Maternal and Child Health Integrated Program

YEMEN

Associate Award

Project Quarterly Progress Report

July – September 2014

Submitted: November 07, 2014

Submitted to:
United States Agency for International Development
under Associate Award # AID-279-LA-14-00006

Submitted by:
Jhpiego in collaboration with
John Snow, Inc.
Save the Children
PATH
ICF/Macro

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS 3
EXECUTIVE SUMMARY 6
INTRODUCTION 8
OVERVIEW OF PROGRAM PERFORMANCE 8
PROJECT MANAGEMENT 20
MONITORING AND EVALUATION 20
CHALLENGES AND OPPORTUNITIES 20
SUCCESS STORIES 22
ANNEX 1 24

ACRONYMS AND ABBREVIATIONS

AA	Associate Award
ACS	Antenatal Corticosteroids
ADRA	Adventist Development and Relief Agency
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
AOR	Agreement Officer Representative
BCG	Bacillus Calmette–Guérin
BNA	Bottleneck Analysis
C4D	Community for Development
CBMNC	Community-Based Maternal and Newborn Care
CBT	Competency-Based Training
CDC	Communication Development Committee
CHV	Community Health Volunteer
CHW	Community Health Worker
CM	Community Mobilization
CMW	Community Midwives Worker
CPR	Contraceptive Prevalence Rate
DCOP	Deputy Chief of Party
DG	Director General
DHS	Demographic Health Survey
EBF	Exclusive Breastfeeding
ENAP	Every Newborn Action Plan
EmOC	Emergency Obstetric Care
EOD	Emergency Obstetric Department
EPCMD	Ending Preventable Child and Maternal Deaths
EPI	Expanded Program for Immunization
FP	Family Planning
GHO	Governorate Health Office
GIZ	German Federal Enterprise for International Cooperation
GoY	Government of the Republic of Yemen
HBB	Helping Babies Breathe
HCP	Health Care Provider
HIHS	High Institute of Health Sciences
HII	High-Impact Interventions
HOA	Horn of Africa
HSSCC	Health System Strengthening Coordination Committee
ICCC	Immunization communication community committee
ICM	International Confederation of Midwives
IFA	Iron-Folic Acid

IIP	Immunization in Practice
IMCI	Integrated Management of Childhood Illness
INGOs	International Nongovernmental Organizations
IOM	International Organization for Immigration
IT	Information Technology
IUD	Intrauterine Device
JICA	Japan International Cooperation Agency
KMC	Kangaroo Mother Care
KPC	Knowledge Practice Care
LAM	Lactational Amenorrhea Method
MCH	Maternal Child Health
MNCH	Maternal Newborn Child Health
MNH	Maternal Newborn Health
MCHIP	Maternal and Child Health Integrated Program
MIYCN-FP	Maternal, Infant and Young Child Nutrition - Family Planning
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MR	Measles/Rubella
NASMA	National Safe Motherhood Alliances
NGO	Nongovernmental Organization
QI	Quality Improvement
OJT	On Job Training
OSCE	Objective Structured Clinical Examination
PE/E	Pre-Eclampsia/Eclampsia
PHC	Primary Health Care
PNC	Postnatal Care
PPC	Postpartum Care
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PPIUD	Postpartum Intrauterine Device
PSE	Pre- service Education
QOC	Quality Of Care
QS	Quick Start
REC	Reach Every Community
RED	Reach Every District
RH	Reproductive Health
RH TWG	Reproductive Health Technical Working Group
RMNCH/Nut	Reproductive, Maternal, Newborn and Child Health and Nutrition
SBCC	Social behavioral communication change
SoWMy	State of the World's Midwifery
SUN	Scaling Up Nutrition
TIPs	Trials of Improved Practices
UN	United Nations

UNFPA	United Nations Population Fund
UNHCR	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WB	World Bank
WPV	Wild Polio Virus
WRA	White Ribbon Alliance’s
WHO	World Health Organization
YMA	Yemen Midwifery Association

Project Name:	MCHIP Associate Award (AA)
Country:	Yemen
Reporting Period:	July 1, 2014 – September 30, 2014
Obligated Funds:	XX Obligated through June 30, 2014
Project Duration:	March 2014 – February 2019

EXECUTIVE SUMMARY

The Maternal and Child Health Integrated Program (MCHIP) was awarded a five-year Associate Award (AA) in Yemen that was duly executed in March 2014 and will run for a period of five years through February 2019. MCHIP's Program Year 1 (PY1) Work Plan, covering the period from March 2014 – September 2015, was approved by USAID in June 2014 and subsequently, approved by Ministry of Public Health and Population (MoPHP) on September 11, 2014.

During this reporting period in July 2014, MCHIP met with the USAID Worldwide Polio Eradication Coordinator, Ellyn Ogden during her visit to Yemen. The aim of the meeting was to provide MCHIP inputs on the routine immunization and the polio eradication campaigns in Yemen. The USAID Polio Eradication Coordinator emphasized the importance of the revitalization of the EPI Task Force and polio zero dose in Yemen.

MCHIP in collaboration with MoPHP, UNFPA and WHO supported the National Yemen Midwifery Association (YMA) workshop on August 25, 2014 to launch the State of the World's Midwifery (SoWMy) Report.

In partnership with MoPHP and the National Safe Motherhood Alliances (NSMA), MCHIP conducted a three-day advocacy strategy workshop on August 26-28, 2014 where 48 representatives from civil society, international non-governmental organizations (NGOs), policy makers and other national stakeholders worked together to develop an effective advocacy strategy to address the most pressing issues affecting maternal and newborn health in Yemen. The White Ribbon Alliance's (WRA) Advocacy Team Leader was the primary facilitator for the workshop.

MCHIP conducted a field visit to Al Wahda Hospital in Aden Governorate from August 24 -26, 2014 to monitor the Kangaroo Mother Care (KMC) services, and to provide supportive supervision to health service providers after the initial HBB and KMC training of 15 service providers six months ago. During this visit, MCHIP worked with service providers from the KMC Unit, Labor Room and the Statistics Department.

On September 3, 2014 MCHIP held a coordination meeting with the UNICEF Health Team. The areas of cooperation and synergy that were identified included community-based maternal and newborn care (CBMNC); community mobilization and behavior change communication (CM/BCC); improving quality of child health services; improving nutritional status of children under the age of five; equity; and programming for under-served populations. Two subsequent follow up meetings were held to identify additional areas of collaboration that would build upon work completed during the Quick Start (QS) period.

Additionally, MCHIP held a meeting with the World Bank (WB) to coordinate program activities in MCHIP's intervention governorates of Al Dale'e, Raymah, and selected areas of Aden. MCHIP and WB identified areas for potential collaboration on Reproductive Health (RH) and Immunization services.

MCHIP organized a training workshop on Helping Babies Breathe (HBB) for 12 midwives and physicians from Al Rawda Hospital, Al Sabeen Hospital and the High Institute of Health Sciences (HIHS). The HBB workshop was held on September 10, 2014 at the MCHIP Office in Hadda, Sana'a. The objective of the training was to improve the prevention and clinical management of newborn asphyxia.

MCHIP conducted a competency-based training (CBT) on safe and clean delivery for 13 total participants from Al Sabeen Hospital and 9 HIHSs to update their knowledge and skills on "clean and safe birth." The training covered the Active Management of Third Stage of Labor (AMTSL), which is one of the high impact interventions (HIIs) to improve the quality of maternal and newborn care services.

MCHIP also conducted two on-site orientation meetings on PPIUD at Al Thawrah Hospital and Al Zubairi Health Center as preparation for the PPFP counseling. The CBT on Post-Partum Family Planning (PPFP) counseling took place at Al Sabeen Hospital, and included 17 nurses and midwives from Antenatal Care (ANC), Labor and Delivery, Operating Theater (for Cesearean sections), and Postnatal Care to counsel women on the benefits of PPFP and enable them to make a choice about PPFP (eg, PPIUDs or LAM for L&D) or refer them to a FP clinic. Each participant successfully counseled at least two clients on FP who accepted referral to the FP clinic.

MCHIP continued its work on the Performance Improvement of maternal and newborn services in Al Sabeen Hospital in coordination with GIZ. MCHIP Senior Maternal Health Advisor, Sheena Currie, supported Al Sabeen staff to conduct an initial baseline assessment of clinical service delivery performance measured against a set of previously agreed-upon standards. The results of the baseline assessment were shared with the hospital team. During the meeting, which included the management of the hospital and health providers from the Delivery and Newborn Departments, the main gaps were identified and an action plan for each gap was developed. The hospital management expressed their commitment to address these gaps. The clinical standards, which were tested through the assessment process, were then modified to develop the final draft clinical standards.

MCHIP also continued working to strengthen and standardize the midwifery pre-service education (PSE). MCHIP conducted a meeting with the Deans of the HIHSs in Sana'a and Aden, and representatives from the Midwifery Departments at 9 HIHSs in the governorates to follow-up on the gaps identified by the assessment started during the QS and to develop a training plan for Midwifery teachers.

MCHIP participated in many meetings with partners to identify areas for more effective coordination and collaboration. On September 16, 2014 MCHIP met with the Deputy Minister for Primary Health Care (PHC) and his technical team, which includes the Director General (DG) of Family Health and the Managers of the Nutrition, EPI and Child Health Programs. On September 18, 2014 MCHIP and the technical teams from the WHO Country Office held a coordination meeting at the MCHIP office. On September 23, 2014 MCHIP participated in the Health Systems Strengthening Coordination Committee (HSSCC) Meeting chaired by MOPHP, which is equivalent to the Interagency Coordination Committee (ICC) in other countries, that occurred at Al Bustan Hotel in Sana'a. Lastly, MCHIP and USAID in collaboration with MoPHP/PHC Sector, WHO, UNICEF and WB succeeded in revitalizing the Yemen EPI Task Force, which hadn't convened regularly for more than a year when it met on September 24, 2014 at the WHO Alternate Office in Sana'a.

INTRODUCTION

MCHIP in Yemen was first launched in October 2012, with Field Support funding from USAID/Yemen that was used to design and implement an 18-month QS technical assistance program. The QS program objectives were to support the MoPHP to strengthen its Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH/Nut) services at the national level and in four selected governorates; Sana'a City, Sana'a, Aden and Dhamar Governorates. The QS Field Support-funded program ended in March 2014 when the new, five year AA was executed, but program learning from this critical start-up period served to highlight the most pressing RMNCH/Nut gaps and needs within Yemen to inform the implementation priorities under the AA, which runs through February 2019.

The priorities of MCHIP/Yemen AA tie closely to USAID's commitment to Ending Preventable Child and Maternal Deaths (EPCMD) by focusing on ending maternal, newborn, infant and child deaths, decreasing under-nutrition, and increasing contraceptive prevalence rate (CPR). MCHIP/Yemen's approach is to implement a community- and facility-based package of high-impact interventions (HII) called "Best Practices for the Day of Birth" that includes use of uterotonic for postpartum hemorrhage (PPH) prevention; use of magnesium sulfate for pre-Eclampsia, eclampsia (PE/E); use of antenatal corticosteroids (ACS) for preterm birth (presently under review given recently published research findings from the ACT trial); immediate and exclusive breastfeeding (EBF); newborn resuscitation/Helping Babies Breathe(HBB); Kangaroo Mother Care (KMC); post-obstetrical FP (full ranges of choices from LAM to postpartum intrauterine device [PPIUD]); polio Zero (in patient); and iron-folic acid (IFA) supplementation after birth for consumption by postnatal women. This comprehensive package of "Best Practices for the Day of Birth" is based on an analysis of the current country context, country priorities in RMNCH/Nut, the need to build on the support and lessons learned during the initial QS period, and acknowledgement of the support that other partners are contributing to the Government of the Republic of Yemen (GoY).

OVERVIEW OF PROGRAM PERFORMANCE

Objective 1: Improve the enabling environment for high-impact RMNCH/Nut services (national level)

Activity 1.1 Support the development and rollout of RMNCH/Nut national policies, strategies, guidelines and tools

1.1.1 National MCH Acceleration Action Plan: In collaborating with MoPHP to advance the Yemen National MCH Accelerated Action Plan, 2013 -2015, MCHIP identified specific aspects of the MCH Acceleration Plan to be supported by MCHIP. These areas of support will be shared with the MoPHP and partners in the next Reproductive Health Technical Working Group (RH TWG).

- **SoWMy Report dissemination:** On August 25, 2014 MCHIP in collaboration with MoPHP, UNFPA and WHO supported the YMA workshop to launch the SOWMY Report. The workshop included

two sessions – one to launch the global report and overview of the state of midwifery in Yemen; and the second session was a technical meeting to discuss the main obstacles facing midwives in Yemen and develop appropriate recommendations to address these challenges. YMA will share the recommendations with MoPHP and partners after the workshop to advocate for improving the state of midwifery as a critical step to improve maternal and newborn health.

- **Following the SoWMy launching:** MCHIP in collaboration with UNFPA, completed and submitted the post-launching SOWMY 2014 Helpdesk and Secretariat online questionnaire to share the outcomes & recommendations from the SOWMY report-launching workshop. The shared information will be useful for other partners and for future work on the SOWMY Report to continue improving midwifery policies and programs around the world.

1.1.2 HII in national policies: Following the meetings with MoPHP and partners to support the national MNH Conference, which has been delayed for months by the MoPHP, MCHIP has decided to in the meantime conduct a showcase of the RMNCH HIIs as a separate meeting to be held in 2015. UNICEF expressed their interest to collaborate with MCHIP on this HII showcase meeting since the MNH conference preparations have not been progressing and could be further delayed or even cancelled.

1.1.3 CBT packages:

- **PPFP:** A PPFP counselling CBT package has been adapted to the Yemeni context and vetted in two trainings; once with doctors, and once with nurses and midwives. The package is ready to be shared with the MoPHP and partners.

- **HBB:** MCHIP supported the National Center of Education and Health Information at the MoPHP to adapt the HBB training materials to reflect the Yemeni context.

1.1.4 SUN Initiative: MCHIP attended the Self-Assessment Workshop for Scaling up Nutrition (SUN) Movement. This workshop was based on the Global SUN M&E Framework that was developed in 2013 to measure the progress and efficiency of the SUN Movement at global and country levels. The MOPIC-SUN Secretariat led the workshop which brought together members of the SUN National Technical Committee of which MCHIP is a member. The workshop offered an opportunity for the national multi-stakeholder platform to self-assess its performance and progress in relation to the four process indicators below, as well as reinforce the capacity of all stakeholders to work towards achieving priorities related to these processes including: (1) Bringing committed groups together around a shared vision; (2) Establishing a coherent policy and legal frameworks for collective action; (3) Aligning different actors' programs behind a shared set of expected results; (4) Tracking expenditure within these programs and mobilizing extra resources to accelerate their implementation.

1.1.5 National community-based strategy: In collaboration with MoPHP, UNICEF showed their interest to work with MCHIP to advocate and modify JICA's Community Volunteers' Module III or add Module IV specifically for the maternal and newborn community-based services.

1.1.6 Availability of RMNCH/Nut Commodities:

- **Collaboration with USAID|DELIVER:** MCHIP reached an agreement with USAID|DELIVER Project to collaborate on piloting a system to improve the coverage of RMNCH/Nut Commodities in one

district in Dhamar, and will propose this to the Deputy Minister for Popualtion, Dr. Nagiba Al Shawafi.

- **Reviewed GOY and UNICEF's RMNCH/Nut Commodities List:** MCHIP reviewed the Yemen RMNCH/Nut life-saving commodities list and is advocating to add essential commodities to the list (e.g. bag and mask for newborn resuscitation).
- **Vitamin A and Iron-Folate (IFA) assessment:** MCHIP began the process of adapting the tools for the vitamin A and IFA assessment in Dhamar which will determine: 1) the availability of vitamin A and IFA supplements at each level of the health system, including the private sector; and 2) the system in place for vitamin A and IFA procurement, distribution and utilization at each level of the health system including the private sector. The assessment will also identify bottlenecks in the supply system and make recommendations for minimizing these bottlenecks.

Activity 1.2 Strengthen RMNCH/Nut program coordination, planning and monitoring, and leveraging of other available RMNCH/Nut funds

1.2.1 Coordination across MoPHP Sectors: On September 16, 2014 MCHIP met with the Deputy Minister for PHC and his technical team, which included the DG of Family Health and Managers of the Nutrition, EPI and Child Health Programs. The purpose of the meeting was: 1) to update and discuss the MCHIP work plan and agree on areas of collaboration and coordination; 2) to strengthen PHC Sector and MCHIP partnership. At the close of the meeting PHC and MCHIP agreed on the following key action points:

MOPHP PHC Team and MCHIP meeting at the office of the Deputy Minister for PHC, September 16, 2014.

- Quarterly meetings of all teams for review of collaboration and progress over the previous 3 months and planning for the next 3 months;
- Regular bi-lateral meetings between technical teams (EPI, IMCI, Nutrition Programs, etc.) to discuss the detailed work plan and identify areas of prioritization and collaboration;
- PHC to review and unify partners and MoPHP's per-diem and transportation rates.

Also, the PHC Deputy Minister invited MCHIP to participate in the Annual Sector Governorate Planning Workshop that is planned for December 2014. The aim of the workshop is to review and discuss the governorates' work plan for 2015.

1.2.2 MOPHP RHTWG: During this reporting period, MCHIP continued to support the RHTWG Coordinator in the MoPHP Population Sector to convene regular meetings of MOPHP staff and partners, maintain meeting minutes, etc.

1.2.3 Partner Coordination:

- **Visit from USAID Polio Eradication Coordinator:** In July 2014, MCHIP met with the USAID Worldwide Polio Eradication Coordinator, Ellyn Ogden during her visit to Yemen. The aim of the meeting was to provide MCHIP inputs into the routine immunization and the polio eradication

campaigns in Yemen. The USAID Polio Eradication Coordinator emphasized the importance of the revitalization of the EPI Task Force and polio zero dose in Yemen.

- **Coordination meetings with WHO, UNICEF and WB:** MCHIP held coordination meetings with several different partners to discuss the MCHIP Immunization work plan; revitalize the EPI Task Force on Immunization and the HSSCC; and strengthen the coordination between each organization and MCHIP on Immunization, Nutrition, Newborn/Child and Maternal Health, Family Planning, Community and M&E. MCHIP met with the Senior Health Specialist at WB, Chief of Health and Immunization/Child Health Officer at the UNICEF, and WHO Acting Country Representative and Immunization Officer. MCHIP also held separate coordination meetings with the WHO and UNICEF Country Teams at the MCHIP involving 12 and 16 Technical Managers and Officers, respectively. MCHIP, UNICEF and WHO agreed on the following key action points:
    - Identify urgent areas of collaborations on EPI, Communication for Development (C4D) & RH;
    - Quarterly meetings of all teams for review of collaboration and progress over the previous 3 months and planning for the next 3 months;
    - Regular bi-lateral meetings between technical teams (EPI, IMCI, Nutrition Programs, etc.) to discuss the detailed work plan and identify areas of prioritization and collaboration;
    - Exploration of an MOU between UNICEF, WHO and MCHIP Yemen.

Meeting at MCHIP Office with UNICEF on September 3 (left) and WHO on September 18, 2014 (right).

- **Coordination with UNFPA:** MCHIP held a meeting with Dr. Afrah, UNFPA RH/ Maternal Health Program Analyst, to follow up on the previous collaboration on midwifery PSE improvement. It was agreed that MCHIP and UNFPA would collaborate to implement the HIHS faculty training action plan in the 10 HIHSs supported by MCHIP during the QS period.
- **Coordination with UNICEF:** On September 3, 2014 MCHIP held a coordination meeting with the UNICEF Health Team. Areas of cooperation and synergy were identified including community-based Maternal and Newborn Care; CM/BCC; improving quality of child health services; improving nutritional status of children under the age of five; equity; and programming for under-served populations.

  Following this meeting, the MCHIP Maternal Health Team met the UNICEF Health Team twice more to build on the previous collaboration during the QS period, specifically focusing on CBMNC. New areas of collaboration were discussed including a HIIs showcase meeting, MCHIP

CBT packages, and advocacy for modification of the Community Health Worker (CHW) guidelines.

- **Coordination with GIZ:** A meeting was held with GIZ on September 9, 2014 to share program updates. Recently, GIZ shared with MCHIP an updated set of draft tools for the proposed "Hospital Accreditation process" which is underway with 6 hospitals in Sana'a including Al Sabeen Hospital. A workshop for experience sharing to date and preparing for accreditation has been postponed until the end of October 2014. MCHIP shared an overview of "The Day of Birth Best Practices"; and discussed GIZ and MCHIP's common interest in certification/accreditation of private midwives that GIZ has already commenced in Ibb & Hajjah.
- **HSSCC Meeting:** On September 23,' 2014 MCHIP participated in the HSSCC meeting, which is the equivalent of the ICC in other countries. The HSSCC meeting was chaired by the Deputy Minister for PH and included in addition to the MoPHP, line Ministries, UN agencies (WHO, UNICEF, UNHCR), WB, USAID, MCHIP, INGOs such as ADRA, IOM and other NGOs. A Polio Eradication Program Mission from WHO and CDC was scheduled to participate in the meeting. However, due to the security situation in the country the mission visit was cancelled. The main purpose of the meeting was to present the last update of the Polio Outbreak in the Horn of Africa (HoA) and Middle East (eg, Syria and Iraq) and discuss/coordinate the plan to implement the 11th HoA recommendations for Yemen and the roles of partners.

  The following topics were included in the meeting agenda:

  - Epidemiological situation of the polio outbreak in the HoA and Middle East and the preventive measures taken by MoPHP to minimize the risk of any potential importation into Yemen;
  - Plan to implement the 11th HoA Meeting Recommendations to minimize any potential importation of the WILD polio virus (WPV) into Yemen;
  - Measles/Rubella (MR) Vaccine National Campaign planned in November 2014 targeting children of 9 months to 15 years and Introduction of Intramuscular Polio Vaccine (IPV) and MR into the National Immunization Program.

- **Revitalization of the Yemen EPI Task Force:**

  MCHIP and USAID in collaboration with MoPHP/PHC sector, WHO, UNICEF and WB participated in the first meeting to revitalize the EPI Task Force at the WHO Office on September 24, 2014 together with MoPHP (EPI, EPI Diseases Surveillance), WHO, UNICEF, UNHCR, USAID, MCHIP, IOM, ADRA.

Immunization Task Force meeting at WHO Office on September 24, 2014.

  During the meeting, participants discussed how to implement the 11th HoA Meeting Recommendations to minimize any potential importation of WPV into Yemen, enhancing the coordination mechanism among Task Force agencies, and vaccination and surveillance in the insecure, refugee and migrant areas of Yemen. At the close of the meeting, participants agreed on the following action points:

- To hold the EPI Task Force Meeting every two weeks for at least three months and then monthly and quarterly. The next meeting was proposed for October 16, 2014 at the EPI Program or UNICEF Offices depending on the security situation.
- To expand the Task Force members to include more donors and NGOs such as the Yemen Family Care Association and the National Organization for Health Development.
- To hold frequent bi-lateral technical meetings.

- **MCHIP Membership in Immunization Communication Community Committee (ICCC):** MCHIP received a request letter from the MOPHP Minister's Office to nominate a representative for the ICCC. The ICCC was established according to a ministerial decree on September 4, 2014. According to the decree, the ICCC will be composed of 15 members from governmental and NGO bodies, such as Ministries of Public Health and Population, Information, Education, Youth and Sport and Endowments and Guidance, CSOs, UNICEF, WHO, World Food Program, EU, USAID and MCHIP. The ICCC will meet on a monthly basis, or more frequently if needed. The ICCC will coordinate and maximize stakeholders' efforts to raise public awareness about the importance of routine immunization and the eradication of polio, using all available communication channels.

Activity 1.4 Document lessons learned, share best practices, and advance RMNCH/Nut agenda through advocacy, communication and evidence-based interventions

1.4.1 MNH Advocacy Strategy: In partnership with MoPHP and the NSMA, MCHIP conducted a three-day advocacy strategy workshop on August 26-28, 2014 where 48 representatives from civil society, international NGOs, policy makers and other national stakeholders worked together to develop an effective advocacy strategy to address the most pressing issues affecting maternal and newborn health in Yemen. The White Ribbon Alliance's (WRA) Advocacy Team Leader was the primary facilitator for the workshop and supported the technical representatives to develop the strategy after they chose an "insufficient number of qualified and skilled midwives" as the main issue that needs to be addressed to improve maternal and newborn health in Yemen. At the end of the meeting, a draft strategy had been developed which will be shared with stakeholders in the RH TWG.

1.4.3 International celebration days: MCHIP celebrated the World Breastfeeding Week from August 1-7, 2014 and the World Contraceptive Day on September 26, 2014 with dissemination of MCHIP blogs, updated information, and medical job aids, in collaboration with MoPHP and partners, which emphasized the importance of evidence-based medicine in reducing maternal and child morbidity and mortality.

Activity 1.5 Advocate for and support the MoPHP to develop and roll out a national QI strategy

1.5.1 QI of Maternal Newborn Services at Al Sabeen Hospital: MCHIP has been working with Al Sabeen Hospital on a performance improvement initiative, working to improve the quality of care provided in the Labor and Delivery Ward of the hospital. During this quarter, MCHIP supported the hospital team to assess their performance against 10 clinical standards which had been collaboratively agreed upon in previous workshops with the hospital team. Each standard was assessed by direct observation of care,

where clinicians must successfully meet a series of verification criteria to fully reach the clinical standard. Missing one or more verification criteria for a given standard results in a score of zero on that standard. Overall, Al Sabeen achieved a score of 0/10, meaning at least one step (verification criteria) was missed for each performance standard measured.

On September 17, 2014 the results of the assessment were shared with in the hospital, which included the management of the hospital and health providers from the Delivery and Newborn Departments in the hospital, and the main gaps were identified and an action plan for each gap was developed. The hospital management expressed their commitment to address these gaps. The clinical standards, which were tested through the assessment process, were then modified to develop the final draft clinical standards.

1.5.2 Best Practices for the Day of Birth: MCHIP proposed a list of "Best Practices for the Day of Birth", during the planning stage (Quick Star). Three of these best practice tools (eg, AMTSL, HBB, and PPFP counseling) were vetted in three separate training programs conducted in September 2014.

Objective 2: Improve human resources planning and preparedness of the health workforce

Activity 2.1: Strengthen and standardize midwifery education

2.1.1 PSE curricula for midwives: MCHIP conducted a meeting with Deans of HIHs in Sana'a and Aden, and the Head of Midwifery Departments at 9 Governorate HIHSs to follow-up on the gaps identified based on the assessment started under QS, share experiences, and develop a training plan to build the capacity of midwifery trainers through 2015.

HIHS team including the North and South HIHS Deans with the MCHIP team after the PSE update meeting.

2.1.3 Equipment and supplies for midwives PSE: A standard list of anatomical models and supplies for each HIHS was finalized in consultation with HIHS, and the procurement process was started for anatomical models and some clinical supplies to be provided to the midwifery educational institutions.

Objective 3: Support Governorate and District Health Teams to manage and sustain high-impact RMNCH/Nut interventions

Activity 3.1 Support project Governorate and District Health Offices to improve planning, review, coordination and supportive supervision

3.1.1 Data collection from MCHIP governorates: Data on catchment area, target population, health facilities, CMWs, CHWs, and coverage rates was collected and compiled for all MCHIP intervention governorates to inform program design and planning. Additionally, MCHIP conducted a field visit to Raymah Governorate from August 6-7, 2014 to make an assessment, conduct interviews and collect information on the current level of RMNCH/Nutrition services available, as well as to assess the current capacity of health facilities that provide these services. MCHIP was also seeking to understand how health, nutrition and food security affect the health status of children under-five and pregnant and lactating women. MCHIP met with the Raymah GHO Team, community leaders and other INGOs working in Raymah such as UNICEF and PAUMI. Based on the findings and the results of the assessment, MCHIP decided to start working in Raymah Governorate in Al Jabeen district beginning in PY1.

3.1.4 Nutrition mapping exercise: MCHIP adapted the mapping exercise tools that will be used to conduct the nutrition mapping exercise in project governorates, with a focus on interviewing stakeholders in Sana'a and Dhamar Governorate. This exercise will identify the organizations working on multi-sectoral and nutrition-related programs that could be accessed as resources for families to address barriers to improved nutrition practices and encourage the use of FP methods.

Activity 3.2 Strengthen M&E and use of strategic information/data for decision making

3.2.2 Maternal and Newborn Bottleneck Analysis: As a part of the Global Every Newborn Action Plan (ENAP), MCHIP adapted the tools of the Newborn Bottleneck Analysis to the Yemeni context and added a maternal tool to identify issues and recommendations for scaling up evidence-based interventions in Yemen. The tools have been translated to Arabic and a summary of the Bottleneck Analysis process and proposed participant list has been shared with the MoPHP.

Objective 4: Increase access and quality of service delivery points that offer high-impact RMNCH/Nut services

Activity 4.1 Introduce a QI approach for RMNCH/Nut services

4.1.1 Best Practices for the Day of Birth: (linked to Activity 1.5.2) MCHIP has a proposed list of "Best Practices for the Day of Birth" around which performance improvement efforts at the facility level will focus. The list of Best Practices initially included the following ten items, but it may be revised in consideration of newly available research findings related to the use of ACS for Preterm Birth at peripheral facilities.

1. Use of uterotonic for PPH prevention
2. Use of magnesium sulfate for PE/E
3. Use of ACS for preterm birth
4. Immediate & exclusive breastfeeding
5. HBB
6. KMC
7. Post-obstetrical FP (PPIUD & LAM)
8. Polio Zero (in patient)

9. Chlorhexidine for cord care (community only)
10. IFA supplementation after birth for consumption by postnatal women

During this reporting period, MCHIP advanced the design of the performance improvement approach – designing and field testing checklists, job aids, and translating materials into Arabic. Three of these best practice tools (eg, AMTSL, HBB, and PPFP counseling) were vetted in three separate training programs conducted in September 2014. A concept note to document and guide MCHIP's performance improvement approach is in development and will be shared for stakeholder consideration in Q1 of FY15.

Activity 4.2 Integrate services using the ANC, Labor and Delivery, and PPC platforms (PPFP/PPIUD, IFA, EBF, MIYCN, TT)

4.2.3 PPFP Training: MCHIP conducted a two-day training on PPPFP counseling for 17 health providers

from three high volume sites in Sana'a - Althawrah Hospital, Al Sabeen Hospital, and Alzubiry Health Center. The training focused on counseling skills for all available PPFP methods, including LAM and PPIUD. The classroom training was done first over two days from September 30 – October 1, 2014 and the practical part of the training was done afterwards in Al Sabeen Hospital. The trainees were selected from different departments within the health facilities, ANC, Labor Units, PNC, Operating Theater (for C-sections) and Admissions Ward. The main objective of the training was to integrate PPFP with other MNCH services to minimize the lost opportunities for PPFP counseling of mothers, and to give the health providers in these departments the skills to provide quality PPFP counseling to mothers who came to seek other services. Giving women the freedom of informed choice was highlighted as the main goal of the counseling sessions, and the trainees used an MCHIP checklist to demonstrate their counselling skills in the training room first and then in the different departments with clients under the MCHIP trainers' supervision. Lastly, a post-training plan was developed to ensure skills implementation would continue.

4.2.4 PPIUD training follow up: Follow-up visits were made to Al Sabeen Hospital to support transfer of learning and institutionalization of PPIUD training conducted during the MCHIP QS period. It was found that there was no documentation of PPIUDs in the register, but PPIUD instruments were available in the delivery room, as were IUDs. A demonstration was done by one of the participants in the PPIUD training in November 2013, however she was unable to demonstrate competency. She said that it has been several months since she last provided PPIUD services. MCHIP will continue to follow up the PPIUD trainees and support institutionalization of this service into facility practice (linked to 4.2.3 – PPFP counseling training).

Additionally, MCHIP met with the Maternity Directors (Drs. Tawfik, Abdelhakeem Al-Eryani, and Khawlah Allozy) from Al Sabeen Hospital, Al Thawrah Hospital and Al Zubairi Health Center which are the busiest Maternity Wards in Sana'a. The purpose of the meeting was to gain a better understanding of the barriers to PPIUD insertion. By the end of the technical discussion, the Maternity Directors agreed to have an orientation meeting at their sites (activity 4.3.2) and send 5-6 members of their staff trained in PPFP counseling (4.2.3) to provide PPIUD services in their hospitals and document all the data in registers developed by MCHIP (given the absence of a national register for PPIUDs).

PPIUD Site Orientation: Following the Maternity Directors meeting, MCHIP conducted PPIUD site orientation visits to Al Thawrah Hospital and Al Zubairi Health Center to introduce PPIUD and address any questions or concerns from the health providers. In addition, a demonstration of PPIUD using a model was done to explain the safety of the approach. The health providers were interested and requested training, so they could start providing PPIUD services in their facilities.

Activity 4.3 Strengthen FP services

4.3.2 Clinical Technical Update for LARCs: MCHIP began initial planning work for interval LARC activities during this reporting period. Staffing changes within the MCHIP team limited the progress this quarter; however a new FP Officer will join the project in Q1 of FY2015. In preparation for upcoming LARC and general FP activities, the United States Government (USG) FP compliance e-learning course was completed by all MCHIP technical staff, and a meeting to review the key components of the course was conducted with all MCHIP staff.

Activity 4.4 Strengthen MH services

4.4.1 MH HIIs:

AMTSL CBT: PPH is included in the Best Practices for the Day of Birth, and is a key EPCMD HII. MCHIP developed CBT materials – checklists, job aids, and skills practice approaches – to update providers and ensure competency on "Clean and Safe Birth" which includes PPH/AMTSL. On September 18, 2014 a CBT on clean and safe delivery was conducted. Thirteen participants benefited from the training - 8 of the trainees were Heads of Midwifery Departments at the HIHSs in 9 governorates' and 5 were health providers from Al Sabeen Hospital. Trainees were supported to produce implementation plans, to help them bring their new/updated skills into practice at their facilities. HIHS participants had their own plan for integration of the new skills into the school's clinical trainings. The health provider's plan was to practice their updated skills and introduce them to their colleagues. MCHIP will continue supporting the trainees to carry out their implementation plans, and introduce these new skills to MCHIP-supported facilities in the coming quarters.

4.4.4 Respectful Care: MCHIP integrates Respectful Maternity Care (RMC) into all MH trainings, job aids, checklists, and activities. The "Clean and Safe Birth" training described above (Activity 4.4.1) includes key RMC steps/tasks for facilitating alternative labor positions, informed consent and active

listening to questions and concerns, and ensuring continual emotional support as feasible. Additionally, the WRA posters for RMC, "The Universal Rights of Childbearing Women", have been shared with stakeholders in Yemen and are reinforced through MCHIP MH activities.

4.4.5 CMWs: Following MCHIP's support to UNICEF for the CBMNC Services Evaluation, UNICEF requested MCHIP to review the preliminary data, which will be released at the end of October 2015. In addition, MCHIP supported the YMA CBMNC training that UNICEF-funded by sharing the MCHIP technical briefs, checklists, and CBT tools with YMA trainers.

Activity 4.5 Strengthen NH services

4.5.3 KMC: MCHIP conducted a field visit to Al Wahda Hospital in Aden Governorate from August 24 -26, 2014 to evaluate the KMC intervention that was initiated there, and to initiate the monitoring and supervision plan that was to begin six months after the training. This visit covered the KMC Unit, Labor Room, and Statistics Department.

From the establishment of the KMC Unit in February 2014 until August 24, 2014, 60 cases were reported at the KMC Unit and all were transferred from the Nursery Department to the KMC Unit. It is worth mentioning that many of those cases recorded significant weight increases and no deaths were reported among the admitted cases. Additionally, there were no reported cases during the three-day field visit. One of the main issues reported was that the Nursery Department at the hospital does not have a referral system from the Labor Room to the KMC Unit.

MCHIP plans to conduct more visits to Al Wahda Hospital in Aden to provide on job training (OJT) and to monitor and assess the KMC Unit, as well as to provide follow up technical assistance/training as needed.

A meeting with technical staff in the KMC Unit and EOD to evaluate the KMC Unit.

The midwife on the photo was not trained on HBB (she was not wearing gloves, the baby was not covered properly, and she was clearing the airway aggressively by using an electric suction Machine

4.5.1 HBB: MCHIP/Yemen organized a training workshop on HBB for 12 midwives and physicians from Al Rawda Hospital, Al Sabeen Hospital and HIHS. It was held on September 10, 2014 at the MCHIP office.

The objective of the training was to improve the prevention and clinical management of newborn asphyxia. The training materials used were based on the standardized global HBB Package translated into Arabic and reproduced in Yemen, and utilized the NeoNatalie model (eg, newborn simulator).

The HBB training was highly focused on hands-on practice. Theoretical discussions were limited and efforts were made to present theoretical sessions in a more interactive and participatory manner by having the trainees carry out all the training exercises which included Preparation for Birth, Routine Care, the Golden Minute exercises, and Continued Ventilation with Normal and Slow Heart Rate.

Objective 5: Increase community demand for RMNCH/Nut services and improve quality of high-impact interventions delivered at the community level

MCHIP/Yemen began drafting a concept note detailing MCHIP's proposed community-based strategy, which will be three-pronged with Community Health Workers (CHWs) and CMWs as one component, BCC as the second component, and CM as the third component. The strategy and concept note will be developed further and fine-tuned in the coming few months.

Activity 5.1 With MOPHP, GHO and other stakeholders, introduce Community Action Cycle (CAC)

MCHIP had a meeting with the Manager of the Health Education Center at MoPHP, Mr. Abdelsalam Sallam to – 1) discuss the MoPHP strategy for Health Education; 2) introduce the MCHIP/Yemen CM/SBCC objectives; 3) discuss the areas of cooperation between the Health Education Center and MCHIP; and 4) add MCHIP as a member of the Immunization Communication Community Committee (ICCC).

MCHIP also had a meeting with the Nutrition/Community Department Director, Dr. Eman Gahafe, to discuss: 1) distribution of MoPHP CHVs in MCHIP target governorates; 2) national community guidelines and the progress of CHVs training; and 3) area of cooperation between the Nutrition/Community Department and MCHIP.

Additionally, MCHIP met with UNICEF C4D, following the larger meeting between the MCHIP and UNICEF teams, to discuss – 1) areas of cooperation around community-based interventions and CM; and 2) garnering UNICEF's support for the participation MCHIP/Yemen in the ICCC, as one of the primary partners on the Committee.

5.1.2 MCHIP CM/SBCC strategy: MCHIP prepared a draft of the MCHIP-Yemen CM strategy for internal review and discussion, which will be discussed further and incorporated into the concept note detailing MCHIP-Yemen's overall community-based approach in the coming few months.

Activity 5.2 Work with communities to positively influence behavior change, strengthen the continuum of MNCH care and promote adoption of key MNCH household practices.

5.2.1 Review of SBCC Material: MCHIP finalized the inventory list of the SBCC tools and materials available in Yemen, and completed an analysis of each tool with an explanation of the gaps and the information that could be added to strengthen each tool.

PROJECT MANAGEMENT

During the reporting period, the new MCHIP/Yemen Deputy Chief of Party (DCOP), Dr. Abdelmalik Hashim, reported to post in Sana'a on August 18, 2014.

MONITORING AND EVALUATION

The Performance Monitoring and Evaluation Plan (PMEP) was prepared and submitted to USAID on June 1, 2014. Comments were received back from USAID, which MCHIP addressed and submitted a revised PMEP in August 2014.

MCHIP is currently preparing for the Quality of Care (QoC) survey (facility-based) & the Knowledge, Practices, and Coverage (KPC) survey (household survey). The MCHIP/Yemen team and Washington, DC-based team are working together to finalize the questionnaires, indicators, sampling, and logistics plans.

The data in the following table is reported for the quarter alone and also for cumulative progress beginning in March 2014. Only indicators for which progress was achieved are reported below. Note that targets will be set following the completion of the baseline assessment.

INDICATOR	TARGET * Mar 2014 – Feb 2019*	Quarterly Progress Jul – Sept 2014	Cumulative Progress Mar – Sept 2014	Cumulative Progress to Target* Mar – Sept 2014
Number of people trained through USG-supported programs		43 (12 HBB, 13 safe and clean delivery, 17 PPFP counselling) in Sana'a City	106	
Number of health facilities receiving technical assistance from MCHIP		5 (1 KMC, 1 HBB, 3 PPFP)	5	
Number of babies with low birth weight on admission who received KMC		18	52	

Table 1. M&E data reported for the quarter (July – September 2014) and cumulatively (March – September 2014).
**TBD following completion of baseline assessment.*

CHALLENGES AND OPPORTUNITIES

Opportunities:

- Improvement in the relationship with the Deputy Minister for PHC, Dr. Majid, presents an opportunity for MCHIP Yemen to advance its work plan in the areas of Nutrition, Immunization, Child Health and Community.
- Dedication of the local MCHIP/Yemen staff and their ability to continue implementation, despite the extremely challenging security situation while the COP/DCOP work remotely is a huge opportunity for MCHIP.

- The invitation of MCHIP to participate in several high-level national coordination meetings, including the HSSCC and the ICCC, indicates that MCHIP is seen as an important development partner in Yemen who should be given "a seat at the table".

Challenges:

- Insecurity and closure of the Sana'a International Airport as a result of the Al Houthi takeover of Sana'a, led MCHIP Yemen to evacuate its two expatriate LTTA staff (COP and DCOP) on September 21, 2014, along with three visiting STTA staff (two Maternal Health Advisors and the FP Advisor). The US State Department issued an ordered departure of its non-essential USG staff on September 24, 2014.
- The security issues resulting from the Al Houthi takeover of Sana'a caused some MCHIP activities to be rescheduled or modified. The plan to conduct the HBB training in Al Rawda Hospital in Sana'a was modified, so that the training was held in the MCHIP office instead.
- Dhamar was inaccessible by expatriate and local staff for most of August and September 2014 due to road blocks by Al Houthis and tribes, and this led to delays in the planned visits to Dhamar Governorate and delay of some activities e.g. Presenting the TIPs study results with Dhamar stakeholders, and Community stakeholders meeting. MCHIP staff plan to visit Dhamar in Q1 of FY2015 pending improvements in road security.
- Reshuffling of the GOY per the Peace Agreement signed between GOY and the Al Houthis created much uncertainty around the future Cabinet members, especially the Minister of Health.
- After the MOPHP nominated Raymah and Al Dale'e as additional governorates for MCHIP/Yemen in PY1, the MCHIP team was able to visit Raymah Governorate to conduct a quick assessment, and interview governorate officials, development partners and local NGOs active in this governorate. However, until the end of the reporting period, MCHIP couldn't travel to Al Dale'e due to security issues, as the road was extremely unsafe as reported by the MCHIP/Yemen Security Coordinator and MCHIP's local security provider (eg, GardaWorld).
- MCHIP visits to Al Wahda hospital in Aden revealed many challenges, either due to lack of important equipment or supplies (e.g. Newborn Ambubag) or poor practices (e.g. poor infection control). MCHIP has developed a plan for more frequent technical assistance visits to the hospital, and to work with hospital management to find solutions for the lack of MNC equipment and supplies.

The ground of the Labor Room in Al Wahda Hospital after delivery.

SUCCESS STORIES

SUCCESS STORY 1: Competency-Based Training on PPFP Counseling

After a long training day on PPFP counseling, the training team and participants sat together to do a post-practical session discussion. The health providers explained what they did during the practical counseling sessions, who they met with, and how they provided the counseling for their clients. The practical counseling sessions took place in the Antenatal care ward, where women can be counseled on PPFP options and make informed decisions about their plans after birth.

Adeba giving a group counseling session on PPFP for women in Al Sabeen Hospital's waiting room.

Adeba is a midwife who works in the Al Zubairi Health Center Delivery Room. She never previously worked in FP counseling and only knows basic information, which she learned many years ago in Midwifery School. She described her experience in the PPFP counseling practical training as the following:

"I went to the Antenatal Ward and waited for a pregnant client to counsel her on PPFP. Due to security situation, clients weren't many and my colleagues were counseling all the women in the Ward. Finally, I found one. She was 8-months pregnant and the ANC health provider greeted her, as they knew each other. I asked her if I could talk to her and she agreed.

I began counseling her using the checklist I got in the training. She listened to me for few minutes then when I reached the part about FP method types, suddenly she stopped me and said "thank you dear, I know all about this." I asked her how? She said that she is a midwife who worked in Al Sabeen Hospital for years and she knows everything about the different FP methods. She had counseled hundreds of people about it. I felt embarrassed because she is an older midwife with longer experience, and I thought about it for a second but then I didn't give up. I told her that I'm a midwife too and I just received training on PPFP and a lot of the information I got, I didn't know about before the training. I asked her to give me the chance to tell her the updated information and listen to me until the end. She didn't want to upset me, so she sat and started to listen again. First, she was giving me comments about this and that but after a while she got interested in what I was saying and started to ask to know more. By the end of the counseling, she gave me a nice look and said: "Thank you dear, after all these years we're still learning new things!"

She chose PPIUD as the FP method after giving birth. I asked her why she chose this method, while she can use FP at any time. She said, "I liked the idea to go home safe!" I felt so proud that I was able to convince her to listen to me and gave her new information that she will use to help her clients in the future."

The PPFP counseling trainer asked Adeba, "What did you learn from this?" Adeba continued and said, *"Do you know, I would never have had a similar discussion in the past. I didn't have the confidence and the knowledge to do that. Now I know more. I have the ability to answer any question about FP methods and help people. Thank you so much."*

SUCCESS STORY 2: Improving the Quality of Midwifery Pre-Service Education

Around a table in the MCHIP Yemen office, 11 representatives from different HIHSs sat together discussing midwifery education in Yemen. For the last year, they had worked hard to follow MCHIP's recommendations after an initial baseline assessment brought to light gaps in the midwifery pre-service

education. The representatives have been working hard to address these gaps, beginning with the “low hanging fruit” to help achieve early successes. They didn’t use the time trying to ask for more funding, even though some of the gaps needed additional funding to be successfully addressed. They had discovered that to improve midwifery pre-service education (PSE), they didn’t need more chairs or for buildings to be built. It was much more than just that.

One of the Deans said, ”We knew that we were not doing well, but for years we didn’t know how to start”. Having the standards for a quality PSE helped them to know what is “right” and from there, they started to improve. “Knowing the problem is half the solution”, the Dean of HIHS Sana’a said.

Once they discovered their gaps, they started filling them without any external support. When they gave their updates to the team assembled in the MCHIP office, it was so impressive how resourceful they had been in finding ways to improve at their respective institutions. They sat with each other explaining how over the last year they had continued to address their gaps to reach the standards, although they considered the standards to be a “dream” when they first saw them in September 2013.

It wasn’t hard to ask them about their gaps and needs this time. Without hesitation, they could explain their plans for improving because they knew their needs. They now have the skills to talk about their institution’s strengths and weaknesses, and are not waiting for external people to decide what they need. A lot of things had changed in the HIHS Deans, since they met with MCHIP last year - confidence, knowledge, hope, and a true motivation to improve were all part of the changes. The Head of the Midwifery Department at Saaun HIHS said “being a part of this change is an honor”. The representatives know that a long road lies ahead, but that MCHIP is a partner in their change and will continue working with the HIHS’s to continually assess progress and support improvements over time.

ANNEX 1

Total training/workshop participants supported by MCHIP

Date	Activity Title	Target audience	Training period (in days)	Number of participants
August 26-28, 2014	MNH advocacy strategy development workshop	national stakeholders, civil society, international non-governmental organizations, and policy makers	3	48
September 10, 2014	HBB training	Midwives and physicians representing Al Rawda Hospital, Al Sabeen Hospital and HIHS.	1	12
September 17, 2014	HIHS Meeting (equipment, assessment follow up, training plan)	HIHS	1	11
September 18, 2014	CBT on safe and clean delivery	Health providers from Al Sabeen Hospital, and teachers from HIHS	1	13
September 30 - October 1, 2014	PPFP counseling training	Midwives and nurses from Al Sabeen Hospital, Alzubairi Health Center, and Althawrah Hospital	2	17
Total				102

Disaggregation by Gender:

Date	Activity Title	Activity Type	Males	Females
August 26-28, 2014	MNH advocacy strategy development workshop	Workshop	25	23
September 10, 2014	HBB training	Training	0	12
September 17, 2014	HIHS Meeting (equipment, assessment follow up, training plan)	Meeting	2	9
September 18, 2014	CBT on safe and clean delivery	Training	0	14
September 30 - October 1, 2014	PPFP counseling training	Training	0	17
Total			**27**	**75**