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BUILDING A RESILIENT AND RESPONSIVE HEALTH SYSTEM IN YEMEN

Systems, Health, and Resiliency Project | Final Report | September 2019–September 2023



FINAL REPORT

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Cover photo: VFX Aden

Photo caption: A project-trained community reproductive health volunteer waves goodbye to a mother after a routine household visit to educate her on maternal health.

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**A project-trained community midwife measures a child's arm circumference in Lahj Governorate.
Photo credit: VFX Aden.**

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ACRONYMS

ANC	antenatal care	IEC	information, education, and communication
CEmONC	comprehensive emergency obstetric and newborn care	IPC	infection prevention and control
CHW	community health workers	JSI	John Snow Inc.
CMWs	community midwives	KII	key informant interview
COVID-19	Coronavirus disease of 2019	KMC	kangaroo mother care
CQI	continuous quality improvement	LBW	low birth weight
CRHV	community-based reproductive health volunteers	MEL	monitoring, evaluation, and learning
DDL	Development Data Library	MMR	maternal mortality rate
DEC	Development Experience Clearinghouse	MOPHP	Ministry of Public Health and Population
DHIS2	District Health Information Software -2	MSP	minimum service package
DHO	district health office	NYMA	National Yemeni Midwives Association
DIS	Development Information System	PRISM	Performance of Routine Information System Management
DPT3	Diphtheria, Pertussis, and Tetanus 3	RMNCH+N	reproductive, maternal, newborn and child health + nutrition
EMMP	Environmental Mitigation and Monitoring Plan	SBC	social and behavior change
EPI	Expanded Program on Immunization	SFCG	Search for Common Ground
FP	family planning	SHARP	Systems, Health, and Resiliency Project
FGD	focus group discussion	SOP	standard operating procedure
GHO	governorate health office	USAID	United States Agency for International Development
HMIS	Health Management Information System	YFCA	Yemen Family Care Association

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United States Agency for International Development (USAID): We are deeply thankful for the generous support and unwavering commitment of USAID. Your dedication to improving health care access in Yemen has been instrumental in bringing about transformative change in the lives of countless individuals.

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The achievements documented in this report would not have been possible without the dedication, hard work, and resilience of all those involved. It is a testament to what can be achieved when individuals and organizations come together to tackle complex health care challenges. We remain inspired by the progress made and look forward to continued collaboration in our shared mission of improving health care for the most vulnerable populations in Yemen.



Amal, a health care provider in Muhsin Al-Kaylah Health Center in Lahj Governorate trained by SHARP providing health care to children under 5 years old. Photo: Omar Al-Gunaid, Communications Manager, SHARP.

EXECUTIVE SUMMARY

The Systems, Health, and Resiliency Project (SHARP) achieved significant milestones in Yemen, focusing on improving reproductive, maternal, neonatal, child health, and nutrition (RMNCH+N) services and addressing various barriers to health care access. This executive summary highlights the major accomplishments of SHARP across different areas.

Increased Demand for RMNCH+N Services and Priority Health Behaviors

SHARP successfully responded to local needs by conducting thorough needs assessments to understand the community's awareness, attitudes, and barriers to health care access. This evidence-based approach informed the development of a comprehensive social and behavior change strategy endorsed by stakeholders.

The project implemented a six-month, evidence-based social and behavior change (SBC) campaign to boost RMNCH+N services using multiple communication channels, including interpersonal communication, radio messages, school health clubs, and SMS reminders. The SMS reminder activity resulted in increases in family planning services (from 49.7% to 65.6%); four antenatal care visits (from 47% to 66%); and skilled delivery attendance (from 69.1% to 92.9). In total, over 6 million people were reached through all above-mentioned communication channels.

Innovative solutions, such as an automated SMS vaccination reminder system and kangaroo mother care (KMC) were pilot-tested, resulting in increased vaccination uptake by 41% (238 to 335) and the enrollment of low birth weight babies (LBW) (105), whom were discharged healthy.



A mother and her family in Lahj Governorate, who benefited from the health care services provided by the SHARP-trained community midwife in the area. Photo credit: VFX Aden.

Improved access to services Through a Robust Referral System

SHARP focused on improving access to health care services by addressing systemic and technical obstacles to providing and accessing health care. This included capacity-building support and linking communities to quality services. A robust referral system that included the cost of transportation to the nearest hospital was established, enhancing access to comprehensive emergency obstetric and newborn care (CEmONC) services.

A total of 231 health facilities were mapped to provide a clear overview of services and skilled health workforce availability. Additionally, the program supported the rehabilitation of one CEmONC center, enabling the referral of complicated maternal and newborn cases, resulting in positive health outcomes.

Capacity Building for High-Quality Care

Recognizing the challenges facing Yemen's health system, SHARP worked to enhance [the capacity of health facility staff](#) through development of national guidelines and training. Overall, 1,231 health care providers were trained. Quality improvement tools were introduced to improve health services, and supply chain management practices were strengthened.

The quality of care improved significantly, with health workers gaining the knowledge and competence required for clinical practice and referrals. Trust and acceptance of community-based health workers also improved, contributing to better community health outcomes.

Revitalizing Community-Level Services Through Midwives and Volunteers

SHARP played a pivotal role in revitalizing community-based services by CMWs and volunteers. These frontline workers brought RMNCH+N services closer to communities, provided valuable referrals, health information, and quality health services.

The project trained and deployed 232 CMWs and 629 CRHVs, reaching many women and children with essential health information and services. Vaccination coverage increased, and cases of child diarrhea and acute respiratory infections (ARI) were identified and referred for treatment, which helps to contribute to improved child health outcomes.

Governance of Local Authorities and Health Services Improved

SHARP prioritized improving governance by involving local authorities in project activities. Local health committees were formed or strengthened to foster community dialogue and resolve barriers to health care access. This approach enhanced the capacity and leadership of local actors, leading to positive changes in local governance and the management of health services. As part of this activity, 129 conflict scans were conducted by health and governance actors in different communities who jointly identified and resolved conflict-related barriers to improve access to and reliability of health services.

Strengthening the Health Management Information System (HMIS)

SHARP assessed Yemen's HMIS to identify gaps and prioritize interventions. The project introduced the District Health Information Software 2 (DHIS2) to enhance data collection, reporting, and analysis. This digital platform simplified data management, improved data quality, and facilitated data sharing for informed decision-making.

Through capacity building and a successful pilot test of a digitized HMIS, SHARP improved HMIS performance and reporting completeness. The program's efforts contributed to the overall improvement of health data management in Yemen, which proved the importance of digitization of HMIS even in crisis-affected health systems.

Supporting the Government in COVID-19 Response

In response to the COVID-19 pandemic, SHARP integrated COVID-19 messaging into its activities, provided personal protective equipment, and conducted awareness campaigns to mitigate the spread of the virus. Health care providers received training on infection prevention and maintaining essential health services during the pandemic.

Monitoring, Evaluation, and Learning

SHARP's robust monitoring, evaluation, and learning activities ensured data quality, tracked project progress, and managed assessments and surveys. The program also established a beneficiary feedback mechanism for accountability and monitored environmental mitigation measures.

In summary, the project reached 46.5 percent (from the overall HFs under the supporting governorate) of health facilities, which supported the health workforce, and engaged and supported existing community structures.

SHARP made significant strides in improving health care access and outcomes in Yemen. Through evidence-based strategies, innovative approaches, and capacity building, SHARP positively impacted communities and strengthened the health system, contributing to better health for women, children, and families in Yemen.

BACKGROUND

Due to years of conflict and the COVID-19 pandemic, the health system and health service provision in Yemen have faced geographic, demographic, economic, security, and social challenges that minimize the ability of health facilities to cover the populations in need.

Presently, almost half of health facilities (46%) are either partially functional or non-functional as a result of insufficient infrastructure, qualified staff, medicines and supplies, equipment, and financial support.⁷ Primary health care is often unaffordable for many given the collapsed economy. The 2023 Humanitarian Needs Overview reports that 68% of districts have severe to extreme health needs. In those districts, 3.2 million women require support to obtain essential health services, and nearly 1.1 million pregnant women need emergency obstetric care.⁸ Disturbingly, about three-quarters of rural women lack access to maternal health services. The situation was already concerning before the conflict: only 45% of births had a skilled birth attendance with significant unmet need as 62% of women respondents preferred to deliver at home.⁹ In 2023, Yemen's maternal mortality rate (MMR) was estimated at 183 deaths per 100,000 live births, ranking the 49th highest MMR globally.¹⁰

Young children in Yemen are also in great need of preventative care and immediate treatment for life-threatening illnesses. Vaccines are critical in the prevention of childhood illness, especially when access to quality treatment for life-threatening illnesses is difficult or out of

7 Health Resources and Services Availability Monitoring System (HeRAMS). Yemen Dashboard Overview. Available at <https://herams.org>. Accessed July 20, 2023.

8 Relief Web. Yemen Humanitarian Needs Overview 2023. December 2022. Available at: <https://reliefweb.int/report/yemen/yemen-humanitarian-needs-overview-2023-december-2022-enar>. Accessed July 20, 2023.

9 Ministry of Public Health and Population, MOPHP/Yemen, Central Statistical Organization, CSO/Yemen, Pan Arab Program for Family Health, PAPFAM, and ICF International. 2015. Yemen National Health and Demographic Survey 2013. Rockville, Maryland, USA: MOPHP, CSO, PAPFAM, and ICF International. Available at: reference: <https://dhsprogram.com/publications/publication-fr296-dhs-final-reports.cfm>.

10 World Health Organization. Trends in maternal mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Published: February 23, 2023. Available at: <https://www.who.int/publications/i/item/9789240068759>. Accessed August 4, 2023.

reach.¹¹ Yet, a decline in immunization coverage in the past year has resulted in 28% of children under one year of age missing routine vaccinations, leading to multiple outbreaks of vaccine-preventable diseases. According to the [2023 State of the World's Children Report](#), in Yemen, there are 174,613 zero-dose and 97,008 under-vaccinated children under one, constituting 18% and 10% of the under-one-year population respectively. The most commonly reported childhood illnesses include pneumonia and acute watery diarrhea. The World Food Programme estimates that 2.2 million children under five require treatment for acute malnutrition.¹² Given the reduced state of the Yemeni health system, technical and financial support is needed to ensure the most vulnerable populations, including women and children, have access to quality health care.

BUILDING A RESILIENT HEALTH CARE SYSTEM IN YEMEN

SHARP was a four-year activity implemented by JSI in partnership with the National Yemeni Midwives Association (NYMA), Search for Common Ground (SFCG or Search), and Yemen Family Care Association (YFCA). SHARP focused on reproductive, maternal, newborn, and child health and nutrition while providing vital support services to mitigate life-threatening challenges, such as COVID-19, malnutrition, and diarrhea. The project was implemented in nine districts in three governorates from September 2019 to September 2023.

SHARP contributed to improving health outcomes and increasing the resilience of communities, particularly women of reproductive age and children under five in Yemen. The project increased uptake of critical health services and [improved adoption of healthy behaviors through SBC interventions](#); increased the availability and

affordability of the minimum service package (MSP) in targeted districts through an enhanced referral system and subsidized care and financing (referral and transportation scheme); built the capacity of health cadres and selected health facilities through in-service training, implementing continuous quality improvement efforts, and strengthening management systems to enable them to provide high-quality services. The project also enhanced the engagement of community health workers (CHWs), including CMWs and community-based reproductive health volunteers (CRHVs) by supporting them in providing health information, interpersonal communication and counseling, community mobilization, community case management services, and linking and referral to health facilities. One of the project's notable achievements was the involvement of local authorities in project activities through training and community-based participatory dialogue sessions to enhance their capacity and motivate them to serve as stewards of their community's health needs through enhanced and sustained local governance.

The project has also left its legacy by enhancing the health management information system (HMIS) through collaborative assessments of system gaps and pilot testing a digitized HMIS for improving data quality and use of information for decision-making.

Overall, SHARP capitalized on fostering an enabling environment and strengthening the health system by improving strategies, practices, and local ownership of the health system. This involved standardizing services through developing/adapting manuals and guidelines, building capacity through training service providers and equipping/rehabilitating health facilities, testing new initiatives and approaches, and learning from the results of program intervention to adapt program implementation. Working in 14 districts and supporting 108 health facilities, SHARP has contributed to building a resilient health system, particularly at the community level, that is responsive to changing RMNCH+N needs.

11 Médecins Sans Frontières. People in Yemen face a perfect storm of humanitarian needs. March 28, 2023. Available at: <https://www.doctorswithoutborders.org/latest/people-yemen-face-perfect-storm-humanitarian-needs>. Accessed July 28, 2023.

12 World Food Programme. Yemen Emergency. Available at: <https://www.wfp.org/emergencies/yemen-emergency>.

GOALS AND OBJECTIVES

SHARP worked to achieve three overarching goals:



The project worked toward achieving these goals through six objectives:

- 1.** Create demand for selected components of the MSP;
- 2.** Improve access to services through a robust referral system and subsidized care and financing for transport;
- 3.** Build the capacity of health facility staff to deliver high-quality care;
- 4.** Revitalize community-level services through midwives and volunteers;
- 5.** Improve governance of local authorities in the sustained provision of health care services; and
- 6.** Strengthen the HMIS to support health services management.

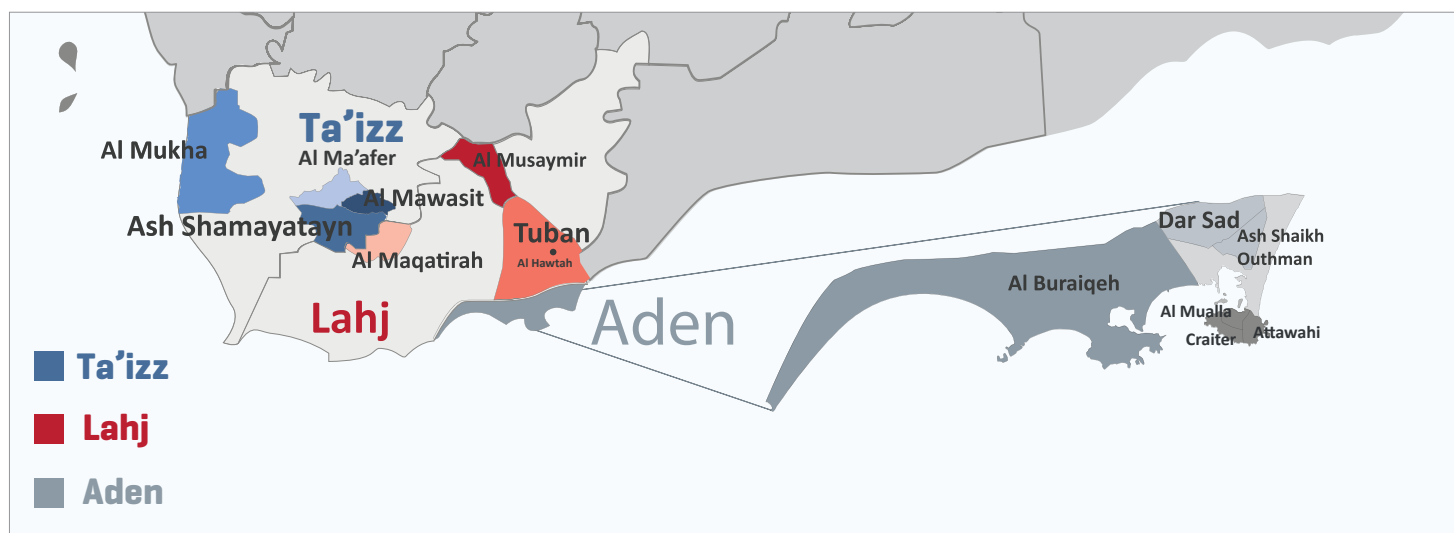
GEOGRAPHIC COVERAGE

The project was implemented in nine districts in Aden, Ta'izz, and Lahj governorates from September 2019 to September 2023. Based on lessons from project implementation, SHARP's scope was expanded in its fourth year to an additional five districts to replicate the successful activities from October 2022 to June 2023. These districts include Al Ma'afer in Ta'izz governorate, Al Hawta in Lahj governorate, and Al Mu'alla, At Tawahi, and Kritar-Sirah in Aden governorate. The 14 districts that received support from SHARP have an estimated population of 1.8 million.

The total 14 districts under the three target governorates included:

- Aden Governorate: Al Buraiqa, Ash Sheikh Outhman, Dar Sad, Al Mu'alla, At Tawahi, Kritar-Sirah
- Ta'izz Governorate: Al Makha, Al Mawasit, Ash Shamayatayn, Al Ma'afer
- Lahj Governorate: Al Maqatera, Al Musaymir, Tuban, Al Hawta

Figure 1: Districts supported by SHARP



IMPLEMENTATION APPROACHES

From the outset of project design, JSI's approach recognized that communities have strategies for coping and adapting in times of crisis. Thus, SHARP invested in building the capacity of community health workers because, since they live in communities, they are able to serve even when systems are not fully functional and access is difficult. They can make significant improvements when opportunities arise due to their proximity to those seeking health advice, support, and services. The project employed a flexible and strategic approach by closely engaging the most resilient parts of the existing structures and networks, including health facilities, communities, local leaders, CMWs and CHWs, and school girls to meet changing health needs and support the Yemeni people's efforts toward self-reliance.

The project's overarching strategy to help reduce maternal, child, and infant mortality was to build the capacity of service providers and facilities, improve the quality of care through safe motherhood standard operating procedures, establish a referral network that links communities to facilities and lower-level facilities to higher-level

facilities, create demand for services, and improve transportation for complicated delivery cases. SHARP also capitalized on changing the health-seeking behaviors of communities, strengthening the health system, and creating local ownership to sustain impactful strategies/ approaches beyond the life of the project. The project applied a strategic information framework approach through a well-defined learning agenda combined with strong dissemination approaches to guide its learning and program adaptation.

To ensure agile, scalable, and sustainable programming along the humanitarian aid-peace-development continuum, SHARP's strategy had three pillars: 1) integrating program activities; 2) leveraging local institutions; and 3) identifying locally appropriate solutions. Given the complexities of working in Yemen, SHARP strived to ensure that its activities were harmonized with those of other actors engaged in local health restoration efforts by coordinating with USAID and its other partners, local authorities, and local organizations, the Health Cluster, and United Nations agencies. [JSI's project implementation approach also put the MoPHP at the center of its close collaboration](#) and coordination mechanism with the aim of ensuring smooth implementation of the project, facilitating skills transfer through joint planning and implementation efforts, joint monitoring and evaluation of the project, and ensure institutionalization of achievements and approaches such as manuals and guidelines to standardize and institutionalize services.

HUMAN RESOURCES IMPLEMENTATION

Part of SHARP's success was due to the meticulous staffing arrangement carried out by the HR department. A dynamic team of 30 JSI staff members were recruited who brought a wealth of experience, dedication, and expertise to the project. Their seamless integration into the SHARP office was a testament to our commitment to delivering high-quality services. HR also played a crucial role in fostering collaboration and coordination with partner staff. Recognizing the importance of teamwork and synergy, the team actively engaged with our partner organizations to ensure a harmonious work environment.

This collaboration extended beyond mere introductions; it entailed the careful alignment of roles, responsibilities, and resources. The teams have worked hand-in-hand, sharing knowledge, expertise, and best practices, which was instrumental in creating a unified workforce. Through these coordinated efforts, we have established an optimal work setup that enhances productivity and promotes a culture of collaboration and innovation. This collaborative spirit not only strengthened the project's internal operations, but also facilitated productive partnerships.

PROJECT ACCOMPLISHMENTS

Increased demand for selected components of the minimum service package (MSP)

Limited and costly transportation, challenges with distance, lack of support from family, mistrust, and rumors limit individuals, households, and communities from using RMNCH and nutrition services. One of the main objectives of SHARP was to increase demand for and uptake of RMNCH+N services and improve the adoption of priority health behaviors. To achieve this objective, SHARP used multiple social and behavior change approaches informed by formative research. SHARP:

- Conducted a needs assessment related to RMNCH+N services and healthy behaviors. The assessment focused on generating evidence about awareness, attitudes, misinformation, and barriers that prevent community members from accessing health care services through quantitative and qualitative knowledge, attitudes, and practices (KAP) surveys, key informant interviews, and focus group discussions. Based on the assessment, baseline, and target values were estimated and an SBC strategy was developed.
- Developed a comprehensive social and behavior change strategy and implementation plan for six months, which was reviewed and endorsed by stakeholders from the MOPHP. The information, education, and communication (IEC) materials were pre-tested with the target audiences to support the successful implementation of the multi-pronged strategy.
- Created demand for and increased uptake of RMNCH and nutrition services in all 14 project-supported areas by conducting a six-month campaign through interpersonal communication; broadcasted 22 health radio spots from November 2022 to May 2023, repeated four times each day through four radio stations in Aden in Ta'izz; established six school health clubs in the three governorates, and 61 sessions were conducted, reaching approximately 16,902 female students of reproductive age; displayed videos at 45 health facilities;



A midwives' coordinator, trained by the project in Al-Buraiqa District in Aden Governorate (left) checking the registers of the community reproductive health volunteer (right). Photo credit: VFX Aden.

sent reminder text messages; and engaged 42 religious leaders. The SBC campaign was evidence-based, used mutually reinforcing multiple approaches, and used SMS reminder promote vaccination uptake. Overall, 6,007,647 people were reached with the RMNCH messages.

- Pilot-tested an automated SMS vaccination reminder system in Al Buraiqa District in Aden Governorate where vaccination rates were lower than in other SHARP-supported areas. Twenty-three CMWs and eight health facility focal points from eight health facilities were trained on an electronic immunization registry system to send reminder text messages for child vaccination. As a result, Penta 3 vaccination uptake increased by 41% from 238 to 335 between November 2022 and March 2023.
- Pilot-tested KMC, which is a low-resource, safe, easy-to-implement, and effective practice for the care of LBW and premature babies. Newborns receiving KMC are placed in direct skin-to-skin contact with a caregiver (usually a mother or father) who provides the infant with warmth, stimulation to breastfeed, protection from infection, and close monitoring. Twenty-five CMWs and 20 health facility providers were trained in a community-led process to implement KMC and encourage women to support their peers to improve newborn health outcomes. As a result, 105 LBW babies were enrolled between January 2022 and June 2023 and all of them discharged healthy.

Repeated exposure to the messages is a key success factor for CMWs:

“What made it [*communication of health messages*] successful is the intensification and continuity in delivering educational messages related to the health of the mother and her child.”

KII CMW, Al Maqatera district, Lahj governorate

Achievements in numbers:



250,000 people reached through CMWs and CRHVs [focusing on family planning](#), nutrition, and recognizing danger signs in pregnancy.



17,000 young women of reproductive age reached by establishing six school health clubs to raise awareness among youth for better health practices and by conducting 61 health awareness sessions.



43,600 men reached during Friday prayers through 42 imams who were trained on RMNCH+N-related health topics.



91 frontline health providers trained on interpersonal communication techniques from nine project-supported districts.



5,705,850 people were reached through 22 key MNCH messages broadcasted through radio over a six-month period.



10,000 text messages sent to beneficiaries on five health messages.



105 LBW babies enrolled received services in the community KMC program with 100% survival.

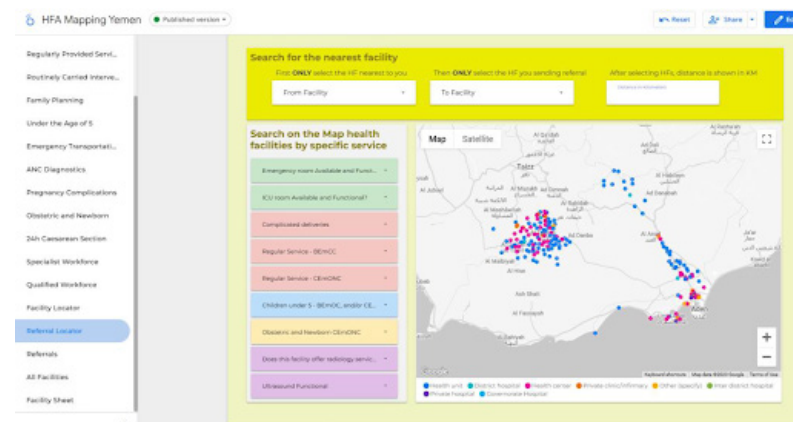
Increased access to services through a robust referral system and subsidized care and financing for transport improved

To ensure that communities have access to services, SHARP aimed to address systemic and technical impediments by ensuring women of reproductive age and children under five can readily use and afford care. This was done by providing different capacity-building supports, identifying and mapping areas with poor health indicators and linking women and their families to quality services, and increasing the availability of the RMNCH+N components of the MSP in targeted districts through a robust referral system and subsidized care and transportation.

SHARP developed a [geographic and service map](#) of over 200 health facilities in nine of the original project-supported districts, using the data from the 2021 health facility assessment. The map shows services provided by the facility; types of service providers (public and private) and services including basic emergency obstetric and newborn care, comprehensive obstetric and newborn care (CEmONC), FP, under-5 (U-5) child health care, and diagnostics; availability of skilled health workforce (specialist services); and distances between facilities with available transportation (ambulance services).



Hanan, a SHARP-trained community midwife, educates a mother about the importance of breastfeeding in Lahj Governorate. Photo credit: VFX Aden.



SHARP implemented a referral system with support for the cost of transportation to the nearest hospital by reviewing and updating the Referral Safe Motherhood National Guideline. It enhanced access to comprehensive emergency obstetric and newborn care (CEmONC) services, reducing risks of complication for urgent and emergency maternal and newborn cases by linking communities, primary health facilities, and higher-level service providers so referrals would be carried out on a routine basis.

- Supported minor rehabilitation of CEmONC Center in Khalifa Hospital in Ash Shamayatayn District.

- Pilot-tested referral system in Ash Shamayatayn District and scaled up referral scheme to four additional districts: Al Mawasit and Al Makha in Ta'izz, Al Maqatera in Lahj, and Al Buraiqa in Aden.
- Trained 28 health specialists as master trainers on the referral guidelines, as well as **161** health facility focal points across 67 health facilities.
- **57** complicated maternal and newborn cases were referred to the nearest CEmONC center, supported with transportation and follow-up by CMWs, and discharged in good condition.

Trained health facility staff to deliver high-quality care

In Yemen, over eight years of armed conflict has deteriorated the health system and reduced access to services as nearly half of the country's HFs are not fully functional. Even functional health facilities have staff shortages. Shortage of qualified personnel compounded by inadequate supplies and equipment, high operational costs, and power outages due to fuel scarcity leads to service unavailability and task shifting, limiting the provision of high-quality care. The availability of a skilled workforce is crucial for health system strengthening, so SHARP used in-service approaches to identify areas needing improvement and trained and supported health workers (HWs) accordingly.

- Developed/updated national guidelines with MOPHP to harmonize training and improve quality of care such as the referral for safe motherhood guideline; community-based maternal, newborn, and child health and emergency obstetric and newborn care guidelines; national training for medical supplies and commodity management guideline; and primary health care management training guideline.
- Facilitated the review and endorsement of WHO-supported quality improvement tools in collaboration with the MOPHP with the aim of improving the quality of health services through strengthening supportive supervision and introducing continuous quality improvement (CQI).

- SHARP helped develop national supply chain management standard operating procedures in coordination with the MOPHP. It also capacitated health facilities in commodities management through training supply chain focal persons and supportive supervision. As a result, 77% of the SHARP-supported health facilities showed improvements in commodities management practices compared to 69% at baseline.
- Supported CQI for higher health care standards through capacity building, development of QI plans, and initiating regular performance review meetings on QI to reduce gaps in quality and ensure mechanisms are in place to promote and maintain clinical quality standards and a “culture of quality” that extends to the community served.

Quality of care has improved as a result of the trainings provided to health workers bringing changes to their knowledge and competence in clinical practice and appropriate referral system:

“Before I was unable to resuscitate a newborn, but now I am able to save a child, to resuscitate him using a suction tube. [...]. Now I can save a child's life, and this is thanks to the training I received.”

CHW, Al Mawasit District, Ta'izz Governorate

Trust and acceptance of community-based health workers improved:

“The role played by midwives and volunteers is very great in raising women’s awareness and paying attention to the health of mothers and children. It is enough that midwives and volunteers lift the mother out of ignorance of the dangers to which the mother and child are exposed and direct them to the health center to obtain health care, as well as directing them to breastfeeding and its importance for the child and the mother.”

Community Leader, Al Mawasit District, Ta’izz



A father and his family while seeking health care for his children provided by a SHARP-trained health provider. Photo credit: Omar Al-Gunaid, Communications Manager, SHARP.

Achievements in numbers:



Supported **590** reproductive health supportive supervision visits and **70** visits to the Expanded Program on Immunization (EPI) at governorate and district levels.



1,488 people trained in child health and nutrition through SHARP-supported programs.



339 health workers and managers trained on quality improvement and infection prevention PHC management guidelines and commodities management.



Supported the development of **20** annual quality improvement plans for selected health facilities.



Supported **64** health facilities with medical equipment, which contributed to improving health care for an estimated **1.7** million individuals in the catchment areas of the supported facilities.



Supported **44** HFs with essential equipment (shelves, plastic pallets, thermometers, air conditioning, and refrigerators).



Provided minor rehabilitation support for four Aden health facilities that serve about **200,000** people.

Revitalized community-level services through midwives and volunteers

SHARP contributed significantly toward the [revitalization of community-based services by engaging and training CMWs](#) and volunteers to counsel and mobilize communities and promote behavior change using contextualized evidence-based community health tools and by linking these frontline community health workers to health facilities. By doing so, over the last four years, quality RMNCH and nutrition services have been made available closer to where people reside. SHARP has provided capacity-building support to community health workers (CRHVs and CMWs) to ensure high-quality RMNCH+N information and services are available to communities.

Achievements in numbers:



232 CMWs trained and deployed in 10 SHARP-supported districts to provide maternal and child health services and link community members with health facility services.



679 CRHVs trained (629 deployed) to provide key messages about maternal and newborn danger signs and healthy nutrition for mothers and children.



446 joint supportive supervision visits conducted with GHOs and DHOs to improve quality of care.



188,243 women have received health information on family planning and services on contraceptives, ANC, delivery, and PNC from CMWs.



14,650 children received DPT3 (Penta3) by 12 months of age.



16,344 cases of child diarrhea were treated.



7,725 cases of diarrhea among children under five identified and referred for treatment by CMWs.



8,043 cases of ARI among children under five identified and referred for treatment by CMWs.



12,831 children under age five identified as malnourished [MUAC less than 115 mm] and referred for treatment by CMWs



555,140 women received health information on family planning, ANC, nutrition, exclusive breastfeeding, immunization, and KMC from community-based reproductive health volunteers.



Hanan, a SHARP-trained community midwife (left) visiting a monther (right) to provide antenatal care and health education in Lahj Governorate. Photo credit: VFX Aden.

Improved governance of local authorities in the sustained provision of health care services

One of SHARP's focus areas was on improving governance by regularly including local authorities in project activities to build community trust and understanding through coaching and training of local authorities, as well as enhancing their capacity and motivation to serve as stewards of their communities' health needs and ensuring the transition to self-reliance by reinforcing their role in oversight, leadership, and management.

- Formed or strengthened nine local health committees with clearly defined strategies to foster community dialogue and solution-building to improve local governance by regularly including local authorities in project activities to build trust and understanding. The community dialogue approach involves identifying local conflict dynamics and perceptions of health care providers and practitioners that impede access to health care.
- Enhanced the capacity and leadership of local actors through the community dialogue approach to work collaboratively with communities and health personnel to improve the quality of community-based health services. As a result, health actors and governance actors at different levels are able to engage with target communities and jointly identify and resolve conflict-related barriers to health care access.
- Strengthened positive and trusting relationships between governance and health actors who demonstrated mediation and collective problem-solving skills to support evidence-based strategies for the management of health services.

Achievements in numbers:



16 local leaders trained on good governance, leadership, trust building, and creating cohesive linkages between health officials and local authority leaders.



26 insider mediators trained in mediation and dialogue to solve problems.



88 local health leaders trained on appropriate and achievable strategies to improve access to health care.

As part of the participatory and community-led process that identifies sources of health-related conflict and tension within the community:



147 conflict resolution committee members trained on developing and implementing organizational policies, partnership agreements, and action plans.



129 conflict scans conducted by health and governance actors in different communities who jointly identified and resolved conflict-related barriers to improve access to and reliability of health services. This involved **1,740** community members (marginalized people, health unit clients, community leaders, and local authorities) and **539** health workers.



33 conflict cases addressed through **33** community dialogue sessions (over 500 people attended) based on solvability and resource availability out of the 72 health-related conflicts that would hinder access to health services.

Based on the solutions identified through the participatory community dialogue sessions:



32 health facilities equipped with priority medical equipment in order to improve access to quality health services.



5 health facilities rehabilitated to improve the privacy of clients, ensure all-season functionality (food prevention, increasing rooms), and prevent further damage to health facilities. More than 400,000 people will benefit from these facilities.

SHARP's training on conflict mediation and good governance improved the confidence of local actors in addressing conflict effectively:

“It changed significantly. The trainings gave us great confidence in work, and also increased the confidence of the community, in the leaders, and increased our experiences and work in resolution of various conflicts in society, and we became an entity, recognized, in the eyes of society.”

Community Leader, Dar Sad District, Aden Governorate

Strengthened health management information system (HMIS) to support health services management

One of SHARP's core objectives was to strengthen Yemen's HMIS for improved health outcomes through a system gap assessment, targeted refinements, pilot testing, data quality improvement, and enhanced information use for timely decision-making through strengthened independent health system oversight and management and accountability mechanisms.



Before and after photos of two health facilities in Ta'izz Governorate that SHARP rehabilitated to improve the RMNCH services. Photos credit: Omar Al-Gunaid, Communications Manager, SHARP.

Conducted PRISM assessment and identified HMIS strengthening priorities

As a first step towards enhancing Yemen's HMIS, SHARP, in collaboration with the MOPHP, conducted the Performance of Routine Information System Management (PRISM) [assessment](#) to identify gaps and inform the design of priority interventions to improve performance and, eventually, improve the quality and use of routine health data. SHARP conducted the facility-level assessment using the [PRISM framework](#) framework and identified gaps that need to be prioritized in the development of the HMIS strategic and operational plan. Most of the data quality assurance mechanisms and practices were not in place in any of the three assessed districts mainly due to the low level of knowledge of the staff on how to conduct data quality verifications, the absence of any designated person to check/review the quality of reported data, and a lack of guidelines and data quality assessment or validation tools. Completeness of reporting showed significant variations across the five programmatic areas and between health facilities.

The assessed health information systems are not capturing the necessary information in a timely and accurate fashion to produce outputs adequate for the government's decision-making. The surveyed areas have a fragmented HMIS managed at the central level with limited support from partners. The fragmented system emphasizes the need for an integrated routine HMIS, including a digital platform to improve completeness and timeliness of reporting so that data can be used for timely decision-making and henceforth the need for a comprehensive strategic plan.



The dissemination meeting of the PRISM assessment results.
Photo credit: VFX Aden.

Digitized HMIS pilot tested using DHIS2 to generate data for health management decision-making

SHARP introduced the DHIS2 to improve analytics and visualization, integration, and triangulation of data to inform management at different levels including health facilities, district health offices (DHOs), and governorate health offices (GHOs). SHARP collaborated with MOPHP to develop an implementation plan including the deployment and testing of a DHIS2-based data collection tool.

The prototype for health facility level DHIS2 was piloted in 55 health facilities in Al Mawasit, Tuban, and Al Buraiqa districts. Users reported that the two-month pilot test was a successful experience and a great opportunity for health cadres to obtain new knowledge and skills such as electronic data entry and report transmission.

Achievements in numbers



Health facility-level DHIS2-based prototype developed, including data collection and reporting tools for five programs (reproductive health, surveillance/early warning system, integrated management of childhood illnesses, immunization, and nutrition).



72 health experts from MOPHP (51 males and 21 females) trained on the DHIS2 platform through training-of-trainers (TOT) and end-user training.



Distributed **15** laptops for the central DHIS2 roll-out core team, hospitals, and DHOs and **52** tablets for 21 health centers and 31 health units.

Improved HMIS performance, data quality, and information use in selected facilities

The core team conducted supportive supervision following the rollout of DHIS2 piloting and collected feedback from 27 health facilities. End users reported that the DHIS2 facilitates their work by eliminating the time-consuming and cumbersome process of data collection and compilation using manual tools. The platform facilitates verification of the data they receive from the field since it enables direct comparison of reported data to the electronic source document. In addition, the platform facilitates the easy transfer of data to the MOPHP central observatory for timely analysis and use. Comparison of completeness of reporting between the findings of the PRISM assessment and the DHIS2 pilot testing period showed that the implementation of DHIS2 resulted in improved completeness in reporting routine maternal, child health, and nutrition data from health facilities to the district level. Despite the limitations, the digitization of HIS can be a viable solution for improving data management, data quality, and data use for decision-making, even in health systems in crisis.

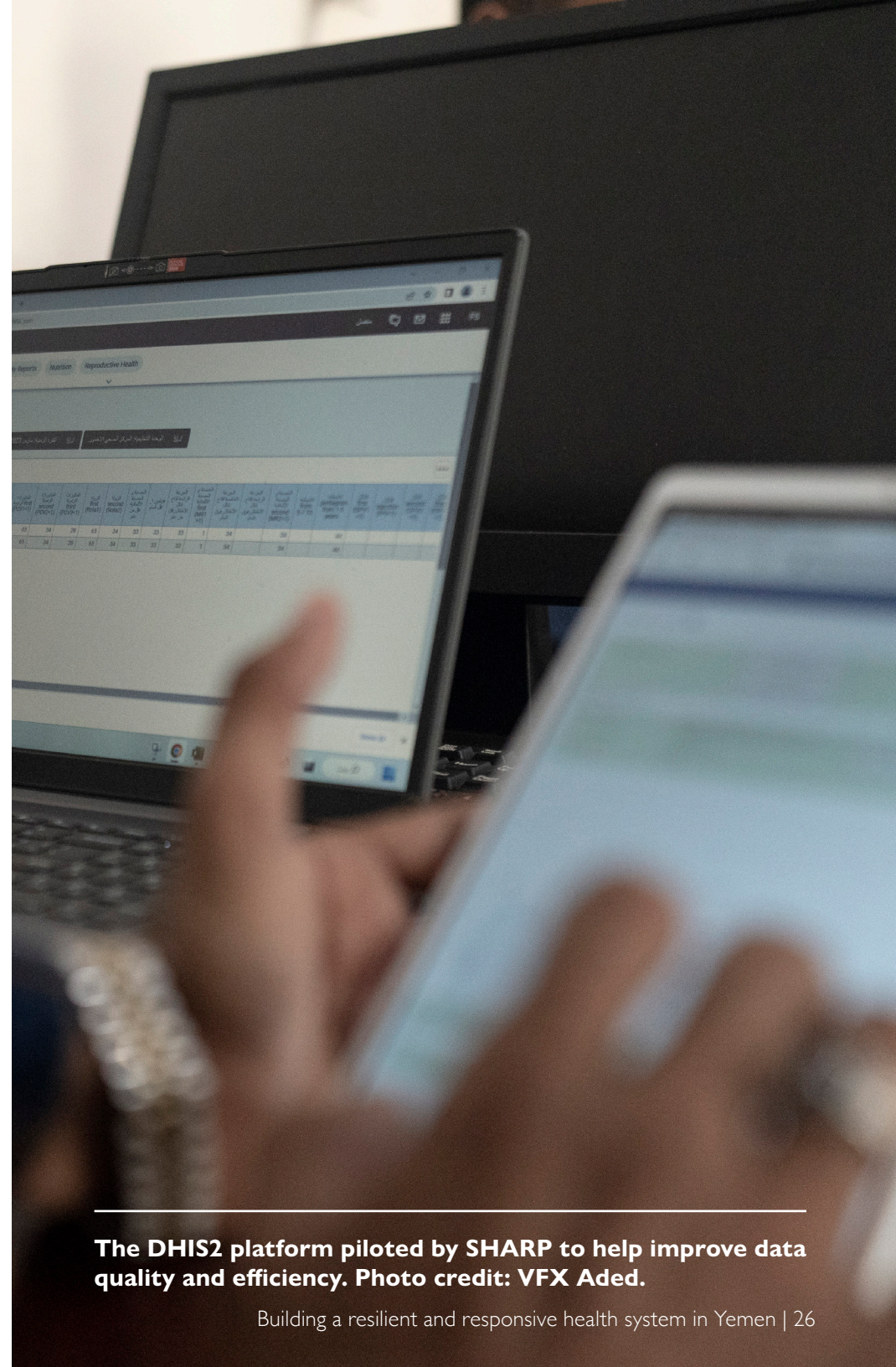
As part of the transition process, SHARP transferred the DHIS2 instance and the eLearning platforms to the MOPHP's cloud server under these domain names: <https://dhis.hmis.moh-ye.org> and <https://elearning.moh-ye.org>. To ensure the sustainability of the system, training and guidelines for deploying DHIS2 were developed and have been hosted at the MOPHP cloud instances to ensure easy access and to serve as a reference for ministry staff at different levels of the health system. We also shared the step-by-step guide for using DHIS2 with the ministry's core team.

- Provided capacity-building for eight core team members, focusing on DHIS2 server administration including deploying DHIS2 tools and creating new DHIS2 instances among others.

- Procured internet packages for three months for **61** district and health facility level end-users for use beyond the pilot-testing period to ensure a smooth transition and avoid interruptions of reporting due to lack of access to the internet.

Supported the COVID-19 response

SHARP, with support from USAID, contributed to the COVID-19 emergency response by supporting the Government of Yemen on risk communication and community engagement and ensuring the continuity of services. SHARP integrated COVID-19 messaging in all its project activities and contributed to the mitigation of the pandemic by providing personal protective equipment (sanitizers and masks) to all project participants and conducting awareness activities on the importance of implementing COVID-19 prevention measures through campaigns via print (posters and flyers), social media (Facebook, Instagram, and Twitter), and local radio stations.



The DHIS2 platform piloted by SHARP to help improve data quality and efficiency. Photo credit: VFX Aded.

Achievements in numbers



118 health care providers (80 females and 38 males) trained on the IPC of COVID-19 and the importance of continuing to provide essential primary health care services at the health facilities.



17,046 people (3,494 males and 13,552 females) reached through prevention awareness sessions by CMWs.



33 social media messages on areas of vaccine safety, availability for those 18 years and older, common side effects of the vaccine and how to manage them, and where to access the vaccine prepared and reviewed by the MOPHP and SHARP technical team. We reached **681,878** Yemenis with 2,666 likes, 1,628 shares, and 193 comments.



7 radio spots aired using 3 radio stations on access to the vaccine, its safety, available vaccines, common side effects, and how to manage them.



36,000 copies of the 14 IEC materials (nine posters and five flyers) distributed through the CMWs and volunteers in the nine districts.



Water system of **9** health facilities rehabilitated in Aden and Lahj Governorates to enhance hygienic practices at the facility level.



64 health facilities received medical equipment in the three governorates



1,161,871 people reached through SHARP-supported mass media and social media with COVID-19 vaccine-related messaging.



40,781 people reached through SHARP-supported mass and social media with COVID-19-related risk communication messaging.



Rasha, a SHARP-trained community midwife (left) conducting an awareness session for a pregnant mother about the importance of breastfeeding in Ta'izz Governorate. Photo credit: Omar Al-Gunaid, Communication Manager, SHARP.

MONITORING, EVALUATION, AND LEARNING

Monitoring, evaluation, and learning (MEL) activities were an integral part of SHARP's implementation. SHARP's MEL approach focused primarily on ensuring data quality, tracking project progress, managing assessments and surveys, facilitating third-party monitoring, handling the vetting of project beneficiaries and health workers, handling feedback and complaints from project beneficiaries, and monitoring environmental mitigation activities among others.

- Led the process of evidence generation for SHARP through managing assessments and surveys, documentation of learnings, and dissemination of learnings and findings in different forums (Annex 2)
- Uploaded data and information to the different USAID online platforms: program data to the Development Information System (DIS), reports and briefs to the Development Experience Clearinghouse (DEC), assessment/survey datasets and data assets to the Development Data Library (DDL) platform.
- Conducted internal rapid data quality assessments to ensure that SHARP management, program leads, technical staff, and data encoders are aware of the strengths and weaknesses of their data, that data integrity can be trusted to influence management decisions, and to provide on-site feedback and guidance for persons responsible for data handling.
- Prepared an SOP for beneficiary feedback mechanism for SHARP to ensure accountability through collecting, categorizing, and tracking beneficiary feedback for response and action by arranging the necessary channels of communication (i.e., free hotline, WhatsApp, suggestion boxes, possibilities for in-person feedback, and a tracking tool). Since establishing the feedback mechanism in June 2021, a total of 1,016 feedback/ complaints received through the existing channels—all of which were responded to within the required timeline.

- Monitored the measures taken to minimize environmental harms resulting from the implementation of project activities by preparing an Environmental Mitigation and Monitoring Plan (EMMP) for the project in general and for the minor rehabilitation activities performed in selected health facilities in particular.

CROSS-CUTTING ISSUES

Gender

SHARP was committed to promoting gender equality and challenging traditional gender norms that can hinder access to essential services. In Yemen, many women face barriers to accessing services due to gender-based restrictions on decision-making. SHARP recognized these challenges and took them into account when designing its interventions. Approximately 36.67% of SHARP staff were women, reflecting a commitment to female representation in leadership and management roles. Over half of the clients were women and children who often encounter health and nutrition challenges. For instance, a significant proportion of beneficiaries in various programs were women, including 50% of under-5 diarrhea and ARI cases receiving referral services, 54.3% of individuals enrolled in the KMC program, and 84.8% of malnourished children referred for treatment by Community Health Workers (CHWs). Moreover, 71% of health workers and experts trained by SHARP were female from the total 2,169 health workers.

Recognizing the importance of female community involvement, all Community Midwives (CMWs) and Community Reproductive Health Volunteers (CRHVs) who received support through training, equipment, and materials were women. SHARP also ensured that its monitoring system collected data disaggregated by sex, enabling gender-sensitive decision-making to enhance the effectiveness of its programs. This gender equality approach aimed to empower women and challenge gender norms, ultimately improving access to vital health services for all.

Evidence Generation and Use for Decision-Making

Over the life of the project, SHARP implemented several evidence-based interventions. In addition to the baseline KAP survey and the health facility assessment conducted at the beginning of the project to inform the activity planning and target settings, operational studies and rapid assessments were conducted on areas of COVID-19, SBC, community mapping, performance of routine information system management, and the community-saving scheme (landscape assessment) and informed intervention design. SHARP also documented learnings from its work in improving local governance to reduce health stressors through participatory community dialogue and from its pilot-testing of different interventions such as the vaccine reminder messaging, implementation of the KMC program, and the digitization of HMIS through DHIS2. Evidence from these studies was used to inform program planning and implementation and scale-up of impactful interventions (Annex 2). SHARP also conducted the endline survey to measure whether it has achieved its life of project targets.

Overall, SHARP prioritized evidence-based planning and implementation and feedback from local communities and CHWs, and the project made great efforts to respond to their needs. SHARP disseminated its implementation lessons in various local and international forums (Annex 2) for further information on the dissemination and use of study findings conducted between 2021 and 2023.

Sustainability

SHARP employed various approaches, including in-service training to enhance the competence of health workers; developed MOPHP-endorsed tools, manuals, and guidelines to ensure health-related standards; strengthened leadership and management skills of officials at central, governorate, district, and health facility levels; and conducted evidence-informed advocacy to engage religious and community leaders in health interventions. Whenever possible, SHARP aligned its implementation strategies and expected results in

line with government priorities. Some of the examples of SHARP's sustainability efforts include: conflict resolution committees in the SHARP districts were supported with office equipment to support their work beyond the end of the project; and SHARP handed over the DHIS2 package and the eLearning platforms to the MOPHP and provided capacity-building training for MOPHP staff on DHIS2 server administration and the eLearning platform to ensure the sustainability of the digitization platform.

LESSONS FROM SHARP IMPLEMENTATION

- Fostering the leadership of the MoPHP, GHOs, and DHOs significantly contributed to the efficacy and efficiency of the SHARP's technical support in building the resiliency of the Yemeni health system.
- Given the dynamic changes in Yemen's fragile setting, it was important to periodically reassess the channel mix for SBC, and adapt the strategy accordingly. Channel preferences, availability, and habits can change.
- Continued coordination is needed with the health facilities to ensure access to good quality health care through an effective and completed smooth referral process.
- It is important to adequately discuss the capacities and expertise of partner organizations and mutually agree upon and outline roles and responsibilities for effective and efficient communication and coordination among project partners.

- Adequate planning and conception periods are necessary to ensure all key stakeholders have time to be involved and provide input in priority project design decisions.
- Digital health care approaches such as the automated vaccine reminder messages can be viable solutions to increase demand for and uptake of health care services.
- Despite the challenges related to weak infrastructure, digitization of health information systems can be a viable solution for improving data management, data quality, and data use for decision-making, even in health systems in crisis.
- Religious leaders in Yemen are willing and able to engage their congregations in discussions around important RMNCH issues.
- Effective interpersonal communication—either one on-one or in small groups—continues to be one of the most effective approaches for supporting Yemeni women to adopt and sustain healthy behaviors.

“Involving imams in health education is critical, as they are the biggest influencers in our community, and can drive the population towards good health practices.”

Community Leader

RECOMMENDATIONS FOR FUTURE PROGRAMMING

- Where feasible, a 6–12-month conception phase should be incorporated into the project period to address political, bureaucratic, and other administrative hurdles that may impact project design and implementation.
- To expand reach, providing a transportation allowance could offset costs for CMWs and CHRVs to travel to remote villages.
- With the support of the school principals, expand the use of schools as an SBC approach medium for health communication to the students, particularly related to dispelling myths and promoting uptake of the tetanus vaccine among girls.
- Continue to capitalize on the influence of imams to spread messages around family planning, particularly to men during Friday sermons (or small group discussions), and dispel myths around the negative effects of contraception and other topics.
- Establish or support mobilization community stakeholders to advocate for change and put pressure on the MOPHP to resolve unmet health facility needs to improve quality of care.
- Expanding partnerships, collaboration, and cooperation between key stakeholders is crucial in ensuring that women and children referred by CHWs access and receive high-quality RMNCH+N services upon arriving at a health facility. Establishing clear referral processes and bypassing systems to ensure patients are referred to appropriate levels of care should be considered.
- Ensure health facility readiness when creating demand within communities by addressing shortages of essential medicines, supplies, and equipment and ensuring health providers are well trained and staffed at adequate levels to meet the demand of patient loads.
- Continuously review the available training and refresher courses for health facilities and collaborate with other stakeholders to reinforce and build capacity amidst high health worker turnover.
- To ensure the transition of ideation into action, more focus is needed on improving local authorities' governance for sustained provision of health care services.
- Leverage the DHIS2 pilot experience to continue efforts to strengthen the Yemeni health information system by ensuring that health providers understand health service data and use evidence for action within their health facilities to monitor and evaluate project progress.

ANNEX 1: PERFORMANCE PLAN AND REPORT (PPR) INDICATORS TRACKING TABLE

Indicators by Project Objective	Baseline	Life of Project Target	Life of Project Performance
Objective 1: Create demand for selected components of the minimum service packages			
Percent of individuals (WRA) in the target population reporting exposure to family planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication, or in print. [HL.7.2-1]	61%	100%	99.4
Percent of community members who have been exposed to a behavior change communication (BCC) message have subsequently adopted at least one health-promoting habit to improve maternal and child-related health.	76%	90%	81%
Percent of the target audience who know at least three warning/danger signs of obstetric complications.	26%	46%	50%
Number of cases of child diarrhea treated in USG-assisted programs	31% ⁷	21,461	16,344 ⁸
Percent of children under 5 years old with diarrhea treated in the last two months [HL.6.6-1]	31%	37%	38%
Number of cases of diarrhea among children under five identified and referred for treatment by community health workers (CHWs).	35%	7,469	7,725
Percent of children under five with ARI who received antibiotics	22%	35%	47%
Number of cases of ARI among children under five identified and referred for treatment by community health workers (CHWs).	74%	9,839	8,043

⁷ Since the baseline didn't measure the percent of the under-5 cases with diarrhea, the 31.1% who received treatment couldn't be converted into counts.

⁸ The possible explanations for the mismatch between target and performance values include the possible increase in the level of awareness among families and communities following the SBC campaigns, and the awareness creation activities by community midwives and community volunteers thereby enabling them to practice healthy behaviors like sanitation and hygiene; the significant decline in the COVID-19 pandemic in 2022 & 2023 ([highly associated with more frequent gastroenteritis in children](#)); difficulty getting service statistics data from the health facilities which may have caused under-reporting for cases that received treatment at the health facilities level; and changes in environmental factors (number of AWD cases declined significantly in the first 17 weeks of 2023 compared to the same period of 2022).

Percent of children under age five who were identified as malnourished MUAC [less than 115 mm].	16%	12%	10%
Number of children under age five who were identified as malnourished MUAC [less than 115 mm] and referred for treatment by community health workers.	88%	12,854	12,831
Objective 2: Improve access to services through a robust referral system, subsidized care and financing for transportation			
Number of patients who were referred to the next level of health care.	NA	50	57
Objective 3: Build the capacity of health facility staff to deliver high-quality care			
Number of workshops conducted that resulted in identifying health/health worker skill gaps.	0	3	4
Percent of supported health facilities with improved commodities management practices.	69%	75%	77%
Number of people trained in child health and nutrition through USG-supported programs.	NA	1,360	1,488
Percent of health facilities reported an enhancement in their operational capacities. [Modified as Number of managers trained on PHC management guidelines]	0	NA	91
Percent of supported health facilities that have developed Continuous Quality Improvement (CQI) plans	0	100 ⁹	100
Percent of eligible health facility staff (physicians and midwives) trained in EmONC.	0	85%	92%
Objective 4: Revitalize community-level services through CMWs and CRHVs			
Percent of community reproductive health volunteers (CRHVs) and community midwives (CMW) demonstrating increased capacity to provide service at the community level as evidenced by competency at completion of training.	0	85%	74%
Percent of women having at least 4 antenatal care (ANC) visits.	47%	55%	66%
Percent (or number) of deliveries attended by skilled health personnel.	69%	85%	93%
Percent of women 15-49 in a union using modern contraception.	47% ¹⁰	55%	65.7%
Proportion of women who exclusively breastfed during last pregnancy	63.7%	30%	67.3%

⁹ 20 HFIs targeted.

¹⁰ At baseline, contraceptive utilization was determined for women aged 18-49 years old. The value at endline was 69.5%.

Number of children who received DPT3 (Penta3) by 12 months of age in USG-assisted programs. [HL.3.1.6-6I]	85%	14,759	14,650
Number of USG-assisted community health workers (CHWs) providing family planning (FP) information, referrals, and/or services during the year. [HL.7.2-2] or (3.1.7.1-4)	NA	776	854
Objective 5: Improve governance of local authorities in the sustained provision of health care services			
Number of conflict scan reports published and shared with local authorities and health governance actors.	0	9	9
Percent of targeted stakeholders reporting being more engaged in the framework to support community orientation and quality improvement.	0	70%	87%
Number of barriers to access preventive care identified by local leaders, health actors, and local governance actors, with solutions and associated plans developed.	0	33	33
Percent of training participants who better understand how to constructively discuss maternal and child health challenges and opportunities for cooperation	0	85%	88%
Objective 6: Strengthen the HMIS			
Number of people trained in the updated HMIS.	0	94	72
Percent of health facilities with updated health information systems regularly using the piloted system (54 HFs).	0	80%	100%
Number of people at DHOs and/or GHOs level trained in the updated HMIS.	0	12	12
Number of DHOs/GHOs who received training on the updated HMIS and are submitting reports in a timely manner. (November 2022)	0	9	6

ANNEX 2: SCIENTIFIC CONTRIBUTIONS

List of publications/reports/research briefs (situational assessments, program learning or implementation research, operational studies) conducted by SHARP by dissemination status.

Name of study/program learning agenda	Responsible body/ Author	Year	Final product and dissemination status (Published, technical report, disseminated, etc.)
Studies, rapid assessments, and learning documentations conducted (technical reports and briefs)			
Community Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH+Nutrition) Baseline Study	SHARP	2021	<ul style="list-style-type: none"> Baseline Assessment Report, disseminated in the form of abstracts in different forums (2022 ICFP, 2022 HSR Symposium, 2022 APHA Annual Meeting and Expo-see the presentations section below)
Health Facility Assessment (HFA)	SHARP	2021	<ul style="list-style-type: none"> HFA Report; key findings were presented at the mid-term review meeting with the MOPHP
Performance of Routine Health Information Management System of Health Facilities in Three Districts in Yemen: Baseline Assessment	SHARP	2022	<ul style="list-style-type: none"> PRISM Baseline Assessment report; Research Brief; Key findings shared in Dissemination Workshop for MOPHP and other stakeholders; abstract shared at the 2022 Annual Meeting and Expo
Post COVID-19 Message Exposure among Community Members: COVID-19 campaign study	SHARP	2021	<ul style="list-style-type: none"> Technical report
Mapping community health: rapid assessment	SHARP	2022	<ul style="list-style-type: none"> Assessment report shared with partners (NYMA)
Exploring Alternative Community Health Financing Approach: A Landscape Assessment	SHARP	2022	<ul style="list-style-type: none"> Landscaping assessment report; Abstract presented at the 2022 Annual Research Meeting at Academy Health
Increasing child vaccination uptake in Yemen through pilot mobile phone message reminders at community level	SHARP	2023	<ul style="list-style-type: none"> Technical brief; disseminated at the 2023 DHIS Annual Conference

Piloting Digitized Health Management Information System (HMIS) in Three Districts in Yemen: Lessons from Early Implementation of the District Health Information Software in Yemen	SHARP	2023	<ul style="list-style-type: none"> Technical brief; disseminated at the 2023 DHIS Annual Conference
Improving Local Governance of Health Care Provision to mitigate health stressors in a humanitarian setting through a participatory community dialogue approach (Learning documentation)	SHARP	2022	<ul style="list-style-type: none"> Technical brief; Slide and Poster presentations at: APHA 2022 Annual Meeting and Expo, Boston, USA 2022 Health Systems Research Symposium
The Systems, Health and Resiliency Project	SHARP	2022	<ul style="list-style-type: none"> Project overview
The Systems, Health and Resiliency Project	SHARP	2022	<ul style="list-style-type: none"> Project Brief
SHARP Project Endline survey	SHARP	2023	<ul style="list-style-type: none"> Final report
Presentations on local and international forums			
Exploring Alternative Community Health Financing Approach: A Landscape Assessment	Yibeltal Tebekaw, Suaad Al-Hetari, Erica Ogara	2022	<ul style="list-style-type: none"> 2022 Annual Research Meeting at Academy Health, June 4–7, 2022, in Washington, DC, U.S.
Impact of Conflict and COVID-19 on Family Planning and Reproductive Health Services Utilization in Southern Yemen	Yibeltal Tebekaw, Suaad Al-Hetari, Elizabeth Bunde, Eric Ogara, Nadia Olsen	2021	<ul style="list-style-type: none"> 2022 International Conference on Family Planning, November 14–17, 2022, Pattaya, Thailand American Public Health Association 2022 Annual Meeting and Expo, November 6–9, 2022, Boston, U.S.
Improving Local Governance of Health Care Provision to mitigate health stressors in a humanitarian setting through a participatory community dialogue approach	Yibeltal Tebekaw, Suaad Al-Hetari, Raidan Al Khameri, Herman Willems, Nadia Olson, Eric Ogara	2022	<ul style="list-style-type: none"> 7th Global Symposium on Health Systems Research (HSR 2022) [Oral presentation], October 31- November 4, 2022, Bogota, Colombia American Public Health Association 2022 Annual Meeting and Expo, November 6–9, 2022, Boston, U.S.

Impact of conflict and COVID-19 on maternal health services utilization in Southern Yemen	Yibeltal Tebekaw, Suaad Al-Hetari, Elizabeth Bunde, Eric Ogara, Nadia Olson Yibeltal Tebekaw, Alyssa Pascoe, Radwan Al-Fakeir	2021	<ul style="list-style-type: none"> • 7th Global Symposium on Health Systems Research (HSR 2022), November 6–9, 2022, Boston, U.S. • American Public Health Association 2022 Annual Meeting and Expo, November 6–9 2022, Boston, U.S.
Behavioral determinants of data quality and information use at district levels in Southern Yemen	Yibeltal Tebekaw, Alyssa Pascoe, Radwan Al-Fakeir	2022	<ul style="list-style-type: none"> • American Public Health Association 2022 Annual Meeting and Expo, November 6–9, 2022, Boston, U.S.
Improving Newborn Health Outcomes in Yemen through Community-Led Kangaroo Mother Care	Areej Banajah	2022	<ul style="list-style-type: none"> • 2023 International Maternal Newborn Health Conference, May 8 to 11, 2023, Cape Town, South Africa
Increasing child vaccination uptake in Yemen through pilot mobile notification system at community level	Suaad Al-Hetari, Radwan Al-Fakeir, Yibeltal Tebekaw, Rasha Al-Qadhi, Hisham BinRaood, Areej Banajah, Khalid Tarmoom, Nadia Olson, Herman Willems, Anne Marie Hvid	2023	<ul style="list-style-type: none"> • 2023 DHIS2 Annual Conference, 12-15 June 2023, Oslo, Norway

ANNEX 3: SELECTED SUCCESS STORIES AND COMMUNICATIONS MATERIALS

Here are some of SHARP's stories that tell its impact in changing the health outcomes of individuals and communities.

1. [Helping a Couple Achieve the Dream of Parenthood | by USAID | U.S. Agency for International Development | Medium](#)
2. [USAID SHARP Fact Sheet](#)
3. [USAID and the Ministry of Public Health and Population Celebrate the Achievements of a Maternal and Child Health Services Project in Yemen | Yemen | Press Release | U.S. Agency for International Development](#)
4. [Five Ways USAID is Transforming Safe Motherhood in Yemen through Social and Behavior Change | Yemen | Stories | U.S. Agency for International Development](#)
5. [JSI - Our Systems, Health and Resiliency Project \(SHARP\)... | Facebook](#)
6. [Yemen and United States Announce Assessment Findings to Enhance Support For Midwives | Yemen | Press Release | U.S. Agency for International Development \(usaid.gov\)](#)
7. [Medical Equipment Improves Yemen's Maternal and Newborn Care | Yemen | Stories | U.S. Agency for International Development \(usaid.gov\)](#)
8. [Trained midwives in Yemen make the rounds to care for mothers and babies | Yemen | News | U.S. Agency for International Development \(usaid.gov\)](#)
9. [USAID Supports Community Health Volunteers in Yemen | Yemen | Video | U.S. Agency for International Development](#)
10. [USAID Yemen Health Fact Sheet 2023](#)



A mother from Ta'izz Governorate who was supported by a SHARP-trained community midwife. Photo credit: Omar Al-Gunaid, Communication Manager, SHARP.

ANNEX 4: LIST OF MATERIALS OR TOOLS PRODUCED BY SHARP

List of manuals, guidelines, or tools that were adapted or developed by SHARP in collaboration with other stakeholders including MOPHP, GHOs, NGOs, etc.

Name of material/tool	Author	Year of publication
Referral Guide for Safe Motherhood	MOPHP	2020
Emergency Maternal, Obstetric and Newborn Care Guideline	MOPHP	2021
Community-based Reproductive Health Volunteers (CRHV) Guideline	SHARP	2021
National Supply Chain and Commodities Management guideline	MOPHP	2022
National Primary Health Care Management Guideline	MOPHP	2023
DHIS2 Implementation Manual	SHARP	2022
Health Facility Referral System Tool	SHARP	2021
Patient Referral Satisfaction Tool	SHARP	2021
Social Behavior Change Strategy	SHARP	2022
Standard Operating Procedure (SOP) for Beneficiary Feedback Mechanism	SHARP	2021



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