

Yemen Case Study

Scaling-up FP/MNCH Best Practices

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The Extending Service Delivery (ESD) Project

Presentation Objectives

- ❑ Describe the process of introducing five Family Planning/Maternal and Child Health (FP/MNCH) best practices in one Yemeni hospital
- ❑ Introducing Post partum and Post Miscarriage FP/Healthy Timing and Spacing of Pregnancy (HTSP) counseling
- ❑ Expansion to six more hospitals in preparation for national scale- up

Country Team Goal

- To contribute to the reduction of Maternal and Neonatal Mortality Rates in Yemen as a result of complications of pregnancy, childbirth and post partum:
 - Pilot program at Al-Sabeen Hospital (main referral MNCH/FP hospital in Yemen)
 - Scaling-up to other large hospitals (where more deliveries occur).

From Bangkok ANE Meeting September 2007.

Selected Country Indicators

- ❑ Maternal Mortality Ratio: 430/100,000
- ❑ Deliveries assisted by skilled birth attendant: 21%
- ❑ Female literacy rate: 29%
- ❑ Infant mortality rate: 56; Neonatal mortality: 34



Selected Country Indicators Cont.

- ❑ Total fertility rate: 6.2
- ❑ CPR: 9.8% modern methods; 20.8 % for all methods
- ❑ Women giving birth to at least one child between 15-19 years :12%
- ❑ Birth intervals: 37% <24 months; around one third between 24-35 months and ; around one third are 36 months or more

ANE Technical Meeting

- Yemen country team decided to introduce five best practices to one demonstration hospital Al-Sabeen in September 2009:
 1. Postpartum Family Planning/HTSP
 2. Kangaroo Mother Care (KMC)
 3. Immediate, Exclusive Breast Feeding and LAM
 4. Neonatal Infection Prevention
 5. Distribution of Vitamin A to Women After Delivery

Work Plan Development Process

- ❑ In early 2008 ESD awarded a \$50,000 grant to Basic Health Services (BHS) project for scaling-up best practices
- ❑ ESD advisor visited Yemen in March 2008; shared technical updates on 5 best practices; assisted the country team in developing a plan of action
- ❑ ESD advisor assessed quality of care and windows of opportunity for FP/HTSP counseling after labor or miscarriage

Hospital Barriers for FP/HTSP Counseling and Services

- ❑ Extremely short hospital stays after normal deliveries; maximum two hours
- ❑ Midwife and nurse shortage during afternoon and night shifts
- ❑ Patient flow between admission to discharge is squeezed and crowded
- ❑ Providers not trained in post delivery IUD counseling or insertion

In-hospital FP/HTSP Counseling: When and Where?

- ❑ Normal delivery
- ❑ Miscarriage
- ❑ Delivery with cesarean section
- ❑ Counseling room before discharge
- ❑ Many windows of opportunity can be utilized



BHS Interventions in Al-Sabeen hospital

BHS included HTSP messages in all their new tools and interventions

- Training guidelines and protocols (3 messages)
- Postpartum mother information booklet/brochure (two HTSP messages)
- Post-miscarriage brochure (one HTSP message)



Post Miscarriage/Abortion Brochure



لا تضعي أي شيء في المهبل لمدة أسبوع

ارتاحي وتناولي أغذية متنوعة مع سوائل

إهتمي بالنظافة والاعتسالي اليومي

إذا حدث لك أي من الأعراض التالية عليك العودة للمستشفى:

- نزيف مهبلي شديد في غير أوقات الدورة الشهرية.
- حمى
- دوخة أو إغماء
- ألم شديد في البطن.
- نزول إفرازات من المهبل أو رائحة كريهة



الجمهورية اليمنية
وزارة الصحة العامة والسكان
مستشفى السبعين العام

ماذا بعد الإجهاض أو الإسقاط

حمد لله على سلامتكم ، وإنشاء الله سيكون الحظ أفضل في سرة القادمة.

بعد الإجهاض أو الإسقاط أنت محتاجة راحة للاستعداد للحمل التالي إذا رغبت.

ليك بمعاودة الحمل التالي بعد حدوث الإسقاط أو الإجهاض لمدة لا تقل عن ستة أشهر

استخدام وسيلة تنظيم الأسرة المناسبة يساعدك على استعداد صحي للحمل التالي



تناولي الأدوية المقررة حتى انتهاء الجرعة، ولا تناولي أدوية بدون استشارة

انتظري على الأقل مدة ستة أشهر حتى تحاولي الحمل مرة أخرى، من أجل صحتك وسلامة طفلك

BHS Interventions at Hospital Level (cont.)

- ❑ Pictures about effective breast feeding and KMC
- ❑ Counseling checklists developed
- ❑ Provision of commodities and supplies
- ❑ Training service providers at OB/GYN ward and nursery in five best practices including HTSP
- ❑ Decision by hospital team to establish a counseling discharge room for FP/HTSP and BCG vaccine

Monitoring and Evaluation

- ESD assisted in developing M&E plan that captures FP/HTSP counseling and services
 - Proportion of all postpartum women delivering in the hospital receiving counseling on FP/HTSP
 - Proportion of all post-miscarriage women in the hospital receiving counseling on FP/HTSP

M&E (cont.)

- Proportion of women delivering in the hospital practicing immediate breast feeding (within 1/2-1 hour)
- Proportion of all postpartum women delivering in the hospital receiving counseling on exclusive breast feeding and LAM



New Indicators for Six Hospitals

- ❑ Proportion of postpartum women receiving a contraceptive before discharge
- ❑ Proportion of women with miscarriage receiving a contraceptive before discharge
- ❑ Percentage of providers who complete competency based training in IUD insertion after delivery

New indicators

- Percentage of trained service providers in each of the 6 hospitals who know the 3 HTSP messages
- Percentage of trained providers who know the 3 required elements of the Lactation Amenorrhea Method (LAM)

Data in Six Months

- ❑ Postpartum FP/HTSP counseling rose from 0 to 73% in six months
- ❑ Post Miscarriage FP counseling rose from 0 to 33% in three months
- ❑ Immediate Breastfeeding rose from 15 to 79%
- ❑ Counseling on LAM and Exclusive Breast Feeding rose from 0 to 73%

Data (cont.)

- Proportion of all eligible women who have received the recommended dose of Vitamin A rose from zero to 97%.
- BCG tripled from its previous level

Plan for Spread

- Country team identified 6 major hospitals in 6 governorates where the 5 best practices will be scaled-up in 2009
- BHS project developed a proposal to scale-up (round 2) submitted to ESD
- MOPHP and BHS requested ESD to introduce the Improvement Collaborative (IC) approach for Scaling-up



Nursery at Al-Wihda Hospital, one of the new demonstration sites.

Barriers

- ❑ Cultural: Midwives' availability in the afternoon and night shifts
- ❑ Continuum of care: women do not come back for PP care, PHC utilization is low; community outreach hardly exists
- ❑ Women's short stays in the hospital



Opportunities

- ❑ Ministry of Health / Population Sector endorsed scaling-up best practices in its work plan 2009
- ❑ MOPHP added a working group on best practices to its Reproductive Health Technical Group
- ❑ BHS Provided MOPHP with best practices training curriculum for training providers from 67 districts as part of MOPHP health systems strengthening project (funded by GAVI)

Opportunities (cont.)

- MOPHP appointed the IC coordinator to assist in national scale-up
- The IC teams will develop a plan for national scale-up in collaboration with Directors of Health and support from Secretary General
- MOPHP is approaching other donors to scale-up nationally



BHS Director Hamouda Hanafi, Deputy Ministry of Health Dr Jamila Raibi and ESD Advisor Salwa Bitar participating in Improvement Collaborative training.

Thank you

