

Mobile Clinic Working Group Meeting' Minutes

Monday 5th February, 2018

Meeting Called by	Sara Halimah, Health Cluster Coordinator & Maria Al Aqra, MoH
Type of Meeting	Mobile Health Clinics Working Group
Facilitators	Sara Halimah, Yousef Muhaisen, Noor Said, WHO Maria Al Aqra, MOH
Venue	MoH Building, Ramallah
Agencies present	Key representatives from the MoH PHC department, Di-Svi, PMRS, UNRWA, Handicap International (Humanity & Inclusion), CARE International, OCHA, UNICEF, Medico International, Health Work Committees, Italian Cooperation (CISP), PHRI

3 hours	Agenda item 1. 2. 3. Mapping of communities currently being served by mobile health clinics' services by whom and for how long	Dr. Asaad Ramlawi, MoH All partners Sara Halimah, WHO
Attachment: Annex 1.		
Discussion	All actors shared the status of their mobile health clinics. The exercise was used to map the priority localities.	
<ul style="list-style-type: none"> • Dr Ramalawi, Deputy Health Minister welcomed the partners to the meeting and thanked them for the continued support. He explained that coordination remains critical to ensuring that the most vulnerable living in Area C, H2 and seam zone have access to healthcare. • The Health Cluster partners agreed on the following classification of mobile health clinics: <ul style="list-style-type: none"> ○ The mobile health clinics must only serve communities that have no access to primary healthcare services ○ The clinic must be registered and licensed to practice by the MOH ○ The clinic must be a level 2 primary health care service ○ The clinic must visit the locality 4 times per month ○ There must be an established referral mechanism with basic rehabilitation care providers • In order to remove duplication of services, partners agreed that the following localities would be removed from the priority list: please refer to Annex 1. • UNRWA explained they would not be able to stop services in some localities, even if they are being served by the MOH. The presence of refugees in these communities coupled with the fact that MOH services are not free makes it challenging to stop UNRWA's clinics. • Health Cluster calls for the exemption of health insurance for Bedouin communities living in Area C. MoH has agreed to follow up on this issue. • East Jerusalem Area: It was agreed that only emergency services and capacity building training should be 		

served in the areas of (Silwan, Esawiyeh, Old City, Al Tour and Sur Baher).		
<ul style="list-style-type: none"> Due to the fact that many refugees & non-refugee patients are using the MoH and UNRWA mobile health clinics in Jaba & Al Eizariya areas in East Jerusalem, it was recommended that UNRWA and MoH should have a shared health information system to keep track of patients. 		
Conclusions		
<ul style="list-style-type: none"> Bedouin communities are unable to afford the fees for medication or the health insurance. Health Cluster calls upon the MOH to exempt Bedouin communities from health insurance and payment for medication. 		
Action items	Person/organization responsible	Deadline
Please refer to Annex 1.	Multiple. Refer to Annex 1.	April

I hour	Agenda item 4. Agreement on a common approach for resource mobilization for the most vulnerable communities	Sara Halimah
		NA
Discussion	Discussion about funding mechanism to secure and allocate funds to all providers of mobile health clinics	
<p>The upcoming Humanitarian Pool Fund will have a total of \$4-6million available for all Clusters. The Health Cluster agrees that securing funds in order to sustain the essential mobile health clinics is a key priority.</p> <p>The Health Cluster partners suggested that a joint proposal would help bring all the partners together, develop joint monitoring mechanisms, and better streamline rehabilitation services. It would also allow for improved efficiency in the response. CARE International were requested to lead the project proposal. CARE International agreed with this in principle but would explore the feasibility of doing so in the coming weeks.</p>		
Conclusions		
<ul style="list-style-type: none"> CARE International to explore the feasibility of leading a joint proposal for 12 months for the upcoming HPF allocation. 		
Action items	Person/organization responsible	Deadline
CARE International to liaise with the Health Cluster Coordination team to discuss feasibility of a joint proposal	Ayman, CARE International	End of February

WHO is the cluster lead agency.
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