

## MINUTES OF MEETING

<b>Title</b>	<b>Community Health Task Group (CHTG)</b>		
<b>Date</b>	August 20 <sup>th</sup> 2014	<b>Place</b>	Jordan Red Crescent Society (JRCS), Amman
<b>Chair Minutes</b>	Ola Sharif, Community-Health Manager, <b>IMC</b> Heba Hayek, Senior Public Health Assistant, <b>UNHCR</b>		
<b>Attended</b>	Luis Rosa, Medical Coordinator, <b>MdM</b> Reem Abu Samra, Medical Coordinator Assistant, <b>MdM</b> Wi'am Al Fayoumi, community mobilization officer, <b>Medair</b> Dr. Atef Ajarmeh, <b>JRCS</b>		

<b>ITEM</b>	<b>POINTS</b>	<b>ACTION POINTS</b>
<b>Welcome</b>	<ul style="list-style-type: none"> <li>- Introduction and welcome</li> <li>- 1 amendment only was made to the last minutes: “a separate discussion will be held with UNHCR to look into the possibility of using demographic data already collected through the HH vulnerability form or the listed on RAIS.”</li> </ul>	
<b>HH Visit Form</b>	<p>The HH visit form was reviewed during the meeting and the following points were agreed upon:</p> <ul style="list-style-type: none"> <li>- The HH visit form is not a standardized form and will be used as a tool in which each agency can adapt according to their own activities.</li> <li>- A table/checklist outlining the profile of household members will be added to the HH visit form including age group (0-5 will be further segregated into 0-2 + 2-5), gender, health status and needs.</li> <li>- Shelter status: more elaboration of the criteria is needed from the organizations working with shelter (i.e. good vs bad conditions are subjective and not objective and should be more elaborated and clarified)</li> <li>- Health status: criteria has been widened and specified more by putting (DM, HTN, asthma, and other) under Chronic health conditions and adding Acute health conditions ( URTI, skin diseases, asthma and other)</li> </ul>	<p>Ola /IMC → to add the table/checklist to the HH visit form Ola/IMC → to share the final HH visit form</p>

	<ul style="list-style-type: none"> <li>- Mother and child health: No. of visits to any health facility has been replaced by no. of antenatal care visits No. of postnatal care visits has been added.</li> <li>- Children and vaccination Does the mother have an immunization record card? (Y/N) has been added, if No: refer to the nearest public health centre. If the PHC refuses, report to UNHCR.</li> <li>- Specific (vulnerable) groups have been added (infants, &gt; 65 years old, disabled/ impaired, pregnant and lactating women, children &lt;5)</li> <li>- To minimally prevent duplication of services the following question has been added: Have you been visited by any other organization during the past 3 months? What services or assistance did you receive?</li> <li>- It was highlighted that agencies working in the same areas should coordinate with each other in order to prevent duplication of services or referrals.</li> </ul>	
<b>Thematic Groups</b>	<p>1. Immunization:</p> <ul style="list-style-type: none"> <li>- Seven top key messages were compiled, reviewed at the meeting, and will be shared with the group for further comments</li> <li>- IEC material available: immunization community tool both in Arabic and English → IFRC Routine immunization brochure → UNICEF; distributed by UNHCR</li> <li>- Training material: Facilitator Guide for CBHFA Volume 2, Module 6 both in Arabic and English → IFRC</li> </ul> <p>2. NCDs:</p> <ul style="list-style-type: none"> <li>- IEC material available: same as listed in the IEC material matrix</li> <li>- Training material: Nutrition training module about the food pyramid → IMC Comprehensive training module covering various NCDs → JRCS Training module for awareness raising as well as prevention of NCDs (under development) → MdM</li> </ul>	<p>Hiba/ UNHCR → to share the compiled 7 top key messages with the group</p> <p>Members to participate in contributing to thematic groups as divided in previous meeting and have summaries ready (GBV, mental health, reproductive health, IYCF, NCDs, hygiene, and immunizations).</p>
<b>Community Health Committee ToR</b>	<ul style="list-style-type: none"> <li>- Both draft ToR for community health committee were briefly reviewed.</li> <li>- It was agreed upon that ToR for the Community Health Committee available at MoH are very broad and represent their own approach.</li> <li>- The second draft ToR for the Community Health Committee will be further reviewed at the next meeting.</li> </ul>	

<b>ToR for CHTG Chair and co-chair</b>	ToR for CHTG chair and co-chair were developed by Jacinta and shared with the group prior to the meeting. The draft ToR were reviewed during the meeting and agreed upon by the small group that attended.	To be finally revised by the rest of the group members.
<b>AOB</b>	Mdm will be reducing their activities in Zaatri camp from 2 clinics to one clinic closing the clinic in district 4 and are currently looking for potential partners to take over their activities.	
<b>Next meeting</b>	<p>Next meeting will be on the <b>17<sup>th</sup> September at JRCS</b></p> <p>Proposed Agenda for the next meeting:</p> <ul style="list-style-type: none"> <li>- Revise changes to HH visit form and finalize</li> <li>- Another round to present all thematic groups: GBV, Mental Health, Reproductive health, IYCF, NCDs, Hygiene, Immunizations</li> <li>- Minimum standards for training CHVs and training tools</li> <li>- Review generic ToR for health committees and CHV supervisors</li> </ul>	