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Maternal and Child Health Integrated Program

YEMEN

Associate Award

Project Quarterly Report

October – December 2014

Submitted on: February 04, 2015

Submitted to:

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

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ACRONYMS AND ABBREVIATIONS

ACS	Antenatal Corticosteroids
ADRA	Adventist Development and Relief Agency
ANC	Antenatal Care
BCG	Bacillus Calmette–Guérin
CAC	Community Action Cycle
CBMNC	Community-Based Maternal and Newborn Care
CEO	Chief Executive Officer
CHV	Community Health Volunteer
CM	Community Mobilization
CPR	Contraceptive Prevalence Rate
DQA	Data Quality Assessment
EBF	Exclusive Breastfeeding
EFE	Education for Employment
EmOC	Emergency Obstetric Care
ENA	Every Newborn Action
EPCMD	Ending Preventable Child and Maternal Deaths
EU	European Union
FP	Family Planning
EPI	Expanded Program for Immunization
GAIN	Global Alliance for Improved Nutrition
GHO	Governorate Health Office
GIZ	German Federal Enterprise for International Cooperation
GoY	Government of the Republic of Yemen
HBB	Helping Babies Breathe
HII	High-Impact Interventions
HOA	Horn of Africa
IPV	Inactivated Polio Vaccine
HIHS	High Institute of Health Sciences
IMC	International Medical Corps
KMC	Kangaroo Mother Care
LARC	Long Acting Reversible Contraceptives
LBW	Low Birth Weight
MIYCN-FP	Maternal, Infant and Young Child Nutrition - Family Planning
MMA	Maternal Mortality Audit
MMR	Measles, Mumps and Rubella
MNCH	Maternal Newborn Child Health
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MR	Measles/Rubella
NGO	Nongovernmental Organization
NH	Newborn Health
OJT	On Job Training
PE/E	Pre-Eclampsia/Eclampsia

PHC	Primary Health Care
PNC	Postnatal Care
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PPIUD	Postpartum Intrauterine Device
PSE	Pre- service Education
QI	Quality Improvement
QIP	Quality Improvement Program
QOC	Quality Of Care
RH	Reproductive Health
RH/MNCH	Reproductive Health/ Maternal, Newborn and Child Health
RMNCH/Nut	Reproductive, Maternal, Newborn and Child Health and Nutrition
STTA	Short Term Technical Assistance
SUN	Scaling Up Nutrition
TA	Technical Assistance
TD	Technical Director
TOT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
TIPs	
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WPV	Wild Polio Virus
WSB	Wheat Soya blend

Project Name:	MCHIP Associate Award (AA)
Country:	Yemen
Reporting Period:	October 1, 2014 – December 31, 2014
Obligated Funds:	XX
Project Duration:	March 2014 – February 2019

EXECUTIVE SUMMARY

During this reporting period, the Maternal and Child Health Integrated Program (MCHIP) has successfully implemented several activities including two main activities in coordination with the Ministry of Public Health and Population (MOPHP) which are the Expanded Program for Immunization (EPI) Campaign and the Immunization Review Meetings in Sana'a City (Amanat Al Asimah) and Aden.

During the reporting period from October to December 2014, political instability was accompanied by violence and further economic deterioration in Yemen. While the turmoil affected the implementation of a few MCHIP activities in the last quarter, the project team managed to carry out most of the planned activities, often producing significant results. The team documented a number of success stories that demonstrate the efforts made during the reported period.

Despite the security challenges in the country, MCHIP technical officers made a number of field visits to the program intervention governorates. Focusing on MCHIP's objectives, the activities during the field visits included on-the-job training, follow up of activity implementation, and supportive supervision. In addition, the team used the opportunity of visiting the target governorates to build a strong working relationship with the health authorities, to review the ongoing services at the facility & community levels, and to provide technical, and when necessary administrative and logistical, support to promote the local capacity in planning, implementing and monitoring health services.

Meanwhile, program team members participated in several important events. Two members attended the Health Service Quality Stakeholders Workshop organized by German Federal Enterprise for International Cooperation (GIZ) in Amman, Jordan. MCHIP, in addition, participated in the workshop on the Ethics of Human Subject Research organized by Jhpiego in Bangkok, Thailand. The program actively participated in the National Annual Reproductive Health Review & Planning Meeting organized by MOPHP in coordination with United Nations Population Fund (UNFPA) as well as the Seminar on Complementary Feeding Program organized by the MOPHP, UNFPA and Global Alliance for Improved Nutrition (GAIN).

The program was active in building partnerships with other organizations with relevant interests to exchange views and experiences and to explore potential areas of cooperation. Those organizations include Non-Governmental Organizations (NGOs), United Nations (UN) agencies and government

organizations. The efforts made will result in agreements that define the areas of cooperation and the responsibilities of different parties and will certainly enhance program activity implementation and help the program to build its own information network at the central, as well as the field levels.

Examples of the important activities implemented during the reported quarter include the training of health professionals on Postpartum Family Planning (PPFP) and the design and the implementation of PPFP supportive supervision. MCHIP has contributed in laying the policy foundations for Yemen's Maternal Mortality Audit (MMA) system, an initiative that the MOPHP has asked MCHIP to pilot in Aden Governorate. Fourteen service providers from Al Sabeen Hospital were trained on Helping Babies Breathe (HBB), and 122-service providers from Al Wahda Hospital, Aden received orientation on HBB and Kangaroo Mother Care (KMC). Ninety-one Community Health Volunteers (CHVs) from Aden and Raymah Governorates were trained to support a Polio/Measles-Rubella (MR) campaign.

During this quarter, the project gained further strength and identified opportunities to enhance activity implementation to facilitate the achievement of program objectives. The project staff were joined by a number of newly recruited professionals who filled critical vacancies and promoted implementation capacity.

The working relationships with relevant sectors and units in the MOPHP witnessed significant improvement in recognition by MOPHP of the importance of MCHIP activities. Similarly, Governorate Health Offices (GHOs) of the target governorates showed more enthusiasm to cooperate with the MCHIP team to conduct the necessary assessments and to implement program activities. In this context, MCHIP has continued building on the prospects provided by the decentralization and the relative autonomy of the GHOs.

There has been a growing interest by various partners to establish stronger communication with MCHIP. Through such communication, the project continued exploring possibilities to build useful partnerships with partners interested in maternal, newborn and child health (MNCH) and community mobilization (CM).

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 “Quick Start” (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 Associate Award (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 the MCHIP/Yemen AA tie closely to USAID’s commitment to EPCMD by focusing on ending maternal, newborn, infant and child deaths, decreasing under-nutrition, and increasing contraceptive prevalence rate (CPR). Among MCHIP/Yemen’s programmatic approaches is to implement a 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; immediate and exclusive breastfeeding (EBF); newborn resuscitation/Helping Babies Breathe(HBB); Kangaroo Mother Care (KMC); post-obstetrical FP (postpartum intrauterine device [PPIUD] & lactational amenorrhea method [LAM]); polio Zero (in patient); chlorhexidine for cord care; and iron-folic acid (IFA) supplementation after birth for consumption by postnatal women. This comprehensive package of ten “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)

Executive regulations for safe motherhood law: MCHIP participated in the first meeting of the committee that was preparing the executive regulations of the Safe Motherhood Law at the MoPHP. The Deputy Minister of MOPHP, Population Sector, gave an introduction to the Safe Motherhood Law during the meeting. The Minister of Health's Advisor for Legal Affairs, Director of Legal Affairs at MoPHP, representatives from the Supreme Council for Childhood & Motherhood, and members from Alliance of Safe Motherhood participated in the meeting.

Another meeting is scheduled to take place on Wednesday, 27th January 2015. The legal team will review the provisions of the executive regulations to be followed by splitting the difference according to the terms of regulation.

Nutrition Cluster: The MCHIP Nutrition Officer attended the regular Nutrition Cluster meeting and shared with the cluster partners updates on MCHIP nutrition activities.

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

MCHIP technical officers participated in the National MR and Polio Immunization Campaign conducted in November 2014. MCHIP and other partners provided supportive supervision to immunization teams that worked in different districts in Sana'a City and Aden. The turnout for the campaign was high and some of the vaccination centers were overcrowded. The demand for MR & polio vaccination was high during the campaign, more immunization teams, supervisors and educational teams were required.



Supervision visit during immunization campaign in Aden

1.2.3 Partner Coordination

EPI Task Force Technical Meeting: MCHIP participated in the Task Force meeting which was held on October 16th, 2014 at the office of the Deputy Minister for Primary Health Care (PHC). Twenty members participated in the Task Force meeting representing MoPHP programs (Family Health, EPI, AFP and Disease Surveillance, Health Education Center) and partners (WHO, UNICEF, UNHCR, USAID, MCHIP, ADRA, YFCA).

During the meeting, the participants reviewed and finalized the plan for implementing the 11th Horn of Africa (HoA) Meeting Recommendations to minimize any potential importation of the WILD POLIO VIRUS (WPV) into Yemen. The participants discussed the social mobilization plan for routine & mobile populations and refugees.

The EPI National Manager debriefed the participants on the preparation for the MR/Polio vaccination campaign that was implemented during the November 09-18, 2014. The EPI manager also gave an introduction on the Inactivated Polio Vaccine (injectable IPV) that will be incorporated into the routine childhood immunization schedule in early 2015. The participants discussed the role of each partner in the MR/Polio campaign.

MCHIP technical officers supported a one-day refresher training for community health educators in the districts with poor Routine Immunization coverage rates in Aden and Reimah Governorates.

MCHIP technical officers provided supportive supervision to vaccination teams during the MR/Polio vaccination campaign in Sana'a City, Aden and Reimah, using the national EPI program supervisory checklists.

The turnout for the campaign was high and some of the vaccination centers were overcrowded, however, there was a need to increase the immunization teams, and provide additional supervisors and educational materials.



MCHIP during supportive supervision visit in MR campaign, Nov 11th, 2014



MCHIP visits the MR campaign in Sana'a city – Nov 11th, 2014

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

Advocacy Strategy: The draft advocacy strategy was developed by the White Ribbon Alliance's (WRA) Advocacy Team Leader, and he shared it with the MCHIP team for feedback. The next step is to share the updated strategy with all stakeholders who participated in the Advocacy workshop conducted by MCHIP during August 2014. After receiving feedback from stakeholders, the advocacy strategy document will be finalized.

1.4.2 In-Country Dissemination

MCHIP participated in the "Complementary Feeding Seminar" hosted jointly by MOPHP, World Food Programme (WFP) and GAIN. This seminar was conducted on November 10th, 2014 at the WFP office in Sana'a. The seminar explored the possibility of producing locally-used complementary foods at scale and discussed the famous traditional complementary food in Yemen called "Shabisa" with analysis of the nutritional components and benefits to children under two years of age. During this seminar the MCHIP Nutrition Officer presented the results of the Maternal, Infant, and Young Child Nutrition and Family Planning Trials of Improved Practices (MIYCN-FP TIPs) study with a focus on infant and young child feeding practices, encompassing complementary feeding. The participants discussed the importance of this study, which is a cornerstone for developing prevention malnutrition programs in Yemen. Also, the working papers presented by the participants from MOPHP, UNICEF, International Medical Corps (IMC) and the private sector confirmed that Infant Young Child Feeding and complementary practices are very poor in Yemen.

Next participants divided into four work groups - respectively private sector, policy and strategy, academic, and service providers - to discuss the key steps and challenges to bring about local production and identified key players and resources. Below is a summary of the main conclusions and recommendations:

1. There is local capacity in Yemen to produce high energy biscuits (HEBS) and Date bars to WFP specifications - although not in the amounts needed for WFP programs.
2. At present there are no companies able to produce WSB (Wheat Soya blend) to WFP specifications – this would require additional investment in production lines.
3. It would be possible for companies to produce Shabisa for WFP programs – what is missing are national standards/specifications for Shabisa.
4. WFP can work with the local industry, which is interested in scaling up their production facilities, and can advise them on the regional needs and possibly direct them to sources of funding.

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

Continued Support to Quality Improvement (QI) in Al Sabeen Hospital: A QI action plan was developed jointly between Al Sabeen leadership and the MCHIP program, and a meeting was facilitated by MCHIP during this reporting period to initiate activities included in the action plan. This QI action planning meeting provided a new venue for communication between the health providers and facility management, who worked together to find solutions. During this action planning meeting, the facility leadership committed to establish a Quality Committee at the hospital with representatives drawn from

technical and administrative staff units. The committee roles and responsibilities were agreed upon, and nominations made.

Support to QI team for its First Meeting at Al Sabeen Hospital:

As a result of the Action Planning meeting described above, a QI committee was formed, through an official decree from the hospital manager on November 2nd, 2014, and held its first meeting with support from MCHIP on Oct 21, 2014. Formation of the QI committee is part of the QI process initiated by MCHIP, that started by baseline assessment, and development of an action plan to address the gaps in service quality. The committee with support from the hospital management will be responsible for the implementation of the action plan with technical assistance (TA) from MCHIP. The committee will hold regular meetings to follow up the progress and discuss any challenges.



First meeting of the Quality improvement Committee at Al Sabeen Hospital

Support for the QI Team at Al Sabeen Hospital to Conduct an Assessment for Delivery Room

Equipment that Needs to be Repaired: On November 2014, MCHIP supported the QI team at Al Sabeen Hospital to assign tasks to improve the maternity department. The next day a small team including the head nurse of the delivery room, medical engineer, and MCHIP Maternal Health Officer, worked together to assess the equipment that needed repairs. The maintenance department will work to repair the inoperative equipment so that it is ready for use as soon as possible.

Participation in the QI Stakeholders Meeting in Amman,

Jordan: Two MCHIP technical officers participated in a Stakeholders Meeting and Planning Workshop which was organized by the MOPHP & GIZ, towards a secondary care QI approach for Yemen. The workshop was held in Amman, Jordan from 25–27 November 2014. Participants included multiple sectors from the MoPHP, GHOs, Public and private facilities, National accreditation team, and International development Partners including World Health Organization (WHO), European Union (EU) and GIZ.



The QI Stakeholders Meeting in Amman

The objectives of the workshop were to review current QI approaches in Yemen with a particular focus on the work of GIZ and the Quality Improvement Program (QIP), consideration of an accreditation program for Yemeni health facilities, and learning from the experience of the Jordanian QI program which includes an Accreditation system. A series of recommendations emerged from the discussions related to strengthening the QI Unit at MOPHP, and implementation of the QI strategies identified during the workshop include development of accreditation standards and the piloting of a national accreditation system. To address these recommendations, a first draft action plan was developed during the workshop, and a Task Force including representatives from MOPHP, GIZ, and the EU will finalize the action plan upon return to Yemen. MCHIP will continue to work with GIZ and other stakeholders to contribute clinical performance standards to ongoing QIP work and any accreditation initiatives that emerge from this workshop.

Support for Piloting of the Maternal Mortality Audit (MMA) in Yemen: In collaboration with the MoPHP, EU, UNFPA, and WHO, MCHIP technical officers participated in a one-day orientation meeting on MMA for the national and governorate committees. The MMA system will be piloted in 3 governorates - Aden, Hodeida, and Hadhramout Al Sahel. MCHIP will support the governorate and district teams to implement the MMA system in Aden and will work closely with MoPHP and partners in the MMA National Committee to prepare and conduct the training of trainers (TOT) for national champions to implement the system in the three governorates during the first phase of implementation in Yemen. During the meeting, the MMA guideline content was introduced, and Terms of Reference (TORs) for the national and governorate level committees were discussed. At the end of the meeting, each governorate committee selected target districts and these committees will work on preparing an action plan for governorate-level implementation in the coming quarter.

MCHIP collaboration with Education for Employment (EFE): As part of the collaboration between MCHIP and other USAID Implementing Partners, MCHIP ACOP met with the CEO of Education for Employment (EFE), to discuss areas of collaboration between MCHIP and EFE, and to coordinate capacity building activities that are targeting nurses and midwives specifically new graduates of midwifery pre service education. MCHIP will support EFE in training on RH/MNCH/Immunization/Nutrition of targeted midwives and nurses from Sana'a and Aden which will start on March 2015.

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

Activity 2.1: Strengthen and standardize midwifery education

General Pre-Service Education (PSE) Strengthening Efforts: During this reporting period, MCHIP began adaptation of a Skills Lab manual for pre-service institutions which will be translated for use in Yemen in the following quarter. The Skills Lab Manual will help the PSE institutes effectively establish and manage a functional lab for midwifery students to practice skills using mannequins and other materials. In addition, MCHIP has placed orders for anatomical models and other materials support for skills labs at 10 High Institute



Workshop meeting for HIHS Aden faculty conducted by MCHIP

of Health Sciences (HIHS) institutions. The materials are anticipated to arrive in Yemen in the following quarter, and a distribution plan for the materials will align with program TA for the establishment and management of skills labs. Also during this reporting period MCHIP worked with the 10 supported HIHS institutes to develop a system of peer to peer support for ongoing quality improvement efforts. The peer support system will complement technical support provided by MCHIP technical officers and foster cross learning and sustainability in PSE QI.

Technical Assistance to Dhamar HIHS: The MCHIP Maternal Health Officer visited Dhamar HIHS to follow up the support to the Midwifery PSE. A meeting was held with the Dean to introduce the equipment list developed by the HIHS team. The Dean identified an appropriate space for the new midwifery lab and also selected some of the staff to be trained by MCHIP on the new models and equipment.

HIHS Aden PSE improvement: Following the meeting with the Dean and the Deputies of the HIHS-Aden, a meeting was held with the maternity faculty teachers to explain the importance of improving the midwifery PSE. After introducing the process which the HIHS team did last year to identify the gaps with MCHIP support, another session was conducted on the importance of the clinical demonstration on models before working with actual clients as part of the competency-based training approach. The faculty was interested and committed to follow up and identify the gaps and improve the work process.

National Center for the Training of Midwives and Nursing - Aden midwifery PSE improvement: MCHIP visited The National Center for the Training of Midwives and Nursing in Aden, which previously was known as IHS Aden, to meet the Dean, Deputies and Head of the Midwifery Department. The purpose of the visit was to advocate for midwifery PSE improvement and to visit the midwifery lab which will be supported by MCHIP. The Dean discussed the gaps that were identified by the baseline assessment, which was supported by MCHIP. He shared the result with the meeting participants. Future training sessions and equipment support was also discussed.



Meeting midwifery faculty, National Center for Training Midwives and Nursing, IHS, Aden

Activity 2.2. Provide technical support to the MOPHP and partners at national level to build a competent RMNCH/Nut Workforce through improvement in in-service clinical and other training

2.2.2. Training on Essential Nutrition Activities:

MCHIP Nutrition Officer Participation in the TOT for Essential Nutrition Actions (ENA Model): From the December 8-12, 2014 the MCHIP Nutrition Officer participated in the TOT for ENA Model which was held in Washington, DC, USA. Prior to the training workshop, the Nutrition Officer worked closely with the MCHIP Nutrition Advisor based in Washington to strengthen his nutrition capacity and develop a detailed implementation plan for MCHIP-Yemen nutrition activities for the remainder of PY1.



The TOT for Essential Nutrition Actions (ENA Model), Washinaton, DC. 08-2 December 2014

The main objectives of the TOT were to build the capacity of the MCHIP-Yemen Nutritionist, learn the ENA content, behavior change communications techniques and learner-centered methodologies. This updated training on ENA included how to integrate nutrition actions into facility- and community-based health services as well as agriculture and food security programs, women’s savings and business development groups, and early childhood and primary education. The training was specifically for Scaling Up Nutrition (SUN) priority countries, such as Yemen. The visit to Washington, DC, was a chance for one-on-one in person capacity building by the HQ-based MCHIP Nutrition Advisor and also for review of the Yemen mapping exercise, interviews, and training materials.

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.

Immunization Review Meetings in Amanat Al Asimah (Sana'a City) and Aden Governorates: In partnership with the PHC Sector of

the MOPHP, the National EPI program, and the MOPHP Offices of Amanat Al Asimah and Aden Governorates, MCHIP supported the implementation of two immunization review meetings that brought all Governorates/Districts immunization & local council officials together to review the implementation of the 2014 districts plans, identify the main problems that prevent children from being vaccinated, propose applicable interventions, and outline districts plans for 2015. The Amanat Al Asimah review meeting brought together 35 district Immunization Supervisors and Health Managers.



Immunization Review Meetings in Amanat Al Asimah

The Deputy Mayor of Amanat Al Asimah and the National EPI Manager attended the opening session.

The Aden review meeting and brought together 36 district Immunization Supervisors and Health Managers. Dr. Riyadh Yassin Abdulla, the Minister of Public Health & Population, and the Deputy of the Aden Local Council attended the opening session.

The Minister emphasized the importance of data accuracy and the need for improving BCG vaccination coverage rate.

The review meetings identified challenges that prevent children from being vaccinated and proposed a number of applicable interventions.

Roles and responsibilities of each partner were defined and agreed by all the participants.

The participants recommended that such EPI review meetings be held on a quarterly basis. The next meeting was agreed to be held during the last week of March or first week of April 2015.



Dr. Riyadh Yassin Abdulla, the Minister of Public Health & Population attended the opening session of the Aden Governorate Immunization Review Meeting.

Government Political Commitment to the Output of the Immunization Review Meetings: A week after the MCHIP immunization review meetings, a positive response to the meetings was demonstrated by

the Directors General of the Health Office of Amanat Al Asimah and Aden Governorates. They issued and disseminated official circular letters to all the district local councils and health offices advising them to implement the recommendations of the immunization review meeting and to update them (i.e. Director Generals for Health) about the implementation progress, achievements & challenges.

3.1.1 Annual Planning

National Annual Reproductive Health (RH) Review & Planning Meeting: MCHIP technical staff participated in the Annual National RH Review Meeting held December 21-25, 2014 at the MoPHP with support from UNFPA. Reproductive Health Directors (RHD) representing 21 governorates and partners representing multi and bilateral organizations were brought together (≥85 participants) to review the activities implemented in 2014, and the achievements and challenges faced by the RH programs at governorate and districts levels.



*National Annual Reproductive Health (RH)
Review & Planning Meeting*

The RHDs discussed and prepared their proposed governorates RH plans for the year 2015 which will be used to develop the national reproductive health sector plan for next year. MCHIP technical staff met with the RHDs of the 5 targeted governorates (i.e. Dhamar, Raymah, Ad Dali, Aden and Sana'a Amanat Al Asima) and discussed their 2015 RH Annual Plans and areas of cooperation. MCHIP shared with the meeting participants its planned activities for the year 2015 to improve the quality of service provision. The following are the main recommendations of the Annual National RH Review Meeting:

- All RH essential commodities have been provided for the year 2015 by the MoPHP with support from partners.
- The national RH indicators will be matched with the global WHO RH indicators and will be used starting from 2015.
- The workshop report will be shared with partners in mid-January.
- The national RH strategy will be updated in 2015.
- The National Safe Motherhood and Newborn Health Conference will be held in 2015.

3.1.4 Mapping of Multi-Sectoral Projects/ Activities and Nutrition Linkages

Interviews for Nutrition Mapping Exercise: MCHIP conducted a mapping exercise for nutrition activities in Yemen. The purpose of the mapping exercise in the project governorates is to identify multi-sector projects and partners working to address barriers to optimal nutrition practices, including gender-

related barriers. This mapping exercise was conducted in Sana'a, Dhamar, Raymah, Ad-Dale and Aden Governorates. The MCHIP Nutrition Officer interviewed stakeholders in Sana'a using multi-sectoral tools.

3.1.5 Strengthening EPI management capacity

Reinforcing the Role of Supervision in Routine EPI Activities through Field Visits to Immunization Posts in Amanat Al Asimah (Sana'a City) and Aden:

The MCHIP Immunization Officer conducted several supervisory field visits to immunization posts in the Amanat Al Asimah and Aden Governorates. During the visits, officials from the local council and health offices and EPI Central team joined the MCHIP Officer. Five immunization posts were visited - four in Amanat Al Asimah and one in Aden. The aims of the supervisory field visits were to:

- 1) Assist the high level officials to understand how the immunization program is managed and delivered, and the challenges facing the immunization program and frontline vaccinators to achieve high protective vaccination rate;
- 2) Engage the high level officials to participate effectively in all MCHIP immunization activities to ensure support and stewardship;
- 3) Empower the high level officials to observe and oversee the delivery of vaccination services in the workplace;
- 4) Encourage the central, governorate and district supervisors to conduct supervisory visits on a regular basis;
- 5) Strengthen the relationship between the vaccinators and supervisors; 6) Provide on job training.



The Deputy Mayor of Amanat Al Asimah, the Director General of Amanat Al Asimah Health Office during a visit to one immunization post.

Infrequent supervision, inadequate training, gaps in immunization data documentation, data utilization, vaccine/supply tracking and communication were the main findings of the field visits' discussions and observations. It has been identified that the findings are common for most vaccinators in locations where MCHIP works, e.g. Dhamar, Amanat Al Asimah and Aden Governorates. In one field visit held on Thursday, 11th December 2014, the Deputy Mayor of Amanat Al Asimah, the Director General of Amanat Al Asimah Health Office joined the MCHIP Immunization Officer to the 22nd May Health Center at Al Wahada District of the Amanat Al Asimah.

Activity 3.3 Strengthen governorate-level training centers in focused governorates

3.3.2 In-Service Training

Support to Aden GHO to Develop FP Training Plan:

MCHIP will work to strengthen GHO level capacity to plan for and implement in-service trainings. Towards this end, the MCHIP FP Officer met with the RHD at Aden Governorate Health Office to discuss MCHIP's support to implement FP activities to improve the quality of service provision. The Aden GHO has identified a need for increased numbers of competent LARC providers. With the GHO, MCHIP began planning a competency-based training in LARC skills to take place in the spring of 2015. (linked to activity 4.3.2). MCHIP met with some nominated candidates for the LARC training, as well as identified some suitable sites to conduct the course including the clinical practice session.



MCHIP FP Officer meeting with RHD, Aden GHO and candidates

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

Best Practices: During this reporting period the MCHIP leadership team worked with senior advisors to advance the design of the Best Practices approach. Associated materials and strategy documents will be further developed in the coming quarter, led by the incoming QI Officer.

Maternal and Newborn Equipment Assessment in Dhamar Hospital:

An MCHIP technical team visited Dhamar General Hospital to follow up the implementation of best practices in the Delivery Room. Together with the hospital team, they conducted needs assessments for equipment and commodities for Emergency Obstetric Care (EMOC) and newborn care. The results of the assessment were discussed with the head of the Midwifery Department and with the Hospital Management.



Dhamar hospital midwife, putting the delivery kit to drv after decontamination

Alwahdah Hospital in Aden: MCHIP Maternal Health Officer and Child and Newborn Health Officer met the senior management of Al Wahdah Hospital to build on MCHIP's previous support to the hospital during the Quick Start period. The Head of the Maternity and Nursery departments attended the meeting to address their needs and expectations. Currently the hospital is facing big challenges which need to be assessed to improve maternal and newborn services.

Dhamar General Hospital: MCHIP Child and Newborn Health Officer visited Dhamar General Hospital to conduct an assessment of the equipment and commodity needs to establish a standard Newborn care corner in the labor room. The list of requested materials was prepared. It was also found that, according to the nursery department statistical data for the 1st eight months of 2014, most of cases (more than 39%) admitted were due to birth asphyxia.

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

4.2.3 PPFP Counseling Training

PPFP Counseling Training: On Sept 30-Oct 1st, 2014, MCHIP conducted a 2-day training on Postpartum Family Planning (PPFP) counseling for 17 health providers from three high volume childbirth sites in Amanat Alasima (Sana'a city): Althawrah & Al Sabeen Hospitals and Alzubair Health Center. The practical part of the training was conducted at Al Sabeen Hospital.

The trainees were chosen from different departments within the three health facilities that include the Antenatal Care departments (ANC), Labor rooms, postnatal departments (PNC), and admission ward. The main objective of the training was to integrate the PPFP with other MNCH services to minimize missed opportunities by giving the health providers in these departments the skills to provide the PPFP counseling to the mother who seek additional services, and does not know where she can get such services. The importance of providing women with informed choices was highlighted as the main target of the counseling sessions and the trainees used MCHIP checklist to demonstrate the counselling skills in the training room then in different departments with real clients under MCHIP trainers' supervision. A post training plan was also developed to ensure integration of these PPFP counseling skills into trainees practice (see 4.2.4 below).

4.2.4 Training Follow Up

Supportive supervision for the PPFP counseling training course participants: In the context of the MCHIP objective of improving the provision of health services, supportive supervision visits were carried out for the participants of the PPFP counseling training course from Al Sabeen (see Activity 4.2.3, above). The MCHIP FP Officer and a PPFP counseling trainer visited training participants, and worked with them to identify the problems and challenges they faced in instituting PPFP counseling in their practice. The challenges identified include difficulty in recording and reporting PPFP counseling and choices made by clients due to a lack of registers at the facility, or registers not being readily available in the location counseling is taking place (e.g ANC unit). Initiation of PPFP counseling at ANC and routine recording of PPFP counseling and method selection require lasting behavior change on the part of providers. MCHIP will continue to provide on-site and remote follow up to providers working in PPFP in the coming quarters and will identify opportunities for additional training and joint supervision with GHO representatives.

Activity 4.4 Strengthen MH services

Supportive Supervision and On-the-Job Training visits to Dhamar and Al Sabeen Hospital:

Supportive supervision visits were conducted to follow up on Clean and Safe Delivery training in Dhamar and Al Sabeen Hospitals. The RHD at Dhamar GHO joined the MCHIP technical officer during this visit and was impressed by the progress and development in the delivery room at the hospital and with the trainees' performance to improve services at their hospital. During the visit to Al Sabeen Hospital, the health providers shared their ideas to solve the challenges in providing quality of care to women and newborns.



The visit to Al Sabeen Hospital

MCHIP Supports Piloting of the Maternal Mortality Audit (MMA) in Aden: In collaboration with EU, UNFPA, and WHO, MCHIP supported MoPHP to conduct the MMA one-day orientation meeting for the national and governorate MMA committees. The MMA system will be piloted in 3 governorates - Aden, Hodeida, and Hadhramout Al Sahel. MCHIP will support the governorate and districts team in Aden to implement the MMA system and will work closely with MoPHP and partners on the MMA national committee. Preparation of the background materials have been started for the preparation of the anticipated training next quarter. (Also see Activity 1.5 as MMA relates to national level QI approaches).

Community Based Maternal and Newborn Care (CBMNC) Workshop:

In collaboration with UNICEF, MCHIP supported the MoPHP 3-day workshop on Community Based Maternal and Newborn Care (CBMNC). The aim of the workshop was to introduce the optimal usage of four Maternal and newborn essential drugs to CBMNC

national training, in addition to discussing and unifying the CBMNC training approach. Seventy-seven participants attended the workshop including CBMNC national MWS trainers, development partners, and Governorate Health Officers and RHDs from all governorates. The workshop concluded with recommendations to update the national training curriculum and identified areas for improvement.



A role play on counselling conducted by the CBMNC trainers on the importance of early couples planning for delivery

Activity 4.5 Strengthen NH services

4.5.1 HBB

HBB training: MCHIP/Yemen has been working to strengthen the newborn health services through improving the prevention and clinical management of newborn asphyxia through improved Emergency Newborn Care (ENC) and HBB. The HBB training supports improvement of routine care, including skin to skin care, and management of birth asphyxiated newborns right from the time they are born and

discharged from the Emergency Obstetric Department in the hospital. A 2-day in-service training course was conducted on HBB (October 22-23, 2014) for 14 health care providers (6 doctors and 8 Midwives) from the labor room and nursery department in Al Sabeen Hospital. The training was conducted in the MCHIP office and facilitated by national HBB trainers.



Improving the prevention and clinical management of newborn asphyxia

4.5.3 KMC

KMC: MCHIP has initiated work to establish a KMC unit in Al Sabeen hospital. The activity started by meeting with the authorities in the hospital to explore interest for improving preterm and low birth weight baby care in the hospital. During the meeting, the MCHIP team discussed with authorities the feasibility of establishing a KMC unit. A KMC sensitization workshop for 28 participants was conducted on October 28th, 2014. The workshop began with an opening session where the Director of the Al Sabeen Hospital initiated the workshop by speaking on the importance of working together to improve the health services especially for the newborn and the low birth weight which represent 70% of neonatal deaths in the hospital. During the opening session a presentation on the situation of newborns in Yemen was presented by the Newborn Advisor for Population Sector, MOPHP. The Head of the Nursery Department shared a brief statistical update on the neonatal mortality rate in the hospital. MCHIP's Child and Newborn Health Officer, shared information about the implementation of KMC globally, and within the KMC unit in Al Wahda Hospital. With the support of the General Director of Al-Sabeen hospital, the KMC unit location was decided. The MCHIP Child and Newborn Health Officer assessed the place and started preparing the procurement plan for the KMC unit at the hospital. The two parties agreed on the health policy of the KMC unit as well.

4.5.1 and 4.5.3: HBB and KMC

HBB and KMC: During the period from 13-21 December 2014 the Child and Newborn Health Officer visited Al Wahda Hospital, to evaluate progress since the strengthening of improved care of birth asphyxiated, preterm and low birth weight babies. Refresher orientation was provided to 122 service providers from Al Wahda hospital, improve and disseminate the prevention and clinical management of newborn asphyxia and LBW care. By using a job aid like KMC, HBB checklists and HBB work plan, an OJT was provided for 14 hospital staff in the EMOC and KMC unit who were already trained in February 2014, the HBB and KMC skills were reviewed and corrected when necessary.

On the other hand, with the help of those two national trainer who trained in February 2014 and by using the Neonatalie, more than 90 midwives, nurses and doctors working in Nursery, KMC unit and EMOC departments were trained on HBB and KMC skills. The training was highly focused on hands-on practice.

During the visit, monitoring and evaluation for the KMC and HBB interventions in the KMC and EMOC units were conducted. The registers, KMC follow-up forms, and practicing on the cases were also observed.



While the mother was monitored after birth, immediate breastfeeding was conducted as a part of routine care for every newborn

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

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

Raymah:

The MCHIP Community Officer met the Manager of the Reproductive Health Department in Al-Jabin district, Raymah to discuss the RH services provided there. The RH services are limited due to the lack of resources and the shortage of the qualified service providers. Moreover, the difficult terrain limits women and children's access to the services that are being provided by the existing facilities.

The MCHIP Community Officer met also with the Primary Health Care Manager in Raymah, who said that the shortage of skilled service providers and the absence of an integrated package of health services are the challenges that the PHC sector faces.

Early marriage is one the main problems in the governorate. Almost 75% to 80% of girls under 18 years of age are married, which increases the community's need for services in the areas of RMNCH/Nut.

Aden: Another meeting was also held with the RH Manager at the Health office, Al-Mansora District to discuss the RH services, strengthen the relationship between the community and health facilities, and improve the quality of services provided.

Meeting with the World Bank (WB): MCHIP conducted a meeting with the Senior Health Specialist at the WB to discuss the areas of coordination and partnership, community programs that are implemented by the WB, and the CHV modules.

Coordinating with MOPHP regarding the CHVs: MCHIP conducted a meeting with the Community/Nutrition Department at MOPHP to discuss the CHV model, its gaps, and the selection criteria for CHVs. Further meetings, discussions and review of the materials were recommended by the end of the meeting.

National Immunization Communication Community Committee (ICCC): Several meetings of the ICCC were held with very fruitful discussions about the role of international NGOs in supporting immunization. All partners agreed that MCHIP will host smaller group meetings to follow up on the recommendations of the ICCC.

5.1.3 Community Mobilization (CM) Team

Identification of CM Master Trainers (MTs): MCHIP identified a group of candidates to receive TOT to be CM MTs. The MTs will be responsible for training the CM team that will conduct the CM activities in MCHIP-targeted governorates.

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.

Door-to-Door Health Education for Polio/MR Immunization Campaign: MCHIP coordinated with the Health Education Center and the EPI program to support the Polio/MR immunization campaign through interpersonal communication (eg, door-to-door health education). The purpose of applying this method in collaboration with the Health Educators was to: 1) introduce a new type of vaccination (eg, MR); and 2) increase immunization coverage during the campaign. It was noted during the last two immunization campaigns that the percentage of the coverage area was low.

MCHIP selected two districts - Al Jabin district in Raymah Governorate and Al Buraiqa district in Aden Governorate – that have low coverage percentage according to EPI results of the previous campaigns, to implement this activity. The activity was divided into two parts: the first part was to conduct two training workshops in Raymah and Aden for 51 & 47 health educator volunteers, respectively. Those trainings focused on health education communication and the MMR vaccination. The EPI District Coordinators disbursed the health educator volunteers in selected districts to apply what they learned from the training workshops. The second part of the activity was to conduct field visits to each home in the selected districts to encourage mothers and families to take their children to the vaccination center and also to educate those families who refuse to immunize their children. The Directors of Raymah and Aden GHOs and the Directors of Al-Jabin and Al-Buraiqa DHOs participated in these training workshops. CHVs covered the targeted households during the campaign, which resulted in improving the immunization coverage that was reflected in the EPI registers.



A mother refused to vaccinate her baby –Aden



Health Volunteer reviews the benefits of immunization with a mother and her children

PROJECT MANAGEMENT

During the reporting period, the new MCHIP/Yemen Technical Director (TD), Dr. Ahmed Abdul Rahman reported to post on Nov 23, 2014. MCHIP continued staffing up by recruiting a FP Officer and QI Officers, and an IT and Logistics and procurement officers.

MCHIP Chief of Party (COP) and Deputy Chief of Party (DCOP) participated in a technical consultation at the MCHIP main office in Washington, DC with project senior management and senior technical advisors. The purpose of the consultation meeting was to review program progress during the first eight months of PY1, and to revisit the program's technical assistance and implementation strategies in light of the evolving security issues and inability for STTA to get Visas to Yemen. Based on these discussions,

MCHIP had submitted to USAID an Action Plan for Nov 2014 – March 2015 which summarizes the outcomes of the consultation meeting and MCHIP’s implementation plans through March 2015.

MONITORING AND EVALUATION

The Performance Plan and Report (PPR) with a success story for FY14 were submitted to USAID. MCHIP, Yemen Monitoring and Evaluation Project (YMEP), and USAID teams discussed the proposed indicators for FY15.

The data quality assessment (DQA) was conducted by YMEP for three standards indicators and two custom indicators. All supported documents were provided to YMEP (attendance sheets, mechanism of checking double counting, sample of agendas and reports). All the comments MCHIP received were reflected in the PPR and will be considered in the future.

MCHIP is currently preparing for its baseline studies including the Quality of Care (QoC) survey (facility-based survey) and the knowledge, practices, and coverage (KPC) survey (household survey). The MCHIP/Yemen team and Washington DC-based team are working together to finalize the study protocols and data collection tools, scopes of work for study managers and research consulting firms, detailed implementation plans and preparing to start the TOT training in March 2015.

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 October-December 2014	Cumulative Progress Mar – Dec.2014	Cumulative Progress to Target* Mar – Dec. 2014
Number of people trained through USG-supported programs		14 (HBB) in Sana’a City, 45 CHVs in Raimah, 46 CHVs in Aden	211	
Number of subnational entities receiving USG assistance that improve their performance		20(2 GH0 Aden& Sana’a City and 18 DHO, 10 in Sana’a ,8 in Aden)	20	
Number of health facilities receiving technical assistance from MCHIP		5 (1 KMC, 1 HBB, 3 PFP)	5	

INDICATOR	TARGET *	Quarterly Progress	Cumulative Progress	Cumulative Progress to Target*
	Mar 2014 – Feb 2019*	October-December 2014	Mar – Dec.2014	Mar – Dec. 2014
Number of babies with low birth weight on admission who received KMC		26	75	

Table 1. M&E data reported for the quarter (October-December 2014) and cumulatively (March – December 2014).

**TBD following completion of baseline assessment.*

CHALLENGES

- Evacuation of the project senior management (COP and DCOP) from Yemen due to security concerns on September 22 - December 10, 2014 and the inability to obtain Visas to Yemen for MCHIP/Washington technical advisors since August 2014, resulted in rescheduling of some project activities (e.g. MN Bottleneck Analysis, TOT on Best Practices, and baseline survey).
- Reshuffling of the Government of Yemen (GOY) per the Peace Agreement signed between GOY and the Al Houthis and appointment of a new Minister for Public Health and Population, Dr. Riyadh Yasin Abdulla, created much uncertainty within the MOPHP. Senior officials of the Primary Care Sector were suspended and under investigation, including the Deputy Minister for PHC Sector, Director General for Family Health, and Director General for EPI. This led to delays with some program activities including Nutrition, Child Health, and Immunization activities.
- Resignation of the Dhamar Governor after Al Houthis took over the governorate, led to a delay in signing the Memorandum of Understanding (MOU) with Dhamar GHO and establishing the MCHIP regional office in Dhamar.

SUCCESS STORIES

A Positive Contribution to the MR/ Polio Campaign

In response to the national EPI Manager request and the recommendations of the Immunization Task Force Meeting, in October 2014, to assist the MOPHP in supervising the vaccination teams and provide immediate field technical assistance, five MCHIP technical officers participated in supervising the MR/Polio campaign implemented in November 2014. From November 11 - 18, 2014, the MCHIP team visited 27 vaccination sites and observed the performance of more than 40 vaccination teams in five districts in Aden and Amanat Al Asimah (Sana'a City). The MCHIP team provided supportive supervision and feedback to the vaccination field teams.

Technical recommendations and corrective action were taken by the MCHIP team during the campaign in response to incorrect vaccination practices and logistical issues. The MCHIP corrective actions included the instruction of vaccinators to inject the MR vaccine subcutaneously and not intramuscularly,

not to prepare vaccine injections in one place and transport them to the vaccination site, to dispose only syringes/needles into the safety boxes, to verify that clients did not receive any vaccine doses in other vaccination sites during the campaign, to assess if the clients were fit for vaccination before giving the vaccine, to provide parents with information about the side effects of the vaccine, how to manage fever due to vaccine reaction and to identify cases of post-vaccination severe adverse events and to report them immediately. MCHIP observed and reported a Polio Vaccine shortage to one of the district supervisors in Amanat Al Asimah. Health Officials in several districts and MOPHP were pleased by MCHIP's contributions to the Polio/MR immunization campaign.



A child being vaccinated during the MR/Polio campaign in November 2014 in Amanat Al Asimah

Government Political Commitment to the Outputs of the Immunization Review Meetings

In partnership with the PHC Sector of the MOPHP, the National EPI program and the MOPHP Offices of Amanat Al Asimah (Sana'a City) and Aden Governorates, MCHIP supported the implementation of two immunization review meetings that brought together all governorate/district immunization and local council officials.

One week after the MCHIP immunization review meetings, a positive response to the review meetings was demonstrated by the General Directors of the Health Offices of Amanat Al Asimah and Aden Governorates. The General Directors of the Health Offices issued and disseminated official circular letters to all the district's local council and health offices to instruct them to implement the recommendations of the immunization review meetings and to update them about the implementation progress and achievements.

ANNEX 1:

Total training/workshop participants supported by MCHIP

Date	Activity Title	Target audience	Training period (in days)	Number of participants
October 21, 2014	Review for QI Action Plan	QI team in Al Sabeen Hospital	1	15
October 22-23, 2014	Workshop on HBB	Midwives and physicians representing Al Sabeen Hospital	2	14
October 28, 2014	KMC sensitization workshop	Authorities in Al Sabeen hospital	1	29
November 3, 2014	Training workshop of health volunteers to support MR/Polio Immunization Campaign in Raimah Governorate	CHVs in Al jabeen, Raima Governorate	1	45
November 5, 2014	Training workshop of health volunteers to support MR/Polio Immunization Campaign in Aden Governorate	CHVs in Aden Governorate	1	46
October 18-21, 2014	Orientation to HBB and KMC	All staff (doctors, midwives, internship) in Alwhahdah Hospital, Aden	5	122
December 28-29, 2014	Immunization review meeting for Sana'a City	GHO Directors, DHO Directors, Immunization Supervisors, local council members	2	34
December 30-31, 2014	Immunization review meeting for Aden Governorate	GHO Directors, DHO Directors, Immunization Supervisors, local council members	2	33
Total				338

Disaggregation by Sex:

Date	Activity Title	Activity Type	Males	Females
October 21, 2014	Review for QI Action Plan	Meeting	10	5
October 22-23, 2014	Workshop on HBB	Training	1	13
October 28, 2014	KMC sensitization workshop	Meeting	7	22
November 3, 2015	Training workshop of health volunteers to support MR/Polio Immunization Campaign in Al Jabeen, Raimah Governorate	Training	0	45
November 5, 2015	Training workshop of health volunteers to support MR/Polio Immunization Campaign in Aden Governorate	Training	0	46
October 18-21, 2014	Orientation to HBB and KMC	Orientation meetings	22	100
December 28-29, 2014	Immunization review meeting for Sana'a City	Meeting	30	4
December 30-31, 2014	Immunization review meeting for Aden Governorate	Meeting	18	15
Total			88	250

Asia Region Investigators Training Workshop:

On the other hand, MCHIP participated in Asia Region Investigators Training Workshop that was conducted in Bangkok, Thailand from 16-17 December 2014. The workshop was conducted by Jhpiego for Principal Investigators (PIs), Co-Investigators, and M&E and research staff.

This course was very helpful to support preparations for the KPC baseline survey.

The overall goals of the course were:

1. Identify qualities of a well written research plan and successful IRB submission.
2. Review roles and responsibilities of MER and PIs in ensuring research integrity and quality of data collected.

3. Discuss ethical, regulatory and procedural expectations to safeguard the safety, well-being and rights of research subjects.
4. Strengthen knowledge and skills to manage activities of field-based research studies in compliance with federal regulations and institutional policies.
5. Operationalize resources available at Johns Hopkins to ensure compliance with:
 - Reporting requirements, including study amendments;
 - Management of essential documents; and
 - Monitoring and oversight of field work.

ANNEX 2:

MCHIP Participation in Supervising the MR/Polio Immunization Campaign, November 2014

MCHIP Officer Name	Date of the supervisory visits	Number of sites/teams visited	District	Governorate	Comment
Suad Shaker Lina Yassin	Nov 11, 2014	Five	Ma'een	Amanat Al Asimah	<ul style="list-style-type: none"> ▪ The MR vaccine given intramuscularly ▪ No Polio vaccine found during the visit ▪ Vaccine doses prepared upstairs and inoculation of the vaccine take place downstairs ▪ Number of mixing diluent less than number of vaccine vial
Hashim Darwish Ammar Baidar	Nov 18, 2014	Two	Alhawra	Amanat Al Asimah	<ul style="list-style-type: none"> ▪ A case was vaccinated two times with MR
Azaal Alhumaiquni	Nov 10-13, 2014	Twenty	Alburaiqa, Almuala and Dar Sa'ad	Aden	<ul style="list-style-type: none"> ▪ A case was vaccinated two times with MR ▪ Crystalloid MR was found in one site ▪ Nonfunctioning thermometer was found in one site ▪ Unsafe disposal of vaccination waste was observed in one site
		Twenty seven			