

Minutes
Fourth Meeting of Health Cluster
Local Consultative Group, Disaster and Emergency Response (DER) Sub-Group

Date: 17 December 2007.

Time: 14.15-16.15 hours.

Venue: Conference room, Institute of Epidemiology, Disease Control and Research (IEDCR).

Participants: 33 participants from 13 agencies consisting of MOH&FW, DGHS, donor agencies, UN, national and international NGOs - list of participants is provided in annex 1.

Jointly chaired by:

- Mr. Mohammad Golam Quddus, Joint Secretary (Hospital & Nursing) , MOH&FW
- Dr. Duangvadee Sungkhobol, WHO Representative, Bangladesh

Agenda:

1. Confirmation of minutes of 3rd meeting of health cluster
2. Follow-up action of the decision/recommendations of the 3rd meeting of health cluster
 - a. Feedback from the four sub-groups – Disease Surveillance, Reproductive, Maternal and Child Health, Psycho-social & Mental Health, Nutrition.
 - b. Update on perceived health needs from the affected areas.
3. Proposed comprehensive health surveillance form
4. Proposed in-depth health needs assessments
5. Update on public health situation (from 3rd December 2007 onward)
6. Priority activities for next 10 days
7. Date, time and venue of the 5th meeting of health cluster
8. Any other business

Brief highlights:

Dr. Duangvadee Sungkhobol, WHO Representative initiated meeting and requested Mr. Mohammad Golam Quddus, Joint Secretary, Hospitals, MOH&FW who is the Government of Bangladesh's Focal Point for the LCG, DER Health Cluster, to give his remarks. Mr. Quddus expressed his apology for not being able to be present in the first three meetings of the Health Cluster. He mentioned the difficulties of the current relief and rehabilitation programme of SIDR. As a government counterpart, he committed to extend his full support to the Health Cluster whenever needed.

1. Confirmation of minutes of 3rd meeting of health cluster:

Minutes of the 3rd meeting held on 3 December 2007 was confirmed.

2. Follow-up action of the decision/recommendations of the 3rd meeting of health cluster held on 3 December 07:
 - a. Feedback from the four sub-groups – Disease Surveillance, Reproductive, Psychosocial / Mental Health and Nutrition sub-groups

Disease Surveillance sub-group:

Professor Dr. Mahmudur Rahman, Director, IEDCR presented outcomes of the sub-group work on behalf of the Disease Surveillance sub-group.

He highlighted on the ToR of the sub-group i.e. reviewing the existing reporting format for selected diseases in 9 SIDR affected districts and revise it for uniform reporting, provide support to field personnel thorough orientation on data collection and reporting, establish standard case definitions and consult with other health cluster sub-groups, and to monitor the data collected in central control room at DGHS at periodic basis and providing assistance to in depth needs assistance to find out gross drop out, STI/ HIV/AIDS and malnutrition etc.

There are different kinds of disease surveillance in Bangladesh but most important is to give priority of communicable disease surveillance for early warning after recent cyclone SIDR. So, those communicable diseases which have potential for outbreak along with injury have been included in the new reporting format. In addition, case definitions of malaria and typhoid have been included in the format for clarity of data collection.

Discussion points:

- Viral fever, Malaria and Typhoid is a source of confusion for health personnel at SIDR affected districts as cases are being diagnosed on the basis of clinical observation.
- “Other Disease” variable needs to be further categorized for better clarity. If doctors record cases simply as fever, disease trend will go high, but it will not be very useful for surveillance purpose in absence of categorization further for suspected diseases (e.g. malaria, typhoid & viral fever). If proper case definitions are in place for viral fever, malaria and typhoid, reporting for suspected cases will be more specific.
- Non-endemic diseases such as malaria should not be included in the surveillance format to reduce the work load of health personnel at field. This will need to be further discussed in the sub-group.

Reproductive Health sub-group

Dr. Fakir Anzuman Ara from NGO Friendship gave an update on behalf of the sub-group. She presented the ToR of the Reproductive Health sub-group and identified reproductive and child health problems discussed in sub-group meeting e.g. unwanted pregnancies, unclean and unsafe deliveries, maternal and child nutrition, drop out of EPI sessions, sexual abuse and sexual exploitations, orphanage, personal hygiene, stock out of the essentials drugs of IMCI, lack of health facilities and difficulties in access to health care services.

Recommendations from the sub-group were strengthening family planning and contraceptives supply, strengthening supply of safe delivery kits, strengthening essential supply of newborn care and newborn kits, strengthening exclusive breast feeding support by teaching the expectant mothers, strengthening vaccination specially measles, supply of essential drugs of IMCI, education on personal hygiene and supply of hygienic kits, orientation of adolescents girls on urgent health seeking behaviors, child trafficking, trauma counseling mostly to orphan adolescents, feeding supplementation and consumption of appropriate food to pregnant women, referral of complications to appropriate health facilities.

Discussion points:

- An assessment on reproductive health that is planned to be carried out by UNFPA needs to be well coordinated with the proposed in-depth assessment of the health sector that will be discussed in the agenda to follow.

Psychosocial / Mental Health sub-group

Dr. Iqbal Kabir (WHO) presented the ToR and action points on behalf of Psycho-social / Mental Health sub-group. He highlighted that as the psycho-social and mental health phenomenon is very new in Bangladesh, initially it seems difficult. But sub-group has successfully drafted plan of action with technical assistance of Regional Adviser for Mental Health from SEARO. The needs for psychosocial support at community level in this post SIDR situation was agreed unanimously in a series of meetings during 9-11 Decembers with other stake holders. The National Institute of Mental Health (NIMH) has been identified as the national focal point for psychosocial support.

WHO-SEARO Manual for Training of Physicians and Community Health Workers will be translated and training of physicians and master trainers will be done at the National Institute of Mental Health in collaborations with international NGOs

At community level, government health workers e.g. Health Assistant and Family Welfare Assistant will provide psychosocial care in the affected areas. UNICEF has created some Child Friendly Spaces in affected areas where local teachers are providing support. They can be included as trainee.

Data collection format has been developed and accepted in sub-groups meetings.

Role of NIMH will be to training, supervision and treatment particularly when cases are available with special emphasis on the vulnerable group's e.g. pregnant women, Under 5 children, Orphan children, and Dependent aged people. There are many pre-existent cases before SIDR and following the disaster, situation seem to have further worsened. At local level the affected peoples need social support too.

Discussion points:

- Psychosocial support to affected victims should focus on psychological well being of the affected population, not on mental illness.
- Essential data on requiring psychosocial support should be collected during the in-depth assessment of the health cluster.

Nutrition sub-group

Dr. Md. Enamul Haque, National Coordinator of WHO EHA programme gave an update on behalf of the Nutrition sub-group. At the request of WHO, Dr. Uhaa of UNICEF chaired the sub-group meeting and would continue to lead the work of the Nutrition sub-group. The first meeting could not draft its ToR in detail. The meeting placed an emphasis on the need to collect available baseline data (published before SIDR) from UNICEF and other agencies for affected district, if any. Secondly, WFP and other agencies are distributing foods in the affected districts for which there are in some circumstances provision of breast milk substitutes in food baskets. This should not be allowed. Breast feeding should be ensured and promoted in stead of providing breast milk substitutes.

Discussion points:

- It is crucial to close monitor the nutritional situation in SIDR affected districts as it can be further aggravated by the recent disaster. Malnourished cases may increase and thereby needs for proper food grains and micronutrients may also increase.
- Special consideration should be given to explore the possibility for the National Nutrition Programme to extend its nutritional survey to the 9 worst affected districts.

b. Update on perceived health needs from the affected areas

The WHO Representative informed that after the 3rd Health Cluster meeting, form has been sent to Civil Surgeons of the 9 worst affected districts to obtain their perceived health needs and any requiring special support. Data is being collated; initial findings are from Barguna and Jhalokati where the damage is to key utilities and support services (eg electricity and water); and minor physical damage (windows, boundary wall). Detailed findings are still coming in from other district health offices.

3. Proposed comprehensive health surveillance form

The meeting reviewed the proposed disease surveillance form presented earlier by Dr. Mahmudur Rahman, Director, IEDCR and discussed the possibility of inclusion of additional items for monitoring psychosocial, mental health, reproductive health and nutritional status.

The meeting had detailed discussion in this matter. It was viewed that it is not feasible to collect information with respect to psychosocial, mental health, reproductive health and nutrition data in the same disease surveillance format on a daily basis. Special measure may need to be carried out to obtain the required information in those areas.

It was further decided to continue monitoring possible disease outbreak using the proposed diseases surveillance form that would be finalized by the sub-group. Required information on other aspects would be considered in the in-depth assessment exercise.

4. Proposed in-depth health needs assessments

The WHO Representative informed the meeting that after the 3rd Health Cluster's meeting the Director of Disease Control had requested WHO to facilitate the in-depth assessment of the health sector. WHO has approached Merlin for this purpose and the protocol for the in-depth assessment had been worked out which would be presented for the meeting to consider.

Mr Yves-Kim Creack of Merlin gave a presentation on the proposed in-depth assessment, its methodology, sampling methods and time frame.

Discussion points:

- UNFPA did not plan for a systematic assessment of the reproductive health needs of the affected districts. It only collected some secondary data on reproductive health problems while the Mission was in the field. These data may be useful for the assessment.
- The assessment should also gather information on reproductive health, psychosocial and mental health needs of the affected districts.
- There should be detailed technical discussion of major stakeholders on the proposed assessment to coordinate the assessments being carried out by other partners and improve the assessment design. A special meeting is scheduled to be held on December 19, 2007 in IEDCR at 9 AM to critical review the proposed questionnaire and methodology. All related documents are to be distributed beforehand electronically to the interested partners for their advance perusal.

5. Update on Public Health situation (from 3rd December 2007 onward)

Professor Moazzem Hossain presented available data on the damages of health facilities infrastructures in the SIDR affected areas and update on Public Health situation. It was revealed from the graphs that, at present, disease trend are going downwards. Brief information is provided in Annex 2.

6. Priority activities for next 10 days

- § Questionnaire for in-depth assessment is to be finalized. Special technical consultation for finalization of the questionnaire and methodology for the assessment to be convened on 19 December in IEDCR at 09.00 hours.
- § The proposed disease surveillance form is to be finalized by the Disease Surveillance sub-group.
- § Other sub-groups are to continue their work.

7. Date, time and venue of the 5th meeting of health cluster

The 5th meeting of the Health Cluster is scheduled to be convened on 27 December 2007 at 14.00-16.00 hours at IEDCR Conference Room.

8. Any other business:

- Coordination between the Family Welfare and Health in the affected districts was not optimal. Mr. Mohammad Golam Quddus, Joint Secretary (Hospital & Nursing) committed to look into this matter
- Work of the Reproductive sub-group is in progress. WHO is requested to facilitate the sub-group's meeting during the absence of the assigned convener (Dr Long Chhun, Medical Officer for Reproductive Health, WHO).

Annex 1: List of Participants

LCG, DER sub-group 4th Health Cluster Meeting Cluster Lead: WHO Participants Attendance Sheet on 17 Dec. 2007				
Sl.	Name of Participants	Designation	Organization	E-mail
1	Mohammad Golam Quddus	Joint Secretary	MoHFW	
2	Dr Duangvadee Sungkhobol	WHO Representative	WHO	sungkhobold@searo.who.int
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4	Dr KM Wahidul Haque	DPM - EPR	DGHS	
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30	Dr Wahidul Islam	Director MNCH	Save the Children	wahid@savechledren.org
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33	Dr Rezaul Haque	GK. RHC	Gono Shastha Kendro	rezaulgk@yahoo.com

ANNEX 2

Public health situation in 9 districts: (17 November to 18 December 2007)

- Total severely affected districts: 9
- Total severely affected Upazillas: 57
- Total severely affected unions: 438
- Medical team: 690
- Doctors including specialist physicians working in medical team: 1204

Source: DGHS, MoH&FW

Public health situation highlights:

Highlights during 17 Nov-24 Dec 2007 in 9 districts

Disease	Total Number of Cases
Diarrhoea	8207
ARI / Pneumonia	8442
Skin disease	14,931
Eye infection	4835
Fever / Typhoid (suspected clinically)	23,223
Jaundice	108
	59,746

Public Health Intervention:

- § 4 Health Cluster sub-groups already held their meetings and finalization of ToRs are underway.
- § An In depth Health Assessment methodology is being finalized along with logistic and financial arrangements to get the current status of health services and needs in the SIDR affected 9 districts as requested and in collaboration with Directorate General of Health Services, WHO and partner NGO

Challenges and priority action:

- To identify the priority needs and address the issues with close consultation with Health Cluster sub-groups and Ministry of Health.
- To assess needs and technical suitability for the establishment of the National Health Disaster Management Institute, WHO needs technical advice and support from regional office and Head Quarter.
- To strengthen timely collection of cases and death reports particularly age, sex specific data from field on regular basis.