

## Minutes of Meeting | 20<sup>th</sup> of February | UNICEF India Office Health Sector Committee

The meeting for Health Committee was held on the 20<sup>th</sup> of February 2020 at the UNICEF India office. List of sector committee members, members participated, and the agenda of the meeting is attached as Annex 1 and 2. The agenda-wise key discussions, decisions and actions points are as below:

### Agenda item 1: Background of NAEPR and Sector committees

#### Key Discussions:

- 1.1 A presentation with briefing of Sphere India sector committees, Vision, results and specific outputs for 2020 were presented to sector committee members.

#### Decisions:

- 1.2 The scope of the sector committee should evolve beyond coordination to include larger aspect of collaborations. Accordingly, sector committee should develop a multiyear collaborative program workplan, lead and jointly monitor the progress with projects to be undertaken by sector committee members and larger health sector development networks.
- 1.3 Multiyear sector plan should converge with priority areas of corresponding Govt. Departments.
- 1.4 The plan should be inclusive of Govt and all stakeholders.

### Agenda item 2: Priority issues and programming areas

#### Key Discussions:

- 2.1 Control of communicable diseases, Immunisations, BCC, SRHR, MH&PSS, control of non-communicable diseases, palliative care, Road accidents and other hazard fatalities etc are major components of health programming.
- 2.2 It will also need coordination with other sectors especially WASH and Nutrition.
- 2.3 The Government preparedness and programming in health sector generally is very high and significant.
- 2.4 However, there are pockets all over India and times when and where special attention is needed. The mortality rates due to JE/AES, example of recent cases child deaths in Rajasthan and Gujarat, preparedness for COVID-19, likewise there are many such situations which need attention.
- 2.5 Further, those who survive these situations have huge needs of rehab which put rehab systems under pressure, there are access and exclusion issues at grassroots and general community level preparedness and awareness where the committee and the larger health sector network the committee will be steering have a large role to play.
- 2.6 A lot of work is undertaken by health department and issues/work as discussed above also links to department of social welfare. There are mostly gaps in their interdepartmental coordination. The coordination led by committee should try to address that.
- 2.7 With in civil society and Govt., the capacities developed as volunteers and task forces see quick turn over. A regular system needs to be in place.
- 2.8 ICRC was requested to share their database of volunteers working in psychosocial support.
- 2.9 As per global standards, the level of air pollution in some months, the number of road fatalities in India, level of malnutrition in some pockets are Public health emergencies that need emergency measures.
- 2.10 The healthcare facilities are not upto standards and guidelines prescribed for them. Therefore, there is a establish accountability and capacities for it.
- 2.11 There is a need to map health facilities as part of health system building on existing documentation. This should help identify areas where civil society should be able to compliment the Government in larger Universal health coverage and affordability of health services goal and thus contribute to global health.
- 2.12 The committee should also focus on DRR and CCA mainstreaming aspects in health sector, converging and localising SFDRR and UNFCC targets in linked health sector SDGs.
- 2.13 The role of technology in collecting health data and providing health services should also be explored.

## **Actions**

- 2.14 Government with WHO has released social determinants of health. Unicef is requested to share it.
- 2.15 An exercise to map the capacities in the committee and health sector should be done by the committee to develop multiyear collaborative plan of action.
- 2.16 The Government is yet to share its plan of action for COVID-19. Sphere India can activate URS in preparedness with a call for the preparedness and role CSOs can play for it.

## **Agenda item 3: Revise TOR of Sector Committee**

### **Key Discussions:**

- 3.1 The ToR was presented to the sector committee members.
- 3.2 There are large number of stakeholders in the coordination of health sector. How are we involving them?
- 3.3 The committee should be representative of stakeholders involved and should steer a larger network of health sector stakeholders across humanitarian, development, DRR, CCA spectrum.

### **Actions:**

- 3.4 The revised TOR with inputs from members will be approved over email or in next meet over skype.

## **Agenda Item 4: Revise TOR of Sector Chair/Lead organisation**

**Key Discussions:** 4.1 The ToR was discussed, and members were requested to send their inputs over email by 29<sup>th</sup> Feb.

**Actions** 4.2 The revised TOR with inputs from members will be approved over email or in next meet over skype.

## **Agenda Item 5: Draft structure for policy guideline to be adapted from global sector (Cluster) guideline and experience.**

### **Key Discussions:**

- 5.1 The Draft structure of policy guideline was presented, and members were requested to send in their inputs via email.

### **Actions:**

- 5.2 Sphere India to coordinate with concerned ministries to obtain their disaster management plans.
- 5.3 Organisations requested to nominate authors, lead organisations specially to take responsibility.

## **Agenda item 6: Dates and Milestones for Sector in NAEPR.**

### **Key Discussions:**

- 6.1 The NAEPR quarter-wise timeline, outputs and milestones were discussed. The members appreciated the plan.

## **Agenda Item 7: Draft agenda of sector consultation for NPDRR pre event and NPDRR main event**

### **Key Discussions:**

- 7.1 The Draft Agenda for the sector consultation for NPDRR pre-event was discussed and committee members were requested to share their inputs at the earliest possible.

### **Actions**

- 7.2 Concept note and agenda to be finalised with help of committee members at the earliest and shared with NIDM.

## **Agenda Item 8: AOB and other discussions.**

### **Key Discussion**

- 8.1 The sector can play a big part in training and capacity building of Aanganwadi workers and other health protection community champions under the School Health Ambassador Initiative and under Ayushman Bharat (MoHFW)
- 8.2 UNICEF (Mr. Sarbjit Singh) to liaise Dr. Vivek And Dr. Apurva and share with sector members further info and documents on scope of capacity building of Aanganwadi workers etc.
- 8.3 Other actors such as BPNI and development forums/organizations should also be involved.

#### Actions

- 8.4 For doing the business of committee, the following task groups and actions were proposed to be completed by 29<sup>th</sup> Feb:
  - Nomination and selection of Chair and Co Chair
  - Govt Relationships and advocacy
  - Collaborative Plan and finances
  - Communications as a cross sectoral component with other sectors.



Health Sector Committee Meeting, 20<sup>th</sup> of February, 2020 at UNICEF India office

#### Annexure I: List of Participants

List of Participants in Meeting of Health Sector Committee		
Sr. No.	Participants	Organization
1.	Annie	Handicap International
2.	Issac Singh	EHA
3.	Sunny B.	Doctors for You
4.	David Livingstone	World Vision India
5.	Bijoy B Patro	One World Foundation India
6.	Nimisha Goswami	IPPF South Asia
7.	Dr. Suditra Wadhwa	FPAI
8.	Dr. Gursimran Kaur	Save the Children India
9.	Dr. Anjum Soni	ICRC
10.	Pratibha Pandey	Child Fund India
11.	Vivek S	UNICEF
12.	Dr. Apurva	UNICEF
13.	Sarbjit Singh	UNICEF
14.	Vikrant, Kennedy, Paritosh	Sphere India
Regrets		
1.	Care India	
2.	ADRA	
3.	Muslim Aid	
4.	Terre des hommes Foundation	
5.	WHO	
6.	PCI	
7.	Americares India	

## Annex 2      Agenda of the Meeting

1. Priority Issues and Programming Areas
2. Revise TOR for the sector committee (draft attached)
3. Revise TOR of the sector lead (draft attached)
4. Dates and milestones for the Sector in NAEPR (will be discussed).
5. Draft structure for GO-NGO-UN policy guideline to be adapted from global (sector) cluster guideline and experience (draft attached)
6. Draft agenda of sector consultation for NPDRR pre event.
7. AOB

## Annex 3      Dates and Milestones

