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USAID / Yemen

Maternal and Child Health Integrated Program

Semi-Annual Report

April – September 2013

SUBMITTED ON:
November 22, 2013

SUBMITTED TO:
United States Agency for International Development
under Cooperative Agreement # GHS-A-00-08-00002-000

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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
HBB	Helping Babies Breathe
HIHS	High Institute of Health Sciences
HII	High Impact Interventions
IUD	Intrauterine Contraceptive Device
JSI	John Snow, Inc.
KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
LARC	Long Acting Reversible Contraceptive
MCH	Maternal and Child 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	Reaching Every District
SBM-R	Standards Based Management and Recognition
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
Reporting Period:	April 1, 2013 – September 30, 2013
Obligated Funds:	\$1,000,000 Field Support Obligated thru Sept 30, 2013
Expected New Funds:	<u>\$1,500,000 Field Support Funds thru Dec 31, 2013</u>
Total Funding:	\$2,500,000 Field Support Funds, Oct 1, 2012 to Dec 31, 2013
Project Duration:	October 2012 – December 2013

Executive Summary

While the first official six months of the Maternal and Child Health Integrated Program (MCHIP)/Yemen program can best be defined as the planning phase, where a situation analysis was conducted, a concept note drafted, the Quick Start (QS) workplan was developed, and office space secured, this next six-month phase has truly marked the kickoff of the project. Starting with the deployment of the COP in May, followed by the establishment of a formal agreement with MOPIC, the approval of the MCHIP QS workplan by the Ministry of Public Health and Population (MOPHP), and the official launch event, which occurred during a National Stakeholders Workshop attended by high-level MOPHP officials from the national and governorate levels, local Non-governmental Organization (NGO) representatives, implementing partners, and the USAID/Yemen Mission Director. In response to a request from USAID and the donor community, MCHIP also facilitated the Development Partners & MOPHP Retreat and developed the meeting report.

Subsequently, despite still having an extremely lean in-country team, MCHIP has started implementing a number of activities, including development of a standardization and quality improvement system for the new 3-year community midwifery pre-service education program. In Dhamar Hospital, an on-site training on clean and safe childbirth methods was conducted, including active management of the third stage of labor (AMTSL) and immediate essential newborn care. Al Wahda Hospital in Aden was assessed for a Kangaroo Mother Care (KMC) unit, which included identifying space, assessing staff training needs, and procurement requirements. The process of strengthening Postpartum Family Planning (PPFP) services at Al Sabeen Hospital was introduced at a stakeholders meeting on PPFP/ Postpartum Intrauterine Contraceptive Device (PPIUD), and PPFP orientation was conducted that focused on PPIUD and clinical counseling. An ongoing system of mentors to provide supportive supervision was developed.

MCHIP wrote and submitted for approval a protocol for foundational research among mothers, husbands, and key informants on maternal, infant and young child nutrition and family planning (MIYCN-FP) and newborn care to determine current practices and knowledge regarding optimal MIYCN-FP practices. MCHIP conducted a needs assessment of routine immunization services to identify gaps in the national Expanded Program on Immunization (EPI), and planning visits were conducted in Dhamar

and Sana'a governorates to discuss the adaptation of the Reaching Every District (RED) approach. Priority districts for MCHIP immunization technical support were identified, preliminary training needs for health workers and supervisors were identified, and a plan for an improved immunization program monitoring system was discussed. MCHIP also began planning for an advocacy workshop with the National Safe Motherhood Alliance (NSMA).

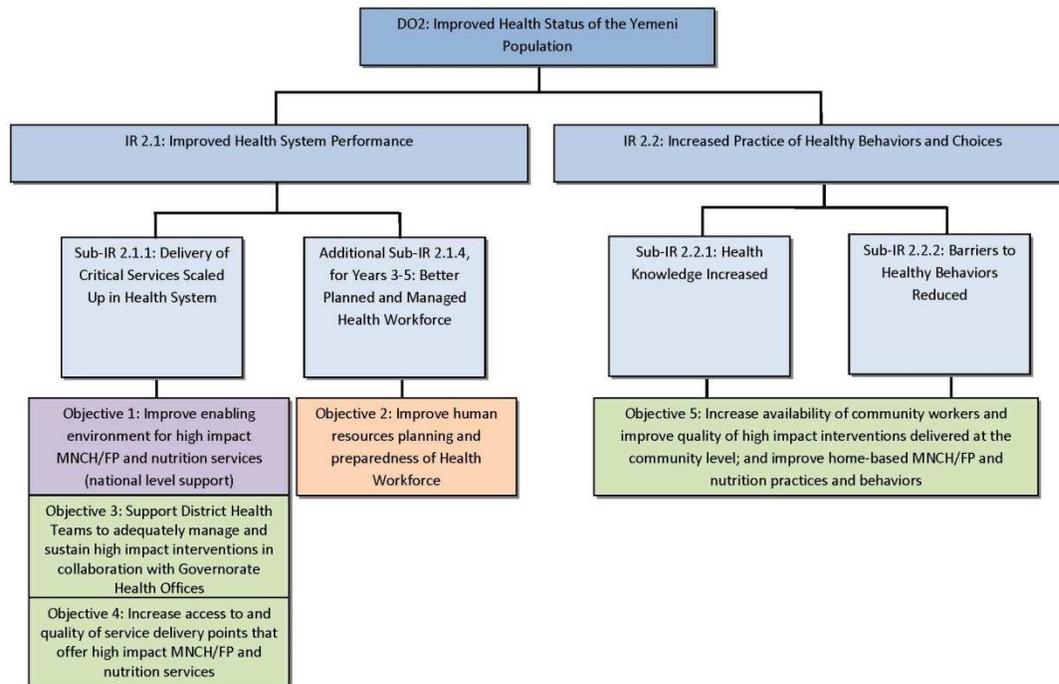
Introduction

The goal of MCHIP is to assist countries in scaling up evidence-based, high-impact maternal, newborn and child health (MNCH) interventions and thereby 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 (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 Family Planning (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 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. The figure below presents MCHIP's Objectives in relation to USAID's Results Framework:

GOAL: REDUCE MATERNAL AND CHILD MORTALITY AND MORBIDITY



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 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 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 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

The Yemeni environment is challenging, and it has taken more time than expected for the program to obtain the necessary buy-in from the MOPHP and other stakeholders, set up an office, recruit staff, and begin activities. However, MCHIP has begun to lay a solid foundation and establish strong, collaborative relationships with the 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, and Government Health Office (GHO) Directors of the intervention governorates. As such, the program is now well on its way to demonstrating some 'quick wins' and building a solid reputation in-country.

Performance by Activities

Activity 1: Project Start-up

- MCHIP signed a Principal Cooperation Agreement between MOPIC and JSI in June 2013, which officially registered JSI in Yemen for a period of five years.
- The Quick-Start workplan was officially approved by USAID and MOPHP in June 2013.
- The MCHIP program was officially launched in Yemen through a National Stakeholders Workshop that took place in Sana'a in June 2013 with participation from several high-level MOPHP officials from the national and governorate levels, local NGO representatives, implementing partners, and the USAID/Yemen Mission Director.
- MCHIP recruited several technical staff including the COP and the Newborn Program Officer, and several technical consultants including the KMC Consultant, TIPs Consultant, Midwifery Consultant, and RH Consultant. The Deputy Chief of Party (DCOP) and Technical Director positions were advertised and candidates will be selected in October/November 2013.
- The MCHIP team recruited several support staff including an Administrative Assistant/Receptionist who took up post in September 2013, and extended job offers to the Finance & Operations (F&O) Manager, which is cost-shared by DELIVER and MCHIP, in addition to the MCHIP F&A Officer and Program Officer. All three offers were accepted and the staff will begin work in October 2013. Translator and Security Coordinator positions were also advertised and candidates will be selected in October/November 2013.
- Office set-up continued with the procurement of necessary equipment and supplies, exploration of internet options, refinement of the security protocol and services, etc.

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

- To begin the process of standardisation and quality improvement for the new 3-year community midwifery pre-service education program, a 3-day workshop on SBM-R for 21 midwifery faculty from 8 institutions was held September 8-10, 2013 in HIHS in Sana'a. Draft standards were translated into Arabic and on completion of the workshop, a tool consisting of 69 educational performance standards to be implemented as well as the quality improvement process were agreed upon.
- The team from HIHS Sana'a began the baseline assessment the following week and is completing this with support from the MCHIP team. Other baseline assessments are underway. See the 'Success Story' at the end of this report for more details.
- MCHIP shared various up-to-date training materials with midwifery faculty and selected activities for capacity building linked to gap identification including competency based training in 'assisting normal birth with AMTSL and immediate newborn care' and newborn resuscitation.

Activity 3: Improve prevention and management of PPH

- Following a gap identification and needs assessment in Dhamar Hospital, a 2-day onsite training was conducted in September 2013. 12 participants joined including one midwife from Maabar University Hospital (within Dhamar Gov); 7 community Midwives; 1 teacher from IHS Dhamar; 1 supervisor; 2 murshedas (Primary Health Care (PHC) nurses) who are being upgraded to midwives. The main objective was for each participant to 'Demonstrate clean and safe childbirth, including AMTSL and immediate essential newborn care'. On the first day, they each completed the skill using the Mamanatalie model and a standardised checklist in Arabic; on Day 2, the group was present in the labour and delivery rooms where they had opportunities to apply the new skills under supervision. 3 births were assisted (AMTSL performed and breast feeding initiated). Care was also provided to other women in the ward including use of the partograph; discouraging poor practices around vaginal examination and disrespectful care.
- Follow up visits to Dhamar Hospital to support new practices are ongoing.
- A job aid on AMTSL (integrating immediate newborn care) was harmonized with the training checklist and translated into Arabic and the pictures were modified to be more culturally acceptable. The job aid is to be reviewed by the Reproductive Health Technical Working Group (RHTWG).

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

- KMC Assessment, Al Wahda Hospital, Aden. MCHIP's KMC Consultant traveled to Aden August 20th 2013 to meet with the governorate health office and Al Wahda hospital staff administration to introduce MCHIP and potential KMC work in Aden. On this trip, the consultant assessed the hospital for a KMC unit, including identifying space, staff training needs, and

procurement needs, etc. Through consultations with the Al Wahda Hospital's Director General, Head of Nursery Department and Head of the Comprehensive Emergency Obstetric and Newborn Care (CEmONC) unit, it was determined that there is interest and need for a KMC unit. Under the Best Practices program, implemented under USAID's Basic Health Services (BHS) project, staff had received only 2-hours of training on KMC, however never was given the technical nor material support to establish a unit. Currently women are discharged two hours after delivery, and if the newborn requires additional care, it is admitted into the nursery, where only four of seven incubators are functioning.



Nursery ICU Department of Al Wahda Hospital, Aden

- Because of the lack of standardization of newborn resuscitation, MCHIP has decided to include newborn resuscitation with the KMC training in Al Wahda Hospital, as a means of capitalizing upon the newborn care technical expertise that is being brought in for the KMC unit establishment.
- Procurement of materials and supplies for the KMC unit was initiated, and is anticipated to be complete by the end of October 2013.
- An international consultant trainer for KMC and HBB has been identified, and will travel to Yemen for three weeks in November to train Al Wahda staff on KMC, and support the establishment of the KMC unit.
- HBB and KMC training manuals are being translated into Arabic, printed, and shared with MOPHP.
- With the MCHIP Maternal Health team, the KMC Consultant participated in the needs assessment of Dhamar Hospital for essential newborn care.

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 developed tools and drafted a protocol to conduct an assessment of the use of Long Acting Reversible Contraceptives (LARC) methods in Yemen. The main purpose of this activity is to evaluate the quality of LARC service provision including IUD and implants by physicians and

midwives at the facility level in the Dhamar Governorate of Yemen. The results of this study will be used to inform programmatic decisions around provider training needs, quality improvement activities, and facility strengthening to support high-quality FP services (per RH Strategy) by MOPHP officials, donors, and stakeholders. Secondary objectives are to:

1. Document provider characteristics, perspectives, and practices with LARC.
2. Investigate client satisfaction with IUD and implants contraceptive services.
3. Document availability of FP and characteristics of FP units within health facilities in the Dhamar Governorate.

The biostatistician will review data from Dhamar governorate to determine the number of providers that need to participate in the study.

- MCHIP initiated the process of strengthening PFP services at Al Sabeen Hospital by conducting a stakeholders meeting on PFP/PPIUD with MOPHP and representatives from participating hospitals to introduce MCHIP's approach to PFP, provide a high-level technical update and develop buy-in for the PFP activities. A stakeholder's meeting with MoPHP was conducted and was attended by more than 40 people including five Governorate Reproductive Health Managers; representatives from midwifery education, health communication and religious affairs; ten international organizations; and USAID representatives. Stakeholders worked on seven of the PFP Benchmark tools.
- MCHIP conducted an orientation to PFP with a focus on PPIUD and counseling inclusive of a clinical practicum. The target audience for this training was ANC and L&D providers. Drs. Tawfek (Director of OB/GYN at Al Sabeen) and Bushra, co-trained on PFP Orientation and a contraceptive technology update to 110 post-graduate physicians and two practicing midwives. Among these Dr. Tawfek chose 17 providers to continue with PFP clinical counseling skills based on their hospital affiliation among the seven of the busiest maternity hospitals in Sana'a. With the MCHIP RH Coordinator, Dr. Tawfek, and others, developed a system of ongoing mentorship/supportive supervision to ensure that providers successfully incorporate the PFP messages accurately and confidently into their routine ANC and other visits. Dr. Bushra has been making supportive supervision visits to the participants in the workshop.
- MCHIP has made arrangements for the PPIUD competency-based training that will be at Al Sabeen with additional clinical practicum at Althawra Hospitals to take place from November 3-7, 2013.

Activity 6: Implement learning activities for integrated MIYCN-FP

- MCHIP wrote a protocol for formative research with mothers, husbands, and key informants on MIYCN-FP and newborn care to determine current practices and knowledge about optimal MIYCN-FP practices. Using a consultative research methodology called TIPs, MCHIP adapted instruments for a similar study on infant and young child nutrition in Egypt by adding maternal and family planning components. TIPs is consultative because it asks mothers and husbands to

select a MIYCN or FP practice they are not currently using to determine if they can try to continue the new practice and what the barriers are for continued use, if any.

- An orientation to the methodology was given for the identified training team in April 2013.
- The protocol and instruments were submitted to the Johns Hopkins University Institutional Research Board and to the MOPHP for approvals of the formative research.
- The full six-day training was designed and presentations were developed and the field staff was identified for the training.

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

- MCHIP conducted a needs assessment of routine immunization services to identify gaps in the national EPI, and areas where MCHIP could provide targeted support. MCHIP met with the MOPHP, WHO, UNICEF and USAID to determine longer-term priorities for the immunization program. The focus of the assessment was on national level activities as well as within the Sana'a and Dhamar governorates.
- A thorough desk review on Yemen's immunization activities was conducted including the: Yemen Comprehensive Multi-Year Plan for Immunization (cMYP) 2011-2015; National Expanded Program on Immunization Annual Work Plan 2013; Yemen Comprehensive EPI Review; the Dhamar, Sana'a city, & Sana'a governorates Immunization workplans and several district & facility micro-plans.
- MCHIP's immunization consultant conducted planning visits to the Dhamar and Sana'a governorates and met with EPI officials to discuss plans with their districts to adapt the RED approach to the local context in line with the national EPI strategy and identify priority districts for MCHIP technical support, which were Jahran, Utma and Dhama city for Dhamar governorate, and Alhyma Aldakhilia, Bani Matar, and Alhyma Alkharijia for Sana'a governorate. Preliminary training needs for health workers and supervisors were identified and a plan for an improved monitoring system for the immunization program was discussed.

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

- MCHIP's COP and Maternal Health Advisor facilitated the Development Partner & MOPHP retreat in Sana'a in June 2013 and developed the meeting report.
- MCHIP's Nutrition Team met with DFID in March and April 2013. DFID is supporting the Scaling-Up Nutrition (SUN) initiative in Yemen. Further definition of the support MCHIP can provide to

SUN is needed. It will be important for COP George Sanad to meet with the DFID Nutritionists, Rob Hughes, on his next trip.

- MCHIP has begun planning for an advocacy workshop with NSMA. An international advocacy consultant was identified to provide technical assistance to NSMA and to facilitate a national level workshop to examine stakeholder advocacy priorities and create an actionable advocacy strategy.

Monitoring and Evaluation

	INDICATOR	TARGET October 2012 - December 2013	Progress April – September 2013	Progress to Target (April to September)
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 	0	0%
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 estimates • Clinical standards in QIP tools • Long term plan for newborn care interventions • MIYCN-FP counselling package • An advocacy package for Reproductive and Newborn Health at the Community level 	3 <ul style="list-style-type: none"> • Midwifery Education standards drafted • Updated checklist for 'clean and safe birth with AMTSL' • PPIUCD training materials 	33%

	INDICATOR	TARGET October 2012 - December 2013	Progress April – September 2013	Progress to Target (April to September)
		<ul style="list-style-type: none"> Paper documenting gaps in management of sick newborns, infants and older children Harmonize guidelines for community health volunteers RED microplan 		
3	Number of people trained through USG -supported programs*	<p>157</p> <p>(TIPS = 10; MH = 20; PPIUD = 12; Newborn = 15; IIP = 100)</p>	<p>139</p> <p>MH = 12 (PPH); FP CTU & PPIUD = 110; 17 FP Counselling Skills</p>	88.5%
4	Number of studies*	<p>3</p> <ul style="list-style-type: none"> MIYCN TIPS LARC Study Feasibility study on training informal drug sellers in CCM 	<p>0</p>	0%
5	Number of local partners whose capacity MCHIP has built	<p>7</p> <p>YMA, Al Sabeen Hospital, 1 HF in Aden or Dhamar (KMC), Dhamar and Sana'a governorates (AMSTL and RI services), UNICEF and MOHPH</p>	<p>4</p> <p>(Dhamar Hospital, HIHS, YMA, UNICEF)</p> <p><i>*Also support to evaluation team for CBMNC – i.e. Dr. Abobakar Ahmed Ba'amer (Hadramout University PI) & others but not on target list.</i></p>	57%

*Denotes MCHIP Global Indicator

New Developments

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

- Chief of Party (COP)
- Newborn Program Officer
- Administrative Assistant/Receptionist (cost-shared with USAID|DELIVER)
- KMC Consultant
- TIPs Consultant
- Midwifery Consultant
- RH Consultant

Challenges and Opportunities

- Repeated requests by Dr. Nagiba (MOPHP) to revise the workplan followed by the long Eid al Fitr holiday in August 2013, resulted in delayed implementation and drained the QS budget.
- Dr. Nagiba (MOPHP) insisted on reviewing the MCHIP budget before she would approve the workplan. In response to her request, MCHIP showed her the budget broken down by sub-activity (inclusive of in-country program activity costs and LOE and travel for technical assistance) with an overall lump-sum amount for management costs while having removed the indirect costs. This resulted in her vocalizing complaints to her government colleagues, including the Minister of Health, about the high proportion of MCHIP funds that is being “spent in Washington”.
- Security is an ongoing challenge. Al-Qaeda in the Arabian Peninsula (AQAP) and other terrorist organizations are active throughout Yemen and kidnappings of foreigners have been on the rise. There have been some difficulties with MCHIP expatriate and local staff traveling outside of Sana’a due to security concerns. In early August 2013, USAID/Yemen issued a mandatory evacuation order to their expatriate staff and closed down the U.S. Embassy in Sana’a for several days. MCHIP’s COP was already in the U.S. onboarding with the DC-based MCHIP team when the evacuation order was issued and was consequently held from returning to Yemen for about a week and a half. He eventually returned to Yemen in mid-August 2013.

Success Story: Initiating quality improvement of midwifery education

On September 8-10, 2013, 21 participants from 8 midwifery education institutions in Yemen attended MCHIP's first workshop to prepare for and initiate the use of educational standards to improve the quality of midwifery education. Earlier this year a new three-year community midwifery curriculum was introduced in Yemen, and the staff of the HIHS in Sana'a and the MOPHP requested MCHIP's support with implementation. Building on positive experiences from other countries, draft educational standards were translated into Arabic, and a tool consisting of 69 educational performance standards to be implemented and the quality improvement process of SBM-R were agreed upon through a consensus building process.

All participants were engaged and interested and other participating institutions included Aden, Hadramawt, Shawba, Hodeidah, Ibb, Taiz and Dhamar. Teams from each of these institutions are completing the baseline assessments with MCHIP support. Following the baseline assessments, interventions designed to address the gaps include strengthening competency-based training and equipping skills labs.

Dr Taha Almahbashi, Dean of HIHS in Sana'a, commented that these detailed standards will allow us 'to join the dots' of other tools we are using to improve midwifery education and support the MOPHP in its efforts to reduce maternal, newborn and child deaths in Yemen.

MCHIP/Yemen in collaboration with the MOPHP and the United Nations Population Fund (UNFPA) hope to expand the quality improvement process to the remaining midwifery education institutions in a phased approach.



Success Story: PPIUD technical update and counseling training

Bushra Al Makalh, a 29-year old, Yemeni physician is learning first hand that changing clinical practice takes more than training. She and Dr. Tawfek, a professor of Obstetrics and Gynecology at the School of Medicine at the University of Sana'a, were co-trainers at the PPFP workshop from September 10-12, 2013 where 112 physicians and midwives participated in a one-day orientation to PPFP, contraceptive technology update and introduction to PPIUD. Seventeen of the learners continued with the PPFP workshop for an additional two-day clinical practicum; counseling pregnant women during their antenatal visits on PPFP. The learners had the opportunity to do role-plays and demonstrate their new skills in front of all the other learners and co-trainers who provided feedback. Dr. Bushra and the learners reviewed and discussed the PPFP standards.



Dr. Tawfek demonstrates PPIUD insertion on MamaU at the PPFP orientation

Two weeks after the workshop, Dr. Bushra made a supportive supervision visit to Al Sabeen hospital. Using the PPFP standards, she observed one of the physicians from the workshop. "I couldn't believe it, she didn't even talk to the client about PPFP, and she doesn't have one client interested in a PPIUD. I don't think she learned anything from the workshop! We spoke about how to introduce PPFP during the ANC visits, and then she remembered, so that with the next clients she started counseling and the women were interested". Dr. Bushra learned that training often isn't enough in order for providers to implement what they have learned.

Dr. Bushra also provided supportive supervision visits to Dr. Muna Ali Mohammed Ghushaim at 48 Hospital in Sana'a. "While I was observing her with the client, she followed every step for PPFP during an antenatal visit, just like we did during the role plays in class. She already has 17 clients that want to receive a PPIUD right after childbirth."

MCHIP has initiated its first activities in the Quick-Start Program in Yemen where it is working in Sana'a City, and Sana'a, Dhamar and Aden Governorates. USAID/Yemen requested MCHIP to support its efforts to strengthen the MCH and FP services of the MOPHP. The MOPHP is promoting evidence-based, HII such as PPFP, particularly those that can be initiated during the immediate postpartum such as lactational amenorrhea method (LAM) and PPIUDs. These interventions are multifaceted. The PPIUD clinical training is scheduled for November 3-7, 2013 and has already set the stage with the PPFP orientation, supportive supervision visits, and whole site orientation. Dr. Bushra realizes that training isn't enough to initiate and implement high impact practices, but rather systematic programming that includes training plus supportive supervision to the newly trained providers in PPFP.