# MINUTES OF MEETING

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| **Title** | **Community Health Task Group (CHTG)** | | |
| **Date** | July, 16th 2014 | **Place** | Jordan Red Crescent Society (JRCS), Amman |
| **Chair**<br>**Minutes** | Jacinta Hurst, Health Coordinator,**IFRC**<br>Luis Rosa, Medical Coordinator, **MdM** | | |
| **Attended** | Dr Atef Ajarmah, **JRCS**<br>Heba Ebbini, IYCF Community Coordinator, **Save the Children Jordan**<br>Aseel Farraj, Project Officer, **Royal Health Awareness Society (RHAS)**<br>Ola Sharif, Community-Health Manager, **IMC**<br>Anthony Dutemple, Program Coordinator, **PU-AMI**<br>Nassima Check-Abdoula, Regional Health Advisor, **PU-AMI** | | Nina Brekelmans, Outreach Field Officer, **JHAS**<br>Farah Ansouqah, Health Information Officer, **JHAS**<br>Heba Hayek, Senior Public Health Assistant, **UNHCR**<br>Christina Duschl, Program Coordinator, **GRC**<br>Andrea Patterson, Health Manager**, IRC**<br>Heba Seder, Nutrition Officer, **Medair** |

| ITEM | POINTS | ACTION POINTS |
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| **Welcome** | - Introduction and welcome<br>- 1 amendment only was made to the last minutes: 'hard to reach areas' was changed to 'ITS' | |
| **Partner updates** | <u>MdM:</u><br>- Merging CHV and MHO activities: there are now a total of 8 Health Workers, instead of 4.<br>- Hygiene Leaflet will be shared as it is approved by MoH. Scabies leaflet shared with coordination members.<br><br><u>PU-AMI:</u><br>- Waiting for reply from BPRM in next couple of weeks to begin program.<br>- MoH approved result of community assessment report done in Zarqa. It is expected to disseminate full report in coordination.<br><br><u>IFRC/MoH:</u><br>- The question was raised about whether the MoH has its own community health volunteers or community health programme. | MdM ➔ to share the hygiene leaflet with coordination members<br><br>PU-AMI ➔ to share the full report on the Zarqa community assessment after the validation from MoH<br><br>IFRC ➔ to see with MoH the way community volunteers function in Jordan and the activities they perform. |

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| | Royal Health Awareness Society (RHAS):<br>- Their activities are specialized in Non- Communicable Diseases (NCDs) within the MoH Health Facilities they deal with and with doctors and nurses, not CHVs. They work on modifying the life styles of targeted patients. They are currently working in Ramtha, Madaba, Amman and shortly will be in Zaha, Mafraq and South of Jordan.<br><br>Save the Children Jordan (SCJ):<br>- They are working closely in coordination with the MoH in order to conduct activities during Breast Feeding week, from the 1st to 8th of August. This will be over the Kingdom; MoH has validated all brochures, flyers to be use during the week event. | |
| **The 'Who, What, Where' spreadsheet.** | IMC presented the result of the healthy lifestyle project - 4th year of success.<br><br>Jacinta went over the compiled matrix for community activities done by all reporting agencies to identify geographical gaps and where the CHV coverage is the lowest:<br><br>Matrix presents some challenges in terms of areas and sub-areas<br>- Ramtha will be included into Irbid Governorate<br>- More specifications are needed regarding the definition of Jordan Valley areas of work for CHVs<br><br>Analysis of geographical gaps and CHV coverage:<br>- Population used is the UNHCR registered Syrian refugee numbers therefore is smaller than the total population<br>- Gaps included:<br>o Amman has the lowest number of CHVs per registered Syrian refugee (1:3,655)<br>o Followed by Zarqa (1:2,336)<br>o Then Mafraq (1:2,195)<br>- It is recommended to local/International organizations to improve the CHV coverage in such underserved areas.<br>- It was highlighted through the utilization of the matrix the need to create programmatic groups to work on: Key Messages and training material. Flyers/leaflets available are already in the IEC matrix. Organisations allocated to the different thematic groups are as follows including the organization in charge of collecting requested information:<br>o **GBV**: IMC, IRD, JRCS ➔ **JRCS/IFRC**<br>o **Mental Health**: IMC, MdM, RHAS ➔**RHAS** | All group members ➔ please invite other organizations actively working in community to join the CHTG<br><br>A few organisations still need to send the following information please:<br>• No. of visits conducted per HH<br>• Frequency of the HH visits<br>• New or different HH visited each time<br>• Criteria for selection of beneficiaries<br>• Project length: end date<br><br>Responsible of thematic groups created on the 16/07/2014 should compile the requested information and summarize it in order to share with rest of team at the next CHTG meeting |

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| | ○ **Reproductive Health:** Islamic Relief, MdM, RHAS ➔**JHAS**<br>○ **Nutrition (YICF):** SCJ, MEDAIR, JHAS ➔ **MEDAIR**<br>○ **Non Communicable Diseases**: RHAS, IMC, MdM, JRCS ➔ **IMC**<br>○ **Immunizations**: UNHCR, JHAS, JRCS, MEDAIR, MdM ➔**UNHCR**<br>○ **Personal Hygiene:** Islamic Relief, JRCS/GRC, JRCS/IFRC, MdM, Medair ➔ **JRCS/IFRC/GRC**<br><br>- Feedback was received from WHO in Irbid and Mafraq about certain underserved areas in Ramtha which included areas located between Hawara and Ramtha city, where there are Informal Tents Settlement (ITS) | |
| **Standardized tools** | Standardized tools will be annexed to the CH strategy once they are finalized<br><br>- <u>Household visit checklist</u><br>○ SCJ: presented the 'first try' merged household visit checklist received from other organizations (MdM, STC, JHAS, IMC)<br>○ Some points raised include: to use standards question as for the RAIS should be more effective and valid than to re-do a existence tool as for instance Vulnerability Household form from UNHCR<br>○ A separate meeting will take place with Heba/UNHCR to review the Vulnerability HH form.<br>○ Referrals: PU-AMI is currently using the interagency referral form—this tool will be shared with the coordination members. Heba/UNHCR will share with PU-AMI the referral form used.<br>○ A separate session will be conducted to see the re-wording harmonization of the HH form visit.<br>○ There was a question raised about the need to include points not related to health in the HH form visit but it was said that this is a decision made by each organisation. Nevertheless it would be useful to have further discussions about the necessity of collecting a lot of information and how it directs programmes.<br><br>- The following tools have been circulated and need to be reviewed in next meeting.<br>○ ToR Health committees & CHV supervisors<br>○ Home-visit checklists | PU-AMI ➔ will shared with coordination members the referral form.<br><br>Heba/UNCHR ➔ will shared with PU-AMI the referral form used by UNHCR |

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| **AOB** | - Chair and co-chair for the CHTG: quarterly rotation was proposed in the very first CHTG meeting of December 2013 so it was raised for everyone to discuss. In this meeting there were no volunteers to take over the Chair role so it will be reviewed again in 2 months. IRC is interested in co-sharing. It is requested to develop a ToR/criteria of responsibilities of both the chair and co-chair.<br><br>- Jacinta will share important health documentation with the coordination group | **Jacinta** ➔ will draft some points for a ToR for Chair and Co-chair positions for circulation amongst the group |
| **Next meeting** | Next meeting will be on the **19th August at JRCS**<br><br>**Proposed Agenda for the next meeting:**<br>– Reporting tools (to be developed after finalization of home visit checklist and other data collection tool)<br>– Minimum standards for training of CHVs and training tools<br>– Key target groups e.g. the disabled, pregnant and lactating women, children under 5 etc.<br>– To review the generic ToR for health committees and CHV supervisors | |