will always include specific information on how to access different services in the area. The events will also be an entry point to improve access of SGBV survivors to services. The team will be able to provide medical care as well as basic emotional support and appropriate referrals to available services in the area. Awareness raising will also be achieved through the production and distribution of appropriate IEC materials in collaboration with UPP-JWU and through different mediums including radio productions.

Activity 3.1. Provide accessible shelter services including multi-sectoral assistance to survivors in Northern Jordan through the establishment of a safe shelter in Irbid.

MOSD has established a new women and girl's center in Irbid to service the North, as part of the first phase of this inter-agency project. For this second phase of the project, UNICEF will support MOSD to continue to provide and improve comprehensive care, including case management, to survivors at the shelter. Case management involves the identification of survivors' health, emotional and security needs and the development of an individualized service-delivery plan that addresses these needs. In addition, survivors and their children will receive psychosocial support, health care, legal assistance, and education and training opportunities. Any assistance offered will be based on the wishes and needs of the survivor. The shelter will also have space for recreation activities including art and exercise for the women and play activities for children. In terms of sustainability, in the second year of the project the funding of this activity will be lowered and MoSD will start to take over funding and continuation of this activity, including after the project finishes.

Activity 3.2. Capacities of JWU shelter in Amman expanded to provide increased high quality services for SGBV survivors. Strengthening the structure of the shelter run by JWU in Amman to provide services to SGBV survivors from all nationalities; the support will include the running cost for the shelters (food, personal kits, and hygiene kits) and support for the staff of the shelter in Amman. Survivors of SGBV, including Syrian women, will be referred to the JWU shelter in Amman. Psychologists, social workers and lawyers of the women centers will work in close contact with the personnel of the shelter to provide comprehensive support as related to the case. Health assistance will be also offered through the JWU clinic in Amman. Families of the survivors will be involved in the rehabilitation process when appropriate. This activity will be supported in the second phase starting January 2015 since funds are already secured until the end of 2014.

Activity 3.3. Develop and provide in-depth training on care of survivors in shelters to improve quality of care, adherence to the protocol of care, strengthen capacity of service providers and provide guidance on comprehensive response plans including plans for reintegration.

Based on the revised version of the protocol of care of survivors in shelters, further training roll-out will take place for social workers and counselors in the north and the protocols will be adapted based on the experience of its implementation. The protocols provide guidance on development of comprehensive response plans including safety plans and plans for reintegration. UNHCR and UNRWA have been and will continue to be involved in the review and updating of the protocol of care to ensure the needs of survivors of different nationalities are included. A training manual to this end will be developed. Based on the developed protocol and international best practices, survivors will be the main driver behind the development of individual response, safety and reintegration plans to support the survivor's recovery but also ensure a survivor centered approach.

Activity 3.4. Capacities of MoSD are strengthened to conduct outreach for vulnerable communities to raise awareness of and access to SGBV services

MoSD and local partners will be supported to conduct awareness raising workshops for local community members and CBOs in the north and produce awareness materials on violence to ensure community members are aware about available services and have increased access to those services. Awareness materials such as posters and brochures, in line with the inter-agency Amani campaign, will be produced to facilitate outreach to all community members and cooperation with local CBOs will be strengthened. In particular the capacities of the MoSD community centers will be strengthened to raise awareness and provide information to community members on SGBV services and engage the community in activities to prevent SGBV.

Signatures¹⁰:

| UN organization(s) | Implementing Partner(s) |
|--|--|
| Replace with: <i>Name of Representative</i> <i>Signature</i> <i>Name of Organization</i> <i>Date</i> | Replace with: <i>Name of Head of Partner</i> <i>Signature</i> <i>Name of Institution</i> <i>Date</i> |

¹⁰ When CSOs/NGOs are designated Implementing Partners, they do not sign this Work Plan. Each participating UN Organization will follow its own procedures in signing Work Plans with CSOs/NGOs.

ANNEX 1

Work Plan for: Supporting Sexual and Gender-Based Violence (SGBV) Survivors to Access Life-Saving Services **Period (Covered by the WP):** 01/09/2014 – 01/09/2016

| JP Outcome: SGBV survivors, including Syrian refugees, have increased access to comprehensive lifesaving protection services including, health, psychosocial and legal services in six areas | | | | | | | | | |
|--|-----------------|------------|------------|----|----|---------|----------------------|--------------------|---------------------|
| UN organization-specific Annual targets | UN organization | Activities | TIME FRAME | | | | Implementing Partner | PLANNED BUDGET | |
| | | | Q1 | Q2 | Q3 | Q4 | | Budget Description | Amount (in dollars) |
| JP Output 1: SGBV survivors have safe and confidential access to non-stigmatizing response services through safe spaces and a community based approach | | | | | | | | | |
| Indicators: 1.1. Number of women centers strengthened (Target: 7) 1.2. Number of beneficiaries reaching safe spaces per month (Target: 900/month) 1.3. Number of SGBV survivors accessing services (Target: 200/month) 1.4. Number of staff trained (Target: 30-35/year) 1.5. Number of community members reached through awareness raising activities (Target: 10,000/year) | UNWOMEN / UNFPA | | 1.1 | | | | JWU | 215,855 | 233,855 |
| | | | 1.1 | | | | UPP-JWU | 150,000 | 150,000 |
| | | | 1.2 | | | | JWU | 125,676 | 149,676 |
| | | | 1.2 | | | | UPP-JWU | 50,000 | 50,000 |
| | | | 1.3 | | | | JWU | 90,157 | 93,157 |
| | | 1.3 | | | | UPP-JWU | 50,000 | 50,000 | |
| | | 1.4 | | | | JWU | 59,226 | 64,226 | |
| JP Output 2: SGBV survivors and vulnerable women and girls have increased access to quality health and reproductive health services adapted to their age and gender. | | | | | | | | | |
| Indicators: 2.1. Number of WGMB receiving reproductive health care (Target: 4000/year) 2.2. Percentage of identified SGBV survivors who receive clinical care as needed, including CMR (Target: 100%) 2.3. Number of WGMB reached through awareness raising activities and campaigns. (Target: 10,000/year) | UNFPA | | 2.1 | | | | UPP-JWU | 295,000 | 295,000 |
| | | | 2.2 | | | | UPP-JWU | 40,000 | 40,000 |
| | | | 2.3 | | | | UPP-JWU | 15,000 | 15,000 |
| JP Output 3: Survivors of SGBV are protected from further harm and have safe and confidential access to shelters | | | | | | | | | |
| Indicators: 3.1. Number of shelters providing services to survivors of SGBV (Target: 2) 3.2. Number of survivors accessing quality shelter services. (Target: 300 (MoSD), Target: 100 | UNICEF | | 3.1 | | | | MOSD | 250,000 | 220,000 |
| | | | 3.2 | | | | JWU | 86,824 | 136,824 |
| | | | 3.2 | | | | UPP-JWU | 10,000 | 10,000 |
| | | 3.3 | | | | UNICEF | 14,960 | 14,960 | |

| (JWU)/year 3.3. Number of service providers trained (Target: 85/year) 3.4. Protocol of care for survivors in shelters adapted (Target: 2) 3.5 Number of WGBM reached through awareness raising activities and campaigns (Target: 10,000 /year) | UNICEF | 3.4 / 3.5 | | | UNICEF/MOSD | 80,000 | 110,000 |
|---|---|-----------|--|--|-------------|--------|---------|
| | Total UNFPA: \$ 1,425,240 (including interagency costs and indirect costs) | | | | | | |
| | Total UNICEF: \$ 738,214.40 (including indirect costs) | | | | | | |
| | Total UN WOMEN: \$1,343,359.32 (including indirect cost) | | | | | | |
| 1% inter-agency fee for Administrative Agency: | Total ALL: \$ 3,506,813.72 | | | | | | |
| Total Planned Budget | \$ 35,068.14 | | | | | | |
| | \$ 3,541,881.86 | | | | | | |

ANNEX 2

| 10. RISKS ANALYSIS AND MITIGATION | |
|--|---|
| <input type="checkbox"/> External ¹¹ <input checked="" type="checkbox"/> Financial ¹² <input type="checkbox"/> Operational ¹³ <input type="checkbox"/> Internal ¹⁴ <input type="checkbox"/> Reputational ¹⁵ | <p>Risk 1: The Iraqi and Syrian crisis have led to inflation of certain costs in Jordan. Unanticipated increases in cost could have direct impact on the implementation of the project.</p> <p>Mitigation strategy: The leading agency, UNFPA, and donor will be informed of any significant changes in cost that may hinder the achievement of projected outcomes. Each agency will continue fund raising, jointly and individually, to ensure sustainability of project.</p> |
| <input checked="" type="checkbox"/> External <input type="checkbox"/> Financial <input type="checkbox"/> Operational <input type="checkbox"/> Internal <input type="checkbox"/> Reputational | <p>Risk 2: Tension between host and refugee populations leading to deterioration in the security context.</p> <p>Mitigation strategy: Particular attention will be placed in involving both local and displaced population within project activities. Where security permits, service providers will continue to provide services to survivors.</p> |
| <input type="checkbox"/> External <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Internal <input type="checkbox"/> Reputational | <p>Risk 3: Difficulty locating qualified and skilled staff (i.e. gynecologist, especially female)</p> <p>Mitigation strategy: capacity development activities are built into the project</p> |
| <input type="checkbox"/> External | <p>Risk 4: Syrian refugees are reluctant to approach services due to general fear, stigma etc</p> |

¹¹ Events and situations fully or somewhat outside of the organization's control (e.g. disasters, political instability, armed conflict)

¹² Relating to effective and efficient management and use of financial resources and the reliability of financial reporting

¹³ Effective and efficient systems to support operations (e.g. procurement, logistics, IT, staff, skill-sets)

¹⁴ Governance and management of the organization, adherence to policies and decisions, and internal controls and oversight

¹⁵ Credibility with partners, public perception

- Financial
- Operational
- Internal
- Reputational

Mitigation strategy: Particular efforts will be paid to outreach activities to better build the trust of Syrian and Jordanian beneficiaries