

## MINUTES OF MEETING

<b>Title</b>	<b>Community Health Task Group (CHTG)</b>		
<b>Date</b>	21 <sup>st</sup> January 2015	<b>Place</b>	JRC Jordan
<b>Chair Minutes &amp; co-chair</b>	Jacinta Hurst, Health Coordinator, IFRC Elsa Groenveld , Health and Nutrition Manager, Medair		
<b>Attended</b>	Dr Atef Ajarmeh, Health Coordinator, Jordan Red Crescent Hiba Hayek, Senior Public Health Assistant, UNHCR Anthony Dutable, Programme Coordinator, PU-AMI Dr Suhaib Ajlajlan, Med Co Assistant, MSF France Valentina di Grazia, Mental Health Coordinator, MDM	Ola Sharif, Community-Health Manager, IMC Omar Al Amr, Community Health Officer, IMC Dr Fola Ogunbowale, Health Coordinator, IMC Dr. Dalila Camargo, Field Coordinator, IOM Rabaa Sarhan Transit Centre Hani Halaseh, Staff Nurse, IOM	

ITEM	POINTS	ACTION POINTS
<b>Welcome</b>	Welcome and introduction Action points from previous meeting have been discussed	
<b>Pre meeting on new-born care</b>	<p><u>Training:</u></p> <ul style="list-style-type: none"> <li>Gaps in existing training package Save the Children: Care of umbilical cord, danger signs in pregnancy and newborn. ANC info and TT vaccine.</li> <li>The trainers will depend on which curriculum is used</li> <li>Train trainers and then they will train the CHVs</li> </ul> <p><u>Implementation:</u></p> <ul style="list-style-type: none"> <li>Proposal to develop small information sheets to explain to beneficiaries what supportive home visits by trained CHVs means. These can be disseminated through CHV networks, ANC networks/ health facilities and CBOs</li> <li>Identification of pregnant/postnatal women can be done through the ANC/PNC network. To obtain informed consent from women to receive home visits by CHVs</li> <li>Discussion on gender of the CHVs: probably easier to work with females, but we have to take into account that males can be used as well, to convince male</li> <li>Frequency of visits: 2 ANC and 3 PNC in the first 7 days.</li> <li>Newborn kits: if we give out kits only to Syrians it will cause problems. It would be good to use vulnerability criteria (VAF) and include host community.</li> </ul>	<ul style="list-style-type: none"> <li>To find out more on newborn kits from Unicef</li> </ul>

	<p><u>Suggested indicators (but to be researched further):</u></p> <ul style="list-style-type: none"> <li>• # of supportive ANC/PNC home visits conducted by CHVs</li> <li>• # of women who delivered who had received a home visit by a CHV</li> <li>• # of babies seen on a home visit with suspected cord infections</li> <li>• # of referrals made by CHVs/# of referrals received by clinics from CHVs</li> <li>• # of children &lt; 6 months that are EBF</li> <li>• # of caregivers that received appropriate IYCF education</li> </ul> <p>Ola (IMC) will do some extra research on indicators and feedback to Jacinta and Elsa next week</p>	
<b>3RP sector response</b>	<p>Community health objectives and indicators for 3RP were sent out by Ann Burton and discussed within the group. No objections</p> <p>Prioritized indicator for the CHTG working group = Number CHVs trained <b>and</b> active Members have to report on this one in Activity Info. The other objectives are optional if they are applicable to your agency and activities.</p>	
<b>Community Health Matrix</b>	<ul style="list-style-type: none"> <li>• The Community Health Matrix is uploaded to the UNHCR portal: <a href="https://data.unhcr.org/syrianrefugees/download.php?id=7807">https://data.unhcr.org/syrianrefugees/download.php?id=7807</a></li> <li>• CH gaps geographically: <ul style="list-style-type: none"> <li>○ Zarqa, Salt and Amman – lowest numbers of CHVs per registered Syrian refugee</li> <li>○ Madaba and Tafilah – no known CHVs/organisations working in CH in these areas</li> </ul> </li> <li>• IOM comments on Syrian refugees in Balqa – the majority are living inside the farms and are very difficult to access. IOM did mapping in Nov-Dec 2014 polio campaign. More information needed.</li> <li>• Lots of movement of refugees because of weather conditions: people moving to warmer weather and where there is work.</li> </ul>	<ul style="list-style-type: none"> <li>• PU-Aml (Anthony) will send an update about their CHVs and in which locations they volunteer</li> </ul>
<b>Links to useful information</b>	<ul style="list-style-type: none"> <li>• UNHCR Services Advisor: <a href="http://data.unhcr.org/jordan/services-advisor/">http://data.unhcr.org/jordan/services-advisor/</a></li> <li>• UNHCR Service Guide – will be sent as an attachment</li> </ul>	
<b>Agency updates</b>	<p><u>PU-AMI</u></p> <ul style="list-style-type: none"> <li>• PU-AMI is planning for their volunteers to do more on health related topics.</li> <li>• Currently the project has community safe spaces in Amman, Zarqa, Balqa, and Jerash and they offer services related to protection, legal counselling, proper documentation for UNHCR registration, WFP appeal assistance, specific winter cash assistance, urgent cash assistance based on vulnerability, unconditional cash assistance to help with paper work (MOI card etc.)etc.</li> <li>• There are outreach teams in all 4 governorates, working together with Handicap international.</li> </ul>	

#### IOM

- IOM is working in Raba Saharn transit centre providing emergency vaccinations for Polio, measles and Vit A. They also assess fitness to travel and if medical care is needed people are sent to ICRC.
- There is an IOM TB team covering all of Jordan, including in the refugee camps, providing DOTS (Directly Observed Treatment Short Course) and increasing TB awareness amongst Syrian refugees. Their aim is to detect more TB cases and to ensure completion of treatment. IOM also does TB screening including MRI scans and biopsies.
- IOM can provide information sessions for both medical and non-medical staff in organisations.
- IOM has TB IEC materials available.
- 172 TB cases cumulative since March 2012 plus/including 4 MDR cases.

#### MSF France

- No community outreach team. MSF France is attending this meeting to know more about what is going on in different areas.
- Currently MSF France has 2 projects:
  - Surgical reconstruction for the region including orthopaedic and burns at tertiary level in Amman. They are moving out of JRC to El Masha hospital in Merka in January/February 2015.
  - A maternity and psychosocial project in Irbid.

#### Medair

- There are 22 CHVs in 6 northern governorates covering IYCF mainly

#### MdM

- Continues with the same activities as in 2014: 3 PHC and reproductive health clinics. 2 in Zaatri will be merged in district 5, and 1 in Ramtha will be open until the end of this year.
- In Ramtha 8 CHVs discuss everything about health and refer to MdM or other clinics.

#### IMC

- In Amman - only dealing with Iraqis. Providing awareness sessions in CBOs on GBV and mental health and early screening of breast cancer (grant is only for Iraqis until the end of August).
- UNHCR (Hiba) reported that Iraqis can have access to health services through JHAS Madina clinic within UNHCR.

#### Jordan Red Crescent/IFRC

- Main funding ended in November 2015 but now has short time funding until February. 36 CHVs have been reactivated in Jerash, Amman and Mafraq. Hopefully will have more positive news on funding at the next meeting.

#### JRC/German Red Cross

- CHV program in Irbid with 25 CHVs

	<p><u>IRC</u></p> <ul style="list-style-type: none"> <li>• 40 CHVs in Irbid and 40 CHVs in Mafraq</li> </ul>	
<b>How to reach more people in the community</b>	<p><u>Brainstorming on how to reach more people:</u></p> <ul style="list-style-type: none"> <li>• CBOs - take into consideration that often the same beneficiaries come to each activity</li> <li>• Community leaders - they are aware of newcomers, they can link people to teams</li> <li>• Youth clubs, schools, sporting events/clubs, religious groups</li> <li>• Through the Municipalities</li> </ul>	
<b>Next meeting</b>	<p><b>Wednesday 18<sup>th</sup> February 2015 from 11am till 1pm at Jordan Red Crescent</b></p> <p><b>Proposed Agenda for the next meeting:</b></p> <ul style="list-style-type: none"> <li>• PU-Ami to share information re Protection MoI services cards.</li> <li>• Update on the plan for training CHVs in prenatal and postnatal home visits for Care of the Newborn</li> <li>• Thematic groups - personal hygiene and review the RH messages from the RH SWG</li> <li>• HH visit form</li> <li>• Activity info updates</li> </ul>	
<b>2015 Plans</b>	<ul style="list-style-type: none"> <li>• Update the IEC matrix and have the revised version uploaded to the UNHCR portal</li> </ul>	