

Minutes
First Meeting of Health Cluster
United Nations Disaster and Emergency Response (DER) Group

Date: 25 November 2007. Time: 09:00-11.00 hours.
Venue: Conference room, Institute of Epidemiology and Disease Control Centre (IEDCR).
Participants: 41 participants from 21 agencies consisting of donor agencies, UN agencies, Government of Bangladesh and national and international agencies - list of participants is provided in annex 1.

Jointly chaired by:

- Dr Duangvadee Sungkhobol, WHO Representative for Bangladesh.
- Dr Moazzem Hossain, Line Director of Emergency Preparedness and Response and Director of Disease Control, Directorate-General of Health Services (DGHS), Ministry of Health and Family Welfare (MoHFW), Government of Bangladesh.

Agenda:

- Welcome and self introduction.
- Public health situation in the cyclone affected area
- Agency-wise information sharing of cyclone emergency operation.
- Follow up coordination meetings at Dhaka and districts level.
- Any other business.

Highlights and action points:

1. Public health situation in the cyclone affected area:

Dr Mozzem Hossain presented the latest public health situation, Governments response in the cyclone-affected areas and short- and long-term needs. (Power point presentation is provided in annex 2).

Discussion points:

- Since natural disasters became frequent features in Bangladesh, special attention must be given to building national capacity for effective emergency preparedness and response on a long-term basis.
- A disaster management institute should be established for health sector capacity building as long-term goal.
- Long-term vision should be pursued to address the low-lying hospitals that were more prone to be affected by cyclone and tidal wave. A new hospital to be built should have appropriate structural design so that it would withstand the natural disaster.
- Surveillance and reporting system needed to be improved as numbers of reported health problems of the control room of the DGHS were far less than numbers of patients being treated in the field by medical teams of various NGOs. Use of IT technology such as web-site should be considered for this purpose.
- Special attention should be given to strengthen inter-ministerial coordination as other ministries could also contribute to health.

- Mental health aspect particularly inevitable post disaster psychological trauma of the affected people should receive special attention. Therefore, provision for mental health support should be an integral part of the services for the affected population. The National Institute of Mental Health could significantly contribute in this area.
- Efforts of the MoHFW in reallocating US\$ 6.8 million from pool fund under Health, Nutrition and Population Sector Programme (HNPS) for procuring emergency medicines was appreciated. Additional funds could be further mobilized to support emergency response if required.
- There was an example of effective coordination in the field where there was a weekly coordination meeting organized by the Upazilla Health and Family Planning Officer and/or civil surgeon in which NGOs were actively involved. This best practice should be strengthened and promoted for wider application in the country.
- A network of people and organizations working in the field should be established to further strengthen the coordination at the grass root level.
- Concern was raised on protection of animals. It was expressed that reason why people did not want to be evacuated might be related to fear of loss of animals.
- Concern was also raised on food availability for human consumption as poultry were washed away due to cyclone water.

2. Agency-wise information on cyclone operation:

- CARE:

CARE has been in the field to provide medical assistance from the beginning of the disaster. They have five medical teams in the char areas affected by the cyclone. They also have initiated health education sessions by health educators and counselor.

They have received four water-purifying plants from the US Government. Their medical teams are working in outreach areas. So far, they have seen 7000 patients. About 50% of those had injuries.

- USAID

USAID is already providing assistance. Office of Foreign Development Assistance (OFDA), US marines, US navy are involved to provide medical assistance. They have a team of 30 people including eight physicians and one veterinary physician. They have enough water purifying plants and medical supplies and kits to provide help to the affected people. They will provide medical supply, logistic support and mobilize additional medical teams to support the MoHFW, if requested. So far, they have been attending 600 patients per day. They have also made an initial assessment of the situation; the findings can be shared with other stakeholders.

- BDRCS (Bangladesh Red Crescent Society):

The Bangladesh Red Crescent Society has been in the affected area right after the time cyclone SIDR hit the area. Their assistance has been in the form of providing medical care. Eighteen teams have been working in the field in 10 districts. Medical teams are supplied with enough medicine. Moving out from place to place has been difficult due to damage of communication and lack of availability of transport in the area. As per their estimates, around 30% patients suffer acute respiratory infections (ARI) and around 25% suffer skin diseases. The medical teams in the affected are with no electricity or water supply. It is underscored that some medical teams working in the area do not have

adequate supplies, they can only provide ORS. This problem will need to be addressed to ensure quality of care.

- IFRC (International Federation of red Crescent Society):
IFRC has planned to provide food and non-food items for 100000 families. IFRC will also provide medical assistance to the affected area. Ninety-five medical teams will work on their behalf. IFRC will provide assistance in mental health aspects
- JOHANNITER-UNFALL-HILFE E.V. INTERNATIONAL ASSISTANCE:
JOHANNITER INTERNATIONAL ASSISTANCE, a German humanitarian organization, is exploring assistance that can be provided to health sector.
- UNFPA:
UNFPA will provide normal delivery kits to the affected area. Assistance from the DGHS and WHO is sought to ensure that the kit reaches those in need.
- BRAC:
Thirteen medical teams are already in the field to provide medical support in the affected zone for which 4 medical teams in Shoronkhola, 4 in Morrelganj and 5 in Barguna and Pirojpur. Water from 30 ponds has already been treated for drinking purpose.
- ICDDR, Bangladesh:
ICDDR is ready to provide services of medical teams if requested.

3. Post-cyclone public health needs and action points:

- a) Need for unified approach to establish emergency public health information system:

Information available at the DGHS Control Room confined to information collected through the local Government health officials/offices. It did not include information from NGOs and other public health institutions from non-government sector.

Action Points:

The DGHS should revitalize the Upazilla and the district health information system to collect health information from other health partners working in the field to understand better about the local public health needs.

- b) Needs for a common approach by the key partners working in the field of supporting health assistance to SIDR affected population:

It was realized that not all upazilla and district health sector administrations under Government of Bangladesh convene the field level coordination meetings resulting in rendering independent assistance without any linkages with each other.

However, there is best practice in the area that BRAC is operating where NGOs are actively involved in weekly coordination meeting organized by government health managers.

Many stakeholders in the fields need strong coordination to minimized sporadic efforts of medical supports. Health sector agencies participating in emergency operation should facilitate in establishing the health sector coordination mechanism at upzila and district levels and at the central level at Dhaka.

Action Points:

- It was agreed that the emergency operation should be done according to the coordinating approach of WHO and GOB and strategic plan should be formulated.
- The DGHS should advise the district (civil surgeon) and Upzila (Upazilla Health officer incharge) of all the affected districts to convene bi-weekly/weekly health sector coordination meetings (depending upon needs and consensus) in their areas, keeping informed the respective district commissioners. The WHO should facilitate establishment of local health sector coordination structure.
- The participating health partners (agencies) should be advised to fill the electronic Performa (annex 3) meant to map the technical and geographical areas of health sector emergency operation. The filled form should be sent to WHO office by Monday, 26 November 2007 for compilation and analysis to be presented during the next Health cluster meeting.

c) Increased public health needs vis-avis limited capacity of health institutions:

Due to damage of health facilities, lost equipment and other medical supplies, cyclone impact on the local public health officials and on health facilities (residential damage, family affected, lost transport and equipment of facilities). The public health needs of the affected population have increased manifold as a consequence of people living in the open air, the acute crisis of safe drinking water, and the damage of sanitation and human-waste facilities. All these have increased public health risks. Moreover, there are still several inaccessible areas and non-availability of information about the status of some of the affected population.

Action Points:

While taking note of the comprehensive health sector needs presented at the meeting, it was agreed that the immediate health needs of the affected population should be met on priority basis.

In the light of the above prioritization of needs, it was felt that it would be necessary for the DGHS, and other health partners to strengthen the ongoing public health activities in the cyclone affected areas until shelter, safe water supply and sanitation are made available to the affected population:

- Intensification of disease surveillance for acute respiratory infection, water- and food-related diseases, and vector-borne diseases.
- Water quality assurance, sanitation, human waste disposal and vector control measures in coordination with other partners.
- Intensification of health promotion.
- Meeting reproductive, maternal and child and psychosocial health needs.
- Replenishment of buffer stock, medical equipment with special focus on cold chain and reconstruction of damaged health facilities.

4. Follow up coordination meetings at Dhaka:

It was agreed that the next health cluster meeting should be held on coming Wednesday, 28 November 2007 during 10.30 – 12.30 hours in the same venue - Conference room; IEDCR, DGHS office complex, Mohakhali, Dhaka, Bangladesh.

Annex 1: List of participants

Sl. No.	Name	Organization	Contact Number
01.	Prof. (Dr) Moazzem Hossain	DGHS, Mohakhali, Dhaka	
02.	Prof. (Dr) Mahmudur Rahman	IEDCR, Mohakhali, Dhaka	iedcrdir@hotmail.com
03.	Dr Madan Gopal Datta	DGHS, Mohakhali, Dhaka-1212	madan_dghs@yahoo.com
04.	Dr KM Wahidul Hoque	DPM-EPR, DGHS	
05.	Dr Duangvadee Sungkhobol	WHO-Bangladesh	sungkhobold@searo.who.int
06.	Dr Bipin Verma	WHO-SEARO	vermab@searo.who.int
07.	Dr Kazi AHM Akram	WHO-Bangladesh	akramk@searo.who.int
08.	Dr MK Zaman Biswas	WHO-Bangladesh	zamank@searo.who.int
09.	Dr Momoe Takeuchi	WHO-IVD	talcendim@searo.who.int
10.	Dr Muhammad Zahidur Rahim	WHO-Bangladesh	zrahim@searo.who.int
11.	Hasan Mohiuddin Ahmed	WHO-Bangladesh	hasanm@searo.who.int
12.	Dr Md. Iqbal Kabir	WHO-Bangladesh	
13.	A Mannan Bangali	WHO-Bangladesh	bangalim@searo.who.int
14.	G. Frana Paul	WHO Dhaka	paulhf@searo.who.int
15.	Dr Md. Delower Hossain	WHO, EHA-Bangladesh	drmdhd@yahoo.com
16.	Dr Mithun Alamgir	WHO, EHA- Bangladesh	
17.	Md. Delwar Hussain	WHO-EHA Programme	hussain.delwar@gmail.com
18.	Dr Andrew Trevett	WHO-Bangladesh	
19.	Dr Dan odallo	UN AIDS	odallod@unaids.org
20.	Taleen Vartas	US AID/OFDA	ofdtty-5dhaka@usaid.gov
21.	Al Dwyer	USAID	ofdatdy-6dhaka@usaid.gov
22.	Sheri-Nouane Jhonson	USAID	snjohnsonc@usaid.gov
22.	Captain Dr David A Lane	USAID	laneda@state.gov
23.	Armana Ahmed	ICDDR'B	aahmed@icddr.org
24.	Shishir Moral	Prothom Alo	shishir.moral@gmail.com
25.	Dr Jahangir Hossain	CARE-Bangladesh	jahangir@carebangladesh.org
26.	SM Asib Nasim	UNICEF	smnasim@unicef.org
27.	Dr Ziaul Matin	UNICEF	mzmatin@unicef.org
28.	Tanlid Alam	UNFPA	talam@unfpa.org
29.	Rita Missal	UNDP-BCPR	rita.missal@undp.org
30.	Ali Forder	DFID	a-forde@afid.gov.uk
31.	Mary Chilunda	Save the Children	chilundamary@yahoo.com
32.	Rabeya Sultana	Handicap Int. Dhaka	projcoord@handicap-internationalbgd.org
33.	Saider jahangir	Country Office Afghanistan	
34.	Johanniter	GERALD RIP BERGER	sidr.johanniter@gmx.net
35.	Akhila D'Rozario	CARITAS -Bangladesh	ddmd@Canitirbd.org
36.	Nazmul Haque	IOM	nhaque@iom.int
37.	Dr. Kazanets	IOM	ikazancts@iom.int

38.	Tember Febric		mdmbangladeshexplo@yahoo.com
39.	Dr Md. Akramul Islam	Health Program, BRAC-Bangladesh	akramul.mi@brac.net
40.	Dr. A. S. Haider	Bangladesh Red Crescent Society	
41	Dr. Gau Thima Thi	International Federation of Red Cross and Red Crescent Society	ganthimathi.jayaraman@ifrc.org

Directorate General of health Services, MoH&FW

**DGHS Activities in Response of Super
Cyclone SIDR 2007**

Professor Dr. Moazzem Hossain
Line Director, Emergency Preparedness
and Response (EPR)
DGHS

Annex 3: Questionnaire on Humanitarian Health Assistance

Section 1: For Humanitarian Agency/Donor Agency

Name of agency

Head Quarter:
(location with address)

Any Bangladesh contact: Y / N

If Yes, Address

Address at field level

1. Area of work (Please ü)

Hospital infrastructure			Training for capacity building	
Equipment supply			Specify:	
Medical care				
Medicine supply				
Disease surveillance			Logistic support	
Reproductive health			Vehicle	
Psychosocial Support			Ambulance	
ICT			Others:	
Public Health prevention and promotion				

2. Operational area in Bangladesh

District	Upazilla	Union	Village

3. Operational capacity at local level:

--

4. Support provided so far:

--

5. Coordination/Cooperation arrangement with District/Upazila Health Officials

--

6. Reporting Mechanism: Y / N if Yes, To whom
on what basis (frequency)

7. Time period of operation:

8. Type of Future assistance:

9. Comments/Further information (if any, please add)

Section 2: For Donor Agency:

1. Current Support

Amount	Recipient	Area

2. Further intention to support

Amount	Recipient	Area