

MINUTES OF MEETING

Title	Community Health Task Group (CHTG)		
Date	July 13 2016	Place	IRC Amman
Chair Minutes & co-chair	Co- chair: Elsa and Caroline Minutes: Caroline		
Attended	Maisa Elian - MoH Miki – IFRC Amelead Youssef – Save the Children Jordan Ameeneh –Yaqoob – MdM Ranad Al-Fakkoury – Caritas Aseel – IRD Hana – IRD Leen – PU-AMI Betsy – UNICEF Mika – IFRC Ibrahim JRC	Shereen – JICA Rowan – USAID Maha – IOCC Ruba Fakhoury – Operation Mercy Rawa – JHAS Suzan – HSDA Anwaar HSDA Fadi Oweis – IMC Nawall Najjar – IRD Kaina Homma – JICA	
Apologies			
ITEM	POINTS	ACTION POINTS	
Agency update	<ul style="list-style-type: none"> IRC update – 120 CHVs - visit HH every 2 months, ben IRC works in Mafrq And irbid governorates and has currently 120 CHVs. CHVs identify HH in their neighbourhood with vulnerable individuals (PLW, NCDs, disabled) and other interested in learning more to improve their health. Each CHV has 100-110 HH and they visit these every two months (or every month for HH with vulnerable people). CHVs talk about core public health and Reproductive health topics and link those HH with services available to them, particularly IRC mobile clinics CHVs are Syrian and Jordanian and they serve Syrian and Jordanian HH IRD urban: Health Services for Iraqi and Syrian Refugees (BPRM funded) 68 volunteers in 9 governorates Amman, Zarqa, Irbid, Mafrq, Ramtha. Linking beneficiaries to MoH/ other health services – trainings to increase capacity. Tablets will be activated in September IRD Zaatari: started 2013 – now 80 CHVs w 6 officers. Link refugees with services in the 	<p>IRD urban will send tablet based forms to co-chairs for review IRD Zaatari will share the CHV TOR Elsa share the 4W w USAID to see if they can input into it too Miki will send the 1-pager for the meeting minutes (JRC;IFRC;GRC) =done Maisa/MOH will send case management protocols to Elsa JICA will be calling meeting for the</p>	

	<p>camp (home visits, referral, follow up). NCD, RH, EPI. Started working w JHAS and UNFPA for ANC/PNC cases. Receive list weekly and follow up on people who don't show up to appointments.</p> <ul style="list-style-type: none"> • JICA: with MOH directly, started in April, working closely with MCH in MOH. Irbid, Mafraq, and parts of Balqa. Works w VHCs to introduce pills and condoms at VHCs. Also planning on having the mobile clinic. JICA is doing PSS for people with disabilities who have experienced trauma, through peer support. JICA welcomes other agencies to see their activities. • USAID: Health Service Delivery, project for 5 years, doing assessments. Target communities around the health centres and use community health communities (CHC) – Amman, Zarqa, Mafraq, Karak and Irbid • USAID JCAP for FP across the country; 2 NGOs (CCSAS; GUVS are implementing agencies). 144,000 new women reached each year. Refer to MOH and private doctors (for people who have problems accessing MOH or prefer female doctors). • JRC (IFRC and GRC supported): community based health and first aid. Working in Jerrash, Amman, Madaba, Balqa and Irbid (GRC). 120 active CHVs under IFRC and another 30 in irbid (GRC). Having difficulties to find volunteers (goal is 150). Activity-wise, only 8 activities per month (minimum; home visit, community campaign, anything to reach the people in their community). Trained in BCC, first aid, NCDs, other. GBV, CP, PFA training as well. Quality assurance is another challenge. • MOH (from MCH): have many PHC and clinics (800 health centers and 461 are also mother and child health centers; others are standard clinics with GP and pharmacist). PHC directorate, MCH directorate are working to achieve the MDG to decrease neonatal death. Working to produce guidelines for neonatal care, including policies and procedures for reducing NMR and MMR. Working with JICA and USAID-funded projects. MOH has 10-12 primary-health-type directorates. They don't have any collaborative meeting between the directorates (acknowledge this is a big issue). Maisa/MCH MOH requests that we send them our reports. • Question from MoH: What do volunteers do if they identify domestic violence during HH visits? MOH can give case management policies – Maisa will send them • IOCC: health and nutrition. Children under 18 with disabilities; 5 centers in Jordan (Irbid, Balqa, East Amman, 2 Jordan Valley). Implement through Holy land Institute. In each center 10-15 community based rehabilitation workers (trained in IDing disabilities). CBR workers do screening assessment, and then refer to specialist (PT, OT). Diagnosis and then treatment (hearing or visual aid) (MOH has three early detections for disabilities in the same working areas). Also self-help group for parents of CWD. IOCC accept referrals from 	<p>RHSWG curriculum group? (Shereen) MOH and IOCC should meet together to discuss overlaps. IOCC sends email with how orgs can refer to children with disability program</p> <p>IMC will share TOR CHVs</p> <p>If IMC wants to be trained, they can send an email to co-chairs with request Operation Mercy is interested in trauma trainings/ PFA – Elsa will share info with Ruba</p> <p>Operation Mercy, MDM and HSD should link up and discuss their assessments.</p> <p>USAID and Save can talk about breast feeding and anaemia overlap</p>
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	<p>other agencies</p> <ul style="list-style-type: none"> • PUAMI – 2 CBOs to work with health, education, protection. Call ‘community volunteers’. They do health messages and case management. Refer to CH facilitator inside PUAMI or externally to other clinical providers. East Amman and Zarqa • IMC Azraq: 21 volunteers (increasing in near future). Updated training materials and new training on CD and NCD and roles and responsibilities in the community. HH visits for general health and hygiene issues. Refer to clinic in Azraq (EPI, clinical) also coordinate with other NGOs in the camp. Introduce community to the clinic and its services. New documentation process (want more data from HH visits and referrals. Also planning community events (spread awareness for services). Collected data about what hearing/visual aids people need. • Caritas: Syrians, Iraqis, Jordanians and migrants covered. Surgeries, drs visit, med equipment, counselling sessions, MCH services, chronic patients. New activity by end of July (awareness campaigns on pregnancy, health issues before and after delivery, breast feeding, breast cancer, HIV) w MOH. Hopefully will target 6000 by December • Operation Mercy: new and want to assess needs. Starting to do medical days in Zarqa, Amman, East Amman. No NCD, just basic medical treatment. Sometimes take referrals. Training on smoking cessation, stress management, non-pharma home based treatments 	
	<ul style="list-style-type: none"> • MDM: back in the game. Looking to see what the health sector needs; in mapping process. • Save: anemia screening (Cu5 and women of child bearing age) in south and central Amman. Doing trainings for CBOs and MOH in July-August. Planning breast feeding week in August • Medair: has provisional funding for after 2016. CH outreach to Syrian and Jordanian HHs. 69 CHVs do awareness raising on RH, newborn care, maternal care, immunization, SGBV. Refer for any medical care. Visit during pregnancy and after delivery; educate to go to ANC and PNC (at MOH). Also cash for health program for delivery (normal or CS). Also started PSS component (ID beneficiaries through CHVs). Basic counseling but also if cases need treatment/more intensive counseling they refer out. 	
Training	<ul style="list-style-type: none"> • Medair provides PFA trainings • IMC may want CH trainings, but need to ID exact needs. 	
4W	<ul style="list-style-type: none"> • New agencies are highly encouraged to fill out and update the 4W document • Can be used for proposals and planning purposes 	Elsa will send with minutes for organisations to update
	<p>Next meeting August 10, 11-12:30 Agenda will be shared in advanced</p>	

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