

## MINUTES OF MEETING

<b>Title</b>	<b>Community Health Task Group</b>		
<b>Date</b>	08 December 2013	Place	JRCS HQ, Jordan
<b>Chair</b>	<b>Nic Prince</b> , Health Coordinator, IFRC		
<b>Attended</b>	<p>Camilio Valderrama, Regional Health Advisor, <b>International Rescue Committee</b>            Christina Duschl, Relief Delegate, <b>German Red Cross</b>            Ellen Stamhuis, Health &amp; Nutrition Project Manager, <b>Medair</b>            Franz Luef, Isabel Grovas, Assessment team, <b>MSF Holland</b>            Heba Nemer , Nutrition supervisor, <b>Medair</b>            Dr Jill Johnkall, Regional Health Advisor, <b>International Medical Corps</b>            Mashal Al-Hadid, Projects Coordinator, <b>Jordan Red Crescent</b>            Motasem Bani Younis, M&amp;E Officer, <b>Relief International</b>            Nassima Check-Abdoula, Head of Programs, <b>French Red Cross</b>            Muna Hamzah, Health Project Manager, <b>International Relief and development</b>            Ola Sharif, Projects Coordinator, <b>International Medical Corps</b>            Reem Ajlouni, Medical Coordinator Assistant, <b>Medecin Du Monde</b></p>		

ITEM	POINTS	ACTION
<b>Introductions (round table)</b>	<ul style="list-style-type: none"> <li>• IFRC: <b>Nic Prince</b> - Health Coordinator and chair for Community Health Task group. IFRC health activities mostly focusing on Azraq (ERU consortium hospital), assessment on emergency obstetric management in Zaatari and planning for community- based health activities;</li> <li>• IRC: <b>Camilo Valderama</b> - Regional health advisor. Health programs (PHC, RH and GBV Counselling) with urban refugees in clinic in Ramtha and Mafraq. Also Protection related activities in Zaatari camp.</li> <li>• Medair: <b>Ellen Stamhuis</b>, Health and Nutrition Project Manager and <b>Heba</b></li> </ul>	Activity matrix to be developed

	<p><b>Nemer</b>, Nutrition advisor. Projects outside the camp - community-based management of acute malnutrition; In partnership with JHAS, outreach programs, screening, treatment, and follow-up with clinics in Amman, Mafraq, Irbid, Zarqa and Jerash.</p> <ul style="list-style-type: none"> <li>• MSF-Holland : <b>Isabel Grovas and Franz Luef</b>, assessment team ; MSF program at Ramtha hospital providing life-saving surgery for war weapon injuries for Syrians affected by conflict. Assessment of other health needs for Syrians population outside the camps. Assessment recognised poor coverage on NCDs. 4-months incubator program in 2 facilities in Irbid municipality, drugs and RH. Health assessment undertaken to identify community health needs.</li> <li>• MDM France: <b>Reem Ajlouni</b>, 3 PHC centres, two in Zaatari, one in Ramtha: Providing RH, FP, health education and mental health. For next year, planning to have CHW in Ramtha. Currently mental health outreach activities in Zaatari.</li> <li>• Relief international: <b>Motasem Bani Younis</b>, support health sector in the North (Ramtha, Irbid, Mafraq).</li> <li>• German Red Cross: <b>Cristina Duschl</b>, no current health activities but interested in health and community-health related programs for future.</li> <li>• French Red Cross: <b>Nassima Check-Abdoula</b>, Head of programs: planning PHC program in South Amman and CH activities in Amman.</li> <li>• International Relief Development: <b>Muna Hamzah</b>, support to Syrians and Iraqis refugees, referrals to MoH in Amman, Zarqa and Irbid. Health education sessions and development of IEC materials. CHW visit households to inform about services and help them in administrative services and medical services and follow-up.</li> <li>• IMC: Dr Jill Johnkall and Ola Sharif: involvement in health and community-health activities in camps and urban areas.</li> <li>• Jordan Red Crescent: Mashal Al-Hadid, Head of Programs.</li> </ul>	
<p><b>Setting up of the community health task group and</b></p>	<p>Expressed at the Sector Health Working Group of the need to have a focus on community-health in urban settings for both refugees and Jordanians (host).</p>	

<p><b>objectives</b></p>	<p>Agreement for a task group to be established to set-up to review CH strategy and CHW (V) programme.</p> <p>A key programme need is to raise awareness amongst refugees on health education. This can be facilitated through community-health volunteers using a variety of tools and methods available to the international humanitarian organisations, many of whom have extensive knowledge and expertise in community health approaches.</p> <p>A Community-health strategy/CHW program has already been developed by UNHCR as an initial step to move forward. It was agreed as not all participants received or provided feedback for them to provide feedback on the document by <b>Thursday 12 December.</b></p> <p><b>Establish a ToR:</b> Agreed to establish. However it was mentioned that there is one already developed.</p> <p>Agreed objective ‘to harmonise approach’ share tools and find similarities in community health programming.</p> <p>Find a common agreed term for community health worker/volunteer and incentive/stipend range based on role and function.</p> <p>Investigate and engage with MoH to discuss CHW role and whether the role exists within MoH system of health care providers. Recognising that there exists in the community qualified Syrian (and other refugees) health professionals that can informally provide health care but are not able to officially work. At this time can only volunteer so important to ensure correct term and incentive when using CHV/W who are from the refugee community.</p> <p><b>Integration in a global national strategy,</b> need for a general authorization from</p>	<p>IFRC to re-send CH strategy/CNW program to task group for feedback (done)</p> <p>Participants to check and forward to IFRC</p> <p>Discuss options on engaging with MoH (seek advice UNHCR) re employment / recognition of Syrian health professionals</p> <p>Invite representative from the MoH to the next meeting.</p>
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	MoH to work globally in the country.	
<b>Community Health Workers/Volunteer</b>	<p><b>Profile of the CH Volunteers (workers)</b></p> <p>Agreed to have a general consensus and definition on what is the scope of the CHV/W and to have a consistent term describing them (e.g. CHW or CHV?).</p> <p>Activities proposed (or currently undertaken) by CHV/W depends on level of education and training provided. Activities may include (depending on level of qualifications/knowledge) basic health education, health promotion, supervision and follow-up and health assessments. Profiles for engaging CHV/W would be those with interest or experience in health care, social work and can communicate effectively with others.</p> <p>Some current activities undertaken by CHV/W are mobilization for vaccination, screening for malnutrition (MUAC), home visits and referral, health education. No clinical management is undertaken by CHV as they are not licensed health practitioners within the Jordan health system.</p> <p><b>Incentives/Stipend:</b> A CHV/W is not employed and has no contract with the supporting organization. Incentives range from 50 to 80 JOD per week (e.g. Medair). They are termed “volunteers” in community-outreach programs and is based on verbal agreement.</p> <p><b>Wording :</b> the name of CH “worker” :</p> <p>A CH Volunteer/Worker currently has no contract and does not require professional licenses. The agreement between the CHV/W and the humanitarian organization is verbal. Questions regarding responsibilities and accountability.</p> <p>To retain a CH Volunteer incentives are necessary. However questions on how</p>	

	<p>much, ensuring standardization between agencies on 'incentive' type/amount and how to maintain sustainability.</p> <p>It was agreed to have a common term to describe this role but also not to confuse with other volunteers that do other roles and expectations (e.g. Red Crescent Volunteer).</p>	<p>Development of a draft role (job) description for a CHV and share for comments.</p>
<p><b>Mapping of current and planned activities (who is doing what, where )</b></p>	<p>Agreed to develop a matrix to map CH activities and include training curricula, tool-kit and IEC material which can be shared in order to be able to develop a harmonized tool-kit.</p> <p>Links can be created with other sectors and Working Groups (sectors) : e.g. WASH, Cash – integrated approach to access volunteers in these sectors to spread health messages and make the link with other global events like 'global hand washing day', national immunization programme etc.</p> <p>Proposal for this task group to incorporate the NCD portfolio.</p>	<p>Task group participants to complete matrix and share tools etc.</p> <p>Raise with health sector group incorporate NCD task group.</p>
<p><b>AOB</b></p>	<p><b>Meetings:</b> Agreed to meet monthly with ongoing work/communication through e-mail work in-between face to face meetings.</p> <p><b>Chair:</b> Share chairing responsibilities on a quarterly basis.</p> <p><b>Venue:</b> JRCS agreed to use their meeting/board room for the monthly meeting.</p> <p><b>Other Participants:</b> Follow up for participation from Caritas, JHAS, Amman Association, Noor Al Hussein Foundation, and Mercy Corps. As this is a task (working group) need to maintain a functional and active group (representation from each agency involved in community health).</p>	<p>Seek relevant contact person from each of these agencies</p>
<p><b>Next meeting</b></p>	<p>Next meeting the 8<sup>th</sup> January, 11 am at JRCS</p>	

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