

Dear colleagues,

Many thanks for attending the Rehabilitation Taskforce (RTF) introductory meeting.

Please find below the meeting minutes:

Participants:

PMRS- ICRC- ALPC- Al Salama charitable Society- UNRWA- DWG/NSR- MAP UK- HI- WHO/HC- GCMH

Objective:

- To have an overview about the need for creating the RTF,
- Discuss the gaps/ challenges in Post OP and rehabilitation care of trauma cases,
- Agree on priority area(s) in the rehabilitation care of trauma cases to be presented in the HNO of Health Cluster,
- Agree on the short-term objectives of the RTF ToR.

Outputs:

- The participants recognized the importance of having the RTF as a technical group to harmonize the rehabilitation intervention and coordinate efforts and work to minimize duplication in service provision. Moreover, to standardize rehabilitation protocols and enhance information sharing. Therefore, participants appreciate the fact of the taskforce establishment as it will address the challenges at the ground and coordination levels among the actors.
- RTF has been created as a response to health cluster request, its not a working group; it will focus on the rehabilitation sector upon specific objectives within a time frame, and considering prioritization of activities/needs. It will report to Trauma Working Group (TWG) under the Health Cluster management.
- As well, RTF came in a complementary linkage with DWG to share information and analysis of gaps, needs and priorities of rehabilitation intervention of trauma cases for advocacy purposes.
- Coordination mechanism in place among rehab actors to some extent, but it remains fragmented and the need to strengthen **the referral mechanism, including the data aspect is critical.**

Needs identified:

- Need to strengthen the **referral mechanism from limb reconstructive (LR) units to post-op** and vice versa for follow-up using the agreed referral form developed under Trauma Working Group (attached).
- MoH to take its role in monitoring and follow up for the quality of rehab services delivered by different actors and push the actors to feed the database (PAT) or the database developed for limb Reconstruction (LR) units.

- MHPSS services to be included in the multidisciplinary rehabilitation services.

key actions:

1. RTF ToR will focus, for the time being, on short term objectives within a timeframe of six months. It will be shared with you by early next week for their inputs and feedback.
2. RTFC to follow with TWG and MoH IT unit the progress in updating the PAT based on the feedback of the rehab actors to respond to their needs and serve the purpose of minimizing duplication of service provision.
3. RTFC to develop a mapping tool and share it with the members by end of next week to know who is doing what and where to avoid duplication of service provision and promote referral mechanisms.
4. DWG coordinator to share with RTFC the DB form developed with support of OCHA to track the beneficiaries receiving rehab services in the community.
5. GCMH to share the factsheet released about the situation of GMR casualties related to MHPSS concerns/needs.

Many thanks for your active participation.

RTF Coordinator Team