

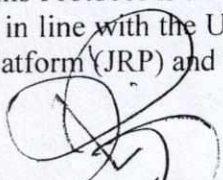
## PROTOCOL

### BETWEEN THE MINISTRY OF PLANNING AND INTERNATIONAL COOPERATION THE MINISTRY OF HEALTH AND THE UNITED NATIONS CHILDREN'S FUND

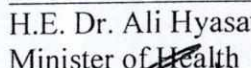
This Protocol between the Ministry of Planning and International Cooperation (MoPIC) and the United Nations Children's Fund (UNICEF) outlines a contribution to the Ministry of Health (MoH) to support the Ministry of Health (MoH) to reduce child mortality with particular emphasis on neonatal mortality. This protocol will focus on: 1) supporting development of evidence-based policy and strategy on newborn health; 2) supporting national institutions and community based health systems to provide quality newborn, child health and nutrition services with a focus on disadvantaged groups; 3) enhancing parents and caregivers' knowledge to utilise health and nutrition services and improve their care practices; and 4) responding to urgent health and nutrition needs (including primary health care, essential immunizations and nutrition) as per agreed workplan budget.

The financial assistance of **JD 1,062,000** will be made in the form of Direct Cash Transfer (DCT) by UNICEF. UNICEF will provide the agreed upon cash assistance as DCT upon the signature of this protocol and submission of MoPIC of a written request using UNICEF Funding Authorization and Certificate of Expenditure (FACE) Form (Annex B). UNICEF will pay to MoPIC in three **Cash Advances** to implement the proposed project activities between Dec 2014 and December 2015.

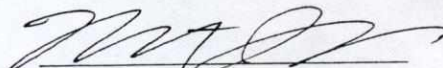
This Protocol is a revision for the original protocol (H&N/PP/14/2014/MoH/Jordan), and is in line with the UNICEF 2015 Work Plan for Health & Nutrition, the Jordan Response Platform (JRP) and the Regional Resilience & response Plan (3RP).

  
\_\_\_\_\_  
H.E. Mr. Imad N. Fakoury  
Minister of Planning and  
International Cooperation  
Jordan

Date:

  
\_\_\_\_\_  
H.E. Dr. Ali Hyasat  
Minister of Health  
Jordan

Date:

  
\_\_\_\_\_  
Mr. Robert Jenkins  
Representative  
UNICEF  
Jordan

Date:

Component of Protocol	Direct Implementation	Allocated Budget (US\$ / JOD)
(BFHI) and provide training for service providers on IYCF principles		JOD 21,240
<b><u>Component 5: (AWP Output 1.2)</u></b> Establish routine monitoring system for institutionalization of BFHI and improving adherence to IYCF principles	MoH & UNICEF	\$ 15,000 JOD 10,620
<b><u>Component 6: (AWP Output 1.2)</u></b> Strengthen monitoring and evaluation system for national flour fortification program. (Review, update, and upgrade the existing monitoring system, capacity building for the service providers working on the micronutrient fortification programme)	MoH & UNICEF	\$ 10,000 JOD 7,080
<b><u>Component 7: (AWP Output 1.2/1.4)</u></b> Support the government to improve availability of supplies to provide services (life saving newborn medicines, equipments, vaccines, cold chain, nutrition supplies for vulnerable Jordanian and Syrian refugee children (0- 59 months) in host communities	UNICEF	\$ 750,000 JOD 531,000
<b><u>Component 8: (AWP Output 1.2)</u></b> Support strengthening routine Expanded Programme on Immunization (EPI)+system through establishing Digital EPI-Management Information System (MIS), conduct coverage evaluation survey, reach every community strategy implementation, support capacity building, improve supporting supervision	MoH, WHO, UNICEF	\$ 200,000 JOD 141,600
<b><u>Component 9: (AWP Output 1.2)</u></b> Establish maternal and neonatal death audit system	MoH, RMS, HPC, private health sector, UNFPA, WHO, UNRWA	\$ 150,000 JOD 106,200
<b><u>Component 10: (AWP Output 1.3)</u></b> Conduct advocacy, communication and social mobilization activities (Communication for Development (C4D)), monitoring and supervision of routine EPI, IYCF and Essential Newborn Care (ENC) practices to mobilize the target population for better newborn and child care practices	MoH and UNICEF	\$ 100,000 JOD 70,800
<b><u>Component 11: (AWP Output 1.3)</u></b>	MoH and UNICEF	\$ 45,000

- 4.1 Assessment & Evaluation of 12 hospitals (public and private) on Baby Friendly Hospital Initiative: Form 3 committees (3 members each) to evaluate the hospitals & set recommendations
- 4.2 Conduct eight 5-day training workshops on IYCF for 80 health service providers in targeted centres and hospitals (covering Central, Northern and Southern areas)

Component 5: Establish routine monitoring system for institutionalization of BFHI and improving adherence to IYCF principles

Activities:

- 5.1 Hire a consultant to establish routine monitoring system for institutionalization of BFHI and improving adherence to IYCF principles
- 5.2 Monitor and evaluate hospitals which proved to adhere to the criteria of Baby friendly hospitals initiative

Component 6: Strengthen monitoring and evaluation system for national flour fortification program. (Review, update, and upgrade the existing monitoring system, capacity building for the service providers working on the micronutrient fortification programme)

Activities:

- 6.1 Review existing monitoring and reporting systems and the fortification programme tracking & monitoring processes to identify the bottlenecks & adherence to reporting protocols from all mills & bakeries.
- 6.2 Support MoH and other partners to put in place a solid reporting and M&E system for national flour fortification program that can be shared with UNICEF.

Component 7: Support the government to improve availability of supplies to provide services (life saving newborn medicines, equipments, vaccines, cold chain, nutrition supplies for vulnerable Jordanian and Syrian refugee children (0- 59 months) in host communities

Activities:

- 7.1 Procure supplies (life saving newborn medicines, equipments, vaccines, cold chain, nutrition supplies for vulnerable Jordanian and Syrian refugee children (0- 59 months) in host communities based on the assessment of the hospitals & PHC centers and per MoH prioritization

Component 8: Support strengthening routine EPI+system through establishing Digital EPI-MIS, conduct coverage evaluation survey, reach every community strategy implementation, support capacity building, improve supporting supervision

Activities:

- 8.1 Conduct EPI coverage evaluation survey
- 8.2 Hire a consultant to assess existing EPI-MIS and design a new digital EPI-MIS (software and systems).

Component 9: Establish maternal and neonatal death audit system

- 9.1 Hire consultant to update guidelines and forms for the death audit system
- 9.2 Conduct six 5-day training workshops on the new death audit system guidelines and forms for 160 health service providers in public, RMS & private hospitals (covering Central, Northern and Southern
- 9.3 Review of 50 maternal and neonatal death reports conducted.

Component 10: Conduct advocacy, communication and social mobilization activities (C4D), monitoring and supervision of routine EPI, IYCF and essential newborn care (ENC) practices to mobilize the target population for better newborn and child care practices

10.1. Strengthen sub-national and local-level capacities to develop micro-plans, implementation of REC approach, and monitor integrated MNCH&N service provision.

10.2 Provide appropriate job-aids, equipment and commodities/logistics

Component 11: Develop C4D plan on Newborn and Child care to promote sustainable positive care practices. ate/distribute materials. Support Immunizaion week celebration related activities

Activities:

11. 1 Develop appropriate Communication for Development (C4D) plan with focus on newborn care and baby-friendly community.

11. 2 Support immunization week celebration related activities

## VI. Activities and Budget:

Estimated costs are as follows:

Description	Unit	Units	Unit Rate (JOD)	Budget (JOD)		
				UNICEF contribution	MOH contribution	Total
<b>Components</b>						
<b>Component 1: Develop and Disseminate Policy Brief on New Born Health in Jordan, Organize evidence-based policy advocacy and technical round table advocacy event on new-born mortality reduction linked to the new NBH guideline/protocol dissemination</b>						
Activity 1.1	deliverable	1	10,440	10,440		10,440
Activity 1.2	meeting	5	2,160	10,800		10,800
<i>Subtotal Component 1</i>						<b>21,240</b>
<b>Component 2: Reactivate the promise renewed steering committee and formulate technical working groups to revise/adapt/translate/print/ disseminate guidelines/protocols on neonatal health</b>						
Activity 2.1	meeting	6	150	900		900
Activity 2.2	meeting	30	150	4,500		4,500
Activity 2.2	deliverable			15,840		15,840
<i>Subtotal Component 2</i>						<b>21,240</b>
<b>Component 3: Capacity building (training, mentoring, supportive supervision) activities to service providers on applying guidelines for neonatal and child health including IMCI &amp; IYCF practices</b>						

Activity 3.1	workshop	2	10,135	20,270		20,270
Activity 3.2	workshop	3	6,535	19,605		19,605
Activity 3.3	workshop	4	4,735	18,940		18,940
Activity 3.4	workshop	4	4,735	18,940		18,940
Activity 3.5	workshop	1	3,316	3,316		3,316
Activity 3.6	workshop	1	2,425	2,425		2,425
Activity 3.7	workshop	1	2,425	2,425		2,425
Activity 3.8	workshop	1	2,524	2,524		2,524
Activity 3.9	deliverable	1	10,675	10,675		10,675
<b>Subtotal Objective 3</b>						<b>99,120</b>
<b>Component 4: Assessment of 12 hospitals (public and private) on Baby Friendly Hospital Initiative and provide training for service providers on Infant Young Child Feeding (IYCF) principles</b>						
Activity 4.1	assessment	12	670	8,040		8,040
Activity 4.2	workshop	3	4,400	13,200		13,200
<b>Subtotal Component 4</b>						<b>21,240</b>
<b>Component 5: Establish routine monitoring system for institutionalization of BFHI and improving adherence to IYCF principles</b>						
Activity 5.1	deliverable	1	5,620	5,620		5,620
Activity 5.2	review	10	500	5,000		5,000
<b>Subtotal Component 5</b>						<b>10,620</b>
<b>Component 6: Strengthen monitoring and evaluation system for national flour fortification program. (Review, update, and upgrade the existing monitoring system, capacity building for the service providers working on the micronutrient fortification programme)</b>						
Activity 6.1	deliverable	1	4,080	4,080		4,080
Activity 6.2	review	20	150	3,000		3,000
<b>Subtotal Component 6</b>						<b>7,080</b>
<b>Component 7: Support the government to improve availability of supplies (life saving newborn medicines, equipments, vaccines, cold chain, nutrition supplies for vulnerable Jordanian and Syrian refugee children (0- 59 months) in host communities</b>						
Activity 7.1	lumpsum	1	531,000	531,000		531,000
<b>Subtotal Component 7</b>						<b>531,000</b>

<b>Component 8: Support strengthening routine EPI+system through establishing Digital EPI-MIS, conduct coverage evaluation survey, reach every community strategy implementation, support capacity building, improve supporting supervision</b>						
Activity 8.1	deliverable	1	70,800	70,800		70,800
Activity 8.2	deliverable	1	70,800	70,800		70,800
<b>Subtotal Component 8</b>						<b>141,600</b>
<b>Component 9: Establish maternal and neonatal death audit system</b>						
Activity 9.1	deliverable	1	62,000	61,990		61,990
Activity 9.2	meeting	6	4,735	28,410		28,410
Activity 9.3	review	100	158	15,800		15,800
<b>Subtotal Component 9</b>						<b>106,200</b>
<b>Component 10: Conduct advocacy, communication and social mobilization activities, monitoring and supervision of routine EPI, IYCF and essential newborn care (ENC) practices to mobilize the target population for better newborn and child care practices</b>						
Activity 10.1	meeting	350	150	52,500		52,500
Activity 10.2	deliverable	1	18,300	18,300		18,300
<b>Subtotal Component 10</b>						<b>70,800</b>
<b>Component 11: Develop C4D plan on Newborn and Child care to promote sustainable positive care practices. ate/distribute materials. Support Immunization week celebration related activities</b>						
Activity 11.1	deliverable	1	11,860	11,860		11,860
Activity 11.2	SM activities	100	200	20,000	50	20,000
<b>Subtotal Component 11</b>						<b>31,860</b>
<b>Components OVERALL TOTAL</b>						<b>1,062,000</b>

## VI. Reporting Process

The Ministry of Health will provide to UNICEF progress and financial reports, on its work in connection with the cash advances as follows:

- A first progress and financial report for the first cash advance should be submitted to UNICEF by 15<sup>th</sup> March 2015.
- A second progress and financial report for the second cash advance by 15 June 2015
- A final progress and financial report for the third cash advance by 15<sup>th</sup> September 2015.

The narrative report is to follow the standard reporting guidelines (Annex C) and to contain an assessment of the Project progress in accordance with the Project objectives, plan and budget, and a description of any obstacles and suggested remedies to full and timely implementation of

## **VII. UNICEF Responsibilities**

- UNICEF will provide MoPIC with technical and financial support to cover the costs of the project activities as per section XI of this protocol.
- In coordination with MoH, UNICEF will monitor and measure the implementation and results of the project utilizing a number of methods such as visits, observation sessions, individual interviews, etc.
- UNICEF will provide technical assistance to relevant parties involved throughout the implementation of this protocol.

## **VIII. MoPIC / MoH Responsibilities**

- MoH Director of Women & Child Health Directorate and Head of Family Violence Department of the Women & Child Health Directorate will be MoH's focal persons of this protocol.
- MoPIC will provide UNICEF progress reports within the given time frame as indicated in point VI above.
- MoPIC will provide UNICEF with monthly statistics reports from the violence reporting system.
- MoPIC will support UNICEF by facilitating its meetings with MoH and provide all required information enabling UNICEF to properly monitor and evaluate the project's activities and progress reports to donors.

## **IX. Financial arrangements and responsibilities**

The financial responsibilities of MoPIC are as follows:

1. UNICEF cannot cover any extra expenses exceeding the maximum total cost agreed upon for the index activity. MoPIC can vary the budgeted cost of any single input in the project budget to be funded by UNICEF, provided that (a) the variation is no more than ten per cent (10%); (b) the variations are within the scope of the project budget objectives; and (c) the total project budget is not exceeded. Variations exceeding ten per cent require the prior written consent of UNICEF.
2. MoPIC will complete and submit the Funding Authorization and Certificate of Expenditures (FACE) certified by the MoPIC itself as responsible for financial matters of this protocol. In case the designated financial official is to be changed, MoPIC will inform UNICEF through an official letter, completing the necessary forms. A copy of FACE and designation of new financial official are attached (Annex B).

3. Every three (3) months during the term of this Agreement, MoPIC will send UNICEF a written request for the Cash Transfer Instalment specified for that period in the Protocol Proposal. MoPIC will do so using the Funding Authorisation and Certificate of Expenditures form (the "FACE form"), a copy of which is attached as ANNEX B. The written request will be signed by the Protocol Programme Manager. In case reimbursement or direct payment modality is used, the FACE form should be accompanied by a detailed explanation of the nature of the expense for which reimbursement or direct payment is sought, as the case may be, and in the case of direct payment, the full and complete details of the vendor to which the payment is requested.
4. MoPIC will keep the financial documents (bona-fide bills, receipts, quotations) for five years from the time of the transaction. UNICEF will reserve the right to monitor/audit the above financial documents during the mentioned period.
5. Within one month of the completion of the project, MoPIC will return to UNICEF the balance of any unused funds provided by UNICEF to MoPIC under this agreement.

#### X. DURATION

This protocol is valid for 13 months, starting from 15<sup>th</sup> December 2014 to 31<sup>st</sup> 0December 2015.

#### XI. Payment Schedule:

The payments to MoPIC under this protocol are as indicated in the following schedule.

Components	1 <sup>st</sup> Cash Advance JD 15/12/14 – 15/3/15	2 <sup>nd</sup> Cash Advance JD 16/3 – 16/6/15	3 <sup>rd</sup> Cash Advance JD 17/6 – 30/9/15	Total (JD)
<b><u>Component 1:</u></b> Reactivate the promise renewed steering committee and formulate technical working groups to revise/adapt/translate/print/ disseminate guidelines/protocols on neonatal health	7,080	7,080	7,080	21,240
<b><u>Component 2:</u></b> Develop and Disseminate Policy Brief on NBH in Jordan, Organize evidence-based policy advocacy and technical round table advocacy event on newborn mortality reduction linked to the new NBH guideline/protocol dissemination	21,240	-	-	21,240



<b><u>Component 3:</u></b> Capacity building (training, mentoring, supportive supervision) activities to service providers on applying guidelines for neonatal and child health including IMCI & IYCF practices	23,728	32,359	32,358	<b>88,445</b>
<b><u>Component 4:</u></b> Assessment of 12 hospitals (public and private) on Baby Friendly Hospital Initiative and provide training for service providers on Infant Young Child Feeding (IYCF) principles	7,080	7,080	7,080	<b>21,240</b>
<b>Total</b>	<b>59,128</b>	<b>46,519</b>	<b>46,518</b>	<b>152,165</b>

The request for payments will be made through the FACE form.

## Annex A: Log Frame and Time Table

No.	Component	Out put	Responsible	Time frame
1.	<b><u>Component 1:</u></b> Develop and Disseminate Policy Brief on NBH in Jordan, Organize evidence-based policy advocacy and technical round table advocacy event on newborn mortality reduction linked to the new NBH guideline/protocol dissemination	-Policy Brief on NBH in Jordan is completed - Evidence-based policy advocacy and technical round table advocacy event on newborn mortality reduction is conducted	MoH and UNICEF	March 2015
2.	<b><u>Component 2:</u></b> Reactivate the promise renewed steering committee and formulate technical working groups to revise/adapt/translate/print/ disseminate guidelines/protocols on neonatal health	-Steering committee is reactivated and 1st meeting for 2015 is conducted -Two technical groups are formulated to review maternal & neonatal guideline	MoH and UNICEF	February 2015
3.	<b><u>Component 3:</u></b> Capacity building (training, mentoring, supportive supervision) activities to service providers on applying guidelines for neonatal and child health including IMCI & IYCF practices	-All training activities are conducted	MoH, RMS, HPC, private health sector, UNFPA, WHO, UNRWA	September – October 2015
4.	<b><u>Component 4:</u></b> Assessment of 12 hospitals (public and private) on Baby Friendly Hospital Initiative and provide training for service providers on Infant Young Child Feeding (IYCF) principles	-12 hospitals are accredited as baby friendly hospitals	MoH	February – October 2015

5.	<b><u>Component 5:</u></b> Establish routine monitoring system for institutionalization of BFHI and improving adherence to IYCF principles	-Monitoring system for institutionalization of BFHI and improving adherence to IYCF principles	MoH & UNICEF	November 2015
6.	<b><u>Component 6:</u></b> Strengthen monitoring and evaluation system for national flour fortification program. (Review, update, and upgrade the existing monitoring system, capacity building for the service providers working on the micronutrient fortification programme)	-Monitoring and evaluation system for national flour fortification program is strengthened	MoH & UNICEF	July 2015
7.	<b><u>Component 7:</u></b> Support the government to improve availability of supplies to provide services (life saving newborn medicines, equipments, vaccines, cold chain, nutrition supplies for vulnerable Jordanian and Syrian refugee children (0- 59 months) in host communities	-Life saving newborn medicines, equipments, vaccines, cold chain, nutrition supplies for vulnerable Jordanian and Syrian refugee children (0- 59 months) in host communities procured	UNICEF	February – October 2015
8.	<b><u>Component 8:</u></b> Support strengthening routine EPI+system through establishing Digital EPI-MIS, conduct coverage evaluation survey, reach every community strategy implementation, support capacity building, improve supporting supervision	-Digital EPI-MIS is established, coverage evaluation survey is conducted, reach every community strategy is implemented, capacity building is supported, supporting supervision is improved	MoH, WHO, UNICEF	February – October 2015
9.	<b><u>Component 9:</u></b> Establish maternal and neonatal death audit system	-Maternal and neonatal death audit system established	MoH, RMS, HPC, private health sector, UNFPA, WHO, UNRWA	February – December 2015

10.	<p><b><u>Component 10:</u></b>  Conduct advocacy, communication and social mobilization activities (C4D), monitoring and supervision of routine EPI, IYCF and essential newborn care (ENC) practices to mobilize the target population for better newborn and child care practices</p>	<p>-Advocacy, communication and social mobilization activities (C4D), monitoring and supervision of routine EPI, IYCF and essential newborn care (ENC) practices to mobilize the target population for better newborn and child care practices is conducted</p>	<p>MoH and UNICEF</p>	<p>February – December 2015</p>
11.	<p><b><u>Component 11:</u></b>  Develop C4D plan on Newborn and Child care to promote sustainable positive care practices. ate/distribute materials.  Support Immunizaion week celebration related activities</p>	<p>C4D plan on Newborn and Child care to promote sustainable positive care practices is developed and implementation plan incorporated into 2016 AWP.</p>	<p>MoH and UNICEF</p>	<p>February – December 2015</p>

# Annex B: FACE FORM

**Funding Authorization and Certificate of Expenditures**

United Nations Children's Fund: UNICEF Jordan Country Office

Date:

Country: Jordan  
 Programme Code & Title:  
 Project Code & Title:  
 Responsible Officer(s):  
 Implementing Partner:

Type of Request:  
 Direct Cash Transfer (DCT)  
 Reimbursement  
 Direct Payment

Currency: Jordanian Dinar

ACTIVITY DESCRIPTION		REPORTING				REQUESTS / AUTHORIZATIONS		
Activity Description from AMP with Duration	Coding for UNDP, UNFPA and WFP	Authorised Amount	Actual Project Expenditure	Expenditures accepted by Agency	Balance	New Request Period & Amount	Authorized Amount	Outstanding Authorized Amount
		A	B	C	D = A - C	E	F	G = D + F
Total								

**CERTIFICATION**

The undersigned authorized officer of the above mentioned implementing institution hereby certifies that:  
 The funding request shown above represents estimated expenditures as per AMP and limited cost estimates attached  
 The actual expenditures for the period stated herein has been disbursed in accordance with the AMP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required, for the period of five years from the date of the provision of funds.

Date Submitted: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

\* Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.

**FOR ALL AGENCIES**

Approved by: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**FOR UNICEF USE ONLY**

Account Changes	
Cash Transfer Reference	
CDT Ref. No.	UNDP Ref. No.
EL notes	DCT Amount
Training	Less
Meetings & Conferences	Liquidation
Other Cash Transfers	Amount
Total	Balance

**FOR UNFPA USE ONLY**

New Funding Release	
	Activity 1
	Activity 2
	Total

## Annex C: Progress Report

### PROGRESS REPORT FOR PROTOCOL: H&N/PP/ 14/2014/MoH/JORDAN YEAR 2014-2015

Implementing Partner	Ministry of Planning and International Cooperation / Ministry of Health		
Overall Objectives			
Overall Strategies			
Start Date		End Date	

This report (report number) covers the period:

Start Date		End Date	
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1. Achievements in the reporting period as taken from the project agreement: (as an example)

Activities	Planned	Actual	Notes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Constraints faced in the reporting period:

Constraint	Causes/Possible Causes	Suggestions
1.		
2.		
3.		
4.		
5.		

3. Output/ Deliverables included with this progress report:

Output/Deliverable	Soft Copy	Hard Copy	Other
1.			
2.			
3.			
4.			
5.			
6. Monitoring processes			

4. Output:

Output	Males	females	Age groups
7. Example: Number of participants			
8. Number of staff participating in the activities of the project			
9.			
10.			
11.			

Financial progress report?	Attached	To follow	Not required