



Mobile medical teams working group

Thursday 29th March, 2018

Meeting Called by	Sara Halimah, Health Cluster Coordinator
Type of Meeting	Mobile Medical Teams working group
Facilitators	Sara Halimah, WHO (chair). Noor Said, WHO (Co-chair)
Venue	MoH Building, Ramallah
Agencies present	Palestinian Medical Relief Society (PMRS), The United Nations Relief and Works Agency for Palestine Refugees (UNRWA), Humanity & Inclusion (HI), CARE International, Heads of MoH Primary Health Care (PHC) in (Yatta, Hebron, Tubas, Jerusalem & Jericho), Italian NGO DI-SVI, The United Nations Children's Fund (UNICEF), Health Work Committees HWC,

60 mins	Agenda item 2. Presentation on the mobile medical teams per governorate	Health Cluster Partners & Heads of MOH-PHC
Attachment: Double click on the right icon		 20022018 Mobile Clinics Workshop Map  West Bank names.xls
Discussion	Discussion between Heads of MoH-PHCs in West Bank governorates (Yatta, Hebron, Tubas, Jerusalem & Jericho) and the Health Cluster Partners on their mobile medical teams' activities within communities to clarify and Coordinate their health services within communities.	
<p>Mobile medical teams per governorate:</p> <p>1- Yatta (South of Hebron) :</p> <ul style="list-style-type: none"> Care International and DI-SVI to stay in Susiya, as both providing health services in different locations in this community. Also due to the fact that both partners provide health services to two different big families, who have a conflict between them and they can't access each other locations in order to seek a health services. Second, the clinics where both mobile medical teams provide their health services had have received demolishing orders and could be executing in any day. Care international will continue providing their health services in Yatta's communities according to the mapping list, after receiving the fund, hopefully starting in May 2018. By the end of April, DI-SVI will stop its mobile health services in Yatta communities due to the lack of fund. The MoH-PHC Head, Mr Ali Al-Hroub agreed to cover these communities with their health services. Al-Hroub stressed his concerns that his medical teams capacity isn't able to cover these communities on the long run unless other partners could provide health services in some of these communities or MoH to provide Yatta PHC with more medical teams. 		

- PHC Heads in the Areas have some concerns that MoH could provide more staff to PHC clinics in the Areas.

2- Tubas

- Care and Health Work Committees HWC to start their health services again in May 2018 upon fund availability.
- Head of MoH-PHC mentioned that MoH medical team's capacity is not enough to cover the communities where Partners stopped provide health services there, due to the lack of medical Staff, unless other Partners to take over.
- No duplication between MoH-PHC services and Partners' medical services in Tubas.

3- South of Hebron

- The Head of MoH-PHC in south of Hebron, Dr Afeef Attawua, suggested that Care International should cover the remote areas (MASAFER) like Masafer Smou'a and Masafer Dahreyeh with all their communities and MoH-PHC to provide health services in the center of south Hebron, in order to cover all the areas there with Partners and to communicate with them as one unit.
- There are no health services duplicates in the south of Hebron communities between MoH and Health Partners.

4- North of Hebron

- There are no health services duplicates in the north of Hebron communities between MoH and Health Partners.

5- Jericho

- Health Partners to keep providing health services in Area C in Jericho and MoH in middle of Jericho.
 - HWC, UNRWA, DI-SVI are communicating with MoH to cover all areas in Jericho. Some areas are covered by MoH and a Partner to provide complimentary health services.
 - Head MoH-PHC Jericho, Dr Jamil Jaraymeh: His mobile medical teams' capacities are able to cover all areas in Jericho if Partners stopped working there.
 - Khan Al Ahmar: Many Partners besides MoH are providing health services in its communities. MoH highlighted the need for better communication, Rationalization of Medication and health services between Partners.
- UNICEF stressed the need for all Partners and MoH to use OCHA naming/ spelling for the communities to avoid duplication in the Health Cluster mapping worksheet, which leads to inaccurate analysis and information.

Conclusions

- Mr Hroub, the Head of Yatta MOH-PHC, to send a letter to MoH to provide him with more Staff to his mobile medical team (Doctors, Nurses, Drivers).
- MoH PHC Heads agreed to have a meeting in order to have better coordination and distribution of their health services within the communities.
- Mobile Medical Teams' Partners should communicate with MoH-PHC Heads in order to define the needy and vulnerable communities to provide their health services there.
- MoH PHC and Partners mobile medical teams should have different health services and programs if they are providing health services in the same community, or same health services but different days.
- The Head of MoH-PHC in the south of Hebron, Dr Attawaua agreed to give Care Medical team a permission to write referrals to MoH labs.

<ul style="list-style-type: none"> MoH and Partners to continue providing health services in Khan Al Ahmar, Jericho. 		
Action items	Person/organization responsible	Deadline
Meeting Between Heads of MoH- PHC from all governorates	MoH	ASAP

30 mins.	Agenda item 3. Monitoring the work of the mobile medical teams	Health Cluster Partners & Heads of MOH-PHC
Discussion	Discussion about monitoring the mobile medical services and enhance the coordination between MoH and Health Cluster Partners	
	<ul style="list-style-type: none"> MoH suggested that Health Cluster Partners should report to MoH on a monthly basis at a district level, about their medical services in the areas, for better coordination and monitoring from MoH. Also, to use one reporting template for consistent and efficient reporting. Care International suggested that all Partners should use the MoH Patient medical records in order to avoid duplications in providing medical treatment or medicines' prescriptions for patients. MoH stressed the need for Partners to follow the MoH mobile medical services' protocol and standards. Also, MoH suggested providing training to Partners' medical teams. Partners argued that they are following the MoH standards to continue their health services in the areas. 	
Conclusions	<ul style="list-style-type: none"> Health Cluster Partners to send a monthly report to Head of MoH-PHC in their Area (district level) about their health services and Cc the Health Cluster coordinator. MoH and Health Cluster Partners agreed to use the MoH patient medical records. Heads of MoH-PHC to discuss with MoH, the possibility to provide training for Partners' medical teams in order to follow MoH health services protocol & standards and to have quality monitoring of health services in mobile health clinics. 	
Action items	Person/organization responsible	Deadline
Care to share with Health Cluster Partners and health coordinator, the template they use to report to MoH.	Ayman Shuaibi, Care International	2 weeks
Meeting between Heads of MoH-PHC & MoH to discuss the quality monitoring of Partners' mobile health services.	MoH	ASAP

30 mins	Agenda item 4.AOB and dates of the next meeting	Health Cluster Partners & Heads of MOH-PHC
Discussion	Discussion about fee exemption for MoH & Health Cluster medical services	

- MoH and Partners discussed their concerns about fee exemption policy for the health services they provide. They stressed the need of having one policy among all mobile medical teams in order to avoid the situation where will be an overload on Partners' free of charge health services and Patients' avoidance the MoH-PHC services that charge fees (5 NIS per Medicine or a health service).
- PMRS & Medico can't provide health services free of charge, as part of their fund is a contribution from other organizations and should be recovered from the fees in respect of the Continuation of their mobile medical teams' services.
- MoH and Partners agreed to adopt free of charge policy when providing health services for the most vulnerable communities and humanitarian cases. No clear criteria yet when to adapt it.

Conclusions

- MoH to provide medical care fee exemption for the vulnerable communities like Bedouins communities and humanitarian cases. Plus to have clear criteria for MoH about the fee exemption categories.

Action items	Person/organization responsible	Deadline
Letter to the MoH for fee exemption of MoH-PHC services for vulnerable communities in Area C and humanitarian cases.	Health Cluster Coordination Team	20 th April 2018
Head of MoH-PHC to meet with the Minister of Health to discuss the fee exemption medical care for vulnerable communities in Area C and humanitarian cases	MoH	ASAP

WHO is the health Cluster lead agency

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