MINUTES OF MEETING

Title	Community Health Task	mmunity Health Task Group (CHTG)					
Date	18 th February 2015	Place	IFRC Jordan				
Chair Minutes & co-chair	Jacinta Hurst, Health Coordinator, IFRC Elsa Groenveld , Health and Nutrition Manager, Medair						
Attended	Anthony Dutemple, Program Aude Morille, Health Adviso Dr Suhaib Ajlajlan, Med Co Valentina di Grazia, Mental Mousa Jawasreh, JHAS	or, PU-AMI Pa Assistant, MSI	ris France		amme Coordinator, German Red Cross ealth Promotion and Protection officer, Oxfam		
ITEM	POINTS				ACTION POINTS		
Welcome	Action points from previo		eting have been discussed				
Update on Care	· · · · · · · · · · · · · · · · · · ·						
Newborn trainin	training packages available and to finalize plans for the training. The topics and timing decided upon were:						
	 Training of trainer si Counselling & comm Antenatal care = 120 Pregnancy & nutrition Preparation for safe Danger signs in pregion Postnatal care & fant Essential care for ne Immunizations = 45 IYCF & breast feeding TOTAL = 27 HOURS Dates: 						
	The ToT was pro	The ToT was proposed to be held from Sunday 15 th to Thursday 19 th March and this was					

	confirmed in the CHTG meeting. Venue: IMC offered to see if it would be possible to hold the training in their training rooms (this has been confirmed now) Trainers: Trainers will be depend on the training packages used IFRC will put try to put something together for the ToT sessions as no agency seems to have a ready-made ToT package Counselling and communication skills – PU-AMI will send something from WHO (Africa related) Trainees: Maximum of 30 MdM - 2; PU AMI - 3; IMC - 4 or 5; JHAS – 2; JRC/German RC- 3; Medair – 4; JRC/IFRC – 5; IRD - 3 Still to provide numbers: IRC and MoH Practical sessions for breast feeding: MdM, PU Ami, IMC and JRC can arrange the practical sessions themselves. Pending tasks: Planning the implementation steps including reporting Need for follow up after 6 months Indicators – Jacinta to work on these	Muna, IRD will look up material on Maternal and newborn care from MoH from the past and share it with Jacinta and Elsa
Presentation PU- AMI, Anthony	<u>KAP survey report:</u> Preliminary results showed that there are many barriers to accessing PHC and that people do not have complete knowledge about various processes to do with registration, including the option of fast track registration. After donor approval the report will be shared.	
Agency updates	 Only new agencies gave updates at this meeting: Oxfam attended for the first time. Previously they were working in Balqa and ITS in Zarqa. After they receive approval they are planning to continue their work in Balqa and Zarqa. Their main activities will be public health promotion, awareness and hygiene vouchers. Acted has been approached by Jacinta and she will meet with them next week to know more about their community hygiene promotion activities. They also expressed an interest in coming to the next CHTG meeting Jacinta has been in communication with Handicap International but they have not yet been able to attend one of the meetings Caritas is apparently working in Madaba in community health but we have no details 	 Noor al Hussein Foundation / to contact / FP To continue to try to reach out to organisations working in community health/hygiene promotion e.g. Caritas and others

Other discussions	 Referral booklet: It was suggested that a referral booklet for community volunteers would assist them with knowing where to refer to for different issues, even outside of health. It could include local agencies and NGOs working in the area Thermal care for newborns: It was discussed about the importance of keeping babies dressed warmly in this very cold weather as often they, and young children, are seen without socks and hats. There was also concern that babies could be kept too warm. Information is to be shared with the CHV teams by each agency. 	To discuss further at the next meeting
	 CHTG Meetings at Governorate Level: It was proposed for a one off CHTG meeting between the agencies working in each governorate to k now exactly where each agency is working and their modalities of working. E.g. how they cover a whole governorate with the number of CHVs they have, sharing of information, links to CBOs etc Activity info: Agencies entering information on Activity Info are MdM, PU-AMI, IRC, JHAS and JRC will start again with February activities 	
Thematic groups	 Hygiene messages: Oxfam has a leaflet on hygiene practises in Arabic and will share them IRD will share their leaflets and materials for children with the CHTG e.g. snakes and ladder game, colouring books etc RH and hygienic messages will be shared with the CHTG members and nutrition messages Comment that we should focus on why people need to wash their hands (and when) and to make the messages more visual /practical 	 For CHTG members to give their feedback prior to the next meeting Request for information from MdM on how best to communicate personal hygiene messages to children
Next meeting	 Wednesday 18th March 2015 from 11am till 1pm at Jordan Red Crescent Proposed Agenda for the next meeting: Discuss the idea of a referral booklet for CHVs To plan one off mini CHTG meetings at governorate level to create linkages between agencies at field level and to understand better each agency's modalities of working Planning for a combined community health campaign: theme and methodology to be decided Presentation on using Activity info by CHTG members Review of Maternal and Neonatal home visit Indicators and planning for the implementation and monitoring of MCH home visits 	The state of the s
2015 Plans	Update the IEC matrix and have the revised version uploaded to the UNHCR portal	