

MINUTES OF MEETING

Title	Community Health Task Group (CHTG)		
Date	September 17 th 2014	Place	JRCS HQ, Jordan
Chair Minutes	Ola Sharif, Community-Health Manager, IMC Heba Seder, Nutrition Officer, Medair		
Attended	Heba Hayek, Senior Public Health Assistant, UNHCR Tahani Ibrahim, Senior Outreach Officer, IRC Musab Nawafleh, Field Officer, JHAS Mousa Jawasreh, Medical Consultant, JHAS	Dr. Atef Ajarmeh, Health Coordinator, JRC	

ITEM	POINTS	ACTION POINTS
Welcome	<ul style="list-style-type: none"> - Introduction and welcome. - No amendment were made to the last minutes. 	
HH Visit form	<p>The HH Visit Form was reviewed during the meeting and the following points were agreed upon :</p> <ul style="list-style-type: none"> - 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. - There is a suggestion to divide into subgroups to finalize different sections within the HH visit form. - As for main changes related to the form: <ul style="list-style-type: none"> o An extra column for income is to be added within the table under “2. Family/ household information”. o Shelter status paragraph to be merged with evaluation of essential living needs paragraph, as their might be a duplication in collected information. - Other changes/ comments are added to the updated version of the form. 	Update HH visit form based on changes suggested.

<p>Needs, achievements, challenges, and recommendations exercise</p>	<p>Needs (that are uncovered) and gaps</p> <ul style="list-style-type: none"> • Standard trainings packages reflecting minimum skills that volunteers need to be aware of before starting their field work, topics to include (behaviour change, facilitation skills, understanding refugees, introduction to Mental Health, GBV...etc.) • Better coverage to allow quality follow-ups with beneficiaries if necessary. • From group discussions with Syrian beneficiaries the following needs were frequently raised: <ul style="list-style-type: none"> ○ The need to integrate Syrian communities within Iraqi and Jordanian communities has been raised frequently. Psychosocial support is always a need. ○ Increasing the value (ceiling) for secondary and tertiary care is essential. ○ NFIs: household cleaning detergents, provision of medical equipment for special needs; wheel chair, medical bed, medical mattress, and covering university education costs, winter blankets, mattresses, and in many cases refrigerators. ○ Needs targeted at specific population groups: sanitary napkins for women, diapers and basic needs to care for infants and toddlers, needs for elderly individuals. <p>Challenges</p> <ul style="list-style-type: none"> • Transportation costs for beneficiaries to reach their services (e.g. exchanging their food coupons at particular main stores). 	
<p>Minimum standards for training CHVs and training tools</p>	<ul style="list-style-type: none"> - Standard training package has been suggested to include communication and facilitation skills, behaviour change, and related to services being promoted. 	
<p>AOB</p>	<ul style="list-style-type: none"> - UNHCR reminded everyone that access to routine immunization is free in all MoH health facilities for Syrian children under 5 (even without proper registration documents). If agencies are aware of any health facilities refusing to provide free routine immunization, they should inform UNHCR. 	

	- Heba Hayek suggested to invite IOM to talk about TB (How to deal with it and what to do in case you found a patient with TB).	
Next meeting	<p>Next meeting will be on the October , 15th 2014 at 11am</p> <p>Proposed Agenda for the next meeting:</p> <ul style="list-style-type: none"> - Revise changes to HH visit form - Another round to present all thematic groups: GBV, Mental Health, Reproductive health, IYCF, NCDs, Hygiene, Immunizations - Minimum standards for training CHVs and training tools - Review generic ToR for health committees and CHV supervisors 	