

Minutes of Health and Nutrition Working Group Meeting

23-April-2015

Location: Zahle

	Issues discussed	Focal Agency	Deadline
1.	<p><u>Registration update:</u> Bekaa total individuals registered as per 26 March 2015: 414 701 Zahle: 194 208, Baalbeck: 131 980, West Bekaa: 71 216, Rachaya:12 006, Hermel: 6 731</p>		
2.	<p><u>Notifiable communicable diseases:</u> -According to MOPH, there are few cases of Measles reported, no polio cases, increasing of cases having mumps (298 cases from the beginning of the year until the 18th of April, of which 50 are Syrian) . Furthermore, Number of hepatitis A cases reported from the beginning of the year until the 18th of April is 220 cases, of which 77 are Syrian. - With regards to the increasing of Mumps incidence , MOPH are doing a retrospective case control study – cohorts selected in 2 schools in Baalbeck - MSF reported a slight increase of Brucellosis increase (MSF) diagnosed in their clinic (one or two cases in April) -MOPH epidemiology section are satisfied from the reporting to MOPH from PHCs/Hospitals and MMU in the Bekaa area. - MOPH epidemiology section did a presentation about Acute Respiratory infections including H1N1</p>		
3.	<p><u>WASH and hygiene related diseases update</u> -UNHCR will share the latest IAMP13 mapping, along with the google docs showing the locations of the settlements -Re iterating on the importance of joint assessment/visit to IS from WASH and Health actors -UNHCR received in the past month few referrals from partners about WASH issues. Referrals: Need to know as much as possible information e.g # of cases reported, p-code. WASH related diseases to be reported to Elizabeth Palmer (WASH) and Mona Kiwan(PH) who will coordinate with the appropriate partners</p>		

<p>4.</p> <p>5.</p>	<p>-UNHCR shared the procedure in order to report new IS/evicted IS – Information to be shared with Medair -Attendees reported eviction issues in few IS therefore some partners working in the IS not able to follow on their patients e.g MTI whereby 3 IS out of 28 where they work were evicted.</p> <p><u>SHC/Medivisa :</u> -UNFPA raised that an assessment is needed in order to understand the gap in the referral of pregnant women for delivery in contracted hospitals as well as for the use of the ANC care on PHC level. -Medivisa: partners reported smooth admissions for cases (no delay from Medivisa)-Hotline not much used but no major concerns reported- challenges to be shared with UNHCR in order to improve the system -Issues faced in hospitals: confiscation of ID's / dead bodies when money is not paid. To copy protection colleagues (Liz & Sander) when reporting these unethical practices. -Suspicion regarding costs for cases- sometimes double- to be reported to UNHCR PH and to always remind the refugee to get a receipt of TOTAL amount they paid -Shortage in places in some hospitals- Medivisa hotline to be called in order for them to grant places -Some attendees reported that few hospitals aren't accepting cases having Respiratory tract infections for fear from H1N1 (Leb & Syr). This to was reported to MOPH & WHO. -URDA stopped the 25%cover age for cases admitted to SHC due to financial constraints.</p> <p><u>PHC related issues:</u> <u>a- New Projects:</u> -IMC are making assessment for new PHC inWest Bekaa to be supported in order to fill in the gap in that area, could be Al Abrar PHC -RI : received approval from MOPH in order to support Al Abrar PHC for malnutrition management and basic medication Rec: IMC & RI should coordinate so not to overlap as well meet with MOPH (Miss Safaa Sleiman) in order to take the approval for the package to be provided <u>b-Utilization</u> - Increasing in the utilization in Amel and MSF clinics in Aarsal. MSF reported an increasing (20 to 30%) in the utilization of the PHC and this is due mainly to field hospital beginning to charging small fees in addition to some shortage in medication. To note that Amel also charged small fees in Aarsal (L.L1000 for GP consultation and L.L3000for specialties) and in Machghara clinic (L.L3000 for all consultation types)</p>		
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<p>9.</p> <p>10.</p>	<p>- Weak surveillance system that need to be improved for STIs.</p> <p>- MOPH is providing medication for STIs. Everyone can have access to antiretroviral medications. NAP numb: 01566100. In Bekaa there is actually one PHC where they can provide counseling and testing for HIV which is Qab Elias PHC.</p> <p>-CMR : there are 7 centers in Bekaa trained and equipped and survivors have to access to medication within 72 h</p> <p><u>MH update:</u></p> <p>-Bekaa took lead on PSS activities</p> <p>-PFA: discussion about the impact of MHgap training on the operation- need for GP trained to be supervised for the on job by a psychiatrist</p> <p>-14 May date for launching of the MOPH MH strategy2015-2020.</p> <p><u>Interagency:</u></p> <p>-Health steering committee launched in March 2015. It is an MOPH initiative having representants from MOPH, MOSA, WHO, UNHCR, UNICEF, UNDP, EU, World Bank. It's a Platform for strategic planning and decisions.</p> <p>-Assessment working group: all NGOs can make use of. Stephanie Kebbe will send an informative document in this regards.</p> <p>-Education sector- needs help to disseminate "Accelerated Learning Program" - taking place soon. Placement tests for Syrian students 26 May. Stephanie Kebbe will send an informative document in this regards.</p>		
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