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Maternal and Child Health Integrated Program

Quarterly Report

October – December 2013

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Abbreviations and Acronyms

AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
CLP	Community Livelihoods Project (USAID)
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CMYP	Comprehensive Multi-Year Plan for Immunization
EPI	Expanded Program on Immunization
EU	European Union
FP	Family Planning
GHO	Government Health Office
GIZ	German Internationale Zusammenarbeit
HBB	Helping Babies Breathe
HIHS	High Institute of Health Sciences
HII	High Impact Interventions
IRB	Institutional Review Board
IUD	Intrauterine Contraceptive Device
JHU	Johns Hopkins University
JSI	John Snow, Inc.
KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
LARC	Long Acting Reversible Contraceptive
MCH	Maternal and Child Health
MH	Maternal Health
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MIYCN	Maternal, Infant and Young Child Nutrition
MIYCN-FP	Maternal, Infant and Young Child Nutrition and Family Planning
MNCH	Maternal, Newborn and Child Health
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
NGO	Non-governmental Organization
NSMA	National Safe Motherhood Alliance
PHC	Primary Health Care
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PPIUD	Postpartum Intrauterine Contraceptive Device
QS	Quick Start Period
RED/C	Reach Every District/Child
RH	Reproductive Health
SBM-R	Standards Based Management and Recognition
SIA	Supplemental immunization activities
SUN	Scaling-Up Nutrition
TIPs	Trials of Improved Practices
UNFPA	United Nations Population Fund

UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	White Ribbon Alliance
YMA	Yemen Midwives Association
YMEP	Yemen Monitoring and Evaluation Project

Project Name:	MCHIP
Country:	Yemen
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Obligated Funds:	\$2,500,000 Field Support Obligated thru March 31, 2014
Project Duration:	October 2012 – March 2014

Executive Summary

During the period October-December 2013, MCHIP continued the recruitment of its essential staff and hired the Finance & Operations Manager, Finance & Administrative Officer, Program Officer, Maternal Health (MH) Officer, Immunization Officer and Child Health Officer. The Deputy Chief of Party (DCOP) and Technical Director candidates were selected and they will join the project in January 2014.

During this reporting period, MCHIP advanced several critical workplan activities that benefited from many months of preparatory work in the preceding quarter. For example, MCHIP conducted a 5-day training workshop on postpartum IUD (PPIUD) insertion in Al-Sabeen Hospital in November. There were 12 trainees (10 Doctors and 2 midwives) that came from five public hospitals in Sana'a City in addition to two Non-Governmental Organization's (NGO) Reproductive Health (RH) centers. A one-day workshop was conducted in December in collaboration with German Internationale Zusammenarbeit (GIZ) to introduce a quality improvement (QI) approach to the management staff and maternal/newborn health service providers of Al-Sabeen Hospital, Sana'a. Another one-day training was conducted for 10 midwifery trainers at Sana'a High Institute of Health Sciences (HIHS) to develop their skills in using illustrative models for building the student's capacity in assisting normal birth with Active Management of the Third Stage of Labor (AMTSL) and essential newborn care. MCHIP coordinated an exercise to estimate the current national coverage of Uterotonic Use in the Third Stage of Labor (UUTSL) in Yemen. The findings of the exercise estimate current coverage of UUTSL in Yemen at 14.7%. These findings will inform continuing work by MCHIP and other stakeholders to improve UUTSL coverage and reduce mortality from Postpartum Hemorrhage (PPH).

MCHIP conducted an Immunization Review Meeting in Dhamar Governorate to review the implementation of the 2013 districts' micro-plans, identify the main problems that prevent children from being vaccinated, propose applicable interventions and develop district plans for 2014. All these workshops/trainings were followed by follow up visits to ensure that participants started using the new skills and improved behaviors they acquired during the workshops.

The MCHIP/Yemen MH Officer attended a workshop on the prevention of PPH program in India. Another purpose of the trip was to learn about the MCHIP/India program activities and gain more information about other countries' experiences in implementing PPH programs. Based on the visit, adaptation of India's successful PPH program to the Yemeni context is being explored.

MCHIP conducted a six-day training in Dhamar City for field researchers for the Maternal, Infant, and Young Child-Family Planning (MIYCN-FP) study planned for Dhamar. Field work for the study began at the end of the reporting period.

MCHIP sponsored travel for the Deputy Minister for Population to participate in the International Conference on Family Planning (ICFP 2013) in Addis Ababa, Ethiopia to gain skills and knowledge about global FP Family Planning (FP) research developments and program best practices to apply to future FP programming in Yemen. A youth delegate was also sponsored to attend the pre-conference youth meeting and the conference. After the conference, MCHIP planned site visits to some projects in Ethiopia to learn about successful community-based interventions that can be adopted and applied to the Yemeni context.

MCHIP accomplishments successfully motivated Ministry of Public Health and Population (MOPHP) to request from MCHIP the provision of technical assistance to the Dhamar Health Office during the polio Supplementary Immunization Activities (SIAs). From December 16 to 18, the MCHIP Immunization Officer traveled to Dhamar Governorate; met the Governorate Health Office (GHO) Director, Primary Health Care (PHC) Manager and EPI Manager; attended the launching of the polio SIAs; and conducted field visits to supervise implementation of the polio SIAs and monitor the performance of the vaccination teams. The Immunization Officer visited two districts, monitored 26 mobile teams, and provided feedback on their performance.

Two research protocols were finalized and one was approved during the reporting period, including the MIYCN-FP Trials of Improved Practices (TIPs) study which was approved by the MOPHP and Johns Hopkins University (JHU) Institutional Review Board (IRB) and, pending modifications prior to approval, the Long Acting Reversible Contraceptive (LARC) studies. All preparatory activities for the TIPs were completed and the data collection phase started at the end of December.

Introduction

The goal of MCHIP is to assist countries in scaling up evidence-based, high-impact maternal, newborn and child health (MNCH) interventions and thereby, contribute to their progress toward Millennium Development Goals (MDG) 4 and 5. MCHIP supports countries in introducing and scaling up interventions that address both the direct and the indirect causes of preventable death in women, infants and young children including PPH, pre-eclampsia/eclampsia, neonatal asphyxia, prematurity/low birth weight, neonatal sepsis, childhood pneumonia, diarrhea, and malaria, high fertility and poorly spaced births, malnutrition in women and young children, and barriers that affect access to and use of

health services, including gender-specific barriers. MCHIP addresses barriers to access along a continuum of care from pregnancy through childhood and household/community to health facilities.

USAID/Yemen requested MCHIP to support its efforts to strengthen the Maternal and Child Health (MCH) and FP services of the MOPHP. This field funding is intended to allow MCHIP to quickly start-up Phase One in Yemen and introduce proven life-saving MCH, FP and Nutrition interventions that can be scaled up during MCHIP Phase Two.

Responding to USAID's Development Objective, MCHIP's ultimate goal is to improve the health and nutrition status of the Yemeni population, with a focus on the most vulnerable. To attain the goal of reducing maternal and child mortality and morbidity, MCHIP will work to address barriers to optimal health and nutrition by improving both health system performance (USAID IR 2.1) and promoting healthy behaviors and choices (USAID IR 2.2). MCHIP will work with the MOPHP and the Ministry of Planning and International Cooperation (MOPIC) to scale-up critical health and nutrition services (USAID Sub-IR 2.1.1) by a better planned and managed work force (USAID Additional Sub-IR 2.1.4).

On the supply-side, MCHIP activities will include facilitating change in the enabling environment to increase coverage of high-impact health and nutrition interventions (MCHIP Objective 1); enhancing human resource planning and preparedness of the work force (MCHIP Objective 2); managing staff at the district level to effectively implement and monitor high-impact health and nutrition interventions (MCHIP Objective 3); and increasing access to and quality of service delivery points offering high-impact health and nutrition interventions (MCHIP Objective 4).

On the demand-side, MCHIP will promote evidence-based behavior change communication interventions that focus on increasing demand for and utilization of high-impact health, family planning, and nutrition interventions at health facilities and in communities. Improving health and nutrition practices by families will be supported by community health workers and other members of the community (MCHIP Objective 5) who themselves serve as examples in the community and provide information about optimal behaviors and practices and danger signs as well as serve as links to facilities to increase use of essential health services.

During the Quick Start period (QS), the focus is on getting a core team of advisors and the Chief of Party (COP) in place who will oversee a number of QS technical support activities that are listed below.

Activity 1:	Project Start-up
Activity 2:	Improve access to and the quality of services delivered by midwives in Yemen
Activity 3:	Improve prevention and management of postpartum hemorrhage (PPH)
Activity 4:	Assess the availability of and advocate and plan for evidence-based newborn care

Activity 5:	Assess the accessibility and quality of service provision of Intrauterine Contraceptive Device (IUD) services in various settings, and initiate PFP/PPIUD services and training at Al-Sabeen Hospital.
Activity 6:	Implement learning activities for integrated maternal, infant and young child nutrition and family planning (MIYCN-FP)
Activity 7:	Support the improvement of newborn and child health interventions, and immunization at peripheral health facility and community levels
Activity 8:	Assessments, advocacy, and technical support for increased political commitment and resource mobilization for High Impact Interventions (HII) in MNCH/FP and nutrition

Partnerships

MCHIP is committed to capacity building of local institutions and the transfer of technical, leadership and management skills to MOPHP and local partners as it implements its interventions. MCHIP works to complement and build upon existing services, systems and partnerships by continuously coordinating, planning, and leveraging activities jointly with the Government of Yemen including MOPHP at the national, governorate and district levels; in-country multi-lateral donors, such as the UNICEF, World Bank, WHO and other United Nations agencies, and the European Union (EU); bi-lateral donors such as the Dutch, DFID (UK) and German governments; implementing partners working in health, nutrition, food security and livelihoods, such as Save the Children, and USAID projects including Community Livelihood Project (CLP), Yemen Monitoring and Evaluation Project (YMEP), and USAID|DELIVER; and local NGO partners including Yamaan, Yemen Midwives Association (YMA), and NSMA.

Geographic Coverage

Consistent with USAID plans to target areas that have large urban/peri-urban areas, build on existing programs, and leverage other donors' work; MCHIP is operating in the following areas during the initial QS period.

- Sana'a City
- Sana'a Governorate
- Dhamar Governorate
- Aden Governorate

Program Approach

MCHIP is using existing resources, networks and systems to put a focus on neglected technical areas of newborn care and nutrition (particularly preventing chronic malnutrition or stunting), and FP as part of an integrated community-based package focusing on maternal, newborn, infant and child health outcomes, applying a focused gender lens throughout these areas of intervention.

In addition to the above core programming principles during the QS, MCHIP is:

- Implementing QS activities that will lay the foundation for long-term programming.
- Working with the National and Governorate governments to identify existing best practices and the need for updated skills by forging partnerships with and transferring skills to the government at the national level, local NGOs, civil societies, and private sector vendors at Governorate, District and Community levels to implement evidenced-based interventions to improve MNCH-FP-Nutrition indicators in communities.
- Collaborating with and building capacity of local private health care providers, in facilities and communities, to complement public health services and improve the coverage of health interventions and the quality of life for children, families and communities.
- Investigating channels for serving the most marginalized and vulnerable populations within targeted geographical areas.
- Identifying barriers, obstacles, and facilitating factors to create the evidence-base for MCHIP Yemen program design and fine-tuning of program implementation. Strong consideration will also be given to gender-specific concerns in Yemen.
- Documenting and disseminating results of MCHIP Yemen QS-supported activities to inform and play a catalytic role with MNCH-FP and nutrition stakeholders, partners, and other programs to improve the quality of essential maternal, newborn, nutrition and family planning interventions.

Overview of Program Performance

MCHIP has laid a solid foundation to the program having established strong, collaborative relationships with MOPHP at the national level, the Deputy Minister for Population and RH, and with other relevant departments including Primary Care, Nutrition, EPI, Quality, Policy and Planning, HIS, National Center for Health Education and Communication, and Government Health Office (GHO) Directors and staff of the intervention governorates. Collaborative relationships have been also established with several local NGOs including Yemen Family Care Association (YFCA), Yemeni Midwives Association (YMA), Yemen Women Union (YWU), and Heya Organization. Coordination efforts of the project has been extended to other funding agencies working actively in Yemen e.g. WHO, UNICEF, UNFPA and GIZ.

Performance by Activities

Activity 1: Project Start-up

- MCHIP recruited a Finance & Operations Manager, Finance & Administrative Officer, and Program Officer who began working in the first week of October. Also, the Immunization Officer and Child Health Officer joined MCHIP in November. The DCOP and Technical Director candidates were selected and their letters of hire were signed; they will start work in January 2014.
- MCHIP continued the office set up with the procurement of the necessary office requirements as the program expands.
- The residence of a General in the Yemeni Military is located across the street from the MCHIP office, which is presenting some unforeseen security concerns. Given these concerns and the imminence of the MCHIP Associate Award which will increase staffing levels significantly, it was decided to explore new office space options. A total of seven new office space options were identified and evaluated. A matrix that contains all the necessary criteria was developed considering many aspects such as the security of the area, parking lot availability, number of rooms, security upgrades, etc. The top three options were short-listed and are being evaluated further together with the MCHIP HQ and the local security company, GardaWorld. A final office selection will be made in January 2014. Both MCHIP and USAID|DELIVER will move together to the new office space in May 2014, after giving a notice to vacate two months in advance to the current landlord.

Activity 2: Improve access to and the quality of services delivered by midwives in Yemen

- Following the standards-based management and recognition workshop for midwifery faculty from 8 selected HIHS, follow up visits were conducted to 6 HIHS (Sana'a, Dhamar, Aden, Ibb, Taiz & Hodeidah) to support completion of the baseline assessment to use the gaps identified in developing the Improvement Work Plan for the midwifery sections. The trained midwifery faculty highlighted some gaps in the students' teaching process (e.g. lack of enough training materials in the practical lab) and requested further capacity building trainings on IUD insertion & removal, Manual Vacuum Aspiration and Norplant insertion.
- MCHIP has been providing technical assistance to UNICEF to support the evaluation of the Community-Based Maternal and Newborn Care program. Draft evaluation materials including study tools have been shared between UNICEF and MCHIP maternal and neonatal teams to finalize the evaluation data collection tools. MCHIP has provided feedback on study plans and tools as well as examples from other program evaluation studies.

- A one-day workshop was conducted in December by the MCHIP team in collaboration with GIZ and the QI Department at MOPHP to introduce a QI approach to the management staff and maternal/newborn health service providers of Al-Sabeen Hospital, Sana'a. The QI approach discussed at this workshop is based on clinical standards (with verification criteria) for service delivery in maternal and newborn care. Fifty-two participants attended the workshop, and discussions were raised on the rationale behind using the QI process and the different QI methodologies.



Activity 3: Improve prevention and management of PPH

- Following the workshop conducted in September 2013, two follow up visits were undertaken to Dhamar Hospital's labor and delivery rooms to review progress in implementing the AMSTL and immediate newborn care, as well as to provide on-the-job training (OJT) to further develop the skills of midwives. It was found that the midwives have improved their performance, although they still need additional capacity building in certain areas.
- A skills-based one day training was conducted for 10 midwifery faculty at Sana'a HIHS. The objective of the training was to develop the skills of midwifery faculty in using models and simulation in assisting normal birth with AMTSL and essential newborn care. During the training session, the trainers had the chance to demonstrate the skills gained by using the model Mama Natalie.
- MCHIP visited Al Rawdah Hospital in Sana'a to begin follow up on support begun by the Community Livelihoods Project (CLP) and to undertake a quick gap analysis / training needs assessment of MNH. During the visit, the MCHIP team completed site assessment tools for labor, delivery, ANC, neonatal care, FP and laboratory including service provision and facility readiness. Based on the assessment, it was suggested that MCHIP provide capacity building training to the hospital midwives particularly in infection prevention and AMTSL.
- In December, MCHIP conducted an exercise to estimate the current national coverage of Uterotonic Use in the management of the Third Stage of Labor (UUTSL) in Yemen. The targeted audiences were the national experts and technical personnel who work in the RH field in governmental, non-governmental and private sector organizations. The UUTSL estimation exercise, informed by national data and collectively reached with input from stakeholders both prior to the meeting and during the workshop itself, reached an estimate of 14.7% coverage of UUTSL in Yemen. This estimation exercise identified the data gaps on coverage and

programming for AMTSL and a report has been prepared to be shared with the MOPHP and partners such as WHO, UNFPA, UNICEF, and YAMAAN during the Reproductive Health Technical Group meeting in January 2014.

- The MCHIP/Yemen MH Consultant attended a workshop on implementing PPH programs in India. The workshop lasted for three days (Dec 11-13) in New Delhi, and was conducted by staff from MCHIP in DC and partners in coordination with MCHIP/India. The purpose of the trip was to learn about MCHIP/India's activities and gain more information about the experiences of other countries in implementing the PPH program. Adaptation of the PPH program to Yemeni context is being explored.

Activity 4: Assess the availability of and advocate and plan for evidence-based newborn care

- MCHIP met with the heads of the Nursery and Comprehensive Emergency Obstetric Departments as well as the nursery staff in the Al-Wahda hospital in Aden. A Kangaroo Mother Care (KMC) Unit policy for admission, discharge and follow up in Al Wahda Hospital, Aden has been drafted. The hospital's official patient's file in the Maternal, Pediatrics and Nursery departments is now to be used for admission in the KMC Unit. The file includes patient's history, physical examination, needed investigations, medical advice/treatment and daily follow up. It was observed that there was no registration of vital signs in the official file.

An agreement was made that the health providers in the KMC Unit will be responsible for daily measurements of body weight, temperature, respiratory rate and the health education and awareness for Low Birth Weight (LBW) newborn's mothers and their families. MCHIP and the Head of Hospital jointly addressed the management structure and technical staff for the KMC unit, which will now include a Head of KMC Unit and four health providers (midwives and/or nurses) who will be responsible for providing 24-hour care to LBW newborns and completion of all the medical forms. Doctors on duty in the Nursery Department will be responsible for case follow up, medical notation in the official file, and discharge of LBW neonates. These doctors will be supervised by the Head of the KMC Unit.



The KMC unit with the requested equipment and materials

- Based on the assessment conducted in August 2013, a procurement plan for the KMC Unit was developed, and the medical equipment and materials were delivered and installed at Al Wahda Hospital. The KMC training and launching of the new service will take place in the first half of February 2014.

Activity 5: Assess the accessibility and quality of service provision of IUD services in various settings, and initiate PFP/PPIUD services and training at Al-Sabeen Hospital

- MCHIP finalized the research protocol to study the use of LARC methods in Dhamar Governorate, after incorporating feedback received from the Deputy Minister of Population, MCHIP/Washington AOR, and Jhpiego IRB advisors. The protocol was submitted to IRB during the period and is due for final approval in February 2014.
- MCHIP conducted a 5-day competency-based training workshop on PPIUD insertion in Al-Sabeen Hospital in November. The training was the second phase of the PFP training that began in September 2013 with a stakeholders meeting and training on PFP and counselling skills development. There were 12 trainees (10 Doctors and 2 midwives) from five public hospitals in Sana'a City (e.g., Al-Sabeen, Al-Kuwait, Al-Thawrah, Forty Eight, and Al-Jumhori Hospitals), in addition to two NGOs' RH centers (Yamaan and YFCA). Volunteerism and full choice regarding family planning was addressed.
- The week following the training, MCHIP trainers visited the trainees sites to support them in their hospitals to orient delivery room staff (e.g., doctors, midwives, nurses, and cleaners), about the advantages of PFP and infection prevention. During these site visits, the trainers also assisted the trainees to properly counsel patients, and supported their insertion of postpartum IUDs for the beneficiaries who choose to have it. Follow up visits to trainees are planned for the coming quarter.
- The PPIUD training materials have been translated into Arabic and they are being reviewed to be shared with MOPHP.



Activity 6: Implement learning activities for integrated MIYCN-FP

- MCHIP obtained MOPHP and JHU IRB approvals on implementation of the TIPs formative research in Dhamar Governorate.
- A six-day training course on the TIPs research methodology/process and use of the research tools including a review of research ethics was implemented in Dhamar Governorate. Ten researchers from Dhamar participated in this training that also included field practice with women and husbands living close to Dhamar city.
- All the final tools and questionnaires were translated to Arabic, and an action plan was developed for field implementation and data collection in coordination with the Dhamar GHO. The data collection process started at the end of December and will continue through January.

- An analysis and report-writing workshop is planned for the next quarter.

Activity 7: Support the improvement of newborn and child health interventions, and immunization at peripheral health facility and community levels

- In the context of the continuous collaboration between MCHIP and the National EPI, MCHIP conducted an Immunization Review Meeting in Dhamar Governorate from 18-20 November 2013. The objectives of the review meeting were to review the implementation of the 2013 districts' micro-plans, identify the main problems that prevent children from being vaccinated, propose applicable interventions and develop outlines for districts' plans for 2014. Thirty-nine participants (two females and 37 males) from Dhamar's 12 districts and Dhamar's government officials participated in the review meeting. This activity was launched by the Governor of Dhamar. At the end of the review meeting, participants identified several barriers to vaccinations and proposed several interventions, e.g. continuing support for EPI's review meetings on a quarterly basis; adopting a bottom-up approach by involving health workers in micro planning; and training of vaccinators. This review meeting was implemented as a part of the Reach Every District/Child (RED/C) strategy to improve immunization performance and coverage.
- MCHIP participated in the National Immunization Review Meeting chaired by the Minister of Health on 21 November 2013, and attended by the Deputy Minister of PHC Sector, the Director of PHC at MOPHP, national EPI officials, Directors of the GHOs, Governorate PHC and EPI Managers, and representatives from WHO, UNICEF, World Bank and other agencies. The objectives of the meeting were to review the current status of the routine immunization and the polio SIAs implemented during the first ten months of 2013, sensitize the GHO team and program managers, and prepare the macro and micro plans for the future polio SIAs.
- On 14 December 2013, the National EPI Manager requested MCHIP to provide technical assistance to the Dhamar Health Office throughout the polio SIAs. From December 16 to 18, the MCHIP Immunization Officer traveled to Dhamar Governorate; met with the GHO Director, PHC and EPI Managers; attended the launching of the polio SIAs; and conducted field visits to supervise the implementation of the polio SIAs and monitor the performance of vaccination teams. The MCHIP Immunization Officer visited two districts, monitored 26 mobile teams, and provided feedback to the teams on their performance.
- In coordination with the National EPI Manager, two meetings were held with the EPI Managers of Sana'a City and Sana'a Governorate to discuss the immunization gaps/needs and MCHIP's possible interventions.
- Currently, the National EPI program shares the monthly routine immunization coverage data with MCHIP as one of the partners working on immunization in the country. The EPI Data Manager included MCHIP in the loop of monthly emails which are routinely sent to the Deputy Minister of PHC, Managers of PHC and EPI Units, WHO and UNICEF.
- MCHIP's Immunization Officer reviewed the last WHO Health Facility Survey to evaluate the quality of care delivered to sick children attending outpatient facilities and level of compliance

with the Integrated Management of Childhood Illness (IMCI) clinical guidelines. This review will be used to refine MCHIP's plans to support Yemen's IMCI efforts.

- MCHIP discussed the design of the needs assessment of child health services to identify the gaps in management of sick newborns, infants and under-5 children with the University of Dhamar and with the GHO in Dhamar. It was agreed that the Health Facility Survey developed by WHO will be used to collect and analyze the data and that the results will help determine the long-term priorities for child health in the governorate. The assessment is expected to be completed in the next quarter.

Activity 8: Assessments, advocacy, and technical support for increased political commitment and resource mobilization for HII in MNCH/FP and nutrition

- MCHIP sponsored the Deputy Minister for Population (Dr. Nagiba), Mr. Ahmed Al Khatary (a University student awarded a conference scholarship), and George Sanad (MCHIP Yemen COP) to attend ICFP 2013 in Addis Ababa, Ethiopia. The objectives of the visit were to actively participate in the conference to gain skills and knowledge about global FP research developments, and explore best practices to apply to future FP programming in Yemen.
- After the conference, MCHIP planned site visits to some projects in Ethiopia for the Deputy Minister to learn about successful community-based interventions that can be applied /adapted to the Yemeni context.
- MCHIP identified an international Advocacy Consultant with the White Ribbon Alliance to work closely with NSMA in Yemen to support MOPHP and key stakeholders with the development of a national advocacy strategy that will take place next quarter.
- MCHIP discussed with DFID, which is the convening donor for the Scaling-Up Nutrition (SUN) movement in Yemen, MCHIP's potential role in assisting the SUN Steering Committee in MOPIC.

Monitoring and Evaluation

The numbers in the following table are for the quarter covering October to December 2013, but also show cumulative progress from the project start date (October 2012) through the end of the quarter (December 2013).

	INDICATOR	TARGET Oct 2012 - Mar 2014	Quarterly Progress Oct – Dec 2013	Cumulative Progress Oct 2012 - Dec 2013	Cumulative Progress to Target Oct 2012 – Dec 2013
1	Number of (national) policies drafted with USG support*	3 <ul style="list-style-type: none"> Clinical standards in QIP tools Community midwifery PSE standards Harmonized guidelines for community health volunteers 	1 <ul style="list-style-type: none"> Community midwifery PSE standards drafted and finalized with HIHS 	1 <ul style="list-style-type: none"> Community midwifery PSE standards drafted and finalized with HIHS 	33%
2	Number of advocacy tools and technical documents drafted or revised with MCHIP support	9 <ul style="list-style-type: none"> Community midwifery PSE training resources UUTSL estimate Long term plan for new-born care interventions MIYCN-FP counselling package An advocacy package for Reproductive and New-born Health at the community level Paper documenting gaps in management of sick new- 	1 <ul style="list-style-type: none"> UUTSL estimate (findings and report to be used for advocacy at national level) 	3 <ul style="list-style-type: none"> UUTSL estimate *Reported PSE standards here incorrectly in last Semi-Annual Report. Moved this result up to Indicator #1. Reduced cumulative here by 1 to reflect this change. 	30%

	INDICATOR	TARGET Oct 2012 - Mar 2014	Quarterly Progress Oct – Dec 2013	Cumulative Progress Oct 2012 - Dec 2013	Cumulative Progress to Target Oct 2012 – Dec 2013
		borns, infants and older children. <ul style="list-style-type: none"> • Harmonize guidelines for community health volunteers • RED immunization micro plan 			
3	Number of people trained through USG-supported programs*	157 <ul style="list-style-type: none"> • (MIYCN-FP TIPS = 10; MH = 20; PPIUD = 12; Newborn = 15; IIP = 100) 	143 Review Annex 1	282	179%
4	Number of studies*	3 <ul style="list-style-type: none"> • MIYCN TIPS • LARC Study • Feasibility study on training informal drug sellers in CCM 	0	0	0%
5	Number of local partners whose capacity MCHIP has built	7 YMA, Al Sabeen Hospital, 1HF in Aden or Dhamar (KMC), Dhamar and Sana'a governorates (AMSTL and RI services), UNICEF and MOPHP	6 Dhamar Hospital (AMSTL), Al-Sabeen Hospital QIP, Sana'a City (PPIUD) in four hospitals, YMA, HIHS & UNICEF	6 Al-Sabeen Hospital QIP, Sana'a City (PPIUD) in four hospitals	86%

*Donates MCHIP Global Indicator

New Developments

The program is still in its infancy stage and there have not been any shifts thus far, in our anticipated program approach. In terms of management and staffing, we can report that the following technical and program support staff/consultants were contracted during this reporting period:

- Finance & Operations Manager (cost-shared with USAID|DELIVER)
- Finance & Administrative Officer
- Program Officer
- Child Health Officer
- Immunization Officer

Challenges and Opportunities

- Communication and planning with the MOPHP continues to be a challenge. While the Reproductive Health Technical Working Group (RHTWG) has been reactivated, the meetings are not yet routine. MCHIP plans to hire a coordinator (in the coming 1-2 quarters) to facilitate the meetings of this critical forum. Additionally, the MOPHP has questioned the legal status of MCHIP to continue program implementation after December 31, 2013 because the Ministry has not been officially notified of the extension of QS through March 2014. MCHIP is preparing for a meeting with USAID/Yemen to discuss this issue and will agree upon an appropriate way to inform the MOPHP of the extension, as well as the status of MCHIP Phase II.
- Security is an ongoing challenge. Although the National Dialogue has led to successful results which are accepted by all partners, Al-Qaeda in the Arabian Peninsula (AQAP) and other terrorist organizations remain active throughout Yemen. Assassinations, shootings and kidnappings of foreigners as well as local citizens have been on the rise, especially in Sana'a. There have been some difficulties with MCHIP expatriates and local staff traveling outside of Sana'a and movement within Sana'a has been limited at times due to security concerns.
- Due to shortages of staff at Al Wahda Hospital in Aden, it is difficult to find staff to work in the KMC unit, especially during the evening and night shifts. Many doctors and hospital staff have other jobs in the private hospitals/clinics to compensate for the low salary of the public sector. MCHIP will discuss with the Hospital Manager ways to motivate the KMC Unit staff to perform the additional duties that they are expected to perform compared with their colleagues working in other departments of the hospital.
- Due to the overlap of the MOPHP's national polio campaign with MCHIP's planned immunization activities, the Immunization in Practice (IIP) training of health workers and

Reaching Every District (RED) micro planning sessions in Dhamar were postponed to the next quarter.

Success Stories

Success Story 1: Coordination of donors' efforts to improve health services in Yemen

One of the main problems often facing health development projects is the lack of communication between different donors who implement the same activities in different or sometimes in the same geographic regions. MCHIP believes that working as one team with other health partners will help to further the development community's goal of reduce maternal, neonatal, infant and child mortality and morbidity in Yemen. Synergy of partnerships is undoubtedly important for effective health programs implementation, impact and sustainability. MCHIP is consistently exploring opportunities to coordinate and integrate partners' efforts toward accelerating the achievement of the Millennium Development Goals (MDGs) in Yemen.

MCHIP is providing UNICEF with technical assistance to finalize the development of data collection instruments and the process for the evaluation of "The UNICEF Community-Based Maternal and Newborn Care Program" with a view to scaling up successful components of this program which focuses on empowering communities and families, and providing essential care to mothers and newborns at home.

Another example of an effective partnership is the collaboration between MCHIP and GIZ towards the institutionalization of the RH clinical performance standards at Al-Sabeen Hospital. This joint effort will help to improve the quality of services provided by the hospital. As Al-Sabeen Hospital is one of the main training sites for maternal/child health care providers in the country, it is expected that any improvement in quality of services offered by this hospital will positively affect the quality of care nationwide.

MCHIP is also coordinating between WHO, UNICEF, UNFPA and MOPHP to prepare for a national conference to share and discuss best practices and successful experiences with high-impact, maternal and newborn health interventions. MCHIP is coordinating between all partners by hosting the preparatory meetings and the provision of technical updates, along with helping to shape the objectives and agenda for the conference.

Success Story 2: Nagat's new experience with MCHIP practical training on PPIUD insertion

Being a midwife in a teaching hospital, gives the midwifery staff the opportunity to teach hundreds of students every year. However, they rarely are involved in any training in or outside of the hospital.

Nagat Basdas is a midwife who has been working in Al-Sabeen Hospital in Sana'a for years. As a senior midwife, Nagat is the one who ensures that the pre- and post- graduate students get the training they need in the delivery room. When she was nominated for the MCHIP practical training on PPIUD



The midwife Nagat during the training

insertion, she was surprised. “This is amazing, I have never been in a training before” she said. The MCHIP PPIUD training was a new experience for her.

The training course included ten physicians and two midwives. Nagat was an enthusiastic learner, actively involved and participated in the training. She acquired and demonstrated the skills faster than anyone else. She was very dedicated in the class, trying to understand everything the trainers said and demonstrated even though she did not speak English. She was the first trainee who had the confidence to apply her newly acquired skills on an actual client. She provided postpartum IUD services competently, counseling the client, respectful of infection prevention measures while inserting the IUD. One week after the training and during the MCHIP orientation site visits to Nagat’s hospital, Al Sabeen, it was found that Nagat was the only trainee

who already started providing PPIUD services for postpartum women as well as providing on-the job training to her colleagues on how to properly conduct the PFP counselling.

What Nagat has done looks easy for those who don’t know the limited authority that midwives exercise in referral and general hospitals in Yemen. Providing new services through midwives in a big teaching hospital is an extremely hard practice as task-shifting from doctors to lower cadres of health workers is resisted by some constituencies in Yemen. Given that a large part of the Yemeni population does not have access to any skilled provider, MCHIP hopes to encourage these stakeholders to become aware of international recommendations regarding the role of midwives and encourage skill-building and task-shifting, especially where they may serve underserved populations, on all methods inclusive of LARCs.

Annex 1:

Total Participants Trained by MCHIP

Date	Activity Title	Target Audience	Length of Training (days)	Number of participants
October 5-10, 2013	Training on MIYCN-FP TIPS data collection tools & research ethics	Researchers	6	10
November 3-7, 2013	Practical training on PPIUD insertion	Doctors and midwives from public hospital	5	12
November 18-20, 2013	Immunization Review Meeting	EPI District Supervisors & Health District Managers in Dhamar	3	39
December 3, 2013	Skill based Training on Clean Delivery	Midwives in HIHS	1	10
December 4, 2013	Workshop on Use of Uterotonic in the Third Stage of Labor (UUTSL)	Stakeholder in Governmental and non-governmental organizations	1	20
December 5, 2013	Workshop on Quality Improvement Program (QIP)	Al-Sabeen Hospital staff who work directly on MNH	1	52
Total				143