Annual Report 2008
YEMEN - Basic Health Services Project

SECTION I: PRESENTATION OF ACTIVITIES BY INTERMEDIATE RESULTS AS PER WORK PLAN	
Activity by IRs and Sub-IRs	

Project Name	Basic Health Services
Project Number	279-A-00-06-00004-00
Project Duration (LOP)	Dec 14-2006- Dec 13-2008
CTO/TA	Dr. Iman Awad

IR 5.1: Increased Access to Quality Health Services and Participation at the Community Level

5.1.1: Health facility refurbishments in all five Governorates	<u>This activity was completed.</u> All construction activities were completed and the contracts obligations fully paid. Deliveries of equipment and furniture pertaining to 08 plan are completed. Some equipment remains in the BHS warehouse because ordered quantities were based on planned renovations, some of which were not done due to lack of funds in 07 and 08. The remaining equipment will be distributed in 09 as part of the new project extension and work plan. Maintenance of facilities and equipment provided will be a constant concern as facilities budgets are very inadequate. BHS plans to carry out regular checks on vehicles and equipment, and a repair team may be dispatched as needed. Local Coordinators are also instructed to deal with needs for repairs. Construction: Construction work is now completed in 24 of the 24 sites for which funding was available from USAID. A total of 24 health facilities were renovated and in most cases expanded by adding housing for health providers and an extension for normal delivery services (basic EmOC). Furniture & Equipment: Furniture and equipment were supplied to 121 facilities including substantial medical equipment to health centers that were refurbished and basic instruments and equipment to smaller health units which are visited by mobile teams. Maintained and re-equipped the car of the first mobile team in Marib with new equipments and new box including the mobile education - 2 mobile health teams equipped provided to Sa'ada governorate. - Medical furniture supplied to 26 September in Al-Juba district, Marib governorate - Medical equipment supplied to Al-Sabaeen Hospital in Sana'a as part of the support to help implementation of Best Practices in MNCH/FP. - provided Health education and training equipment which include Laptop, Sony LCD Projector, and Screen to 6 governorates health offices (Marib, Shabwa, Sa'ada, Amran, Al-Jawf, and Sanaa). Services provided: Among the 649 health facilities in the 5 governorates, BHS targeted the 84 largest facilities for assistance (usually

	the main facility in each district).
5.1.2: All BHSP assisted health facilities fully staffed per MOPHP standards	The Ministry of Health does not have sufficient resources to employ staff in all the facilities and not enough trained personnel are available to meet the needs. There is a large imbalance in the distribution of human resources across the country. There is widespread corruption and abuse in the system: numerous posts are occupied by unqualified staff or staff who are paid but do not report to work. Numerous facilities are closed although they have staff –on paper. Staffing of facilities is regularly monitored and discussed by BHS with the governorate authorities and with the Minister of Health, particularly to bring doctors to new facilities and to hire newly trained midwives. BHS interventions in this regard included: 1. Provision of housing facilities adjacent to clinics so that medical and paramedical staff can be relocated there and also be on call for eventual 24hr service. The BHS project completed building 17 multi unit housing annexes. 2. Pre-service training of midwives for understaffed clinics (123 new one added in 06 and 230 in training and will start work in Q1/CY09) 3. Establishing mobile medical services teams who provide services at understaffed and remote facilities. 4. Regularly monitoring the staffing of targeted health facilities and discussing identified needs and issues with MOPHP
5.1.3: Staff from health facilities trained in delivery of quality FP/MCH services	More training is constantly needed, due to the very poor level of staff skills and absence of regular supervision and continuing education. About 20% of graduated midwives do not immediately get employed by government in the first year but start work as volunteers until they are hired. Constraints in conducting training in governorates due to security restrictions. In Sana'a, US Embassy security restrictions prohibit using tourist hotels for any purpose. BHS has organized its own training space by converting part of its warehouse. To date: • 1,112 participants in short term in-service training • 123 new midwives graduated

	• 214 midwives still in a 2 year pre-service training • 16 morshidat from Al Jawf in a 1 year pre-service training to become midwives. A total of 1,465 health care providers thus benefited from training organized by BHS. Throughout 2008 BHS has been using its own training space saving funds on rental venues and to address security concerns. BHS converted part of its warehousing space in the BHS office site basement. Other USAID projects have used it too.
5.1.4: Assist project health facilities to have adequate supplies of all project-related commodities, including contraceptives	In the last quarter of 2008, the Yemen government cut its budget by 50%, due to the drop in oil prices (major revenue source for Yemen). MOPHP and all health facilities are affected, will have even less funds for running costs. BHS project mandate does not include direct provision of contraceptive supplies. There is multi-donor interest in supporting supplies. Participated in meetings with MOPHP and all donors to develop the national Framework for Commodity Security. Provided limited supplies to support prevention infection activities at Al Sabaeen hospital as part of implementing best practices at the hospital. - Provided 2 vehicles to Al Jawf Governorate for logistics support including delivery of supplies to health facilities. BHS staff participated with other donors in development of national commodity security framework. BHS provided support to 3 governorates for transportation and distribution of supplies. BHS supported MOPHP conduct training workshops for logistics agents from governorates.
5.1.5: Strengthen facility-level management systems	Managers of health facilities lack basic training. Majority of managers are appointed by local authorities and have no health background. MOPHP has little or no supervision in place. Management improvement interventions are part of another USAID project which ended in September 08 with no replacement. BHS coordinates with governorates and MOPHP to provide management support. Quality assessment information was collected as a baseline; and monitoring is done by BHS coordinators covering facilities refurbished by BHS, statistics collected regularly by coordinators and requested from MOPHP.

<table>
<tr><td></td><td>16 managers were trained in supervisory skills from targeted governorates</td></tr>
<tr><td>5.1.6: Mobile teams established and delivering services (BHS provides logistic support to the teams which are staffed and managed by MOPHP)</td><td>Doctors are seldom available to work for the MOPHP at the government pay scale. The alternative is to use highly trained midwives.

There is a large demand because most fixed health facilities in remote areas are not functional. MOPHP has requested other donors to follow the example of BHS and deploy mobile teams. GTZ and Oxfam have started to do so.

The availability of medicines along with the services tends to make a huge difference in acceptance of the services. By the end of 2008 BHS had 10 mobile teams in place and another 2 readied in 08 will come into service in January 09.

Mobile teams recorded a total of 183,726 clients to date:

<table>
<tr><td>Year</td><td>Clients</td><td>Teams</td></tr>
<tr><td>2006</td><td>22,795</td><td>3</td></tr>
<tr><td>2007</td><td>63,045</td><td>10</td></tr>
<tr><td>2008</td><td>97886</td><td>10</td></tr>
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An estimated 200 health facilities which otherwise provide very limited services are activated through the mobile teams to provide comprehensive RH/FP and general
2 additional mobile teams for Sa'ada governorate were launched officially and expected to start work in the beginning of next quarter.

The health facilities visited by mobile teams were provided with basic instruments and clinic furniture so that teams and clients find a suitable service environment and to improve the ability of the local facility personnel to provide some services in between mobile team visits.care services once a month.</td></tr>
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5.1.7: Implement rural outreach by trained community midwives	Midwives in health facilities are being encouraged to conduct home visits and hold community meetings. TA was provided to build the capacity of the YMA through: • Training in strategic planning and financial management. • Technical assistance to design a new Strategic Planning Framework and Organization Plan for the next 5 years. • A TA visit (2 weeks) from ESD capacity building advisor was completed in the first quarter of 2008 to assist YMA with business course development and begin process of documenting YMA establishment and growth. • A study tour for YMA members to Uganda (March 13-20, 2007) to learn from the Uganda Private Midwives Association's (UPMA). • Assistance to develop the national code of ethics for Yemeni midwives. • Assistance to develop a national job description, incorporating new tasks consistent with an increased participation in RH goals (such as ability to insert IUDs) and have it approved by the Ministry of Health. ESD, BHS and YMA implemented activities under the Private business project for Midwives, targeting 14 midwifes from the 5 targeted governorate by BHS; activities included: • Training course on Business principles and practice completed for 15 midwifes (3 Amran, 3 Shabwa, 2 Al-Jawf, 2 Sa'ada , 4 Marib, and 1 from Sana'a) • One day workshop targeting the midwifes of private business project with the objective of developing time line plan. • Renovation, furnishing and equipment (with BHS funds) for 14 midwife clinics: 1- Amran governorate: Raida district, Amran city, and Thola district. 2- Marib governorate: Jobha district and Marib Alwadi district. 3- Al-Jawf governorate, 2 midwifes clinics in Al-Hazm district and Al-Khalk district. 4- Shabwa governorate: Azan district, Maifah district, and Bihan district. 5- Sada'a governorate: Bakim district, and Sadaa city. • Development of guidelines for private midwives clinic. • Technical training Private Business activity a) 14 midwives completed the renovations of their newly established clinics as part of BHS assistance to establish

	midwives in private business. BHS provided basic equipment and furniture to 12 of them • Amran governorate: Raida district, Amran city, and Thola district. • Marib governorate: Jobha district and Marib Alwadi district. • Al-Jawf governorate, 2 midwifes clinics in Al-Hazm district and Al-Khalaq district. • Shabwa governorate: Azan district, Maifah district, and Bihan district. • Sa'ada governorate: Bakim district, and Sadaa city. b) Guidance and monitoring provided by Yemeni Midwives Association funded by BHS. c) Technical training was conducted for the midwives enrolled in private business project for 8 days targeting 16 midwives (refresher course on RH/FP, (including HTSP) on Best Practices in MNCH/FP and on clinical skills. d) Feed back provided to ESD on a regular basis on all aspects of this activity, including details on all the midwives, their age, location, previous experience, targeted client population and its characteristics, number of clients served, fees collected, etc. d) BHS supported YMA team visits to all the midwives to provide TA in starting their business, including promotion of their new services, completing additional mapping of their coverage area and helping introduce them to local and district health facilities providers for future coordination. e) BHS provided financial support to YMA for the coordination and secretariat of the private business activities and provided office space for the YMA members. Constraints and challenges: All NGOs in Yemen operate under the jurisdiction of the Ministry of Social Affairs, which is mandated by law to monitor how NGOs respect their constitution (which is normally approved by the MOSA). The YMA was crippled during most of 2008 by the negative actions of its outgoing president who was subsequently removed by the MOSA. BHS continued to support the YMA board and staff to run the activities funded by ESD and BHS.

Activity by IRs and Sub-IRs	Progress in 2008
5.2: Increased Health Knowledge and Improved Behaviors at the Community Level	
5.2.1: Develop and disseminate health education messages in support of project interventions	In 2008, the health education messages developed earlier were updated to reflect the latest information such as HTSP (healthy timing and spacing of pregnancies) and changes in immunization protocols. 20 RH/MCH messages from evidence based practices about prioritized health issues were developed into posters (4 on breastfeeding including LAM, 2 on prenatal care, 2 on delivery, 2 on post partum care, 3 on birth spacing and 3 on nutrition in MCH and 4 on newborn and child care. Each of the 20 messages was printed on 3,000 posters for a total of 60,000 posters. The posters were distributed as follows: - 5,000 to each target governorate (Amran, Marib, Sadaa, Shabwa, and Al-Jawf) = 25000 - 10,000 to Health Education Center (Sana'a) to be distributed in other governorates not targeted by BHS - 100 to the University of Dhamar. - 500 to the members of community mobilization teams and Religious Leaders during the training courses - 600 posters including 20 health messages were distributed to the health education and information directorate in Sioun.Hadramout Governorate. - 500 distributed during the population international day in Hodeidah governorate A Health Education Manual was developed with participation of major donors and the MOPHP A knowledge attitudes and practices (KAP) study was completed in Thulla. 10 mobile team vehicles and one school bus for student midwives also display some of the new posters painted all over the vehicles. Designed 2 brochures targeting the audiences of the religious leaders: - the first one is on religious opinions in support of family planning methods. - The second one contains religious opinions in support of breast feeding. Printed 100,000 of the two brochures (50000 for each one); the brochures were distributed as follows:

	- 18000 Amran religious leaders - 21000 Marib religious leaders - 19000 Shabwa religious leaders - 5000 Al-Jawf community mobilization team - 5000 Sa'ada community mobilization team - 1000 Dr. Iman USAID - 2000 during the book exhibition in faculty of medicine- Sana'a - 1000 during the Reproductive Health open day in leadership development center- Sana'a - 1000 during the heath exposition in Hodeidah governorate - 18000 for male religious leaders of Al-Jawf governorate - 2000 for female religious leaders trainers of Al-Jawf governorate - 3000 for female religious leaders of Amran governorate - 3000 for female religious leaders of Marib governorate - 1000 distributed by project coordinator Printed the final version of the manual for health educators and preparations for training of users. 2000 copies were printed. Printed 5000 of mother educational booklet on Best Practices. Continue to disseminate health education messages in support of project interventions through posters and brochures In coordination of Social Guidance Organization (NGO), BHS completed the preparation and design of a reference book on religious opinions in support of reproductive health. Will be printed in the next quarter. Completed designing 2 new brochures targeting the audiences of the religious leaders: - one has information on the standard days method of family planning. - The second has information on risks of early marriage. Both were specifically developed on request from religious leaders who need them for their audiences and designed with participation of the RLs and consultation with the MOPHP Health Education Center. - The 2 brochures will be printed and distributed in the next quarter.
5.2.2: Systematic counseling services in RH/MCH services	Training of trainers in counseling was conducted in April, 2006 and was followed by a training at the district level for 86 providers. Counseling facilities and trained staff available in all BHS assisted health centers

	To date 163 health providers received training in counseling skills The maternity hospital in Shabwa was provided with a network to provide heath education via TV in all rooms. The Hospital Al Sabaeen in Sana'a has TV screens in OBGYN and pediatrics waiting areas and convalescence rooms with RH messages broadcast regularly. BHS established a counseling room and function at the Al Sabaeen Hospital as part of the Best Practices implementation in this hospital. Counseling materials in the form of a manual / brochure on maternal and infant health needs and actions was produced and is being distributed to clients of the maternity service at the hospital. BHS obtained a copy of health education TV spots and sketches produced by the Mother and Child project in Egypt with a view to use them for enriching the video libraries in various health facilities. MOPHP guidelines on counseling are not enforced. No supervision.
5.2.3: Mobilize community outreach workers, local council members, teachers and agriculture extension agents to deliver health messages	Achieved activities to the end of the year included the following: • TOT completed for 40 religious leaders and educators (male and female) • Study tour in Egypt for male and female RL was completed for the same number. • Three workshops were completed in the governorates for 65 religious leaders from the districts. • One intersectoral Community Mobilization Group was formed in each of the 5 governorates, received training and started conducting awareness activities. • Mobilization groups in Amran, Marib, Shabwa, Sada'a and Al-Jawf governorates implemented 2895 activities reaching 118,938 people • 806 health education events held by BHS governorate coordinators with 35,213 participants in total for 2008 • A mobile cinema unit (from MOPHP) was used as a venue in Amran governorate to broadcast health messages. • Religious leaders implemented 4437 activities reaching 419,147 clients (347,769 Male and 71,378 female) clients in Marib, Shabwa, Amran and Al-Jawf Governorates. These numbers include people attending Friday main prayers which are well attended and where religious leaders include health messages in their sermon. • Completed training for 20 female religious leaders from Amran, and 20 from Marib governorate. • Implemented 12 evaluation workshops targeting the male religious leaders and 1 evaluation workshop targeting the female religious leaders.

	Safe Age of Marriage Project In august 2008 BHS started a safe age of marriage project with support from ESD - August 2008: signed the contract with Yemen Woman Union (YWU) - October- November 2008: formulated two community awareness teams in the two assigned districts - December 2008: supplied office furniture to Yemen Woman Union (YWU) to be used for safe age of marriage project • December 2008: formulated KAP survey instrument by researcher Absence of functional programs in governorates and districts that would be suitable for BHS to collaborate with and integrate its messages. The lack of transportation is a major issue in working with community groups and developing outreach programs.