



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



**A SOUND HUMANITARIAN INVESTMENT**

# **RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS JORDAN**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Andrew Harper**

## PART 1: COUNTRY OVERVIEW

### I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
<b>Breakdown of total response funding received by source</b>	CERF	3,994,809
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	1099635
	OTHER (Bilateral/Multilateral)	40,392,115.78
	<b>TOTAL</b>	<b>45486560</b>
<b>Breakdown of CERF funds received by window and emergency</b>	<b>Underfunded Emergencies</b>	
	<i>First Round</i>	0
	<i>Second Round</i>	0
	<b>Rapid Response</b>	
	Syrian Refugees	3,994,809

### II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.  
 YES  NO
- b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?  
 YES  NO

The report was shared with all members of the HCT Jordan

## PART 2: CERF EMERGENCY RESPONSE – SYRIAN REFUGEES (RAPID RESPONSE 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<b>Total amount required for the humanitarian response:</b>		<b>84,778,945</b>
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	3,994,809
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	22,098,982
	OTHER (Bilateral/Multilateral)	40,392,116
	<b>TOTAL</b>	<b>45,486,560</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
<b>Allocation 1 – Date of Official Submission: 11 May 2012</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
IOM	12-IOM-014	Health	140,520
UNFPA	12-FPA-025	Protection/Human Rights/Rule of Law	100,377
UNFPA	12-FPA-026	Health	100,024
UNHCR	12-HCR-030	Multisector	747,299
UNICEF	12-CEF-063	Protection/Human Rights/Rule of Law	185,057
UNICEF	12-CEF-064	Water and Sanitation	427,626
WFP	12-WFP-041	Food	2,005,006
WHO	12-WHO-039	Health	288,900
Sub-total CERF Allocation			<b>3,994,809</b>
<b>TOTAL</b>			<b>3,994,809</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	2,512,013.701
Funds forwarded to NGOs for implementation	1,184,195
Funds forwarded to government partners	298,600
<b>TOTAL</b>	<b>3,994,809</b>

## II. FOCUS AREAS AND PRIORITIZATION

This CERF request was submitted in order to continue delivery of food to meet the immediate needs of the suffering Syrians in Jordan. Following consultations between the Government of Jordan (GOJ), including the Ministry of Planning and International Cooperation (MOPIC) and the Department of Statistics (DOS) as well as UN agencies, joint needs assessment was carried out in April 2012 to inform of the immediate needs of the Syrian refugees. An assessment task force was convened by MOPIC consisting of MOPIC, DOS, United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and World Food Programme (WFP).

The geographical coverage of CERF funded activities was in the north governorates, Mafraq and Irbid, where Syrians live in high concentrations within the local communities, in addition to the Syrian refugees located in the Zatari camp.

WHO prioritized the CERF funds to procure medications for the management of chronic diseases among Syrians and Jordanians accessing health services provided by the Ministry of Health (MoH) primary health care facilities. Drug shortages resulted from the over-demand created by the needs of the Syrians, creating a gap in the availability of these medications for regular users who receive them routinely from these facilities. The medications procured by WHO, based on the request from the MoH helped to bridge this medicine gap. In addition, the funds were used to cover the cost of basic (6) and essential (2) emergency health kits which were provided to the Directorates of Health in Mafraq and Irbid, where Syrians live in high concentrations within the local communities. Moreover, to cover the shortage gaps in vaccination for children under the age 5, the funds were also used to support the MoH in conducting a measles/polio immunization campaign for children under age 5 in Mafraq and Irbid during November and December 2012.

Through the CERF funds IOM medical staff conducted several site assessments through direct observations and key informant interviews, revealing scarce capacity of the local health, and in particular tuberculosis (TB), services available in the country which are unable to cope with the major influx of Syrians into Jordan. IOM took the initiative to start providing TB services, as it was considered a priority need by MoH, health sector partners and United Nations Country Team (UNCT) to detect TB cases and prevent the spread of the infection in order to reduce avoidable morbidity and mortality among the displaced Syrians and the host community.

## III. CERF PROCESS

Due to the significant increase of Syrian arrivals in Jordan which placed enormous pressure on available resources during the first quarter of 2012, the Rapid Response (RR) funding window was provided by the CERF secretariat to respond to lifesaving urgent humanitarian needs in Syria.

The CERF planning process was initiated in Jordan through the Inter-Agency Task Force meeting, followed by a separate meeting dedicated purely for the CERF submission process. The parameters, geographical area, scope of involvement, basic figures and which sectors to include were discussed on 26 April 2013.

Key guiding principles and operational priorities of life-saving activities were discussed and it was agreed that submission and priorities put forward by WHO, WFP, UNICEF, UNFPA, IOM and UNHCR would be considered to address the urgent needs in the early stages of the emergency. Proposed activities needed to be coordinated to avoid duplication.

UNHCR was leading the process in Jordan, under the auspices of the Resident Coordinator Luc Stevens. UNHCR Focal Point was responsible for coordinating the process and for the consolidation of data. In view of the urgency and the immediate need of the affected population, UNCT presented a submission for CERF funding under the Rapid Response window for eight projects on 9 May 2013, as follows:

- UNHCR – Emergency protection and assistance to displaced persons from Syria
- WFP – Food assistance to Syrians in Jordan
- UNICEF – Emergency WASH interventions in camp-like settings
- UNICEF – Emergency Child Protection
- WHO – Supporting the Government in responding to urgent health needs of displaced Syrians
- IOM – Increasing access to provision of Tuberculosis and associated health services for displaced Syrians in Jordan
- UNFPA – Supporting the provision of reproductive health services to Syrians with a focus on identifying more at risk pregnancies and other life-threatening conditions
- UNFPA – Strengthening the GBV referral pathway: increasing Syrians' access to life-saving protection services.

The approval for CERF funding was granted on 21 May 2013.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis:</i> Estimated 150,000				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Food	11,518	13,637	25,155
	Health	37,195	36,718	73,913
	Protection/Human Rights/Rule of Law	7,645	8,255	15,900
	Multisector	3,268	3,835	7,103
	Water and Sanitation	7,325	6,245	13,570

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	<b>Planned</b>	<b>Estimated Reached</b>
<b>Female</b>	13,800	66,951
<b>Male</b>	16,200	68,690
<b>Total individuals (Female and male)</b>	30,000	135,641
<b>Of total, children <u>under 5</u></b>	5,400	9,176

a) **Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

Health: The funds were mainly used to procure medications for the management of chronic diseases among Syrians and Jordanians accessing health services provided by MoH primary health care facilities. Drug shortages resulted from the over-demand created by the needs of the Syrians, creating a gap in the availability of these medications for regular users who receive them routinely from these facilities. The medications procured by WHO, based on the request from the MoH helped to bridge this medicine gap. In addition, the funds were used to cover the cost of basic (6) and essential (2) emergency health kits which were provided to the Directorates of Health in Mafraq and Irbid, where Syrians live in high concentrations within the local communities. The funds were also used to support the MoH in conducting a measles/polio immunization campaign for children under age 5 in Mafraq and Irbid during Nov/Dec 2012.

Multisector: The funds were released immediately and it allowed the expansion of activities. CERF funds allowed providing medical services and improving living conditions for a higher number of beneficiaries

Food: The CERF funding enabled the rapid response of WFP food assistance for Syrian refugees residing in Jordan. In addition, CERF funds allowed for the continuation of established lifesaving food assistance programmes, including hot meal and the subsequent transition to dry ration distribution in Al Za'atri refugee camp as well as food vouchers in all governorates of Jordan.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

Health: Part of the funds was used to cover the cost of basic (6) and essential (2) emergency health kits and procure medications for the management of chronic diseases were provided to the Directorates of Health in Mafraq and Irbid, where Syrians live in high concentrations within the local communities. The funds were also used to support the MoH in conducting a measles/polio immunization campaign for children under age 5 in Mafraq and Irbid during November and December 2012. The instabilities in Syria since March 2011 and the displacement of Syrians within and outside the country have led to the reduction/lack of the availability of TB services provided to the population, and CERF funds were needed to overcome the gap.

Multisector: Emergency live-saving services were provided to the most vulnerable Syrian refugees and the living conditions were improved in King Abdullah Park site.

Food: With regards to WFP's operations, the CERF funds helped avoid imminent breaks in the food and voucher pipeline, allowing an effective response to reach more than the planned number of beneficiaries.

**c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

The CERF funds opened the door to receive other funds, such as the Italian funds (US\$473,000) and the WHO internally core funds (US\$200,000). In kind donation from Americare, drugs and medical supplies were mobilized and utilized for displaced Syrians benefit.

CERF funds served to complement other donations, allowing for the provision of as complete a food basket as possible. Because CERF funds allowed WFP to avoid any food and voucher pipeline breaks, the voucher programme was able to continue and expand, increasing other donors' interest in WFP's voucher programme.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

Different partners and service providers coordinated with the aim to cover gaps of needs of the displaced Syrians in camps and outside the camps. TB service provision was one of the recognized gaps that emerged during health sector meetings. After the launch of the TB activities, health partners successfully coordinated in referring suspected TB cases to IOM's health team.

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<sup>1</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns and locust control).

## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT</b>		
<b>Lessons Learned</b>	<b>Suggestion For Follow-Up/Improvement</b>	<b>Responsible Entity</b>
Additional funds	Adequate donor funding should be made available to be able to respond to the priority health needs of the vulnerable Syrians both inside and outside the camp.	County teams/donors
Flexibility	Flexibility is essential. During crisis management, when some activities require modification during a project, flexibility is essential to make the proper adjustments to fit with the evolving situation. Due to the increased numbers of displaced Syrians in King Abdullah Park (KAP) and the number of daily visits to IOM clinic which reached between 200-300 visits per day, the clinic working time became seven days a week, 24 hours a day (in three shifts) instead of planned six days a week. More medical staff was required, as each of the three shifts was manned by three doctors and two nurses. In the last two weeks of September each three shifts was manned by two doctors and one nurse. More flexibility when implementing the activities will improve and assist in achieving the objectives.	UN/IOM
Well-coordinated action helped to ensure that those affected in the various locations received humanitarian assistance.	Maintain close coordination between UN agencies, other agencies and donors during an emergency to ensure effective responses.	Government, UN agencies and NGOs
Flexibility in utilization of funds	CERF funding is usually limited to life-saving activities stated in the initial proposals. While immediate needs might not change, the modality of assistance can evolve depending on the situation and funding available. A more flexible utilization of funds for lifesaving responses would help promote a more rapid, effective and efficient response.	CERF
In light of the increasing number of refugees, availability of high quality services to respond to gender-based violence (GBV), including domestic violence remains a concern as highlighted in the joint Child Protection (CP) and GBV assessment in Za'atri camp.	There is need to expand and strengthen existing services to survivors of GBV among Syrian refugees residing in the host communities and camps in Jordan.	UNFPA in coordination with the CP and GBV working group.
There is a need to focus on services in the communities while at the same time supporting Jordanians to ensure that we ensure harmony between host community and Syrian refugees.	To include in our planning GBV and Reproductive Health(RH) quality services for vulnerable Jordanians as well.	UNFPA in coordination with the CP, GBV and RH sub-working groups.
In addition to support IPs to provide RH services for refugees inside and outside the camps, there is a big need	To assess the capacities of the national health system and provide strong support to address the gaps identified	UN agencies involved in health groups, including UNFPA, UNHCR, UNICEF and WHO.

to support the national health system in order to deal with the increasing numbers of refugees and don't affect the quality of services provided to the nationals		
<p>The CERF process was not optimal due to the partial activation/involvement of sectorial working groups.</p> <p>At the time of proposal preparation, not enough consideration was put on the needs in host communities.</p>	<p>CERF should require more working group based process, ensuring full involvement and participation of all humanitarian actors.</p> <p>To increase the attention of all humanitarian actors on the situation in host communities, with evidence based data from the latest surveys/assessment.</p> <p>Continue increasing humanitarian coordination system capacity through dedicated staff.</p>	HCT

<b>TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS</b>		
<b>Lessons Learned</b>	<b>Suggestion For Follow-Up/Improvement</b>	<b>Responsible Entity</b>
Coordination	More coordination body to help establish, adapt and enforce norms and standards required for the response. Coordination among health providers also needs to be further strengthened through the existing mechanisms.	Involved partners
Information Management	Strengthening of the national health information system to be able to disaggregate data by nationality is also an identified challenge.	Involved partners
All health providers and health entities should collaborate and cooperate to achieve the objectives especially the coordination with the MoH who has the main network of services and presence in the country	The involvement of local community NGOs, UN, IOM and other entities will enhance the efficiency and lead to the accomplishment of the objectives.	All partners
Involvement of local communities and staff provides an added value and facilitates implementation	Local communities should always be involved in emergency response and humanitarian interventions. Continue efforts to involve local communities in response activities to help bridge the divide between beneficiaries and host communities.	Implementing agencies and local partners



## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	WHO	5. CERF Grant Period:	1 Jun 2012 – 1 Dec 2012
2. CERF project code:	12-WHO-039	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Supporting the MoH/Jordan in responding to the health needs of displaced Syrians		
7. Funding	a. Total project budget:	US\$ 1,000,000	
	b. Total funding received for the project:	US\$	
	c. Amount received from CERF:	US\$ 288,900	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	13,800	13,000	N/A
b. Male	16,200	15,000	
c. Total individuals (female + male):	30,000	28,000	
d. Of total, children <u>under 5</u>	5,400	5,000	
9. Original project objective from approved CERF proposal			
Refugees can access the public services free of charge, and some services are covered by NGOs for the non-registered. The project will focus on filling serious gaps in the health service delivery system particularly for displaced Syrians with injuries, chronic diseases, life-threatening conditions and maternity cases. It will also provide the needed vaccines to cover the shortage gaps for children under the age 5.			
10. Original expected outcomes from approved CERF proposal			
Syrians with chronic, life-threatening diseases and maternity needs receive the health care services needed to prevent avoidable mortalities. High immunization coverage rates of children under age 5 were achieved.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Medications for life-threatening (thalassemia, cancers, chronic renal failure and cardiac) and chronic diseases were delivered to MoH to the Mafraq and Irbid governorates where Syrians live in high concentrations within the local communities.</li> <li>Six basic and two essential emergency health kits which were provided to the Directorates of Health in Mafraq and Irbid to be used for the primary health care conditions. These kits were provided to target both Jordanians and Syrians.</li> <li>Successful measles/polio immunization campaign between WHO, UNICEF, MoH and other partners to immunize children under age 5 in Mafraq and Irbid during November and December 2012.</li> <li>WHO established Zaatari camp first coordination and meeting office among all partners to help establish, adapt and enforce norms and standards required for the emergency response.</li> </ul>			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
All activities (medications for chronic diseases, supplies in EHK and the immunization campaign were implemented based on the needs of the beneficiaries and suffered no gender biases / preferences.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	19 April – 19 October 2012
2. CERF Project Code:	12-IOM-014	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Increasing access to provision of TB and associated health services for displaced Syrians in Jordan.		
7. Funding	a. Total project budget:		US\$ 667,224
	b. Total funding received for the project:		US\$ 1,091,091
	c. Amount received from CERF:		US\$ 140,520
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,250	16,332	Reached numbers are higher than the target because of the unexpected increase in displaced Syrians influx during the project and the reception of the in kind donations that were used to provide health services according to the need of the displaced Syrians.
b. Male	1,250	21,718	
c. Total individuals (female + male):	2,500	38,050	
d. Of total, children <u>under 5</u>	450	1,716	
9. Original project objective from approved CERF proposal			
The project aims to contribute to collective efforts in supporting the Government of Jordan to provide adequate health care to vulnerable displaced Syrian population and members of their host community, thereby reducing preventable morbidity and mortality, by increasing access to TB services, building the capacity of local health authorities on TB prevention, diagnosis, referrals, and case management, by establishing a “health referral hub”, and by conducting awareness raising sessions on prevention of TB and other common infectious diseases.			
10. Original expected outcomes from approved CERF proposal			
<u>Outcome 1:</u> Increased access to TB detection services including diagnostics, referral and case management to displaced Syrians in Jordan.			
<u>Outcome 2:</u> Increased provision of health care and referral services to displaced Syrians through capacity building for local health care providers.			
<u>Outcome 3:</u> Increased awareness among displaced Syrians and host communities on TB and commonly spread diseases.			
11. Actual outcomes achieved with CERF funds			
<u>Outcome 1:</u> Increasing access to TB services for displaced Syrians in Jordan:			
<ul style="list-style-type: none"> <li>17,567 refugees were screened for TB; 10,321 males, 7,246 females and 7,125 were under 15 years of age.</li> <li>Total detected TB cases were 12 (9 pulmonary, including three multi-drug resistant cases, and three extra-pulmonary).</li> </ul>			
<u>Outcome 2:</u> Providing training for health providers working in the local health system in different cities to increase the capacity of these main providers TB services:			

- 11 awareness sessions for health providers were held in different locations of the kingdom; three in Irbid, three in Amman, two in Mafrag, one in Ma'an, one in Karak and one in Ramtha.
- Providing equipment for Irbid Health Directorate, which is the main site providing treatment for displaced Syrians.

Outcome 3: Conducting awareness raising sessions on prevention of TB and other common infectious diseases over the course of six months:

- 20,483 refugees were reached for TB awareness sessions; 10,321 were males, 7,246 females and 7,125 were under 15 years of age.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

Awareness and screening were provided to women and men equally. Children under age 5 were considered indirect beneficiaries of the awareness sessions. Female doctors and nurses provided screening services for women taking in consideration the cultural context.

14. M&E: Has this project been evaluated?

YES  NO

N/A

**TABLE 8: PROJECT RESULTS**

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<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	1 Jun – 1 Dec 2012
2. CERF project code:	12-HCR-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-Sector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and assistance to Syrian refugees in Jordan		
7. Funding	a. Total project budget:		US\$ 306,840 (Health ECC costs)
	b. Total funding received for the project:		US\$ 186,610 (NFI)
	c. Amount received from CERF:		US\$ 353,675 (Shelter through JHCO) US\$ 747,299
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,760	3,268	N/A
b. Male	3,240	3,835	
c. Total individuals (female + male):	6,000	7,103	
d. Of total, children <u>under 5</u>	3,000	1,191	
9. Original project objective from approved CERF proposal			
The overall objective of UNHCR's planned assistance is to quickly respond to the recent mass influx of Syrian refugees in northern districts of Jordan.			
10. Original expected outcomes from approved CERF proposal			
<p><u>Outcome 1:</u> Provide 400 Syrians with emergency living infrastructures (indicators):</p> <ul style="list-style-type: none"> <li>Number of beneficiaries living in provided containers.</li> <li>Number of beneficiaries having access to the ablution blocs.</li> </ul> <p><u>Outcome 2:</u> Saving lives in an emergency situation and giving access to basic medical services (indicators):</p> <ul style="list-style-type: none"> <li>Number of Syrian patients provided with emergency life-saving services.</li> </ul> <p><u>Outcome 3:</u> Provide Syrian refugees with basic household items (indicators):</p> <ul style="list-style-type: none"> <li>Number of mattresses distributed.</li> <li>Number of blankets distributed.</li> </ul>			

11. Actual outcomes achieved with CERF funds	
<p><u>Outcome 1:</u> Provide 440 Syrians with emergency living infrastructures (indicators):</p> <ul style="list-style-type: none"> <li>• 1,034 King Abdullah Park (KAP) population of beneficiaries living in provided containers.</li> <li>• 1,034 individuals in KAP having access to the ablution blocs.</li> </ul> <p><u>Outcome 2:</u> Saving lives in an emergency situation and giving access to basic medical services (indicators):</p> <ul style="list-style-type: none"> <li>• 69 of Syrian patients provided with emergency life-saving services (2,570 USD average).</li> </ul> <p><u>Outcome 3:</u> Provide Syrian refugees with basic household items (indicators):</p> <ul style="list-style-type: none"> <li>• 6,000 mattresses distributed.</li> <li>• 5,230 blankets distributed.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
All UNHCR projects are implemented according to Age Gender Diversity Mainstreaming (AGDM) policy. It is an integral part of UNHCR planning and programme development. Gender balance is ensured throughout the project cycle.	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
UNHCR conducts frequent ad hoc field and site visits, monitors the distributions and implementation by implementing partners. Multi-Functional Teams (MFT) conduct monitoring with participation of staff from different units. Recommendations are then taken into account during the programme cycle. Monthly progress reports by partners and cross reference with Refugee Assistance Information System (RAIS) which allows for better analysis, avoiding duplication in assistance provision. Health Information System (HIS) reports and monitoring of health partners and affiliated hospitals. All three element of the CERF funded project had been monitored.	

**TABLE 8: PROJECT RESULTS**

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CERF Project Information			
1. Agency:	<b>UNICEF</b>	5. CERF Grant Period:	30 May – 29 Nov 2012
2. CERF Project Code:	12- CEF -064	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency water, sanitation and hygiene (WASH) interventions targeting transit facilities in Ramtha, as well as children under 2 years (hygiene kits) in Northern Jordan.		
7. Funding	a. Total project budget:	US\$ 756,000	
	b. Total funding received for the project:	US\$ 200,000	
	c. Amount received from CERF:	US\$ 427,626	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,825	7,320	The crisis in Syria has significantly escalated in the course of 2012, and the transit centres in Ramtha (Cyber City and Bashabshe, as well as King Abdallah Park – later on established) provided services to several more people than anticipated at the time of writing the funding request, eventually leading up to the official opening of Zaatari camp in July 2012.
b. Male	1,825	7,930	
c. Total individuals (female + male):	3,750	15,250	
d. Of total, children <u>under 5</u>	N/A	2,550	
9. Original project objective from approved CERF proposal			
<p>The overall objective of the CERF funding to UNICEF's emergency WASH response was to provide displaced Syrians with access to safe water and improve sanitation and hygiene services in camp-like settings, through the following planned activities:</p> <p><u>In the transit sites in Ramtha:</u></p> <ol style="list-style-type: none"> <li>1. Provision of water;</li> <li>2. Rehabilitation/maintenance of latrines and shower facilities;</li> <li>3. Maintenance of water and sanitation systems;</li> <li>4. Cleaning sites/buildings;</li> <li>5. Provision of hygiene promotion activities and kits.</li> </ol> <p><u>In targeted areas in northern Jordan:</u></p> <ol style="list-style-type: none"> <li>1. Provision of baby hygiene kits for children under 2 years.</li> </ol>			

10. Original expected outcomes from approved CERF proposal	
<p><b>Sanitation:</b></p> <ul style="list-style-type: none"> <li>Daily maintenance, cleaning, and monitoring of sanitation facilities within the premises</li> </ul> <p><b>Hygiene:</b></p> <ul style="list-style-type: none"> <li>Hygiene maintenance through the set-up of a cleaning and monitoring system of sanitation facilities and common premises.</li> <li>Conduct hygiene education and promotion activities through awareness sessions, focus groups and Information Education and Communication (IEC) materials.</li> <li>Distribution of personal hygiene material to beneficiaries</li> <li>Set-up waste disposal equipment in all the toilets, kitchen and common premises, and ensure promotion of good waste management practices.</li> <li>rehabilitation of existing septic tank facilities and construction of septic tanks in King Abdulla Park</li> <li>Establish basic sewage network in King Abdullah Park</li> <li>Procurement and distribution of baby hygiene kits for 1,500 children under 2 years for three months</li> </ul> <p><b>Water:</b></p> <ul style="list-style-type: none"> <li>Ensure sufficient water supply within the premises</li> <li>Ensure that water storage equipment is clean and water network system functions</li> <li>Ensure water quality and organize regular water quality monitoring (microbiological testing) on site. Water will be tested on a weekly basis for the 2 main tanks and, in addition, 3 random samplings will be done at tap level. If necessary chlorination will be done by this same department.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<p><u>Hygiene/Sanitation:</u></p> <ul style="list-style-type: none"> <li>In consultation with beneficiaries, key hygiene messages were developed and disseminated through awareness sessions, focus groups and use of appropriate communication IT materials.</li> <li>Personal hygiene materials including sanitary towels, tooth brushes and paste, and soap were distributed to all beneficiaries.</li> <li>All 15,250 refugees were provided access to adequate sanitation facilities including waste disposal equipment in all the toilets, kitchen and common premises, at the same time as promotion of good waste management practices was ensured.</li> <li>Appropriate collection and disposal of waste water was undertaken through the rehabilitation of existing septic tank facilities and construction of septic tanks complete with pipes and connectors in King Abdulla Park.</li> <li>The use of hygiene kits distributed contributed to the health and wellbeing of 2,593 children under 2 years.</li> </ul> <p><u>Water:</u></p> <ul style="list-style-type: none"> <li>All 15,250 refugees passing through Cyber City, King Abdallah Park and Bashabshe transit sites were provided with safe drinking water in line with SPHERE standards, through adequate water storage tanks and a functional water network system.</li> <li>Regular water quality monitoring (microbiological testing) on site was made, with weekly tests for the two main tanks and, in addition, three random samplings done at tap level.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Special attention to gender issues is given in UNICEF's programmes, at design and implementation phases. In designing and implementing the project, consultations were held with all sections of the population to determine their specific needs. The contents of the hygiene kits were agreed with women who were mainly the end users as care givers, and were in line with the standardized kit agreed by the sector working group. The allocation of sanitation blocks was based on privacy considerations for women. This is in line with IASC gender guidelines on provision of hygiene materials and SPHERE standards.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



**TABLE 8: PROJECT RESULTS**

<b>CERF Project Information</b>			
1. Agency:	<b>UNICEF Jordan Country Office</b>	5. CERF Grant Period:	30 May – 29 Nov 2012
2. CERF Project Code:	12-CEF-063	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Child Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection of Syrian refugee children in Jordan		
7. Funding	a. Total project budget:		US\$ 185,057
	b. Total funding received for the project:		US\$
	c. Amount received from CERF:		US\$ 185,057
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,000	7,325	The crisis in Syria has significantly escalated in the course of 2012, and consequently the target population has increased and the number of beneficiaries reached has doubled from the planned number. This also reflects the genuine interest of the communities into the programme and the subsequent higher demand for CP services.
b. Male	3,000	6,245	
c. Total individuals (female + male):	6,000	13,570	
d. Of total, children <u>under 5</u>	N/A	Children under age 5 were not specifically targeted under this project.	
9. Original project objective from approved CERF proposal			
<p>The overall objective of this funding to CP was to ensure that girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted, by:</p> <ul style="list-style-type: none"> <li>• Strengthening Key child protection mechanisms and capacities in emergency-affected areas including Ramtha, Irbid, Mafraq, Amman and Ma'an.</li> <li>• Preventing and addressing separation of children from families and promoting family-based care.</li> <li>• Preventing and addressing violence, exploitation and abuse of children and women, including GBV.</li> <li>• Providing psychosocial support to children and their caregivers.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• 5,000 Syrians and host population receive interagency messages on the protection of children.</li> <li>• 1,000 Syrian children receive community based psychosocial and child protection group activities.</li> <li>• 315 Syrians receive case management services.</li> <li>• 20 service providers in target areas complete the referral pathway mapping and are aware of how to respond and refer.</li> <li>• 70 trainees from UNICEF partner agencies receive training in Psychological First Aid.</li> <li>• 150 vulnerable children and their families receive focused psychosocial group support.</li> </ul>			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• Approximately 7,970 Syrians and host population had their awareness raised on CP issues through interagency messages. Of those, 480 persons were reached through a CP focused radio programme on Yarmouk Radio. Additional 6,600 persons were reached through the distribution of CP focused brochures through 21 community based organisations in the North. Brochures focused on violence against children and women, self-care and care of children experiencing psychosocial distress as well as information about CP services available. 274 persons were reached by trained community mobilisers conducting awareness sessions and finally a total of 616 persons were reached through five large community events delivering CP messages through puppet shows, storytelling and music.</li> <li>• 1,134 Syrian children received community based psychosocial and child protection group activities. Of those, 607 were females and 527 were males, all aged between 6 and 18 years. Activities focused on non-violent communication as a mechanism to express feelings, frustrations and anxieties.</li> <li>• 907 cases involving 4,053 Syrian children and their families received case management services. Cases involved both prevention cases (for example cases of depression which could lead to violence and/or isolation) urgent child protection cases (cases of violence, abuse and exploitation) as well as other child protection concerns (child labour, unaccompanied and separate children, and early marriages).</li> <li>• 46 service providers completed the referral pathway mapping. Of those, 91 per cent were located in the northern and central governorates where the vast majority of Syrians reside. In addition, 27 frontline workers from 12 agencies received orientation sessions on how to respond and refer cases. A total of 100 case referrals were made during the reporting period.</li> <li>• 102 staff and volunteers from partner organisations were trained on Psychological First Aid (PFA). The focus was on staff in the newly opened Za'atari camp (July-August 2012) who was dealing with a large influx of Syrian refugees who had just fled the fighting. The skills acquired during PFA training sessions enabled service providers to better support the population living under profound stress.</li> <li>• 270 children and their caregivers received focused psychosocial group support. Of those, 59 were children and 211 were women. The large focus on women came as a response to women approaching service providers looking for support dealing with the symptoms of their children's distress (anger, aggression, fears, sleeplessness and bedwetting) as well as wanting to deal with their own isolation, concerns and fears. Sessions were held in CBOs in Irbid, Ramtha and Mafraq, thus connecting the women and children with an existing network of support.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Special attention to gender issues is given in UNICEF's emergency programme, at design and implementation phases. Within the framework of this project, the services are open to all, however if a discrepancy is seen in gender balance within the children beneficiaries, the partners will try to correct it through enhancing awareness raising, mostly amongst parents. Furthermore UNICEF is dedicating attention to specific protection issues related to the girl child as well as women caregivers and targets its assistance accordingly.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	WFP	5. CERF Grant Period:	19 April – August 2012
2. CERF project code:	12-WFP-041	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Assistance to Syrian refugees in Jordan		
7. Funding	a. Total project budget:		US\$ 8,000,000
	b. Total funding received for the project:		US\$ 8,000,000
	c. Amount received from CERF:		US\$ 2,005,006
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,900	11,158	A re-prioritisation of the use of these funds to avoid the impending voucher pipeline break resulted in a higher number of beneficiaries being reached. A portion of the funding was moved from in-kind food commodities to voucher assistance.
b. Male	12,100	13,637	
c. Total individuals (female + male):	22,000	24,795	
d. Of total, children <u>under 5</u>	3,300	3,719	
9. Original project objective from approved CERF proposal			
The main objective of this emergency operation is to save lives and protect livelihoods in emergencies. This operation will meet the immediate basic food needs of the Syrian refugees in Jordan. WFP will provide the basic food need of 20,000 Syrian refugees in rented and guest accommodations and 2,000 hot meals to persons in transit centres. Priority will be given to those identified as most vulnerable through the home surveys carried out by the local NGOs. Priority will also be given to larger families and women headed households.			
10. Original expected outcomes from approved CERF proposal			
<u>Outcome:</u> Save lives in emergency situation and improve food security situation of the Syrians (indicators):			
<ul style="list-style-type: none"> <li>• Number of beneficiaries receiving WFP food assistance.</li> <li>• Tonnage of food distributed.</li> <li>• Number of hot meals distributed.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• Number of beneficiaries reached with voucher assistance: 12,194</li> <li>• Number of beneficiaries receiving WFP in kind food assistance: 12,601</li> <li>• Tonnage of food distributed: 135 mt</li> <li>• Number of hot meals distributed: 183,000 (two meals daily).</li> </ul>			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The main objective of this emergency operation was to save lives and protect livelihoods in emergencies. As a pipeline break of voucher assistance was imminent, funds were reallocated from in-kind to voucher assistance. This expenditure under food vouchers allowed WFP to respond to Syrian refugees in need of emergency food assistance and in line with the overall objective of the operation: save lives and protect livelihoods in emergencies.</p> <p>The CERF proposal was intended to cover food commodities and hot meals, however, due to immediate needs to assist refugees living in urban communities and given that it was within the intention of the grant to assist Syrian refugees with food assistance, US\$378,017 from the \$2,005,006 was committed through WFP voucher response as the voucher component for these urban refugees was underfunded and extremely urgent. Otherwise the expenses remained as planned: dry ration food and hot meals.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Explicit efforts were made to facilitate the receipt of assistance by female-headed households, who were given priority attention during assessment and subsequent distribution processes. Separate queues and waiting areas were established for women at distribution sites, while provisions were made in culturally-conservative areas for the supply of rations to a blood relative where a female beneficiary was unable to be present.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Although no formal evaluation of the project was undertaken, please note the following on standard WFP monitoring and evaluation mechanisms employed in this project:</p> <p>WFP monitoring and evaluation mechanisms reflect a corporate Results-Based Management framework by using a logical framework approach to monitor activities and their efficiency and effectiveness in achieving results. This involves monitoring the distribution process and following-up with recipient communities through post-distribution surveys and interviews with key informants.</p> <p>In Jordan, WFP undertakes monitoring directly to ensure maximum accountability. Cooperating Partners also carry out monitoring and provide information on the number of beneficiaries reached and the amount of food distributed, which is verified by WFP. WFP maintains coordination and oversight of all monitoring processes by providing corporate monitoring and reporting tools to partners, and cross-verifying information supplied via other sources.</p> <p>For voucher assistance, WFP and cooperating partners monitor voucher distributions as well as the beneficiary redemption of vouchers. Partner shops are systematically monitored to enhance accountability mechanisms and ensure fair prices, product availability and adequate cleanliness. Post-distribution monitoring of beneficiaries at the household level allows WFP to measure process indicators and obtain information on beneficiary preferences.</p>	

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNFPA	5. CERF Grant Period:	30 May – 29 Nov 2012
2. CERF project code:	12-FPA-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/GBV		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Strengthening the GBV Referral Pathway: Increasing Syrians Access to Life-Saving Protection Services		
7. Funding	a. Total project budget:	US\$ 184,056	
	b. Total funding received for the project:	US\$ 78,000	
	c. Amount received from CERF:	US\$ 100,377	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	325	325	N/A
b. Male	325	325	
c. Total individuals (female + male):	650	650	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
To increase the number of male and female Syrians accessing life-saving GBV protection services, such as health, security and psychosocial support in a three month period by 30 per cent.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Increased reporting of GBV among Syrian women, men, boys and girls.</li> <li>Improved clinical management of rape for males and females.</li> <li>Increased knowledge and utilization of GBV services by both males and females.</li> <li>Improved provider competence to identify, counsel, care for and refer male and female GBV survivors.</li> <li>Increase in community outreach by Family Protection Department (FPD) leading to prevention of future acts of violence.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>The competency of 203 service providers was improved to identify, counsel, and care for and refer male and female GBV survivors,</li> <li>438 GBV cases were provided with quality life-saving services by FPD.</li> <li>447 females and males received counselling on GBV.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Gender Code 2B, since all activities were built to provide Syrian refugees; women, men , boys and girls, with GBV quality life-saving services and information.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	30 May 2012 - 29 Nov 2012
2. CERF project code:	12-FPA-026	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health working group / RH subgroup		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Supporting the provision of RH services to Syrian women with a focus on identifying most at risk pregnancies and other life threatening conditions.		
7. Funding	a. Total project budget:		US\$ 233,356
	b. Total funding received for the project:		US\$ 88,906
	c. Amount received from CERF:		US\$ 100,024
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,000	7,863	N/A
b. Male	N/A	N/A	
c. Total individuals (female + male):	8,000	7,863	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
To increase access to life saving sexual reproductive health information and services to vulnerable displaced Syrians.			
10. Original expected outcomes from approved CERF proposal			
Vulnerable Syrian women have access to life saving reproductive health services and information.			
11. Actual outcomes achieved with CERF funds			
A total number of 7,863 females received RH services.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Gender Code 2B, Since all activities were built to provide Syrian women with lifesaving RH services and information.			
14. M&E: Has this project been evaluated?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/Remarks
12-WHO-039	Health	WHO	MoH	Government	250,000	13/06/2012	31/07/2012	N/A
12-HCR-030	Shelter	UNHCR	Jordan Hashemite Charity Organization	NNGO	353,675	15/05/2012	1/06/2012	The project activities were cost-shared with other funds
12-HCR-030	Health	UNHCR	Jordan Health Aids Society	NNGO	175,000	4/07/2012	1/06/2012	The project activities were cost-shared with other funds
12-CEP-063	Child Protection	UNICEF	International Medical Corps	INGO	92,048	18/06/2012	1/05/2012	CERF funds were used to pay instalments of larger project starting earlier on.
12-CEP-063	Child Protection	UNICEF	Terre des Hommes Lausanne	INGO	71,906	9/07/2012	15/07/2012	Partner's activities could not start earlier because of the late Government's approval.
12-CEP-064	WASH	UNICEF	ACTED	INGO	260,777	27/05/2012	1/05/2012	CERF funds were used to pay instalments of a larger project starting earlier on.
12-WFP-041	Food	WFP	Save the Children	CP	62,519	09/2012	08/2012	Dry ration distribution costs + Voucher distribution costs
12-WFP-041	Food	WFP	Human Relief Foundation	CP	13,925	09/2012	08/2012	Voucher distribution costs
12-WFP-041	Food	WFP	Islamic Relief	CP	72,334	09/2012	08/2012	Voucher distribution costs
12-FPA-025	Protection/GBV	UNFPA	MoH	Government	22,200,000	2/09/2012	2/09/2012	A total of \$1,361.427 was refunded from MoH
12-FPA-025	Protection/GBV	UNFPA	FPD	Government	26,400,000	11/09/2012	11/09/2012	N/A
12-FPA-025	Protection/GBV	UNFPA	Institute for Family Health (IFH)	National NGO	37,378.531	4/09/2012	4/09/2012	N/A
12-FPA-026	Health working group/ RH subgroup	UNFPA	Jordan Health Aid Society (JHAS)	National NGO	44,632.768	5/08/2012	5/08/2012	N/A



## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGDM	Age Gender Diversity Mainstreaming
CP	Child Protection
DOS	Department of Statistics
DOT	Directly Observed Therapy
ECC	Exceptional Care Committee
FPD	Family Protection Department
GBV	Gender-based violence
GOJ	Government of Jordan
HIS	Health Information System
JHAS	Jordan Health Aid Society
JHCO	Jordan Hashemite Charity Organization
KAP	King Abdullah Park
MDR-TB	Multi drug resistant Tuberculosis
MFT	Multi-Functional Team
MoH	Ministry of Health
MOPIC	Ministry of Planning and International Cooperation
NFI	Non-Food Items
NGOs	Non-Governmental organizations
PFA	Psychological First Aid
RAIS	Refugee Assistance Information System
RR	Rapid Response
RH	Reproductive Health
TB	Tuberculosis
UNCT	United Nations Country Team
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization