Associate Award Brief–Yemen





Selected Health and Demographic Data for Ye	emen
GDP per capita (USD)	1,361.2
Total Population	24,799,880
Maternal Mortality Ratio (deaths/100,000 live births)	200
Skilled birth attendant coverage	35.7
Antenatal care, 4+ visits	14
Neonatal mortality rate (deaths/1,000 live births)	32
Infant mortality rate (deaths/1,000 live births)	57
Under-five mortality (deaths/1,000 live births)	76.5
Treatment for acute respiratory infection	87.8
Oral rehydration therapy for treatment of diarrhea	38
Diphtheria-pertussis-tetanus vaccine coverage (3 doses)	81
Modern contraceptive prevalence rate	27.7
Total fertility rate	5.2
Total Health Expenditure per capita (USD)	88.4
Sources: World Development Indicators, 2011, World B Health Observatory, 2010-2011, WHO, Countdown Pro	

Major Activities

- 1. Improve the enabling environment at the national level for high-impact RMNCH/Nut services
- 2. Improve human resources planning and preparedness of health workforce
- 3. Support Governorate and District Health Teams to manage and sustain high-impact RMNCH/Nut services
- 4. Increase access and quality of service delivery points that offer high-impact RMNCH/Nut services
- Increase community demand for RMNCH/Nut services and improve quality of high-impact interventions delivered the community level

Program Dates	March 1, 2014 to February 28, 2019				
Mission Funding to Date	Redacted	0.0			
Geographic Coverage	No. (%) of governorates	4	No. of districts	No. of facilities	
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MCHIP HQ Contacts	Koki Agarwal, MCHIP Director, kagarwal@mchip.net; Patricia Taylor, Country Support Team Leader, ptaylor@mchip.net; Nathalie Albrow, Country Support Manager, nalbrow@mchip.net; Victoria Rossi, Senior Program Officer, vrossi@mchip.net; Kate Brickson, Senior Program Officer, kbrickson@mchip.net.				
MCHIP Partners	JSI (lead organization in Yemen): child health, immunization, program management/administration Jhpiego (prime): maternal health, family planning, quality improvement Save the Children: newborn health, community health PATH: nutrition ICF Macro: support for Knowledge Practices and Coverage (KPC) surveys				
Key Partners	Yemen's Ministry of Public Health and Population (MoPHP), Reproductive Health (RH) and Population, Primary Health Care, and Policy and Planning Sectors, EPI and Nutrition Departments; UNICEF; UNFPA; GIZ; World Health Organization (WHO); World Bank, USAID DELIVER PROJECT, National Safe Motherhood Alliance (NSMA), Yamaan Foundation, Yemen Midwives Association (YMA), Yemen Family Care Association (YFCA).				

Acronyms and Abbreviations

СН	Child Health
CHW	Community Health Worker
FP	Family Planning
GHO	Governorate Health Office
GoY	Government of Yemen
HII	High-Impact Intervention
JSI	John Snow, Inc
MCHIP	Maternal and Child Health Integrated Program
MH	Maternal Health
MNCH	Maternal, Newborn and Child Health
MOPHP	Ministry of Public Health and Population
PATH	Program for Appropriate Technology in Health
QI	Quality Improvement
\mathbf{QS}	Quick Start
RMNCH/Nut	Reproductive, Maternal, Newborn, and Child health and Nutrition
USAID	United States Agency for International Development

Background

Following the 2011 Yemeni Revolution, Yemen's health system has been severely underresourced and fragmented, with political instability and chronic and seasonal food insecurity linked to poor maternal, infant and young child nutrition practices. Ongoing instability and uncertainties of the political situation make long-term planning difficult. Within this context, the Government of Yemen's (GoY) Ministry of Public Health and Population (MOPHP) has drafted the National Maternal and Child Health Acceleration Action Plan 2013–2015 to reduce maternal and under-five mortality.

MCHIP's Associate Award in Yemen—primed by Jhpiego and led operationally in Yemen by John Snow, Inc. (JSI), with support from Save the Children, the Program for Appropriate Technology in Health (PATH), and ICF Macro— began in March 2014 and will support an integrated approach that spans reproductive, maternal, newborn, and child health and nutrition (RMNCH/Nut) and will be built on five key objectives:

- 1. Improve the enabling environment for high-impact RMNCH/Nut services
- 2. Improve human resources planning and preparedness of health workforce
- 3. Support Governorate and District Health Teams to **manage and sustain** high-impact RMNCH/Nut interventions
- 4. Increase **access and quality of service delivery points**_that offer high-impact RMNCH/Nut services
- 5. Increase **community demand** for RMNCH/Nut services and improve quality of highimpact interventions delivered at the community level

Planned Activities

To achieve these goals, MCHIP will work in partnership with the MOPHP to strengthen the health system through targeted technical assistance at the district and governorate levels, and through interventions across all MCHIP health areas at the national, governorate, district and sub-district levels. MCHIP will use existing resources, networks and systems to put a focus on the neglected technical areas of newborn care and child nutrition (particularly preventing chronic malnutrition or stunting), and family planning (FP) as part of an integrated community-based package focusing on maternal, newborn, infant and child health (CH) outcomes, applying a focused gender lens throughout these areas of intervention.

MCHIP will build on its successful experience during the initial Quick Start (QS) period and redouble efforts to strengthen the capacity of the MOPHP to deliver high-quality RMNCH/Nut services at scale. This will be done by supporting the finalization of key RMNCH/Nut policies and strategies needed to create an enabling environment for program implementation; advocating for the adoption, revitalization, and scaling up of selected high-impact interventions (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/Nut interventions; generating demand within communities for RMNCH/Nut interventions by implementing appropriate behavior change communication; 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. The project's geographic focus will remain on the same four governorates from the QS period which includes Sana'a City, Sana'a, Aden and Dhamar Governorates.

OBJECTIVE	APPROACH			
Improve the enabling environment for high- impact RMNCH/Nut services (national level)	Building off MCHIP's work in-country during the QS period, MCHIP is ideally positioned to support the MOPHP to execute the HIIs outlined in Yemen's National MCH Acceleration Action Plan and other national strategies and policies poised to improve the health of the Yemeni people. Using a collaborative approach, MCHIP will work at the national level to strengthen the MOPHP's capacity to formulate, coordinate, roll out and monitor key RMNCH/Nut interventions by:			
	 Supporting the development and rollout of RMNCH/Nut national policies, strategies, guidelines and tools; 			
	 Strengthening RMNCH/Nut program coordination, planning and monitoring, and leveraging of other available RMNCH/Nut funds; 			
	 Working with MOPHP and other partners to strengthen national systems for RMNCH/Nut strategic information; 			
	 Documenting lessons learned, sharing best practices, and advancing RMNCH/Nut agenda through advocacy, communication and evidence-based interventions; and 			
	 Advocating for and supporting the MOPHP to develop and roll out a national quality improvement (QI) strategy. 			
	MCHIP/Yemen will continue working to improve human resources planning and preparedness of the health workforce by:			
Improve human resources planning and preparedness of health workforce	1. Strengthening and standardizing midwifery education;			
	 Providing technical support to the MOPHP and partners at national level to build a competent RMNCH/Nut workforce through improvements in in-service clinical and other training; 			
	3. Supporting development of a basic, competency-based community health workers (CHWs) training package; and			
	4. Strengthening the professionalization of health work force cadres.			

OBJECTIVE	APPROACH
Support Governorate and District Health Teams to manage and sustain high- impact RMNCH/Nut services	MCHIP/Yemen will continue to support Governorate and District Health Teams to manage and sustain HIIs by:
	1. Supporting project Governorate and District Health Offices to improve planning, review, coordination and supportive supervision;
	 Strengthening monitoring and evaluation and use of strategic information/data for decision making; and
	3. Strengthening governorate-level training centers in focused governorates. District selection will be guided by selection criteria agreed-upon by MCHIP, USAID and MoPHP. Memorandums of Understanding will be signed with the Governorate Health Office (GHO) in each of the four governorates, clarifying the scope of MCHIP's support and the districts to be supported.
	MCHIP/Yemen will continue to increase access and quality of service delivery points that offer high- impact RMNCH/Nut services by:
	1. Introducing a QI approach for RMNCH/Nut services;
Increase access and quality of service delivery	 Integrating services using the antenatal care, labor and delivery, and postpartum care platforms (postpartum family planning/postpartum intrauterine device, exclusive breastfeeding, maternal, infant and young child nutrition, and tetanus toxoid);
points that offer high-	3. Strengthening FP services;
impact RMNCH/Nut	4. Strengthening maternal health (MH) services;
services	5. Strengthen newborn health services;
	6. Strengthening CH services;
	7. Strengthening immunization services; and
	8. Strengthening nutrition services.
Increase community demand for RMNCH/Nut services and improve quality of high-impact interventions delivered at the community level	MCHIP/Yemen will work to increase community demand for RMNCH/Nut services and improved quality of high-impact interventions delivered at the community level by:
	1. Introducing Community Action Cycle with MOPHP, GHO and other stakeholders;
	Working with communities to positively influence behavior change, strengthen the continuum of MNCH care and promote adoption of key MNCH household practices;
	 Strengthening the package of community-based maternal and newborn health care services provided by CMWs; and
	4. Strengthening linkages between CHWs and health system in governorates with existing CHWs.

Next Steps/Looking Ahead

MCHIP's Associate Award in Yemen began in March 2014 and will run for a period of five years, through February 2019. The first Work Plan covering a 19-month period from March 2014– September 2015 was approved by USAID in June 2014. Implementation of activities in the first work plan has begun and recruitment of staff continues.