

Minutes of Virtual Health Cluster Coordination Meeting Sana'a YEMEN

Date: 22nd July ,2020

Venue: Virtual meeting

Meeting Agenda	
1	<p>Welcome and introduction:</p> <p>Health Cluster Coordinator welcomed all partners to the regular virtual biweekly Health Cluster meeting, the action points of the last meeting were discussed and the meeting minute was endorsed.</p> <p>The meeting has addressed the following agenda items:</p> <ul style="list-style-type: none"> • Introduction • Updates from various coordination fora • Epidemiological updates: <ul style="list-style-type: none"> - Brief updates on COVID-19 (COVID-19 weekly meeting) - Cholera updates • Health Cluster matters: <ul style="list-style-type: none"> - membership - Reporting status - Health Cluster achievements Jan- June 2020 (first half of 2020) - Health partners' interventions, updates, challenges, - Building capacity of partners - Updates from the hubs - updates on Mapping of COVID measures in non- COVID HFs and impact of fuel shortage on provision of services • Updates of TWGs (MHPSS, WASH in HFs, RHIWG and Nutrition) • AOB
2	<p>Epidemiological updates:</p> <ul style="list-style-type: none"> - Brief updates on COVID-19: since the Health Cluster team is usually discuss all COVID-19 related updates in the weekly COVID meetings on Thursday, so this agenda item was agreed to be addressed in details the next day 23rd July 2020. - Cholera updates: The Cholera cell team lead at WHO presented a brief update on cholera in the country between weeks 1 – 27 that shows a slight increase in the trends for the last three weeks especially in Sana'a, Lahj and Shabwah governorates. As of week 27, the suspected cases were reported from 22 affected governorates and 296 districts.

There were few points raised by partners regarding the reason behind the increase in certain areas and the possible difficulties facing RRTs in tracking cholera cases when RRTs need also to follow with COVID.

Action point: WHO will share the risk assessment and new priority districts when finalized

3 Health Cluster matters:

The Health Cluster team emphasized on the health cluster membership requirements and criteria that should be met by all new NGOs who are requesting to join the cluster. Noting that joining the cluster meeting doesn't mean by any way that the NGO has been granted the membership. This is because we need to make sure that partners have good capacity and capable to save people lives.

Health Cluster achievements:

Based on health partners' inputs and reports for the month of June 2020, the analysis shows that only 30 partners have reported in to the Health Cluster reporting system who continue to support the functionality of 2108 health facilities across the country. For the first half of 2020 (Jan- June), the 45 active Health Cluster partners have reached over 3.9 million beneficiaries, including internally displaced persons (IDPs), in all 22 governorates in Yemen. Partners are helping to keep open 3,143 health facilities by offering health services, hosting capacity building sessions and providing lifesaving medicines and supplies. All details on health partners support (by indicator) can be found in the Health Cluster dashboard.

Reporting Status:

Because of the ended projects in June 2020, only 30 health partners have reported into the cluster reporting platform, that made the reporting percentage decrease to 71%. All partners are encouraged to report on time.

Sr.No	# of Partners (Apr20)	% (Apr20)	# of Partners (May20)	% (May20)	# of Partners (Jun20)	% (Jun20)
1	0	0%	1	2%	1	2%
2	3	7%	3	7%	4	9%
3	11	24%	5	11%	8	18%
4	31	69%	36	80%	32	71%

Action point: Health Cluster is to share partners presence maps and info for Jan –June 2020

4 Updates from the hubs:

In order to have better understanding of the major updates and burning issues from the hubs, the Health Cluster will be giving the opportunity to Sub- National coordinators to feed into the meeting and briefly share the major updates from hubs. Health Cluster hub

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	<p>coordinators informed the partners in this meeting on the operational issues, achievements and challenges at hub level, this was received from Al-Hudaydah, Ibb- Taiz, Aden, Sa'adah, Sana'a and western coast.</p> <p>Among the issues raised by Health Cluster Hub coordinators, extreme needs in most hospitals and Health facilities especially with the gaps resulted from the ended projects. The increasing needs of IDPs response in all hubs, expected needs of floods need to be considered as well.</p> <p>Recommendation: the needs for IDPs support should be addressed at hub level for strong advocacy at ICCCM level</p>
5	<p>Mapping of COVID measures in non- COVID HFs:</p> <p>The Health Cluster team urged all partners to kindly share their inputs on this mapping for July 2020, so far only 18 inputs have been received from partners. This analysis is important to show the gaps in terms of COVID related measures in non-COVID health facilities.</p> <p>To recall the outcomes of June analysis,</p> <p>The mapping of June 2020 which 34 health partners have responded, shows a notable improvement in health partners support, but there are still gaps need to be filled (indicated as planned activities by partners). Those gaps were clearly reflected in Risk communication and community engagement, health staff training on IPC and case management, prepositioning of IPC materials and triage.</p> <p>WHO stated that the revised triage guideline / protocol is under discussion with MOH and hopefully it will be finalized soon.</p>
6	<p>Follow up with Fuel shortage impact:</p> <p>The health Cluster team emphasized on the importance of capturing the impact of fuel crisis on provision of health services in health facilities that partners are supporting. According to the feedback we have received from partners, inputs highlighted on 208 HFs, of them 125 HFs were affected by the fuel crisis. 65% of the reported impact on those HFs was about decrease beneficiaries seeking health services in those HFs, 26% difficulties in health workers' transportation and decrease in working hours of those HFs.</p> <p>Health Cluster team urged all partners to continue informing the Health Cluster on any impact on health services provision resulting from the fuel crisis as this should be a continuous process as long as the crisis remains.</p> <p>Action Point: Health partners are requested to report any impact continuously to the health Cluster</p>
7	<p>Building capacity of partners:</p> <p>The Health Cluster team briefed the partners on the progress of the capacity building initiatives that will be started soon, where two online trainings will be initiated for partners. These trainings opportunities and support is based on the Cluster Coordination Performance Monitoring (CCPM) findings of 2019 and supported by WHO.</p>

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	<p>-Good Safeguarding Practices: this will be led by Bond –UK and supported by WHO and will be on online training sessions for all partners for nominees who have responsibility for developing and implementing safeguarding policies and procedures within their organisation. The ultimate objective and the expected outcome of this training is to ensure good practices on how to safeguard everyone in our organizations at all times, including protecting staff from harm and inappropriate behaviors such as bullying and different types of harassment.</p> <p>All 45 active partners will have the opportunity to benefit from this training, two participants from each agency (Senior Medical/ Health manager/ officer and the HR officer) so they can influence the change in organizations’ policies and procedures regarding safeguarding practices.</p> <p>The training will be in four sessions, three days each started from 2nd week of August and first week of September 2020. An email with google form link will be share out to health partners to nominate participants and chose the time of the training.</p> <p>-Online training on COVID-19 Response: this online training will be led by HAD which aim to build capacity of NATIONAL health and non-health partners in terms of COVID-19 response in three countries including Yemen. According to the selection criteria set by HAD, four national health partners have been already nominated.</p> <p>Action Point: Health Cluster will share the nomination link with all active partners and prompt response from all partners is strongly encouraged.</p>
8	<p>Updates of TWGs (MHPSS, WASH in HFs, RHIWG and Nutrition):</p> <p>RHIAWG presented brief update on RH related activities that included</p> <ul style="list-style-type: none"> ➤ Supporting 18 hospitals to provide free MNCH services in 13 governorates by UNICEF. ➤ ongoing supporting the 3 years pre service training for around 157 CMW. ➤ 178 health providers will be graduated from one-year Diploma in August, a team of 5 providers will work as EmONC team in inter district hospitals. <p>In addition to other activities highlighted in the presentation. Few challenges were also addressed by RHIWG that include:</p> <ul style="list-style-type: none"> ▪ Difficulties transportation of commodities from Aden to Sana`a. ▪ Increase transportation fees during the fuel crisis. ▪ Shifting priorities to the pandemics and other emergency situations. ▪ Limited fund and human resources to continue RH services <p>The MHPSS has shared the monthly report on MHPSS activities, this will be shared along with the meeting minute.</p>
	<p>COVID-19 Preparedness and Response: COVID-19 task force meeting July 23rd 2020</p> <p><u>Situation update:</u></p>

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Update on the epidemic situation of COVID-19 was presented by WHO that highlights the latest updates on COVID-19 in the region and most reported confirmed cases of COVID-19 in Yemen, associated death and recovered cases (All COVID-19 figures are representing the Southern governorates only).

The highest number of cases are reported from Hadhramout governorate followed by Aden and Taiz. In the discussion, it was highlighted that data belongs to MOH Aden but further discussion on the level of data analysis can be discussed with the ministry based on the objective of the analysis.

WHO indicated that the revised case management strategy is being in transcription to a solid document and the discussion still going on with MOH both sides on this.

In the meeting, the point of health partners' reports of COVID (for partners who are involved in COVID-19 response) and the reality of reporting was discussed. Noting that this point need to further discussion with MOH – DFA North as no such reports are allowed to be shared out, meanwhile the partners in IRG areas are following the surveillance reporting mechanism of the MOH Aden. Within the discussion, it was understood that partners report to donors (project reports) and to the HFs where the isolation units are located, however, their efforts are not reflected in the COVID dashboard.

For this, Health Cluster suggested to develop a simple template that highlights key indicators the reflect the type of support provided by the partner in the isolation units and other COVID facilities as we need to have better overview of COVID support rather than just cases.

Health Cluster teams in the hubs have given the updates on COVID-19 response particularly those related to isolation units and centers operationalization, gaps and challenges are also discussed.

Health partners who have COVID-19 projects (IOM, ADD, IRC, QRCS, SCI and IRY) have highlighted the progress of their work in the isolation units. Incentives, hazard payment, oxygen and oxygen refilling, PPE materials and replenishment, completion of supplies in some IUs were the most existing gaps and challenges.

Action points:

- Health Cluster to follow up with WHO to share the Triage protocol when finalized
- Health Cluster will share the proposed COVID- 19 reporting template with partners and check the need to have ad-hoc meeting with them to discuss and agree on it