

MCHIP Country Brief: Yemen



Selected Health and Demographic Data for Yemen	
Maternal mortality ratio (deaths/100,000 live births)	200
Neonatal mortality rate (deaths/1,000 live births)	32
Under-5 mortality rate (deaths/1,000 live births)	105
Infant mortality rate (deaths/1,000 live births)	75
Contraceptive prevalence rate	27.7
Total fertility rate	6.5
Skilled birth attendant coverage	35.7%
Antenatal care, 4+ visits	14%

Sources: World Development Indicators, 2011; World Bank; Global Health Observatory, 2010–2011; WHO, Countdown Profile 2012.

Health Areas

- Family Planning
- Maternal Health
- Child Health
- Newborn Health
- Immunization



Program Dates	October 2012–March 2014					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of governorates	15%	No. of districts	12	No. of facilities	37
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INTRODUCTION

The Maternal and Child Health Integrated Program (MCHIP) in Yemen was launched in October 2012, with field support funding from the U.S. Agency for International Development (USAID)/Yemen that was used to design and implement an 18-month “Quick Start” (QS) technical assistance program. The QS program objectives were to support the Ministry of Public Health and Population (MoPHP) to strengthen its reproductive, maternal, newborn, and child health and nutrition (RMNCH/N) services at the national level and in four selected governorates—Sana’a City, Sana’a, Aden, and Dhamar Governorates.

KEY ACHIEVEMENTS

During this first phase of the project, MCHIP conducted needs assessments, gap analyses, and reviews across a number of key technical areas, which are summarized below:

- An in-country situational analysis for the maternal and child health and family planning (FP) sectors was conducted in October 2012 to provide recommendations for appropriate intervention areas and strategic approaches. A detailed *Yemen Maternal, Newborn and Child Health Situation Analysis* report was developed summarizing the key information gathered, findings, impressions, and recommendations.
- Several reviews were conducted with the Higher Institute of Health Sciences (HIHS) in Sana’a to support the new, three-year community midwifery education program and improve access to high-quality midwifery services.
- In collaboration with the United Nations Children’s Fund (UNICEF), technical assistance was provided to the evaluation of the community-based maternal and newborn care program (CBMNC).
- A gap analysis of Dhamar Hospital was performed, focusing on how to improve the prevention and management of postpartum hemorrhage (PPH).
- A training needs assessment at Al Rawdah Hospital in Sana’a was conducted, which resulted in a plan to focus on capacity-building training for the hospital midwives, particularly in infection prevention and active management of the third stage of labor (AMTSL).
- A needs assessment of routine immunization services was conducted to identify gaps in the national immunization program.
- An Immunization Review Meeting was carried out in Dhamar Governorate in November 2013 for 39 participants from 12 districts. The objectives of the meeting were to review the implementation of the 2013 districts’ micro-plans, identify the main problems that prevent children from being vaccinated, propose applicable interventions, and develop outlines for the districts’ plans for 2014.
- A maternal, infant, and young child nutrition and family planning (MIYCN-FP) study was conducted in two districts of Dhamar Governorate. Using the Trials of Improved Practices (TIPs) methodology, the study explored current MIYCN-FP practices, the reasons for the practices, and knowledge, barriers, and facilitating factors of optimal practices.
- A study protocol and tools were developed to assess the current practices of trained health care workers providing long-acting and reversible contraception (LARC), which were reviewed by the MoPHP and approved by the Johns Hopkins Institutional Review Board. MCHIP established relationships with the Dhamar Governorate Health Office (GHO) and the University of Dhamar to ensure that all the processes are in place for implementation of the LARC study during the Associate Award.
- In collaboration with the MoPHP, MCHIP organized a postpartum family planning (PPFP) stakeholders’ meeting with more than 40 attendees inclusive of five Governorate Reproductive

Health Managers, with representatives from the MoPHP, midwifery education, health communication, religious affairs, USAID, and 10 international organizations.

- To support the improvement of newborn and child health interventions and immunization at peripheral health facility and community levels, MCHIP partnered with the Dhamar GHO and University of Dhamar to design a gap analysis exercise to identify the gaps in management of sick newborns, infants, and children under five.

As the information on gaps and technical training needs was identified throughout the QS period, MCHIP adjusted its workplan accordingly. Many of the activities during QS included competency-based training (CBT) courses for:

- Twenty-one midwives on clean and safe delivery; initial follow-up visits showed promising results, with midwives improving their competency in AMTSL and immediate newborn care
- Ten midwifery faculty and clinical preceptors on clean and safe delivery
- One hundred twelve providers for a contraceptive technology update and orientation to PPF
- Twelve providers from seven facilities on postpartum intrauterine device (PPIUD) services; MCHIP followed up these providers with supportive supervision visits
- Two doctors on facilitation of Kangaroo Mother Care (KMC) and Helping Babies Breathe (HBB) training; 15 in-service providers from Al-Wahdah Hospital on HBB and KMC; and 33 in-service providers from Al-Wahdah Hospital on monitoring of KMC and HBB
- Thirty vaccinators on Immunization in Practice (IIP) in Dhamar Governorate



Vaccinator demonstrating competency after CBT course

Overall, including these CBT courses, the training efforts of MCHIP have exceeded training targets established in the QS Performance Monitoring Plan by reaching 528 providers, partners, decision-makers, and other key stakeholders.

MCHIP also provided technical support for pre-service education (PSE) curriculum standardization, quality improvement (QI), and on-the-job training (OJT) for community midwives, in addition to establishment of the first KMC unit in the country, as summarized below:

- Beginning the process of standardization and QI for the three-year community midwifery PSE program, a three-day workshop on Standards-Based Management and Recognition (SBM-R) for 21 midwifery faculty from 10 institutions was conducted. Draft standards were translated into Arabic, and on completion of the workshop, a tool consisting of 69 educational performance standards and the QI process were agreed upon.
- Following the SBM-R workshop, OJT visits were conducted to all HIHS sites to support completion of baseline assessments, using the tools to identify gaps and then develop action plans to address the gaps.

- Based on the results of the SBM-R workshop, MCHIP conducted a follow-up stakeholders' meeting in March 2014 to share the assessment findings and improvement action plans, explore expansion to other institutions, and advocate for support to mobilize resources and capacity building of trainers.
- In Al-Wahdah Hospital in Aden Governorate, MCHIP supported establishment of a KMC unit in the newborn care unit, including procurement of equipment and materials.

During the QS phase, MCHIP has also focused on developing its network of partners in order to work in a coordinated fashion and leverage the resources and achievements of existing programs. MCHIP has worked with the United Kingdom Department of International Development and the European Union on the multi-sector Scaling up Nutrition (SUN) program, and with UNICEF on the CBMNC evaluation. In cooperation with UNICEF and the World Health Organization (WHO), MCHIP supported the Expanded Program on Immunization initiative at the national level and in Dhamar Governorate. MCHIP also collaborated with the Japanese International Cooperation Agency and WHO on work with the Community Livelihoods Project, and with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) on the Quality Improvement Program. In addition, MCHIP collaborated with the United Nations Population Fund to support the education of community midwives and general advocacy for strengthening midwifery and LARC. MCHIP has also formed strong local partnerships with the Faculty of Medicine and the Faculty of Applied Sciences at the University of Dhamar, Yamaan Foundation, National Safe Motherhood Alliance, Yemen Midwives Association, and Yemen Family Care Association. Additionally, MCHIP's Chief of Party and Maternal Health Advisor facilitated the Development Partner and MoPHP retreat in Sana'a in June 2013 and developed the meeting report.

In addition to strong in-country collaboration, MCHIP allocated resources to sponsor participation in key global meetings, including support for three people to attend the International Conference on Family Planning in Addis Ababa. The MCHIP Reproductive Health Officer also traveled to India to learn about the implementation of PPH programs there, and how they could be adapted to the Yemeni context.

WAY FORWARD

Over the next five years, MCHIP will apply the key lessons learned and address the gaps identified during the QS period to develop a detailed plan of action for implementation under the subsequent five-year Associate Award.

Through the Associate Award, MCHIP will use existing resources, networks and systems to put a focus on the neglected technical areas of newborn care and child nutrition (particularly prevention of chronic malnutrition or stunting), and FP as part of an integrated community-based package focusing on maternal, newborn, infant and child health outcomes, applying a focused gender lens throughout these areas of intervention. This will be done by supporting the finalization of key RMNCH/N policies and strategies needed to create an enabling environment for program implementation; advocating for the adoption, revitalization, and scaling up of selected HIIs whose implementation has not started or is lagging behind; working through national coordination platforms and leveraging other partner resources to strengthen the capacity of the MoPHP to implement RMNCH/N interventions; generating demand within communities for RMNCH/N interventions by implementing appropriate behavior change communication (BCC); and strengthening information systems to improve accountability for high quality program delivery and use of data in making decisions. Cross-cutting approaches such as gender, equity, and integration will underpin activities across the project.