

## National Health Coordination Meeting

**Date:** Thursday 23<sup>rd</sup> Feb

**Venue:** UNHCR

**Time:** 10:00 – 12:00

**Agenda:**

1. Introductions
2. Review of action points of previous meeting
3. Situation update – UNHCR
4. Health Sector Reponses Strategy 2017/2018 endorsement
5. Jordan Humanitarian Fund (JHF) March Call – UNOCHA
6. Interagency Nutrition Survey – final results PPP
7. Health Agency Updates
8. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)
9. Proposed Assessments/Research
10. AOB

2. Review of action points of previous meeting	
	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"> <li>✓ Sector leads to finalize strategy and share with members for final comments: <b>Shared with members</b></li> <li>✓ UNHCR to Share action plan document with sector members: <b>Done &amp; Circulated</b></li> <li>✓ Chain of Hope to develop information sheet for their upcoming missions including referral information and to be shared with members: <b>Done &amp; Shared</b></li> <li>✓ UNFPA to share the results of the awareness sessions for male task force groups: <b>Done &amp; Shared</b></li> <li>✓ UNFPA to share the RH referrals of 2016 &amp; 2017: <b>Pending</b></li> <li>✓ IMC to share gender analysis exercise for MHPSS findings: <b>Finalized and will be shared by IMC next week</b></li> <li>✓ UNCHR to share the Inter-Agency Nutrition Survey on the web portal: <b>Done</b></li> </ul>
<b>Action Points</b>	✓ N/A

### 3. Situation update-UNHCR

#### Iraqis Refugees

- Total Iraqi refugees registered with UNHCR is 61,727 till mid of Feb
- Newly registered in 2017 is 1,120
- 426 arrived in 2017

#### Yemeni Refugees

- Total Yemenis refugees registered with UNHCR is 6629 until end of 2016.
- 928 refugees were registered in 2017

#### Sudanese Refugees

- Total Sudanese refugees registered with UNHCR is 3,380

#### Somali Refugees

- Total Somalis refugees registered with UNHCR is 777
- Other nationalities 1391

#### Syrian Refugees

- Total Syrian refugees registered with UNHCR is 656,007 till mid of Feb
- 3,730 were registered in 2017, some of the newly arrivals are through normal and legal entries and the others are through the new born registration
- Population in Zaatari camp is stable at 79,713
- Azraq camp have total population of 53,795, no entries in Dec.
- Total population in EJC 7,462

#### Urban Verification

- Up to mid of Feb, the total refugees who have issued MOI cards are 380,672
- 74% of urban refugees registered with UNHCR issued the new MOI cards.
- 97% of Syrian refugees residing in Jordan have issued MOI cards (either old or new cards)
- 84% of confiscated documents in Raba'a Alsarhan were returned to the refugees.

<b>FTS of 2016</b>	<ul style="list-style-type: none"> <li>• The level of fund as a sector during 2016 was 101%</li> <li>• 23 organizations reported for the FTS</li> <li>• 2 organizations received Zero fund during 2016 (local NGO)</li> <li>• Lowest level of fund was 8% and the highest fund was 700% of the appealed fund</li> <li>• 10 organizations received more than 100%</li> <li>• 7 organizations received more than 50% and less than 100%</li> <li>• 5 organizations received less than 50%</li> </ul>
<b>Action Points</b>	✓ N/A

4. Health Sector Responses Strategy 2017/2018 endorsement	
<b>Introduction</b>	<ul style="list-style-type: none"> <li>• The sector response strategy framed for 2017-2018, this document will outlines the context of the humanitarian response in Jordan using evidences made through evaluation, assessments and surveys conducted recently.</li> <li>• This strategy developed with the components that clearly defined the gaps and needs.</li> <li>• All comments received from the member organizations and incorporated within the document.</li> <li>• This strategy needs to be reviewed periodically and when needed depending on change in policy and any other situational changes.</li> <li>• Now in the process of launching, next week the final version of strategy will be sent officially and it well be available for all sectors and subsectors members.</li> </ul>
<b>Action Points</b>	<ul style="list-style-type: none"> <li>✓ UNCHR to share the Sector Response strategy</li> </ul>

## 5. Jordan Humanitarian Fund (JHF) March Call – UNOCHA

<p>Update</p>	<ul style="list-style-type: none"> <li>• The Jordan Humanitarian Fund (JHF) mobilizes and channels resources to humanitarian partners to respond to urgent needs for Syrian refugees in Jordan also in Southern Syria, as well as vulnerable Jordanians affected by the Syrian crisis.</li> <li>• In Jordan, OCHA supports projects inside the camps and the urban</li> <li>• A call of proposal was launched and the ceiling of each project they fund is USD 400,000</li> <li>• Now in the process of finalizing the registration applications for new partners who didn't pass through the capacity assessment exercise last year.</li> <li>• After finishing the capacity assessment exercise, any partner can access and apply for fund.</li> <li>• The process is to identify one to two priorities for the sector and the sector already submitted their prioritize</li> <li>• The health sector circulated the proposed prioritize to the sector advisory group and to the donors and sector gender focal points.</li> <li>• By next week all partners will receive the indicators and the indicators objectives under those two prioritize.</li> <li>• The two prioritize are:             <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</li> </ul> </li> <li>• The prioritizing is depending on the level of funding.</li> <li>• The plan is to launch the call of proposal in mid of March and will be open for three weeks. Partners are encouraged to apply and fill the registration application for any partner who didn't apply before.</li> </ul>
<p><b>Action Points</b></p>	<ul style="list-style-type: none"> <li>✓ UNCHR to share the Identification of priorities for the JHF first call for proposal for 2017</li> <li>✓ UNHCR to share the call of proposal once it's received from OCHA</li> </ul>

## 6. Interagency Nutrition Survey – final results PPP

<p>Introduction</p>	<ul style="list-style-type: none"> <li>❖ 3rd nutrition survey: <ul style="list-style-type: none"> <li>▪ Oct.-Nov. 2012 → Host communities &amp; Za’atari Camp</li> <li>▪ April-May 2014 → Host communities &amp; Za’atari Camp</li> <li>▪ Sept.-Oct. 2016 → Host communities, Za’atari Camp &amp; Azraq Camp</li> </ul> </li> <li>❖ Follow-up nutrition survey (Host communities and Za’atari camp)</li> <li>❖ Baseline nutrition survey (Azraq camp)</li> <li>❖ WFP food vouchers have decreased since 2014</li> <li>❖ Concerns about the availability of age-appropriate food for children aged 6 to 23 months</li> <li>❖ A greatly increased risk of acute malnutrition in new arrivals</li>   <li>❖ SENS/SMART Methodologies Surveys: <ul style="list-style-type: none"> <li>▪ SENS: The UNHCR SENS guidelines are aimed at UNHCR health and nutrition coordinators and partners to standardize the way annual nutrition surveys are conducted. (Consistent and reliable survey data is collected and analysed)</li> <li>▪ SMART: A standardised, simplified field survey methodology which produces a snapshot of the current situation on the ground. (Consistent and reliable survey data is collected and analysed)</li> </ul> </li> </ul>
<p>Specific Objectives of the Survey</p>	<ul style="list-style-type: none"> <li>❖ Estimate the prevalence of acute malnutrition (wasting), chronic malnutrition (stunting) and underweight among Syrian refugee children aged 6-59 months in Jordan;</li> <li>❖ Estimate the prevalence of acute malnutrition among women of reproductive age (15-49 years) based on Mid-Upper Arm Circumference (MUAC) in the Syrian refugee population in Jordan; <ul style="list-style-type: none"> <li>✓ Investigate IYCF practices among Syrian refugee children 0-23 months in Jordan</li> </ul> </li> <li>❖ Define the current state of food security among Syrian refugees in Jordan</li> <li>❖ Determine access to key health services, use of improved hygiene facilities and indicators of health status (children 0-59 months and women)</li> </ul>
<p>Target population</p>	<ul style="list-style-type: none"> <li>❖ <b>Anthropometric Measurements</b> → All children from 6 to 59 months (weight, height, MUAC and edema) and all women from 15 to 49 years (MUAC) in selected households</li> <li>❖ <b>IYCF practices</b> → All children from 0 to 23 months in selected households</li> <li>❖ <b>Food security</b> → All selected households</li> <li>❖ <b>Child morbidity</b> → All children from 0 to 59 months in selected households</li> </ul>

Methodology	<p><b>Survey Design</b></p> <ul style="list-style-type: none"> <li>❖ Cross-sectional household survey: <b>Sampling Design</b></li> <li>❖ Two stage cluster sampling representative for the survey area <ul style="list-style-type: none"> <li>• <b>Stage 1: Cluster Selection</b> <ul style="list-style-type: none"> <li>→ PPS method (ENA software)</li> <li>→ UNHCR registration data (Progress)</li> </ul> </li> <li>• <b>Stage 2: Household Selection</b> <ul style="list-style-type: none"> <li>→ Camps: Households listing (IRD, IMC &amp; SJC CHWs) → Systematic Random Sampling</li> <li>→ Host Communities: UNHCR registration data → Simple Random Sampling</li> </ul> </li> </ul> </li> </ul> <p>- Final Sample Sizes:</p> <ul style="list-style-type: none"> <li>❖ <b>Households to be included:</b> <ul style="list-style-type: none"> <li>• Zaatari Camp: 471</li> <li>• Azraq Camp: 435</li> <li>• Host Communities: 753</li> </ul> </li> <li>❖ <b>Number of days required for data collection (8 teams)</b> <ul style="list-style-type: none"> <li>• Zaatari Camp: 6 days</li> <li>• Azraq Camp: 6 Days</li> <li>• Host Communities: 11 days</li> </ul> </li> </ul>
Training of Survey teams	<ul style="list-style-type: none"> <li>❖ <b>Training of Survey teams (5 days)</b> <ul style="list-style-type: none"> <li>• 34 participants trained (32 recruited by SCJ + 2 persons from SCJ)</li> <li>• Theoretical sessions → 3 days including 1 day for the use of Smartphones (ODK)</li> <li>• Practical sessions (Anthropometric measurements, Exercises, Interview, use of smartphones, etc.)</li> </ul> </li> <li>❖ <b>Standardization Test</b></li> <li>❖ <b>Pilot Test (Za'atari camp)</b> <ul style="list-style-type: none"> <li>• Selection of 32 persons based on Pre &amp; Post-tests and Standardization test results → 8 teams</li> </ul> </li> </ul>
Supervision	<ul style="list-style-type: none"> <li>❖ Enumerators were assessed before the launch of the survey and continually throughout the data collection</li> <li>❖ Each Team Leader was responsible for the quality of her/his team</li> <li>❖ Each Supervisor was responsible of the quality for 2 teams</li> <li>❖ Each evening after the end of data collection → review of data quality by the Survey Consultant → HIGH QUALITY DATA</li> </ul>



Fieldwork Plan	<ul style="list-style-type: none"> <li>❖ <b>Za’atari Camp → from the 3<sup>rd</sup> of Sept. to the 8<sup>th</sup> of Sept.)</b> <ul style="list-style-type: none"> <li>• 8 teams for 6 days (48 clusters)</li> <li>• 5-6 supervisors (UNHCR, UNICEF, SCJ + CartONG)</li> <li>• 1 supervision visit (MoH)</li> </ul> </li> <li>❖ <b>Azraq Camp → from the 17<sup>th</sup> of Sept. to the 24<sup>th</sup> of Sept.)</b> <ul style="list-style-type: none"> <li>• 8 teams for 6 days (48 clusters)</li> <li>• 4 supervisors (UNHCR, SCJ, CDC)</li> </ul> </li> <li>❖ <b>Out of Camp → From the 25<sup>th</sup> of Sept. to the 8<sup>th</sup> of October</b> <ul style="list-style-type: none"> <li>• 8 teams for 11 days (88 clusters)</li> <li>• 4-6 supervisors (UNHCR, SCJ, CDC, ACF-Canada + UNICEF)</li> </ul> </li> </ul>
Data Quality	<ul style="list-style-type: none"> <li>❖ <b>Sex-ratio</b> <ul style="list-style-type: none"> <li>→ Za’atari = <b>1.2</b></li> <li>→ Azraq = <b>1.0</b></li> <li>→ Host Communities = <b>1.0</b></li> </ul> </li> <li>❖ <b>Quality of Age</b> <ul style="list-style-type: none"> <li>→ Za’atari = <b>97%</b> of exact DoB</li> <li>→ Azraq = <b>87%</b> of exact DoB</li> <li>→ Host Communities = <b>99%</b> of exact DoB</li> </ul> </li> <li>❖ <b>Age-ratio (6-29/30-59 months) (value should be around 0.85)</b> <ul style="list-style-type: none"> <li>→ Za’atari = <b>1.03</b> → More younger children than older ones</li> <li>→ Azraq = <b>0.82</b></li> <li>→ Host Communities = <b>0.90</b></li> </ul> </li> <li>❖ <b>SD WHZ, HAZ and WAZ</b> fall inside acceptable range (0.8-1.2) for all survey areas</li> </ul>
Child Morbidity	<ul style="list-style-type: none"> <li>❖ One child out of five had diarrhea in the past two weeks preceding the survey.</li> <li>❖ The analysis of the drinking and eating practices during diarrhea shows that more than 50% of children with diarrhea drank more than usual. Approximately half of the children ate somewhat less</li> <li>❖ 20% and 30% of children with diarrhea were receiving antibiotics</li> <li>❖ More than one child out of five was reported to have had symptoms of ARI during the two weeks preceding the survey in Azraq camp. In Za’atri camp this proportion is significantly lower with 14.3% of children 0-59 months who were reported to have had symptoms of ARI.</li> <li>❖ In Za’atri camp around 43% of children with ARI symptoms received antibiotics against only approximately 20% in Azraq camp. In host communities, around one child out of four received antibiotics for the treatment of ARI symptoms.</li> </ul>

<p>Nutrition Status of Children</p>	<ul style="list-style-type: none"> <li>❖ <b>Acute Malnutrition</b> <ul style="list-style-type: none"> <li>• Continue and strengthen the existing nutrition programmers (Community-based Management of Acute Malnutrition (CMAM), screening activities) in order to maintain these low levels of acute malnutrition and decrease prevalence of moderate acute malnutrition (UNICEF, UNHCR, SCJ, IMC, JHAS).</li> </ul> </li> <li>❖ <b>Chronic Malnutrition</b> <ul style="list-style-type: none"> <li>• Continue to build the capacity of Ministry of Health, to improve the health and nutrition systems in the community for promoting, supporting and protecting exclusive breastfeeding for the first six months of life, continued breastfeeding up to one year of age and beyond (UNICEF, SCJ, JHAS, MoH);</li> <li>• Scale-up community-based programs to provide information and counselling on optimal and appropriate breastfeeding and complementary feeding practices in host communities (UNICEF, SCJ, JHAS, MoH);</li> <li>• Implement more often communication campaigns on preventative activities: prenatal care, nutrition of pregnant women, promotion of exclusive breastfeeding, complementary feeding and continued breastfeeding, good hygienic practices, the production and consumption of available complementary foods (UNICEF, UNFPA, UNHCR, SCJ, JHAS, MoH);</li> <li>• Promote identification of malnourished children through screening activities and regular growth monitoring. (UNICEF, UNHCR, SCJ, IMC, JHAS)</li> </ul> </li> </ul>
<p>IYCF Practices</p>	<ul style="list-style-type: none"> <li>❖ <b>IYCF</b> <ul style="list-style-type: none"> <li>• Continue promoting appropriate IYCF practices (Timely initiation of breastfeeding, exclusive breastfeeding, continued breastfeeding up to 2 year, complementary feeding practices) through the nutrition education sessions (UNICEF, SCJ);</li> <li>• Continue and strengthen training sessions targeting the health care providers who are involved in antenatal, delivery and postpartum care to strengthen the timely initiation of breastfeeding and avoid prelacteal feeds (SCJ);</li> <li>• Communicate about the risks of prelacteal feeds and risks of use of a bottle with a nipple (hygiene) during the training sessions targeting the health care providers (SCJ);</li> <li>• Increase participation to the nutrition education sessions focusing on breastfeeding and child feeding, and more specifically in host communities (UNICEF, SCJ)</li> <li>• Increase visit(s) at home to help with breastfeeding or infant feeding, and more specifically in Azraq camp and in host communities (UNICEF, SCJ, agencies implementing IYCF activities through community health volunteers);</li> <li>• Strengthen the enforcement and accountability mechanisms for key legislations for breastmilk substitutes and more specifically in host communities (UNICEF, MoH);</li> <li>• Increase availability of age-appropriate food for children aged 6 to 23 months. Several options could be investigated like the provision of appropriate locally available, culturally acceptable (non-perishable) complementary foods, local fortified porridges enriched with micronutrients or special food vouchers for children between 6 and 23 months (+5 JOD) for micronutrient rich food and protein-rich food, etc.</li> </ul> </li> </ul>

Food Security	<ul style="list-style-type: none"> <li>❖ <b>Nutrition Status of Women</b> <ul style="list-style-type: none"> <li>• Find ways to increase adherence to iron-folic acid (IFA) supplementation in pregnancy and promote combined pills of iron and folic acid (UNFPA);</li> <li>• Review and strengthen the already existing protocol for management of malnutrition in pregnancy and improve access to a balanced energy-protein food in pregnancy especially in host community (UNICEF, UNFPA, UNHCR, WFP, SCJ, JHAS);</li> <li>• Assess the barriers to utilization of antenatal care (ANC) program to improve ANC program coverage in host communities and in Azraq camp (UNFPA);</li> <li>• Improve adolescent girl and adult women’s diet quality through the already existing nutrition education sessions (focus on adolescent women and pregnant women food needs and on low birth weight matter) (UNICEF, SCJ).</li> </ul> </li>   <li>❖ <b>Food Security</b> <ul style="list-style-type: none"> <li>• Continue the food vouchers provision (WFP);</li> <li>• Continue the distribution of fortified flour and fortified bread in the camps (UNHCR, WFP, MoH);</li> <li>• Continue to support the national food fortification program that makes available fortified food to the population (MoH);</li> <li>• Share with partners the regular M&amp;E reports about prices and quality of food products in the camps (WFP) ;</li> <li>• Develop activities to improve quality dietary diversity at household level along with a monitoring and evaluation system, in order to improve access to animal source foods (e.g. dairy, eggs, fish and meat), and make fruits and vegetables more available. For example, a gardening program (at home and/or at school) could be investigated</li> </ul> </li>   <li>❖ <b>Morbidity U5</b> <ul style="list-style-type: none"> <li>• Detect barriers to seeking appropriate healthcare during an episode of diarrhea (access to health care facilities, appropriate drinking and eating practices) (UNHCR, UNICEF);</li> <li>• Increase awareness about the importance of oral rehydration therapy (ORS or increased fluids) and continuous feeding to treat an episode of diarrhea (UNHCR, UNICEF);</li> <li>• Strengthen sensitization about handwashing practices (critical times) and use of soap. Soap eliminates diarrhea-inducing pathogens from the skin. Research in refugee settings has shown that in households where soap was present, fewer children had diarrheal diseases regardless of whether they actually used soap (UNHCR, UNICEF, hygiene promotion partners of UNICEF (OXFAM, ACTED, JEN));</li> <li>• Provide more dustbins / containers that can be closed, in the camps (for diapers) (UNICEF).</li> </ul> </li> </ul>
Action Points	✓ Report was shared on the UNHCR web portal

## 7. Health Agency Updates

JPS

- 12 acute cases were received last month, 2 cases from Rugban and 10 cases from Ramtha
- Total # of cases served services by JPS General referral project which is funded by UNOCHA is (55 cases) since February 2017:
- Day case surgery: 6 cases
- One day admission Surgery: 24 cases
- Emergency lifesaving cases:10 cases
- Normal vaginal delivery: 9 cases
- C/S delivery: 3 cases
- E.O.C: 3 cases
- Jordan Paramedic Society would like to invite you for a complementary basic first aid course (One Day - 5 hours)
- As a part of the mission to save lives and spread the importance of first aid skills among community members and health care professionals, this session is going to be an introduction to our course and how you would like to use and recommend it to your employees and the communities involved.
- JPS will be conducting two training sessions, one in Arabic and another in English. Each organization is kindly asked to nominate two employees and a course preference by COB March 9th.

IRD

- 30 days capacity building training has conducted on NCD for total 85 CHVs who are working in 10 Governorates.
- 3 days capacity building training has conducted on NCD for MoH medical staff who are working in 13 CHCs/PHCs in Irbid, Mafraq, and Ramtha.
- 10 Health Education sessions was conducted on RH targeted 245 Syrian beneficiaries in Irbid, Ramtha, Mafraq, Jerash, and Ajloun (Women in reproductive age).
- The program needs consultant Trainer on Emergency First Aid topic. (Job vacancy is opened at Byet.com)
- IRD officially has moved its offices to Boulevard Al Abdali. Looking forward to host you in our new premises.

<p><b>USAID</b></p>	<ul style="list-style-type: none"> <li>• USAID completed the constructions of princess Rahma Hospital this month</li> <li>• The construction increased the capacity of the hospital by 35%</li> <li>• Currently in the process of equipping the hospital with medical equipment's infrastructure (Supporting UNOPS)</li> <li>• Expecting to be done by next month</li> <li>• Another renovation of another part of the hospital (Old hospital) to be able to receive more patients</li> <li>• USAID funded a project HSD (Health Service Delivery) project which is the renovation of 5 comprehensive health centers during 2017.</li> <li>• The HSD project will start in Wadi Assir and Wadi Al Hajar centers very soon</li> </ul>
<p><b>IMC</b></p>	<ul style="list-style-type: none"> <li>• Started pediatric consultations in IMC clinics in Azraq</li> <li>• Started medical services in village #6 in Azraq Camp</li> <li>• Village #5 infrastructure is getting finalized now, working in temporary stations and electric connections</li> </ul>
<p><b>HumaniTerra</b></p>	<ul style="list-style-type: none"> <li>• HumaniTerra is a French medical NGO providing surgical procedures and trainings.</li> <li>• Princess Basma public hospital will soon welcome the successive surgical teams to work in the Burn unit and Plastic surgery unit.</li> <li>• The team will provide surgical care for patient's victims of burns and in need of reconstructive surgery.</li> <li>• The date of the first surgical mission will be communicated shortly.</li> </ul>
<p><b>HFG-USAID</b></p>	<ul style="list-style-type: none"> <li>• Working with MoH, RMS and private sector insurance company on universal health coverage decentralization in governorates</li> </ul>
<p><b>UNFPA</b></p>	<ul style="list-style-type: none"> <li>• In process of working along with MoH to review the RH protocols for this year</li> <li>• Based on previous assessment of implementation of the CMR in health facilities, a recommendation was raised by MoH, Family protection Department, UNHCR, UNICEF and UNFPA finalized clinical management guidelines in Arabic for health co-providers to be more practical. And will be shared after the final endorsement</li> </ul>

EMPHNET	<ul style="list-style-type: none"> <li>• Started the health service package to the school children</li> <li>• It was started in Zaatari camp with vaccination of almost 700 student</li> <li>• In Azraq camp, almost the same number of 700 students provided physical examination</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>✓ JPS and UNHCR to share invitation to first Aid training to the sector members for nomination</li> <li>✓ JPS and IRD to explore the way of collaboration and resources sharing for capacity building programs</li> </ul>

8. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)	
RH (UNFPA)	<ul style="list-style-type: none"> <li>• The Reproductive Health Sub Working Group (RH SWG) meeting was last week at UNFPA.</li> <li>• Discussed and finalized the work plan and will be shared</li> <li>• Also, it was discussed during the meeting the integrating of gender base violence issue in the humanitarian settings and there are some recommendations raised and circulated by the health sector, waiting for response from all members to be finalized and shared.</li> <li>• Strengthening the male involvement in all sexual reproductive health on urban and camps. It was added as agenda point during all RH SWG meetings.</li> </ul>
Mental Health (IMC/WHO)	<ul style="list-style-type: none"> <li>• The gender analysis for the MHPSS sector has been finalized and now within the task force to be endorsed and shared</li> <li>• In the last week, the national action plan for MHPSS workshop has been conducted for two days coordinated by WHO, MoH and other stakeholders and the main goal of the workshop was to update the action plan of the MHPSS sector on the national level.</li> <li>• WHO coordinated a small group to come up with action plan regarding The World Health Day for 2017 which will focus on depression, the comprehensive plan will be shared with the sector.</li> </ul>

<p><b>Nutrition (Save the Children Jordan/UNICEF)</b></p> <p><b>Community Health Task Force (Medair/IRC)</b></p>	<ul style="list-style-type: none"> <li>• The NWG met last week and the next meeting will be in 21st Mar.</li> <li>• NWG will be working on the recommendations of the survey based on the interventions agreed on</li> <li>• The data tracking system is still running to be finalized, a list of indicators have been developed and a training will be done for all partners to show who is the system will be running, and expected to be done in couple of months.</li> </ul> <ul style="list-style-type: none"> <li>• The next meeting will be 8<sup>th</sup> Mar, the location of the office may change.</li> <li>• IMC gave a presentation regarding the community health program in Azraq Camp</li> <li>• The 4W documents were sent to all partners to be reviewed and share their documents.</li> </ul>
<p><b>Action Points</b></p>	<ul style="list-style-type: none"> <li>✓ UNFPA will share the RH SWG work plan</li> <li>✓ UNFPA to share the integrating of gender base violence recommendations</li> <li>✓ IMC to share gender analysis exercise for MHPSS findings</li> <li>✓ IMC to share the national action plan for MHPSS workshop</li> </ul>

9. Proposed Assessments/Research	
Action Points	✓ N/A

10. AOB	
UNFPA	<ul style="list-style-type: none"> <li>• Hepatitis B screening in the camps for pregnant women as it will be UNHCR and UNFPA joint plan, to follow on this screening as necessary approval was received from MoH for the technical committee.</li> </ul>
Action Points	✓ Next HSWG meeting will be on 30 <sup>th</sup> Mar. Venue to be confirmed later