Health Cluster Coordination Meeting

October 16th 2019

Sana’a
# Yemen Health Cluster Coordination Meeting

**Date**  
Wednesday 16th October 2019  

**Venue**  
MoPHP – Minister’s Office Conference Room  

**Time**  
10:00 am – 12:00 pm  

<table>
<thead>
<tr>
<th>Agenda topics</th>
<th>By</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome and introduction</td>
<td></td>
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<tr>
<td>2. Endorsement of previous meeting minutes and follow up on action points.</td>
<td>Health Cluster</td>
<td>10 min</td>
</tr>
<tr>
<td>3. Outbreak status – Cholera, Epidemiological situation, Response, Gaps and Solutions (MoPHP, WHO and EOC)</td>
<td>MOPHP/WHO</td>
<td>20 min</td>
</tr>
<tr>
<td>4. Health Response Plan 2020</td>
<td>MoPHP / health Cluster</td>
<td>10 min</td>
</tr>
<tr>
<td>5. Information Management:</td>
<td>Health Cluster</td>
<td>10 min</td>
</tr>
<tr>
<td>- Info-graphs</td>
<td></td>
<td></td>
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<tr>
<td>- Reporting status</td>
<td></td>
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</tr>
<tr>
<td>6. Partners’ Updates:</td>
<td>Health Cluster</td>
<td>10 mins</td>
</tr>
<tr>
<td>- Challenges</td>
<td>Partner</td>
<td></td>
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<tr>
<td>7. Updates from Technical Working Groups</td>
<td>Health Cluster/</td>
<td>15 min</td>
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<tr>
<td>- MHPSS</td>
<td>TWGs</td>
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<tr>
<td>- WASH in HF’s</td>
<td></td>
<td></td>
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<tr>
<td>- RHWG</td>
<td></td>
<td></td>
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<tr>
<td>9. AOB</td>
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</table>
الاجتماع التنسيقي الخاص بكلئة الصحة
التاريخ:少爷16 أكتوبر 2019
محل المكالمات: وزارة الصحة العامة والسكان، غرفة الاجتماعات مكتب الوزير، الدور الرابع
الوقت: 10 صباحاً إلى 12 ظهراً

<table>
<thead>
<tr>
<th>الموضوع</th>
<th>المدة الزمنية</th>
<th>المسؤولة</th>
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</thead>
<tbody>
<tr>
<td>1 التعرف والترحيب بالشاركين</td>
<td>10 دقائق</td>
<td>كلية الصحة</td>
</tr>
<tr>
<td>2 إجراء محضر الاجتماع السابق وتمتازح نقاط العمل</td>
<td>30 دقيقة</td>
<td>وزارة الصحة / منظمة الصحة العالمية</td>
</tr>
<tr>
<td>3 حالة الوباء - الوضع الوبائي والاستجابة والتحديات والحلول (MoPHP, WHO, EOC)</td>
<td>30 دقيقة</td>
<td>وزارة الصحة</td>
</tr>
<tr>
<td>4 خطة الإستجابة الإنسانية 2020</td>
<td>10 دقائق</td>
<td>كلية الصحة</td>
</tr>
<tr>
<td>5 إعداد المعلومات لكلية الصحة: العروض التوضيحية (إنفو جرافات)</td>
<td>10 دقائق</td>
<td>كلية الصحة</td>
</tr>
<tr>
<td>6 تحديد من الشركة: التحلقات</td>
<td>10 دقائق</td>
<td>كلية الصحة / الشركة</td>
</tr>
<tr>
<td>7 تحديثات من مجموعات العمل الفنية: الصحة القلبية والدمع نفس إجتماعي، البيئات والصحة الاجتماعية والصحة الإنجابية</td>
<td>15 دقيقة</td>
<td>كلية الصحة / مجموعات العمل الفنية</td>
</tr>
<tr>
<td>8 تحديث حول المخصص المعياري الثاني 2019</td>
<td>10 دقائق</td>
<td>كلية الصحة</td>
</tr>
<tr>
<td>9 أي نقاط أخرى</td>
<td>90 دقيقة</td>
<td>كلية الصحة</td>
</tr>
<tr>
<td>Serial</td>
<td>Action Points/ Subjects to Follow Up</td>
<td>Responsibility</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>1</td>
<td>No achievements to be discussed, Challenges are to be highlighted by partners.</td>
<td>Health Cluster Partners</td>
</tr>
<tr>
<td>2</td>
<td>Project closures should be notified 60 days in advance. (e.g. DTCs/ORCs)</td>
<td>Partners</td>
</tr>
<tr>
<td>3</td>
<td>MCLA Tools approved for all clusters. Mortality question removed.</td>
<td>OCHA/Health Cluster</td>
</tr>
<tr>
<td>4</td>
<td>ToT on Multi Cluster Location Assessment (MCLA)</td>
<td>OCHA/Health Cluster</td>
</tr>
<tr>
<td>5</td>
<td>Reporting is mandatory for all Health Cluster Partners. 60 Days period (ending Dec 1) provided to partners to updated their reporting status.</td>
<td>Partners</td>
</tr>
<tr>
<td>6</td>
<td>Cluster Infographics to be shared with partners. (website)</td>
<td>Health Cluster</td>
</tr>
<tr>
<td>7</td>
<td>Online Dashboard for Health Cluster activities (4Ws).</td>
<td>Health Cluster</td>
</tr>
<tr>
<td>8</td>
<td>HUBs info-graphics will be shared with partners on a monthly basis.</td>
<td>Health Cluster</td>
</tr>
<tr>
<td>9</td>
<td>IMO Training on reporting will be held on Thursday 17th October 2019 for all Health Cluster Partners.</td>
<td>Health Cluster/Partner</td>
</tr>
<tr>
<td>10</td>
<td>Partnerships/Memberships in cluster criteria explained. Minimum 6 months’ probation period to reduce risk.</td>
<td>Health Cluster</td>
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</tbody>
</table>
Outcomes - Cholera Task Force

Challenges
Way forward

MoPHP – EOC
2 Slides MAX
Epidemic Curve of Cholera Cases

Cumulative (from Week 1 to Week 40, 2019)
Summary Analysis During Last 3 Weeks 39,40,41

Week 41 ends on 13 October 2019
# Summary of Cholera Indicators

## During Last 3 Weeks 39, 40, 41

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected Cases</td>
<td>41,997</td>
<td></td>
</tr>
<tr>
<td>Death Cases</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>AR/10,000</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>CFR%</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>Total RDT</td>
<td>4,729 (11% of Total Suspected Cases During Last 3 Weeks)</td>
<td></td>
</tr>
<tr>
<td>Positive RDT</td>
<td>3,133 (66% of Total RDT During Last 3 Weeks)</td>
<td></td>
</tr>
<tr>
<td>Confirmed Cases</td>
<td>68 (37%) (n = 184)</td>
<td></td>
</tr>
<tr>
<td>Children (&lt; 5)</td>
<td>12,485 (30% of Total Suspected Cases)</td>
<td></td>
</tr>
<tr>
<td>Proportion of severe cases</td>
<td>5,574 (13% of Total Suspected Cases)</td>
<td></td>
</tr>
<tr>
<td>Affected Governorates</td>
<td>91% (21/23)</td>
<td></td>
</tr>
<tr>
<td>Affected Districts</td>
<td>80% (267/333)</td>
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**Week 41 ends on 13 October 2019**
Challenges

• Capacity building for staff at health facilities
• Enforcement of RDTs & Laboratory SOPs for testing
• High Staff turnover
Recommendation

• Enforce Infection Prevention standards at health facilities

• Increase awareness of health facilities workers and community regarding cholera prevention, control measures and mode of transmission.

• Refresher training for all workers in cholera treatment centers and corners.

• Use correct protocol for use Rapid test, and shipping sample for confirmation.

• Training the new staff on cholera case management especially in cases of malnutrition and the SOP of infectious control measures.

• Establishment an appropriate waste disposal area in each DTC and ORC, and activate the existing ones. (Most of DTCs)
EPI/Vaccination Updates

Vaccine Preventable Diseases

MoPHP/WHO/UNICEF
Routine immunization 2019

- The coverage is up to Aug only because Sep reports will reach central level by the end of Oct.

- Some governorate reach a high coverage due to:
  - Sana’a & Lahj implement monthly outreach activities.
  - Southern governorates have implemented 2 outreach rounds.
  - Mareb gov using underestimated denominator.

- Some governorates have low coverage due to:
  - Northern gov implemented only 1 outreach round so far.
  - Al Jawf is low coverage for years.
  - Taiz, 3 districts are not reporting since the beginning of the year.
High & Low coverage governorates in Diphtheria campaign:

• **Low coverage in Sana’a city:**
  • Changing the strategy from campaign to outreach.
  • Social mobilization activities were not exist due to the change in the strategy.
  • The completeness of report was only 54%. The work has stopped due to low demand for vaccine.

• **The high coverage in Mareb/Damar:**
  • Population movements from other unstable governorates.
Health Cluster Issues/Updates

HNO/HRP 2020
Taxation on Incentives
Incentives analysis (Cluster Partners)
Humanitarian Need Overview (HNO)
RECOMMENDED ANALYSIS PROCESS - Steps

• Cluster IM **finalizes needs severity scores** for all districts based on available data

• Cluster convenes a meeting as soon as possible to **endorse needs severity scores**,
  • Endorse district-level needs severity scores – IM/DTM –DHIS2

• Cluster **estimates the number of people in need** in each district.
  • Estimates should be disaggregated by sex and age.

• Based on feedback, the cluster drafts the brief narrative section.
  • The cluster returns completed templates to OCHA by the date specified.
HNO and Health Response Plan (2020)

Cluster Needs Severity

• Needs severity score
• People in need (PIN).

PIN → revise the Health Cluster Severity Matrix (Score 0-6) at district level

Based on → Health Cluster indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Source of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Accessibility</td>
<td>MCLA 2019 findings</td>
</tr>
<tr>
<td>Affected Population</td>
<td>MCLA 2019</td>
</tr>
<tr>
<td>Access to Areas</td>
<td>OCHA Access analysis data</td>
</tr>
<tr>
<td>Health System Capacity</td>
<td>HeRAMS / EPI / MCLA (Challenges in accessing HF)</td>
</tr>
<tr>
<td>Morbidity</td>
<td>MOH Surveillance data / MCLA (NCD)</td>
</tr>
</tbody>
</table>
PROPOSED WORKFLOW

The diagram below summarizes the proposed workflow; a draft calendar is on a separate page.

**DELPHI INFORMATION STREAM**

- Refresh discussion guides and thresholds for cluster severity scales relying on expert consensus

- RCT or Cluster Workshops (all hubs) complete Delphi analysis of all districts in their hubs

- Results of Delphi analysis (Covering all districts)

  *All results due 29 November*

**DATA INFORMATION STREAM**

- Identify data sources and update thresholds for cluster severity scales (MCLA and any other cluster sources)

- MCLA (no action needed by clusters)

- Cluster assessments for any additional data sources identified (as needed)

- Final results of assessments (MCLA and any cluster assessments)

- National clusters review all data available and finalize analysis

- HNO published (target date 20 December)
Key Consultations

- **Hub Level HNO workshops:** strategic level workshop to engage all stakeholders including local authorities in the collective needs analysis process.

- **Dedicated cluster workshops/meetings** with line Ministries and MOPIC/NAMCHA

- **HPC Workshop** (Sana’a and Aden) presenting HNO results and identifying top-line strategy for 2019 YHRP.
Update on Taxation (Incentives)

• Issue discussed with OCHA and MoPHP (DG and his excellency)
• Agreement on that incentives should not be taxed.
• NGOs – To hold payments till this issue is cleared
Incentives Analysis - KOBO

• Incentivization – Harmonization – (KOBO)
  https://ee.humanitarianresponse.info/x/#cT6I26t9 (work in progress – DRAFT V6)

• All Partners to fill through KOBO – Link will be shared on Thursday/Friday

• Way forward
  • Emergency Cash Transfer platform;
  • **Purpose of the ECT platform** is to ensure that the cluster will address standardization, harmonization of scale, address duplication among staff, and enhance transparency and predictability with the aim to exit from incentivization by December 2020. *(subject to regular salary)*
Information Management

Info-graphics
Reporting Status September 2019
2nd Standard Allocation
Information Management

• **Registration:**
  – Cluster members – Active!!
  – To join the Yemen cluster list: [https://forms.gle/cjBRNhjTgGRHusgy6](https://forms.gle/cjBRNhjTgGRHusgy6)
  – Membership Criteria

• **Regular reporting – DHIS**
  – Monitoring and updating
    • Matrix prepared
    • Non-reporting partners after 60days will be withdrawn from Health Cluster

• **IM products**
  – Availability through dedicated websites
    • Health Cluster & OCHA website (*link will be shared*)
### Current Reporting Situation for partners -

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Range %</th>
<th>Color coding</th>
<th># of partners (Aug)</th>
<th>% (AUG)</th>
<th># of partners (SEP)</th>
<th>Percentage % (SEP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 - 50%</td>
<td>Red</td>
<td>6</td>
<td>13%</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>2</td>
<td>50% - 65%</td>
<td>Orange</td>
<td>10</td>
<td>23%</td>
<td>8</td>
<td>18%</td>
</tr>
<tr>
<td>3</td>
<td>65% - 80%</td>
<td>Yellow</td>
<td>6</td>
<td>13%</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td>4</td>
<td>80% - 100%</td>
<td>Green</td>
<td>23</td>
<td>51%</td>
<td>25</td>
<td>55%</td>
</tr>
<tr>
<td>TOTAL PARTNERS</td>
<td></td>
<td></td>
<td>45</td>
<td></td>
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</table>
Health Cluster Membership

Membership Process
Minimun Requirement
Application Form

Membership Process
Cluster Coordination Meetings

Start OCHA Partnership
Eligibility Process

Encourage partnership with other active partners

Probation period ➔ 6 months
Second Standard allocation - How to identify their priorities

• Clusters to reach out to the concerned UN agencies which received money from the KSA / UAE / Kuwait (USD788 Million) to determine how they intend to allocate the funds within their respective clusters.

• Based on this, clusters to identify critical unfunded programs within their HRP cluster plan first and second line response,

• Based on that, OCHA and the HC will identify the most critical priorities based on the funding at hand, and the YHF Advisory Board (AB) will decide on these priorities.

• Once the AB has endorsed the key priority areas for funding for the SA2, concerned clusters will be asked to put together their strategy, including more details on geographic prioritization etc.

• Clusters will defend their respective strategies in front of the AB, and the approved strategies will be the basis for partners to submit their proposals on the GMS for review.
Second Standard Allocation – Pool Fund 2019

- OCHA to circulate to ICCM the endorsed paper on parameters for the YHF – *to be shared*

- Total Allocation USD110Million – All clusters; linking with GULF donations.

- No overlap with first standard allocation

- Maximum duration 12 months

- Projects will be vetted using the average unit cost, their capacity, presence, reporting status and attendance.

- All OCHA endorsed NGOs can apply (no guarantee all proposals will be accepted - SAG)
Rationale (why is this a priority, what happens if not funded, etc)

- **Ensure continuity** of health services and maintaining functionality of the over burden health facilities/ hospitals in identified high priority districts

- Due to **closure of projects** in Sep/ Oct 2019, areas with Inadequate primary and secondary health services will be focused and restored.

- Focused on **front line districts** (western coast) with provision of lifesaving health services

- Ensuring health services to **IDPs** and newly displaced in these districts

- Maintaining the **referral mechanism** (ambulances) and focusing to ensure outreach activities through mobile medical clinics /teams
Partners Challenges

to be discussed during the Health Cluster meetings
HUBS – updates focusing on challenges

• SANAA:
  • Mission to Dhamar, Amran and Albaydha; despite the fact that IDP can access HF but can't use health services as they requested to pay fees

• ADEN:
  • Difficult access to some of IRG areas which should be under Aden response e.g: Altuhayta, Alduraihymi, some areas of Albydha governorate
  • Weakness of referral mechanism of IDPs to obtain secondary health services

• SAADA:
  • Lack of general doctors and specialists, especially women and gynecologist to work in Sa'ada and Al-Jawf governorates
  • Lack of unified health workers payment scale; and the delay of incentives

• HUDAYDAH:
  • Current fuel shortage crisis will affect the continuity of Health services if it persist for one month.
  • Accelerating MSP agreements for Abs, Az Zuhrah Rural Hospitals, Hayes districts.
  • Weakened MSP interventions in Al Luhayiah Rural Hospital by IOM (No Specialists).

• IBB
  • Delayed in health projects sub-agreements for IOM & RDP, SCI.
  • Shortage in Blood Transfusion Triple bags in National Center for Pubic Health Lab (NCPHL) in Taiz
Working groups and Taskforce - Updates

- Mental Health & Psychosocial Service Support (MHPSS)
- WASH in Health Facilities
- Reproductive Health
- Nutrition Surveillance System –WHO
- National cholera taskforce
National MHPSS Technical Working Group Updates

October 2019
• **Task forces progress update:**
  
  – **Work plan TF:** The preparation for the workshop to draft a work plan for the TWG is underway. An agenda is being developed and will be shared in a couple of days.
  
  – **Workforce TF:** Members of the TF have finalized drafting a questionnaire to be sent to all institutions after review from NMHP.
  
  – **Referral Pathway TF:** has worked on capturing the existing referral pathway which will be issued in a report.

• **Data collection:** in coordination with health and protection cluster, the chairs of MHPSS TWG and CP- SWG has drafted two indicators for collecting data on monthly basis.
• **MoPHP:** MHPSS TWG members have requested to have clarity from the Ministry of Public Health & Population regarding:
  – Approval to have the MHPSS TWG rotating – each meeting will be held at a different venue hosted by a partner organization.
  – Share standard procedures regarding approval process for implementing MHPSS programs/activities.

• **Attendance of other ministries:** Partners have asked about having more consistent attendance of the focal points from MoSA (and MoE).

• **4 W** – to be developed - IM
National WASH in Health Facilities Technical Working Group Updates

October 2019
**IPC compliance**

- Handwashing stations are available at point of entry and exit with chlorine solution 0.05% or soap and water: 52% (Yes), 48% (No)
- A staff is posted at the entry and exit to ensure washing of hands and shoes 24 hours a day: 77% (Yes), 23% (No)
- A maintained foot bath or spraying of shoes are available at the point of entry with chlorine solution 0.2% (maintained = muddy solution is replaced regularly): 53% (Yes), 42% (No)
- All areas are maintained properly ordered, clean and tidy: 45% (Yes), 55% (No)
- Handwashing stations with chlorine solution 0.05% or soap and water are available in each ward: 62% (Yes), 38% (No)
- Health staff and relatives wash hands after each manipulation of the patient: 73% (Yes), 27% (No)
- Gloves are worn when IV catheter or NG tube is inserted/removed: 53% (Yes), 47% (No)

**Waster water management in DTC’s**

**Safe healthcare waste disposal**

**DTC’s monitoring results**
Way forward

• **Training** plan on IPC and healthcare waste management

• **Monitoring indicators** for WASH in Healthcare facilities finalized and will be shared with Health cluster

• Reviewing different **data tools** in line with finalized indicators

• **Guidelines** on Waste water management in health care facilities
• Establishment of Department of Midwifery within the Population Sector – MoPHP
  • To ensure coordinated interventions for strengthening midwifery system in Yemen.

• RH service delivery interventions to ensure optimal coverage with RH services.
  • Health facilities supported: WHO (71) and UNFPA (268) – Mapping to be provided
  • UNICEF supporting operational cost in 18 hospitals

• Procurement of supplies and equipment including ERH Kits in coordinated manner
  • WHO/UNFPA procure and distribute RH Kits.
  • All three agencies are procuring MNH equipment and supplies

• RHCS task force establishment:
  • A subgroup of RHIAWG is undertaking quantification and forecasting of RH commodities with objective of producing a supply plan for the year 2020.

• A youth health sub-group: working to undertake a situational analysis study on youth health.
  • A consultant has been hired who will soon present his inception report to the RHIAWG before undertaking the study.
• Ensuring quality of RMNH care by standardizing service guidelines and protocols:
  • Essential newborn care (ENC) guideline, TOT training and scale up of the training in all governorates is ongoing
  • CMR - consultant has gathered feedback from the steering committee finalizing compilation and committee to meet soon to finalize and recommend to the Minister for approval
  • Early Essential Neonatal Care-clinical practice pocket guide in both languages Arabic and English has been developed
  • Family Planning Guidelines – has been reviewed and submitted by the appointed committee to the Minister for approval

• Strengthening Maternal Death Surveillance and Response:
  • Perinatal Death will be introduced once the former is well rolled out.
  • Consideration will be done to make maternal deaths notifiable and possibly integrate into the eDEWS if feasible.

• Given the critical shortage of service providers, partners have initiated training programs: in-service training for EmONC teams, preservice for CMWs
Challenges

• Difficulty in attracting HWs to the hard to reach areas based on current health cluster salary scale.

• Some hospitals occupied by the military affecting access for civilians particularly on the west coast of Yemen.

• Delays in release of supplies from ports and movement of supplies within the country requiring lengthy approval process from several layers of authorities.
  • Hence stock out of key RH commodities is currently experienced in many health facilities.

• Partners working with MOPHP face challenges of delayed implementation of approved activities.

• Funding constraints for reproductive health services
Nutrition Surveillance System/ WHO

October 2019
Yemen Nutrition Sentinel Site Surveillance System (Y-NSS)

Target Groups: All children aged (0 to 59) months attending the health facility.

Nutrition surveillance indicators
- Anthropometric indicators (Bilateral pitting edema, Wasting, Underweight & Stunting).
- Biochemical indicators (Hb)
- Care practices indicators (EBF)

NSS Response:
- Immediate response: detect malnutrition cases and refer children to suitable services.
- Provide early based information warning.
- Provide ongoing information for government and partners to make appropriate decisions for strategies response for national development and emergency needs.

Information dissemination
Monthly bulletin reflects infographics summarizes available information collected at health facilities level for main nutrition and health indicators.

Nutrition Sentinel sites locations
- Locations with elevated risk of famine
- Doesn’t aim to cover all HFs, scale up plan is ongoing.
AOB
THANK YOU

Next Health Cluster meeting ➔ 30 October, 2019