Maternal and Child Health Integrated Program

YEMEN

Associate Award

Project Quarterly Progress Report

March – June 2014

Submitted: July 31, 2014

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

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ACRONYMS AND ABBREVIATIONS

AA	Associate Award
ACS	Antenatal Corticosterioids
AMTSL	Active Management of Third Stage of Labor
AOR	Agreement Officer Representative
BCG	Bacillus Calmette–Guérin
CBMNC	Community-Based Maternal and Newborn Care
CHW	Community Health Workers
CLP	Community Livelihoods Project
CBT	Competency-Based Training
CPR	Contraceptive Prevalence Rate
DCOP	Deputy Chief of Party
DHS	Demographic Health Survey
EBF	Exclusive Breastfeeding
EPCMD	Ending Preventable Child and Maternal Deaths
EPI	Expanded Program for Immunization
FP	Family Planning
GIZ	German Internationale Zusammenarbeit
GHO	Governorate Health Office
GoY	Government of the Republic of Yemen
HBB	Helping Babies Breathe
HIHS	High Institute of Health Sciences
HII	High-Impact Interventions
ICM	International Confederation of Midwives
IFA	Iron-Folic Acid
IIP	Immunization in Practice
INGOs	International Nongovernmental Organizations
IT	Information Technology
KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
MCHIP	Maternal and Child Health Integrated Program
MIYCN-FP	Maternal, Infant and Young Child Nutrition - Family Planning
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
NGO	Nongovernmental Organization
PE/E	Pre-Eclampsia/Eclampsia
PPH	Postpartum Hemorrhage
PPIUD	Postpartum Intrauterine Device
QS	Quick Start
RED	Reach Every District
RH	Reproductive Health

RMNCH/Nut	Reproductive, Maternal, Newborn and Child Health and Nutrition
SUN	Scaling Up Nutrition
TIPs	Trials of Improved Practices
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YMA	Yemen Midwifery Association

Project Name:	MCHIP Associate Award
Country:	Yemen
Reporting Period:	March 1, 2014 – June 30, 2014
Obligated Funds:	XX Obligated thru June 30, 2014
Project Duration:	March 2014 – February 2019

EXECUTIVE SUMMARY

The Maternal and Child Health Integrated Program (MCHIP) was awarded a new 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. Immediately after execution of the new award, MCHIP/Yemen began development of its first annual work plan by working internally and through discussions with Ministry of Public Health and Population (MoPHP) and other key partners. MCHIP held a work planning workshop in Addis Ababa, Ethiopia in early April 2014 to review and finalize the work plan with the input of key staff from MCHIP/Yemen, MCHIP/Washington, USAID/Yemen including the Agreement Officer Representative (AOR) for the MCHIP/Yemen AA (Ms. Lynn Adrian), and the MCHIP AOR (Dr. Nahed Matta). MCHIP developed a 1.5 years (eg, 19 month) work plan that was submitted to USAID in May 2014 and approved on June 8, 2014.

During this reporting period, MCHIP/Yemen supported two Yemeni midwives (eg, the Directors of the Yemen Midwifery Association (YMA) and the Midwifery Department at Sana'a High Institute of Health Sciences (HIHS) to participate in in the International Confederation of Midwives (ICM) Congress meeting in Prague, Czech Republic in early June 2014.

Additionally, Dr. Hashem Darwish, MCHIP/Yemen Nutrition Officer, and Dr. Ali Al Sabri, MCHIP/Yemen Trials of Improved Practices (TIPs) Consultant traveled to Addis Ababa, Ethiopia to attend the Micronutrient Forum from June 2-6, 2014 to present a poster on the findings of the Maternal, Infant and Young Child Nutrition- Family Planning (MIYCN-FP) TIPs study.

In late June 2014, MCHIP in collaboration with the MoPHP held a dissemination meeting of the findings from the MIYCN-FP TIPs study with the participation of 39 representatives from MoPHP, Ministry of Planning and International Cooperation (MoPIC) Scaling Up Nutrition (SUN) Committee, Nutrition Cluster, United Nations (UN) organizations and international and local nongovernmental organization (NGO) representatives.

MCHIP supported the travel of His Excellency Dr. Ahmed Qasem Al Ansi, Minister of Public Health and Population, to attend the USAID Ending Preventable Child and Maternal Deaths (EPCMD): Acting on the Call meeting in Washington, DC on June 25, 2014, and the MCHIP Closeout Event on June 26, 2014. Minister Al Ansi met with the USAID Administrator, Dr. Rajiv Shah, along with Ms. Adrian and Dr. Matta to discuss the future priorities of MOPHP and USAID/Yemen. Minister Al Ansi also met with the MCHIP/Yemen technical backstopping team to discuss the achievements of the program and the challenges impeding implementation.

MCHIP also supported the competency-based training of sixty-three health workers from two districts in Dhamar Governorate on ten key immunization competencies (eg, Immunization in Practice (IIP) training) to improve their skills in vaccine administration. Lastly, MCHIP carried out an immunization planning visit to Aden Governorate during which the MCHIP/Yemen Immunization Officer held several meetings with the Aden Governorate Health Office (GHO) General Director, Expanded Program for Immunization (EPI) Manager, Al Wahada Hospital Manager, UNICEF and WHO representatives. During these meetings immunization plans, priorities, and gaps were discussed, and basic EPI data in addition to demographic data, health indicators and human resources at the governorate level were collected.

INTRODUCTION

The Maternal and Child Health Integrated Program (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 select governorates; Sana'a City, Sana'a, Aden and Dhamar Governorates. The QS Field Support-funded program ended in March 2014 when the new, five year AA was executed, but program learning from this critical start-up period served to highlight the most pressing RMNCH/Nut gaps and needs within Yemen to inform the implementation priorities under the AA, which runs through February 2019.

The priorities of 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). MCHIP/Yemen's approach is to implement a community- and facility-based package of high-impact interventions (HII) called "Best Practices for the Day of Birth" that includes use of uterotonic for postpartum hemorrhage (PPH) prevention; use of magnesium sulfate for pre-Eclampsia, eclampsia (PE/E); use of antenatal corticosteroids (ACS) for preterm birth; 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

MCHIP has focused on development of the first work plan under the AA. MCHIP conducted multiple meetings with MoPHP counterparts to discuss their needs and priorities, and other stakeholders including UNICEF, UNFPA, and WHO.

A) MCHIP QUICK START ACTIVITIES

IIP Competency-Based Training (CBT) of Health Workers in Dhamar

Using the Reach Every District (RED) approach, MCHIP continued assisting the governorate of Dhamar Governorate in building capacity of its health workers through the delivery of a CBT on Immunization to enable vaccinators to apply safe and competent immunization practices, document and use data, advocate for vaccinations, and increase the parent's confidence in vaccines and vaccine utilization. In May 2014, MCHIP in close cooperation with the EPI Program and the Dhamar Health Office conducted two training courses for the vaccinators of Al Hada and Anss districts.

32 and 31 vaccinators from Al Hada and Anss Districts respectively were trained on ten vaccination competencies. Each training session was conducted over four days. The training included both theoretical and practical components. Trainees demonstrated the ten vaccination competencies they learned during the training. On the last day of the training, MCHIP organized field visits for the trainees to the EPI governorate store and immunization posts. During the field visit, trainees used a checklist to observe and assess the performance of their peer vaccinators in the sites they visited and provide feedback on the visits.

MIYCN-FP TIPs Dissemination Meeting

MCHIP conducted a dissemination meeting of the MIYCN-FP TIPs study under the auspices of the Minister of Public Health and Population; MoPHP Deputy Minister for Reproductive Health (RH) and Population, Dr. Nagiba Al Shawafi; Deputy Minister for Planning and SUN Coordinator, Mr. Abdulla AlShater; Dhamar GHO Director, Dr. Mohamed Al Jomah; and USAID Health Officer, Dr. Muneer Ghilan, who participated in the opening of the meeting. 39 attended the meeting representing MoPHP Nutrition department, MoPIC SUN members, UN organizations, and international and local NGOs interested in nutrition. Ms. Rae Galloway, MCHIP Nutrition Advisor, Dr.Ali Al-Sabri and Dr.Khaled Al-Jendari, Professors of Public Health at Sana'a University, and Dr. Hashem Darwish, MCHIP /Yemen Nutrition Officer, presented the results of the study and lead the discussion with participants.

This study was conducted in Dhamar Governorate in December 2013 through January 2014, specifically in two districts which have different geographical zones - Magreb Ans(highland) and Wesab (lowland). The study aim was to assess current MIYCN-FP practices and the reasons for these practices, in addition to exploring the willingness and ability of mothers and couples to modify their current MIYCN-FP practices. The main findings of the study were: Mothers were introducing food and liquids too early and after 6 months children were consuming inadequate amounts and limited types of food. At the household level, the diet was more diverse than what children were receiving in many households; however, there were some households that do not have access to a diverse diet. When asked to try new and optimal practices they are not presently using, the majority of mothers were willing and able to successfully use the practices they agreed to try. There were some modifications to the practices because some mothers did not have access to some foods on a daily basis (e.g., meat).

The couples involved in the FP-TIPs did not always have accurate information about the return to fertility or how to use breastfeeding to protect mothers from becoming pregnant. These couples were able to talk to each other about FP and seek FP information at the health clinic. Barriers to the uptake of FP include the lack of female health workers and the availability and cost of FP. For both nutrition and FP uptake to improve in these areas, both demand and supply chain issues need to be addressed through better counseling and availability of affordable commodities.

The Dhamar GHO Director invited MCHIP to present the study results in at the Dhamar Governorate level to involve more stakeholders at the local level and discuss the actions to be taken to address the gaps identified in the TIPs study.

Follow up on PPFP/PPIUD Activities

During this performance period MCHIP conducted follow up visits to continue support for PPFP/PPIUD activities begun during the Quick Start period. During the QS period, MCHIP conducted a PPFP counseling training in September 2013, and in November 2013 MCHIP conducted a PPIUD clinical training. In June 2014, the program followed up with 23 of the PPFP/PPIUD trainees as part of the supportive supervision phase in the training, designed to support the health care providers after their return to the health facilities. MCHIP found that many of the PPFP counseling trainees are practicing what they learned in MCHIP training, and that PPFP counselling was successfully incorporated into ANC services by these trainees. The program also found that post-cesarean section IUD insertion is being practiced more frequently than post-vaginal delivery insertion. Trainees noted that this is because women who come in for elective C-sections are scheduled, so there is time prior to the surgery to counsel women on PPFP options if they have not been counseled during ANC. This contrasts with vaginal births, where women normally arrive at the facility in active labor and there is not time for counseling. Providers attending the birth may not be aware of whether the woman was previously counseled in ANC, and whether she has indicated that she wants a PPIUD. This communication between the ANC services (where counseling takes place) and the delivery ward (where PPIUDs services are delivered) will be a focus of MCHIP's ongoing TA.

Lack of time [for both counseling, PPFP provision/insertion, and appropriate recording/reporting] is one of the main challenges reported during the follow up, in addition to others such as the need of more HCPs trained on PPFP based in the ANC room to increase demand for PPFP, unavailability of the IUD in the delivery room in the night shifts, and data collection reporting issues. MCHIP worked on solving some of those challenges with the management of the health facilities and will continue working on solving the others by advocacy meetings, trainings for additional providers, and more supportive supervision visits.

B) MCHIP/YEMEN AA

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

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

- In collaboration with UNFPA, WHO, and YMA, MCHIP managed planning meetings for dissemination of the State of the World's Midwives Report 2014 with experts and partners working in the maternal and newborn field. The national launching for the report in Yemen is planned for August 2014.

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

- On May 18, 2014 in collaboration with UNFPA, MCHIP supported the YMA to celebrate the "International Day of the Midwife". MoPHP, Ministry of Social Affair, USAID and other partners attended the ceremony where the important role of midwives in decreasing maternal and newborn mortality in Yemen was emphasized.

- Dr. Hashem Darwish, MCHIP/Yemen Nutrition Officer, and Dr. Ali Al Sabri, MCHIP/Yemen TIPs Consultant, traveled to Addis Ababa, Ethiopia to attend the Micronutrient Forum from June 2-6, 2014 and presented a poster on the findings of the MIYCN-FP TIPs study.

- MCHIP supported the travel of His Excellency Dr. Ahmed Qasem Al Ansi, Minister of Public Health and Population, to attend the USAID Ending Preventable Child and Maternal Deaths (EPCMD): Acting on the Call meeting in Washington, DC on June 25, 2014, and the MCHIP Closeout Event on June 26, 2014. Minister Al Ansi met with the USAID Administrator, Dr. Rajiv Shah, along with Ms. Adrian and Dr. Matta to discuss the future priorities of MOPHP and USAID/Yemen. Minister Al Ansi also met with the MCHIP/Yemen technical backstopping team to discuss the achievements of the program and the challenges impeding implementation.

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

Activity 2.4. Strengthen professionalization of health work force cadres

- MCHIP supported participation of two Yemeni midwives (eg, the Directors of the YMA and the Midwifery Department at Sana'a HIHS) to participate in the ICM Congress meeting in Prague, Czech Republic in early June 2014. They will share the lessons learned from the State of the World's Midwives Report 2014 during the national launching of the report planned for August 2014.

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

- Lastly, MCHIP carried out an immunization planning visit to Aden Governorate during which the MCHIP/Yemen Immunization Officer held several meetings with the Aden Governorate Health Office (GHO) General Director, EPI Manager, Al Wahada Hospital Manager, UNICEF and WHO representatives. During these meetings immunization plans, priorities, and gaps were discussed, and basic EPI data in addition to demographic data, health indicators and human resources at the governorate level were collected.

  The Immunization Officer together with the EPI Manager conducted field visits to four vaccination posts to review and collect data, assess performance and identify the needs. The Immunization Officer visited Al Wahada Hospital, checked if the hospital provides Bacillus Calmette–Guérin (BCG) and Polio vaccinations in the Labour Room as a component of the Best Practices package, compared the number of deliveries against the number of vaccinations given to newborns, and discussed the challenges encountered. This planning visit provides an opportunity for MCHIP to further discuss with the MoPHP, WHO, UNICEF and USAID the longer-term priorities for the immunization program in Aden.

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

Activity 4.4 Strengthen MH services

- Ten technical briefs on Active Management of Third Stage of Labor (AMTSL), ACS, Newborn asphyxia, Maternal Health infectious diseases, PE/E, Delayed Cord Clamping (DCC), PPH, PPH prevention at home birth, Neonatal sepsis, and Community-Based distribution for routine IFA supplementation in pregnancy and two job aids on AMTSL and ACS were translated to Arabic for distribution to project-supported facilities and orientation of service providers.
- After supporting UNICEF to complete the Community-Based Maternal and Newborn Care (CBMNC) evaluation study, MCHIP has been asked to use the results of the evaluation to provide technical support for the new CBMNC project which will be implemented by YMA in 2014-2015.

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

Activity 5.4 Strengthen linkages between CHWs and health system in governorates with existing CHWs

During the reporting period, MCHIP recruited the Community Mobilization Officer, Dr. Azaal Al Humaiqani. After initial orientation, Dr. Azaal conducted a series of meetings with potential local partners including Yamaan and YMA, to discuss current approaches to community mobilization to improve RMNCH/Nut outcomes, and reviewed the MCHIP community health workers manual and training materials to identify areas for MCHIP technical support.

The MCHIP technical team discussed community approaches implemented in Yemen by UNICEF, Community Livelihoods Project (CLP) and German Internationale Zusammenarbeit (GIZ) as well as the community volunteers model implemented by MOPHP Nutrition Department, and the challenges and lesson learned from these models. MCHIP began development of a two-page document for MOPHP

summarizing MCHIP's proposed community mobilization approach including partnership with local NGOs, and support for Community Health Workers (CHWs) and CBMNC.

PROJECT MANAGEMENT

During the reporting period, the MCHIP Deputy Chief of Party (DCOP) and Technical Director resigned due to the security situation in Yemen. Recruitment to fill these vacant posts began immediately following their resignation.

Three new local staff were hired during the reporting period including the Nutrition Officer, Community Mobilization Officer, and Translator. MCHIP short-listed candidates for the positions of Administration Officer, Logistics and Procurement Officer, and Information Technology (IT) Officer; interviews and selection for these three positions will take place next quarter. A Family Planning (FP) Officer candidate was identified and will begin work in July 2014. MCHIP also relocated to a new office space, which they share with the USAID|DELIVER Project, in order to accommodate the growing staff.

MONITORING AND EVALUATION

The Performance Monitoring and Evaluation Plan (PMEP) was prepared and submitted to USAID on June 1, 2014. Comments were received back from USAID, which MCHIP is working to address for submission of a revised PMEP in August 2014. MCHIP also began development of the training database and M&E system.

The data in the following table is for the reporting period March to June 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** Mar – Jun 2014	**Cumulative Progress** Mar – Jun 2014	**Cumulative Progress to Target** Mar – Jun 2014
Number of people trained through USG-supported programs		63:	63	

**TBD following completion of baseline assessment.*

CHALLENGES AND OPPORTUNITIES

- MCHIP shared the draft annual workplan with MOPHP at the same time of submission to USAID (eg, May 1, 2014). However, MoPHP took more than six weeks to provide verbal feedback on the work plan. MCHIP is developing responses to MoPHP comments. Approval on project intervention governorates is a decision made by the Minister of Health. MCHIP, as per Dr. Nagiba's request, will present (in a table format) the project's proposed intervention governorates with a justification using recent Demographic Health Survey (DHS) data. Dr. Nagiba will seek the Minister's approval on the project's proposed governorates in their weekly MoPHP senior staff meeting.
- Security remained an issue affecting project implementation. Expatriate staff have been unable to travel to Dhamar since November 2013, which is a situation that has persisted through the end of this reporting period. The TIPs dissemination meeting was planned to be in Dhamar Governorate but due to the security challenges, MCHIP held the event in Sana'a. In addition, the DCOP and Technical Director resigned due to the security situation.
- During the reporting period, fuel shortages in Sana'a intensified which resulted in long queues at gas stations and affected the travel time throughout Sana'a due to traffic congestion in the main roads. In addition, car rental companies refused to sign monthly or weekly contracts with clients. MCHIP is concerned that if this crisis continues after Ramadan, then it could affect project operations.
- Minister Al Ansi's participation in the USAID EPCMD meeting and the MCHIP Closeout Event in Washington, DC in addition to his meeting with USAID Administrator Shah were opportunities to educate the Minister about MCHIP's achievements globally, align USAID and MOPHP priorities in Yemen, and garner political will for MCHIP/Yemen's program objectives over the coming five years.

SUCCESS STORIES

SUCCESS STORY 1: CBT OF HEALTH WORKERS ON IMMUNIZATION

A training participant demonstrating her vaccination competence.

Using the RED approach, MCHIP continued assisting the Governorate of Dhamar in building the capacity of its health workers through the delivery of an IIP CBT to enable vaccinators to apply safe and competent immunization practices, document and use data, advocate for vaccinations, and increase the parent's confidence in vaccines and vaccines utilization. In May 2014, MCHIP in close cooperation with the EPI Program and the Dhamar GHO conducted two training courses for the vaccinators of Al Hada and Anss districts. 32 and 31 vaccinators from Al Hada and Anss districts respectively were trained on ten vaccination competencies. Each training session was conducted over four days. The training included both theoretical and practical components. Trainees demonstrated the ten vaccination competencies they learned during the training. On the last day of the training, MCHIP organized field visits for the trainees to the EPI governorate store and immunization posts. During the field visit trainees used a checklist to observe and assess the performance of their peer vaccinators in the sites they visited and provide feedback on the visits.

Mr. Ali Hasan Saleh Al Qubati, a male nurse at Al Qadhadha Health Unit said, "The training course was very excellent. I have been working in this field since 1980, almost 34 years. Today I have received new information. Can you imagine I am on the verge of retirement and today I have received new information!?"

SUCCESS STORY 2: MIYCN-FP TIPS DISSEMINATION MEETING

MoPHP representatives during TIPs dissemination meeting.

On June 17, 2014 MCHIP conducted a dissemination meeting of the MIYCN-FP TIPs study under the auspices of the Minister of Public Health and Population. This event was attended by representatives from USAID, Dhamar Health Office, MoPHP, and MoPIC in addition to representatives from UN, INGOs and local NGOs.

Dr. Nagiba Al-Shawafi, Deputy Minister for the RH and Population Sector declared that the meeting was very important because it gave space to discuss the findings of this study to help in developing and designing an integrated counseling package to prevent malnutrition

and increase FP use.

Nutrition Cluster Coordinator, Mr. Antenah, invited MCHIP to present the TIPs methodology at the Nutrition Cluster for consideration of this methodology to support the design, planning and implementation of other nutrition activities in Yemen. Also, the Dhamar Health Office Director suggested that MCHIP present and discuss the findings at the Dhamar Governorate level to involve more stakeholders at the local level and discuss the actions to be taken to address the gaps identified in the TIPs study. Additionally, some local NGOs expressed their interest in using the TIPs methodology to enhance the quality of their programs.

ANNEX 1:

Total training/workshop participants supported by MCHIP

Date	Activity Title	Target audience	Training period (in days)	Number of participants
May 5-8, 2014	Immunization CBT course on IIP	Vaccinators in Al Hada districts	4	32
May 18-21, 2014	Immunization CBT course on IIP	Vaccinators in Anss districts	4	31
June 17, 2014	MIYCN-FP TIPS STUDY - DISSEMINATION MEETING	MoPHP,MoPIC,SUN, NGO, international NGO, UN organizations, Dhamar GHO	1	39
Total				102

Disaggregation by Gender:

Date	Activity Title	Activity Type	Males	Females
May 5-8, 2014	Immunization CBT course on IIP	Training Course	46	17
June 17, 2014	MIYCN-FP TIPS STUDY - DISSEMINATION MEETING	Meeting	28	11
Total			**74**	**28**