



MCHIP Yemen End-of-Project Report

October 2012 – March 2014



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Submitted by:

Jhpiego in collaboration with John Snow, Inc., Save the Children, PATH, and ICF International

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

MCHIP brings together a partnership of organizations with demonstrated success in reducing maternal, newborn and child mortality rates and malnutrition. Each partner will take the lead in developing programs around specific technical areas:

Jhpiego, as the Prime, will lead maternal health, family planning/reproductive health, and prevention of mother-to-child transmission of HIV (PMTCT);

JSI—child health, immunization, and pediatric AIDS;

Save the Children—newborn health, community interventions for MNCH, and community mobilization;

PATH—nutrition and health technology;

JHU/IIP—research and evaluation;

Broad Branch—health financing;

PSI—social marketing; and

ICF International—continues support for the Child Survival and Health Grants Program (CSHGP) and the Malaria Communities Program (MCP).

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-00. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

Country Summary



Selected Health and Demographic Data for Yemen

GDP per capita (USD)	1,361.2
Total Population	24,799,880
Maternal Mortality Ratio (deaths/100,000 live births)	200
Skilled birth attendant coverage	35.7
Antenatal care, 4+ visits	14
Neonatal mortality rate (deaths/1,000 live births)	32
Infant mortality rate (deaths/1,000 live births)	57
Under-five mortality (deaths/1,000 live births)	76.5
Treatment for acute respiratory infection	87.8
Oral rehydration therapy for treatment of diarrhea	38
Diphtheria-pertussis-tetanus vaccine coverage (3 doses)	81
Modern contraceptive prevalence rate	27.7
Total fertility rate	5.2
Total Health Expenditure per capita (USD)	88.4

Sources: World Development Indicators, 2011, World Bank; Global Health Observatory, 2010-2011, WHO, Countdown Profile 2012

Major Activities by Program

1. Improve access to and the quality of services delivered by midwives in Yemen
2. Improve prevention and management of PPH
3. Assess the availability of and advocate and plan for evidence-based newborn care
4. Assess the accessibility and quality of service provision of LARC services in various settings
5. Implement learning activities for integrated MIYCN-FP
6. Support the improvement of newborn and child health interventions and immunization at peripheral health facility and community levels
7. Assessments, advocacy, and technical support for increased political commitment and resource mobilization for High-Impact Interventions (HII) in MNCH/FP and nutrition

Program Dates	October 2012 – March 2014					
Total Mission Funding to Date by Area	\$2.5 million					
Total Core Funding to Date by Area	\$228,450					
Geographic Coverage	No. (%) of governorates	3 (15%)	No. of districts	12	No. of facilities	37
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MCHIP would like to acknowledge the close collaboration and contributions of the Ministry of Public Health and Population of Yemen, and the Reproductive Health and Primary Health Care Units specifically, throughout the course of this project. We would like to acknowledge the support of Dr. Nagiba Al Shawafi, Deputy Minister of Population Sector, and Dr. Majed Al Junid, Deputy Minister of Primary Health Care Sector, as well Ms. Tami Halmrast-Sanchez, USAID/Yemen Deputy Director, and Dr. Ashraf Zabara and Dr. Muneer Ghailan, USAID/Yemen Health and Population Specialists. We would also like to recognize the staff of the following offices and organizations that were central to the realization of this project:

- Reproductive Health Sector, Ministry of Public Health and Population of Yemen (MoPHP)
- Primary Health Care Sector, MoPHP
- Governorate Health Office Directors of Sana'a, Dhamar and Aden
- USAID Yemen Monitoring and Evaluation Project (YMEP)
- USAID Community Livelihoods Project (CLP)
- Yamaan Foundation
- Yemen Midwives Association (YMA)
- High Institute of Health Sciences, Sana'a and Aden
- National Safe Motherhood Alliance (NSMA)
- White Ribbon Alliance (WRA)

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Acronyms and Abbreviations

AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
BCC	Behavior Change Communication
CBMNC	Community-Based Maternal and Newborn Care
CBT	Competency-Based Training
CCM	Community Case Management
CHW	Community Health Worker
CLP	Community Livelihoods Project
CMW	Community Midwife
COP	Chief of Party
ENC	Essential Newborn Care
EPI	Expanded Program on Immunization
EU	European Union
FP	Family Planning
GHO	Governorate Health Office
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
HBB	Helping Babies Breathe
HIHS	Higher Institute of Health Sciences
HII	High-Impact Intervention
ICFP	International Conference on Family Planning
IIP	Immunization in Practice
IRB	Institutional Review Board
IUD	Intra-Uterine Device
JICA	Japanese International Cooperation Agency
JSI	John Snow Inc.
KMC	Kangaroo Mother Care
L&D	Labor & Delivery
LARC	Long-Acting Reversible Contraception
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goals
MIYCN-FP	Maternal, Infant, and Young Child Nutrition and Family Planning
MNCH	Maternal, Newborn and Child Health
MoPHP	Ministry of Public Health and Population of Yemen
MoPIC	Ministry of Planning and International Cooperation
NGO	Non-Governmental Organization
NSMA	National Safe Motherhood Alliance
OJT	On the Job Training
PMP	Performance Monitoring Plan

PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PPIUD	Postpartum Intra-Uterine Devices
PSE	Pre-Service Education
QI	Quality Improvement
QIP	Quality Improvement Program
QoC	Quality of Care
QS	Quick Start
RED	Reaching Every District
RH	Reproductive Health
RHTWG	Reproductive Health Technical Working Group
RMNCH/N	Reproductive, Maternal, Newborn and Child Health and Nutrition
SBM-R	Standards Based Management and Recognition
SIA	Supplementary Immunization Activity
SUN	Scaling Up Nutrition
TIPs	Trials of Improved Practices
UK-DFID	United Kingdom Department of International Development
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
UUTSL	Uterotonic Use in Third Stage Labor
WHO	World Health Organization
WRA	White Ribbon Alliance
YMA	Yemen Midwives Association
YMEP	Yemen Monitoring and Evaluation Project

Executive Summary

The Maternal and Child Health Integrated Program (MCHIP) in Yemen was launched in October 2012, with Field Support funding from USAID/Yemen that was used to design and implement an 18-month “Quick Start” (QS) technical assistance program. The QS program objectives were to support the Ministry of Public Health and Population (MoPHP) to strengthen its Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH/N) services at the national level and in four select governorates - Sana’a City, Sana’a, Aden and Dhamar Governorates.

During this first phase of the project, MCHIP conducted needs assessments, gap analyses and reviews across a number of key technical areas which are summarized below:

- An in-country situational analysis for the Maternal and Child Health (MCH) and Family Planning (FP) sectors was conducted in October 2012 to provide recommendations for appropriate intervention areas and strategic approaches. A detailed *Yemen Maternal, Newborn and Child Health Situation Analysis* report was developed summarizing the key information gathered, findings, impressions and recommendations.
- Several reviews were conducted with the Higher Institute of Health Sciences (HIHS) in Sana’a to support the new three-year community midwifery education program and improve access to the quality of midwifery services.
- In collaboration with United Nations Children’s Fund (UNICEF), technical assistance was provided to the evaluation of the community-based maternal and newborn care program (CBMNC).
- A gap analysis of Dhamar Hospital was performed focusing on how to improve the prevention and management of postpartum hemorrhage (PPH).
- A training needs assessment at Al Rawdah Hospital in Sana’a was conducted, which resulted in a plan to focus on capacity building training for the hospital midwives, particularly in infection prevention and Active Management of the Third Stage of Labor (AMTSL).
- A needs assessment of routine immunization services was conducted to identify gaps in the national immunization program.
- An Immunization Review Meeting was carried out in Dhamar Governorate in November 2013 for 39 participants from 12 districts. 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.
- A Maternal, Infant, and Young Child Nutrition and Family Planning (MIYCN-FP) study was conducted in two districts of Dhamar Governorate. Using the Trials of Improved Practices (TIPs) methodology, the study explored current MIYCN-FP practices, the reasons for the practices, and knowledge, barriers and facilitating factors of optimal practices.
- A study protocol and tools were developed to assess the current practices of trained health care workers providing long-acting and reversible contraception (LARC), which were reviewed by the

MoPHP and approved by the Johns Hopkins Internal Review Board (IRB). MCHIP established relationships with the Dhamar Governorate Health Office (GHO) and the University of Dhamar to ensure that all the processes are in place for implementation of the LARC study during the Associate Award (AA).

- In collaboration with MoPHP, MCHIP organized a postpartum family planning (PPFP) stakeholders' meeting with more than 40 attendees inclusive of 5 Governorate Reproductive Health Managers, representatives from MoPHP, midwifery education, health communication, religious affairs, USAID and 10 international organizations.
- To support the improvement of newborn and child health interventions and immunization at peripheral health facility and community levels, MCHIP partnered with the Dhamar GHO and University of Dhamar to design a gap analysis exercise to identify the gaps in management of sick newborns, infants and under-5 children.

As the information on gaps and technical training needs were identified throughout the QS period, MCHIP adjusted its work plan accordingly. Many of the activities during QS included competency-based training (CBT) courses for:

- Twenty-one midwives on clean and safe delivery; initial follow up visits showed promising results, with midwives improving their competency in AMTSL and immediate newborn care;
- Ten midwifery faculty and clinical preceptors attended a CBT course on clean and safe delivery;
- One hundred twelve providers for a contraception technology update and orientation to PPFP;
- Twelve providers from 7 facilities were trained on postpartum Intra Uterine Devices (PPIUD) services. MCHIP followed-up these providers with supportive supervision visits;
- Two doctors on facilitation of Kangaroo Mother Care (KMC) and Helping Babies Breathe (HBB) training; 15 in-service providers from Al-Wahdah Hospital on HBB and KMC; and 33 in-service providers from Al Wahdah Hospital on monitoring of KMC and HBB;
- Thirty vaccinators on Immunization in Practice (IIP) in Dhamar Governorate.

Including these CBT courses, overall, the training efforts of MCHIP have exceeded training targets established in the QS Performance Monitoring Plan (PMP) by reaching 528 providers, partners, decision makers and other key stakeholders.



KMC and HBB training at Alwahda Hospital in Aden



Vaccinator demonstrating competency after CBT course

MCHIP also provided technical support for pre-service education (PSE) curricula standardization, quality improvement (QI), and on the job training (OJT) for community midwives (CMWs), in addition to establishment of the first KMC unit in the country, summarized below:

- Beginning the process of standardization and QI for the three-year community midwifery PSE, a three-day workshop on standards based management and recognition (SBM-R) for 21 midwifery faculty from 10 institutions was conducted. Draft standards were translated into Arabic and on completion of the workshop, a tool consisting of 69 educational performance standards as well as the QI process were agreed upon.
- Following the SBM-R workshop, OJT visits were conducted to all HIHS sites to support completion of baseline assessments using the tools to identify gaps and then develop action plans to address the gaps.
- Based on the results of the SBM-R workshop, MCHIP conducted a follow-up stakeholders meeting in March 2014 to share the assessment findings and improvement action plans, explore expansion to other institutions, and advocate for support to mobilize resources and capacity building of trainers.
- In Al Wahda Hospital in Aden Governorate, MCHIP supported establishment of a KMC unit in the Newborn Care Unit, including procurement of equipment and materials.

During the QS phase, MCHIP has also focused on developing its network of partners in order to work in a coordinated fashion and leverage the resources and achievements of existing programs. MCHIP has worked with the United Kingdom Department of International Development (UK-DFID) and the European Union (EU) on the multi-sector Scaling up Nutrition (SUN) program, and UNICEF on the CBMNC evaluation. In cooperation with UNICEF and the World Health Organization (WHO), MCHIP supported the Expanded Program on Immunization (EPI) program at the national level and in Dhamar Governorate. MCHIP also collaborated with the Japanese International Cooperation Agency (JICA) and WHO on work with the Community Livelihoods Project (CLP), and with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on the Quality Improvement Program (QIP). MCHIP also collaborated with the United Nations Population Fund (UNFPA) to support the education of CMWs and general advocacy for strengthening midwifery and LARC. MCHIP has also formed strong local partnerships with the Faculty of Medicine and the Faculty of Applied Sciences at the University of Dhamar, Yamaan Foundation, National Safe Motherhood Alliance (NSMA), Yemen Midwives Association (YMA), and Yemen Family Care Association. Additionally, MCHIP's Chief of Party (COP) and Maternal Health Advisor facilitated the Development Partner and MoPHP retreat in Sana'a in June 2013 and developed the meeting report.

In addition to strong in-country collaboration, MCHIP allocated resources to sponsor participation in key global meetings, including support for three people to attend the International Conference on Family Planning (ICFP) in Addis Ababa. The MCHIP Reproductive Health (RH) Officer also traveled to India to learn about the implementation of PPH programs there, and how they could be adapted to the Yemeni context.

Introduction

The goal of USAID's 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 PPH, pre-eclampsia/eclampsia, neonatal asphyxia, prematurity/low birth weight, neonatal sepsis, childhood pneumonia, diarrhea, 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 those that are gender-specific. 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 MCH and FP services of the MoPHP and in select governorates. A Program Description explained that this field funding was intended to allow MCHIP to:

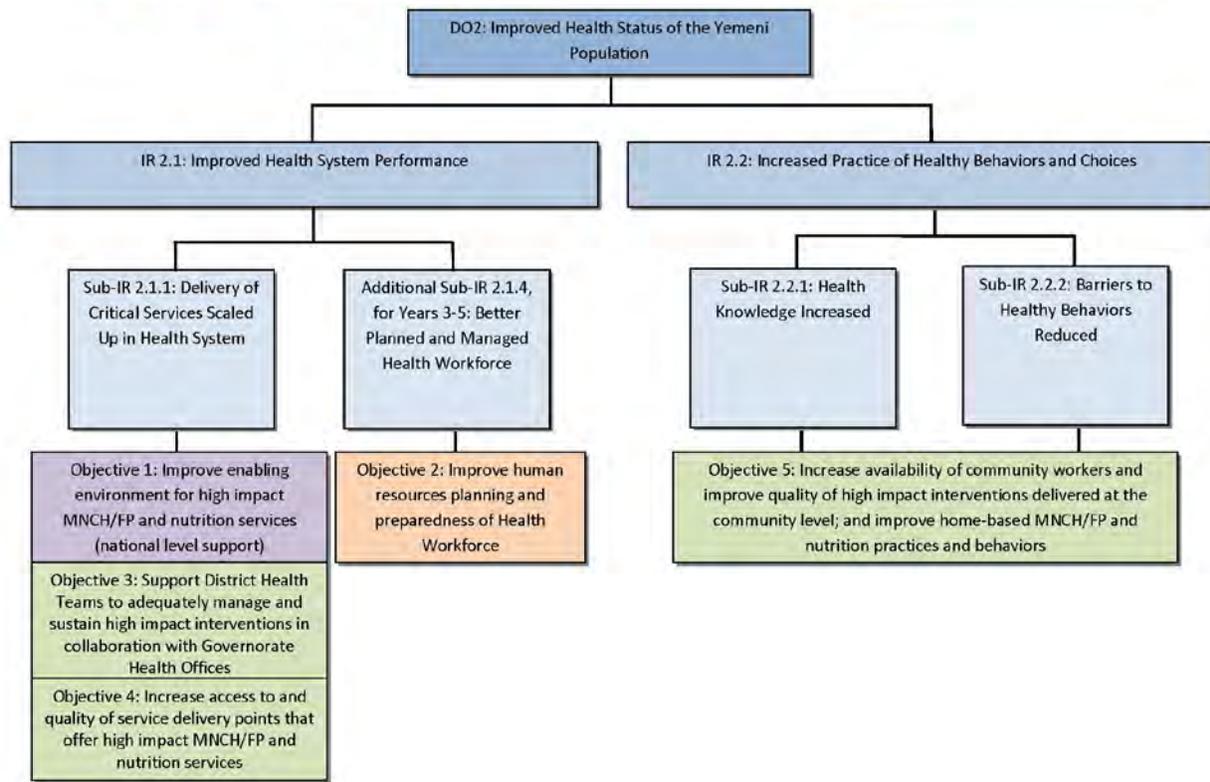
- Conduct a needs assessment and gap analysis for MCH and FP programming in Yemen;
- Develop a concept paper for potential future activities; and
- Initiate the implementation of key RMNCH/N activities in the country.

MCHIP was requested to operate in four governorates (Sana'a City and Sana'a, Dhamar and Aden Governorates) during this initial QS period, based on consultations with the MoPHP and USAID.

MCHIP's strategy and approach remained part and parcel of a broader, integrated strategy, therefore MCHIP worked to complement and build upon existing activities by continuously coordinating, planning, and leveraging activities jointly with the Government of Yemen; in-country multilateral donors, such as the World Bank, WHO and other United Nations agencies, and the EU; bilateral donors such as the Dutch, DFID (UK) and German governments; non-governmental organizations (NGOs) and implementing partners working in health, nutrition, food security and livelihoods, such as Save the Children, and USAID projects including CLP, Yemen Monitoring and Evaluation Project (YMEP), and USAID|DELIVER, and local NGO partners. MCHIP also worked closely with RMNCH/N counterparts at the MoPHP to support skills transfer and capacity building of MoPHP staff.

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



Major Accomplishments

Activity 1: Project Start-up

An MCHIP team traveled to Yemen in October 2012 to conduct an in-country needs assessment and gap analysis for the MCH and FP sectors, and provided 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. Based on the findings of the *Situation Analysis*, MCHIP developed a work plan for QS activities that was 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, the USAID/Yemen Mission Director, local NGO representatives, and implementing partners.

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

To improve access to the quality of midwifery services, several meetings were conducted with the HIHS in Sana'a to review and support the new three-year community midwifery education program. To begin

the process of standardization and QI for the three-year community midwifery PSE, a three-day workshop on SBM-R for 21 midwifery faculty from 10 institutions was conducted. Draft standards were translated into Arabic and on completion of the workshop, a tool consisting of 69 educational performance standards as well as the QI process were agreed upon.

Following the workshop, OJT visits were conducted to all HIHS sites to support completion of baseline assessments using the tools to identify gaps and then develop action plans to address the gaps. The midwifery trainers 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 intrauterine device (IUD) insertion and removal, manual vacuum aspiration and Implanon insertion. Based on the results, MCHIP conducted a stakeholders meeting in March 2014 to share the assessment findings and improvement action plans; and to explore expansion to other institutions and advocate for support to mobilize resources and capacity building of trainers.

As outlined in the *Reproductive Health Strategy (MOPHP 2011)* and further detailed in the *National MCH Acceleration Action Plan (MOPHP 2013-2015)*, scaling up and strengthening community midwifery, including use of CBT is a priority of the MOPHP in its efforts to reduce maternal, newborn and child deaths in Yemen. MCHIP/Yemen in collaboration with the MOPHP and the HIHS Sana'a and Aden, initiated this process with PSE and will build on other components of ensuring an enabling environment for all midwives in Yemen.

On request of the MoPHP, MCHIP has coordinated with GIZ to support and strengthen the existing QIP specifically quality of maternal and newborn care (QoC) beginning in Al-Sabeen Hospital in Sana'a. A one-day workshop was conducted in December 2013 in collaboration with GIZ and the QI Department at MoPHP to sensitize management staff and maternal/newborn health service providers to QIP. Fifty-two participants attended the workshop, and discussions were raised on the rationale behind using the QI process and the different QI methodologies. A set of draft evidence based clinical standards (Arabic) were reviewed in March 2014 by staff at Al-Sabeen and next steps include field testing these and conducting a baseline assessment. Lastly, MCHIP provided technical assistance to UNICEF to support the evaluation of the CBMNC program.

Activity 3: Improve prevention and management of PPH

To improve prevention and management of postpartum hemorrhage (PPH), a two-day onsite training was conducted in September 2013 for 12 participants in Dhamar Hospital, representing public and university hospitals as well as CMWs. The main objective of the training was to enable each participant to "Demonstrate clean and safe childbirth, including AMTSL and immediate essential newborn care (ENC)." In October and December, OJT visits were conducted to further develop the skills of midwives. It was found that the midwives had improved their performance, although they still needed additional capacity building in certain areas. A job aid on AMTSL integrated with immediate newborn care was developed to support the new behaviors and will be tested after review by the Reproductive Health Technical Working Group (RHTWG).

The MCHIP/Yemen RH Officer attended a Regional workshop on implementing community-based PPH programs in India in December 2013. The purpose of the trip was to learn about MCHIP activities and gain more information about the experiences of other countries in implementing the PPH program for application to the Yemeni context.

MCHIP also conducted an exercise to estimate the current national coverage of uterotonic use in third stage of labor (UUTSL) in December 2013. The UUTSL estimation exercise, informed by the national data as well as the input from stakeholders, indicated that only an estimated 14.7% of women in Yemen receive this critical intervention at birth. The report of the results was shared with the MoPHP and other stakeholders and partners. PPH is preventable, and given this low coverage of uterotonic use, MCHIP can focus efforts on strengthening use of uterotonic with SBAs in facilities and advocate for broader comprehensive PPH programming, as well as use this evidence to advocate for improved availability of life-saving commodities.



UUTSL training workshop in
December 2013

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

MCHIP assessed Al-Wahdah Hospital in Aden to identify the feasibility of establishing a KMC unit, including identifying space, staff training needs, and procurement needs. The HBB and KMC training manuals were translated into Arabic, and the medical equipment and materials were delivered and installed at Al-Wahdah Hospital. The KMC and HBB trainings were conducted in February 2014 for 15 participants. The overall schedule of the training was highly focused on hands-on practice. Theoretical discussions were limited, and efforts were made to present theoretical sessions in a more interactive participatory manner. A monitoring plan for KMC and HBB was developed including the registers, follow-up forms, etc. In March 2014, training was conducted for the KMC staff on data collection, analysis and report development. Findings will allow sharing of this experience with other facilities and replication of the KMC and HBB interventions where appropriate. Following the HBB training in Aden, MoPHP expressed interest to take the training nationwide, with a focus on the midwife cadre. Under the AA, MCHIP will support MoPHP to review the HBB materials and adapt them for the Yemeni context. MCHIP also supported MoPHP to review and provide comments on the draft online Every Newborn Action Plan (ENAP) document, in collaboration with UNICEF. These preliminary high-impact interventions (HIIs) have started generating local interest and providing evidence for high-impact newborn interventions in the country, which meets one of the critical prerequisites for taking to scaling evidence-based newborn interventions in Yemen.

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

To assess the accessibility and quality of the provision of LARC services in various settings, MCHIP finalized a research protocol to study the use of LARC methods in Dhamar Governorate, including the capacity of CMWs to provide IUD services. MCHIP also re-launched PFP/PPIUD training and services at Al Sabeen Hospital.

MCHIP, in collaboration with MoPHP, conducted a PFP stakeholder’s meeting for more than 40 people representing Governorate RH Managers, midwifery education, and health communication staff; 10 international organizations; and USAID. MCHIP also conducted a contraceptive technology update with



PPIUD practical training in Al-Sabeen Hospital

a focus on PFP for 110 post-graduate physicians and two practicing midwives. Seventeen providers coming from the seven hospitals with the highest caseload in Sana’a were chosen to provide PFP clinical counseling. In November 2013, MCHIP conducted a five-day CBT course on PPIUD services at the training site of Al-Sabeen Hospital. There were 12 trainees (10 doctors and 2 midwives) from five public hospitals in Sana'a City as well as two NGOs’ RH centers. Following the training, MCHIP trainers visited the trainees’ sites to assist them to properly counsel patients, and supported them during insertion of PPIUDs for the beneficiaries who choose to have it.

It was found that the 12 PPIUCD insertion trainees succeeded to conduct 126 PPIUCD insertions (18 post-normal deliveries and 108 post-cesarean) in the last 4 months. Some have also reportedly oriented clinical colleagues in the insertion skills. Another follow up visit is planned soon under the AA.

MCHIP will use the outcomes of the LARC study to expand FP method choice and strengthen FP service provision in the target governorates, such that women are counseled on the benefits of healthy timing and spacing of pregnancies, are able to select a method of choice in the antenatal period, and receive their method of choice at birth (or the appropriate timing after birth depending on the method).

Activity 6: Implement learning activities for integrated MIYCN-FP

To implement learning activities for integrated MIYCN-FP, MCHIP wrote a protocol for formative research (called TIPS) which asks mothers and husbands to select a MIYCN or FP practice that they are not currently using to determine if they can try and continue the new practice. TIPS methodology identifies barriers and motivating factors for continued use, if any. A six-day training course on MIYCN-FP optimal practices, the TIPS research methodology/process and use of the research tools, including a review of research ethics, was implemented in Dhamar Governorate for 10 researchers. An action plan was developed for field implementation and data collection in coordination with the Dhamar GHO. The study was conducted in two ecological zones (highland and lowland) in Dhamar Governorate between

December 2013 and January 2014. An analysis workshop was held with primary and co-investigators and field researchers in March 2014 and dissemination of the findings is planned for June 2014.

There is little information about current MIYCN practices in Yemen. There is more information about FP use but for both MIYCN-FP, little information is available about the barriers and facilitating factors for optimal MICYN-FP practices. TIPs will provide some of the first information about the reasons for current practice and the willingness of families to use and continue to use optimal practices. The findings of this operations research study will be used to develop a MIYCN-FP counseling package for use in Dhamar Governorate and as a platform to develop a multi-sector strategy for scaling-up nutrition.

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

To support the improvement of newborn and child health interventions and immunization at peripheral health facility and community levels, MCHIP partnered with the Dhamar GHO and University of Dhamar to design a gap analysis exercise to identify the gaps in management of sick newborns, infants and under-5 children. The Health Facility Survey developed by WHO was used as a framework to collect and analyze the data, and the results of this activity will help determine the long-term priorities for child health intervention in the governorate. The Principle Investigator who led the development and finalization of the protocol is a senior staff member of Community Medicine with the Faculty of Medicine, and the Senior Statistician is professor with the Faculty of Applied Sciences at the University of Dhamar. The field work for data collection is expected to take place in late May 2014, under the leadership of the Dhamar GHO. This activity is a first step in building a strong professional relationship between the academic institution and the Dhamar GHO to discuss and to collaborate in solving priority public health issues. MCHIP will continue strengthening such linkages under the AA to ensure local capacity building.

To identify potential innovative ways to expand child health services beyond the traditional health facilities, MCHIP began exploring the feasibility and potential benefits and costs of training and supporting informal drug sellers in the provision of basic health care services. Consultative meetings with the Director General of the Supreme Board of Drugs and Medical Appliances, University of Sana'a, and the Sana'a GHO indicated a keen interest in exploring this question, and confirmed that the regulation of informal pharmacies is an important issue for MoPHP.

MCHIP conducted an Immunization Review Meeting in Dhamar Governorate in November 2013 for 39 participants from 12 districts 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. MCHIP also participated in the National Immunization Review Meeting chaired by the Minister of Health in November 2013 to review the current status of the routine immunization and the polio supplementary immunization activities (SIAs) implemented during the first 10 months of 2013, sensitize the GHO team and program managers, and prepare the macro- and micro-plans for the future polio SIAs. In December 2013, the MCHIP Immunization Officer traveled

to Dhamar Governorate to attend the launching of the polio SIAs and conducted field visits to supervise the implementation of the polio SIAs. The MCHIP Immunization Officer visited two districts, monitored 26 mobile teams, and provided feedback to the teams on their performance.

MCHIP developed an Immunization CBT Guideline and Methodology, which was introduced to seven MoPHP training facilitators. A four-day immunization CBT course was implemented in Dhamar in March 2014 known as IIP. The training involved 30 vaccination service providers from 30 health facilities. Participants demonstrated the 10 vaccination competencies they learned. MCHIP organized field visits to the EPI governorate store and four immunization posts for the participants on the last day of training. During the field visit, participants used a checklist to assess the performance of the peer vaccinators in the sites they visited. This training is part of the Reaching Every District (RED) approach adopted by MCHIP.

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

MCHIP met with a DFID representative to discuss the multi-sector SUN Program. The focal point for SUN in Yemen is the Ministry of Planning and International Cooperation (MoPIC). The MCHIP team has been communicating regularly with the DFID SUN Technical Advisor who is based in London. MCHIP has sent DFID information about the cost of nutrition program approaches including rehabilitation, giving food supplements 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. However in March 2014, the convening donor for SUN was changed from DFID to the EU. MCHIP met with the EU to discuss next steps for SUN and how MCHIP could support the SUN movement in Yemen, particularly the roll-out of a multisectoral approach at the governorate level.

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

MCHIP also sponsored the Deputy Minister of MoPHP—Population Sector, a university student awarded a conference scholarship, and the 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 field project sites in Ethiopia for the Deputy Minister to learn about successful community-based interventions that can be adapted to the Yemeni context.

Additionally, MCHIP's COP and Maternal Health Advisor facilitated the Development Partner and MoPHP retreat in Sana'a in June 2013 and developed the meeting report. To date, despite a productive meeting and strong direction and outputs to improve donor coordination and support for implementation, the agreements and consensus of this meeting has not been realized.

Cross-Cutting Themes

MCHIP is just beginning in Yemen and will expand its work across technical areas and cross-cutting themes throughout the five-year AA. The cross cutting themes that will underpin MCHIP's activities in the future include integration of MICYN-FP, community level work with CMWs and CHWs, implementation of the RED approach to address equity issues, and gender mainstreaming.

Recommendations and Way Forward

Over the next five years, MCHIP will apply the key lessons learned and address the gaps identified during the QS period to develop a detailed plan of action for implementation under the subsequent five-year Associate Award.

MCHIP will use existing resources, networks and systems to put a focus on the neglected technical areas of newborn care and child nutrition (particularly prevention of 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. This will be done by supporting the finalization of key RMNCH/N policies and strategies needed to create an enabling environment for program implementation; advocating for the adoption, revitalization, and scaling up of selected HIs whose implementation has not started or is lagging behind; working through national coordination platforms and leveraging other partner resources to strengthen the capacity of the MoPHP to implement RMNCH/N interventions; generating demand within communities for RMNCH/N interventions by implementing appropriate behavior change communication (BCC); and strengthening information systems to improve accountability for high quality program delivery and use of data in making decisions. Cross-cutting approaches such as gender, equity, and integration will underpin activities across the project.

Annex 1: M&E Indicator Table

The numbers in the following table show cumulative progress from the project start date (October 2012) through the end of March 2014.

	INDICATOR	TARGET Oct 2012 - Mar 2014	Cumulative Progress Oct 2012 – Mar 2014	Cumulative Progress to Target Oct 2012 – Mar 2014
1	Number of (national) policies drafted with United States government (USG) support*	3 <ul style="list-style-type: none"> Clinical MNH standards Community midwifery PSE standards Harmonized guidelines for community health workers 	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 newborn care interventions MIYCN-FP counselling package An advocacy package for Reproductive and Newborn Health at the community level Paper documenting gaps in management of sick newborns, infants and older children. Harmonize guidelines for community health workers RED immunization micro-plan 	3 <ul style="list-style-type: none"> Updated checklist for clean and safe birth with AMTSL PPIUCD training materials UUTSL estimate 	33%
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; FP CTU= 112; PFP counselling = 17) 	528 Review Annex 5	339%

	INDICATOR	TARGET Oct 2012 - Mar 2014	Cumulative Progress Oct 2012 – Mar 2014	Cumulative Progress to Target Oct 2012 – Mar 2014
4	Number of studies*	3 <ul style="list-style-type: none"> • MIYCN TIPs • LARC Study • Feasibility study on training informal drug sellers in Community Case Management (CCM) 	1 <ul style="list-style-type: none"> • MIYCN TIPs 	33%
5	Number of local partners whose capacity MCHIP has built	7 YMA, Al-Sabeen Hospital, one HF in Aden or Dhamar (KMC), Dhamar and Sana'a governorates (AMTSL and RI services) and MoPHP	7 Dhamar Hospital, HIHS, YMA, UNICEF, Al-Sabeen Hospital QIP, Sana'a City (PPIUD) in four hospitals, Al-Wahdah Hospital in Aden (KMC)	100%

*Denotes MCHIP Global Indicators

Annex 2: 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 various 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 reducing 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 and 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 with 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 with 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 are rarely 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 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 midwife Nagat Basdas during the training

The training course included 10 physicians and two midwives. Nagat was an enthusiastic learner, actively involved 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 and was 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 3: List of Materials and Tools Developed or Adapted by MCHIP

- **MCHIP Yemen Situational Analysis, October 2012**
- **Quick Start Quarterly Report, October to December 2013**
- **Quick Start Semi Annual Report, October 2012 to March 2013**
- **Quick Start Semi Annual Report, April 2013 to September 2013**

Annex 4: Total participants at Training Sessions and Workshops conducted by MCHIP

Date	Activity Title	Target audience	Training period (in days)	Number of participants
September 8-10, 2013	Training workshop on SBM-R	Midwifery Faculty from 8 HIHS	3	21
September 10-11, 2013	CBT course on Clean Delivery	Midwives from Dhamar and Maabar Hospital	2	12
September 10, 2013	Contraceptive Technology Update with an orientation on PFP	Antenatal care (ANC) and labor and delivery (L&D) providers	1	112
September 11-12, 2013	Training on PFP clinical counseling skills and introduction to PPIUD services	ANC and L&D providers	2	17
September 17, 2013	Workshop on saving mothers and babies lives through PFP	Stakeholders from MoPHP and NGOs	1	52
October 5- 10, 2013	Training on MIYCN-FP TIPS data collection tools and research ethics	Researchers for data collection	6	10
November 3-7, 2013	CBT course on PPIUD insertion	Doctors and midwives from public hospitals	5	12
November 18-20, 2013	Immunization review meeting	EPI District Supervisors and Health District Managers in Dhamar	3	39
December 3, 2013	CBT course on clean and safe delivery	Midwives at HIHS	1	10
December 4, 2013	Workshop on UUTSL	Stakeholders from MoPHP and NGOs	1	20
December 5, 2013	Workshop on QIP	MNH providers at Al-Sabeen Hospital staff	1	52
February 7-8, 2014	Training of facilitators on HBB and KMC	Two doctors from Al-Wahdah hospital and a coordinator from MoPHP	2	4
February 9-13, 2014	Training on HBB and KMC	In-service providers from Al-Wahdah hospital	5	15

Date	Activity Title	Target audience	Training period (in days)	Number of participants
February 13, 2014	Orientation to HBB and KMC for other service providers and non-health staff	Community midwives in Aden	1	9
March 8-9, 2014	Orientation to methodology of CBT courses	Technical Supervisor in National EPI program, EPI program in Dhamar Governorate ,EPI Manager in selected Dhamar districts	2	7
March 10-14, 2014	Immunization CBT course on IIP	Vaccinators in Autmah districts	4	30
March 19-20, 2014	Training on monitoring of KMC and HBB	Al-Wahdah Hospital , Aden GHO	2	33
March 26, 2014	Stakeholders workshop on improving the quality of midwifery PSE	Midwifery stakeholders	1	50
March 27, 2014	Review of QIP clinical standards at Al-Sabeen Hospital	Committee of Al-Sabeen Hospital staff	1	23
Total				528