

MINUTES OF MEETING

Title	Community Health Task Group (CHTG)		
Date	17 June 2015	Place	IFRC (apologize that we had to change the meeting room last minute)
Chair Minutes & co-chair	Co- chair: Elsa Groenveld, Medair Minutes: Caroline Boustany, IRC		
Attended	Jacinta Hurst, Health coordinator, IFRC Akram Al_Khamnas, Project officer, Jordan Red Crescent Muna Hamzeh, Programme Manager, IRD Caroline Boustany, Health Coordinator, IRC Dr Atef Ajarmeh, Health Coordinator, Jordan Red Crescent Society Claire Merat, Project manager protection, PU-AMI Randa Kuhail, Mental Health and Care Practices program manager, ACF	Dan Osnato, Programme Coordinator, PU – AMI Christine Mikel, Health and hygiene program, Operation Mercy Amalia Mendes, M&E officer, Terre des Hommes Italy Hania Bsharzt, Health Projects coordinator, Caritas Jordan Ranad Al-Fakkoury, Awareness unit facilitator, Caritas Jordan Nesren Al-Soudi, Community Mobilization officer, Medair Doaa Alsouri, Outreach officer, Oxfam GB	
Apologies			
ITEM	POINTS	ACTION POINTS	
Welcome	Welcome and introduction <ol style="list-style-type: none"> 1. review feedback from agencies on volunteers – payment – contracts – and the Jordan law, please feedback from your agency 2. Vote for chair/co-chair 3. Discussion about sustainability in community work 4. Update on TOT Home visit in the antenatal and postnatal period with a focus on the care of the newborn” 		
review feedback from agencies on volunteers payment contracts	Points that came out of the discussion: There is a labour law, but no law directly about volunteers What is the consequence of giving CHV contract for agencies? In labor law, there is nothing on volunteers, definition of work ‘definition = effort for remuneration for indefinite period/seasonal/definite basis. (Get actual words from PUAMI). <ul style="list-style-type: none"> - compensation of transport is not considered remuneration - make difference from private society/profit, and NGO/non-profit. - The application of law is less strict with NGOs. 	PU AMI will share legal documents with group Everyone contact their HR officer/ manager volunteer to discuss ‘ToR/contract’ question. To give input for the HR Working group.	

	<p>Would be better not to give contracts, but rather Terms of Reference that outline all the -if they do have contracts, you step into social security etc.</p> <p>Caritas has a centre for volunteers, volunteers get training, courses (mgmt., computers, English), then they recruit people from that pool for Jordanians</p> <ul style="list-style-type: none"> - Syrian and Iraqis are part of field teams that work in centres, but can't be employees - 6 centres outside of Amman, as well as some in Amman - reimbursed for transport and snack - do awareness sessions in schools, parishes, communities - have 1500 volunteers that get training but no money; get remuneration <p>Summary:</p> <ul style="list-style-type: none"> - nothing in labour law that is clear on volunteers - Question is still if they are not allowed more than 16 days a month. Many NGOs say we shouldn't let them work more than 16, otherwise we have to give them contract, but no evidence were this comes from - open to interpretation of each judge – there are a few cases with volunteers (ie more than 8 days = work in one case) - Generally, we are on the all participant in today's CHTG meeting on the same side that if we fully document them, show that they are volunteers, and then we should be fine. <p>- HR working group for NGOs has put this volunteer issue on their agenda</p>	
<p>Vote for chair / co-chair</p>	<ul style="list-style-type: none"> - As discussed in last meeting Jacinta (IFRC) can't keep with chair position as she has two roles in her own organization. Elsa (Medair) happy to co-chair, but needs to have a partner (other co-chair to divide roles when one is traveling etc.). Hiba from SCI said last meeting she wanted to help, but today she is not able to join - There's a TOR for the chair position. <p>Main tasks are:</p> <ul style="list-style-type: none"> - A lot of following up with members, some meetings with members - meeting minutes and chairing the CHTG meetings - Some action points for following up. A lot of work was the TOT newborn care and homevisits (not finalised yet) - Mapping at governorate/district level, interagency referrals, IEC matrix. Review strategy, terms of reference. - Meeting has continued over past 1.5 years. Participants want to continue - PUAMI would be interested in co-chairing, but their position is a bit tricky since they don't have a 	

	<p>community health activities. Hopefully in the future PU-AMI is able to get funds for Community Health. PUAMI is involved in the group, with inputs, etc. they do community based interventions</p> <ul style="list-style-type: none"> - IRC may be interested in chairing in the future. - IFRC has always been the chair, since the beginning of the CHTG - Chair or co-chair has to give an update at the health sector meeting. - For this month, Elsa will be acting 	
<p>Sustainability – how can we keep community health work sustainable?</p>	<p>Points that came out of our discussion: (this was a brainstorm)</p> <p>Most agencies have both Jordanians and refugee CHVs and pay some kind of allowance/incentive Question is, how do we keep the Community Health work sustainable and keep volunteers motivated.</p> <ul style="list-style-type: none"> - maybe ‘true’ community volunteers who don’t leave their community don’t have to be paid, but think of it through an economic recovery lens, incentive give some income to Refugees and Jordanians - educational background – important to invest in education - training focused / let them learn something that they can use in the future enhance the spirit of volunteerism <p>-In the past, for example in Zaatari, there was no selection process, just a ‘collecting’ of volunteers. It is for the future important to enhance the spirit of voluntarism and to make sure we have the right volunteer in the right volunteer position and to make sure to focus on capacity building. Teach them to fish instead of giving them a fish.</p> <ul style="list-style-type: none"> - Interviews volunteers – have to make sure we are using the right selection criteria. Be able to do activities without being paid; need to select activities that don’t require pay (eg elderly women with a lot of time who can host a tea); Jordanian youth who have time. 	
<p>Brief organisational updates</p>	<p>IRD</p> <ul style="list-style-type: none"> • 60 volunteers – all qualified health volunteers, know how to do BP, health sessions, refer patients to MOH facilities. Go with them to MOH, fill in paper work • Some volunteers have been there since the beginning of IRD in 2007. <p>ACF</p> <ul style="list-style-type: none"> • Doing support groups for mothers in Irbid in the past. These mothers are able to work without being paid. Others even gathered without ACF actively gathering them. Question came up how do you make sure this discussion continues/sustainable? Make sure you have leaders in each group who will carry it on without financial benefit. Using M+E tools 	

	<p>Medair</p> <ul style="list-style-type: none"> - Community health officers, hire volunteers in communities and do health awareness at HH level, CBOs and one hospital. For data collection and monitoring they use tablets (ODK) <p>Operation Mercy</p> <ul style="list-style-type: none"> - Work in Zarqa with volunteers, and have a clinic. In case of emergency payment for health care <p>IFRC has ‘true’ volunteers that don’t get incentive pay.</p> <p>Jordanian Red Cross has ‘true’ volunteers, as well as selected people who are reimbursed for doing community activities/CBOs etc</p> <p>Some organisations pay differently between Jordanians and Syrians, Question: what is the rationale?</p> <ul style="list-style-type: none"> • Medair had a difference in the past of 4 JOD per day, but now the incentives are the same for Jordanian and Syrians as it doesn’t feel fair but discriminating to pay less to Syrians instead of Jordanians for the same work • Other participants agreed on this. <p>MOH/Dr Sahar has been involved in the past in the CHTG, but not for the last couple of months MOH/Dr Malak is also interested in being involved in TOT/community health and she is added now to the mailing list.</p>	
<p>Update on Care of Newborn training ToT</p>	<ul style="list-style-type: none"> • 8th June, Jacinta (IFRC), Heba (Save Jordan), Elsa and Heba (Medair) had a meeting with Dr. Malak (MCH-MoH) to discuss more on the ToT on new-born care and home visits and handed over the training materials. Now Dr Malak is comparing the training materials with that that MOH already has. (Training is based on WHO guidelines, international and national guidelines etc.) • IRC, Medair, Save, IFRC came together and created training package for home visits for new-born (AN and PN health) • UNICEF is willing to fund a TOT for home visits for new-born/maternal care. Need for endorsement from MOH • Current situation there is no follow up in the community once the baby goes back to the house in most areas • MOH has expressed that MoH facilitators need to be used. • MOH staff are more than welcome to attend, but not possible to give them extra allowances • Feedback from MoH expected before 1st of July, Elsa will follow up with MoH 	
<p>OCHA ERF proposal</p>	<p>Call for proposal has been sending out through the health sector working group. All participants have received the call.</p>	<p>Elsa will send out the matrix were each NGO/agency works in CH and</p>

	Major gaps in community health is the South of Jordan and Zarqa, Balqa and Amman At least to agencies are applying for CH in Zarqa!	then all agencies have to update this (Done – Elsa send email and updated version)
Next meeting	Wednesday 29th July 2015 from 11am till 12.30pm at Jordan Red Crescent Proposed Agenda for the next meeting: <ul style="list-style-type: none"> • Updating matrix who is working were and doing what? • Brief update regarding the ToT on home visits for ANC, PNC and care of the new-born • Feedback on mapping CBOs per governorate • Continuation on CHV incentives – contract (if we have feedback from HR working group) • Open for other agenda points 	

Community Health Task Group Contact List – Updated 17th June 2015

Name	Agency	Position	Email	Phone number
Jacinta Hurst	International Federation of Red Cross and Red Crescent Societies (IFRC)	Health Coordinator	Jacinta.hurst@ifrc.org	0790 224 853
Elsa Groenveld	Medair	Health and Nutrition Programme Manager Co-chair of the CHTG	Healthpm-jor@medair.org	
Heba Seder	Medair	Health and Nutrition Officer	Nutrition-jor@medair.org	
Dr Atef Ajarmeh	Jordan Red Crescent Society (JRCS)	Health Coordinator	atef.ajarmeh@yahoo.com	0790 759 809
Mousa Jawasreh	JHAS	Medical Consultant	President.assistant@jhas-international.org	
Dan Osnato	PU – AMI	Programme Coordinator	jor.progco@pu-ami.org	0778 414 704
Heba Ebbini	Save the Children	IYCF Coordinator	IYCF-community@savethechildren.org.jo	

	Jordan			
Rami Hijazeen	International Rescue Committee (IRC)	Community Health Manager	Rami.hijazeen@rescue.org	
Omar Al Amr	IMC	Community Health Officer	oalmr@InternationalMedicalCorps.org	
Mahmoud Homsy	MDM	Medical Officer	Medofficer.mdmjordan@gmail.com	
Dina Jardaneh	UNHCR	Assistant Public Health Officer	jardaneh@unhcr.org	
Christina Duschl	German Red Cross	Programme Coordinator	duschl@grcmideast.org	
Akram Al_Khamnash	Jordan Red Crescent	Project Officer	akram.grc.jrc@gmail.com	0796 535 868
Muna Hamzeh	International Relief & Development (IRD)	Project Manager	muna.hamzah@ird-jo.org	0798 899 474
Heather Allardyce	ACTED	Social Mobilisation Programme Manager	Heather.allardyce@acted.org	
Ingrid Leroy	Handicap International	Rehab Technical Advisor	Rehab.ta.id@hi-emergency.org	
Christine Mikel	Operation Mercy	Health and Hygiene program	Christine.mercysweden@gmail.com	078 998 1908
Caroline Boustany	IRC	Health coordinator	Caroline.boustany@rescue.org	077 506 3326
Amalia Mendes	TdH - Italy	M and E officer	a.mendes@thditaly.org	0797 621 785
Hania Bsharzt	Caritas Jordan	Health projects coordinator	haniab@caritasjordan.org.jo	0775 444 541
Ranad Al-Fakkoury	Caritas Jordan	Awareness unit facilitator	awarenessunit@caritasjordan-info.jo	0790 305 130
Claire Merat	PU-AMI	Project manager protection	Jor-protectionpm@pu-ami.org	0778 414 703
Randa Kuhail	Action Against	Mental Health and Care	Mhcppm-ir@jo.missions-acf.org	0785 031 238

	Hunger	Practices program manager		
Nesren Al-Soudi	Medair	Community Mobilization officer	Cmo-jor@medair.org	0795 016 412
Doaa Alsouri	Oxfam GB	Outreach officer	dalsuri@oxfam.org.uk	0790 219 647