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# **Maternal and Child Health Integrated Program**

## **Yemen Associate Award**

### **Project Quarterly Report**

**January – March 2015**

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## Table of Contents

ACRONYMS AND ABBREVIATIONS .....	3
EXECUTIVE SUMMARY .....	6
INTRODUCTION .....	8
OVERVIEW OF PROGRAM PERFORMANCE .....	9
PROJECT MANAGEMENT .....	28
MONITORING AND EVALUATION.....	29
CHALLENGES .....	31
SUCCESS STORIES.....	31
ANNEX 1: Total training/workshop participants supported by MCHIP .....	33
ANNEX 2: MCHIP Facility, District, and Community Selection.....	36

<b>Project Name:</b>	MCHIP Associate Award (AA)
<b>Country:</b>	Yemen
<b>Reporting Period:</b>	January 1, 2015 – March 31, 2015
<b>Obligated Funds:</b>	XX
<b>Project Duration:</b>	March 2014 – February 2019

## ACRONYMS AND ABBREVIATIONS

AA	Associate Award
ADRA	Adventist Development and Relief Agency
ANC	Antenatal Care
BNA	Bottle Neck Analysis
CAC	Community Action Cycle
CBC	Community Based Care
CM	Community Mobilization
CMW	Community Mobilization Worker
COP	Chief of Party
CSSW	Charitable Society for Social Welfare
DCOP	Deputy Chief of Party
DG	Director General
DHO	District Health Office
EBF	Exclusive Breastfeeding
EFE	Education for Employment
EmONC	Emergency Obstetric and Newborn Care
ENA	Essential Nutrition Action
EPCMD	Ending Preventable Child and Maternal Deaths
EPI	Expanded Program on Immunization
EU	European Union
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
HII	High-Impact Interventions
HIHS	High Institute of Health Sciences
HO	Health Office
IFA	Iron-Folic Acid
IMCI	Integrated Management of Childhood Illness
IOM	International Organization for Migration
IPC	Interpersonal Communication
IPV	Inactivated Polio Vaccine
IRB	Institutional Review Board
IT	Information Technology
KMC	Kangaroo Mother Care

KPC	Knowledge, Practice and Coverage
LAM	Lactational Amenorrhea Method
LARC	Long Acting Reversible Contraceptives
M&E	Monitoring and Evaluation
MCHIP	Maternal and Child Health Integrated Program
MDGs	Millennium Development Goals
MDSR	Maternal Death Surveillance and Response
MH	Maternal Health
MIYCN-FP	Maternal, Infant and Young Child Nutrition and Family Planning
MMA	Maternal Mortality Audit
MNCH	Maternal, Newborn and Child health
MoPHP	Ministry of Public Health and Population
MR	Measles/Rubella
NB	Newborn
NCHME	National Center for Health Media and Education
NGO	Nongovernmental Organization
NNT	Neonatal Tetanus
NSMA	National Safe Motherhood Alliance
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
QS	Quick Start
RED	Reaching Every District
RH	Reproductive Health
RMNCH/Nut	Reproductive, Maternal, Newborn and Child Health and Nutrition
SBCC	Social and Behavior Communication Change
STTA	Short Term Technical Assistance
TD	Technical Director
TF	Task Force
TIPs	Trials of Improved Practices
TOT	Training of Trainers
TT	Tetanus Toxoid
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

USAID	United States Agency for International Development
USG	United States Government
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
YMA	Yemen Midwives Association

## 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. This report covers the second quarter (January -March) of FY2015.

The political situation in Yemen was extremely volatile during this quarter. As a result of the precarious situation in the country, expatriate staff members were instructed to leave the country and work remotely. In the closing days of the quarter, the program received instruction to suspend activities for 90 days (March 26 – June 25). MCHIP began development of a partial suspension workplan and will revisit plans as soon as the security situation allows and as approved by USAID. If and when the suspension is lifted, MCHIP will approach resumption of activities in a responsive and collaborative manner, guided by emerging health sector needs as the country rebuilds from conflict.

As the conflict escalated during the January – March period, program activities were negatively affected. However, MCHIP staff continued to endeavor to implement the planned activities. The MCHIP team built substantial momentum to accelerate implementation of program activities. MCHIP strengthened linkages and communication with counterparts at the MOPHP and Governorate Health Offices (GHOs) and established partnerships with important UN agencies, and local and international NGOs to share information and to cooperate in improving maternal, newborn, and child health (MNCH) in the country.

MCHIP organized two significant, high-level stakeholder workshops, one in Aden and one in Sana'a city, to introduce MCHIP activities in the targeted southern governorates (Aden and Al Dale) and northern governorates (Amanat Alasima, Dhamar and Raymah). The objectives of these workshops were to strengthen the partnership with and to jointly develop MCHIP work plans for the five governorates. The five governorates health teams worked jointly with MCHIP staff to develop governorate specific workplans for the period of March-September 2015. A facility assessment and selection exercise was completed during this quarter, and a final list of MCHIP-supported facilities was agreed to with the respective GHO offices. The selection exercise was carried out in close coordination with the five GHOs and the MOPHP/Population Sector.

To build strong partnerships with organizations involved in MNCH activities in Yemen, MCHIP-Yemen continued to collaborate and coordination with development partners, stakeholders, and other implementing agencies including WHO, UNFPA, UNICEF, IMC, and GIZ. Through these meetings, we

established information sharing protocols, explored areas of collaboration and joint implementation and, in some cases, discussions around potential future sub-agreements for MCHIP program activities.

Meanwhile, the project maintained strong representation in important health events, meetings and workshops at the national level. The project continued its support to the MOPHP by participating in and contributing to major events, consulting on MNCH policy and implementation issues, and assisting with relevant tasks on behalf of MOPHP as requested.

MCHIP continued to engage with MOPHP and other partners to further progress on operationalization of the Yemen Maternal Mortality Audit (MMA) guidelines. MCHIP-Yemen and WHO were assigned to develop the MMA training package and present to MOPHP and relevant partners for approval and endorsement.

The project, based on its commitment to improve maternal health in Yemen, responded to the request of Education for Employment (EFE), a USAID funded project, to assist in training unemployed midwives to improve their knowledge and skills to meet the labor market requirements. MCHIP-Yemen developed plans to perform a training needs assessment and to work with local technical resources (e.g. YMA) to provide technical updates to EFE supported midwives. By the end of the quarter, the team began adaptation of an appropriate assessment tool while reviewing the available training materials.

During this reporting period, MCHIP expanded management and technical structures at the main office as well as at the governorates level. At the main office, a finance assistant, an IT Officer, and a Procurement and Logistics Officer were recruited to enhance the operational capacity of the office. At the governorate level, MCHIP began recruitment for candidates to fill the planned Aden and Dhamar MCHIP positions. Each of these recruitment efforts is on hold for the coming quarter, and will be resumed only upon lifting of the program suspension.

The implementation of the ongoing project activities was accelerated during the period despite of the security situation. Several new hires engaged during the preceding quarter were able to advance key program activities during this reporting period (e.g. the Technical Director, QI Officer, FP Officer, F&A Manager). Throughout the reporting period, preparation was underway to perform the Knowledge Practice and Coverage (KPC) study, an important activity to establish better understanding of MNCH at the household level and to enable the project to measure its own performance and achievements. Implementation of the KPC was scheduled to start at the beginning of April 2015 by a Training of Trainers in the Regional Women Development Centre, Alexandria, Egypt. The project, building on the previously implemented baseline assessment of midwifery preservice training institutes, executed a large procurement of anatomical models and supplies to be provided to the High Institute of Health Sciences (HIHS) midwifery schools.

As reflected further in this report, MCHIP-Yemen made substantial progress on key program activities during the reported period. It was heading towards an accelerated implementation of its activities. Importantly, the project was called on to support key initiatives and processes in the MOPHP's endeavor to improve maternal, newborn and child health. However, when the domestic political conflict escalated into an active regional conflict towards the end of March, project activities were suspended, the MCHIP office was closed, and expatriate staff were evacuated. The program will stand ready to resume activities over the coming months in consultation and coordination with the MOPHP, USAID, and other key stakeholders including humanitarian and emergency relief partners.

## 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 Ministry of Public Health and Population (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 Ending Preventable Maternal and Child Deaths (EPCMD) by focusing on ending maternal, newborn, infant and child deaths, decreasing under-nutrition, and increasing contraceptive prevalence rate. 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); 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 "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)*

#### 1.1.2 Support the development and rollout of RMNCH/Nut national policies, strategies, guidelines and tools

##### *Safe Motherhood Law Meeting:*

MCHIP participated in the Safe Motherhood Law meeting held at the MOHPH. Two MCHIP Technical Officers were nominated to assist the group working on two segments of the Safe Motherhood Law: Part Three (pre-pregnancy care for women) and Part Five (Childbirth Assistance and Post-Natal Care for Women). MCHIP reviewed the Safe Motherhood Law and its executive rule/ by-law and provided comments to MOPHP to be discussed during the next meeting of the sub-groups. The next meeting was planned for Thursday April 2<sup>nd</sup>, 2015 at 10:00 am at MCHIP office. However, due to the security situation in Yemen this meeting was postponed. A tentative date for the National Conference was scheduled to be held during June 10<sup>th</sup> – 11<sup>th</sup>, 2015.

##### *Facilitators' meeting regarding the Community Based Care review workshop:*

A one day facilitators meeting was organized to prepare for the Community Based Care (CBC) review workshop, which had been scheduled to take place in April 2015 but will be postponed due to the conflict. Workshop methodology, approaches, and topics were discussed in that meeting. In addition to MCHIP officers, participants from population sector, UNICEF and Consultants were present during the meeting.

##### *Participation in National Consultation with Stakeholders on Strategic Directions for Strengthening Public Health in Yemen:*

MCHIP Yemen participated in the National Consultation with Stakeholders on Strategic Directions for Strengthening Public Health in Yemen (January 2015). This initiative is led by the MOPHP with support from the WHO/EMRO office, and is focused on restoration and rehabilitation of the health system to function effectively and to ensure advancing progress towards universal health coverage. The three priorities addressed through this initiative are:

1. Restoration and rehabilitation of the health system to function effectively and to ensure advancing progress towards universal health coverage.
2. Implementation of people centered integrated health services for priority health programs (RMNCH, Communicable and Non-communicable diseases).
3. Preparedness of the health system to respond effectively to community needs including epidemics and emergencies and strengthen partnership capacity for health development.

A coordination body will be formed when the security situation allows. Partners were asked to review the strategic directions draft document and share their comments and notes with DG of Health Policy & Technical Support Unit. A number of MCHIP programmatic areas are directly related to and supportive

of this initiative, including maternal and child health, QI strategy development and Maternal Death Surveillance Response (MDSR) Training of Trainers (TOT).

#### ***MCHIP's Participation in Revising and Finalizing the National Guideline to Promote Community Health:***

MCHIP participated in the workshop to finalize the National Guideline to Promote Community Health. The workshop was organized by the National Center for Health Media and Education (NCHME) in cooperation with UNICEF. The aim of the workshop was to review, adjust and approve the National Guideline to Promote Community Health. The workshop brought together technical staff from different MOPHP departments and other partners. The National Guidelines to Promote Community Health consist of 53 health messages for emergency of obstetrics care, safe motherhood, child and newborn health, nutrition, immunization, reproductive health, child rights, and prevention, promotion general health for maternal, child and community and infectious diseases. MCHIP technical officers participated in immunization workgroup and advised the revision of the immunization two messages, especially the message related to Tetanus Toxoid (TT) immunization for women. The new Measles/Rubella (MR) vaccine was added to the childhood vaccination message. MCHIP technical Officers also participated in the nutrition working group and recommended technical modifications for six nutrition messages.

#### ***National Guidelines for Severe Acute Malnutrition***

MCHIP participated in a national workshop “Understanding In-patient care of Severe Acute Malnutrition for Better Impact on Child Survival”, hosted jointly by the MOPHP and WHO. MCHIP and WHO agreed to work together to review and support the guidelines of the Management and Prevention Severe Acute Malnutrition for infants under six months of and to possibly incorporate findings from the MCHIP Maternal, Infant and Young Child Nutrition and Family Planning(MIYCN-FP) Trials of Improved Practices (TIPs) study into this guideline.

#### ***1.1.3: Competency Based Training (CBT) Packages:***

In order to improve the quality of MCHIP-Yemen competency based training activities, MCHIP technical officers completed the ModCAL® for Training Skills online training course. During this reporting period, the MCHIP team progressed plans for several off-site training of trainers, which would have also included an in-person clinical training skills update session. Plans for off-site trainings were placed on hold towards the end of this reporting period due to the political unrest in Yemen and concerns about the safety of international travel.

#### ***HBB Training Package:***

MCHIP, in coordination with the National Center of Health Education and Media, and with support from the Deputy Minister for the Population Sector, funded and provided technical inputs to finalize the Yemeni version of the HBB training package. The package has been shared with the MOPHP for approval. The Population Sector is planning to hold a workshop for stakeholders in April 2015 to launch the adapted Yemeni version of the HBB materials as a national guideline for the neonatal resuscitation training program. This workshop is postponed due to the security crisis in Yemen.

### ***The KMC Training Manuals were adapted to reflect Yemen Context:***

A review of the Kangaroo Mother Care (KMC) competency based training materials continued in this quarter, with a core group of national trainers (including the MCHIP NB Health Officer) working to adapt the materials to reflect the Yemeni context. This core group conducted a five-day workshop to review and adapt the materials during this reporting period (January 4<sup>th</sup> – 8<sup>th</sup>, 2015). The KMC training packages are comprised of a Facilitator's Guide and a Participant's Manual which provide information about essential health care for low birth weight babies. This update of the KMC materials included revisions to the breastfeeding section, maternal nutrition and LAM, based on culturally appropriate messages from the MCHIP Yemen MIYCN-FP TIPs study counseling guide.

#### ***1.1.4: Nutrition Cluster:***

MCHIP attended the Nutrition Cluster meeting and shared with the cluster partners updates on MCHIP nutrition activities. In this meeting, the Head of Nutrition, Health & Wash Department at UNICEF presented the Comprehensive Community-Based Nutrition Program and Prevention & Reduction of Stunting in Yemen for the period from 2015 - 2019 as a UNICEF model. Also, the preventive interventions and linkages between development and emergency interventions were discussed.

#### ***Activity 1.2: strengthen RMNCH/Nut program coordination, planning & monitoring, leveraging of the available RMNCH/Nut funds***

##### ***1.2.1: Coordination across MoPHP Sectors:***

###### ***Meeting with Sana'a city health office:***

MCHIP met with the General Director of Amant Alasima health office to discuss MCHIP's general objectives and main activities including community activities including Community Mobilization and Partnership Defined Quality approaches. It was agreed that a stakeholders meeting for Sana'a city stakeholders is needed to further introduce and advocate for these community based activities. This meeting will be scheduled as the political and security situation allows after the end of the suspension period.

###### ***Meeting with the Health Education Unit at MOPHP:***

The MCHIP team met with the DG of Health Education of MOPHP to discuss strengthening mutual cooperation and coordination. The meeting led to agreement on a number of action points through which MCHIP will contribute to the production of Health Education Training Packages and Health promotion activities. MCHIP offered to support the system for training Yemen's approximately 12,000 health education volunteers through the review and strengthening of the training package of new national health education message guidelines. MCHIP proposes to support the training of health education volunteers in selected program districts. Proposed MCHIP support agreed to at this meeting includes:

- MCHIP will take the lead to prepare the training package and flipchart of new national health education message guidelines (53 message)

- Train the trainer of Trainee TOT of new national health education message guidelines , and train the trainee in MCHIP targeted governorate
- Print and distribute the guidelines in MCHIP targeted governorate ,
- Support the health education volunteers system to improve their governance, planning, reporting and follow up the health educators.

### **1.2.3: Partner Coordinator:**

#### ***Meeting with the Charitable Society for Social Welfare:***

MCHIP Yemen team met with the Charitable Society for Social Welfare (CSSW) team. The CSSW team expressed their interest and willingness to work with the MCHIP in their targeted governorates and districts. MCHIP Yemen and CSSW agreed to have regular meetings to coordinate their community mobilization activity, Social Behavior Communication Change (SBCC) and Water, Sanitation and Hygiene (WASH).

### **1.2.4: Immunization:**

#### ***National Immunization Communication Committee:***

MCHIP participated in the National Immunization Committee on February 9<sup>th</sup>, 2015. Officials and representatives from the MOPHP, EPI, UNICEF and the National Center of Health Education attended this workshop. MCHIP's experience in supporting the MR & Polio immunization campaign in low coverage area through Interpersonal Communication (IPC) in Raymah (Al Jabeen ) and Aden (Al Buriqa) was presented during the workshop. MCHIP's IPC approach is intended to support an increase in immunization coverage for newborn and children under 5 years. The participants of the workshop commended MCHIP's IPC support as a promising practice within immunization, expressed support for increased IPC in low immunization coverage areas.

#### ***EPI Task Force Technical Meetings:***

MCHIP participated in the Task Force (TF) meetings held during the period January to March 2015. The MOPHP held weekly EPI Taskforce meetings to discuss the problems facing routine immunization program and polio eradication activities. All the TF meetings were chaired by Dr. Ghazi Ismail, the Acting Minister of Health.. Officials from MOPHP Family Health Department and National EPI program, WHO, WB, USAID, MCHIP, ADRA, IOM and Al Houthi Revolutionary Committee representatives participated in most of the meetings. MCHIP hosted TF meetings at the MCHIP office in March 5, 2015.

The shortage in funding for routine immunization (a gap of US\$1.4m) and the implementation of the Polio vaccination campaign were the main issue discussed during the TF meeting. The MOPHP prepared and sent two urgent letters to partners/donors to cover this fund gap. MCHIP participated with MOH, WHO and UNICEF in preparing these letters and in tracking the vaccines stock at the MOH store.

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

#### **1.4.1: Advocacy Strategy**

An Advocacy Strategy to address the midwifery shortage and training was drafted and reviewed this quarter. The Advocacy Strategy is based on the outputs of an advocacy planning workshop held in August 2014. MCHIP had planned to work with the National Safe Motherhood Association (NSMA) to implement the advocacy strategy. Plans for implementation of this strategy will be revisited after the close of the suspension period.

#### **1.5.1: National QI System**

MCHIP participated in a Yemeni National Stakeholders Meeting and Action Planning Workshop for Quality Improvement held in Amman Jordan in November 2014, as previously reported. During this reporting period, MCHIP continued to support the MOPHP and GIZ's progress towards development of a national QI Strategy. MCHIP met with the Deputy General for Quality Improvement at the MOPHP (January 2015) to follow up on the action plan agreed to at the Amman meeting, and to review the joint recommendations from that meeting. MCHIP will revisit potential ongoing support to the development and operationalization of the national QI strategy at the close of the suspension period.

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

#### ***2.1 Strengthen and standardize midwifery education***

##### **2.1.2: Pre-Service Education (PSE) Performance Standards for Midwives**

MCHIP held a follow up meeting with an official from the HIHS in Sana to discuss progress made in relation to self-assessment in midwifery section and plans for ongoing support. Planning centered on continued support for performance improvement standards and technical assistance to HIHS midwifery preservice education, and distribution plans for the materials and supplies described in 2.1.3 below.

##### **2.1.3: Equipment and supplies for midwifery education**

MCHIP executed procurement orders for a large purchase of supplies for the HIHS midwifery schools in this quarter, informed by the baseline assessments conducted previously. MCHIP has procured a large number of anatomical training models to equip the skills labs at supported facilities. The supplies arrived in Yemen during this reporting period but at the time of this report the supplies remained stuck in Yemeni customs. The program worked to negotiate release of the supplies with representatives from the GoY. The program will continue to press for the release of these materials in the coming quarter as the political and security situation allows. Additionally, a Skills Lab manual for preservice institutions was finalized during this quarter and translation has begun into Arabic.

#### ***EFE and MCHIP coordination meeting:***

MCHIP technical officers met with the Yemen Education for Employment (EFE) program during this reporting period to discuss potential MCHIP support to EFE's program. EFE works with unemployed midwives to facilitate their transition to paid employment in the private or public sector. MCHIP plans to assess the training needs of EFE-supported midwives and to adapt an appropriate training package to address those needs. A draft plan was developed to carry out a trainings needs assessment and to

explore means to engage local resources (potentially YMA) to assist with training these midwives. MCHIP will continue planning this activity during the suspension and will reassess the needs and next steps after the end of the suspension.

## ***2.2 Provide technical support to the MoPHP and partners at national level to build a competent RMNCH/Nut workforce through improvements in in-service clinical and other training***

### ***2.2.2: Training on Essential Nutrition Actions***

MCHIP's Nutrition Technical Officer initiated a review of current national nutrition training packages, specifically the National Infant and Young and Child Feeding (IYCF) manual and Community Health Volunteer manual. The purpose of the review is to inform a plan to adapt these materials to include Essential Nutrition Actions (ENA) and to incorporate findings from the MIYCN-FP TIPs study, which includes support for exclusive breastfeeding and complementary feeding.

## ***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:***

During this reporting period, MCHIP conducted integrated site visits and held high-level governorate workshops to 1) kickoff program implementation at the governorate level, 2) to jointly select program supported districts and facilities, and 3) to work with GHO representatives to formalize governorate-specific workplans. These processes are described below under 3.1. The list of selected facilities and districts is found in Annex 2.

### ***Site Selection***

MCHIP Yemen team developed site assessment tools and criteria to select health facilities for project support in the five governorates (Sana'a AL Amana, Dhamar, Aden, Raymah, and Al Dale). Site assessment tools were adapted from existing assessment tools and covered facility readiness, availability of key MNCH HIIs, availability of commodities, and other key indicators. The process of identifying the health facilities was planned and executed in full coordination with governorate health offices. This included gathering comprehensive information about all health facilities per district, short-listing of potential facilities, followed by physical visits to the short-listed health facilities for final selection. MCHIP Technical Officers travelled to the 5 targeted governorates, worked with their GHOs/District Health Office (DHOs) officials, visited, assessed the short listed health facilities and finalized the list of the facilities. At the end of the visits MCHIP technical officers debriefed GHO officials on health facilities selection exercise that was conducted and shared with them the names of the health facilities that MCHIP may support. Data from these assessment visits is on file at the MCHIP office and available on request.

## Selection Criteria:

1. Security situation: MCHIP Yemen will target districts that are secure enough to allow staff travel
2. Population: MCHIP-Yemen will target districts with underserved and marginalized populations
3. Health indicators: MCHIP-Yemen will target districts with poor health indicators
4. Availability of Staff: Target districts must meet a minimum level of staffing
5. Acceptance of Local council and District health Office: The local council and health office must be willing to cooperate and support the MCHIP program
6. Donors: target districts must have ability to work with donor-funded programs in a collaborative manner
7. Present of non-governmental organizations: Target districts must have presence of at least one NGO (as a proxy indicator for security, acceptance from local structures, and minimal level of health sector functionality).

### *Governorate Level Action Planning (3.1.1)*

High-Level workshops were held with stakeholders from each program governorate. These workshops were a critical step in advancing MCHIP's activities and reflect many weeks of detailed planning and negotiation with GHO representatives to establish buy-in and to agree to the presence and scope of MCHIP programming.



Two workshops were held for governorate level planning. The objectives of the workshops were to strengthen the partnership with and to jointly develop MCHIP work plans for the 5 governorates. The Aden workshop (February 11-12, 2015) brought together representatives from Aden and Al Dhalea. The Sana'a workshop (February 18-19, 2015) brought together representatives from Sana'a City (Amanat Al-Asimah), Dhamar, and Raymah Governorates. The Aden workshop was attended by more than 30 participants including GHO, WHO, UNICEF, and MOPHP representatives. The Sana'a workshop was attended by more than 60 participants from GHO/DHOs, WHO, UNICEF, UNFPA, the MOPHP, and other

international development partners. MCHIP was pleased to have the participation of senior representatives including Dr. Ghazi Ismail, the acting Minister of Health, Dr. Nagiba A. Abdulghani Alshawafi; Deputy Minister of Population Sector, MOPHP, Dr. Ahmed Shadoul, WHO Representative and Dr. Ashraf Zabara, USAID Mission Yemen in attendance at the opening session.

During the workshops, draft workplans for each governorate were developed jointly by MCHIP and the GHO representatives. The draft workplans cover the March-September 2015 period. Draft workplans were finalized and reviewed in March 2015. Final workplans were shared with MOPHP in March, and implementation was scheduled to begin in April 2015 before the partial suspension went into effect.

### **3.1.4: Mapping of multi-sectoral projects/activities and nutrition linkages:**

Interviews for Nutrition Mapping Exercise: MCHIP is conducting 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 consists of interviews with stakeholders on Sana’a, Dhamar, Raymah, Al-Dale and Aden Governorates which are ongoing, and will be incorporated into a report.

### **3.1.5: Strengthening EPI management capacity:**

#### **Reinforcing the Role of Supervision in Routine EPI Activities through Field Visits to Immunization Posts Peer-to-peer Supportive Supervisory field visits to immunization posts in Aden governorate**

MCHIP supported the governorate EPI team and district Immunization supervisors in Aden to carry out peer-to-peer supervisory field visits to immunization posts in all the eight districts of Aden during 31<sup>st</sup> January – 4<sup>th</sup> February 2015. Eight district and three governorate supervisors visited 40 immunization posts in the eight districts of Aden over three days. During the visits the supervisors used a “Standardized Immunization Performance Checklist”. The checklist contains simple questions with score that immunization managers can use to monitor and supervise immunization posts and allows for clear and objective evaluations and to identify problem areas and plan appropriate interventions to solve the problems. Prior to the field visits the MCHIP Immunization Officer and all the EPI supervisors held a one day meeting on January 31st, to review, discuss and finalize the MOH Performance Checklist. During the meeting the MCHIP officer oriented the supervisors on how to use the Performance Checklist. Copies of the Performance Checklist were distributed to all the supervisors. Guidance on supportive supervision such as updates on immunization, on-site training on immunization good practices and problem solving was provided to supervisors. Each district EPI supervisor was assigned to supervise 3-5 immunization posts outside of their home district. The EPI supervisors visited 40 immunization posts in the eight districts of Aden over three days as follows:

<b>Districts</b>	<b># of immunization posts visited</b>
<b>Crater (Seera)</b>	3
<b>Al Muala</b>	2
<b>Khour Makser</b>	4
<b>Al Tawahi</b>	6

<b>Al Mansoura</b>	3
<b>Dar Sa'ad</b>	5
<b>Al Buraiqah</b>	10
<b>Al Shaikh Othman</b>	7
<b>Total</b>	40

During the field visits the supervisors observed and recorded the vaccinators' performance on the immunization performance supervisory checklist, provided on job training to improve performance and solved problems that contribute to poor immunization coverage. A post supervisory meeting was held with all the immunization supervisors to collect the checklist filled and discussed the finding and results of the supervisory visits. The results of the supervisory checklist and scores were computerized and each topic/ performance was analysed and turned into percentage. This was done by the governorate EPI statistician. The results showed excellent documentation, record-keeping and vaccine management. Problems and gaps in analysis and use of data for action were identified and need improvement. The performance scores serve as a reference points and will be compared with the results of the next round of supervision. A final report shows the performance of each district/facility was prepared and submitted to the GHO Director. The GHO Director discussed the finding of report with district supervisors the week after.

***Field visit to Immunization Posts in Amanat Al Asimah, The Capital Sana'a:***

The MCHIP Immunization Officer conducted two supervisory field visits to immunization posts in Amanat Al Asimah. During the visits, officials from the local council and health offices and EPI national team joined the MCHIP Officer. The aims of the supervisory field visits were to encourage the central, governorate and district supervisors to conduct supervisory visits on a regular basis, strengthen the relationship between the vaccinators and supervisors and provide on job training. Infrequent supervision, inadequate training, gaps in immunization data documentation, data utilization, vaccine/supply tracking and communication were the main findings of the field visit discussions and observations.

To raise the awareness about the importance of strengthening the routine Tetanus Toxoid (TT) immunization services, the MCHIP Immunization Officer held field visits to two immunization posts in Amanat Al Asimah, Al Zahrawi and Al Sabeen hospitals. The main purpose of these two visits was to check out if vaccinators do screening for the TT immunization status of women who bring their children for routine vaccination, and vaccinating those women eligible for TT dose. Observation of the vaccination work and discussions with the vaccinators at both posts revealed the followings: TT vaccination service was offered to pregnant women at the Ante Natal Care (ANC), no TT vaccination service offered to women at the vaccination room, vaccinators never screen the TT immunization status of women who bring their children for childhood vaccination, high missed opportunities to vaccinate women, and lack of awareness of the women themselves about the importance of TT vaccination to protect themselves and their newborns in the future. The vaccination team leader and the manager of Al Zahrawi hospital agreed to introduce the TT vaccination services, link it with the childhood

vaccinations, and instruct vaccinators that each time a woman attends the vaccination unit, they should ask women for her TT immunization history, and offer her a dose of TT if she is eligible.

***Field visit to the Pediatric Department in Al Sabeen Hospital in Amanat Al Asimah, Capital Sana'a to carry out annual review for Neonatal Tetanus cases:***

The MCHIP Immunization and Newborn/Child Health Officers held a field visit to the Pediatric Isolation and Emergency Department of Al Sabeen Hospital in Amanat Al Asimah (Capital). The aim of this visit was to review the annual admission records of the year 2014 to identify cases of Neonatal Tetanus (NNT) and Neonatal deaths due to suspected NNT, and report the cases identified to health authorities and the National EPI program to alert them about the need to improve TT vaccination coverage among women aged 15-49. Three cases were identified, one case died and two case were discharged against medical advice. During the visit the MCHIP officers assisted the pediatricians at the emergency department to exclude a case of suspected NNT. MCHIP will submit a summary table containing the NNT cases identified to the National EPI program and work with them on how to improve the NNT reporting system and the TT vaccination coverage to reduce NNT cases in future to the level recommended by WHO-UNICEF, less than case per 1,000 live births per district.

***Immunization Review Meeting, Al Dhale Governorate:***

In partnership with the Primary Health Care (PHC) Sector of the MOPHP, the National EPI program, and the MOPHP Offices of Al Dhale' Governorate, MCHIP supported the implementation of a 2-day 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 review meeting brought together 35 district immunization supervisors, health managers and local councils. Two senior representatives from the national EPI task force participated in the meeting. This was the first meeting of its type to be held in Al Dhale' governorate. The review meeting 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 June or first week of July 2015.

***Activity 3.2 Strengthen Monitoring and Evaluation (M&E) and use of strategic information/data for decision making***

### **3.2.2: Maternal and Newborn Bottleneck Analysis:**

In January 2015, an integrated team of MCHIP Technical officers (Newborn, Child, and Family Planning) met with Unicef, UNFPA, and WHO representatives to address and review the possible ways of strengthening the maternal component of the Bottle Neck Analysis (BNA) tool and provide observations and feedback for adapting it to the Yemeni context. During the meeting, questions which identify the health system bottlenecks applicable to all maternal and newborn interventions were reviewed and adapted to the Yemeni situations. The meeting participants reviewed the tool content related to the following critical maternal and newborn interventions:

1. Quality of ANC for +4 visits, focusing on blood pressure and body weight.
2. Skilled birth Attendance, focusing on the use of the partograph.
3. Basic Emergency Obstetric Care, focusing on assisted vaginal delivery.
4. Comprehensive Emergency Obstetric Care, focusing on caesarean section.
5. Basic Newborn Care, focusing on cleanliness/cord care, warmth, and feeding.
6. Neonatal resuscitation, Focusing on helping baby breathe.
7. Kangaroo Mother Care, focusing on skin to skin, breastfeeding and feeding support for Premature and small babies.
8. Treatment of severe infections, focusing on using injectable antibiotics.
9. Quality of Postnatal Care (PNC) services, focusing on postnatal FP services.

During this reporting period, MCHIP continued to support the MoPHP to plan for a future MNH Bottle Neck analysis national stakeholder's workshop (as part of Every Newborn Action Plan), including development of exercises to identify issues and solutions to scale up evidence-based interventions. The national stakeholder's workshop has been postponed several times due to security and political unrest; MCHIP will continue to support the MoPHP to plan for this event as the national context allows.

### ***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**

MCHIP advanced the design of the Best Practices performance improvement approach during this reporting period. The program developed a draft implementation strategy with inputs from the QI, MH, and M&E teams. The draft strategy was reviewed and plans for implementation were further developed at an off-site meeting between the MCHIP QI Advisor and the MCHIP QI Officer held in Bangkok, Thailand (funded by Jhpiego). This approach requires short term technical assistance (STTA) and domestic travel by MCHIP staff and as such will be implemented only as security allows. In the meantime, the program will continue desk work to refine and develop materials associated with the approach.

#### ***Activity 4.2 Integrate services using the ANC, Labor and Delivery, and Postpartum Care platforms (PPFP/PPIUD, IFA, EBF, MIYCN-FP, TT)***

#### 4.2.3: PPFPP/PPIUD

MCHIP conducted supportive supervision and follow up visits for Postpartum Family Planning (PPFP) trainees who were trained in the preceding quarter and who provide PPFPP counseling. The trainees reported that they face challenges in providing PPFPP counseling and services at their facilities. In addition FP counseling is not included in the ANC national cards/registers, and providers often either do not provide the counseling, or are unable to record the counseling and the clients choice of method. ANC continues to be a lost opportunity for PPFPP counseling.

#### **The main challenges/findings identified during follow up visits were as follow:**

1. Lack of support from some of the head of Obs & Gyn departments.
2. Weak coordination between the CMW who provide the counseling and the FP service providers
3. Misconceptions or outdated technical understanding about PPFPP among providers.
4. Deficiency in data reporting due to: e.g. lack of registers – either because registers are not appropriately stored in the facility, or because they have not been printed
5. The providers require additional practice and mentorship to refine their counseling skills
6. Inadequate opportunities for capacity building for RH providers
7. Shortages in printed copies of national guidelines, and related registers

#### **The recommendations were as follow:**

1. On-the-job training, regular supportive supervision visits and close follow up are needed for PPFPP (and other) services.
2. To develop a supportive supervision tools and system including the decision makers at all levels
3. Conduct advocacy meetings with the head of the Obs&Gyn departments on PPFPP counseling including PPIUD.
4. Correction of the misconceptions and providing technical updates to providers on PPFPP methods
5. Providing updated registers at facilities
6. Strengthen the FP counseling as a service during the ANC, PNC and Community Based Care
7. Capacity building to provide different FP methods (enhance skills & new methods).

**Based on the challenges and recommendations listed above,** the MCHIP program, in partnership with the Amanat Al-Asimah Health Office (GHO) and the reproductive health department carried out a 2-day refresher workshop on PPFPP counselling at Al-Sabeen hospital, during March, 23 – 24, 2015. This workshop came as a result and recommendation of the follow up and supportive supervision visits for the trained health providers who reported ongoing challenges in PPFPP service delivery and counseling. Due to the above mentioned recommendations, MCHIP targeted physicians and head of departments from 13 health facilities including big referral hospitals at Amant Al-Asimah. 20 participants were able to attend the 2-days workshop they were from 12 health facilities including the reproductive health director at GHO, the 4 participants of Al-Zubairi Health center didn't attend.

The workshop presented topics such as:

1. The importance of FP on reducing the maternal, newborn and under five mortality and morbidity rates
2. The importance of PFPF counseling, performance during ANC, PNC, and integration with other health services e.g.: Vaccines and Nutrition.
3. The technical updates in PFPF including: Medical Eligibility Criteria (MEC) and principals of voluntarism and choice

Case studies, role play and video demonstration techniques was used to insure/facilitate the gaining of these PFPF counseling updates, information and skills.

**Recommendations:**

- a) Health providers need ongoing, continuous technical update and coordination with MoPHP’s polices and strategies
- b) The participants asked for improvement in skills for providing different Family Planning methods
- c) Share and distribute the national guidelines with the referral and big health facilities and assure its sharing with the providers.
- d) Improve the communication between GHO and Health facilities directors



*PPFP Counseling Workshop, Al-Sabeen Hospital, March 23-14, 2015*

*PPFP Counseling Workshop – Case Studies*



**4.3 Strengthen Family Planning Services**

#### **4.3.1, 4.3.2: FP sensitization, Contraceptive Technical Update for LARCS**

During this reporting period, the MCHIP program carried out intensive planning steps to roll out training in Long Acting Reversible Contraceptives (LARCs). The program developed combined training materials to cover both implants and interval IUDs in one competency based training course. The Facilitators Guide, Participants Guide, and Reference Manuals were drafted, reviewed, and translations into Arabic begun during this period. Additionally, plans for an off-site TOT using these materials were developed (this training requires STTA which was not possible within Yemen. The program proposed to bring key trainers and stakeholders to an outside location for clinical training). The program began making detailed planning arrangements with a clinical training center in Morocco where the TOT would have been held. Plans for this TOT were put on hold, however, at the close of this quarter due to the political and security environment in Yemen.

#### ***Activity 4.4 Strengthen Maternal Health Services***

##### **4.4.1: Maternal Health High Impact Interventions**

Related to workplan activity 4.4.1(d), discussions were conducted with MOPHP-Population Sector and WHO on the introduction and rollout of Yemen's MMA guidelines. The guidelines were finalized in 2012 but have not been operationalized. Of note, Yemen's guidelines are restricted to MMA, however, MCHIP will expand their scope to include surveillance and response in accordance with the WHO 2013 Guidelines on MDSR. The MOPHP requested that MCHIP develop the national MMA training package in consultation with the WHO. MCHIP has begun adaptation of WHO's MDSR Training Package from Ethiopia and will continue to work on these materials during the suspension period. Initial plans for an off-site TOT were developed to train GHO and District stakeholders on these materials in Q3 in Egypt, however those plans are on hold due to the decline of the political and security environment.

The MCHIP QI Officer participated in a workshop organized by the Aden MMA team. The workshop was attended by a number of political and health officials. The objective was to sensitize and mobilize health and other governorate institutions to support the MMA pilot which was planned to launch in Q3 but is now suspended. During the workshop, it was announced that MCHIP is assigned to implement the MMA piloting in Aden.

#### ***Activity 4.5 Strengthen Newborn Health services***

##### ***KMC Sensitization Workshop:***

A sensitization workshop was conducted in Dhamar General Hospital on March 16th 2015. Twenty five health providers and administrative personal participated in the workshop. The purpose of the workshop was to introduce and discuss the requirements of the KMC unit which MCHIP will establish in the hospital. The KMC unit location was determined, the two parties agreed on starting the work on preparing the KMC unit health policy and the preparation of procurement plan for the KMC unit.



#### ***Activity 4.6 Strengthen Child Health Services***

##### ***Integrated Management of Childhood Illness (IMCI) refresher Training:***

An in-service IMCI refresher training was conducted on March 21-26 in partnership with child health unit in the MoPHP, the training was held in Al Sabeen hospital for 19 health providers from three selected governorates (Amanat Al Asimah, Dhamar and Raymah). The training materials used were based on the national IMCI training curriculum; each module is designed to help each participant develop specific skills necessary for case management of sick children. Participants developed these skills as they read the modules, observed lived and videotaped demonstrations, and practice skills in written exercises, video exercises, group discussions, oral drills, and role-plays. As the result of the security issue in Aden and Al Dhalea' the participants had difficulties in traveling to Sana'a; 19 of 24 health providers invited were able to travel and participate in the training.



*A trainee assess a malnutrition case*



*The live practices for the Sign of drinking eagerly for baby with some dehydration*

#### **4.7. Strengthen Immunization services**

##### **4.7.1: Reach Every District (RED) Micro-planning**

*Carry out bottom up immunization workshops to develop annual facility-level immunization micro plans in Aden:*

MCHIP in partnership with the Aden Health Office (HO) and the EPI carried out a bottom up workshop to develop the annual facility-level immunization micro-plans as part of the monitoring for action component of the WHO-Reaching Every District approach. The micro-planning workshop was held in accordance to the MCHIP Aden Health Office work plan developed in February 2015. Prior to the micro-planning workshop the MCHIP Immunization Officer, the central, governorate and district EPI supervisors and facilitators held a one day workshop to review, discuss and finalize the MOH micro-plan templates and contents, and the workshop agenda and sessions 40 vaccinators (38 female and 2 male) from 40 vaccination posts, 8 district EPI managers and the EPI governorate team in Aden participated in the workshop. Two national EPI supervisors participated effectively in this event. Four workshops were carried out for two days at the same time in four different locations. Each workshop involved vaccinators from 1-3 districts and their district supervisors as follow:

<b>District group</b>	<b>Number of Vaccinators</b>	<b>Number of District Supervisors</b>	<b>Number of trainers and facilitators</b>	<b>Place of the workshop</b>	<b>Date of the workshop</b>
<b>Crater Khormakser</b>	7	2	1	Crater	March 10-11
<b>Al-Muala Al-Tawahi</b>	7	2	1	Al-Tawahi	March 10-11
<b>Al-Shaikh Othman Al-Mansoura Dar Sa'ad</b>	15	3	2	Al-Shaikh Othman	March 10-11

<b>Al-Burairqah</b>	11	1	1	Al-Burairqah	March 10-11
<b>Total</b>	40	8	5		

With assistance from the trainer and the MCHIP Immunization officer, each vaccinator developed her/his annual immunization micro-plan using the same standardized micro-plan template. The 40 micro-plans developed were 'Need-based' and 'Problem-solving' starting from last year data review, barrier identification, mapping, estimation of supplies & needs, sessions planning and activity prioritizing to regular monitoring of achievements. The micro-plans developed were compiled and summarized at the district level on the week after the workshop. The micro-plans were computerized and each vaccinator and district supervisor received a hard copy of his/her micro-plan the week after the workshop.



*A vaccinator educating mothers on the importance of vaccines & vaccination in a health centre in Aden*

**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)**

**5.1.1: Stakeholder Meeting:**

**Community Mobilization Stockholders Meeting:**

MCHIP conducted a Community Stakeholders Workshop in Aden on February 5<sup>th</sup>, 2015. The workshop was attended by senior officials from Aden Governorate health office, as well as national and International organizations. The objectives of the workshop include sharing experiences in community mobilization and developing and understanding of commitment to principles and methods of community mobilization. The workshop was concluded issuing important recommendations that will guide the implementation of community based activities in Aden Governorate in the future.



**Community Mobilization Stakeholder Meeting**

**Raymah Community Stakeholders Workshop – Sabanet:**

The Governorate Health Office in Raymah in cooperation MCHIP conducted a workshop on community mobilization and advocacy for maternal and child health issues on March 04, 2015. Twenty eight (28) officials from the local council in Al Judean district and offices of media, education and endowment participated in the workshop and discussed the obstacles of community mobilization, ways to overcome them, and how to prioritize health activities. The participants stressed the importance of creating a partnership with the community and advocate for health issues in order to contribute to raising awareness, improve people health and achieve the Millennium Development Goals (MDGs). The workshop was attended by the Secretary-General of Al Jubeen Local Council, the Head of the Commission of Services and the Director General (DG of GHO. At the end of workshop the participant recommended the following points:

- Increase community participation in local council activities.
- Activate the Health council at level of governorate and will involve representation from all community level.
- Expand the role of mosque preachers in focusing attention on maternal and child health.



**Rayma Community Mobilization Stakeholder Meeting**

### ***Dhamar Community Stakeholders Meeting:***

The Governorate Health Office in Dhamar in cooperation MCHIP conducted a workshop on community mobilization for education and behavior change to improve maternal and child health on March 21, 2015. Thirty five (35) attendees from the local council in Dhamar city and non-governmental organizations and offices of media, education participated in the workshop and shared their experience in community mobilization activities and community based health programming, and developed an understanding of and commitment to the principles and methods of participatory community mobilization to achieve normative behavior change to prevent maternal and child morbidity and mortality. The participants stressed the importance of creating a partnership with the community and advocating for health issues in order to contribute to raising awareness, improve people health and achieve the MDGs. The workshop was attended by the Deputy of Dhamar governor and Secretary-General of Dhamar Local Council, the Head of the Commission of Services and the DG of GHO.



***Dhamar Community Mobilization Meeting, March***

### ***5.1.2: MCHIP CM/SBCC strategy:***

The MCHIP Community Officer prepared a draft Community Mobilization (CM) strategy including feedback from community leaders during the Community Mobilization Stakeholders meetings held in the MCHIP targeted governments. The strategy has been submitted for internal review and discussion and will be incorporated into the concept note detailing MCHIP-Yemen's overall community-based approach in the coming quarter.

### ***5.1.3: Community mobilization Team:***

MCHIP will implement the community mobilization approach for health and for social change which is a proven development approach that has helped people to identify and address pressing health, education and development issues. Community mobilization not only helps people improve their lives, but by its very nature strengthens and enhances the ability of the community to work together for any goal that is important to its members. The end result of a successful community mobilization effort is not only a 'problem solved' but also the increased capacity of communities to plan, manage, monitor and evaluate their own response to development issues.

In order to implement this CM approach, MCHIP will foster the development of CM teams who follow the CM process and prepare the community for the intervention. To this end, MCHIP began development of a training package for CM which includes a Facilitators Manual, CM Guidelines, and four toolkit modules to cover the 4 phases of CM. Work will continue on the adaptation and modification of these materials during the suspension period. A CM TOT was being planned for this quarter in Ethiopia; however the planning for this training has been postponed due to the security situation and suspension of all international travel. MCHIP will continue to work on arrangements for the TOT and the timing and location will be reassessed following the suspension period.

### **5.3.1: MCHIP's Participation in Revising and Finalizing the National Guideline to Promote Community Health:**

MCHIP participated in the workshop for the final approval of the National Guideline to Promote Community Health. The workshop was organized by the NCHME in cooperation with UNICEF. The aim of the workshop was to review, adjust and approve the National Guideline to Promote Community Health. The workshop brought together technical staff from different MOPHP departments and other partners. The National Guidelines to Promote Community Health consist of 53 health messages for emergency of obstetrics care, safe motherhood, child and newborn health, nutrition, immunization, reproductive health, child rights and prevention, promotion general health for maternal, child and community and infectious diseases. MCHIP technical Officers also participated in the nutrition working group and recommended technical modifications for six nutrition messages especially the message related to exclusive breastfeeding and complementary feeding as integration messages with family planning and child health. MCHIP technical officers participated in immunization workgroup and advised the revision of the immunization two messages, especially the message related to Tetanus Toxoid (TT) immunization for women. The new MR vaccine was added to the childhood vaccination message. (See also 1.1.1 for national guideline development).

## **PROJECT MANAGEMENT**

During the reporting period, the new MCHIP/Yemen Technical Director (TD), Dr. Ahmed Abdul Rahman assumed his work in Sana'a. MCHIP filled open positions in the Sana'a office this quarter, hiring a finance assistant, an IT Officer, and a Procurement and Logistics Officer. The COP announced his resignation during this reporting period, effective April 2015. Recruitment plans to fill the COP position will be reviewed with USAID in the coming quarter. The Maternal Health Officer resigned during this reporting period and recruitment for a new MH Officer began immediately. However, recruitment for all open positions, including governorate office staff, is on hold until the political and security situation allows for resumption of program activities.

The COP and DCOP participated in preparations for a program review, held on March 31, 2015. The COP participated in person in this review meeting in Washington DC. As noted above, on March 26, 2015 the program received notice of USAID's suspension of program activities in response to deteriorating security in the country. The program will develop a 90-day suspension period workplan and budget for the coming quarter, and will continue to coordinate closely with USAID to reassess program implementation approaches and activities.

In addition, MCHIP staff began an intensive business writing course which aims to improve the English language proficiency of the staff as well as their report writing.

### *Off-Site Orientations*

The quality improvement officer and the technical director participated in the Jhpiego Annual Meeting during March 15-25 in Bangkok (travel funded by Jhpiego). The meeting provided an opportunity for the Technical Director and QI Officer to receive orientation on technical and programmatic approaches to RMNCH interventions from regional and global Jhpiego colleagues, and to engage with STTA providers who have been unable to travel to Yemen due to security concerns.

## **MONITORING AND EVALUATION**

### *EPCMD Dashboard:*

MCHIP contributed to USAID's efforts to complete the Ending Preventable Child and Maternal Deaths (EPCMD) Dashboard for Yemen. The dashboard is intended to provide USAID/Washington an overview of the mission EPCMD activities and scale/funding in one place, to help define the conversation between DC and missions, to help track progress in implementation of high-impact interventions and achievement of milestones for annual Acting on the Call Report and other reports. The dashboard includes all technical areas that MCHIP work on. (Newborn, Maternal, Treatment of Child Illness, Immunization, WASH, FP, and Nutrition).

### *MCHIP Baseline, KPC Survey*

MCHIP continued intensive planning for the KPC survey, which was scheduled to begin in April 2015. The KPC documents (protocol, consent forms, questionnaire) were submitted to the Ethics Research Board at the MOPHP for review and approval to implement the KPC baseline survey. MCHIP received approval from MOPHP via an official letter on March 25, 2015. MCHIP also received Institutional Review Board (IRB) approval for the KPC protocol and tools from the Johns Hopkins University ethical review board during this quarter. The KPC implementation was scheduled to begin with a TOT to be held during the period 5<sup>th</sup> – 18<sup>th</sup> April, 2015 in Alexandria, Egypt but the training was postponed due to the security situation in the country. MCHIP will continue to work on arrangements for the TOT and to finalize translation of KPC questionnaires and tools during the suspension period, in preparation for an eventual resumption of program activities.

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.

<b>INDICATOR</b>	<b>TARGET *</b> Mar 2014 – Feb 2019*	<b>Quarterly Progress</b> Jan.- March 2015	<b>Cumulative Progress</b> Mar 2014– March 2015	<b>Cumulative Progress to Target</b> Mar 2014– March 2015
Number of people trained through USG-supported programs		39 (19 IMCI, 20 PPFP counselling )	250	
Number of subnational entities receiving USG assistance that improve their performance		34 (5 GHOs, 29 DHOs; 10 in Sana'a ,8 in Aden, 1 in Dhamar, 9 in Aldhale'a, and 1 in Raimah )	34	
Number of health facilities receiving technical assistance from MCHIP		58 (40 immunization micro-planning in Aden, 9 FP in Amant Alasimah, 11 IMCI; 4 in Amant Alasimah, 2 in Raimah, 5 in Dhamar)	58	
Number of babies with low birth weight on admission who received KMC		22**	97	

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

\*TBD following completion of baseline assessment.

\*\* We cannot get the data for Feb. and March due to the current situation in the country

## CHALLENGES

- The main challenge during this quarter was the political unrest and the security situation in many areas of the project targeted governorates. The program was unable to bring in any external STTA providers, and international travel for Yemeni citizens was limited during this period. The program continued to work on activities in country and received remote STTA support.
- In relation to the security and political situation, the MOPHP structure and leadership was destabilized further which resulted in frequent changes in some senior positions. It is fortunate, however, that MCHIP's primary counterpart at the MOPHP remains in her position.
- The broad scope of MCHIP's mandate in Yemen, coupled with recruitment and staffing challenges in country, is an ongoing management challenge. Expatriate program staff were forced to evacuate; governorate offices were unable to hire open positions during this quarter; turnover in the Sana'a office left several open positions. The program team is responding to this challenge by carrying out integrated site visits (e.g. FP and QI officers filling in for MH Officer, etc.) and an intensive recruitment push throughout the quarter.
- There is variance between partners in terms of per diem and travel reimbursements made to stakeholders and participants at health sector events. This continues to be a challenge in organizing events, and will need continued efforts towards resolution with MOPHP and other implementing partners as activities resume after the suspension.

## SUCCESS STORIES

- **The governorates workshops in A den and Sana'a:** represented a new milestone for MCHIP-Yemen project. The workshops were instrumental in mobilizing strong support to the project not only by the GHOs but also by the Population sector of MOPHP. The workshops displayed the importance of MCHIP interventions, its serious endeavor to improve MNCH in Yemen and the planned activities to build the capacity at the GHO level. The positive attitude towards the project following the workshops in addition to the intensive communication from GHOs with the project and the increased readiness to support and to contribute in project activities indicate the potential for solid cooperation towards successful implementation.
- **MCHIP conducted a Community Mobilization Stakeholders Meeting in Raymah:** It was attended by members of the Local Council and tribal leaders (Tribal Sheiks). Right after the meeting, the senior most tribal sheik in Rayma, Sheik Magid, announced that he will encourage

his 5 daughters to volunteer to support the MCHIP community activities in Rayma. He promised to prepare a training room with the training equipment, generator and projector, for MCHIP training in Rayma.

- **Weekly Emergency EPI Taskforce Meeting:** at the end of January 2015, in a meeting with UNICEF, USAID and DELIVER, MCHIP proposed to call for an emergency national EPI Taskforce meeting to start addressing the vaccines shortage, the phasing out of the monovalent measles vaccine and the launching of the MR and Inactivated Polio Vaccine (IPV) vaccines. The MOPHP decided to hold a weekly EPI Taskforce meeting to discuss the problems facing routine immunization program and polio eradication activities. All meetings are chaired by Dr. Ghazi Ismail, acting Minister of Health.

## ANNEX 1: Total training/workshop participants supported by MCHIP

Date	Activity Title	Target audience	Training period (in days)	Number of participants
Jan. 4-8, 2015	Workshop to adapt the KMC training manuals to reflect Yemen context	Yemeni TOT of KMC	5	3
Feb. 3-4, 2015	Immunization review meeting for Aldhale'a Gov.	GHO Directors, DHO Directors, Immunization Supervisors, local council members	2	37
Feb. 5, 2015	Community Mobilization stakeholder Meeting for Aden governorate	GHO/DHO/ Local council/ Local, Int. NGOs	1	51
Feb. 11-12, 2015	Workshop of developing MCHIP workplan to strengthen partnership with Aden and Al Dale'	Head of main departments at GHOs and directors of DHOs/NGOs	2	29
Feb. 18-19, 2015	Workshop of developing MCHIP workplan to strengthen partnership with Amant Alasimar, Dhamar and Raimah	Head of main departments at GHOs and directors of DHOs/NGOs	2	64
March 4, 2015	Meeting of save motherhood committee	MOPHP/local NGOs/ governmental stakeholders	1	12
March 4, 2015	Community Mobilization stakeholder Meeting for Raymah governorate	GHO/DHO/ Local council/ Local, Int. NGOs	1	26
March 10- 12, 2015	Immunization Micro planning – Aden	Immunization supervisors at all districts in Aden and vaccinators in 40 immunization post	3	48
March 17, 2015	KMC orientation	Staff in Dhamar General	1	25

Date	Activity Title	Target audience	Training period (in days)	Number of participants
	workshop	Hospital		
March 21, 2015	Community Mobilization stakeholder Meeting for Dhamar governorate	GHO/DHO/ Local council/ Local, Int. NGOs	1	35
March 21-26, 2015	Refresher TOT of IMCI training	Health providers at targeted health centers in Sana'a City, Dhamar, Raimah	6	19
March 23-24, 2015	Post-Partum Family Planning Counselling	Gyn. providers in health facilities at Amant Alsimah	2	20
<b>Total</b>				369

#### Disaggregation by Gender:

Date	Activity Title	Activity Type	Males	Females
Jan. 4-8, 2015	Workshop to adapt the KMC training manuals to reflect Yemen context	Workshop	1	2
Feb. 3-4, 2015	Immunization review meeting for Aldhale'a Gov.	Meeting	36	1
Feb. 5, 2015	Community Mobilization stakeholder Meeting for Aden governorate	Meeting	30	21
Feb. 11-12, 2015	Workshop of developing MCHIP workplan to strengthen partnership with Amant Alasima, Dhamar and Raimah	Workshop	15	14
Feb. 18-19, 2015	Workshop of developing MCHIP workplan to strengthen partnership with Amant Alasimar, Dhamar and Raimah	Workshop	51	13
March 4, 2015	Meeting of save motherhood committee	Meeting	6	6
March 4, 2015	Community Mobilization	Meeting	23	3

<b>Date</b>	<b>Activity Title</b>	<b>Activity Type</b>	<b>Males</b>	<b>Females</b>
	stakeholder Meeting for Raymah governorate			
March 10- 12, 2015	Immunization Micro planning – Aden	Workshop	4	44
March 17, 2015	KMC orientation workshop	Workshop	11	14
March 21, 2015	Community Mobilization stakeholder Meeting for Dhamar governorate	Meeting	29	6
March 21-26, 2015	Refresher TOT of IMCI training	Training	11	8
March 23-24, 2015	Post-Partum Family Planning Counselling	Training	0	20
<b>Total</b>			<b>217</b>	<b>152</b>

## ANNEX 2: MCHIP Facility, District, and Community Selection

<b>MCHIP-Supported Facilities, by Governorate</b>	
	<b>Amanat Al Asima (Sana'a Capital)</b>
1	Azal Health Compound
2	Al Zubairi Health Center
3	Muaeen Health Compound
4	Hezyaz (Al Wahdah) Compound
5	Al Sabeen Referral Hospital
6	Al Rawdah Hospital
	<b>Aden</b>
7	Beir Ahmed Health Center
8	Al Qateea' Health Center
9	Hashed Health Center
10	Al Sadaqah Referral Hospital
	<b>Raymah</b>
11	Al Thulaya Referral Hospital
12	Wadi Al Ariad Health Center
	<b>Dhamar</b>
13	Al Wahdah Health Center
14	Al Humayyat Health Center
15	Dhamar General Hospital
16	Wardasan Health Center
	<b>Al Dhalea'</b>
17	Al Nasr Referral Hospital
18	EmOC – Al Nasr Referral Hospital

<b>MCHIP Community intervention districts and health facilities:</b>				
No	Governorate	District	Health facilities	Character
1	Amant Alasima	Alsabeen	Hezyaz (Al Wahdah) Compound	Semi-rural
2		Bani Al-harit	Al Rawdah Hospital	Semi-rural
3	Aden	Buriga	Beir Ahmed Health Center	Semi-rural
4		Crater	Al Qateea' Health Center	Urban
5		Dar Saad	Hashed Health Center	Semi-rural
6	Dhamar	Dhamar city	Al Wahdah Health Center	Urban
7	Dhala'a	Dhala'a	Al Nasr Referral Hospital	Rural
8	Rayma	Al-Jabain	Al Thulaya Referral Hospital	Rural