

**SEATS**



**FAMILY PLANNING SERVICE EXPANSION  
AND  
TECHNICAL SUPPORT PROJECT**

**SEATS**

**YEMEN**

**FINAL REPORT**

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# **FINAL REPORT**

## **THE INTEGRATED OPTIONS FOR FAMILY CARE AND THE ACCELERATED COOPERATION FOR CHILD SURVIVAL PROJECTS**

**October 1992 through June 1994**

## ACRONYMS

ACCS	Accelerated Cooperation for Child Survival
AVSC	Access to Voluntary and Safe Contraception
BUCEN	U.S. Bureau of Census
CSO	Central Statistics Office
DHS	Demographic and Health Survey
FHTP	Family Health Training Program
FMHS	Faculty of Medical and Health Sciences
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IRH	Institute of Reproductive Health
IUD	Intra Uterine Device
JHPIEGO	Johns Hopkins Program for International Education of Obstetrics and Gynecology
JSI	John Snow, Incorporated
LAM	Lactational Amenorrhea Method
LASO	Logistics and Administrative Support Office
MOPH	Ministry of Public Health
MCH/FP	Maternal, Child Health and Family Planning
NFPCC	National Family Planning Coordinating Committee
NGO	Non-Governmental Organization
NPC	National Population Council
OFC	Options for Family Care
PATH	Program for Appropriate Technology in Health
PHC	Primary Health Care
PHCU	Primary Health Care Units
PHCW	Primary Health Care Workers
PSC	Project Steering Committee
REACH	Resources for Child Survival
ROYG	Republic of Yemen Government
SEATS	Family Planning Service Expansion and Technical Support
TA	Technical Assistance
TL	Team Leader
TS	Technical Secretariat
UNFPA	United Nations Population Funds
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
YFCA	Yemen Family Care Association
YPPU	Yemen Physicians and Pharmacists' Union

## **I. Executive Summary**

This report summarizes SEATS project activities and lessons learned in Yemen for the period of October 1992 through June 1994. SEATS initiated activities in Yemen in early 1990 through core funds, however, a buy-in occurred in October 1992 which constitutes the beginning of this report period.

Perhaps the most important result of USAID's assistance provided through the Integrated OFC/ACCS Project has been the legitimization of family planning services as a "right" of the public and as an integral part of government health services. Furthermore, the Project has developed a model whereby family planning services can be provided at the health center level and supported from the MOPH and government health offices. The "model" requires further refinement to make it work smoothly and routinely, however, it is working and people are receiving family planning services.

A vital part of the "legitimization" process has been assistance provided to the government in establishing the National Population Council (NPC) and the strengthening of its secretariat. Further work will be required to help the NPC to operationalize its various mandates with regard to implementing the Population Policy.

A significant achievement has been made through the creation of a well informed leadership in family planning within the Ministry of Public Health, both in the headquarters and in the governorates. SEATS has successfully negotiated with the MOPH to designate a family planning Project Director in the national headquarters and establish a national family planning coordinating committee and project steering committees. In the governorate level, a project coordinator was designated to manage daily family planning activities and a project executive committee was created to oversee project implementation.

A Technical Secretariat of the National Population Council (NPC) was established to implement the mandate of the NPC. SEATS provided technical assistance to the technical secretariat to develop its institutional capability. However, at this stage the role of the NPC is limited to organizing workshops. No effort has yet been made to make contraceptive services available to the public, although the NPC set a target which increases the contraceptive prevalence rate from the current 6.1% to 35% by the year 2000.

Under the REACH/ACCS project, training of 60 Primary Health Care Workers in Hodeida were completed and 90 Primary Health Care Units in four governorates were supplied with equipment in order for the PHCWs to function effectively. Assistance was provided in improving the immunization program through repairing the cold chain and supplying new cold chain equipment, training service providers

and supervisors, and helping the governorates in planning and implementing the immunization program.

SEATS functioned as the lead Cooperating Agency (CA) in implementing the Options for Family Care Project and has effectively collaborated with various CA's in expanding family planning services in the country.

## **II. Introduction**

In 1990, SEATS designed a program to bridge to the USAID/Yemen population bilateral program. This included clinic improvement through using the cafeteria approach, training of physicians and pharmacists, and the placement of a Resident Advisor for technical assistance. Implementation of these activities were significantly delayed due to the Gulf War. Eight clinics were assisted to introduce or expand family planning services. The assistance included staff training and support for improvement of physical facilities, equipment supply, and outreach services. A contract was signed with the Yemen Physicians and Pharmacists' Union (YPPU) to train 100 physicians and 100 pharmacists. Later, on USAID's request, the plan for training the pharmacists was dropped because Social Marketing for Change (SOMARC) planned to train the pharmacists as part of their social marketing program. In response to the request from the YPPU the number of physicians to be trained was increased to 240. A full time Resident Advisor was posted in Sana'a to assist in implementing these activities as well as to provide technical assistance. In addition, SEATS provided technical assistance to the Accelerated Child Survival (ACCS) Project to incorporate family planning into the training curriculum of the Primary Health Care Workers (PHCWs). All these activities were supported through SEATS central funds. This phase of the activities ended in September 1992.

In October 1992, SEATS received a buy-in from the Mission under the Options for Family Care Project (OFC) to continue the clinic improvement activities. At the same time another JSI-managed project, Resources for Child Survival (REACH) received a buy-in from the Mission to continue the ACCS activities up to September 1993. According to the stipulations of these two buy-ins, a joint SEATS/REACH team was created to implement the activities. All the staff were hired by December 1992, except the Management Specialist, who was supposed to manage the ACCS activities, because the Mission decided that it was not necessary and advised JSI not to fill this position.

USAID also created a Logistics and Administrative Support Office (LASO) to provide administrative support to the joint SEATS/REACH team. As a result, the team did not have its own administrative support and had to depend on the LASO for such things as secretarial support and transportation.

## **III. Objectives**

The joint SEATS/REACH team managed two separate buy-ins. The objectives of the buy-ins are:

1. SEATS: To strengthen the Republic of Yemen Government (ROYG) ability to carry out a national population program; strengthen the coordination system of the

ROYG and various active donors in child survival and family planning; strengthen project management in the MCH and family planning areas; and support expansion of high quality family planning services.

2. REACH: To complete the ongoing activities of the ACCS project in order to strengthen the primary health care system in Yemen through support to the governorates of Hajja, Hodeida, Mareb and Saada.

#### **IV. Activities Undertaken**

In December 1992, SEATS conducted a situational analysis of the family planning program in Yemen. The findings were presented to USAID and the Ministry of Public Health (MOPH) and Ministry of Planning in the central and Governorate offices in Hajja and Hodeida. Based on the findings and considering the political problems in Mareb and Saada, amendments were made in the project design. SEATS and USAID/Yemen agreed to implement the joint program in Hajja and Hodeida governorates and implement selected ACCS interventions in the other two provinces.

The SEATS activities in Yemen can be divided into four categories: family planning service delivery, management development population policy and child survival. Given below are the brief descriptions of these activities:

**A. Service Delivery Activities.** The project provided assistance to 15 clinics (8 in Hodeida and 7 in Hajja). The clinics were selected by the provincial MOPH officials based on criteria, such as: availability of female service providers, minimum physical facilities, and staff interest in family planning. Assistance to the clinics included training to the service providers, renovating the clinics, and supplying equipment and furniture. The clinics were selected by the respective governorates.

1. **Planning Clinic Improvement:** In May 1993, SEATS conducted a four-day workshop for the clinic managers. This workshop was attended by representatives of Hajja and Hodeida governorate health offices and central MOPH. In total, 28 participants attended this workshop. The workshop discussed the importance of family planning and the role of clinics in providing services. The workshop was conducted by the SEATS technical team and senior MOPH officials.

Prior to the workshop the clinic managers made an assessment of the clinics and their locality through using a standardized questionnaire developed by SEATS. Based on the collected information, the clinic managers prepared a plan for expansion of family planning services. The plan also included improvement of the physical facilities. Subsequently, an architect visited the

clinics to further assess the renovation needs and prepare an architectural design and cost estimates.

An important element of the planning process was that the clinic managers were given a budget parameter to prepare the improvement plans. This is consistent with the decentralization practices of health services and independent character of the village community in Yemen.

2. **Clinic Renovation:** Based on the architectural plan SEATS assisted the clinics to undertake essential renovations of the physical facilities. The renovations included development of private client examination, and counselling room; fixing the toilets, bathroom sinks, water and electric connections; and painting the clinic. In some cases fairly substantial renovation was necessary, such as fixing the roof of a building, which was extremely essential to keep the clinic functional. The renovation was conducted by a contractor directly selected by SEATS through competitive bids. Final payments to the contractor were made on the basis of a certificate of completion from clinic officials and the architect hired by SEATS.
3. **Equipping the Clinics:** Most of the clinics did not have the necessary equipment and furniture for providing family planning services. Thus, SEATS provided them with basic clinical equipment and furniture. The equipment included examination tables, sterilizers, lamps, IUD kits and stethoscopes. The furniture included chairs, filing cabinets, medicine cabinets etc. Some of the equipment and furniture available on the local market were procured locally, others were imported. Average cost of equipment and furniture per clinic is \$4,620. An illustrative list of the equipment and furniture is given in attachment.
4. **Training Service Providers:** SEATS, in collaboration with the Family Health Training Program (FHTP), provided a two-week training to the service providers from the 15 selected clinics of the two governorates. A training needs assessment was conducted jointly which served as the basis for developing a training curriculum. The participants included nine midwives and 57 Primary Health Care Workers (PHCWs). The training included family planning education and counselling, contraceptive technology, client management, infection control in the clinics and outreach services, and record keeping and reporting. The training was conducted in two groups, the first group was attended by 30 and the second by 36 participants. The training was provided by the FHTP consultants and SEATS FP/MCH Advisor.

The training programs were conducted in Sana'a in August and

September 1993. All the participants were required to stay in the hotel. This ensured regular and timely attendance of the participants.

5. **Service Delivery Management Workshop:** A two-week competency based family planning clinic management and contraceptive technology update training/workshop was organized in August 1993. In addition to clinic management and contraceptive technology, the training included planning, implementation and evaluation of family planning services, logistics management, record keeping and reporting. Additionally, the participants were introduced to the concept of marketing family planning. Fifteen clinic managers and six officials of the Governorate Health offices attended the training for four days. Training was provided by the FHTP consultants and Senior members of the SEATS/Yemen team. This training was also held in a hotel in Sana'a.
6. **Information, Education and Communication (IEC):** With the help of Program for Appropriate Technology in Health (PATH), SEATS developed a family planning poster, two pamphlets and three videos. With the help of an expatriate consultant, a local artist designed the posters and pamphlets, and they were printed locally. The videos were produced by the Yemen Television, local writers wrote the scripts and local artists played in the videos. The quality of the production was excellent.

The posters, pamphlets and videos will be used by the clinics to educate people in the clinics. SEATS has provided TV and VCR equipment to the clinics to show these videos. Two of the videos will be telecast by Yemen Television.

In addition, SEATS in collaboration with UNICEF, AVSC, and Yemen Family Care Association (YFCA) produced a flip chart to aid the service providers in educating people about contraceptives. The design of the flip chart was completed and approved but the production and distribution could not be completed due to the civil war.

All the IEC materials were extensively pre-tested before final production.

7. **Broadening Contraceptive Options:** In order to broaden contraceptive options in the country SEATS sent two physicians, one from each governorate, to Tunisia to receive training in laproscopic sterilization and Norplant insertion. One of the doctors had to return home before completion of the training because of a family emergency situation and the other one was fired upon his return home because of political reasons.

SEATS arranged a training program on the Lactational Amenorrhea Method (LAM) for the Family Planning Director of the MOPH at Georgetown University. All the costs for this training were provided by the Institute of Reproductive Health (IRH) at Georgetown University. Following this training, SEATS introduced the Family Planning Director to Pathfinder International in Boston and AVSC International in New York. SEATS had planned to train additional people in this area through the Family Planning Director but this did not occur due to the Director's family crisis and subsequent transfer out of the MOPH.

8. IUD Training Follow Up: JHPIEGO trained 46 Yemeni physicians and nurse midwives in Egypt, Tunisia and Morocco on IUD insertion. In collaboration with JHPIEGO, SEATS trained 10 physicians and nurse-midwives in Taiz in 1992. SEATS assisted JHPIEGO in conducting an assessment of the utilization of their skills. Fifteen physicians and nurse-midwives, who are currently involved in family planning activities under the OFC project, were visited by a joint SEATS/JHPIEGO team. Coaching was provided to those who needed further skills in client selection and management, counselling and infection control.
9. Technical Assistance: SEATS regularly visited the clinics and provided technical assistance in the areas of organizing services and improving the quality of care. Meetings were held regularly with the clinic managers and the directors of the health offices in the governorates to review program performance, identify problems and discuss possible solutions. The review meetings were also attended by the central MOPH officials. SEATS monitored the resolution of identified problems and the SEATS MCH/FP Advisor provided technical assistance in problem solving.
10. Assessment of Health Centers: In the first quarter of 1994, SEATS conducted an assessment of health centers to assess progress in the implementation of clinic plans in terms of contraceptive services, service facilities, the knowledge and skills of the service providers, and the quality of services. The assessment was made by a temporarily hired nurse-midwife. She visited a sample of six clinics. The assessment found that most of the clinics were clean and privacy of clients were ensured through counseling behind closed doors and examinations conducted in screened service areas. Equipment in all the clinics were functioning and properly used. The clinics had sufficient stock of contraceptives. The client provider relationship was congenial and the providers encouraged the clients to choose their own contraceptive methods.

The assessment also found several shortcomings. In one case the toilet was not clean, another clinic was found not to be following the sterilization

procedures properly. In a third clinic, overcrowding resulted in little time for the service providers to properly counsel the clients. It was also found that none of the clinics conduct outreach activities. Problems, such as improper sterilization and cleanliness were addressed through one-to-one technical assistance, while other problems, such as the need for additional staff, were discussed with the governorate health officials. Some of these problems are behavioral and require continuing hands on technical assistance and others require continuing dialogue with the governorate and national MOPH.

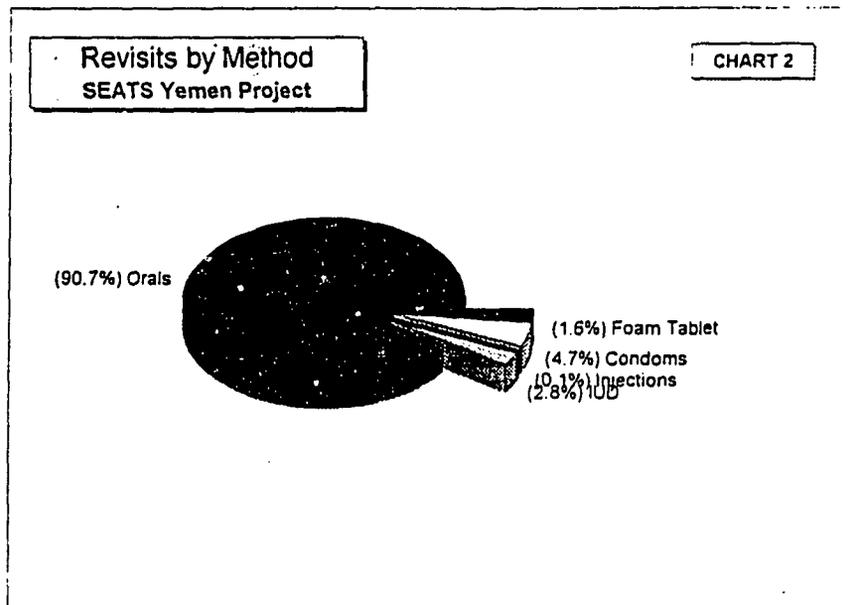
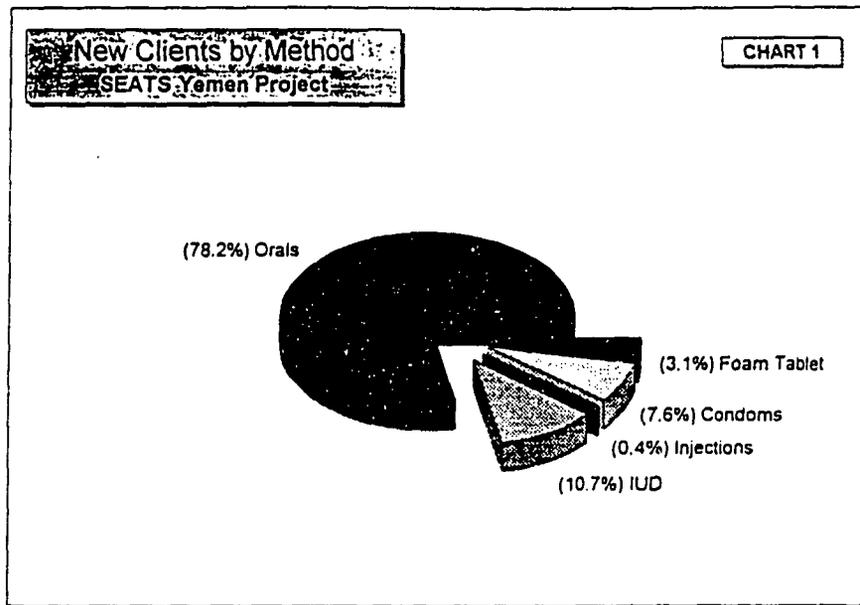
12. Client Service. In the first phase, or fourth quarter of 1991, SEATS assisted eight clinics in initiating family planning services. In the second phase or fourth quarter of 1993, clinics worked with 15 clinics to develop their family planning services. Most of the clinics started organized family planning services only after SEATS intervention. Some clinics, however, distributed contraceptives before SEATS interventions. These clinics received contraceptives through the Yemen Family Care Association but many of the service providers were not trained in family planning. For example, of the eight clinics of the first phase, one clinic in Taiz was managed by the Yemen Family Care Association (YFCA), the IPPF affiliate in Yemen. No other clinics had a family planning program prior to the initiation of the OFC project. Of the fifteen clinics in the second phase, eight did not have prior family planning experience. The remainder of the clinics had experienced only nominal family planning activities and were generally located in the Hajja vicinity.

The second phase clinics have been providing family planning services since September 1993. A separate, meaningful analysis of the performance of the second phase clinics is impossible because these clinics were in operation for a short period and the data for 1994 is incomplete due to the civil war. Therefore, the performance of the first and second phase clinics are given together. Due to the tribal war in Mareb, no information about the performance of the clinic there is available.

Although the performance of these clinics do not show any dramatic increase in the number of family planning clients, since the inception, the SEATS supported clinics has served more than 13,500 new clients. The new client load in the clinics is increasing continuously. A comparison of performance of the first phase clinics between 1992 and 1993 shows a 26% increase in new clients. However, a reduction in revisit client contact was observed. In 1992, there were 13,813 revisit contacts but this has dropped by 10% to 12,454 in 1993. Since most of the clients are temporary method users this could mean a higher drop-out rate. It could also mean that each client is given more contraceptives during a visit resulting in less frequent visits. A rough comparison of method mix between the new

and revisit contacts shows that fewer condom and foam tablet users return for contraceptive resupply. This needs to be studied to have a better understanding of the client behavior and program impact.

Oral pill is the most popular method of contraception in these clinics. More than three-quarters (78%) of clients chose oral pills. This method is followed by IUD (11%), while condom and foaming tablets together account for another eleven percent of the clients. No voluntary sterilization was reported. Few cases of injectables were reported (injectables are not legal in the northern part of Yemen).



**B. Management Development.** A number of activities were undertaken to develop the management capability of the MOPH in developing and implementing a family planning program. SEATS believes in the principle that the government of Yemen should be developing and managing their own family planning programs and our role should be only to help them do their jobs. SEATS was also very careful from the beginning about making the government take the leadership role in implementing the project. In the beginning of the project SEATS had detailed discussions with the MOPH about the mutual roles in implementing the project. This helped clarify each others' expectations as well as responsibilities. The government appreciated such discussions and this approach helped promote the MOPH leadership and commitment in the project.

The activities in management development included: training the managers in program planning; management and supervision; setting up management systems in the governorates, and at the national level; developing expertise in logistics management and management information systems.

1. **Developing a Family Planning Management Nucleus:** In the beginning of the buy-in period, SEATS negotiated with the MOPH to establish the nucleus of a National Family Planning program by designating a Family Planning Director to manage the family planning activities. This was implemented initially under the OFC and eventually through a national family planning program, a Coordinating Committee (NFPC) and a Project Steering Committee (PSC). The NPC will coordinate the family planning activities in the country which are conducted and supported by different donors as well as local and international organizations. This will establish a mainstream of family planning programs. The PSC will oversee the implementation of the Options for Family Care Project, build a national management team and strengthen communication between MOPH officials at the national and governorate level. Although the NFPC met a few times, the PSC did not receive the final approval of the Minister due to competing priorities.

A similar structure was also negotiated with both the governorates. Each governorate designated a Project Coordinator and established a project executive committee to manage and oversee the family planning program in the governorate.

Building these networks created a substantial enthusiasm and commitment for the family planning program. However, there were substantial changes in the leadership of the committees at the governorate level after the general election in mid-1993. The new government changed all the Director Generals in the governorates with whom SEATS negotiated the family planning programs. Functioning of these committees was also affected at the national level because of the different political priorities of the new government.

However, such disruptions are not unprecedented in a country like Yemen with a turbulent political situation and a coalition government representing varied constituencies. If the process initiated by SEATS is continued a strong leadership in family planning will eventually be established.

2. **Planning:** Although Yemen follows a decentralized administrative system, the governorates are hardly ever involved in planning a program which they are responsible for implementing. Central and governorate staff seldom worked together to develop a program. There is a wide communication gap between the national and governorate officials which affects coherent program planning and implementation.

SEATS organized week long planning workshops with both governorates to prepare implementation plans for the OFC activities. These workshops were attended by the clinic representatives, senior officials of the Governorate health offices, and central MOPH and the Ministry of Planning. This is the first time the governorate and central level MOPH officials worked together to develop plans for governorate level activities. This helped promote better understanding of each other and appreciation of each other's problems. These workshops developed detailed implementation plans.

Following these workshops a series of planning meetings were held with the central MOPH representatives who attended the governorate level planning workshops. These meetings resulted in a central plan for managing and monitoring the governorate activities.

3. **Management Training:** SEATS organized a two-week training/workshop in program management for the MOPH officials and for staff from the two governorates and national headquarters who are involved in the family planning program. This workshop was attended by 15 participants, six from each governorate and three from the national headquarters. The workshop was designed to develop the management skills of the senior MOPH officials and to set up a management system. The participants drafted a family planning program management manual during this training/workshop. The manual covers the areas of delivery of contraceptive services, marketing of services, record keeping and reporting, monitoring, supervision, evaluation, logistics management and staff training. This manual was finalized after feedback from the project executive committees from both governorates as well as from the national headquarters of the MOPH. The workshop was organized with assistance from the FHTP and was facilitated by the SEATS Team Leader and FP/MCH Advisor and two FHTP consultants.

In order to promote an understanding of the role of community in family planning program, and develop their capability in working with the

community two senior MOPH officials from Hajja and Hodeida were sent to Indonesia to attend a two-week course on planning and management of community based programs.

4. **Management Information System:** SEATS designed and implemented a record keeping and reporting system for the program. The forms were pre-tested before finalization. SEATS also trained the clinic managers and service providers and governorate level officials on the use of the forms and analysis of the data.

SEATS collected and analyzed service statistics from the clinics. Feedback was provided to the clinics as well as to the central and governorate level MOPH staff.

Some clinics use a number of different forms to record and report contraceptive services. Since YFCA supplies contraceptives to some clinics they require reports in their format. Ministry of Public Health also has their forms. These confuse the service providers and often burden them with unnecessary record keeping and reporting responsibilities. An assessment of different record keeping and reporting forms should be made and a uniform record keeping and reporting system developed.

5. **Program Management and Monitoring:** SEATS helped the MOPH design a Management Manual and a monitoring checklist and orient the supervisory staff to these new tools. These checklists proved to be very useful for the program monitors in understanding the issues faced by the clinics and prioritizing actions. However, the supervisory staff face transportation problems and shortage of funds for travel and per diem. These issues were raised with the MOPH officials. As expected, there was no immediate solution to these problems but the Under-Secretary of Health (Planning) recognized this and assured due attention. This should be pursued in the future.
6. **Logistics Management:** SEATS conducted an assessment of the logistics management situation in the country. The assessment was conducted by a consultant hired by SEATS. He met with the MOPH officials in the National Headquarters and the governorates and visited warehouses in Sana'a, Hajja and Hodeida and health facilities in these two governorates. He found that the warehouses in Hajja and Hodeida had little or no stock of oral pills and the health centers had very limited supply. A hoarding practice limits distribution to each client to two cycles. However, quantities of condoms have far exceeded the public sector requirements. Related to the limited use rate of condoms, large numbers are sitting unused in the central MOPH warehouse, in governorate warehouses, and health centers. This poses a

potential waste of condoms. There is also a risk of waste of IUDs because of a large procurement by the UNFPA in 1993. The consultant also found that warehouse management and the supply system are inadequate. An outline of a logistics management system based on which a logistics management manual was drafted for the two governorates. This, however, could not be finalized due to the sudden outbreak of the civil war.

SEATS sent the Director General of the Pharmaceutical Management of the MOPH and SEATS Program Associate to Bangladesh to observe and learn family planning logistics management with the objective of developing a logistics management system in Yemen. Unfortunately, when he returned to the country, the government transferred the Director General to some other job which did not have any relevance to logistics management. SEATS, however, made an ad-hoc arrangement to supply contraceptives to these two governorates. This has ensured an adequate supply to the clinics under the OFC project which was confirmed by the clinic assessment in the first quarter of 1994.

**C. Population Policy.** In early 1993, SEATS became closely involved in policy issues, with the Missions' strong encouragement. In July 1993, the government set up a Technical Secretariat (TS) of the National Population Council (NPC). The Project Team Leader (TL), who was a demographer with extensive experience in population policy, assisted the TS on a regular basis in implementing the mandate of the NPC and translate the Population Strategy and the Action Plan into specific programs. TA was provided to the NPC in the areas of institutional development, skills development, and systems development. Assistance was provided on a one-on-one basis as well as through formal training sessions. Assistance on policy issues was not limited to the NPC, rather, it expanded to the MOPH, Ministry of Information, and the Faculty of Medical and Health Sciences of the Sana'a University.

1. Status of National Population Policy: In mid-1993 the government had set up nine Task Forces to review and report on the progress of implementation of the national population strategy to a national seminar held in November 1993. The areas the Task Forces were investigating are: population growth, population distribution, population development and environment, safe motherhood, child survival, family planning, population communication, population legislation and laws, and status of policy and program interventions. The TL assisted the Task Forces to prepare the reports and edited every report and the final workshop proceedings.

2. International Conference on Population and Development: The SEATS TL assisted the NPC in drafting the Yemen country paper for the International Conference on Population and Development (ICPD). Additionally, SEATS sponsored

participation of three members of the Yemen delegation to the regional preparatory committee meeting in Jordan and the Acting Secretary General of the NPC Technical Secretariat to the Preparatory committee meeting in New York.

3. Strategic Use of DHS findings: The SEATS team leader edited the DHS final report and assisted the Central Statistics Office (CSO) and the TS/NPC in organizing a seminar to disseminate DHS findings. He also assisted in preparing papers on application of various DHS findings presented in the dissemination seminar.

4. Operational Plan: SEATS assisted the TS/NPC to develop an operational plan to set up and strengthen the Technical Secretariat of the National Population Council as well as the coordination and technical assistance role for the implementation of the National Population Strategy. This was accomplished with the participation of technical and administrative staff of the TS. Assistance was also provided in designing a quarterly reporting format for the TS to report progress in achieving its objectives.

5. Data Base: Assistance was provided to the TS to establish a data base for the ongoing population programs and projects. This data base will include information on the objective of each project/program, population coverage, geographical location of the programs, implementation strategy and client service. This will strengthen the TS/NPC capability to monitor different family planning projects/programs.

6. Integration of Family Planning in Primary Health Care: SEATS supported a five-day national conference on Primary Health Care (PHC), organized by the Ministry of Public Health. This conference revised the existing health policies to include family planning. This is a significant step towards expanding family planning services in Yemen. The MOPH controls the vast network of health facilities in the country. SEATS support to the MOPH conference included technical assistance in drafting the new health policy that included family planning, and partial financial support towards printing workshop materials and proceedings.

7. Faculty of Medical and Health Sciences: SEATS supported a two-day workshop of the Faculty of Medical and Health Sciences (FMHS) on the potential role of FMHS in the implementation of the National Population Policy. The workshop was attended by University faculties, MOPH, NPC and NGO officials. The workshop identified four specific roles for the FMHS. These are: (a) Incorporating population and family planning into the undergraduate curricula, (b) Conducting research on population and family planning issues and implementing action research projects, (c) Training family planning service providers, and (d) Designing and implementing special family planning awareness programs utilizing undergraduate students

8. **Ministry of Information:** SEATS assisted the Ministry of Information in designing and conducting a five-day seminar on population issues for mass media personnel. This workshop was conducted in collaboration with the Technical Secretariat of the National Population Council. Media personnel from the newspapers, radio and television attended this seminar. SEATS provided technical assistance in planning and designing the seminar and assisted in facilitation.

9. **Study Tour to Indonesia:** SEATS sponsored a study tour of four senior officials of the Ministry of Public Health and the Technical Secretariat of the National Population Council to Indonesia and Thailand. The objective of the study tour was to provide an orientation to these officials on different programmatic options in expanding family planning services and the importance of mobilizing communities in creating a favorable environment for family planning. The SEATS Regional Director for Asia and the Near East and the Yemen Team Leader accompanied the group and acted as facilitator. The study tour was extremely useful to broaden the perspectives of these officials which will have a positive impact in program development in Yemen.

10. **Injectable Contraceptives:** Injectable contraceptives are not legal in part of Yemen. Before the unification, injectables were legal in South Yemen and illegal in North Yemen. After the unification, southern Yemen continued providing injectable contraceptives while Northern Yemen did not. However, injectables are available in the private pharmacies and many people request injectables in the government clinics. The SEATS Team Leader therefore requested the NPC approve injectables as a method of contraception in Yemen. SEATS supplied all the materials the NPC requested for review. At the time SEATS employees evacuated the country due to the civil war, it was not approved. It is important to pursue the approval of injectables.

**D. Accelerated Cooperation for Child Survival (ACCS) Project.** In November 1992 when the Chief of Party of the Resources for Child Survival Project (REACH) left Yemen, the Accelerated Child Survival Project (ACCS) was integrated with SEATS activities. The arrangement was that an expatriate Management Associate would manage the ACCS activities. Later, USAID decided that this position would not be needed and advised SEATS not to recruit for it. This significantly affected the project's ability to implement all the planned child survival activities within a limited time (October 1992 to September 1993).

SEATS support for the child survival activities can be divided into four categories: strengthening PHC activities through training Primary Health Care Workers (PHCWs); commodities and equipment supply to the Primary Health Care Units (PHCUs); Expanded Program for Immunization (EPI); and management of the Primary Health Care (PHC) system. Given below are the details of these activities:

1. **Training of Primary Health Care Workers:** When REACH-supported activities were integrated with the SEATS activities, REACH was supporting training of 60 female Primary Health Care Workers (PHCWs) in Hodeida, under the Accelerated Child Survival project (ACCS). This training was conducted in four health centers. In each center, training was provided by a midwife trainer/supervisor. Part of the training included practical training in the villages. SEATS continued supporting this training program through disbursing salaries to four trainers, drivers and guards, and stipends and field allowances of the trainees, and arranging transportation for practical training. Each trainee was provided with a delivery kit on completion of their training.

2. **Equipment Supply to PHCUs:** The REACH/ACCS project planned to equip 90 Primary Health Care Units which would employ the trained PHCWs. In early 1993 the integrated SEATS/REACH team began procuring the equipment with assistance from the Logistics and Administrative Support Office (LASO). Distribution of the equipment was completed in the last quarter of 1993. This equipment was procured through competitive bids. The project also handled a UNICEF shipment from overseas and delivered those to the clinics. This was completed in early 1994.

3. **Expanded Program for Immunization (EPI):** The integrated SEATS/REACH project conducted an assessment of the cold chain equipment in Yemen. Based on this assessment, assistance was provided to repair cold chain equipment in four governorates. The project also procured cold chain equipment and air conditioners for the governorates. An assessment of training of Primary Health Care Workers (PHCWs) and supervisors was also conducted. Based on the findings, 375 service providers, 45 Primary Health Care (PHC) Supervisors and eight senior PHC staff of the MOPH were trained. With the exception of Hajja, the store keepers in three governorates (Hodeida, Mareb and Saada) were trained in record keeping and equipment maintenance. The training was provided by a local and an expatriate consultant. A supervisor's handbook was prepared and the local EPI consultant assisted the Hajja and Hodeida Governorates to develop plans for improvements of EPI activities. Assistance was also provided to repair a number of vehicles in these provinces to help strengthen the EPI activities.

4. **Improved Management of the Primary Health Care System:** In mid 1993, the project conducted an assessment of the available PHC guidelines, policies and training materials. Based on the assessment findings, the consultant revised the guideline and designed a ten-day workshop for the supervisors. He also conducted a workshop on supervision in Hajja. The workshop reviewed and analyzed the problems of supervision and developed an action plan to address the problems and a supervisory checklist. A second workshop was planned for Hodeida but could not be completed due to the sudden illness of the consultant.

E. Others: Training of private physicians. In 1991, SEATS developed a project with the Yemen Physicians and Pharmacists' Union (YPPU) to train 240 private physicians. This project was funded through SEATS central funds. The objective of the project was to provide an understanding of family planning to the physicians and arouse their interest, and to broaden the involvement of the private sector in family planning. The project offered a three-day training to more than 150 physicians. Some of the trained physicians later requested additional training on specific contraceptive methods and support for launching private sector programs but SEATS was unable to provide such support due to a shortage of funds. In addition, there were management problems in the YPPU which would require substantial management staff time. Unfortunately, SEATS did not have the manpower for such assistance.

In Yemen there is only one NGO, the Yemen Family Care Association, currently involved in family planning. Several donors are supporting this organization however it has extended to the limit of its structural capacity. It is, therefore, important to promote involvement of other organizations. Although the YPPU is not well managed currently, it could be an important vehicle to promote family planning through physicians and pharmacists, and assist in privatizing the program in the country.

**E. Collaboration.** USAID/Yemen designated SEATS as the lead agency in implementing the Options for Family Care project (OFC) and asked SEATS to coordinate the activities of different Cooperating Agencies (CAs). SEATS worked in collaboration with the USAID CAs in implementing the project activities and maintained liaison with the multi-national donors. SEATS invited the Family Health Training Program (FHTP) to conduct the training of service providers and managers. This effective collaboration facilitated the timely completion of the training. Since FHTP used its own funds, the savings of the OFC could be used to fund other activities. SEATS assisted JHPIEGO in conducting an assessment of the regional IUD training program. JHPIEGO trained about 46 physicians and nurse-midwives in IUD insertion in Tunisia, Egypt and Morocco. JHPIEGO also assisted SEATS in conducting an IUD training of the service providers. SEATS collaborated with AVSC and UNICEF in producing a flip chart for the service providers and also liaised between the NPC and Macro International which conducted the Demographic and Health Survey (DHS). The SEATS Team Leader reviewed the DHS draft report and provided comments. SEATS collaborated with the Program for Appropriate Technology for Health (PATH) in developing a family planning poster, two pamphlets and three videos which will help meet the need for educational materials in the country. SEATS assisted BUCEN in scheduling their activities with the Central Statistics Office and collaborated with OPTIONS in providing computer training to the NPC staff and assisting in organizing the National Seminar on a Population Policy Update. The SEATS ANE Regional Director and Yemen Team Leader worked with the PRISM team and the Mission in developing its strategy and

performance indicators. In collaboration with the Institute of Reproductive Health (IRH) SEATS arranged training on Lactational Amenorrhea Method (LAM) for the Family Planning Project Director of the Ministry of Health. The project also made significant efforts to work with UNFPA to develop a logistics management system for Yemen but did not receive enough response from them.

### **III. Lessons Learned and Recommendations.**

SEATS has been working in Yemen since 1990. During this period Yemen has experienced many significant events:

- Yemen conducted an election resulting in a coalition government and leading to a merge of what had been North and South Yemen to form the Republic of Yemen.
- A civil war broke out before the Republic's fourth anniversary.
- Yemen faced the consequences of the Gulf War including one million migrant workers from Saudi Arabia and other neighboring countries returning to Yemen which resulted in economic problems and a free fall of the value of Yemen currency.

The USAID Mission in Yemen also experienced many changes. The Mission was drastically downsized from 22 to two direct hires. Most of the USAID projects were closed. There were several changes in the Mission leadership and the Mission priorities also changed due to the political circumstances both in the country and in the region.

SEATS worked in Yemen for four and a half years. And of course, all these changes affected its activities. During this period SEATS learned many lessons which should be shared with its colleagues in the field.

Through SEATS, the USAID Mission in Yemen started playing the leading role in the area of population policy. The institutional development process of the Technical Secretariat (TS) of the National Population Council (NPC), initiated by SEATS, needs to continue to develop the TS as an effective body to promote and coordinate family planning programs. It is, therefore, important that the Mission continues supporting these activities and playing the lead role in this area.

Traditionally, donors in Yemen develop and implement programs in select, small areas, without significant involvement from the national government. SEATS made conscious efforts to break away from this tradition and involved the national and provincial governments in planning and implementing the family planning program. Establishing the project steering committee and the coordinating committee at the

national level and the executing committee at the provincial level proves that the government is willing to take the leadership role in developing and implementing family planning programs.

Since 1991, the Government of Yemen spent significant energy and resources in developing a population policy. The Ministry of Planning, the home of the National Population Council (NPC), had two senior advisors. Two large population conferences were held. A Technical Secretariat of the National Population Council was established to promote and coordinate family planning services. While all these happened in the NPC, almost nothing has happened in the Ministry of Public Health, other than the SEATS supported project in Hajja and Hodeida and a conference to integrate family planning in the health policy. The MOPH manages most of the health facilities in the country. While the job of TS/NPC is population policy implementation and coordination of family planning services, the MOPH, in order to be able to provide the services nationwide, must train service providers, improve clinic facilities, supply contraceptives and other logistics to the health facilities, and provide information, education and counselling.

The government of Yemen has set an ambitious target of increasing the contraceptive prevalence rate from the current rate of 6% to 35% by the year 2,000. This is achievable only through making contraceptives available nationwide. The MOPH is the only organization with a nationwide network. However, they need assistance in developing national programs. SEATS implemented a family planning program in two governorates. **USAID is planning to expand it to another governorate in the coming three years. If expansion of the family planning program continues at this rate, the population of Yemen will at least double before family planning is made accessible in all the governorates. It is, therefore, felt that the donors should coordinate efforts in helping the government develop family planning programs nationwide.** For example, the planned USAID or UNFPA program could be positioned to help the Yemen government develop a national family planning program. Demonstration projects can be developed in three provinces and these can be used as the training grounds for MOPH personnel in other governorates. If this were to occur, SEATS would recommend that the expatriate Resident Advisors are located in the Ministry of Public Health and work with them to rapidly expand family planning and reproductive health services, improving the quality of services, managing logistics services and developing IEC strategy and communication materials.

Many donor driven programs collapse after the withdrawal of donor support. The Tihama project is one of the most recent examples in Yemen. One of the most important reasons for this is the lack of commitment of the local leadership. A systematic approach is needed from the very beginning to develop such commitment. At this stage of program development, people have gained significant experience in localized and pilot projects. Now, it is time to negotiate and

develop a national family planning program structure for the Ministry of Public Health and assist them in implementation. Such programs should include all the urban areas, especially Sana'a and should be expanded throughout the country in the shortest possible time. Given below are some of the specific lessons SEATS has learned:

1. Even the most conservative societies change: Yemen is a very conservative society. When SEATS began working in Yemen, family planning could not be mentioned - the term "family care" had to be used. Now the Government has accepted that family planning should be part of health care. However, much remains to be done. USAID should clearly identify "legitimization" of family planning as a primary objective of its assistance in Yemen. It should, with the active involvement of its long term technical assistance team, prepare a plan to regularly present and interpret its findings regarding the demand for and acceptability of family planning services by the public. This can be done through scheduled site visits by senior government officials, workshops, reports and a newsletter about the project.
2. Family planning services are desired by and are used by the public: The family planning acceptance rate has been steadily increasing in the clinic areas where SEATS' inputs have been provided. In fact, the demand for services was greater than the capacity of the government to institute full services. Where surgical sterilization, particularly tubal ligations, were available and offered in a planned and positive manner, they were accepted by families which had reached their desired family sizes or which needed this permanent method for medical reasons.
3. Good governorate-level management makes a major difference in the success of family planning programs. Hajja Governorate, which was expected to have been more resistant to family planning, actually performed better than Hodeida Governorate because the Governorate Department of Health supported family planning by active supervision and logistics support. In Hodeida, where there was relative indifference by government health officials regarding family planning, by the end of 1993, most clinics still had not received their medical equipment, and were achieving little success in providing family planning services.
4. Training of staff in family planning services and clinic management, in combination with improvements in equipment and facilities, resulted in increased services and the existing clinics are capable of providing good quality family planning services provided they are given the basic minimum facilities and training.
5. Training is not a "one-time" activity. Staff who are trained need continuing

educational opportunities to refresh and update their knowledge and skills. In addition, staff frequently are transferred or otherwise leave, with their replacements having not received the training. There are several ways to approach this problem: family planning curriculum should be included in all pre-service training; annual refresher workshops should be provided in each governorate; and training should be an integral part of supervisory visits, whether the supervision takes place in the clinic or the governorate headquarters.

6. Clinical training, especially for IUD insertions, must and can be provided in Yemen. The Project arranged for small numbers of midwives to receive this training in the YFCA clinics. Larger numbers could be trained if the clinics at Al Thawrah and Sabaheen hospitals were upgraded as training facilities.
7. The role of the Project's Governorate Coordinators,<sup>1</sup> was very important in monitoring and facilitating the operations of the program. They regularly visited the clinics, received reports and assisted staff in completing the reports, facilitated the provision of contraceptives, identified problems, provided liaison with the governorate health offices, and reported to the project headquarters in Sana'a. Ultimately, after the job descriptions and management system supporting these positions are further tested and strengthened, these positions and their functions should be used as role models for the Ministry of Health in providing supervision to the health centers. However, the coordinators should be government rather than donor employees.
8. For family planning to become institutionalized in Yemen, it must become an essential part of the maternal health services. In this way, both the public and health staff in training will experience it and regard it as something to be expected. Therefore, it is very important that USAID work with the major hospitals in Yemen, particularly in Sana'a, to establish "postpartum" family planning programs, with staff training as an integral aspect.
9. Continue to develop IEC materials and strategies, including mass media. However, training in their use is even more important. Therefore, USAID must continue to support IEC training for health center staff. In addition, USAID should consider providing training in IEC planning and management to the MOPH and governorate health offices.
10. Training for family planning must be made a major component in any assistance provided by USAID. Specific help should be provided to the

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<sup>1</sup> Employees of the Project, not government employees.

YFCA and to one or more of the urban hospital maternity centers to establish them as sites for continuing training and education in family planning services. In addition, USAID should make continuing education or in-service education a central focus of its training efforts.

11. USAID should continue to provide assistance for the training and promotion of surgical methods of contraception, as there appears to be a growing acceptance of this very effective method. However, it is recommended that promotion in the near future should be low key integration into the routine services provided by physicians. The way it is being provided in Mahabisha Hospital and the Baptist Hospital should be studied, as they appear to be singularly successful.
12. SEATS planned to disseminate its experience and share it with the Government, donors and other NGOs involved in family planning activities. SEATS had also planned to conduct an assessment of the activities involving the MOPH and the NPC to give them an opportunity to have an insight into different aspects of the program. These activities could not be completed due to the abrupt outbreak of the civil war but are important to enlist interest and support for family planning, and would accelerate expansion of family planning services. SEATS, therefore, recommends that in the beginning of the upcoming project a review meeting should be held with the new project team, MOPH and TS/NPC officials, USAID and other donors. USAID may like to invite key members of the SEATS program team to share their experience.
13. SEATS organized some of the training in a hotel and the participants were required to reside there during the training. The result was very positive. The participants were in the training room on time and did not mind working long hours. SEATS, therefore, recommends that formal training should be conducted in residential setting as much as possible/feasible.
14. Although the government was interested in overseas training, it was not optimally used. Most of the people trained overseas were transferred or fired following their return. This is a gross waste of resources. Therefore, before sending anyone for foreign training an understanding should be reached with the government about the nature of the job the person will perform on return from the training, how they will use their new skills, and that the person will not be transferred or fired for a certain period of time.
15. Some of the SEATS supplied equipment was at the governorate warehouse because the governorates were requesting the clinics to guarantee that it would not be stolen. The clinics, in turn, were asking the governorates to provide guards to ensure safekeeping of the equipment but the governorates

did not have funds for this activity. As a result, the equipment remained in the governorate warehouse instead of being used in the clinics for a long time. These issues should, therefore, be resolved before procuring equipment in the future.

**ATTACHMENTS**

**Illustrated list of Equipment Supplied to the Clinics**

1. Autoclave, sterilizer, steam
2. Sterilizer drum
3. Physician scale, adult size
4. Physician scale, infant size
5. Curtain, screen/divider
6. Examination table, folding
7. IUD kit
8. Gooseneck lamp
9. Sphygmomanometer
10. Stethoscope
11. Filing cabinet, 4 drawer
12. Medicine cabinet, glass door
13. Provider's desk with chair
14. Waiting room chair, bench
15. Side chair, plastic
16. TV, VCR with stand
17. Gas range, portable
18. Hand held loudspeaker
19. Water tank
20. Water pump
21. Butane gas cylinder

## Attachment 2

### Client Visit Statistics, SEATS Yemen Project, 1991 - 1994

**Table 1**  
New Clients by Method

Method/period	Q4/1991	Q1/1992	21/1992	Q3/1992	Q4/1992	Q1/1993	21/1993	Q3/1993	Q4/1993	Q1/1994	21/1994	Total
Orals	1,014	744	1,050	720	720	769	1,410	1,515	1,457	822	446	10,667
IUD	127	214	143	171	150	71	174	216	137	35	15	1,453
Inj	0	0	0	0	0	0	0	0	41		12	53
F. Tablet	37	46	81	32	29	41	43	53	52	5	4	423
Condom	51	45	142	69	56	42	111	213	164	63	81	1,037
<b>Total</b>	<b>1,229</b>	<b>1,049</b>	<b>1,416</b>	<b>992</b>	<b>955</b>	<b>923</b>	<b>1,738</b>	<b>1,997</b>	<b>1,810</b>	<b>938</b>	<b>558</b>	<b>13,605</b>

**Table 2**  
Revisit Clients by Method

Method/period	Q4/1991	Q1/1992	21/1992	Q3/1992	Q4/1992	Q1/1993	21/1993	Q3/1993	Q4/1993	Q1/1994	21/1994	Total
Orals	2,251	2,323	3,783	3,778	2,956	2,918	2,415	2,822	2,708	968	892	27,814
IUD	42	0	64	135	96	86	169	115	115	8	14	844
Inj	0	0	0	0	0	0	0	12	26		0	38
F. Tablet	43	31	64	67	58	59	59	58	59	3	4	505
Condom	44	47	151	128	132	74	126	274	359	45	76	1,456
<b>Total</b>	<b>1,229</b>	<b>1,049</b>	<b>1,416</b>	<b>992</b>	<b>955</b>	<b>923</b>	<b>1,738</b>	<b>1,997</b>	<b>1,810</b>	<b>938</b>	<b>558</b>	<b>13,605</b>

**Table 3**  
Visits by Type

	Q4/1991	Q1/1992	21/1992	Q3/1992	Q4/1992	Q1/1993	21/1993	Q3/1993	Q4/1993	Q1/1994	21/1994	Total
New Clients	1,229	1,049	1,416	992	955	923	1,738	1,997	1,810	938	558	13,605
Revisits	2,380	2,401	4,062	4,108	3,242	3,137	2,769	3,281	3,267	1,024	986	30,657
<b>Total Visits</b>	<b>1,229</b>	<b>1,049</b>	<b>1,416</b>	<b>992</b>	<b>955</b>	<b>923</b>	<b>1,738</b>	<b>1,997</b>	<b>1,810</b>	<b>938</b>	<b>558</b>	<b>13,605</b>