

Minutes of Health and Nutrition Working Group Meeting

29-May-2015

Location: Zahle

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1.	<p><u>Registration update:</u> Bekaa total individuals registered as per 07 May 2015: 413 951 Zahle: 192 683, Baalbeck: 131 473, West Bekaa: 70 822, Rachaya:11 851, Hermel: 6 688</p>		
2.	<p><u>HI: Inclusion of People with Disability (Power Point presentation)</u> -According to WHO, 15% of the world's population live with disabilities -Children with disabilities are less likely to attend school than normal children -Objectives: 1- Inclusion of people having disabilities in <ul style="list-style-type: none"> • Rehabilitation services • PSS activities • Cash Assistance 2-Inclusion of persons with disabilities in the main stream and not in a side stream -Training aims into: <ul style="list-style-type: none"> • Identification and addressing barriers for persons with disabilities • Starting concrete activities • Identification of different steps of organizational change and enhance participation of persons with disabilities. -Training date: 2nd week of June/ 6-7 hours per day</p>		
3.	<p><u>Referral care/ Medivisa:</u> -Briefing done about the contracted hospitals and the referral of cases to the ECC -MSF reported that there is some challenges when referring cases from Aarsal since there is no fax machine there neither regular internet connection; MSF-Medivisa agreed that Khaled Bou Ghosh to be responsible for the facilitation of the admission from Aarsal to Bekaa Valley hospitals -UNHCR will circulate Medivisa hospital delegates contact list for easy reference of health partners -QRC are supporting in the coverage of the 25% of some cases admitted to ICN at Farhat, Bekaa and Chtaura hospitals (Dr Fadi Halabi, QRC, 76 657 406) - Attendees agreed that Medivisa delegates should stress on the hospitals admission and emergency departments in order for the latter to explain deeply to the refugees when documents are needed in order to facilitate the admission to the hospitals;</p>		

	<p>-Communication strategies to be improved in order that the information reaches refugees with regards to referral to PHC, SHC and other health services (plan for 2015)</p> <p>-Health partners to report any complaint with regards to Medivisa hotline in order that UNHCR and Medivisa to improve the system</p> <p>4. <u>OXFAM: Referral Analysis done by Oxfam</u></p> <p>Challenges :</p> <ul style="list-style-type: none"> • Lack of legal documents • Transportation fees • Lack of Information about PHC availability • Some staff behavior?? • Non availability of all medication types • Deregistered persons <p>Oxfam Approach:</p> <ul style="list-style-type: none"> • Oxfam staff are working with Shaweesh in the IS and training them on the referral procedures in order for the latter to pass info along to the population in the IS <p>5. <u>WASH and Shelter</u></p> <p>-The presentation shared pointed the challenges vis a vis WASH and Shelter as following</p> <ul style="list-style-type: none"> • ‘hidden population’ = evictions, in buildings, etc • partners not reporting • Large geographical area • Insecurity • Aarsal desludging, access, partners (ACF, Intersos, NRC) • Municipalities and landlords <p>- Group members are kindly asked to report WASH / hygiene related diseases to WASH (Georges maalouf@unhcr.org) /Health (Mona Kiwan: kiwanm@unhcr.org) coordinators in order to follow the issues from all perspectives; The referral of sites should be done using the IAMP14</p> <p>6. <u>PHC related issues/updates:</u></p> <p>-ICRC:</p>		
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	<ul style="list-style-type: none"> supporting the Islamic Health Society (IHS) MMU in Northern Bekaa (Baalbeck) for NCD (provision of chronic medicine) Supporting 2 PHCs in Aarsal and another one in Bar Elias (ICRC will share update information using the health matrix) <p>-IMC:</p> <ul style="list-style-type: none"> Begin the support of Abrar PHC in Azzeh/bireh (MOPH network) Are recruiting NCD nurses and providing training on NCD <p>-UNICEF :</p> <ul style="list-style-type: none"> reported that MOPH requested to stop all screening activities for malnutrition for children below 5 years old are mapping PHC in Bekaa regardless of support by NGO/INGO <p>-UNHCR requested that NGOs to support the pharmacist in PHCs for stock management in order to prevent stock out of medicine</p>		
7.	<p><u>Mobile clinics:</u></p> <p>-Partners requested to coordinate with local authorities for MMU activities</p>		
8.	<p><u>Breastfeeding in emergencies Presentation by IOCC</u></p> <p>Violations of the breastfeeding code to be sent to iycfprogramleb@gmail.com with relevant information (name of NGO, location, date, time, pictures...)</p>		
9.	<p><u>AOB:</u></p> <p>IOM: Through its community health program for TB, IOM are starting a screening campaign in Bekaa area for active TB in 10 selected IS.</p>		