|  |  |  |  |
| --- | --- | --- | --- |
| **Bekaa Health Coordination Meeting** | | | |
| **Date** | 04 May 2020 | **Time** | 12:00-14:00 |
| **Location** | UNHCR Zahle premises- through WebEx | **Duration** | 2 h |
| **Chair** | Mona Kiwan-UNHCR |  |  |
| **Attendance** | Attendance sheet shared with the minutes | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.0** | **COVID 19** | **ACTION** | **DUE DATE** |
| 1.1 | **Situation Update (MoPH)**:  -Revised definition for the cases under investigations  -New Modelling for the spread of COVID 19 developed by MoPH to be shared by ESU | -New Modelling for the spread of COVID 19 developed to be kindly shared by ESU |  |
| 1.2 | **Community Surveillance for COVID 19:**  -Discussion went about the importance of enhancing community surveillance from the field specially that not much cases are being referred from the ISs.  -Community surveillance to be implemented by CHVs, MMUs, and frontliners  \*It was decided to:  -Use the current weekly reporting forms by MMU and Health partners (to immediately report the suspected cases).  -ESU will review the community surveillance reporting tool to be used by CHV and will share updated forms with the health sector.  \*The health sector showed their willingness in supporting the MoPH in contact tracing and testing directly in the IS for the suspected cases. Magna, Amel, and Humedica requested specific trainings for sample collection  \*MoPH asked about the possibility to refer suspected cases for PHCCs for sample collection:  -Apparently Amel NGO are preparing their PHCCs for this kind of interventions in coordination with USJ  -IMC is open to this intervention | -MoPH ESU will share updated reporting forms to be used by CHV  -Doc for community surveillance to be developed and shared with national level for validation.  -MoPH ESU will revert back for the possibility of including the MMU under their umbrella to support in sample collection and contact tracing.    \*Decision to be made by MoPH in reference to having reference PHCCs for sample collection. | **Week of May 11th** |
| 1.3 | **PCR mass testing:** A campaign will be targeting the ISs and collective shelters that is part of a nationwide campaign in coordination with MoPH and Rafik Hairi Hospital |  |  |
| 1.4 | **RRT:** As health sector, we still have a gap in the RRT as following:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | District | Cadaster | District |  | | Shelter Vulnerable | Socio Vulnerable | Both Vulnerable | Hotline number |  | Agency | Name of staff willing to work within the Rapid Response Team | Email address | Phone number | | 53311 | Deir El-Ahmar | Baalbek | **RRT 3 A** | | 51371 | Massa | Zahle | **RRT 4 C** | | 51274 | Tcheflik Eddé Haouch | Zahle | **RRT 4 C** | | 51139 | Fourzol | Zahle | **RRT 11** | | 51354 | Nasriyet Rizk | Zahle | **RRT 11** | | 51287 | Nasriyet Zahlé | Zahle | **RRT 11** | | 51329 | Haouch El-Ghanam | Zahle | **RRT 18** | | 51251 | Haouch Es-Siyadé | Zahle | **RRT 18** | | 51237 | Haouch Mandara | Zahle | **RRT 18** | | 51264 | Haouch Qayssar | Zahle | **RRT 18** | | 51271 | Mzaraat Zahlé | Zahle | **RRT 18** | | 51151 | Nabi Ayla | Zahle | **RRT 17** | | 51127 | Zahlé Haouch El-Oumara Aradi | Zahle | **RRT 15** | | 51214 | Zebdoul | Zahle | **RRT 18** | | 51341 | Hoshmosh | Zahle | **RRT 23** | | 51359 | Raait | Zahle | **RRT 21** | | 51227 | Taanayel | Zahle | **RRT 21** | | 51365 | Terbol Zahlé | Zahle | **RRT 19** | | 51125 | Zahlé | Zahle | **RRT 19** | | 51133 | Zahlé Aradi | Zahle | **RRT 20** | |  |  |  |  | | Partners to kindly check if they can expand their area of coverage and cover the gap areas. |  |
|  | RRT stimulation will take place in Arsal (2 scenarios) | Arsal Health RRT to be ready | **7-5-2020** |
| 1.5 | **L3 isolation:**  -Unofficial approval for the following L3 proposed buildings: 2 in Qaroun , 1 MOSA center in Arsal , and one center in Balback. | -A joint visit will take place to visit L3 MOSA Arsal on Thursday May 7th  -Need a feedback from Order of nurses on which party will be covering the nurses salaries |  |
| 1.6 | **Community health Volunteers**  -Sessions are being conducted through phone calls and WhatsApp, some organizations still conducting face to face sessions  -RI do have the ability to increase the number of health OV’s |  |  |
| 1.7 | **PPE procurement**  -IMC PHCs doing screening process and the centres are already equipped with Infrared Thermometers and PPEs  -IMC, Humedica, MEDAIR, MDM procuring PPEs.  - RI received PPEs for PHCs and staff.  -AMEL procuring for centres, MMUs and staff. |  |  |
| 1.8 | **MH interventions**  **-**ICRC: for the current time they are only following with their patients, in the future if support is needed they will discuss this  -IMC: are linking the patient to the existing MH programs (Focusing on emergency referrals)  -MdM: are linking the patient to the existing MH programs  -RI: are linking the patient to the existing MH programs  -Humedica: are conducting MH session in the ISs they cover as well sessions in the health centers they support  -Magna: PSS over the phone for users if possible, follow ups for specific cases out of reach; in addition to new admissions in static clinic. |  |  |
| 1.9 | **Other concerns:** \*The health sector reported a delay in receiving the PCR results of cases in need for hospital admission that is delaying the whole process. Recommendations to decrease the waiting time for urgent cases in need for urgent PCR test results and not to wait 24 hours which is the current situation |  |  |
| **2.0** | **Referral Care program- challenges** | **ACTION** | **DUE DATE** |
| 2.1 | - No change in admissions for delivery cases -53% decrease in non-delivery admissions  -No increase in home deliveries as reported by the health organizations doing community and MMU work |  |  |
| **3.0** | **Health partners’ programs updates-challenges** | **ACTION** | **DUE DATE** |
| 3.1 | **AMEL**-Decrease in the number of patients approaching the supported centres -The MMU is playing an important role where the number of patients approaching the MMU increased  **MdM:**  -noticed a decrease in the number of patients approaching MdM supported centres. For MAQ they are relying on MdM MMU to overcome this issue  **IMC:**  -IMC noticed that after losing the number of patients approaching IMC supported centres started to increase  -The doctors started to resume their work at the PHC’s level  -IMC willing to support two additional PHC’s  **RI:**  No decrease in the number of patients  **Humedica:**  Decrease in the number of patients approaching Majdal Anjar SDC.  MOSA informed Humedica that since the number of patients decreased, they are thinking to close the SDC and to replace it with an MMU | * Humedica will update the sector with the decisions and actions |  |
| 3.2 | **Chronic medication:**  YMCA received the new batch of Chronic medication therefore no shortage should be foreseen | Partners to report any chronic medicine gap perceived in the PHCCs they do support. |  |

|  |
| --- |
|  |