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USAID / Yemen

Maternal and Child Health Integrated Program

Semi-Annual Report (Q1 & Q2)

October 2012 – March 2013

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Abbreviations and Acronyms

| | |
|-------|--|
| CCM | Community Case Management |
| CH | Child Health |
| CHV | Community Health Volunteer |
| CLP | Community Livelihoods Project (USAID) |
| COP | Chief of Party |
| DFID | Department for International Development |
| DG | Director General |
| FP | Family Planning |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH |
| HIHS | High Institute of Health Sciences |
| HII | High Impact Interventions |
| IEC | Information, Education and Communication |
| JSI | John Snow, Inc. |
| IRB | Institutional Review Board |
| IUD | Intrauterine Contraceptive Device |
| KMC | Kangaroo Mother Care |
| LARC | Long Acting Reversible Contraceptive |
| MAM | Moderate Acute Malnutrition |
| MCH | Maternal and Child Health |
| MCHIP | Maternal and Child Health Integrated Program |
| MDG | Millennium Development Goal |
| MIYCN | Maternal, Infant and Young Child Nutrition |
| MNCH | Maternal, Newborn and Child Health |
| MOPHP | Ministry of Public Health and Population |
| MOPIC | Ministry of Planning and International Cooperation |
| MW | Midwife |
| NGO | Non-governmental Organization |
| NSMA | National Safe Motherhood Alliance |
| PAC | Post Abortion Care |
| PHC | Primary Health Care |
| PPFP | Postpartum Family Planning |
| PPH | Postpartum Hemorrhage |
| PPIUD | Postpartum Intrauterine Contraceptive Device |
| RED | Reaching Every District |
| RUTF | Ready-to-use-Foods |
| SAM | Severe Acute Malnutrition |
| SC | Save the Children |
| SUN | Scaling-Up Nutrition |
| TIPs | Trials of Improved Practices |
| TOT | Training of Trainers |

UNICEF United Nations Children’s Fund
USAID United States Agency for International Development
WHO World Health Organization

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| Project Name: MCHIP |
| Country: Yemen |
| Reporting Period: FY 2013, Quarter 1 & 2 : October 1, 2012 – March 31, 2013 |
| Obligation Funding Amount: \$1,000,000 MCHIP/Yemen Field Support Funds |
| Project Duration: October 2012 – September 2013 |

Introduction

The goal of USAID’s Maternal and Child Health Integrated Program (MCHIP) is to assist countries in scaling up evidence-based, high-impact maternal, newborn and child health (MNCH) interventions and thereby to 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 postpartum hemorrhage, 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 Family Planning (FP) services of the Ministry of Public Health and Population (MOPHP). A Program Description explained that this field funding was intended to allow MCHIP to:

- Conduct a needs assessment and gap analysis for MCH and FP programming in Yemen;
- Develop a concept paper for potential future activities;
- Initiate the implementation of key MNCH/FP activities in the country.

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 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

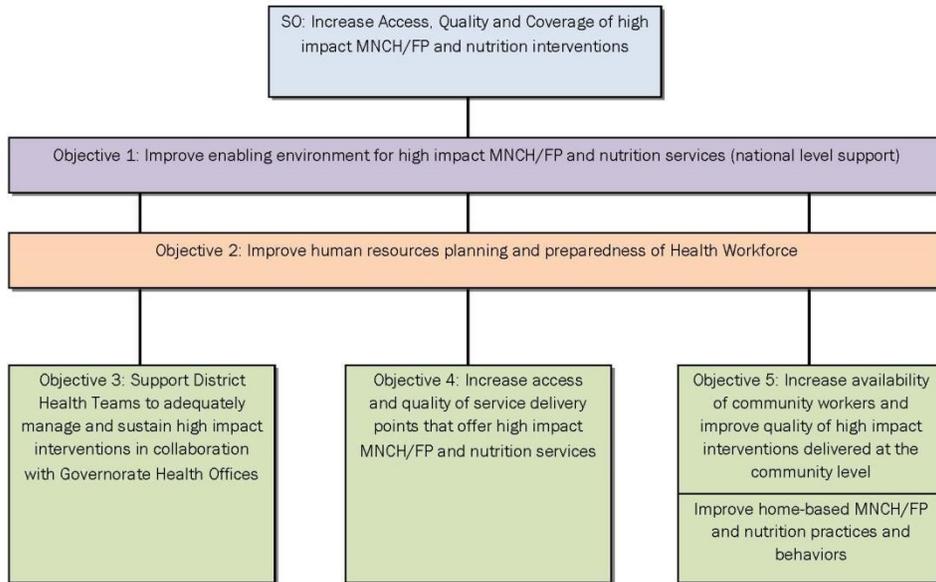
Consistent with USAID plans to target areas that have large urban/peri-urban areas, build on existing programs, and leverage other donors' work, MCHIP is operating in the following areas during the initial QS period.

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



Program Approach

MCHIP's general approach for this QS phase is introduce proven life-saving MCH and Nutrition interventions that can be scaled up during MCHIP Phase Two. Program Objectives were developed and proposed in the workplan and concept note to guide longer term programming, and a series of activities, which ultimately fall under these objectives, but were not presented by objective, were fleshed out in the QS workplan. MCHIP's proposed objectives are presented in the table below:



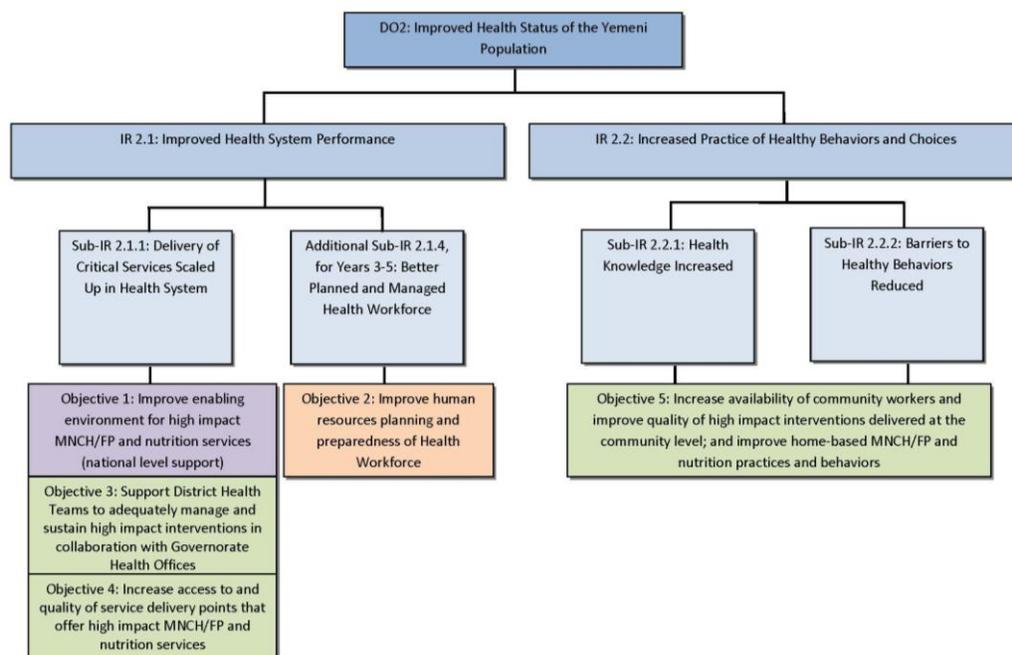
To attain the goal of reducing maternal and child mortality and morbidity, MCHIP is working to address barriers to optimal health and nutrition by improving both health system performance (USAID IR 2.1) and promoting healthy behaviors and choices (USAID IR 2.2). MCHIP will work with the MOPHP and the 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 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.

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. The figure below presents MCHIP’s Objectives in relation to USAID’s Results Framework:

GOAL: REDUCE MATERNAL AND CHILD MORTALITY AND MORBIDITY



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

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| Activity 1: | Project Start-up |
| Activity 2: | Improve access to and the quality of services delivered by midwives (MWs) 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 Postpartum Family Planning (PPFP)/ Postpartum Intrauterine Contraceptive Device (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 |

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| Activity 8: | Assessments, advocacy, and technical support for increased political commitment and resource mobilization for High Impact Interventions (HII) in MNCH/FP and nutrition |
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Performance by Activities

Activity 1: Project Start-up

- In-country needs assessment and gap analysis. MCHIP traveled to Yemen in October 2012 to conduct an in-country needs assessment and gap analysis for the MCH and FP sectors, and provide recommendations on appropriate areas for interventions and strategic approaches for MCHIP support. A detailed *Yemen Maternal, Newborn and Child Health Situation Analysis* report was developed summarizing the key information gathered, findings, impressions and recommendations.
- MCHIP developed a workplan for “quick start” activities which was submitted in January 2013. A revised version was re-submitted in February, which was approved by USAID, but further revisions were then requested by the MOPHP. By the end of this period of performance, MCHIPs workplan has yet to be approved by the MOPHP, which is currently in its 4th revision.
- MCHIP developed and submitted a concept note for potential future activities using findings from the situation analysis to provide recommendations on appropriate areas for interventions and strategic approaches for improving the MNCH-FP services of the MOPHP.
- Set up in-country office. MCHIP and USAID | DELIVER opened a joint office in Sana’a in January/February 2013. In February JSI sent Aminah Teachout to Yemen to support office set-up efforts, including procuring equipment, furniture and supplies, establishing agreements with security services, an internet provider and utilities services.
- Technical representatives from MCHIP travelled to Yemen from 9-20 March 2013 to finalize the work plan, initiate some of the Quick Start activities, and meet with MOPHP, USAID, and other donors and non-governmental organizations. As a result of new perspectives brought to MCHIP’s work by the new Deputy Minister for Population and Reproductive Health at MOPHP, Dr. Nagiba Al Shwafi, the MCHIP team revised and re-submitted the Quick Start work plan. Sana’a City, Dhamar Governorate, and possibly the city of Aden were identified as areas where MCHIP should work, and Dr. Nagiba asked that Hodeidah and Lahj Governorates be removed from the Quick Start activities.

- The MCHIP team submitted a Principal Cooperation Agreement between the Ministry of Planning and International Cooperation (MOPIC) and John Snow Inc (JSI), which will officially register JSI in Yemen.
- With regards to recruitment, MCHIP short-listed and interviewed three COP candidates in collaboration with USAID/Yemen, and also conducted interviews for recruitment of the Senior Maternal and Newborn/FP Health Advisor.

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

- During the 9-20 March 2013 trip, the MCHIP technical team met with MOPHP, USAID, and other organizations to discuss the proposed maternal and newborn health activities. They also met with Dr. Taha and staff at Higher Institute of Health Sciences (HIHS) in Sana'a, which resulted in productive discussions for MCHIP to review and support the new three-year community midwifery education program. The MCHIP technical team visited three hospitals to meet with providers, gather data, and observe both in-service and pre-service training activities.
- A debriefing session was held with Dr. Nagiba (MOPHP) and Dr. Alia (USAID) on 19 March 2013. In addition to the points summarized above regarding the change in geographical areas, Dr. Nagiba requested support to improve training approaches and post-training follow-up as well as support for improving quality of care beginning in Al Sabeen Hospital in Sana'a.

Activity 3: Improve prevention and management of PPH

- The MCHIP technical team communicated regularly with the Yemeni organization, Yamaan Foundation regarding PPH activities including distribution of Misoprostol for prevention of PPH at community level. However, at the team's in-briefing meeting on 9 March 2013, Dr. Nagiba (MOPHP) requested that no activities around Misoprostol be conducted until the drug is registered. The Quick Start work plan for the PPH activities was revised to include advocacy and preparation of Information, Education and Communication (IEC) and training materials.

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

- The MCHIP technical team visited health facilities to discuss newborn care with providers.
- The Quick Start work plan for Newborn Health was updated to be in line with MOPHP strategies.

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.

- During the 9-20 March 2013 trip, the MCHIP technical team met with the MOPHP and USAID to discuss the proposed long-acting reversible contraception (LARC) activity and to solicit their advice and counsel. Dr. Nagiba (MOPHP) stated that she is opposed to community midwives being trained on contraceptive implants and informed the MCHIP team and Dr. Alia (USAID) that midwives using implants is not legal. She suggested that MCHIP identify the capacity of community midwives to provide IUD services.
- The MCHIP technical team met with LARC trainers to observe a Pathfinder IUD training in their office. The team also visited Al-Sabeen facilities and the Director of OB/GYN, Dr. Tawfik, expressed interest in PPIUDs, inclusive of a Training of Trainers (TOT). The Director of OB/GYN at Al-Thawra Referral Maternity, which sees women with complicated pregnancies/labors, requested postpartum IUD training. The MCHIP technical team visited the District Hospital in Matnah, Sana'a Governorate, as well as other sites, and some training activities with assistance from Dr. Lina Amin, a Yemeni pediatrician who has worked extensively with Non-governmental organizations (NGOs) and MOPHP.
- The workplan for FP was revised to be in line with achievable Quick Start activities. The plan is to conduct an assessment of LARCs in Yemen, including issues of access and quality of services, with community midwives and public and private sector facilities being sampled for assessment. A concept paper is being drafted to lay out the evaluation questions and methodology for this assessment. It is anticipated that a study protocol will be developed.

Activity 6: Implement learning activities for integrated maternal, infant and young child nutrition and family planning (MIYCN-FP)

- The MCHIP technical team identified and met with FP and nutrition stakeholders in Sana'a to discuss the current policy and program environment for nutrition and FP, and to discuss the proposed MCHIP MIYCN-FP activity, which would use a research methodology called Trials of Improved Practices (TIPs) to identify current MIYCN-FP practices and mothers' and husbands' willingness and ability to make changes to their current practices. The study also includes interviews with key informants (grandmothers, health workers, and community leaders) who are influential over maternal nutrition and infant and young child feeding and family planning. The team met with, Dr. Ali Al-Assabri, a professor at Sana'a University in the Department of Community Medicine, who has extensive experience in conducting qualitative research and could lead the study. The team also met with two nutritionists, Drs. Huda Basaleem (by phone) and Khaled Al-Gendari, who could give technical assistance to implementing the dietary component of the TIPs study. The MCHIP technical team worked on the draft protocol and instruments, which are being adapted from instruments used in a similar study by MCHIP in Egypt, for the TIPs study. The MOPHP selected Dhamar Governorate as the Governorate where the study would take place. Tentative dates were identified when the MCHIP headquarters team could be in Yemen to conduct the training of the consultant(s).

- The MCHIP technical team discussed the MIYCN-FP component of the proposed MCHIP program with Save the Children (SC), and opportunities for collaboration within SC's existing health and nutrition programs were identified. They also discussed working in Dhamar. While SC does not work in Dhamar, the Governorate is close to Sana'a and SC is willing to provide support for this activity. The Team met with SC's Head of Security who is from Dhamar and was very helpful in giving advice about working in Dhamar and contact information was shared for the former Director General (DG) for Health.
- Prior to the removal of Hodeidah from the Quick Start work plan, the MCHIP technical team met with the Hodeidah Governorate Health Office and other identified stakeholders. These stakeholders were supportive of the MIYCN-FP activity because there are few interventions to prevent malnutrition in Hodeidah. Because of the emergency response, the focus is on rehabilitating children with severe and moderate acute malnutrition (SAM; MAM) with ready-to-use-foods (RUTF). These foods are effective in treating SAM and MAM but are only a short-term (and expensive) solution to malnutrition. Programs to address acute malnutrition need to be nested within complementary programs to prevent malnutrition in the first 1,000 days of life (conception to two years of age) through education and improving livelihoods and the food base by making a diverse diet available at home and in markets. UNICEF recently completed a nutrition survey in Hodeidah which will help inform the design of TIPs in Dhamar, because malnutrition varies by agro-ecological zones in Yemen and there are similar agro-ecological zones in both Governorates (plains, valleys, plateaus and mountains). While there is some information about current infant and young child feeding and family planning practices in Yemen, there is little information about the reasons for the practices which the TIPs study will help establish and will be useful in improving current programs.

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

- During the 4-17 October 2013 trip for the needs assessment, the MCHIP technical team met with the Deputy Minister in charge of Primary Health Care (PHC) and with Dr. Ali Jahhaf, PHC Director at MOPHP, to agree on principles and to identify key priorities in child health (CH) and immunization.
- During the same trip, further discussions with Dr. Mohammed Alemad at WHO confirmed that the integrated PHC curriculum is the basis of all facility-level activities for all partners.
- Discussions with UNICEF and with the Nutrition Department at MOPHP confirmed interest in requesting MCHIP's support to harmonize Community Health Volunteers' (CHV) interventions, including Community Case Management (CCM) and other services.

- During the same trip, initial discussions and several follow-up phone meetings with Dr. Ghada (manager of MOPHP's immunization program) allowed refinement of the role MCHIP can play to support the routine immunization program.
- The work plan for CH and Immunization was developed and revised through multiple iterations to be in line with achievable Quick Start activities.

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

- The MCHIP technical team met with the DFID representative to discuss the Scaling-Up Nutrition (SUN) activity, a multi-sector effort to scale-up nutrition activities. The focal point for SUN in Yemen is MOPIC. USAID would like MCHIP to support this effort which is just beginning.
- The MCHIP team was in touch by email with the Department for International Development (DFID) technical advisor in nutrition about SUN. This advisor covers Yemen but is based in London. The team discussed and sent information about the cost of nutrition program approaches: rehabilitation only, giving a food supplement to all children 6-23 months to prevent stunting, and community-based programs based on monthly counseling with mothers to prevent all forms of malnutrition.

Challenges and Opportunities

- Repeated requests by Dr. Nagiba (MOPHP) for revisions to the workplan are delaying implementation and draining the Quick Start budget.
- Dr. Nagiba (MOPHP) is currently resistant to MCHIP hiring local staff and only wants to work with expatriates. Her concerns stem from her past experience with the "brain drain" of local staff to international NGOs who then come back and try to "supervise" current MOPHP staff. She wants MCHIP's expatriate technical advisors to work directly with her staff at MOPHP and believes that local staff will be an unnecessary middle-man or complicating factor. Discussions around this issue have been ongoing, and with support from the Mission, MCHIP is exploring different staffing configurations.
- The budget for the Quick Start period has been decreased from \$1.7 million down to \$1.4 given Dr. Nagiba's requests to remove certain activities from the workplan and the shift of some activities to the Associate Award. Only \$1 million in field funds has been obligated however to the program, so there is a shortfall in funding for the Quick Start period.
- Security is an ongoing challenge. The situation varies from governorate to governorate but is generally characterized as unstable. Al-Qaeda and other terrorist organizations are active throughout Yemen. USAID staff are not allowed to travel outside of Sana'a and it is difficult for MCHIP expatriate staff to travel outside of Sana'a as well.

Planned Activities for Next Reporting Period: April to September 2013

Activity 1: Project Start-up

- Receive final approval from USAID and MOPHP for the Quick Start work plan. Facilitate a project launch workshop in collaboration with MOPHP in early June. Attendees will include representatives from MOPHP and the governorate health offices, key partners and other important stakeholders.
- Receive final approval of the Principal Cooperation Agreement between MOPIC and JSI, which will officially register JSI in Yemen. Receive further guidance from the Mission on the additional registration documentation to be completed and move forward with execution of these agreements.
- Complete COP recruitment and have him/her take up the post. Complete recruitment for the Senior Maternal and Newborn/FP Health Advisor.
- Develop a plan to transition selected Community Livelihood Project (CLP) activities to MCHIP.

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

- Support dissemination and utilization of MNH training packages.
- Capacity building of HIHS staff to support the rollout of the updated three-year community midwifery program, including use of competency-based training.
- Support the evaluation of the Community Based Maternal and Newborn Care program (in collaboration with UNICEF) with view to scaling up successful elements of this program.
- Explore means to support capacity building of existing private midwives and explore expansion.
- Support quality improvement at Al Sabeen Hospital Sana'a in collaboration with GIZ.
- Draft plan to guide long-term efforts of MCHIP to strengthen Post Abortion Care (PAC) services in Yemen.

Activity 3: Improve prevention and management of PPH

- Improve performance of Community midwives in prevention and management of PPH. Plans for a sustainable supply of uterotonics are underway.

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

- Review documents that address newborn care messages, newborn danger signs, and newborn management protocols to assess the need for inclusion of updated information evidence-based for newborn care interventions.
- Assess care of low-weight newborns in governorate hospital in Aden, and identify for future establishment of Kangaroo Mother Care (KMC) unit.
- Initiate establishment of KMC unit in one governorate hospital in Aden
- Work with stakeholders to develop a strategy for improving essential newborn care and care of sick newborns.
- Initiate joint planning with MOPHP for newborn health stakeholders meeting.

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.

- Review national guidelines for the provision of both IUDs and implants in Yemen, existing national training materials and reach out to GIZ for any existing quality standards related to family planning and long-acting methods. This desk review is to inform the development of assessment tools.
- Develop study protocol of service provision of long-acting methods (IUDs and implants) in Dhamar governorate to look at accessibility, safety, efficacy, equity and competency of IUD and implant services for various types of service delivery points including community midwives.
- Share protocol with counterparts at the MOPHP and DG Health in Dhamar for review and input and incorporate ideas prior to submission for Institutional Review Board (IRB) approval.
- Carry out assessment as per protocol.
- Strengthen PFP inclusive of PPIUD services at Al Sabeen Maternity hospital in Sana'a City and serve as a training facility in PFP/PPIUD.
- Support the field-testing of PAC training materials and provide technical support in incorporating FP counseling and services (inclusive of FP at time of PAC services in lieu of referral).

Activity 6: Implement learning activities for integrated maternal, infant and young child nutrition and family planning (MIYCN-FP)

- Complete the process of obtaining IRB approval for the MIYCN-FP TIPS.
- Assess MIYCN and FP knowledge and practices and test new MIYCN-FP practices with mothers using TIPS methodology.

- Identify barriers and facilitating factors related to optimal MIYCN-FP practices.
- Develop MCHIP plan for dissemination of the results of TIPs to stakeholders.

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

- Meet with the Dhamar regional team to define criteria and select 2-3 focus health facilities, conduct the assessment of availability and quality of services, review findings and develop a strategy for improving services.
- Conduct refresher training, on-site mentoring, provision of job aides, and improve collection and use of data for decision-making including death and/or near miss audits.
- Identify partners with relevant MNCH community-based projects in the catchment areas of the selected health facilities to review the components of partner's community-based package for CHVs and provide technical assistance to strengthen interventions.
- Facilitate the review and, if necessary, the revision of the CHV national guidelines and develop training modules, supervision tools, data collection tools, counseling cards, and other job aids.
- Meet with Dhamar regional team to define criteria and select one target district for immunization and conduct a planning visit to help the targeted district adapt the Reaching Every District (RED) approach, identify training needs and develop a plan for an improved monitoring system for immunization.
- Provide assistance to the district, monitor and document the approach, and conduct a workshop to review lessons learned and to develop an approach to support other districts in the Governorate.

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

- Support SUN approach in Yemen and define MCHIP's role in supporting SUN activities.
- Carry out a strategy workshop with the National Safe Motherhood Alliance (NSMA).
- Initiate capacity building of MNCH-FP counterparts in MOPHP Reproductive Health Division.