### Meeting Agenda

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<tr>
<th>1</th>
<th>Welcome and introduction:</th>
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<tr>
<td>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 minutes were endorsed.</td>
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<td>The meeting addressed the following agenda items:</td>
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<td>• Introduction/Action Point follow up</td>
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<td>• Epidemiological updates of Communicable Diseases: MOH/WHO</td>
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<td>• Updates on the HCWs payment ongoing discussion for HC Payment policy 2021.</td>
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<td>• Updates on JIAF - a preparatory step for HPC 2021–HNO 2021,</td>
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<td>• Health Cluster &amp; Partners feedback</td>
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<td>• Updates on 1st SA 2020 &amp; progress</td>
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<td>• Hubs Challenges</td>
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<td>• Updates of TWGs (MHPSS, WASH in HF’s, RHIWG, Nutrition, EPI/vaccination)</td>
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<td>• AOB</td>
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<td>- Quality of Care (QoC)</td>
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<th>Epidemiological updates:</th>
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<td>- Updates on Cholera, DF, and Diphtheria– eIDEWS MOH:</td>
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<td>- Cholera</td>
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<td>MoPHP presented detailed updates on communicable diseases, including Cholera. The data shows a clear decline in the reported cases of suspected Cholera cases. Details can be found in the attached presentation.</td>
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A point was raised from the last meeting regarding an assessment to examine what are the factors that might contributed to the decline of Cholera cases, this task will be taken by the Cholera taskforce/WHO/UNICEF so that all health partners and stakeholders need to ensure / maintain the sustainability of those positive interventions. It was agreed that MoPHP, UNICEF, and WHO will discuss this matter and present in the next meeting.

For more information, please visit the Health Cluster Website: [http://yemenhc.org/](http://yemenhc.org/)
- **Dengue fever update:** A total of 61890 cases of DF have been reported between the weeks 1- 47 (1,710 cases are IgM positive) with 173 associated deaths. This is a high number of cases compared to 2019 where 45,447 cases were reported during the same period. The number of reported cases during the last three weeks were 2181 cases.

- **SARI updates:** A total of 6357 cases of SARI have been reported from 132 districts for the epidemiological weeks 1- 47 with 294 associated deaths. This is an increase of reported cases of SARI compared to 6174 cases reported in 2019. SARI cases reported in the last three weeks was 227 cases.

- **Diphtheria updates:** brief update on the numbers of confirmed cases from week1 to week 47, epidemiological curve and the distribution of cases by governorates in comparison of 2019 and 2020 showing decrease of numbers in 2020 (1553 cases compared to 1849 cases in 2019).

**Action Points:** pending for follow up
- There is need to work together as MOH cholera task force, WHO and UNICEF to agree on the proper type of assessment to identify the contributing factors to the decline in Cholera cases.
- To follow up with MOH for a preparedness & response plan for the possible increases in SARI cases as shown in the Epi curve during the beginning of winter season.
- For measles, health partners are encouraged to support in raising community awareness and train health workers.

**COVID-19 Updates:**
- WHO presented a brief update on the current COVID-19 situation including number of cases in the south, deaths and recovery.
- Update on the Hazard pay programs in the South and North was presented. They are only pending access to the facilities to begin.
- Updates on the global partnerships and funding was presented.
- Updates on COVAX and vaccines was presented.
- Partners addressed many questions regarding the hazard payment program including locations, initiation dates, and other points that were addressed by WHO and the cluster.


### 3rd page

- **Updates on**
  - Healthcare Workers (HCW) payment ongoing discussion for HC Payment policy 2021.
  - Health Cluster & Partners feedback.
  - Hubs Challenges

**HCWs payment ongoing discussion for HC Payment policy 2021.**

For more information, please visit the Health Cluster Website: [http://yemenhc.org/](http://yemenhc.org/)
The Health Cluster presented the HCWs payment situation, background and proposed remedies. Recommendation and the way forward were discussed with the partners including the need to find sustainable solutions to this issue and having an exit strategy by December 2021.

The second Kobo survey results completed by the partners was presented to the partners. Thirty-six UN agencies, INGO, and NGOs participated in the survey. 83% of the organizations indicated that they support the incentives.

Without incentives, Health workers will NOT provide services, and will cause a collapse to the system. Government pays nominal salary (only in the south) to health workers; therefore, not enough as per the high cost of livings caused by super inflation and the free fall of YER.

Financial Support is the only motivation for health workers to work in rural and hard to reach areas. Non employed health workers (Volunteers) are not paid salary by the government. Projects cannot be implemented in HF without incentives.

Action point: Health Cluster will advocate with the donor community on the importance of incentives payment especially in 2021 based on the outcomes of the Kobo surveys. (attached PPT)

JIAF- a preparatory step for HPC 2021–HNO 2021,

- The Health Cluster coordinator briefed the partners on the process of the Humanitarian Program Cycle for 2021. The severity scale has been changed from (0-7) to (1-5). The Joint inter-cluster assessment framework focused on the context, events, impact and risks. The luster also presented a brief explanation of the steps and the proposed timeline.

Action Point: Meeting will be set for next week to discuss it in details.

1st Standard Allocation 2020 & progress:

On 26 October, the YHF Advisory Board (AB) met to discuss the parameters for the First Standard Allocation (SA1) for 2020. The main objective of this Standard Allocation is to provide immediate funding to assist people in acute humanitarian needs with a view to mitigate the risks of famine and negative consequences of COVID-19 in Yemen. The AB endorsed the following two lines of action:

a) activities covering high priority gaps for people in acute needs in the hardest of the hard to reach areas; b) activities covering gaps for people in acute needs in the ongoing emergency response.

The second priority will include three subcomponents:

i) critically underfunded protection programs;
ii) IDP response and
iii) Pre-positioning critical life-saving emergency items in line with the national contingency plan.

It was agreed that only YHF partners are eligible to apply for funding and that priority will be given to support NGO frontline actors.

For more information, please visit the Health Cluster Website: http://yemenhc.org/
- A total amount of $3 Million US was asked for priority one and $9.6 Million USD for priority two (to be confirmed by OCHA). This amount will support 22 Hospitals, 50 health centers, 41 health units, and 41 mobile/outreach activities.
- List of activities for the standard allocation was presented to the partners.

A meeting was held with MoPHP (Dr. Mohammed Almansour and Mr. Murtadha Al-Murtadha, the health cluster, and the partners applying for the 1st standard allocation. The meeting discussed the next steps and the importance of coordinating with MoPHP regarding the proposal before submitting to OCHA. MoPHP emphasized that all proposals must be discussed with the relevant programs at MoPHP before submission to any organization. This will reduce the time it takes for agreements to be signed and will ensure that the projects cover the Ministry’s priorities. This is mandatory for partners working in Northern Yemen.

**Action Point:** Partners applying for the standard allocation will discuss their proposals with MoPHP and receive an approval before submitting it to OCHA on the 4th December 2020.

**Health Cluster and Partners Feedback:**
Partners are encouraged to share the challenges they are facing in order to discuss them and find solutions.

Two partners shared their challenges and they were discussed in the meeting. Further action will be taken by the Health Cluster and the partners on a bilateral basis.

**Update from the Hubs:**
Challenges were shared by the functional hubs which included data sharing difficulties, defunding, IDP needs, Anti-rabies and vaccines needs, challenges in rehabilitation of isolation centers in Al-Jawf and the delay in the implementation of the Polio campaign in some areas.

**In regards to the data sharing issue,**
- MoPHP that all the partners fill the excel sheet (previously shared) in order to receive permission for data sharing.
- Three organizations have filled it so far and have received circulars for data sharing.
- MoPHP also requested the cluster to provide a username with viewing access only.
- For a long-term solution: MoPHP requires cluster to support their IM Unit (EOC)

**Action Point:** Excel sheet will be shared again with partners.

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<th>Updates of TWGs (MHPSS, WASH in HFs, RHIWG and Nutrition):</th>
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<td>WHO presented updates regarding the Mental Health and Psychosocial Support working group:</td>
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<td>- Training priorities will be identified by the group based on gaps and consensus: PFA, Basic PS Skills, mhGAP-HIG</td>
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<td>- Potential facilitators/co-facilitators mapped</td>
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<td>- Adaptation of training materials</td>
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<td>- Conducting priority training sessions</td>
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For more information, please visit the Health Cluster Website: [http://yemenhc.org/](http://yemenhc.org/)
- Brief orientation on MHPSS coordination and integration into CoVID-19 responses and other humanitarian interventions.
- A brief on the upcoming planned activities was also presented.

**WASH in Health Facilities:**
- Implemented an exercise for WASH fit and a form was sent to all partners.
- 5 Partners responded covering 7 governorates, 20 districts and 109 HFs.
- Next phase will be implemented through an online tool and this has been discussed in the TWG and with WHO and UNICEF who are leading the global initiative.

**RHIAWG:**
- Continue supporting CEmONC and BEmONC hospitals to provide free MNCH services in 13 Governorates
- More than 2500 PHC facilities were supported by EHN to provide MCH&N services.
- ToT training for forecasting and supply chain conducted in Aden.
- Supporting 126 MWs with PPE in 7 governorates
- Aden, Taiz, Hadramout valley, Hadramout coastal, Al Mahara, Lahj and Abyan
- Supporting 8 fistula cases repaired successfully
- MDSR orientation workshop and review of the national MDSR form conducted in Aden governorate supported by UNFPA/WHO.
- Start implementation of MDSR in Al-Mukala city using the MDSR national form in 3 health facilities
- Mukal hospital, Ghial Bawazir, and Basharhil health centers.
- Supporting HFs to continue providing BEmONC and CEmONC with financial support, RH medicine and commodities, equipment including operational costs.
- A brief on the planned activities and challenges was also presented.

**EPI:**
- Epi Trends were presented to the partners. WHO presented the latest trends and activities including the ongoing Polio Campaign in the North and the date of the Polio campaign in the south.

**Nutrition:**
- The Surveillance infographics were presented.
- The discussion included the proportion of SAM and MAM per districts and the presence of Nutrition Sentinel sites.
- They also presented the number of children screened, gender, age and the trends for the past period.

**AOB**

**Quality of Care:**
- The TWG explained the quality standards and the tools used during the pilot assessment, which was used to finalize and accommodate the tools.
- The pilot was conducted in a Health unit, center, district hospital, inter-district hospital and governorate hospital.
- The way forward and upcoming steps were discussed with the partners.

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