

MINUTES OF MEETING

Title	Community Health Task Group (CHTG)		
Date	June, 18 th 2014	Place	Ministry of Health, Amman
Chair Minutes	Jacinta Hurst, Health Coordinator, IFRC Anthony Dutemple, Program Coordinator, PU-AMI		
Attended	Dr. Sahar Jreisat, Assistant GD for Primary Health Care, MoH Heba Ebbini, IYCF Community Coordinator, Save the Children Jordan Suzanne Averill, Regional, WHO Ramaa Cnitak, Regional, WHO	Reem Ajlouni, Medical Coordinator Assistant, MDM Hussein, Al-Dahwi, Health Coordinator, ICRC Mousa Jawasneh, Outreach Officer, JHAS Heba Hayek, Senior Public Health Assistant, UNHCR	

ITEM	POINTS	ACTION POINTS
Welcome	<ul style="list-style-type: none"> - Introduction and welcome - No amendments were made to the last minutes 	
Matters arising from minutes	→ Royal Health Awareness Society (RHAS) could not be invited.	→ Contact will be shared with Jacinta so that they can be invited for the next TG - Done
Partner updates	<p><u>WHO:</u></p> <ul style="list-style-type: none"> - WHO is working on a health services mapping to get better data about gaps. - Data would be useful for donors and MOH. - A new data system has been developed for clinics outside of camps (both MoH and private clinics) - Data will be collected through tablets and could be used for surveillance and referrals - Free tablets will be distributed in clinics in Jordan (MoH & private) outside the camps. - The data collection would last around 20 sec and can be done by any data officer at the health centre. - The system can be shared with others agencies' tablets and can be tailored for other use (for CHV to collect data potentially?) <p><u>Save the Children Jordan:</u></p> <ul style="list-style-type: none"> - Breast feeding week from Aug. 1st to 8th. - STC will visit Ma'an, Aqaba and Karak villages with a caravan. Stay one week in the village and 	→ WHO to make a presentation about this system during the next CHTG.

	<p>come back 3 weeks later.</p> <p><u>JRCS/IFRC:</u></p> <ul style="list-style-type: none"> - Training of trainers in 'Violence Prevention (VP)' held for 19 trainers - The next step is for the trainers to train the 41 CHVs in VP (cover Irbid, Mafraq, Jerash, Ajloun & Amman) 	
The 'Who, What, Where' spreadsheet.	<p>Jacinta compiled the agencies' matrix for Irbid so far.</p> <ul style="list-style-type: none"> - Once all the matrix is compiled for all areas, analysis should be done in order to identify the gaps: <ul style="list-style-type: none"> o Geographic gaps, un/over-covered areas, tools to be developed, localized health issues and key messages adaptation. - How to achieve this: <ul style="list-style-type: none"> o WHO has focal point in Irbid who can be consulted o MoH can support through the health directorates at local level o UNHCR has the exact number of registered Syrians living in 'hard-to-reach' areas o Info can also be shared through the 'health coordination meeting' at governorate level <p><u>Remarks on the matrix:</u></p> <ul style="list-style-type: none"> - Some partners have only Jordanian CHVs or a low number of Syrians. It would be good to have a balance of 50% Jordanians and 50% Syrians to be able to better reach the Syrians - There are some discrepancies in the matrix between 'Training received' and 'Health topics covered' that need to be clarified. It could just be a result of some agencies not reporting all the training received by CHVs. - The length of the activities and the number of households covered (same household at each visit?) are not clearly mentioned. - The outreach and the beneficiaries' selection methodologies are not mentioned. - Most of the agencies are doing household visits but few are involved in mass mobilization campaigns which could reach more people than HH visits alone. - Discussion points included: <ul style="list-style-type: none"> o What would be the best media for Syrians to receive health messages (TV, SMS?) o How could we organize public events in Jordan (advertise in school, in CBOs)? 	<ul style="list-style-type: none"> ➔ Jacinta will send the matrix compiled with all governorates - Done ➔ MoH will contact the health directorates in the governorates ➔ UNHCR will share data on 'hard-to-reach' and number of registered Syrians ➔ WHO will provide Jacinta with their contact in Irbid - Done ➔ Partners to update the matrix with the new information below to standardize the health info. <ul style="list-style-type: none"> o Until when the activities will last (from – until)? o How many visits per HH & the frequency of visits? o Are they the same beneficiaries visited several times? o How beneficiaries are selected and who are they (e.g. registered refugees only or all refugees) ?
Standardized tools	<ul style="list-style-type: none"> ➔ Standardized tools would be annexed to the CH strategy <ul style="list-style-type: none"> o ToR Health committees & CHV supervisors o Home-visit checklists o Data collection tools & key data to be collected 	<ul style="list-style-type: none"> ➔ IFRC/JRCS will provide the ToRs for the health committees and CHV supervisors ➔ PU-AMI, JHAS, STC Jordan, & MDM

	<ul style="list-style-type: none"> ○ Reporting tools: To be developed after home-visit checklists & data collection tools reviewed) ○ Minimum standard for training of CHV & Training tools will be reviewed during the next meetings. 	<ul style="list-style-type: none"> ➔ STC will compile/gather the HV templates & will cross-check with the CHV ToR. ➔ WHO will present the new MoH/WHO tools (tablets) that can be also tailored for CH. ➔ MDM, STC & JHAS will also share their data collection tools.
AOB	<ul style="list-style-type: none"> - UNHCR developed 'posters' providing information about access to Emergency services, routine immunization, pregnancy, access to general health services, UNHCR-supported clinics (JHAS, Caritas) + new brochure for routine immunization. They are available at UNHCR. - UNHCR reminded everyone that access to routine immunization is free in all MoH health facilities for Syrian children under 5 (even without proper registration documents). If agencies are aware of any health facilities refusing to provide free routine immunization, they should inform UNHCR. - MDM developed leaflets about scabies and personal hygiene. 	<ul style="list-style-type: none"> ➔ Partners should contact Heba or Rana to collect them. ➔ Heba will send the English translation of these materials. ➔ MDM will share these leaflets.
Next meeting	<p>Next meeting will be on the July, 16th 2014 at 11am</p> <p>Proposed Agenda for the next meeting:</p> <ul style="list-style-type: none"> ● To review feedback from governorates on the matrix regarding geographical gaps in CH services and then to make a plan of how these gaps could be addressed ● To review additional information provided in the CH activity matrix from all members of the group and to identify any ongoing gaps ● To review the generic ToR for health committees & CHV supervisors ● To agree on core topics with the key messages to be delivered: <ul style="list-style-type: none"> ○ Referral pathways (delivery) ○ Emergencies ○ Access to routine immunization ○ Access to NCD treatment ○ Care of the new born ○ Personal hygiene ● To discuss minimum standards for training of CHVs ● To share ideas for new activities/events which could reach more beneficiaries 	Venue to be confirmed