

Meeting Minutes

Health Sector Coordination Meeting 09

Place: Crown Plaza, Hotel Sea Palace, Cox's Bazar

Date: 28 August 2024

Agenda	Discussion/Update	Action/ Follow-up
<p>General Updates, announcements, and follow-up from the last meeting.</p>	<ul style="list-style-type: none"> • Follow up from the previous meeting: <ul style="list-style-type: none"> - Health Sector Team to form a referral group to revise referral guidelines and SOPs: This was pending due to the nationwide unrest and security situation; the sector will discuss in the next SAG meeting to form the group. - Health Sector to arrange a meeting with the CHWG and SRH WG regarding the CHW data, especially the facility-based delivery rate: The meeting was done, action plan to presented in today's meeting. - Health Sector plans to reach out to the non-JRP partners for their funding status: Postponed due to the security situation. - Health Sector team to inform partners on the dates/ times and venue of the workshop for CCPM & EHSP launch: EHSP is finalized. The Health Sector will obtain the required approvals. • MSF pediatric patient capacity: MSF informed that their hospital is running beyond capacity as they are receiving a lot of non-complicated pediatric patient referrals from other Health facilities which could be managed at the PHC level. Partners are requested to screen patients properly and refer them only if necessary. Otherwise, MSF will be forced to turn them away. • Patients overload: Several partners informed that they are receiving a higher load of patients since the curfew questioning if all the health facilities are now operational with 100% capacity. All other partners confirmed that they are operating at 100%. The Health 	<p>AP: The health sector to discuss the formation of PHC/referral TC in the next SAG.</p> <p>AP: The health sector to send the EHSP to CS for endorsement.</p> <p>Partners to properly screen patients before referring to hospitals since there is a significant burden on the hospitals.</p>

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	<p>Sector will conduct field visits next week to assess the situation.</p> <ul style="list-style-type: none"> • Referral problem: IOM discontinued their patient referral services for other partners except for dengue severe cases patients and from now on they will only be supporting with referral services to IOM and their implementing partners also mentioned that they will continue managing Referral hubs, but case-by-case support will not be provided. This will create a significant gap in the referral system. The Health Sector will seek an estimated budget from IOM and meet with partners and donors next week to find a solution to the issue. • BRAC Rationalization update: BRAC has informed the sector that they are closing two of their health posts (UID-154 and 162, Camp 15 & 16 respectively) by the end of September 2024. This is in line with the rationalization exercise as both of the facilities were not recommended in the rationalization of the health facility result. • Sector Joint Need assessment with the Nutrition Sector: The Health Sector is planning for a joint need assessment with the nutrition Sector. The ToR and work plan is currently under development. Once the plan is finalized, the sector will share the details with the partners. • HIMS technical committee and E-card initiative: The ToR HIMS technical committee was shared with the SAG for their review. The committee will assess the feasibility of the E-card initiative. • Camp Health Focal Point (CHFPs) updates: The list of the CHFPs and their area has been updated, and the new distribution list has been shared with the partners. 	<p>AP: The Health Sector to seek an estimated budget from IOM and further discuss with the partners to find the solution to the referral issue.</p>
<p>Working Group Updates</p>	<p>Epidemiology, Case Management, and IPC WG:</p>	

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	<ul style="list-style-type: none"> • Cholera: <ul style="list-style-type: none"> - Since the upsurge of the last week of June 2024 there has been a Cholera outbreak ongoing in camps, marking the continuation of 9 weeks. The upsurge has surpassed the outbreak threshold by the MoH's endorsed Multi-sectoral AWD and Cholera Preparedness and Response Plan 2022/23 and WHO guidance. - Since the upsurge, 125 culture-confirmed cholera cases have been reported with no confirmed death (one suspected death). Males are the most affected (58%), while the most burdened age group is 0–9 years (66%). During this period, 17 health facilities with AWD Isolation capacity admitted 378 AWD patients with 26% of the total admitted cases presenting with severe dehydration, while 29% had some sign of dehydration. - 2 clusters were identified in camps 7 and 8W (family-based, not a geographical cluster). - Response interventions: <ul style="list-style-type: none"> ○ The procurement of Cholera kits is in the pipeline (WHO). Application for the Oral Cholera Vaccine is underway. Keeping the unregistered population in mind 15-20% additional vaccine will be requested. The probable date for the OCV campaign is Nov-Dec 2024. ○ WHO and Epi WG are providing daily situation updates and weekly SitRep on the evolving epidemiological situation of cholera in camps and surrounding host populations. Weekly cholera multisectoral meetings (in the form of mini-IMS) continues to provide update and technical guidance to the partners. 	<p>AP: UNICEF to share a suggested plan on lab capacity development, and to communicate bilaterally with WHO for this plan.</p>

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	<ul style="list-style-type: none"> ○ The number of health facilities with AWD isolation capabilities has been increased from 11 to 17 for effective management of AWD including Cholera cases and sentinel sites from 26 to 30 in August 2024. More than 1600 CHWs were deployed by CHWG. ○ The IEDCR Field Laboratory at Cox's Bazar Medical College conducts cholera culture detection with WHO support. UNICEF proposed building local test capacity to mitigate the culture test delay issue. ○ The WASH sector is scaling up WASH response interventions, including hygiene promotion, distribution of Aqua tabs, cleaning water holding containers and WASH facilities, and treatment of drinking water sources. ● Dengue updates: <ul style="list-style-type: none"> - There is a steep increase in dengue cases observed from July 2024. This week, 784 new dengue cases were reported, marking a 43% decrease from the 549 cases identified the previous week. - The total cumulative number of NS1 and antigen-confirmed dengue cases in 2024 stands at 5,039 including one death (CFR- 0.02%). Among them, 90% (4,544) cases have been reported from the Rohingya population. Cumulatively, five camps account for 54% of cases: Camp 3 (768 cases), Camp 13 (597 cases), Camp 17 (436 cases), Camp 19 (427 cases), and Camp 4 (235 cases) ● Mpox global situation update: The global situation of the Mpox has been presented. Globally from Jan-June 2024, 934 confirmed cases (with 4 deaths) were reported. 26 countries reported cases during this 	<p>IOM mentioned blockage of drain issues in some camps which required to be solved with the WASH and Site management intervention, to be discussed in the Cholera IMS.</p>

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	<p>time. From 2022-24, a total of 116 countries reported with Mpox. In response to the escalating mpox situation, the World Health Organization (WHO) convened the International Health Regulations (2005) Emergency Committee on 14 August 2024.</p> <p>Sexual and Reproductive Health (SRH) WG:</p> <ul style="list-style-type: none"> • MPMSR updates: From Jan-July 28 confirmed maternal deaths were reported which is lower than the same period in 2023 (35 deaths). Camps for the deaths are changing, found in different camps compared to the year 2023. From Jan-July 2024 more than 267 Perinatal deaths were reported. Among them, 70% were stillbirths (36% fresh, 64% macerated). Hypoxia has been observed as the main reason for perinatal deaths. • Social autopsy piloting from Maternal deaths was completed and findings were shared. • MCH card revision: Based on the feedback from MCH card piloting, the card has been revised and finalized the card with incorporating all feedback/comments, Birth notification form has been integrated. Planned to complete printing in September 2024 with the support of UN agencies and SCI. The Rollout of the card is planned for October 2024. Training will be arranged in September 2024 before the launch of the card. <p>Action plan on SRH and CHW data regarding the facility-based delivery rate:</p> <ul style="list-style-type: none"> • Problem 1: Discrepancies between the SRH and CHW home and facility-based delivery services. 	<p>AP: SCI, UNHCR and UNICEF to confirm funding for printing MCH card ASAP.</p> <p>SRH WG to start roll out of the card on 4th October 2024 as planned.</p> <p>AP: SRH WG to arrange training and orientation for HCWs on MCH card in September 2024.</p>

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	<ul style="list-style-type: none"> - Background: Several studies conducted by different partners and research agencies in 2023-24 reported facility-based delivery rates of less than 50% in the camps which are contradictory to CHW data (84% up to June 2024, 82% in 2023). - Reasons: The health sector called for a meeting with SRH and CH TWGs to discuss this issue and identify the potential reasons for this problem, where poor data and information management, Lack of understanding of the indicator definitions, Imprecise data related to home delivery, facility-based delivery, and PNC, etc. were primarily suspected as the reason for these discrepancies. - Action plan: the health Sector to the CHFPs to randomly verify the data of a few registered cases. Visits at the household level can also be considered. CHW TWG to share delivery data for the first two weeks of September 2024, disaggregated by camp and health facilities. The CHFP to verify a random sample of the registered cases. Data cross-verification of facility-based deliveries between SRH TWG and CHW TWG sources. SRH TWG to share the facility-based delivery definition with the partners, CHW TWG chair to deliver orientation sessions to the CHWs about the facility-based delivery definition. The sector will regularly update the partners on the progress and the impact of these action plans. • Problem 2: High maternal mortality rates - Background: According to the health sector data, the MMR as of July 2024 was 186 per 100,000 live births. According to SDG target 3.1, the global MMR should be less than 	<p>The sector to regularly update the partners on the progress and the impact of these SRH high mortality rates action plans.</p>

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	<p>70 per 100,000 live births. Due to high maternal mortality rates in recent years, various investigations were conducted to verify data accuracy.</p> <ul style="list-style-type: none"> - To identify the reason, it was decided that - the sector coordination team to conduct field visits to investigate the reasons with CiC officials and SRH WG to conduct social autopsy discussions in the camps with refugees, authorities, service providers, and other stakeholders. These were done and some common reasons were identified in both of the discussion which the sector presented in front of the partners categorizing in different sections i.e., Accessibility barriers, Social, knowledge, and cultural barriers, Behavioral barriers, Misinformation and rumors, Regulatory and administrative barriers, Planning and Implementation of awareness programs, etc. - Action Plan: Based on the identified reason the following action plan was decided by the sector to mitigate the issue - Review the awareness and community service modality and ensure a meaningful engagement of males and religious figures, Coordination and negotiation with local authorities regarding current regulatory measures on unskilled delivery practices, Revisiting the referral guidelines, Identify and address the existing gaps in the referral system, TBA mapping exercise and wise engagement into the health sector, Revisit the AAP mechanism within the health sector, especially AAP tools, including exit surveys and patient satisfaction surveys, Conduct field visits to the HFs delivering BEmONC and CEmONC services. The sector will regularly 	<p>AP: CHWG to present update on the Camp 26 low facility-based delivery rate in the next Health Sector Coordination meeting.</p>

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	<p>update the partners on the progress and the impact of these action plans.</p> <p>CHWG update</p> <ul style="list-style-type: none"> • AWD prevention activity: Community-based surveillance and awareness activities continue, From June 23 to August 24, CHWs reached over 90% of households weekly, impacting 400,000 people and identifying 16,800+ suspected cases. Nearly 350 courtyard sessions were held with 2,000+ community members, including leaders and Imams. • Dengue Prevention activity: Ongoing. Involves awareness and education on dengue prevention, including recognizing symptoms and understanding how the disease spreads through Aedes mosquitoes, Promotion of Protective Measures, Environmental Management, Community Engagement, and Early Detection and Referral. • Facility-based delivery: In July Camp 26 showed a low facility-based delivery rate compared to other camps (67% only). The CHWG will investigate the reason in the field update partners in the next Health Sector Coordination meeting. <p>MHPSS WG Update:</p> <ul style="list-style-type: none"> • Clinical Supervision needs assessment survey ongoing, Deadline extended till 29 August 2024. • mhGAP practitioners' availability assessment form has been distributed among partners. The deadline for response has been extended to 29 August. • MHPSS Focal list updated in August 2024 and shared with partners. • World Suicide Prevention Day and World Mental Health Day Commemoration planned with a 	

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	<p>Hybrid seminar for health care providers, dissemination of a brief note through the Health Sector, awareness raising sessions with volunteers, community leaders and social workers, webinars for partners etc.</p> <p>Emergency Preparedness and Response Technical Committee (TC) and MMT TWG:</p> <ul style="list-style-type: none"> The Emergency Preparedness and Response Technical Committee (EPR TC) planned for a "Training on Mass Casualty Incident Management, Basic First Aid, Triage and Referral" from 22-30 Sep 2024 targeting the Medical Mobile Team Members, Health Facility Focal, Medical officer, Surveillance Officer, Nurse, Midwife, Medical Assistant, MHPSS Staff, Protection staff, Pharmacist/dispenser, Paramedic, Nutrition Counsellor etc. 	
A.O.B	<ul style="list-style-type: none"> Partners raised their concerns about the new arrivals as they are receiving a lot of unregistered partners. 	

Action points:

Action point	Who	Deadline	Progress/Update	Status
The health sector to discuss the formation of PHC/referral TC in the next SAG.	Health Sector	Next SAG meeting (1 st September 2024)	Discussed in SAG	Completed
The health sector to send the EHSP to CS for endorsement.	Health Sector	N/A	In progress	Ongoing
The Health Sector to seek an estimated budget from IOM and further discuss with the partners to find the solution to the referral issue.	Health Sector, IOM	Next week	In progress, IOM Shared the budget	Ongoing
UNICEF to share a suggested plan on lab capacity development, and to communicate bilaterally with WHO for this plan.	UNICEF	N/A	-	Pending
SCI, UNHCR, and UNICEF to confirm funding for printing MCH cards ASAP.	SCI, UNHCR, UNICEF	-	-	Pending
SRH WG to arrange training and orientation for HCWs on MCH card in September 2024.	SRH WG	September 2024	In progress	Pending
CHWG to present the update on the Camp 26 low facility-based delivery rate in the next Health Sector Coordination meeting.	CHWG	Next Health Sector Coordination Meeting (25 September 2024 tentative)	-	Pending