

**Allocation Paper**  
**Call For Proposals September 2016**  
**Jordan Humanitarian Fund**



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## I. Rationale

This allocation paper is issued by the Humanitarian Coordinator (HC), in consultation with the Advisory Board of the Jordan Humanitarian Fund (JHF), to set the funding priorities for this call.

This allocation paper also provides strategic direction and guidance for the allocation process for this call.

## II. Donor Contributions

Based on donors' commitments, a total figure of **US \$6 million** will be allocated to this call. Out of which 4 million will be allocated for Jordan and 2 million for Southern Syria.

The ceiling for any project is a maximum of **US \$400,000**.

|                               |               |
|-------------------------------|---------------|
| Call for proposal envelop     | USD 6,000,000 |
| Allocation for Jordan         | USD 4,000,000 |
| Allocation for Southern Syria | USD 2,000,000 |

## III. Objective of allocation

The priorities for the call are to respond to the inter-sectoral priorities in line with the JHF's objectives and project's prioritization criteria:

- Meeting critical needs in areas where NGOs have comparative advantage,
- Critical gap filling (firefighting) & ensure No harm approach
- Sudden change in context, and
- Impact.

## IV. Humanitarian context in Jordan

From a humanitarian perspective, and in recognition of the human tragedy unfolding within Syria, the Government of Jordan has welcomed Syrians seeking refuge, protection, and safety from the conflict. Within that same humanitarian spirit, the government and the people of Jordan have extended public services, facilities, resources and hospitality in an attempt to accommodate the most pressing needs of the Syrian refugees.

A massive influx of over 655,990 registered Syrian refugees<sup>1</sup> has so far sought refuge in Jordan, comprising 25% women, 23% men, 25% girls, and 27% boys. Approximately 85 percent of all refugees are hosted within Jordanian communities and the remaining 15 percent are accommodated within camp settings. Syrian refugees now live in all areas of Jordan, though the main concentrations in local communities are in the northern governorates close to the Syrian border as well as the cities of Amman and Zarqa.

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<sup>1</sup> <http://data.unhcr.org/syrianrefugees/country.php?id=107>

As a result, the volume of refugees is placing enormous strain on the social, economic, institutional and natural resources systems in Jordan. Jordanians have been impacted to different degrees by the situation. In those areas most affected by the refugee influx, all population segments are affected in some manner. But as in all crises, it is the poorest and most vulnerable Jordanian households, and the most vulnerable people within them, that are impacted the most.

Absorbing such a vast number of Syrians within what was already the poorest part of the country is having a profound impact on the demographic and socio-economic landscape of Jordan. Tensions in some areas have become palpable and are expected to exacerbate as long as the crisis endures. Urgent action is needed to address these challenges and to prevent the prospect of an inter-generational reproduction of the crisis, which is an increasing risk the longer the crisis continues.

Since the end of April, the overall level of conflict has been increasing across southern Syria, with regular aerial bombardment in northern rural Quneitra, northwestern Dar'a, and, in the deep south, Dar'a City, Neimeh, Yadoudeh and Busra Ash-Sham. As a result, cyclical displacement has continued throughout the south, with new IDPs often leaving their homes with little more than the clothes on their backs, while long-term IDPs and host communities themselves face tremendous chronic needs. Shelling has claimed civilian casualties on both sides of conflict lines and civilian infrastructure has been targeted, including homes. On 31 July, the field hospital in Jasim, north-western Dar'a, was directly hit and destroyed, killing ten people (four women, two children, and four men - two of whom were hospital employees). The hospital, which had been providing 4,000+ consultations per month, is now out of service and critical cases have been transferred to hospitals in neighboring villages.

Following the unprecedented VBIED attack on the Jordanian border guard at Rukban on Jordan's north-eastern border with Syria on 21 June, the Government of Jordan (GoJ) sealed its entire northern border, resulting in the temporary suspension of cross-border operations via Ramtha. Convoys officially resumed on Thursday 28 July after almost five weeks. The bottleneck illustrated the continued criticality of cross-border operations; in little over a month, up to 20 health facilities were reported to run short of essential medicines and over 140,000 people were affected by the disruption in the provision of food assistance. NFI stocks in opposition-held areas of southern Syria were all but exhausted. Partners are now working hard to extend assistance to those beneficiaries who were affected during the suspension of operations as well as to scale up prepositioning, including in preparation for the impending winter months.

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

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

- How are you ensuring all people can access and use assistance/services provided under the project? Please give specific examples. For instance, what adjustments will be made to ensure elderly or disabled persons can access and use assistance/services? What specific actions will be taken to minimize risks to children's safety and wellbeing that the project might inadvertently exacerbate?
- Activity indicators reflecting the project's considerations of "do no harm" principles, so that protection considerations within the project can be measured.

- Besides vulnerability criteria, how the project will take the specific needs of vulnerable groups into account? For example, has the method of distribution or the type(s) of service provided been adjusted? How will you ensure that the specific vulnerabilities faced by girls and boys are taken into account when NFI distributions and shelter interventions will be implemented? How will you ensure that distribution points are accessible and safe for women and children? How will you ensure that “less visible” vulnerable groups, such as destitute older persons, people with disabilities, unaccompanied and separated children etc. will have equal access to the services provided based on needs? How will you ensure that the girls and boys of all ages and their caregivers, especially pregnant and breastfeeding women and girls have access to safe and appropriate food?
- Specific confidential complaints and feedback mechanisms could be set up within to safely receive and respond to allegations of sexual exploitation and abuse experienced by women, girls, boys and men in receiving goods and services provided by the project. Descriptions of the mechanisms should be explained in the proposal for review by Protection sector to ensure that a risk analysis of the complaints and feedback mechanism itself is also conducted.
- Score the project proposal using the current IASC Gender Marker with clear indications how gender equality elements and measures will be monitored and reported on.

For more information or guidance, please contact the cluster gender focal points or Simon Opolot OCHA Gender Focal Point at [opolot1@un.org](mailto:opolot1@un.org).

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

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

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

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

## VI. Jordan Sectors' priorities and alignment with the Jordan Response Plan

*The following sectors were identified as a priority by the HC and the Advisory Board. A focus on winterization and Al-Azraq Camp will be given a priority within this call .However, other projects from other sectors will be considered if they address the JHF criteria listed below and demonstrate the gap filling element.*

| Sector / Sector Priorities  | JRP Sector Specific Objectives/outputs  | Standard Indicators  |
|---|---|--|
| <b>1. SHELTER:</b>  | <b>SSO: Provided adequate shelter and basic facilities and services for vulnerable refugee and Jordanian women, girls, boys and men in host communities</b><br><br><b>SSO indicator: # of vulnerable Jordanians and Syrian refugee households with access to adequate housing options</b> |  |
| Cash-for-Rent to vulnerable refugee households in urban areas focusing on emergency cases. Priority will be given to projects that can demonstrate sophisticated targeting methodologies to reach those with the worst housing conditions | To provide conditional cash for rent to vulnerable Jordanian households and Syrian refugees   | # of vulnerable households headed by women, girls, boys or men received conditional cash for rent assistance |
| Sealing off Kits (SOKs) that address issues of damp and cold. Priority will be given to projects that can demonstrate sophisticated targeting methodologies to reach those with the worst housing conditions                              | To upgrade existing shelters to adequate standards  | # of shelters headed by women, girls, boys or men upgraded to adequate standards                             |
| <b>2. SOCIAL PROTECTION (PROTECTION AND BASIC NEEDS)</b>  |   |  |
| <b><u>2.1 PROTECTION</u></b>  | <b>SSO: Strengthened and expanded national and sub-national protection systems that meet the international protection and social protection needs of vulnerable groups in the governorates most affected by the Syria crisis</b>  |  |

| Sector / Sector Priorities  | JRP Sector Specific Objectives/outputs   | Standard Indicators   |
|---|--|---|
|   | <b>SSO indicator: # of WGBM with protection vulnerabilities with improved access to protection services</b>  |   |
| Projects that increase access to protection services for people with specific needs, including women-at-risk and survivors of SGBV, children in conflict with the law, children engaged in labour, persons with disabilities, and marginalized individuals, integrating them in social networks to reduce the risk of violence and exploitation | Community members are engaged in SGBV prevention   | # of women, girls, men and boys sensitized on SGBV core principles and referral pathways  |
|   | SGBV survivors have timely access to protection services, including case management and multisector services ( legal, health, safety and security, psychosocial)   | # of women, girls, men and boys survivors of SGBV who access case management and multisector services   |
|   | Access to quality specialized child protection case management and multi-sectoral services for girls, boys and their families are improved in accordance with Age Gender and Diversity principles (addressing cases of: UASC, child labour, children in conflict with the law, children experiencing violence at home and at school, children associated with armed forces and armed groups).                | # of girls and boys at risk provided with case management & multi-sectoral services (including UASC, children in conflict with the law, child labour, children experiencing violence at home and at school, and children formerly associated with armed forces and groups). |
| <b><u>2.2 BASIC NEEDS</u></b>   | <b>SSO: Improved social protection and poverty alleviation mechanisms for vulnerable people affected by the crisis in order to ensure that basic household needs are met</b><br><b>SSO indicator:</b><br><b># of Syrian refugees receiving basic needs in camps</b><br><b># of Syrian refugees receiving basic needs outside camps</b><br><b># of vulnerable Jordanian HHs receiving basic needs support</b> |   |
| New arrival kits and replenishment kits in Azraq camp   | New arrival kits in camps<br>Replenishment/ replacement kits   | # of individuals provided with new arrival kits in Camps  |

| Sector / Sector Priorities   | JRP Sector Specific Objectives/outputs  | Standard Indicators   |
|--|---|---|
|  | Support towards basic needs   | # of individuals provided with replenishment/ replacement kits<br><br># of individuals provided with support towards meeting their basic needs                                  |
| Winterization assistance inside and outside refugee camps  | Support towards Winterization needs in Camps<br><br>Support towards Winterization needs outside Camps   | # of individuals provided with winterization support in camps<br><br># of individuals provided with winterization support outside of camps                                      |
|  |   |   |
|  |   |   |
| <b>3. <u>HEALTH:</u></b>   | <b>SSO: Increased equitable access, uptake and quality of secondary and tertiary healthcare for Jordanian and Syrian WGBM in impacted areas</b><br><b>SSO: Strengthened access, uptake and quality of integrated community interventions for Jordanian and Syrian WGBM in impacted areas</b>  |   |
| Projects that support a) secondary referral care for priority cases, such as basic emergency obstetric care (BEmOC), comprehensive emergency obstetric care (CEmOC), neonatal care and war-wounded, including supporting priority medical referrals from the borders and camps | Access to lifesaving, secondary and tertiary care provided through payment, logistic and other support of referrals to MoH and other facilities<br><br>Access to emergency obstetric, neonatal and child care provided through payment, logistic and other support of referrals to MoH and other facilities<br><br>Comprehensive rehabilitation for adults and children with injuries and impairments provided through NGO facilities | # of WGBM provided with lifesaving, secondary and tertiary care<br><br># of deliveries in presence of skilled Attendant<br><br># of sessions of rehabilitation provided to WGBM |

| Sector / Sector Priorities  | JRP Sector Specific Objectives/outputs   | Standard Indicators  |
|---|--|--|
|   | Capacity for convalescent care for war-wounded expanded through provision of post-operative, inpatient rehabilitation, medical and psychosocial services in dedicated NGO facilities   | # of nursing/convalescent care beds available  |
| Strengthen and expand the community health network in underserved areas and the availability of key integrated community level interventions focusing on Non Communicable Diseases (NCD), Reproductive, Maternal, New born and Child Health (RMNCH) and Nutrition | <p>Community Health Volunteers (CHVs) in place in camps and in out- of-camp settings with target of 1 per 1000 refugees</p> <p>CHV networks in camps and out-of-camp settings strengthened through reinforcement of referral mechanisms, capacity building, provision of jobs aids and supportive supervision</p>  | <p># active community health volunteers (male/female, Syrian/Jordanian)</p> <p># of CHVs trained (male/female, Syrian/Jordanian)</p> |
|   |  |  |
| <b>4. WASH</b>  | <p><b>SSO: Sustainable provision of safe and equitable access to water services in camps and host community as per min standards</b></p> <p><b>SSO: Provided safe and equitable access to gender appropriate sanitation services</b></p> <p><b>SSO indicators:</b></p> <p><b># of people benefited from improved wastewater services in the camps Sanitation improvement interventions in HH and vulnerable settlements</b></p> <p><b># of girls, boys, women and men have better access to sanitation facilities</b></p> <p><b># of HH practicing improved wastewater management</b></p> <p><b># of household have access to improved sewerage services</b></p> |  |



| Sector / Sector Priorities   | JRP Sector Specific Objectives/outputs  | Standard Indicators  |
|--|---|--|
| <p>Azraq improvement projects to accommodate the new arrivals.</p> <p>Host community and ITS (informal tented settlement) projects funding gap</p> | <p>Refugees have access to safe and equitable water as per agreed minimum standards through water trucking to the communal WASH facilities.</p> <p>Refugees have access to safe and equitable water as per agreed minimum standards through sustainable infrastructure (boreholes, piped water networks, etc.).</p> <p>In-camps Schools, Clinics and child friendly spaces have access to safe and equitable water as per agreed minimum standards.</p> | <p># of liters of safe water distributed through trucks</p> <p># of liters of safe water distributed through trucks</p> <p># of girls, boys, women and men with access to water based on minimum standards</p> <p># of people supplied with water</p> <p># of HH benefited from % increase in water</p> <p># of liters of water provided through network</p> <p># of girls, boys, women and men have better access to sanitation facilities</p> <p># of household have access to improved sewerage services</p> <p># of girls and boys have access to improved sanitation</p> <p># of girls, boys, women and men received hygiene materials</p> <p>Syrian and Jordanian population has improved access to safe and equitable water through repair, improvement and/or extension of existing water systems (wells, transmission lines, distribution network, water loss reduction)</p> <p># of girls and boys with improved knowledge in hygiene and water conservation</p> |

**VII. Southern Syria Sectors' priorities and alignment with the Syria Humanitarian Response Plan**

| Sector Priorities  | Related HRP Objective(s) (Sector Specific)  | Related HRP Indicator(s) (Sector Specific)  |
|--|---|---|
| 1. NFI/SHELTER   |   |   |
| Provision of NFI and shelter assistance to fill gaps in the winterization response in southern Syria | <u>Sector Objective 1:</u><br>Provide life-saving and life-sustaining shelter and NFI support   | <ul style="list-style-type: none"><li>• # of people that have received emergency shelter assistance</li><li>• # of people that have received emergency NFI assistance</li></ul>   |
| (1) HEALTH:  |   |   |
| Provision of essential medicines and trauma care in Rural Damascus                                   | <u>Sector Objective 1:</u><br>To provide life-saving and life-sustaining humanitarian health assistance to affected people  | <ul style="list-style-type: none"><li>• # of treatment courses distributed;</li><li>• # of medical procedures</li></ul>   |
| Provision of a dialysis unit in Nawa   |   | <ul style="list-style-type: none"><li>• # of facilities rehabilitated and/or re-enforced</li></ul>  |
| Rehabilitation of Jasim Field Hospital   |   | <ul style="list-style-type: none"><li>• # of facilities rehabilitated and/or re-enforced</li></ul>  |
| (2) PROTECTION   |   |   |
| For information on protection mainstreaming under the call for proposals, please see below.          |   |   |
| Provision of projects that increase protection services to affected and vulnerable population.       | <u>Sector Objective 1:</u><br>Increase the protection of affected people at risk from the consequences of the crisis through sustained advocacy, risk mitigation and enhanced protection responses.<br><br><u>Sector Objective 2:</u><br>Strengthen the capacity of national community-based actors to assess, analyse and respond to protection needs. | <ul style="list-style-type: none"><li>• # of beneficiaries who receive risk education;</li><li>• # people trained to deliver risk education;</li><li>• # of girls, boys, women and men benefiting from protection interventions;</li><li>• # of girls, boys, women and men reached with risk mitigation programming;</li><li>• # of analysis/information products developed or assessments conducted and shared by national and community based actors.</li></ul> |

| Sector Priorities  | Related HRP Objective(s) (Sector Specific)   | Related HRP Indicator(s) (Sector Specific)   |
|--|--|--|
| <b>(4) NUTRITION</b>   |  |  |
| <ul style="list-style-type: none"> <li>• Provision of micronutrient supplementation through healthcare networks, campaigns and community-based food and nutrition activities.</li> </ul> | <p><u>Sector Objective 1:</u><br/>Strengthen preventive nutrition services for vulnerable groups in need of humanitarian response, focusing on appropriate infant and young child feeding practices, micronutrient initiatives and optimal maternal nutrition.</p> | <ul style="list-style-type: none"> <li>• # of boys and girls (6-59 months) who receive multiple micronutrient supplements;</li> <li>• # of pregnant and lactating women who received micronutrients including iron folate for 6 months and multiple micronutrients;</li> <li>• # lactating women reached with Vitamin A supplementation;</li> <li>• # of boys and girls aged 6-59 months reached with Vitamin A supplementation;</li> <li>• # of boys and girls aged 6-59 months reached with LNS for 4months inclusive high energy biscuits.</li> </ul> |

## **VIII. Project Proposal Preparation and Budget Preparation**

### **Proposal Preparation and submission:**

1. All project proposals should be submitted via Grant Management System (GMS) by Thursday 29 September 2016 23:59 (Midnight – Jordan time). Any submission after this date will not be considered.
2. GMS registration is obligatory for all eligible partners prior to the project proposal submission with due diligence and capacity assessment component approved. GMS is a web-based platform that supports the management of the entire grant life cycle for the JHF. The link of GMS is: <https://cbpf.unocha.org/>
3. Once you complete your registration on the GMS, please login to CBPF GMS Support portal and read instructions on how to submit a project proposal. <http://gms.unocha.org/content/project-submission?plid=466>
4. Project proposals should be prepared in line with the strategic objectives of the JRP & HRP and the Allocation Paper. This needs to be supported by clear log frames with outcomes, outputs, SMART indicators and detailed activities. (Please refer to Annex 22 for a sample Project Proposal Template).
5. Organizations should consult with relevant cluster coordinators during the project proposal preparation phase.
6. Projects submitted offline will not be considered.

### **Budget Preparation**

1. All project proposals must have a detailed budget outlining all the project related expenditures under relevant budget lines.
2. Budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. Partners should avoid including only lump sum amounts and provide bill of quantities (BoQs) including list of items and costs per item to total the unit cost for the planned expenditures.
3. Provide a budget narrative (as an essential component of the budget) that clearly explains the object and the rationale of any budget line. For example, shared costs, large/expensive assets, and costs/equipment required to support the regular operation of the implementing partner, are clear cases where the provision of details will be necessary in the budget narrative.
4. Project proposals that do not meet the above requirements or with missing financial and budgeting information will not make it to the strategic review stage and project proposal will be eliminated.
5. For further guidance on budgeting (eligible and ineligible costs, direct or indirect costs) please also refer to the Operational Handbook for CBPF pages 35-39. Start date and eligibility of expenditure
6. The HFU will liaise with the implementing partner to determine the start date of the project. The earliest possible start date of the project is the date of signature of the grant.

## **IX. Use of the Grants Management System (GMS)**

The use of the Grant Management System (GMS) is a pre-requisite to applying for JHF funding. The GMS supports the full implementation of standard procedures and due diligence processes. It provides support throughout the entire project cycle management. It is the repository of necessary supporting project documents and it ensures timely and effective implementation of control mechanisms to manage and mitigate risks associated to the fund management.

Before submitting projects, implementing partners will go through a due diligence process. During the process, partners will request the registration on the GMS and shall provide a set of information and documentation as per the annex.

**Interested partners must contact the Humanitarian Financing Unit (HFU) to express their interest in applying for funding.** Details and guidance on the registration and application processes will be provided by the HFU to each partner individually.

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

- a) Projects that meet critical needs in areas where NGOs have comparative advantage.
- b) Critical gap filling (fire fighting) projects, or projects that address a sudden change in context are considered the highest priority.
- c) Proposed interventions must ensure impact of the Fund in the priorities' areas.
- d) Projects must demonstrate a clear linkage/alignment with the strategic objectives of the relevant Response Plan and the sectoral priorities.
- e) Only projects targeting prioritized locations that can be completed within six (6) months will be considered for funding.
- f) Projects must demonstrate a high degree of cost effectiveness (i.e.: maximum outcome and beneficiary reach for every dollar invested) relative to the project budget as well as to the type of activity.
- g) Direct implementation of JHF-funded projects by the recipient agency, rather than through a partner/sub-contracted organization, is encouraged. If the recipient agency proposes to work with/through an implementing partner organization, meaningful guidance, coordination, capacity building, technical advice, monitoring and evaluation capacities, or any other function of additional value need to be well articulated in the project proposal.
- h) Risk management: assumptions and risks are comprehensively and clearly spelled out, along with risk management and mitigation strategies.
- i) Monitoring: A realistic monitoring and reporting strategy is developed in the proposal.
- j) The maximum allowable budget for JHF projects is **US\$400,000**. Only eligible organizations cleared and recommended by OCHA's Humanitarian Financing Unit (HFU) following the completion of the Due Diligence/Capacity Assessment process can apply for funding under this allocation;
- k) Before submitting an application, applicants are encouraged to seek guidance and support from OCHA HFU, allowing as much time before submission as possible.

## **X. Partners' eligibility and capacity assessment**

JHF aspires to provide equitable opportunity to all humanitarian actors, and promote partnerships with humanitarian organizations to respond quickly and effectively to emergencies.

- a) UN agencies, IOM, international and national non-governmental organizations, and organizations of the Red Cross/Red Crescent movement, can apply for and receive funding from the Fund.
- b) NGOs that did not apply for the capacity assessment exercise are not eligible to apply for funding under this call for proposals.

## **XI. Timeline and Procedure**

### **Timeline and Procedure**

| Task description   | Responsible   | Date        |              |
|--|---|-------------|--------------|
| Endorsement of the allocation document   | JHF Advisory Board  | 8-September |              |
| Launch the call and set the allocation parameters in the Grants Management System (GMS)                            | Humanitarian Financing Unit                               | 8-September |              |
| Partners' applications' submission   | Implementing Partners<br>Humanitarian Financing Unit      | 8-September | 29-September |
| Send application to the Sectors<br>Technical review and recommendations  | Humanitarian Financing Unit<br>Sectors' review committees | 1-October   | 10-October   |
| Inform the AB with the results of the sector committees meetings and share with them list of recommended projects. | JHF Advisory Board  | 12-October  |              |
| AB meeting to review recommended projects by the sector committees   | AB meeting  | 17-October  |              |
| Request the HC's final endorsement   | Resident Coordinator /<br>Humanitarian Coordinator        | 18-October  |              |

## **XII. Contacts**

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

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

Humanitarian Finance Officer: Mr. Mohammad Al Masri [al-masri@un.org](mailto:al-masri@un.org) +962 798674615

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

## **XIII. Complaints Mechanism**

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

## **XIV. Acronyms**

AB      Advisory Board  
JHF     Jordan Humanitarian Fund

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