

MINUTES OF MEETING

Title	Community Health Task Group (CHTG)		
Date	15 th October 2014	Place	JRCS HQ, Jordan
Chair Minutes	Jacinta Hurst, Health Coordinator, IFRC Jacinta Hurst, Health Coordinator, IFRC		
Attended	Andrea Patterson, Health Coordinator, IRC Elsa Groenveld , Health and Nutrition Manager, Medair Musab Nawafleh, Field Officer, JHAS Mousa Jawasreh, Medical Consultant, JHAS	Dr. Atef Ajarmeh, Health Coordinator, JRC Ola Sharif, Community-Health Manager, IMC Omar Al Amr, Community Health Officer, IMC Heba Ebbini, IYCF Community Coordinator, Save the Children Jordan	

ITEM	POINTS	ACTION POINTS
Welcome	<ul style="list-style-type: none"> - Welcome and introductions - No amendment were made to the last minutes. 	
Partner Updates	<p>IMC:</p> <ul style="list-style-type: none"> - From September the outreach programme downsized to be only in Amman. Previously it was in Irbid, Mafraq and Zarqa too. - IMC will now have 8 CHVs in Amman working 4 days/day x 5 days/week - In Azraq, IMC is starting an outreach programme. There will be 20 CHVs to begin with and another 10 later <p>IRC:</p> <ul style="list-style-type: none"> - 2 PHC clinics are operating in Mafraq and Ramtha - A mobile clinic is also operating in Mafraq with 1 midwife, a Dr, a nurse and a health officer - The UAE is funding a 12 month (from 1st Oct till 30th Sept 2015) community health project in Mafraq and Irbid with 40 CHVs in each location. - It will commence in Mafraq and in November it should start in Irbid. Recruitment of CHVs will be done through community interviews and people must be literate and able to use tablets - The CHVs will focus on NCDs, RH and hygiene messages and will refer to the mobile clinic - Target population will be mostly female Syrian refugees - IRC is looking for a consultant to develop the training materials and job aids <p>Medair:</p>	

	<ul style="list-style-type: none"> - Working in Irbid, Mafrqa, Zarqa, Jerash, Ajloun and Amman conducting MUAC screening, IYCF training and outbreak prevention (EPI vaccination) - Medair is planning to expand into GBV (volunteers & staff are currently being trained in the Amani campaign) and maybe into NCDs as well <p>JHAS:</p> <ul style="list-style-type: none"> - JHAS has new agreements with the private sector to decrease the pressure on public health hospitals - In community outreach they have 10 CHVs for the whole country rotating through the governorates but for 2015 they hope to increase their number of CHVs <p>Save the Children Jordan:</p> <ul style="list-style-type: none"> - 2 new partners: <ul style="list-style-type: none"> o Ministry of Development in 20 centres. Targeting 100 pregnant and lactating women per centre. o Greater Amman Municipality. Once the locations are agreed upon SC will target 100 to 2000 pregnant and lactating women per location <p>JRCS/IFRC:</p> <ul style="list-style-type: none"> - CBHFA (Community Based Health and First Aid) trainers are currently in a TOT on NCDs for 3 days. Next week the trainers will train the 70 CHVs in all 5 governorates. - The CBHFA project funding period will end on 15th November but hopefully more funds will be approved for 2015 so that it can continue 	
<p>Incentives for CHVs</p>	<ul style="list-style-type: none"> - A discussion ensued about how much organisations are paying their CHVs - At least 3 organisations are paying the previously agreed upon 10 JD/day for 4 hours per day which demonstrated that this agreement has had a positive impact - One organisation whose volunteers work for 6 hours/day is paying more - In some organisations they pay differently for Syrians and Jordanians - Other organisations who were not aware of this are now also going to consider paying the same 	
<p>Care of the newborn</p>	<ul style="list-style-type: none"> - Jacinta relayed the discussion between Midori Sato from UNICEF, Ann Burton and herself regarding the feasibility of introducing Care of the Newborn activities in regular CH activities - IRC, SC, IMC and JRC all agreed to incorporate Care of the Newborn messages and activities - Medair will see if they can also incorporate messages and activities for this 	
<p>Challenges and Gaps</p>	<ul style="list-style-type: none"> - It was reported that there is a lack of follow up for people who have returned home from clinics/hospitals after being referred - Refugees are struggling to get assistance for complicated health cases such as cancer - Some organisations working in community health may not know about the CHTG 	<ul style="list-style-type: none"> - Jacinta to contact Handicap International to know about their CH activities and to invite them

HH Visit form	<ul style="list-style-type: none"> - Currently the combined form is 7 pages long so it needs reducing. Even though all agencies need to collect data, we should be careful to collect only what is really necessary and what can be used. - Definitions of some categories e.g. 'vulnerable' need to be included - Explanations for some categories should also be included so that we can remember why we have left them in 	<ul style="list-style-type: none"> - Jacinta to see with other organisations regarding a definition for 'vulnerable'
Mapping of services	<ul style="list-style-type: none"> - A request was made that if any organisation has done any mapping already of areas they work in, could they please share it with the group? - The National Council for Family Affairs used to have a website that listed/shared information about CBO services. This needs to be looked into again. 	<ul style="list-style-type: none"> - Jacinta to follow up with PU-AMI for the mapping they did in Amman - SC will hopefully share their mapping done in Amman
Future of CHTG	<p>In discussion with the group, everyone would like to see the CHTG continue beyond its original scope as they feel it is useful for sharing information about activities, sharing resources and ideas.</p>	<ul style="list-style-type: none"> - Jacinta to discuss with Ann Burton
Chair & Co-chair Positions	<p>Given that the participants of the group would like the CHTG to continue, it was decided that the positions of Chair and Co-chair should be rotated so a vote will likely be held at the next meeting</p>	
Next meeting	<ul style="list-style-type: none"> - A special meeting was proposed for Tuesday 28th October from 11am to 1pm <ul style="list-style-type: none"> o To present all thematic groups: GBV, Mental Health, Reproductive health, IYCF, NCDs, Hygiene, Immunizations - Next regular meeting will be on 19th November 2014 at 11am <p>Proposed Agenda for the next meeting:</p> <ul style="list-style-type: none"> - Finalize a ToR for CHV supervisors - Vote for a new chair and co-chair for the CHTG - Continue to revise changes to HH visit form - Start the discussion regarding minimum standards for training CHVs and training tools 	