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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: YEMEN

July 2015
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The Health Finance and Governance Project
USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, $209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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Photo A young Yemeni midwife vaccinates an infant against polio at a clinic in Sanaa, Yemen.
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ACRONYMS

EPHS	Essential Package of Health Services
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.

THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN YEMEN

After extensive review of documents in the public domain, we have found that the EPHS is very limited and not well defined in Yemen.

To identify specific services that could be considered part of Yemen's EPHS, we reviewed the Yemen National Reproductive Health Strategy 2011–2015; *National Guideline for Community Health Volunteer Program*; and the literature on the Free Medical Camps Program; the National Malaria, HIV, and Tuberculosis Control Programs, and the Expanded Program on Immunization. For the complete list of services from these strategies and programs, see Annex A.

In 2005 a short-term consultant traveled to Yemen on behalf of the European Union to provide support to the government in defining an "essential service package." The consultant reported that an essential service package had been developed in 2004 under various working groups; it had elaborated services and resources at primary care facilities. The consultant found that by 2005, the proposed essential service package had not been field-tested in any facility. The consultant concluded that the 2004 version has not yet been adapted to the conditions of the existing health care facilities and the realities of the health care system in Yemen. We did not find any evidence that implementation of the 2004 essential service package has progressed since this report, based on our review of policy documents and gray literature in the public domain.

Yemen has been in a state of political instability since 2011, and as a result has not issued a formal policy document describing the EPHS. The Yemeni population has relied on extensive donor support for delivery of basic health services as well as malaria, tuberculosis, HIV, AIDS, and immunization services.

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Yemen's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	20
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	0
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	3
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	37

The following three priority RMNCH interventions are implicitly excluded from Yemen's EPHS:

- Interventions for cessation of smoking
- Social support during childbirth
- Women's groups

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)				
Births attended by skilled health personnel (in the two years preceding the survey) (%)	2006		61.7	26.3
BCG immunization coverage among one-year-olds (%)	2013	71		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	88		
Median availability of selected generic medicines (%)—private	2006	90		
Median availability of selected generic medicines (%)— public	2006	5		

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

Health care services are provided through a combination of public facilities, nongovernmental organizations, and private providers. Quality of care is generally poor in public facilities, while care provided in private facilities ranges from quite good to poor. A lack of planning norms and standards results in a disconnect between investment and needs.

After the government developed the "Essential Service Package" in 2004 (which does not appear to have been implemented at this time), the government established a District Health System to deliver the services through public health facilities. The District Health System is based on three levels of health facilities: the Health Unit, the Health Center, and the District Hospital. Two higher levels of health care provision (Governorate Hospital and Central Hospital) function as referral levels, and are not part of the District Health System. Each health facility in the District Health System is supposed to be managed by a Health Facility Committee. Community-based health services and services provided through mobile clinics are usually linked to a health facility (World Health Organization 2006). Additionally, community health workers deliver care at the community level.

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Yemen based on data from a 2006 Multiple Indicator Cluster Survey.

Key findings from the health equity profile include:

- A large inequity in coverage for reproductive health services exists across several stratifications, including wealth, education level, and place of residence.
- Service coverage of at least four antenatal care visits is four times higher among the wealthiest quintile compared to among the poorest.
- Immunization coverage is much lower among rural populations than among urban populations.

More than half of the Yemeni population do not have access to health care. This is partly due to lack of proximity to health care facilities, particularly in rural areas.

The "Free Medical Camps" program of the Ministry of Public Health and Population was established to provide medical services under a variety of specialties to the population in underserved areas. Additionally, the *Yemen National Reproductive Health Strategy 2011-2015* and the *National Guideline for Community Health Volunteer Program* contain strategies intended to improve delivery of the EPHS to youth, women, newborns, and children.

Providing Financial Protection for the EPHS

- ✓ Community-based insurance is available in parts or all of the country.
- ✓ Some services included in the EPHS are legally exempt from user fees on a national scale.

The EPHS in Yemen appears to have poor financial protection. Current budgetary allocations are not sufficient to operate an effective public health system in Yemen, so the burden of obtaining adequate quality care is left to the individual patient, often at a high cost. Budgetary allocations and donor subsidies temporarily and partially alleviate the burden on the health care consumer, but the funds do not circulate back into the system to maintain even the most basic services. According to the World Health Organization country profile of Yemen in 2006, patients are generally required to pay informal fees for services at public facilities. Hospitalizations tend to be experienced as catastrophic events for most households.

Government-sponsored social health insurance does not exist in Yemen, and this has given rise to some private sector insurance schemes as well as some small-scale solidarity schemes (Holst and Gericke 2012).

The "Free Medical Camps" program of the Ministry of Public Health and Population is designed to provide free services to the population in underserved areas. The *Yemen National Reproductive Health Strategy 2011-2015* aspires to waive fees for normal and cesarean section deliveries and to implement a voucher program that would enable women to obtain antenatal care, delivery (vaginal or cesarean section), newborn care, and postnatal consultation

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ANNEX A. YEMEN'S EPHS

Free Medical Camps Program

Source: Ministry of Public Health and Population, Republic of Yemen, website (http://www.mophp-ye.org/english/medical_camps_free.html)

[Report author] The following is information from the Ministry of Public Health and Population website:

Free medical camps is a program in [the] Ministry of Public Health and Population which aim to provide free medical and surgical services in remote area with high population by a mobile team with varieties of medical specializing.

The Objectives

- Provide free and high quality medical services in different field for poor Population.
- Working as emergency team in disasters
- Rise health awareness among the community and how to deal with communicable and non communicable diseases.
- Participation of postgraduate and local staff in surgical, medical and research areas.
- Registration of rare and sever cases and refer to specialized centers.
- Evaluate the hospital situation and determine the obstacles and challenges and to work on solving their problems.
- Collaboration with doctors outside Yemen to do joint medical and surgical camps.
- Coordination and supervision of medical camps in Yemen.

Included Specialties in the Free Medical Camps

- Otorrhinolarynology
- Ophthalmology
- General surgeries
- Plastic surgery
- Obstetrics and gynecology
- Urology
- Pediatric surgery
- Orthopedics
- Vascular surgery
- Dentisty and oral surgery

- Internal medicine
- Pediatrics
- Nephrology
- Dermatology and venereal disease
- Psychology
- Cardiology
- Radiology
- Gastroscopy
- Reproductive health and family planning

[Report author] Yemen had also established a Country Coordinating Mechanism to be eligible for Grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The following is information about the services provided through the Grants.

National Malaria Control Program and HIV/AIDS

Source: Yemen Country Coordinating Mechanism. *Transitional Funding Mechanism, Single Country Applicant.* Deadline for submission March 31 2012. Yemen Application.

- Malaria Case Management (Diagnosis & treatment)
- Malaria Prevention (Indoor Residual Spray and Long Lasting Insecticide-treated Nets), and
- HIV/AIDS continuity of services of delivery of medications to all needed patients.

National Tuberculosis Control Program

Source: Ministry of Public Health and Population, Republic of Yemen, website (http://www.mophp-ye.org/english/NTP_YEMEN.html)

Yemen introduced DOTS strategy in September 1995 in corporation with WHO and JICA.

These activities include immunization (BCG), case finding and treatment, health education, surveillance of the disease in the community.

TB Control Policy Package: the success of the international DOTS strategy as implemented by the NTP depends on the implementation of its five-point package:

- Government commitment to the National Tuberculosis Control Programme
- Case detection by sputum smear microscopy examination of TB suspects in health centers at district level

- Standardized short course chemotherapy to at least all smear positive all smear positive TB cases under proper case management conditions with the initial phase of treatment fully supervised
- Regular uninterrupted supply of all essential anti-TB drugs
- Monitoring system for program supervision and evaluation

Expanded Program on Immunization

Source: Ministry of Public Health and Population, Republic of Yemen. *Updated Comprehensive Multi-Year Plan 2011-2015 [DRAFT]*. Updated May 2011.

[Report author] WHO and UNICEF have supported Yemen's Expanded Program on Immunization since it started in 1978. GAVI started supporting the Pentavalent Vaccine (DPT-HepB-Hib) in March 2005 and the Pneumococcal vaccine in Jan 2011. The Government's Comprehensive Multi Year Plan for EPI states the desire to introduce the Rotavirus vaccine. It is not clear whether this has been done.

Pentavalent vaccine (DPT-HepB-Hib) was introduced to EPI in Yemen Mar 2005.

Preparations for introducing a new vaccine (Pneumococcal vaccine) took place including the availability of the required cold chain, training for all supervisors and vaccinators on the new vaccine in addition to amendment of the registers and forms of EPI to cope with the new vaccine.

The introduction of the Pneumococcal vaccine was planned for the beginning of 2010 but it was delayed and introduced in January 2011.

Routine Immunization Schedule

Vaccine	Age
BCG, zero dose of OPV	Within the 1st week of age
Penta1/ OPV1/ Pneumococcal 1	At 6 weeks of age
Penta2/ OPV2/ Pneumococcal 2	At 10 weeks of age
Penta3/ OPV3/ Pneumococcal 3	At 14 weeks of age
1st dose Measles & Vit A	At nine months of age
2nd dose Measles & Vit A	At 18 months of age

Yemen National Reproductive Health Strategy 2011-2015

Specified services:

- Essential maternal and newborn care (focused antenatal care, emergency obstetric and newborn care (EmONC), newborn Care, and postnatal care), integrated management of childhood illness, and family planning
- Identification and treatment of fistula
- Community/home-based maternal and newborn health service provision
- Birth preparedness and emergency readiness as part of a quality focused antenatal care
- Voucher program for antenatal care, delivery (vaginal or c-section), newborn care and postnatal consultation
- Fee exemption for deliveries
- Safe Motherhood
- Community midwives providing family planning counseling and selected reversible family planning commodities and information, education and communication (IEC) material
- Family planning provision via public health services, community midwives, pharmacies, and private practitioners
- Raising youth's awareness about reproductive health issues
- Support youth reproductive health services in existing health facilities including provision of information on and provision of contraception, sexually transmitted infection prevention and treatment

National Guideline for Community Health Volunteer Program

Health services provided by Community Health Volunteers (CHVs)

CHVs provide the following health services to mothers and children in communities according to the WHO guidelines or the guidelines which were authorized by MOPHP.

Five basic health services :

- Nutrition and health education
- Vitamin A supplementation and deworming
- Management of diarrhea
- Management of pneumonia
- Management of malaria (only in the endemic areas)

Other activities:

- Support of EPI program
- Reproductive health services
- Referral to health facilities

Nutrition/ Health education

Conduct nutrition and health education for mothers and community people using various education materials. The education components are as follows:

- Balanced diet
- Breast feeding
- Complementary feeding
- Maternal health including the importance of using clean delivery kit
- Family planning
- Infectious disease and vaccination
- Danger signs in children and mothers for referring to health facilities

Vitamin A supplementation for children and mothers

For Children

- Provide vitamin A to children 6 months up to 5 years of age.
- 100,000IU for children 6 months up to 12months of age
- 200,000IU for children 12 months up to 5 years of age every 6 months
- Confirm if children received vitamin A capsules within the last 2 months at the time of measles vaccination. If they received the capsules, the CHV cancels to provide vitamin A. If the mothers are not sure, the CHV provides the vitamin A.
- Record the supplementation on the CHV health service card.

For mothers

- Provide vitamin A (200,000IU) to lactating mothers (within 6 weeks after delivery).
- Record the supplementation on the CHV health service card.

Administration of deworming tablets for children

- Provide deworming tablets to children over 1 year old.
- Dose 500mg Mebendazole (one tablet) for children over 1 year old every 6 months at the same time of vitamin A supplementation.
- Record the administration on the CHV health service card.

Management of diarrhea for children

- Assess a child for diarrhea by asking questions to the caregiver of the sick child and look for signs of dehydration.
- Provide Oral Rehydration Solution (ORS) to children from 2 months to five years old who suffer from diarrhea according to IMCI criteria. Provide 3 packages for each episode.
- Explain how to prepare ORS to the mothers.
- Provide zinc tablets. Give 1 dose daily for 10 days:
- Help caregiver to give first dose immediately.
- Record the provision of ORS packets and zinc tables on the CHV health service card.

Age	Dosage
2 months up to 6 months	1/2 tablet (total 5 tablets)
6 months up to 5 years	1 tablet (total 10 tablets)

Management of pneumonia for children

- Assess a child for pneumonia by looking for chest-in drawing and fast breathing.
- Provide Antibiotic for the children over 2 months old who have fast breathing according to IMCI criteria.0.0
- Teach their mothers how to give antibiotic syrup (Amoxycillin syrup) 3 times daily for 5 days.
- Refer the child with chest in-drawing to a health facility.
- Record the provision of antibiotic (Amoxicillin) on the CHV health service card.

Age (weight)	Dosage	
	250 mg per 5 ml	125mg per 5 ml
2 months up to 12 months (4- 10 kg)	2.5ml	5ml
12 months up to 5 years (10- 19 kg)	5ml	10ml

Management of malaria for children (only in the endemic areas)

- Assess a child for fever.
- If the child has fever, do a rapid diagnostic test (RDT).
- If RDT is positive, give oral Anti-malaria medicine according to IMCI criteria.
- Advise the caregiver on the use of a bed-net (pesticide-impregnated).
- Record the provision of oral malaria medicine on the CHV health service card.

Age	Artesunate (50 mg)			Sulfadoxine/ Pyrimethamine (500mg/25mg)
	Day 1	Day 2	Day 3	Day 1
2 months up to 12 months	1/2	1/2	1/2	1/2
12 months up to 5 years	1	1	1	1

Supporting EPI and other outreach activities

- CHV helps the campaign and outreach activities.
- Inform the date, time and gathering place for the mothers and the children who need immunization according to the instruction of EPI team.
- Contribute and participate in conducting outreach activities.

Reproductive health services

- CHVs provide contraceptives such as condoms and single and combined pills for the families which are willing to have family planning. Combined pills should be prescribed at health facility for initial use.
- CHVs distribute the iron/folic acid tablets to pregnant women. It is recommended for pregnant women to take iron/folic acid tablet (60 mg iron and 400 µg) daily for 6 months.
- CHVs provide clean delivery kits to pregnant women for safe home delivery.

Referral to health facilities

- When CHV finds a child and a mother with danger signs, refer to the approximate health facilities.

Social mobilization

- Inform and notify the community people about the outbreak of the infectious disease according to the instruction of DHO or the health center/ unit.

CHV materials
All CHVs receive the following items:

- CHV health service cards
- CHV handbook
- CHV uniform
- Flip chart for nutrition/health education
- Carry bag
- Vitamin A capsules (100, 000 IU and 200,000IU capsules)
- Deworming tablets
- ORS packets for diarrhea management
- Zinc tablets for diarrhea management
- Amoxicillin (250mg/5ml) for pneumonia treatment
- Timer for counting respiratory rate
- Rapid diagnostic kit set for malaria (only in endemic areas)
- Anti-malaria medicine (only in endemic areas)
- Iron/folic acid tablets
- Condoms and single and combined pills
- Clean delivery kit

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

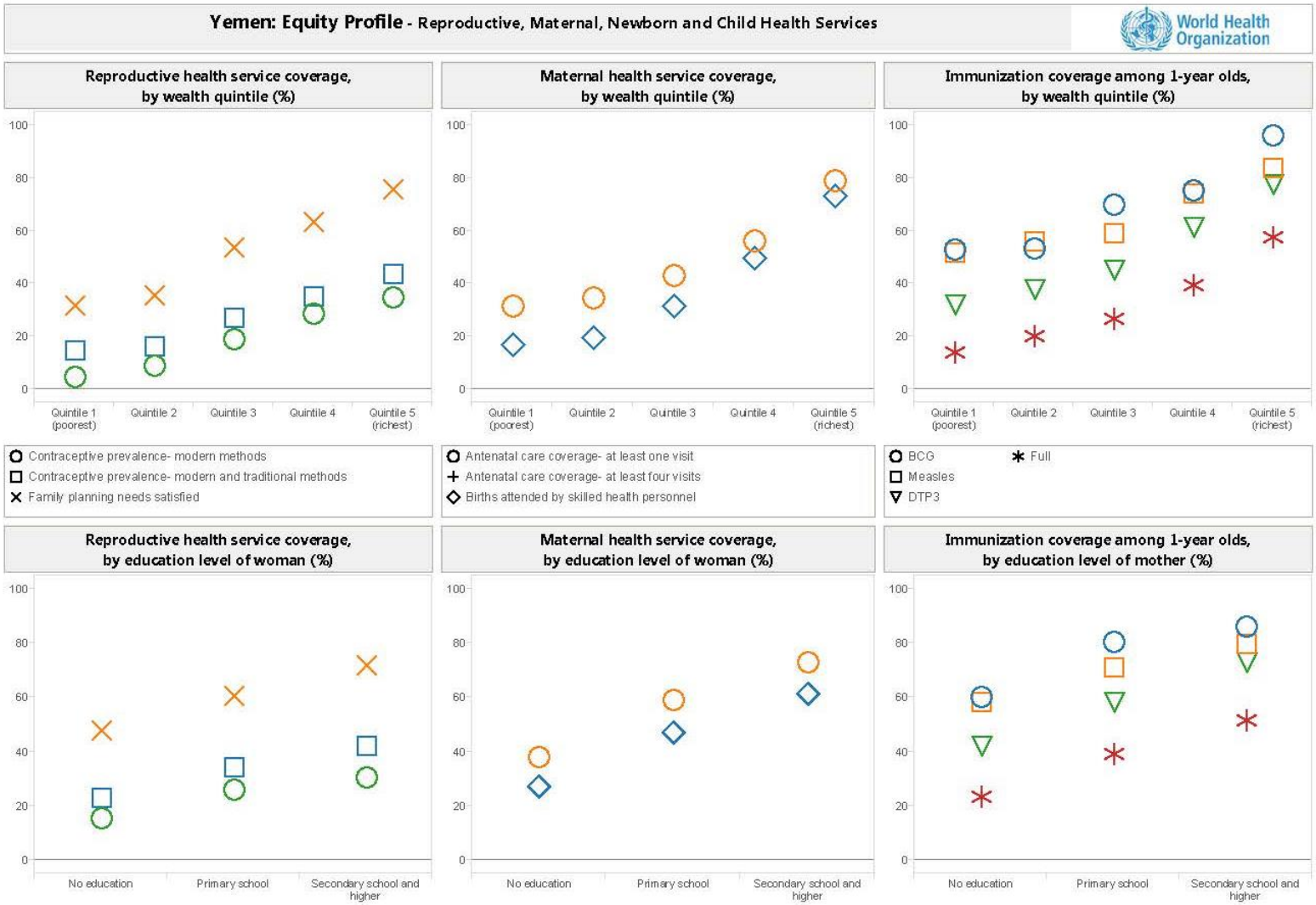
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	**Level: Community Primary Referral**		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: *Yemen National Reproductive Health Strategy 2011-2015*
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: *Yemen National Reproductive Health Strategy 2011-2015*
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: *Yemen National Reproductive Health Strategy 2011-2015*
	Level: Referral		
	Family planning (surgical methods)	Unspecified	This service was not specified in reviewed documents
Pregnancy (antenatal)	**Level: Community Primary Referral**		
	Iron and folic acid supplementation	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Tetanus vaccination	Unspecified	This service was not specified in reviewed documents
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: Yemen Country Coordinating Mechanism for National Malaria Control Program
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: Yemen Country Coordinating Mechanism for National Malaria Control Program
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Interventions for cessation of smoking	No	This service was not specified in reviewed documents and is not related to any other included service
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Unspecified	Source: *Yemen National Reproductive Health Strategy 2011-2015* mentions STI screening generically

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Magnesium sulphate for eclampsia	Unspecified	This service was not specified in reviewed documents
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	Unspecified	This service was not specified in reviewed documents
	Post abortion care	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
Childbirth	**Level: Community Primary Referral**		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Unspecified	This service was not specified in reviewed documents
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	No	This service was not specified in reviewed documents and is not related to any other included service. It is implicitly excluded
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (*as above plus controlled cord traction)*	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Unspecified	This service was not specified in reviewed documents
	Screen and manage HIV (if not already tested)	Yes	Source: Yemen Country Coordinating Mechanism for National HIV/AIDS Control Program
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: *Yemen National Reproductive Health Strategy 2011-2015*

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage *(as above plus surgical procedures)*	Unspecified	This service was not specified in reviewed documents
Postnatal (Mother)	**Level: Community Primary Referral**		
	Family planning advice and contraceptives	Yes	Source: *Yemen National Reproductive Health Strategy 2011-2015*
	Nutrition counselling	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: Yemen Country Coordinating Mechanism for National HIV/AIDS Control Program
	Treat maternal anaemia	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	This service was not specified in reviewed documents
Postnatal (Newborn)	**Level: Community Primary Referral**		
	Immediate thermal care (to keep the baby warm)	Unspecified	This service was not specified in reviewed documents
	Initiation of early breastfeeding (within the first hour)	Unspecified	This service was not specified in reviewed documents
	Hygienic cord and skin care	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Unspecified	This service was not specified in reviewed documents
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Unspecified	This service was not specified in reviewed documents
	Extra support for feeding small and preterm babies	Unspecified	This service was not specified in reviewed documents
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	This service was not specified in reviewed documents
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	This service was not specified in reviewed documents
Infancy and Childhood	**Level: Community Primary Referral**		
	Exclusive breastfeeding for 6 months	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Prevention and case management of childhood malaria	Yes	Source: Yemen Country Coordinating Mechanism for National Malaria Control Program
	Vitamin A supplementation from 6 months of age	Yes	Source: Yemen Expanded Program on Immunization
	Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines	Yes	Source: Yemen Expanded Program on Immunization
	Management of severe acute malnutrition	Unspecified	This service was not specified in reviewed documents
	Case management of childhood pneumonia	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Case management of diarrhoea	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: Yemen Country Coordinating Mechanism for National HIV/AIDS Control Program
	Level: Referral		
	Case management of meningitis	Unspecified	This service was not specified in reviewed documents
Across the continuum of care	**Level: Community Strategies**		
	Home visits for women and children across the continuum of care	Yes	Source: *Yemen National Reproductive Health Strategy 2011-2015*
	Women's groups	No	This service was not specified in reviewed documents and is not related to any other included service. It is implicitly excluded

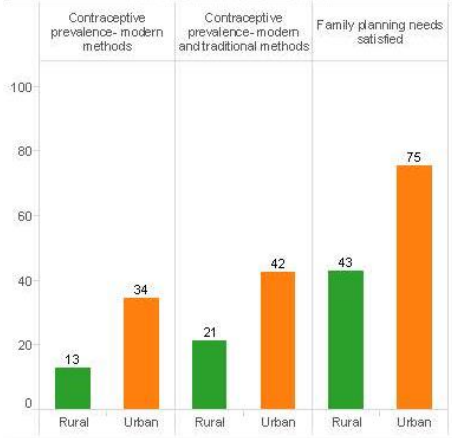
ANNEX C: YEMEN HEALTH EQUITY PROFILE



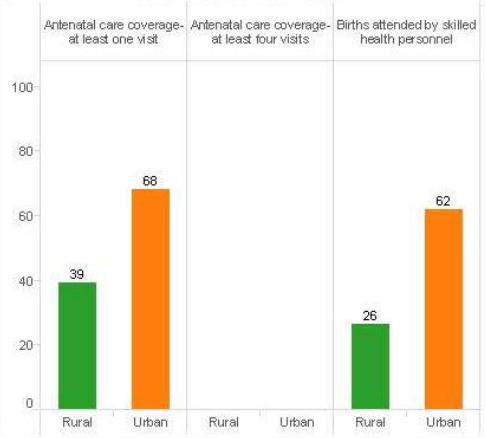
Yemen: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services

World Health Organization

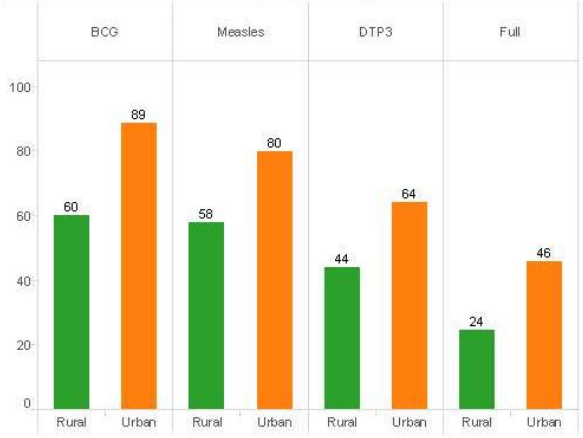
Reproductive health service coverage, by place of residence (%)



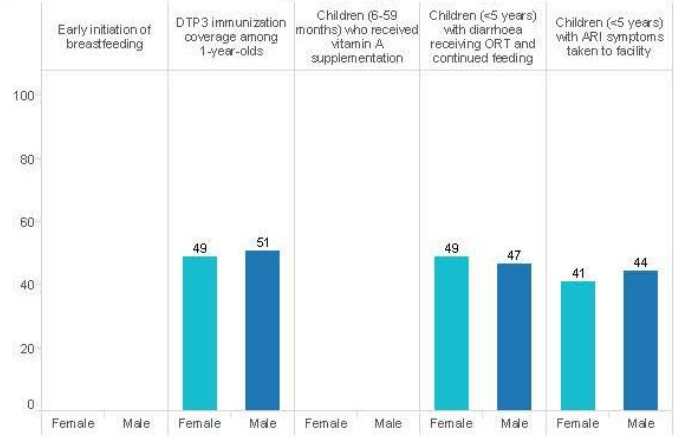
Maternal health service coverage, by place of residence (%)



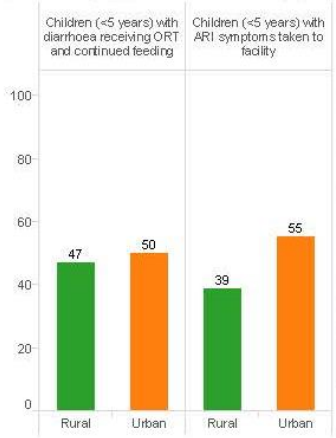
Immunization coverage among 1-year olds, by place of residence (%)



Health service and healthy behaviour coverage, by child sex (%)



Health service coverage among sick children, by place of residence (%)



Health service and healthy behaviour coverage (%)

Contraceptive prevalence- modern methods	20
Contraceptive prevalence- modern and traditional methods	28
Family planning needs satisfied	54
Antenatal care coverage- at least one visit	47
Antenatal care coverage- at least four visits	
Births attended by skilled health personnel	36
Early initiation of breastfeeding	30
BCG immunization coverage among 1-year-olds	68
Measles immunization coverage among 1-year-olds	64
DTP3 immunization coverage among 1-year-olds	50
Full immunization coverage among 1-year-olds	31
Children (6-59 months) who received vitamin A supplementation	
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	48
Children (<5 yrs) with ARI symptoms taken to facility	43

Source: MICS 2006

Antenatal care coverage at least 1 visit, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the two years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: www.who.int/gho/health_equity/en/index.html

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