

EmONC PROJECT REPORT 2022

Emergency Obstetric & Neonatal Care Project



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ACRONYMS

BFD:	Building Foundation for Development
BEmONC:	Basic Emergency maternal Obstetric Neonatal Care
CEmONC:	Comprehensive Emergency maternal Obstetric Neonatal Care
DHO:	District Health Office
EmONC:	Emergency maternal Obstetric Neonatal Care
GBV:	Gender-Based Violence
GHO:	Governorate Health Office
HCAI	Healthcare-Associated Infection
HF:	Health Facility
HW:	Health Worker
IDP:	Internally Displaced Person
IP:	Implementer Partner
MoH:	Ministry of Health
MT:	Mobile Team
PFA:	Psychological First Aid
MISP:	Minimum Initial Service Package
PHC:	Primary Health Care
PSS:	Psychological Support Service
RH:	Reproductive Health
SRH:	Sexual Reproductive Health
UNFPA:	United Nations Population Fund

INTRODUCTION





1. Introduction

The act of war and its societal consequences provide particular challenges in meeting the reproductive health requirements of the impacted population. Human life is lost significantly as a result of war and armed conflict.

The majority of people in Yemen are impacted by the ongoing, protracted conflict, which has resulted in economic and institutional collapse, as well as negatively affecting healthcare accessibility and availability either to the destruction of local health facilities or a lack of funding.

Women and children, especially newborns, are paying the heaviest price, as they live in the worst humanitarian crises. The tragic consequences have increased the number of premature or low birth weight babies and of women suffering complications and mortality, such as severe postpartum hemorrhage. Giving birth has become dramatically more life-threatening.

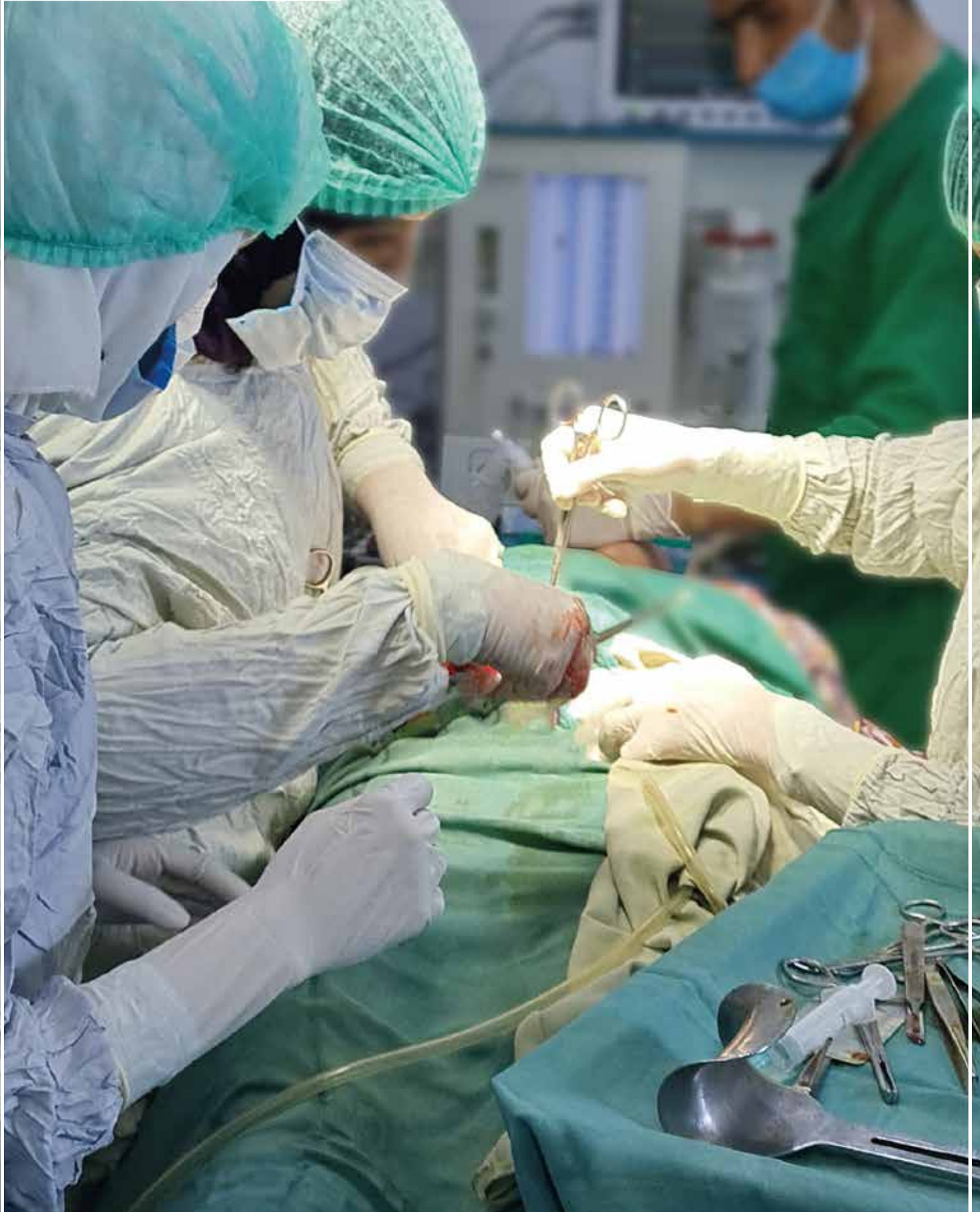
Therefore, BFD, funded by UNFPA, seeks to address the gaps in maternal and neonatal health by running the Emergency Obstetric and Newborn project as an emergency humanitarian response since Oct 2018. In 2022, the EmONC project was supporting 37 HFs, and 4 Medical Mobile Teams with emergency reproductive health services to increase the availability of lifesaving reproductive health services in seven governorates; Al Hodeida, Hajjah, Al Jawf, Al Bayda, Al Mahwit, Dhamar, and Marib in Yemen, yet due to a shortage of funding, the number of supported HFs and MTs has decreased to 34 HFs and 2 MTs.

Through the mobile medical teams, integrated health and nutrition services are delivered to IDPs in campsites and host communities in remote areas.

The project provides emergency reproductive health services and supports targeted HFs with medications, medical supplies, cleaning tools, printed materials as well as the supportive operational cost of fuels, water, and electrical maintenance for the targeted HFs as needed.

Moreover, the project supports health providers with monthly incentives to ensure that health facilities are adequately staffed and that provided services meet the quality-of-care standards and limit the risks of maternal and newborn morbidity and mortality. The number of RH beneficiaries reached during 2022 from HFs and MTs is 261,802; 120,137 of them have received antenatal care (ANC), 37,906 infants were delivered by skilled health staff, while 43,172 received postnatal care services (PNC), 60,587 received RH counseling and Family planning services (FP). And 100,347 beneficiaries received medical assistance through MTs.

OVERVIEW



2. Project Overview



In partnership with the United Population Fund, BFD is implementing the Emergency Obstetric & Neonatal Care Project since 2018.

Objectives:

- **P**articipate in reducing maternal and neonatal morbidity and mortality by providing all essential obstetric emergency services that ensure access to safe motherhood services in targeted HFs, and surrounding tire zones, especially in the local communities which live in conflict and IDPs areas.
- **C**ontribute to saving the lives of mothers and newborns that are affected by complications of pregnancy, delivery, and postpartum

- To improve availability and coverage of RH services including; prenatal care, skilled attended delivery proper management of obstetric complications and strong referral services.

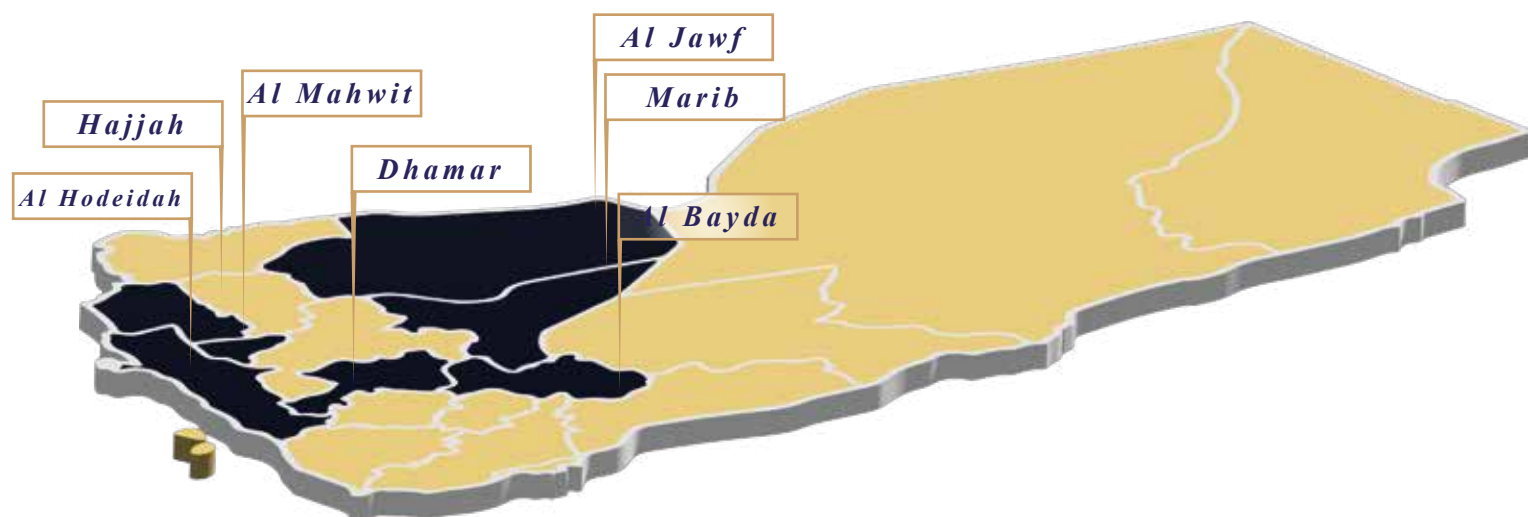
Sub-objectives:

- To increase access to quality safe motherhood services in targeted HFs and surrounding tire zones.
- To ensure availability of lifesaving reproductive health medicines, supplies, and equipment in health facilities.
- To raise awareness of women and the community about the importance of obtaining safe motherhood services.
- To ensure qualified health personnel are in place to provide reproductive health services in the targeted health facilities.

Project Map



3. Project Intervention Map

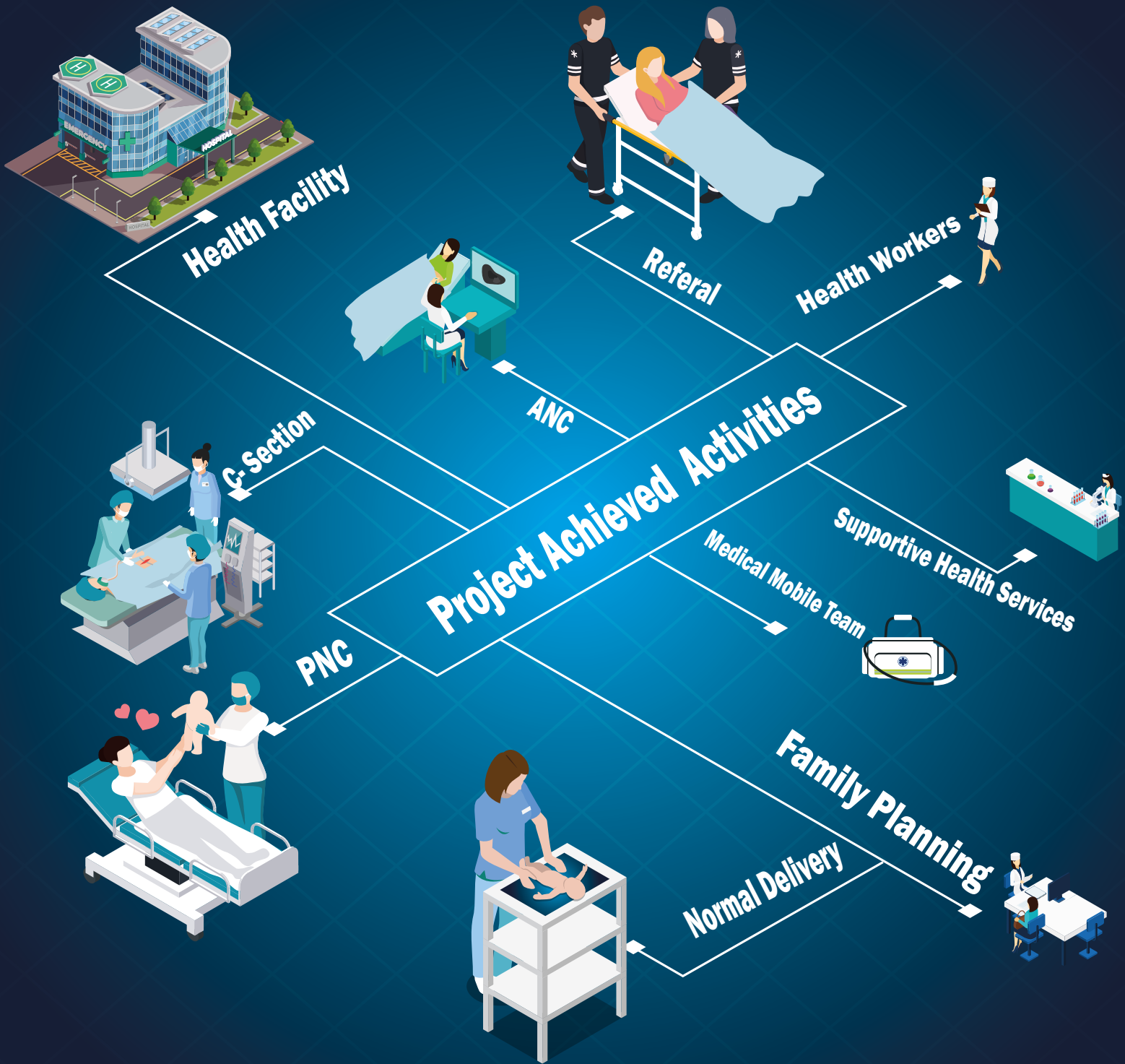


Project Health Facilities

Governorate	# District	# HFs	#CEmON	#BEmON
Al Hodeidah	6	6	2	4
Al Mahwit	3	3	2	1
Al Bayda	4	4	2	2
Ma`rib	7	7	3	4
Hajjah	8	8	3	5
Al Jawf	5	5	2	3
Dhamar	4	4	1	3



Achieved Activities



4. Project Achieved Activities:

4.1. Operating the HF's:

During 2022, the project targeted 37 health facilities through providing most of the basic needs, such as fuel (Diesel), water supply, and other emergency requirements for the HF's, which are necessary to operate the services in the facilities according to their need.



**Al Jawf GOvernorate- Yemen
Barat Al Anan District
Barat Al Anan Hospital**

4.2 Supporting Health Workers:

During 2022 the project supported 708 health workers with monthly incentives, who ensure that the project services are available on 24/7 basis through qualified and skilled medical staff.

HF's Health Workers

HF Manger	37	Pediatric	13	Guards	70
OBS&GYN	17	Anesthesia	16	Cleaner	100
General practitioner	36	Midwife	143	Scurb Technician	8
Quality Focal Point	36	Nurse	99	Surgeon Assistant	38
Lab Technician	45	Pharmacist	48	Psychologist	2

Total 708

Life-Saving Services Are Provided through 708 Qualified Health Workers



Ma`rib - Ma`rib City - As Shaheed MOhammed Hail Hospital

4.3 Project services Dashboard



Emergency maternal Obstetric & Newborn Care Project



37
#HFs

4
#MTs

704,625
#RH Beneficiaries

Reproductive
Health 2022

ANC



116,963

Deliveries



37,892

PNC



42,675

FP and Consultation



57,720

Medical CON.



349,028

Health services provided by MTs

Medical CON.



56,227

Nut.



16,436

IMCI



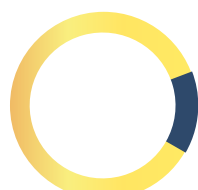
15,482

RH

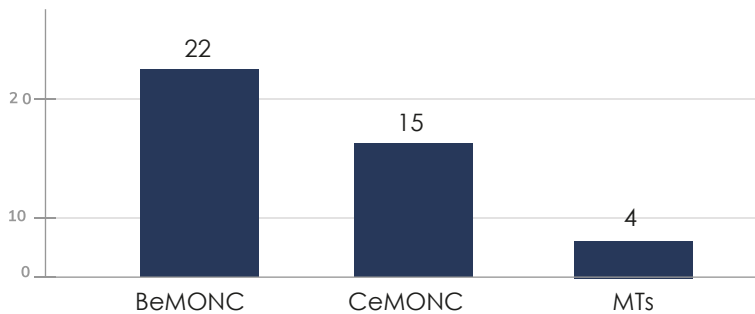


6,552

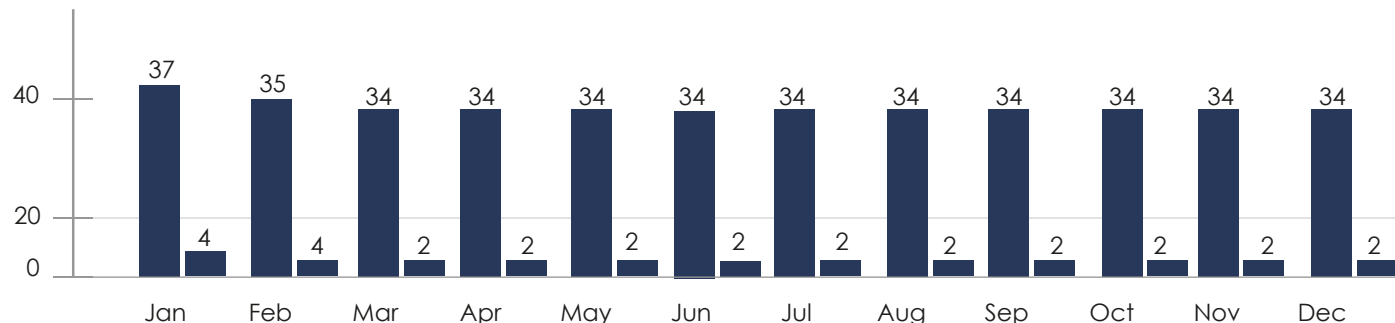
EPI



5,650



HFs - MTs



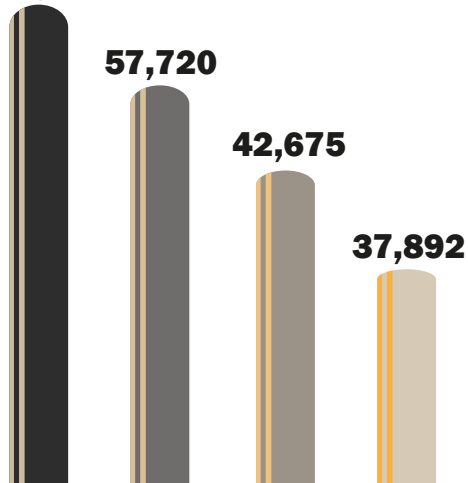
HFs by month

4.4 Providing RH Services in HFs:

During 2022 the project has provided basic and comprehensive services to **255,250** beneficiaries. The following figures illustrate the total number of BNFs of RH services during 2022 and per quarter.

Total of RH BNFs during 2022

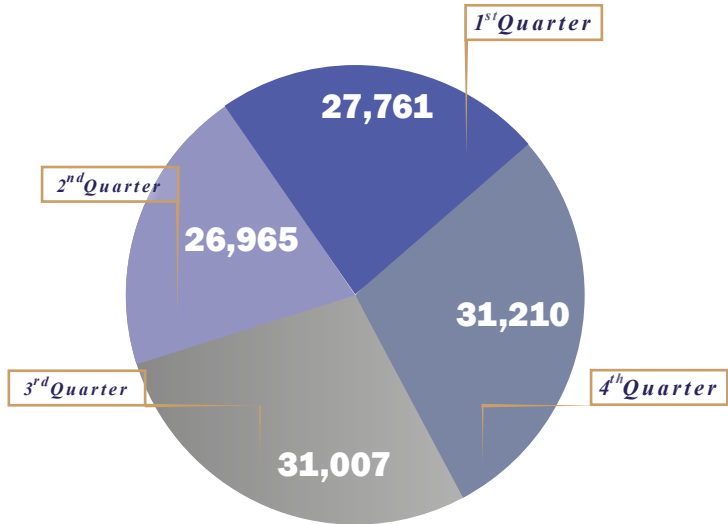
116,963



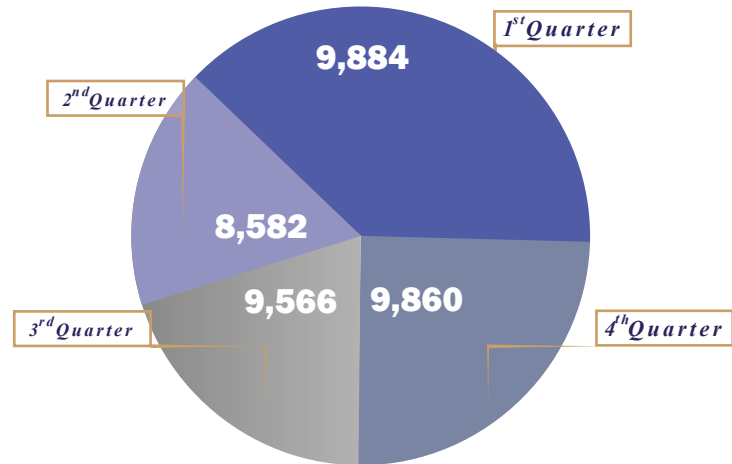
Dhamar - Dawran Ans - Al Hadagah HC



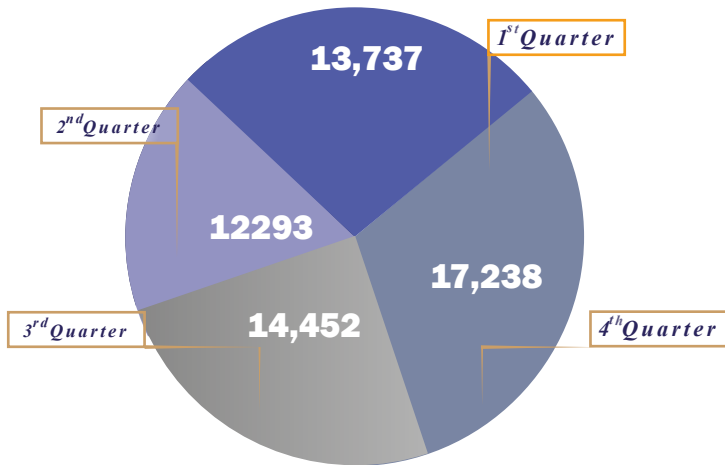
Total of RH BNFs Per Quarter



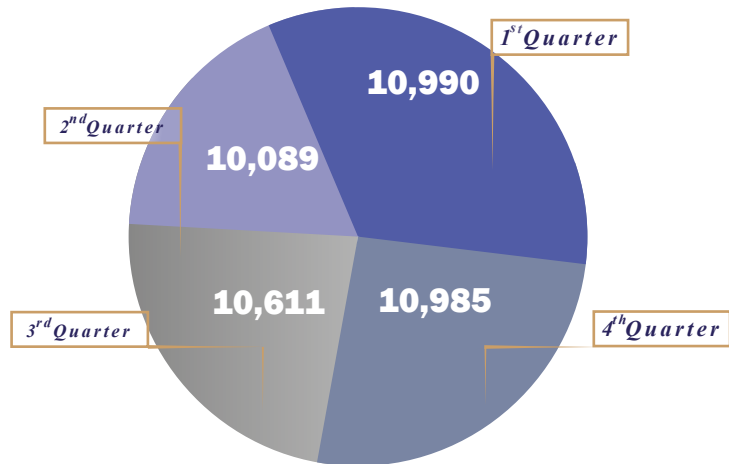
RH BNFs from ANC Services



RH BNFs from Delivery Services



RH BNFs from FP and consultation Services



RH BNFs from PNC Services



4.5 RH BNFs in HFs per GOV.



Al Hodeidah

Health Service			
ANC	Delivery	PNC	FP
11504	4317	3048	2687

Al Jawf

Health Service			
ANC	Delivery	PNC	FP
12640	4313	3908	4087

Hajjah

Health Service			
ANC	Delivery	PNC	FP
34061	8641	15758	18020

Dhamar

Health Service			
ANC	Delivery	PNC	FP
27091	3902	3908	8925

Marib

Health Service			
ANC	Delivery	PNC	FP
18849	6506	6833	14142

Al Mahwit

Health Service			
ANC	Delivery	PNC	FP
4549	3282	3017	3495

Al Bayda

Health Service			
ANC	Delivery	PNC	FP
8269	6931	6203	6364





4.6 Providing Supportive Medical Services in HFs:

To enhance the health services in addition to reproductive health services, the project supported the provision of medical counselling services for general cases that need to consult a doctor through a general practitioner and a pediatrician, in addition to the support of a pharmacist and a lab technician to ensure access to safe health services. The total number of BNFs received free medical consultations health services reached 349,029 during 2022.

**Marib - Ma`rib City - As Shaheed
Mohammed Hail Hospital
Providing supportive Health Service**

4.6 Providing Referral Services:

The 2013 National Demographic Survey in Yemen estimated that the maternal mortality rate reached 148 per 100,000 live births, and the neonatal mortality rate was 26 per 1,000 live births. Since March 26, 2015, till now, Yemen has been experiencing exacerbated poor coverage of PHC interventions, in addition to the geographical, social, economic, and demographic difficulties which affected delivering such services to vulnerable people. Establishing and implementing a referral system has effectively linked the primary level of maternal healthcare with the proper secondary level care when necessary. The referral system is one suggested strategy to assist in ameliorating this growing issue in Yemen. The project's referral service is available around-the-clock, every day of the week. The total number of referred cases in 2022 reached 317.

#	HUB	BNFS	TOTAL
01	SANA`A	107	317
02	AL HODIEDAH	80	
03	SADA`H	130	

4.7 Awareness Campaign

Many pregnant women suffer severe pregnancy and delivery complications due to the neglect of visiting health facilities during pregnancy or even at delivery time. Thus, home childbirth is a common cause of the mother's death, the newborn, or both occasionally. On the other hand, BFD has activated an awareness campaign. The health workers conduct visits to the neighboring villages to raise the community's awareness of the importance of ANC visits during pregnancy, elaborating on the risks and complications of pregnancy and home deliveries which lead to tragic ends, as well as the importance of accessing safe and proper health care before, during and after childbirth. Moreover, the midwives highlighted the RH services offered in the project health facilities that ensure a healthy and safe life for both the mother and the newborn.



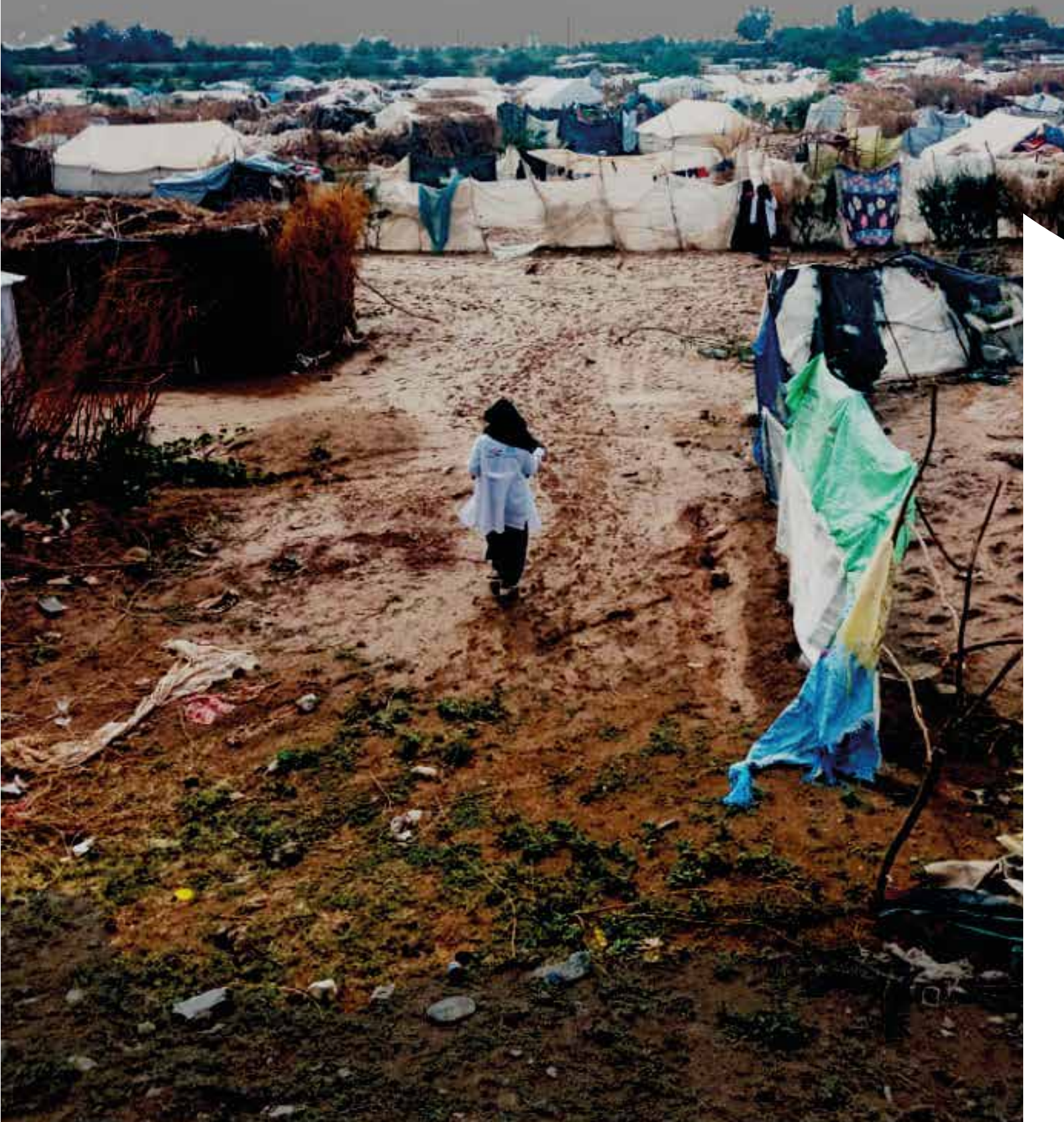
4.8 Distribution of RH Kits:

Reproductive health kits are important to provide safe RH services, and help alleviating beneficiaries' suffering. Thus, BFD, funded by UNFPA distributed RH kits to the targeted IDP campsites and HFs in Ma`rib governorate according to the approved distribution plan.

RH. Kits												
#	Gov.	District	Name of Health Facility	Type	RH kits2A	RH kits2B	RH kits 3	RH kits 6A	RH kits6B	RH kits 8	RH kits 9	RH kits11 B
1		Harib	Harib Hospital	CEmONC					1	1	1	1
2		Marib City	Al Shaheed Mohammed Hail hospi	CEmONC			3	1	1	2	1	1
3		Marib Al Wadi	Al Wihdah (Husoon) Hospital	CEmONC				1	1	2	1	1
4		Marib City	Al Jufrah Health center	CEmONC				1	1	1	1	
5		Marib Al Wadi	Al Kara Hospital	CEmONC				1	1	1	1	1
6		Marib City	Al Askari Hospital	CEmONC				1	1	1	1	
7		Marib City	Al Swaidaa Field hospital	CEmONC				1	1	2	1	1
8	Marib	Harib	Al Otair Charity hospital	CEmONC				1	1	1	1	
9		Marib Al Wadi	Al Nuqiaaa	BEmONC	1	3		1	1	1	1	
10		Marib City	Al Jawf (emergency of Gawf) Hospi	CEmONC				1	1	2	1	1
11		Marib city	Government Health Office Marib	Warehouse	5	5						
12		Marib city & Marib BFD's	MMT	MMT	25	23						
13		Marib city & Marib	Human access	Partner		2						
14		Marib city & Marib	YFCA	Partner		2						
15		Marib city & Marib	IOM	Partner		4						
16		Marib city & Marib	UNICEF	Partner		4						
Total					31	43	3	10	10	14	10	6



Medical Mobile Team



5. Introduction



In the context of conflict and displacement, security vulnerabilities, displacement of health care providers and loss health facilities, lack of transportation and difficult geography. All these factors worsen the health situation.

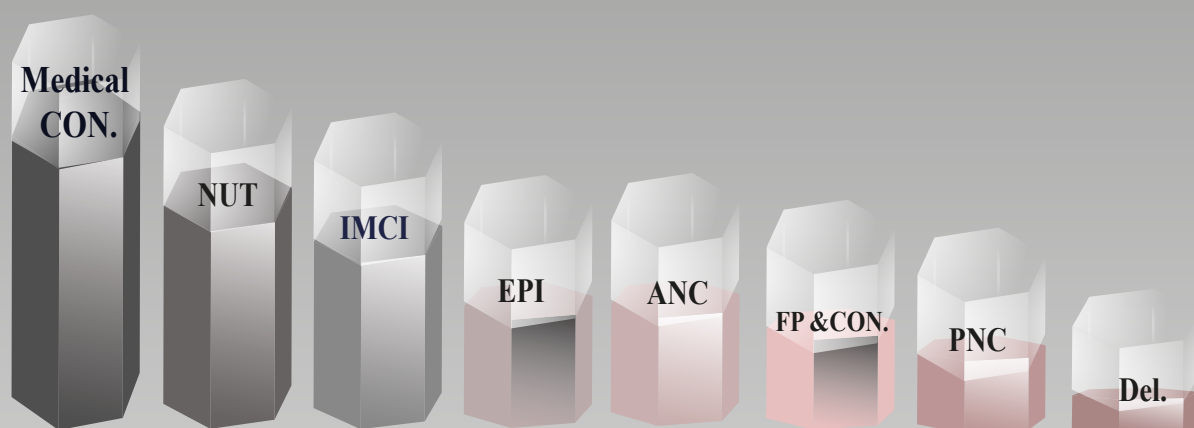
Provision of medical care for those harmed in armed conflict or other unstable situations saves lives, intervenes in a timely manner, and lessens suffering. It is typically the first type of response for the afflicted populations and one of their most fundamental and crucial requirements.

Conflicts pose serious obstacles to the provision of humanitarian aid. During conflicts, there are often ongoing threats to the safety due to restrictions on the move. Therefore, medical teams provide accessible, safe, competent health services as part of the emergency response. Medical MTs ensure that Essential care services are available to IDPs as well as the citizens in the highest need to improve access to services that will positively impact health outcomes resulting from poor access. The Project supported 4 Medical mobile teams in Marib; MMTs delivered integrated services packages at the point of care (RH, GBV, medical consultation, Nutrition services to pregnant and lactating women and SAM- MAM;IMCI, and EPI services to children under1 and 5 years altogether to pregnant women and in reproductive age) in remote conflict-affected areas, including referral of deliveries. The total number of beneficiaries who received MTs services during 2022 reached 100,347.

5.1 Medical Mobile Teams` Services

During the 2022 the project has provided RH, Nutrition, EPI, IMCI ,and medical consultation services to 100,347.beneficiary.

Total of MTs` BNFs during 2022



Service	BNFs	Service	BNFs
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Medical Consultation

56,227

IMCI

15482

NUT

16436

EPI

5650

Service	BNFs	Service	BNFs
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ANC

3174

PNC

497

FP & Consultation

2867

Delivery

14

Medical Mobile Team



5.2 Medical Mobile Team HW

During 2022, the project has supported 28 health workers working in 4 Medical Mobile Teams in Ma`rib, yet in the first quarter of 2022 2 MTs shut down due to a shortage of funding. The following tables show the number of the supported health workers before and after funding shortage.

MTs HWs Before Funding Shortage

General Doctor	4
Pharmacist	4
Midwife	8
Nurse	8
Psychologist	4
Total 28	

MTs HWs After Funding Shortage

General Doctor	2
Pharmacist	2
Midwife	4
Nurse	4
Psychologist	2
Total 14	




Ma`rib - Ma`rib City - As Shaheed MOhammed Hail Hospital



Gender Based Violence



6. Introduction



Providing PSS Services through BFD`s Medical Mobile Teams in an IDP Campsite in Marib Governorate

GBV has always been present in war. GBV may be perpetuated by cultural, economic, legal, and political causes. Many of these variables apply to conflict situations: disturbance of cultural norms and family structure; women's economic reliance on males; restricted access to basic necessities.

The protracted conflict has increased displacement, poverty, humanitarian crisis, disrupted livelihoods, disrupted access to public services, overcrowding, rising rent, and food prices have increased the cost of living and drained people's resources, thus, pushing them to breaking point. Thus, the prevention of gender-based violence must be a priority of the humanitarian response for Yemen. The specialized needs of those at risk for GBV, particularly women and girls, have been disregarded across all sectors. The experience of GBV can also be highly stigmatizing for women, leading them to remain silent and not to seek appropriate physical and psychological support. Therefore, it is essential to coordinate and offer a life-saving response as the Yemeni crisis develops to stop GBV.

GBV is a very delicate subject and deeply rooted in cultural Values. Any activities should guarantee that recommended interventions are culturally suitable. Therefore, in our actions we meet the diverse needs of survivors and achieve change on a wide range of levels, we frequently create collaborations between sectors that capitalize on one another's advantages.

The project activated the integration of GBV with RH services in Marib and Al Jawf by including six female psychologists in 4 MTs and 2 Hospitals; (Al Jawf - Barat Al Anan hospital and 4 MTs and Shaheed Mohammed Hail Hospital in Marib). The psychologists provide the following services ; (Case Management, PSS, PFA, referral system, group counseling, and awareness). The total BNFs from GBV services during 2022 reached to 72,714.

6.1 Providing Case Management, PSS, PFA, Referral System, Group Counseling, and Awareness:

Psychological support is essential in conflict-affected-communities, for it is the backbone of social and physical health. Therefore, the psychologists within the medical mobile teams, As Shaheed Mohammed Hospital, Ma`rib governorate; and Bart Al Anan Hospital - Al Jawf governorate seek to work with the community to conduct integral activities altogether with awareness sessions. Such activities will assist rising communities' awareness of the psychological and social health.



6.2 Children Psychological Support :

Children living in crisis suffer the most, for their brains can't endure the fury of war which negatively affects their lives.. However, the psychologist of Barat Al Anan Hospital has conducted child drawing activity; through this activity she aimed to support them psychologically; drawing facilitates children's self-expression during distress situations Since children love to draw and draw just what comes to their minds, sketch is a method of physiological analysis which through the problems and behavior can be revealed. 22 children (10 girls – 12 boys). Have participated in this activity.



6.3 Psychological Health Counseling Hotline

Accessing health or educational services is difficult for women because of their many responsibilities. In addition, women and girls frequently experience an increased risk of violence and may experience difficulty getting help or meeting their medical needs. Providing remote services, such as psychological counseling, could be the best option to ensure access of services in complete confidentiality and no information will be shared with any party. Gender-based violence happens everywhere and goes unreported due to barriers or restrictions imposed due to the nature of society; the hotline establishment is a secure method supervised by psychologists who provide gender-based violence services; the Hotline is an integrative service alongside services offered in the field. GBV hotlines aim to increase a population's access to GBV response services and knowledge. Since the Hotline was activated, the Psychologists have provided the needed Psychological services to 297 BNFs.



.6.4 Irrational beliefs Impact on mental and physical Health

An Awareness session was held to discuss what causes irrational thoughts and how can be manage. The total of BNFs from this session reached 56 (34 Male - 22 Female).



6. 5 Coordination and Supervisory Field Visits:

Gender Based-Violence (GBV) is sensitive and has profound significance; therefore, BFD has coordinated with parties that provide GBV and reproductive health services in Al Hodeidah, Hajjah, and AL Mahwit governorates. The coordination aimed to set a referral mechanism with the case management workers in the Social Affairs Office and Yemeni Women's Union. The referral mechanism provided women, and GBV survivors accessed to reproductive health services and referred them to legal, psychological, and case management services on their needs.



6.6 Awareness Sessions and International Events

Awareness is essential in providing psychological/health services, for it helps insight into the communities for healthy development. A simple-minded population can understand their needs and the direction they need to go to make changes to improve their lives. Therefore, the psychologists of the project have conducted several awareness sessions and celebrated multiple events.

6..6.1 World Elder Abuse Awareness Day:

On Wednesday, July 15th, the project psychologists celebrated World Elder Abuse Awareness Day by conducting awareness sessions to better understand elder abuse and neglect by raising awareness about the cultural, social, economic, and demographic factors that influence such abuse and neglect.

Boys	Girls	Men	Women
1785	2360	1145	3820



6.6.2 International Women`s Day:

The project has conducted an open awareness session in Barat Al Anan Hospital, Al Jawf governorate. The session was titled "WHAT IF?" The session aimed to raise awareness of women's role in social life and awareness against gender inequality. The psychiatrist targeted all the patients, visitors, and staff in the hospital to change the community's behavior toward women and change the perception of women for the better.



6.8 Other International Days:

Activity	Place	#BNFs
Celebrating International Youth Day (IYD)	As Shaheed Mohammed Hail	216
Celebrating World Humanitarian Day (WHD)	As Shaheed Mohammed Hail IDP Camps	100
Celebrating Eid Al Adhah	Bart Al Anan Hospital	120
Anger management	Barat Al Anan Hospital	35
International Day of People with Disability	IDP Camps Barat Al Anan Hospital	169
World Breastfeeding Week	IDP Camps	127
World Mental Health Day	AS haheed Mohammed Hail Barat Al Anan Hospital	214
World Breast Cancer Day	IDP Camps Barat Al Anan Hospital	89
World Breastfeeding Week	IDP Camps	127



6.8 GBV Training

6.8.1 Training Marib - Al Jawf HWs

GBV is very common, but most health care providers fail to diagnose and register GBV, not only due to socio-cultural and traditional barriers, lack of time, resources, and inadequate physical facilities; but even more so due to lack of awareness, knowledge, and poor clinical practices with limited direct communication and failure to do a complete physical examination, not to mention register and monitor the effectiveness and quality of care. Further, the fear of violence and stigma reduces many victims' willingness to use health services. Improving patient-provider interaction is the most feasible, affordable, and efficient intervention within any healthcare system, aiming to effectively address the survivors of GBV. Therefore, our GBV Officer and Psychologists conducted several trainings to build the capacity of the healthcare provider in Marib and Al Jawf as follows:

Training	Governorate	#Trainees
Social Psychological Support	Al Jawf	20
Psychological Health in Work Place	Al Jawf	25
Basics of Psychological First Aid Support	Al Jawf Marib	66
Basics of Community Awareness for Protection Messages	Marib	32
Total		143

6.8.2 Online Training

The GBV Officer and psychologists conducted several online and on-job trainings to build the capacity of the healthcare providers in Marib, Al Jawf, Al Hodeidah, and Al Bayda, governorates in the basics of providing psychological support, case management mechanisms, counseling, and referral/receiving GBV survivors and providing them with the proper services.

6.8.3 Training EmONC Project HWs

The EmONC project's health workers in Al Hodeidah, Al Mahwit, Al Jawf, and Marib were trained on the basics of providing Psychological First Aid for new or referred cases from (police- partners -family- Neighborhood responsible), also trained on case management mechanisms and the importance of meeting the case needs with the available resources in the surrounding environment.

The training has targeted 31 health workers (23 female- 8 male).

Training	Governorate	#Trainees
Social Psychological Support	Al Hodeidah	31
Psychological Health in Work Place	Al Mahwit	32
Basics of Psychological First Aid Support	Marib(Harib)	9
Total		72



46.8.3 Al Jawf Training program:

During the second quarter of 2022, the Psychologist in Barat Al Anan Hospital conducted several psychological trainings targeting the health workers of the hospital beneficiaries from the RH services. The program aimed to improve the work environment and provide the health workers who operate in an emergency context the support they need since they are exposed to serious multiple social and psychological pressure. The training package targeted 99 BNFs (29 female-70 male).

The following are the training aspects:

1. Social Psychological Support
2. Gender-based violence Concept and its impact on the community
3. Trauma types and effects
4. Self-care for people exposed to psychological stress
5. Addiction to hypnotics and psychotropic drugs and their impact on undermining behavior.
6. Reproductive health and its impact on improving the quality of life for family members.
7. The difference between psychological counseling and psychotherapy.
8. Effective communication



6.8.4 Practical Clinical Diagnosis Training:

The psychologist of As Shaheed Mohammed Hail Hospital, Ma`rib governorate, has conducted clinical training for the medical students of Sarah Saba`a college on clinical diagnosis. The trainees were introduced to its importance and the procedures to achieve the diagnosis. Likewise, the training aimed to present the importance of effective treatment options for cases caused by mental illness.



6.8.5 Job Burnout Workshop :

Work burnout can be debilitating and frustrating. When they are severely burned out, it is more difficult for them to fulfill their professional obligations. Thus, to avoid this serious degree of stress and to recognize the symptoms and how to recover, the GBV officer of the project conducted a workshop that lasted for two days at BFD's HQ. She has introduced the work burnout concept, its causes, and strategies to recover from job burnout.



16 Days of Activism against Gender Based Violence



7.1 Campaign Kick off

The psychologist in Marib and Al Jawf governorates launched the campaign to raise communities' awareness of GBV issues, which will contribute to ending GBV types and help the survivors overcome the sinking stage. Moreover, the kickoff event highlighted the significant role of those health workers in supporting vulnerable groups, especially women and girls, by providing them with social and psychological support. The MTs health workers were honored, and this gave them the motivation to move forward, providing better support.





7.2 16 Days Activities

Governorate	District	Place	Event
Ma`rib	Ma`rib City	Al Shaheed Mohammed Hail Hospital	GBV Awareness Raising
Ma`rib	Ma`rib City	Al Shaheed Mohammed Hail Hospital	Emotion and Tension Release Writing Activity:
Ma`rib	Ma`rib City	High Institute of medical sciences	CMR Training
Ma`rib	Ma`rib City	Al Rumylah IDPs` Camp	GBV Awareness Raising
Ma`rib	Ma`rib City	Al Quz IDPs` Camp	Awareness Raising - Electronic Blackmailing
Ma`rib	Ma`rib City	Al Quz IDPs` Camp	Child Harassment Awareness Raising
Al Jawf	Barat Rajuza	Rajuza HC	GBV Awareness Raising
Al Jawf	Barat Al Anan	Barat Al Anan Hospital	GBV Awareness Raising



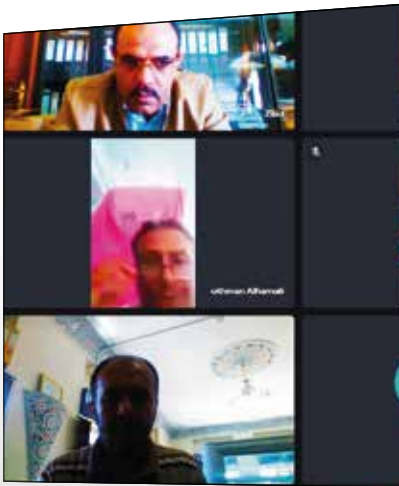


Training



8. Introduction

The training aims to improve provider performance and sustainable national capacity to provide safe, respectful, and friendly care to women, newborn infants, and their families, encouraging mothers and families to use the healthcare system confidently. Training doesn't stop once the training session ends; it continues with continuous follow-up and practice at the workplace. Continuous follow-up provides new knowledge and skills and improves productivity in service delivery. It also helps to solve performance problems identified in the training period.



8.1 IPC Training:

The spread of infection is a constant concern, making effective infection control training a priority for all clinical and non-clinical healthcare employees. The primary goal of infection control training is to highlight the importance of infection prevention procedures and the impact of healthcare-associated infections (HCAIs). Learners developed an understanding of how HCAs can spread and their duty of care as healthcare professionals to prevent it. The training included safe handling of sharps, sterilization procedures for equipment and the surrounding environment, and the management of body fluids and blood. Thus, during the first quarter of 2022, the project management sought to hold a training course for health workers in the health facilities of the project in the field of IPC associated with the provision of health care due to its importance in reducing the risk of infection and improving the quality of the provided health services. The training was conducted in three stages, as the following table shows:

Stage	Training	Place	Date	HF's	#Trainees
01			6-3- 2022	Rada`a H Mukarase H Al Sawma`a H RH Center Al Hadagh HC Hufash H Yasser H Al Jumhori H	12
02	IPC associated with the provision of health care	Virtual Google Meet Plat form	13-15-3- 2022	Bani Sa`d H Gayah HC Azan HC As Shahil H Bani Shamakh HC Bsni Asd HC	22
03			20-22-3-2022	Barat Al Anan H Rajuza HC As Shaheed Moham-med H Al Nugia` HC Harib H	13

8.2 In Job Training:

The project seeks to ensure that the project activities were followed-up systematically; thus, in job trainings were conducted periodically by the project management and coordinators during the field visits to the project's HFs. The following table illustrates the type of trainings, HFs, and the targeted governorates

#	Governorate	Health Facilities	Training
1	Al Hodeidah	Ad Dohi H - Zabid H - Al Qahra HC Al Lawieh HU - At Tuhyta H	Referral mechanism, Documentation, IPC, and Data Entry
2	Al Jawf	Al Hazm H - Barat Al Anan H - Rajuza HC Barat Al Marashi H	Referral mechanism, Documentation, IPC, and Data Entry
3	Ma`rib	Jabal Murad H - 26 September H Ali Abdulmoghni H - Harib Q. H	Referral mechanism, Documentation, IPC, and Data Entry
4	Al Mahwit	Al Jumhori H - Bani Sa`ad H Hufash H	Referral mechanism, Documentation, IPC, and Data Entry
5	Dhamar	RH Center - Al Ahad H Al Hadagh HC	Referral mechanism, Documentation, IPC, and Data Entry
6	Al Bayda	Rada` H - Al Thwra H As Sawma`a H - Mukarease H	Referral mechanism, Documentation, IPC, and Data Entry
7	Hajjah	Bani Shamkh HC - Bani Asd HC - Azan HC - As SHahil H Al Jumhori H	Referral mechanism, Documentation, IPC, and Data Entry

8.3 Supportive Monitoring and Evaluation Reinforcement Workshop

The ongoing war has negatively impacted the provision of health care services in Yemen, leaving thousands of mothers, pregnant women, and newborns at risk of morbidity and mortality. However, BFD, funded by the UNFPA, provides basic and comprehensive reproductive health services in 34 health facilities scattered in seven governorates. Altogether, BFD has conducted the Supportive Monitoring and Evaluation Reinforcement Workshops for a Better Provision of EmONC Project Services, ensuring that beneficiaries received proper and safe RH services



Training Objectives:

- Training the Project staff on:
 - 1- IPC procedures.
 - 2- Services records data entry.
 - 3- Accountability
 - 4- The Proper RH services provision



8.4 Ma`rib`s GHO Training

The project seeks to ensure that the project activities in Marib governorate are followed up systematically by both project focal points and the governorate health office, even during the hard times that Ma`rib has faced; thus, the project management has conducted a separate training workshop for Ma`rib Gov, on Referral Mechanism, Documentation, IPC, and quality Data Entry reports.





BFD Contribution



BFD Contribution

The development or strengthening of RH curricular components is a core preservice-strengthening intervention. The overall objective of reproductive health policy is to collaborate with governments and key institutions to promote and coordinate effective reproductive health strategies to maximize resource utilization and enable the execution of sustainable national initiatives.

Capacity building in midwifery education is a critical component of enhancing the quality of midwifery. Developing and strengthening individuals working in maternal and newborn health is a vital method for improving service quality and, as a result, reducing maternal and neonatal mortality.

Building Foundation for Development supported the Higher Institute of Health Sciences in Sana'a; in implementing the Foundation's strategy for 2022-2024, the Foundation supported them by developing the curricula for the Community Midwives Diploma into a Bachelor's course, which included conducting multiple workshops to re-characterize the curriculum, which helps to enhance the quality and outcomes of community midwives, which reflects the improvement of health services provided to the mother and newborn.



Upgrading Community Midwives Diploma Curricula to a Bachelor Curricula

Procurement & Supply



10. Procurement and Supply

During 2022, the project executed the procurement process of the EmONC project medication, medical supplies, cleaning tools, printed materials, and visibilities based on the approved budget and the number of beneficiaries for the HF's & MTs. In the first Quarter of 2022, BFD received the UNFPA's approval to transport the medical equipment and RH kits to Harib Hospital, which were postponed due to the conflict in the district during the previous period. Moreover, BFD supplied the mobile medical teams and HF's with medicines, medical supplies, and essential requirements. In addition, the project provided a CBC device for the 26 September hospital in Marib Gov.



MoH Activities



11.1 Distribution of Ultrasound Machines:

After receiving the approved distribution plan for the 59 ultrasound devices and their accessories, BFD began distributing the ultrasound to the targeted Health facilities to Dhamar, AlBayda, Hajjah, Al Mahwi-
et, Al Jawf, Amran, Saada, Marib, Sana'a, Amanat Al Asimah, Ibb, Rima, Taiz, and Al Hodidah governor-
ate.



11.2 MoH Trainings

Even in the worst humanitarian crisis that Yemen faces, we seek to ensure that the health providers (GPs) are trained and ready to handle GBV cases as well as that the midwives are skilled and well prepared to provide safe maternal health services to mothers and newborns in Al Mahara, Al Dalea', Hadramut, Shabwa Aden, Taiz, Abyan, Lahj, Sana'a, Dhamar, Hajjah, Al Mahwit, Amanat AlAsimah, Ibb, Rima, and Al Bayda governorates. The following table shows the type of trainings conducted in partnership with the MoH.

Training	Date	Place	#Trainees
Essential Neonatal Care and Maternal and Newborn Health Records Training	June 6-12 2022	Al-Jumhuri Teaching Hospital	33
Family Planning	June 14-28 2022	Al- Olofi health center	15
Family Planning	June 18-30 2022	Al Zahrawi health center	15
Family Planning	Aug 6-18 2022	Al- Olofi health center	15
Family Planning	Aug22 to 4Sept.2022	Al- Olofi health center	16
Minimum Initial Service Package (MISP)	Nov.29-312022	Al Mualla Plaza Hotel	24
Clinical Management of Rape (CMR)	Nov.22-24 2022	Al Mualla Plaza Hotel	23
Clinical Management of Rape (CMR)	Dec. 13- 15 2022	Al Mualla Plaza Hotel	15
Family Planning	Dec. 6 -19 2022	Mukalla Maternity and Childhood Hospital	18
Family Planning	Dec. 18-29 2022	Ash Shaykh Uthman Compound	18
Family Planning	Dec. 18-29 2022	Medical Hashed Compound	16



11.3 Distribution of RHCS:

During 2nd and 3rd quarters, BFD funded by UNFPA and in coordination with MoH carried out the distribution of RHCS according to the approved plan to the GOH's warehouses, and health facilities in Dhamar, Hajjah, Al Jawf, Al Hodidah, and Marib governorate as well as paying the dues to the supervision and coordination committee that conducted the distribution. Moreover, according to the approved distribution plan, the distribution of obstetric and neonatal emergency medicines to GHO's warehouses in Dhamar, Al-Bayda, Hajjah, Al Mahwiet, Al Jawf, Amran, Saada, Marib, Sana'a, Amanat Al Asimah, Ibb, Rima, Taiz, Al Hodidah, and Dhale governorate.

11.4 Paying for the supervisory and coordinating committee for the distribution of emergency obstetric medicines and supplies to GHO's warehouses in the governorates (Amanat Al Asimah, Sana'a, Hajjah, Dhamar, Rima, Al-Bayda, Amran, Saada, Taiz, Al Jawf, Al Mahweet, Ibb, Al Hodidah, Al Dhala and Marib).

11.5 Purchasing of a speaker and mic for MOH meeting room.

11.6 On June 5, 2022, a payment was made to the participants of a meeting held at the population sector conference room at the MOH to review and endorsed 2022 priorities for the RHCS.

11.7 Paying the rent cost of the MoH warehouse.

11.8 Paying for DSA supervisory team from MoH to Hajjah and Al Hodidah Gov.

11.9 Paying the cost for Repairing MoH Trunk.

11.10 Paying for the participate in Supply Chain Introductory Workshop, that was held at Sheba Hotel on 18th August 2022.

11.11 Paying for the participants in RH Needs Assessment Committee meeting for 2023.

11.12 Paying for DSA for MoH Staff working during the spot check in South.

11.13 Supervision of the supply chain for maternal and newborn health for 2022:

11.14 Paying for the supervisory and coordinating committee for the supply chain of maternal and newborn health during 2022 in GHO's, districts and HF's warehouses in the following governorates: Amanat Al Asimah, Sana'a, Dhamar, Al-Bayda, Amran, Taiz, Al Mahweet and Ibb

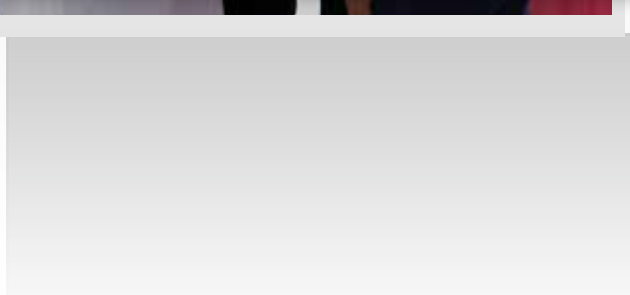
M & E



12 M & E

Monitoring and evaluation is a proof of the effectiveness of project. Donors and administration want to see the outcomes of the project and evaluate the its interaction with different communities. The project team can assess the quality of services provided by the project and how they reached the beneficiaries. M&E results help the stakeholders and the community better understand the project activities and how well they meet their needs, and if there are critical needs that are not provided and will affect the project's progress.

M&E results show public recognition and gratitude for health workers who have worked to make the project successful alongside the stakeholders. Supervisory field visits enable us to seek the deliver the project strategy, prioritize resources, enhance fundraising, and encourage field staff to deliver the services with quality and efficiency.



Accountability

United Nations Population Fund
مركز السكان والتنمية



YEMEN



13 Accountability

Feedback mechanisms helped in understanding needs and strengthened the utility of projects, a better understanding of specific vulnerabilities, and targeting the desired needs. Utilizing the recourse to receive and solve the complaints has assisted in fostering trust and enhancing community engagement in the project. Also participation in project design and reinforced community perceptions of project quality. Furthermore, BFD developed a firm and clear complaints mechanism to receive complaints, follow up and solve them. The following graphs present complaints channels.

Complaints Solving Process

- Receiving complaints
- Reviewing complaints
- Take an action
- Giving the BNF the a clear feedback of his/her complaints
- Informing the project mangment that the complaint was received and solved



Complaints Channels

- Complaint :**
Box
- Hotline
- Whatsapp
- Facebook
- Email

otline: 8006565
mail: contact@bfdyemen.org
hatsapp: 776555124
acebook: [BFDYemen.org](https://www.facebook.com/BFDYemen.org)

Challenges



14 Challenges

- Socio-cultural access barriers to all RH components
- Short term and intermittent fund
- Despite increased awareness of the important of RH Services, funding shortages continue to be a major cause of service coverage gaps.
- Funding for humanitarian assistance is limited not covering health system capacity, population needs, and security situation limits humanitarian access to the provision and utilization of essential health services in many settings
- Instability and Deterioration of the political situations as most of the targeted HFs are located in conflict areas, furthermore the insecurity of the rugged and remote leading roads to the targeted health facilities. All of the mentioned above caused delays in delivering medical supplies and pharmaceuticals; the unintended delay affected the decreased number of beneficiaries.
- Shortage of health workers: the shortage of qualified staff (especially the GPs and the specialist) in the targeted facilities was a significant dilemma.. Especially in remote areas where the lack of qualified HWs led to recruit HWs from other distract; however,most of them refused the jobs due to the low incentives recommended by the Health cluster.
Shortage of health workers: the shortage of qualified staff (especially the GPs and the specialist) in the
- Lack of adequate kits and medicines: (Mama kits) are needed to support the targeted health facilities which were important to attract more beneficiaries.in addition to, lack of some medicines in Yemen market and the existence of low-quality alternatives
- Narrowing obstetric emergency spaces in some targeted health facilities.
- The absence of integrated interventions for health and nutrition services by NGOs in some facilities thus adds pressure on obstetric emergency departments' services, such as covering all health facility activities.
- Bad coverage of telephone and Internet coverage in some areas led to delay in submitting reports in time
- The lack of funds in the recent period has led to the cessation of some interventions within the project
- The limited budget which does not include updates as adding training
- Delay in informing health facilities of the suspension of service due to lack of support, leads to problems with health offices
- Insufficient funding to cover all aspects of integrated services RH and GBV, (such as the establishment of WGSS, multisectoral services, cash assistance and capacity building needs)

Lessons Learned



15 Lessons Learned

- Community participation and ownership are required to improve the access and use of the RH services, ensuring the sustainability of health services if funding stops.
- Close coordination and planning between donors and implementing partners to deliver integrated health services and prevent shortages of essential medical stocks in the field.
- Delivering reproductive healthcare services in humanitarian settings requires synergy between short-term relief and longer-term development.
- Including doctors and free medications led to an increase in the demand for medical services; therefore, they must be taken into consideration when planning for a new intervention.
- Conducting monitoring, meetings, and periodic reviews of the project with the donor helps deliver reports on time.
- Engaging donors and clusters in the whole process of the project cycle, starting from risk assessment and planning implementation till the end of the project, helps avoid any misunderstanding and improve the project outcomes.
- Early and close coordination with the relevant authorities at various levels ensures a smooth implementation of activities.
- Continuation of obstetric emergency services interventions in reference hospitals ensures the continuity of comprehensive health services to the community.
- Close coordination with the Ministry of Health and partners to develop a mechanism and standards to Ensure the quality of obstetric emergency services in the targeted facilities.

Rrecommendations

لا أذهب إلى أي مكان

مع أي شخص!



16. Recommendations

- Training of Health workers on clinical RH protocols and MSP services
- Engagement of the affected communities in RH Project programming ensuring the implementation of high-quality RH services and for better understanding and utilization of the life-saving RH services.
- Implement the strategy of MSIP (integration of services) in all HFs
- Prioritize and support RH programming and ensure RH services is well integrated with the primary health care services.
- long-term funding period of two years or more is applicable, especially in protracted crises and refugee camp contexts, as it delivers better planning and localized resource for more sustainability and effectiveness.
- Develop a Strategic Performance Framework or logic model to support formal, systematized processes for the need assessments, fundraising, decision-making depending on the M&E results.
- Support early and comprehensive communication and engagement with stakeholders
- Yemen's current situation, the collapsed health system, and the poor state of facilities should obligate the stakeholders and NGOs to target integrated services in the health facilities, which will, in return improve the quality of services rather than focusing on activating one service and which will not be cost-effective for any NGOs

Success Stories





Experiencing the Afterlife

“she was in great suffering which has never been seen and shall she not be in again.” Lena, the gynecologist said.

Life with a Fragile Body

Yemen- Ahlam Ghaleb, a 37-year-old i, got pregnant with her ninth child in the displacement. Her last pregnancy was the most difficult of her life. War has scattered her as hundreds of thousands of displaced people, yet it was tragic for her to flee her home with her eight children and husband two years ago from Ragwan district to Al Jufnah camp. Her eight times close pregnancies affected her last pregnancy. It exhausted the pregnant mother's body and affected her health. The associated risks accompanying her during her ninth pregnancy spelled grieving complications putting her life and her unborn's life at the hand of fate. Besides her poor health and weak body, the IDP mother struggled to have nutritious food to keep herself and her unborn healthy. Ahlam became vulnerable; she had multiple health setbacks. *“Some nights, I was in great pain. I could barely speak to my husband.”*

Bitter Experience

Complications got worsened and threatened both lives. *“I knew something didn't feel right.”* Her husband said. Her husband faces financial hindrances due to his low income. His wife was facing an actual death. However, he could not take her to a health facility. Therefore, he brought an unskilled midwife home to deliver the baby. Ahlam gave birth at home. After the delivery, the midwife could not control the heavy bleeding. They had to rush to a nearby clinic *“It was horrifying seeing my wife dying when I took my wife to a clinic nearby.”* Her condition kept worsening. At the health facility, they provided her with first aid services.

They could not do anything to stop the life-threatening bleeding. *“The clock stopped ticking when the clinic nurse told me they couldn't do anything helps her.”* The IDP lady fainted. No penny, he has to afford a car to take her to a hospital, yet they got lucky, and a man saved the day and took them to Al Shaheed Mohammed Hail Hospital. Her husband thought he would lose his wife, for he never saw someone bleed as she did. A tiny threat of hope kept warming her freezing blue body.

A window of Hope

Ahlam arrived at Al Shaheed Mohammed Hail in her last moments of life. She was in a pretty terrible shock. *“As I approached the emergency room, I heard a nurse saying “the woman is in shock”; then I saw this pregnant woman lying on a bed with excessive blood loss to death h about to give birth.”* She added. The husband entered the hospital with his cold blue and fainted wife in his lab. The blood flow almost stopped feeding her brain and other organs. The medical team rushed to Ahlam and conducted urgent life-saving services aiming to rescue her. *“I thought she was gone once I saw her. I put my finger to check her heartbeats which were almost fading.”* A nurse said. Immediately they admitted Ahlam to the theater. Doctor Lena and doctor Kuther, the gynecologists, tried their best to stop the heavy bleeding, but without use. She has a Uterine Rupture. Her condition was difficult to handle. Her blood percentage was only three and kept decreasing despite the blood transfusion.

The medical team reached their physical and emotional limits. During the operation, one of the gynecologists struggled not to collapse. The doctors did not lose hope. They stood tall during six hard hours. They decided to remove the womb (uterus), which home childbirth have ruined. ***“The moment I saw her stabilize, I was overjoyed. The sound of the patient’s monitors sounds like victory music.”*** Kuther, the gynecologist said.

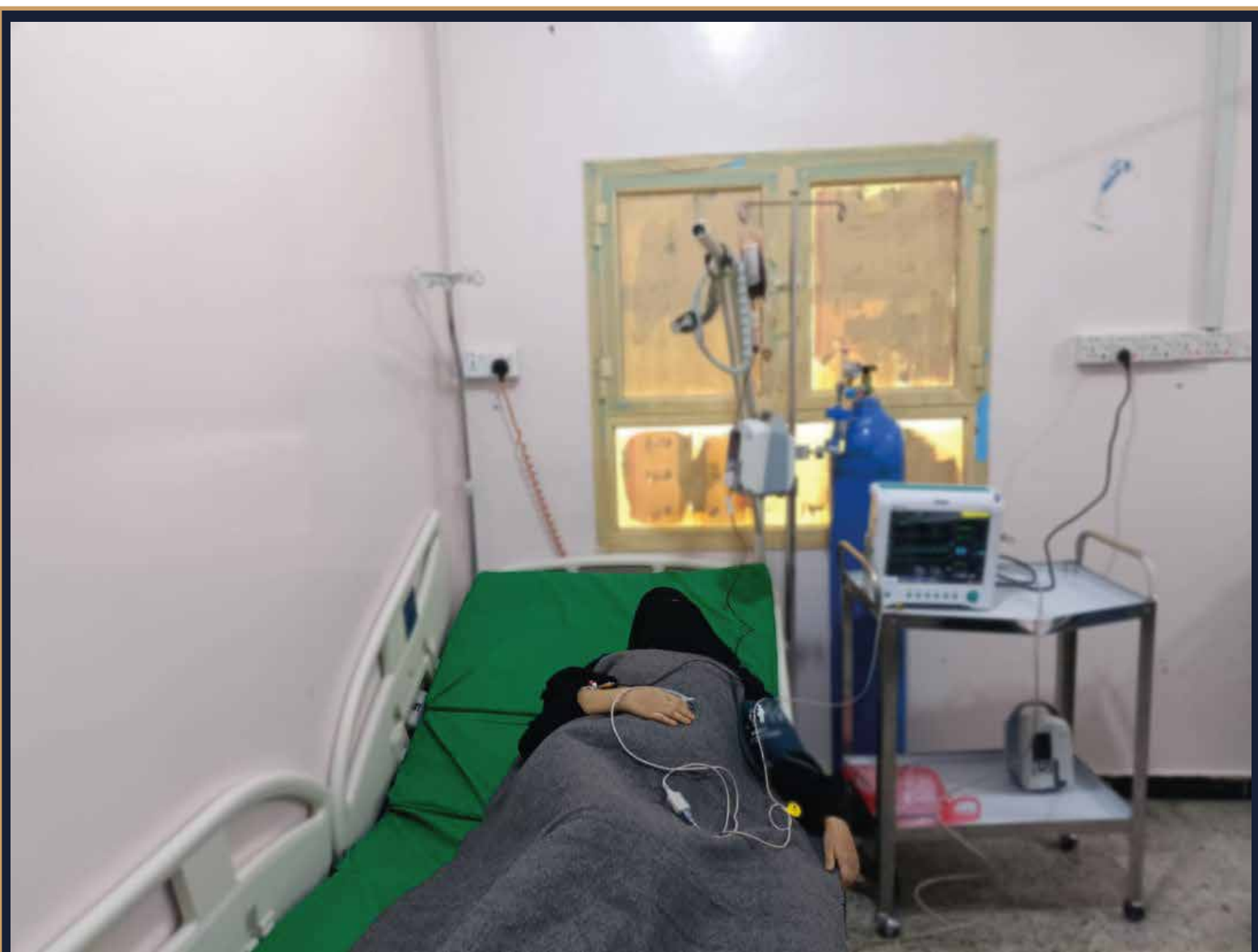
A Life Won

When one of the medical team got out of the operation room to tell her family that she is a life, her husband was expecting to hear, ***“Sorry, we did our best.”***

Later, Ahlam was admitted to the ICU for five days taking healthcare. ***“If she arrived minutes late, she would pass away.”*** An anesthesia technician said. At the ICU, she recovered her health gradually. ***“You are a lucky survivor of maternal mortality.”*** Doctor Lena, the gynecologist told Ahlam. Ahlam, whose name means (Dreams) said, ***“I died the moment I fainted. When I slowly opened my eyes, I thought I am in the afterlife, yet when I heard the monitor beeps, I Knew that I made it.”***

Mothers Should Be Protected

Ahlam passionately proposed that developing the healthcare systems would reduce the maternal death rates for women. The Emergency Obstetric and Newborn Care project represents the candle of hope for all pregnant mothers and newborns that shall not be extinguished.





An Infant Loss - A Mother Rescue

“Everyone deserves to have a healthy pregnancy free of complications and worry.”

Barriers of Safe Pregnancy and Delivery

Childbirth-related deaths have been harvesting the lives of newborns and mothers. The closer pregnant women are to the due date, the closer they should visit the health facility. On the contrary, many pregnant women do not have the chance to get maternity care during pregnancy or safe childbirth. Due to the fragile health system ruined by the seven-year war. In Al Malha Ad Dhaer, Al Ja'arah Asharqi, Bani Sa'ad district, Al Mahwit governorate, pregnant women face barriers during their pregnancy and delivery. They worry about where their tomorrow's meal will come from and where they can get wood since gas is hard to afford. A 20 liter of gas costs 30 thousand RYs- 35\$. Malnutrition, lack of health care, and poverty increase the burden of pregnant women as the due time of delivery get closer. *“Everyone deserves to have a healthy pregnancy free of complications and worry.”* Afrah, the midwife said.

Nothing Can Break the Silence of Grief

Sameera, a 25-year-old graved mother, suffered dire complications during pregnancy and delivery like other pregnant women in her village. Severe complications had alerted Sameera of her due date. The contractions increased in intensity; she was struggling with the pain. Then her family rushed to bring a midwife to assist her; they used the flashlights to cross slippery and rough paths. Neglecting the outcome of the risks of home birth due to the long rocky route that connects them with the main road to a well prepared health facility.

The midwife arrived, labor was not progressing, and complications were getting hard to endure. *“No power was left to even breath, nor to push.”* She said. The home delivery with an unskilled birth attendant caused grievous health consequences. *“she is not moving,”* her mother-in-law told the midwife. The hand of the fetus got out. *“The fetus is not headed. She must be transferred to the hospital.”* The midwife told her family. Sameera was in a devastating condition when she was moved into the car. During the long and unbearable journey to the hospital she was losing blood. According to what her husband stated, *she was dead as a doornail.*

Saving a Life for Life

Shock and comma, a fetus with a handout, hypovolemia, and other severe complications she was experiencing once she was admitted to Al Jumhori Hospital (a BFD-supported HF based on UNFPA fund). *“Two lives are in danger.”* A nurse called the obstetrician. Yet, the fetus showed no sign of life. Sameera had a uterine rupture due to critical complications and her previous caesarian section. *“Sameera arrived at the hospital in between.”* Afrah, the midwife said. She has been through an emergency C-section. The medical team crowded around her, doing the impossible to save her life. They managed to control the bleeding and repair the uterus. The operation ended successfully, yet the mother left the theatre without her baby. *“It broke my heart once we took out her baby dead.”* The obstetrician said.

The mother was moved into the intensive care unit (ICU). The midwives tried to comfort her. They also provided her with psychological support to overcome the tragedy of her loss.

Maternity Awareness

The grave pregnancy and delivery complications lead to maternal and neonatal mortality and morbidity due to the neglect of visiting health facilities during pregnancy or even at the time of delivery. Thus, BFD has activated an awareness campaign where health workers of the supported health facilities are visiting the neighboring villages to raise the community's knowledge of the importance of follow-up visits during pregnancy and to attend safe deliveries in the health facilities. Furthermore, they highlighted how the risks and complications of pregnancy and home deliveries lead to tragic ends to decrease the tragic conditions faced by pregnant women like Sameera's.





Early Marriage and Poor Maternal Malnutrition Affect the health of Mothers and Newborns

“Early Marriage, the annual childbirth, and maternal malnutrition have exposed her to the deadliest complications in her fifth pregnancy and childbirth.” The midwife said.

Young teenage girls are more likely to die due to complications in pregnancy and childbirth than women in their 20s, and their children are more likely to be stillborn or die in the first month of life.

At Tuhyta district, Al Hodeida governorate, poverty and the conflict have worn the population there out. Many parents tie the knots of their daughters and send them to the spouse house due to the scarcity of a living. In At Tuhyta Food and medicine supplies in are scarce and threatening maternal, neonatal, and pregnant women's lives. At the beginning of her 17th, Neama Hibah got married running from food insecurity to the risks of pregnancy. ***“Early Marriage, the annual childbirth, and maternal malnutrition have exposed her to the deadliest complications in her fifth pregnancy and childbirth.”*** The midwife said.

Many pregnant women die or give birth to stillborn home/health facilities due to complications caused by maternal malnutrition and early marriage. However, BFD based on the UNFPA is in the ground, working 24/7 through the EmONC project in At Tuhyta Rural Hospital and other 34HFs in 7 governorates providing comprehensive and basic reproductive health services to these vulnerable pregnant women and newborns.

When the time of labor has come, Mrs. Hiba and her baby were in a high risk due to the server complications she had. The fetus was positioned wrong. Both lives were about to be doomed. Referring Neama to a specialized health facility was not an option, for she might die in the way. ***“It was hard to watch the poor mother suffering, we acted carefully and skillfully with her case. It was a memorable task.”*** Smah a midwife said. It has been a critical time for the medical team. Every second mattered. The clock was ticking, the end was a approaching, but what end (the death of Neama and her infant or the new life they will have.) The skilled medical team delivered her successfully, yet the infant had complications. However, the medical team was ready for any emergency, they have resuscitated him. ***“I had never felt happy like this moment; I am so proud to pull two lives from the hands of death.”*** Salma, the midwife said. Both the mother and the newborn were discharged well with a good health. Adequate maternal nutrition before, during, and after pregnancy is needed for mothers to reduce the high risks of deprived births and to guarantee a healthy live for mothers and their newborns. However, critical barriers stand against pregnant and lactating women in conflict-affected and hard to reach.



Route of Life

The scattered bullets, the shuttered roads have barricaded despairing men, women, and little children, sentencing them to be in a siege of grievous humanitarian suffering.

Seven years ago, she had a cardiac surgery.

Faizah, 43-year-old woman was in labor on the past January 2022. Faizah is from Jabal Murad where the war, stalemate, and suffering have intensified. Then the roads were in a complete shutdown due to the militant operations. For a pregnant woman in labor with critical medical history, it was a dead end...

The ways and short cuts to other districts have carried two options to die. Either to be killed by the armed conflict take her last breath on the dangerous slippery cliffs. Faizah became a victim. She became hopeless and helpless. ***“What is the guilt that my wife and newborn have committed to desire the death sentence.”*** ***“Once she heard my husband telling a friend these words. I recognized that the wonderful adventure I lived reached the end.”*** Sadly, she said. In war zones the very nature of roads meant to be the gates of life; yet, they are twisted to be red flags condemning Faizah’s and her newborn’s lives to death sentence, for the guilt of being humans.

Due to the eight-year-old conflict and the closed routes, Faizah reached Jabal Murad Hospital, struggling both cardiac and pregnancy complications which have increased the vulnerability of dying. ***“Pregnancy is a cardiovascular stress test.”*** However, the mother’s heart will not endure further stress and pain. She became critically weak and ill.

“I had no energy and was short of breath, yet I was looking forward to life with my baby.” She said. The moment the doctor examined her and knew of her heart problems shocked. ***“It was heartbreaking, Faizah has to be moved to a specialized hospital; but, I was her last resort.”*** She said. Faizah has moved the whole medical staff when she told a midwife with a fading sound to pass her goodbye message to her beloved husband. The team took her straight forward to the labor room. For 28 hard and whirlwind the room filled with caution, fear and anxiety. 28 hours of suffering and agony for both the mother and the medical team has ended with, cries of happiness and success. ***“Both are a live”, the midwife said.”*** Truthfully, the medical team is a hero for successful childbirth. ***“The inside of my heart was decorated with gratitude to the good heroes who saved baby’s life and mine.”*** She spoke.

Pregnant women and newborns are the forgotten victims driven away by the brutal war. Mothers, little children and pregnant women are ignored in areas ruined by conflict. They are in a serious need of proper access to proper health care services. The international and national communities have to pay a serious attention to War’s Forgotten Victims.



Thekra

“The current crisis is a devastating shock that drove poor households to the brink of famine, where they have to endure the burden of securing only bread and freshwater.”

Maternal Malnutrition is a critical health problem that endangers thousands of newborns' and mothers' lives all across Yemen. Rural and hard to reach areas communities have always demanded the provision of proper health care that meets the requirements of the current dire situation. Most households in these communities are living under serious low living conditions. Also, the high increasing food and health services prices increased the burden on the people of these weak and remote communities. Yemen, the world's worst crisis risks thousands of pregnant women's lives, threatening, and blocking their simplest and rightful dreams of becoming mothers and surviving the difficult childbirth.

The population in Bani Sara`a, Al Magrabah, district, Hajjah governorate suffer food insecurity due to a low income/ difficulty obtaining food. Consequently, pregnant women have to endure the burden of malnutrition.

Thekra Sara`a, a 19-year-old newly married woman had to struggle during her pregnancy as well as delivery due to malnutrition. During her pregnancy, she had poor nourishment lacking key nutrients which lead to anemia accompanied with multiple health problems. ***“The current crisis is a devastating shock that drove poor households to the brink of famine, where they have to endure the burden of securing only bread and freshwater.”*** Dr. Adel Shamakh, the quality focal point of Bani Al Shamakh Hospital said. The poor economic situation of her husband has limited the daily nutrients intake for a set that does not meet the needs of his wife and his coming baby.

“It becomes harder to secure food for my family since the household staples continue to double in price. I got insomnia, for I keep wondering; are my family and I going to perish from the earth because of lack of food, the super-high price, and the terrible and insecure income.” The husband expressed his feelings. Malnutrition has affected the future mother, it led to severe hemorrhage right after childbirth.

When the time came to deliver her baby boy, Mrs. Sara`a with her weak and almost powerless body, she used to go fainting due to the malnutrition she had; moreover, she struggled to endure the unbearable pain of labor contractions. Both labor and malnutrition have worn her out. Reasons of increasing the chances of her death keeps emerging. Her residency is far from the hospital and the severe shortage of fuel led to the difficulty in finding transportation means to drive her to the hospital; both reasons led to an increase in the chances of her death and her newborn since she arrived late to the health facility.

Thekra arrived at Bani Al Shamakh Hospital (a supported health facility by BFD based on the UNFPA fund) with almost a dead body. Her fetus and malnourished mother were in critical condition, for the severe complications she had. ***“I did not believe that I would make it to the hospital. I was certain that I would not live. On the way to the hospital, I stopped sensing myself. I was only hearing the echo of my husband's sound.”*** She said.

Once she reached the health facility, the emergency obstetric department medical team received her and provided the worn pale mother with psychological support and needed medications which helped her gain some power. Then after conducting urgent examinations, the fetus was wrapping the umbilical cord which puts its life in danger. The baby's inhaling and heartbeats started to slow down. ***"Thekra is going through a difficult labor, the fetus is exhausted."*** Dr. Hadeel told the medical staff. The young mother was set and prepared for the delivery. Luckily, the doctor and the midwives were able to handle the critical situation, yet Mrs. Sara`a had a severe hemorrhage right after childbirth. All the medical time attention and effort was paid toward Thekra ***"you are going to live and raise your child yourself, we will not lose you today."*** Wafa`a, the midwife was talking to Therka. While the mother was being rescued, Arzaq a trained midwife was resuscitating and supplying the newborn with oxygen. ***"Thanks are to Allah that Thekra did not deliver a stillbirth,"*** Arzaq said. The medical staff kept observing the baby boy and his mother's conditions until both health status was stable with good vital signs.

Yemen, the world's worst crisis risks thousands of pregnant women's lives, threatening, and blocking their simplest and rightful dreams of becoming mothers and surviving the difficult childbirth due to lack of reproductive health and nutrition services. Therefore, an urgent integrated Nutrition -RH project is needed to alleviate the burden and save thousands of malnourished pregnant women.





Mothers and Newborns are the Victims of the Devastating Suspension of HFs

Since 2015, the health system in Yemen has collapsed catastrophically; thus, hospitals and health facilities have relied heavily on humanitarian health relief to survive.

Since 2015, the health system in Yemen has collapsed catastrophically; thus, hospitals and health facilities have relied heavily on humanitarian health relief to survive. However, in 2022 some of these health facilities lost support due to severe funding shortages, leaving pregnant women and newborns to face the dangers of complications of pregnancy and childbirth, which cause the death or some lifetime health problems. Al Khabt Hospital in Al Mahwit; Ad Dan hospital in Dhamar, Abs Hospital in Hajjah were providing reproductive health services to more than 3,500 girls, women, and newborn per month.

Yet the suspension of support in these hospitals and others, led the obstetric departments to lack specialists, obstetricians, skilled medical staff, and shortage of medicines and medical supplies, leaving thousands of pregnant women and newborns without life-saving reproductive health services.

The current suspension warns a tragic collapse in the already fragile and exhausted healthcare system. Moreover, it will disrupt the provision of medical services for lots of pregnant women, girls, and newborns, who live in poor living conditions in hard to reach areas, especially in Ad Dan, Al Khabt, Abs Hospitals since they are the solo providers of basic and comprehensive reproductive health services. The hospitals are striving to operate the obstetric departments; yet the lack of an obstetrician, skilled staff, and medicines contributes in the death of mothers and newborns home and sometimes or suffer terrible complications since the inhabitants of these villages cannot endure the agony of travelling in hazardous long and rough roads to other specialized health facilities or to afford the high expenses of health care in the city.

The huge gap in these health facilities reduces the number of beneficiaries, where they were forced to sell whatever they can sell to afford the travelling and the medical expenses in private health facilities. These pregnant women who were able to afford the fees have to endure the long dangerous journey to the nearest hospital while other Pregnant women in labor deliver their babies home, for they can't afford the transportation fees, leaving the chance of death or life on the hands fate.

Amat Al Rahamn Saleh and her husband rushed to Al Khabt Hospital happily, thinking that the obstetric department is still supported by the UNFPA. When she arrived at the hospital in a critical condition. She was complaining from anemia, difficult labor, and other complications; yet, the hospital is no longer supported and cannot provide her with the lifesaving services to rescue her and her baby. ***“I have tolerated great burden to provide my wife with a safe childbirth, yet what happened in the hospital was tragic.”*** The husband said desperately. Mrs. Saleh became helpless and fearful of the unclear and foggy picture of hers and her baby's life. ***“My husband was encouraging and comforting me and telling me that everything is ok, yet he was hiding his pain and fear behind a fake smile.”*** She told us. The fake smile was easing his wife's pain and fear. The medical team in the hospital has referred her to Al Mahwit city hospital, which is 2 hours and 30 minutes far. The burden, the challenge and the chances of their death have increased. To not waste time, her family took her to Al Qanawis district, Al Hodeidah governorate.

Though, they had a shock only; the HF has no bank blood and is not providing the services that were needed to save her life and her baby. ***“I started to get panic attacks, for I would be the reason of their death.”*** The husband blamed himself. ***“On the way, I fainted, I have seen my whole life, it was wiped out just like that.”*** The mother said. Her husband felt her chili body, noticed her blue lips, and faded face. ***“The moment I touched her I felt that they are going to be taken away from me.”*** The husband spoke out. The faded mother has only one shot to be rescued, she has to be moved to Al Jumhori hospital, Al Mahwit city which is almost 3 hours far. The moment she arrived the hospital, she was like a dead person; she hardly breaths. The supported medical staff by BFD, funded by the UNFPA have done a great work. ***“Amat has arrived at the hospital fainted and in a very critical condition as a result of a late medical intervention.”*** Afrah, a midwife said. and in a They have saved both lives successfully. Both lives after the C-section were examined and admitted in the intensive care unit until they became safe and sound. ***“I don’t know why my wife had to suffer and endure this long and deadly journey.”***

The suspension of health facilities is directly and negatively impacting the average rural community especially women, as the quality of patients` care is compromised, which leaves the major health care system hollow and warns a humanitarian crisis. The thousands of mothers and newborns are still waiting for a glimmer of hope to reactivate the humanitarian interventions the hospitals in their tire zones.





Muluk the IDP Midwife

“I still can hear the laughter of my child and the smile of my husband when they were playing together. Yet, an aggressive, unfair, and unforgiving war has taken all of this from me. I supposed to be home with my husband raising our children together not being in an IDPs` camp alone.”

“I am two years here but 5 years ago my displacement journey has started.” Early one morning five years ago, a mother with her 10 months` infant and a 2 years` kid spent 24 hours crossing a scary and risky mountainous path running from the horrifying air strikes and close range heavy gunfight in Harib Al Qaramish`s borders with Nihm. “I had to carry both of my children the whole way. the night has fallen down, water has run out, no houses were nearby to shelter us. It was like I am tortured in hell. No one could hear me crying even if screamed” She said.

Muluk Mohammed, a 30 years-old well educated woman, who lost her husband in the early days of the war. Muluk has a midwifery diploma. Before the conflict sparked in Yemen, Muluk was living a well and a happy life with her husband and little children. *“I still can hear the laughter of my child and the smile of my husband when they were playing together. Yet, an aggressive, unfair, and unforgiving war has taken all of this from me. I supposed to be home with my husband raising our children together not being in an IDPs` camp alone.”* After the death of her husband she kept living with his family. Days passed, the intense armed conflict aggression has reached Bait Khurais, Nihm district; it has reached her own family`s village. Her family fled to Harib Al Qaramish where their daughter lives. She accommodated them until the situation settled down in Nihm; then they returned to where they belong. Once her parents returned home, Loneness has triggered her husband`s death. *“I was suffering an unimaginable pain; the pain of leaving the loving ones.”* Sadly, she spoke.

However, the outrageous war has expanded and reached Harib Al Qaramish. The situation became a life-and-death one. Therefore, she preferred life to survival. *“I was terrified that I would lose my crawling babies. I decided to flee to my family in Nihm district, Sana`a governorate.”* The only road path to Sana`a was blocked due to the horrific air strikes and the close range armed fight. The displacement was hard for a mother and her two breastfeed-ing babies. she was surrounded by death and only death, yet the mother would not surrender and let her kids face their fate; she decided to take a long ultra-hazardous mountainous road. A full day, 24 hours Muluk had to carry both of her children climbing and crossing the eerie scary hazardous path. *“The night has fallen down, water has run out, no houses were nearby to shelter us. It was like I am tortured in hell.”* She said. The determined mother did not stop though she was almost dead, the cries of her drained starving infants were the power, which enabled her to move on reaching her family`s home.

The stormy war did not mercy Muluk and her children. An intense militant combat ignited the village she displaced to. Again she had to leave everything behind and fleeing to Al Khanq IDPs` camp in Nihm. *“It was a prison. The camp was surrounded by mountains contains no water, no electricity, no network coverage, and no even a market. We were like the walking dead.”* Muluk said. Time passed the aggressive conflict broke into the area forcing them to start a new displacement journey.

Muluk with her family have displaced to As Sawda campsite, Ma`rib governorate. The cloudy and hard life started to perish. Once she arrived she was assisted with the Rapid Response Mechanism(RRM) kits. She settled down there. She felt safe and secured since she is surrounded by her parents and kids. ***“I was drawing strength from myself for the sake of my children. The displacement made me strong and independent. The challenges I faced were exceptional. Besides that, I was alone with no father to support my children.”*** She said.

She had to support her flame of joy and happiness. As she struggled to provide for herself and her family, she looked for a job a day and night. ***“When one of my kids gets sick, I feel so bad for him since I can't afford medicine for him.”*** Muluk said. In all the camps she displaced to, Muluk used to provide free health services to all internally displaced women.

While she was providing free health services in the camp, she heard that the Medical Mobile Team supported by BFD funded by the UNFPA is in a need of a midwife, she has applied for the position and got the job. Muluk didn't get sufficient help to tackle the challenging situation she had endured until she started working with the Medical Mobile Team supported by BFD funded by the UNFPA. ***“My dream is to make provide happiness to my children and to become a better midwife. I have lost a lot in my life, but I want my sons to go to school and become successful.”*** Now, Muluk is providing humanitarian health assistance to IDPs and at the same time she supports her kids and family.



Supply Lists



Cleaning Tool

#	Description of Goods / Services	Unit	Al Jawf	Al Hodaydah	Al Mahwit	Hajjah	Dhamar	Marib	Al Bayda	Total
1	Black plastic bags 20 gallon small size of a good quality	PACKET	196	198	131	258	114	279	166	1342
2	Small plastic bags for baskets 12 size of a good quality	PACKET	206	204	140	264	119	294	176	1403
3	Cleaner suits with Phosphoric lines medium size of a good quality	SET	20	20	12	28	12	28	16	136
4	Dettol antiseptic solution concentrate of 5.5% at least, 5L container and of a good quality	BOTTLE	120	119	76	159	76	167	99	816
5	Hand washing gel concentrate of 12% at least, 5L container of a good quality	BOTTLE	48	48	30	66	36	61	47	336
6	Floor cleaning liquid soap concentrate of 12% at least, 5L container of a good quality	BOTTLE	65	65	40	89	44	92	53	448
7	Soap powder 100 gram * 48 pacs of a good quality	BAG	69	68	45	94	44	96	57	473
8	Clorox bleach solution concentrate of 15% at least, 5L container and of a good quality	BOTTLE	82	82	52	110	53	116	70	565
9	Chlorurex antiseptic solution concentrate of 5.5% at least, 5L container and of a good quality	BOTTLE	186	184	121	248	115	264	159	1277
10	Long cleaning rubber gloves with rubbery holder of a good quality	SET	50	47	31	68	32	68	40	336
11	Small towels 12 a pack of a good quality	PACKET	38	38	25	50	22	54	33	260
12	Hand Soap 120gr of a good quality	PCS	140	140	92	180	84	200	124	960
13	Steel mop wiper of a good quality	PCS	14	14	10	18	11	22	12	101
14	Wooden floor wiper 55cm Turkey	PCS	14	14	10	18	8	20	12	96
15	Outdoor Sweeping Brush with Wooden Handle of a good quality	PCS	14	14	10	18	8	20	12	96
16	Air freshener spray 400ml of a good quality	BOTTLE	18	18	14	22	10	26	16	124

RH. Medical supply

#	Description of Goods / Services	Unit	Al Jawf	Al Hudaydah	Al Mahwit	Hajjah	Dhamar	Marib	Al Bayda	Total
1	Adhesive Plaster (Roll of medical sticking plaster isolated on white)2.5 cm	Roll	613	613	423	803	354	872	522	4200
2	Blood Bag 250cc with IV Set	Set	180	180	180	180	60	270	180	1230
3	Catheter (Adult: CH16) All Silicone latex. Foley, 2-way, valve for luer connection, length approx. 30-40 cm. balloon (standard size 10 mls), rounded end sterile, disposable	Piece	210	210	150	270	120	300	180	1440
4	Catheter (Adult: CH14) All Silicone latex. Foley, 2-way, valve for luer connection, length approx. 30-40 cm balloon (standard size 10 mls), rounded end sterile, disposable	Piece	210	210	150	270	120	300	180	1440
5	Cotton 500g (Soft, highly absorbent, minimum tinting, minimum neps, cotton wool.100 % Pure Cotton)	Roll	186	186	130	242	76	265	158	1243
6	Disposable blue Gown	Piece	320	320	240	400	180	460	280	2200
7	Disposable blue shoe cover	Piece	1600	1600	1600	1600	800	2400	1600	11200
8	Disposable head cover	Piece	1600	1600	1600	1600	800	2400	1600	11200
9	Endotracheal tube, sterile, single use, size 2.5 uncuffed	Piece	30	30	30	30	15	45	30	210
10	Endotracheal tube, sterile, single use, size 3 uncuffed	Piece	30	30	30	30	15	45	30	210
11	Endotracheal tube, sterile, single use, size 6.5	Piece	60	60	60	60	30	90	60	420
12	Endotracheal tube, sterile, single use, size 7	Piece	60	60	60	60	30	90	60	420
13	Face Mask 50/pack able to tie three layers	50/Packet	38	38	37	38	19	56	38	264
14	Face Mask 50/pack ear loop three layers	50/Packet	171	173	119	227	80	246	152	1168
15	Feeding stomach tube, Ch 5, sterile.	Piece	274	274	198	350	156	392	236	1880
16	Films for ultrasound	Roll	27	27	21	33	15	39	24	186
17	Gauze bandage absorbent, with selvedge, non-sterile, individually wrapped in protective wrapping, roll(s): 10 cm	12 Rolls/Packet	100	100	60	140	60	140	80	680
18	Gauze swab non 100 cotton gauze bandage,10*10 cm splay approx. 40s*24*20 unfold sterile high quality	50/Packet	210	210	150	270	120	300	180	1440
19	Gloves exam latex large single use, pre-powdered, 100/Packet	100/Packet	178	178	114	240	111	251	148	1220
20	Gloves exam latex medium single use, pre-powdered, 100/Packet	100/Packet	226	226	158	297	130	322	192	1551
21	Hand Anti septic solution 500 ml high quality	Bottle	81	81	55	107	47	115	68	554
22	Iodine Solution- 5 Liter	Bottle	36	36	24	48	14	51	30	239
23	IV Cannula, 22G	Piece	9600	9600	6400	12800	5600	13600	8000	65600
24	IV Cannula, 24G	Piece	3732	3732	2484	4980	2178	5286	3108	25500
25	Medical disposable plastic gloves	100/Packet	210	210	150	270	120	300	180	1440
26	Medical Gauze absorbent Rolls for Cleaning Hemostasis during surgery 100 * 36 (Surgical gauze roll)	Roll	100	100	100	100	50	150	103	703
27	Pregnancy test HCG cassette HCG Combo Urine/Serum Rapid Test (Strip) (3.5mm) (p/40 pcs)	Piece	1350	1350	850	1850	800	1900	1100	9200
28	Safety box for syringe, Cardboard, Recycled board, water resistant with waterproof membrane, size 285x160x130mm, volume 5 liter	Piece	42	42	30	54	24	60	36	288
29	Simple face mask for Oxygen for adult	Piece	280	280	200	360	160	400	240	1920
30	Simple face Oxygen Mask for infant	Piece	280	280	200	360	160	400	240	1920
31	Spinal Needle 22G, sterile, single use	Piece	120	120	120	120	60	180	120	840
32	Spinal Needle 23G, sterile, single use	Piece	120	120	120	120	60	180	120	840
33	Spirit solution 96% - 5 Liter	Bottle	21	21	15	27	12	30	18	144
34	Sterile Gloves # 7	50 pair /Packet	27	27	21	33	15	39	24	186
35	Sterile Gloves # 7.5	50 pair /Packet	12	12	12	12	6	18	12	84
36	Suction tube, CH 6, sterile, single use	Piece	310	310	210	410	180	440	260	2120
37	Suction tube, CH 8, sterile, single use	Piece	310	310	210	410	180	440	260	2120
38	Suture Vicryl #1 (Round)	12/Packet	42	42	42	42	16	63	42	289
39	Suture Vicryl #2 (Round)	12/Packet	8	8	8	8	4	12	8	56
40	Sutures Prolene #0(cutting)	12/Packet	20	20	20	20	8	30	20	138
41	Sutures Prolene #3-0(cutting)	12/Packet	26	26	26	26	10	39	26	179
42	Sutures Prolene 2-0(cutting)	12/Packet	38	41	37	45	20	67	42	290
43	Sutures silk # 1 cutting	12/Packet	12	12	12	12	6	18	12	84
44	Sutures silk # 2 cutting	12/Packet	4	4	4	4	2	6	4	28
45	Sutures Vicryl #0 (Round)	12/Packet	60	60	48	72	24	87	54	405
46	Sutures Vicryl #2-0 (cutting)	12/Packet	10	10	6	14	6	14	8	68
47	Sutures Vicryl #2-0 (Round)	12/Packet	58	58	46	70	23	84	52	391
48	Sutures Vicryl #3-0 (Round)	12/Packet	16	16	16	16	8	24	16	112
49	Syringe 1 cc rounded	100/Packet	18	18	14	22	10	26	16	124
50	Syringe 10 cc rounded	100/Packet	51	51	36	68	30	371	42	649
51	Syringe 3 cc rounded	100/Packet	22	0	15	27	12	29	18	123
52	Syringe 5 cc rounded	100/Packet	219	119	158	291	128	310	190	1415
53	Ultrasound gel 5 liter	Bottle	19	19	13	25	11	27	16	130
54	Umbilical Cord Ligation	Piece	1050	900	750	1350	600	1500	900	7050
55	Urine Bag 2000 CC	Piece	480	480	360	600	270	680	430	3300
56	Wound dressing 10cm*25cm, Self-adhesive-sterile	Piece	1430	1430	1210	1650	770	2090	1320	9900

RH. Medicine

#	Description of Goods / Services	Specifications	Unit	Al Jawf	Al Hudaydah	Al Mahwit	Hajjah	Dhamar	Marib	Al Bayda	Total
1	Epinephrine Hcl Injection	1mg/ml	Ampoule	80	80	80	80	40	120	80	560
2	Amoxicillin	500mg	Capsule	35500	36100	29000	44600	21700	25400	34200	226500
3	Ampicillin vial for injection with sterile water	500mg	Vial	2016	2056	1406	2706	1193	1616	1807	12800
4	Anti- D Immunoglobulin	300mcg/1ml	Ampoule	20	20	22	20	14	20	24	140
5	Ampicillin vial for injection with sterile water	1gr	Vial	500	510	330	680	300	720	440	3480
6	Atropine Sulfate Injection	1mg/1mL	Ampoule	140	140	140	140	70	210	140	980
7	Calcium carbonate and magnesium carbonate	680mg + 80mg	Tablet	17232	17358	11388	23340	10356	24416	14484	118574
8	Calcium+Vit.D3	500mg+250IU	Tablet	15045	17595	9930	23070	8895	26200	12465	113200
9	Cefotaxime vial with sterile water	1gr	vial	2849	2884	1993	3810	1676	4042	2466	19720
10	Ceftriaxone for Injection with sterile water	1gr	Vial	4124	4124	2984	5304	2422	5836	3616	28410
11	Ceftriaxone for Injection with sterile water	250mg	Vial	100	100	110	110	60	100	120	700
12	Dexamethasone Sodium Phosphate Injection	8mg-2ml	Vial	337	337	259	415	188	486	298	2320
13	Dextrose Injection 40%	40% - 20ml	Ampoule	200	200	200	200	100	300	200	1400
14	Dextrose 5% Intravenous Infusion	5% w/v -500ml with IV set	Bottle	470	460	340	580	260	650	400	3160
15	Dextrose 5% with sodium in water 500ml with IV set infusion	500ml	Bottle	968	968	700	1236	552	1388	830	6642
16	Diclofenac Sodium Injection	75 mg /3 ml	Ampoule	2180	2180	1580	2780	1240	3121	1880	14961
17	Ferrous sulphate + folic acid	150mg+0.5mg	Capsule	36000	36000	24000	48000	21100	50800	30100	246000
18	Folic acid	5mg	Tablet	39000	39000	25900	52200	23000	54700	32600	266400
19	Gentamycin Injection	80mg \ 2ml	Ampoule	0	50	100	120	50	100	110	530
20	Heparin sodium Injection	25000 IU/ 5 ml	Ampoule	182	182	182	180	92	255	187	1260
21	Hydrocortisone sodium succinate for injection with sterile water	100mg	Vial	200	200	204	200	102	290	204	1400
22	Hyoscine butyl bromide	10 mg	Tablet	26600	26600	18200	34900	15400	37800	22500	182000
23	Hyoscine butyl bromide	20mg/1ml	Ampoule	1200	1200	890	1520	685	1701	1045	8241
24	Magnesium Sulfate Solution for Injection	10% w/v - 10ml	Ampoule	135	135	105	155	75	195	130	930
25	Meclizine & Vitamin B6	25mg + 50mg	Tablet	15902	16186	11994	20586	9594	22640	14294	111196
26	Methyldopa	250mg	Tablet	660	680	580	830	360	600	640	4350
27	Metoclopramide 10 mg	10mg/2ml	Ampoule	1157	1157	839	1475	658	1656	998	7940
28	Metronidazole	500mg	Tablet	28300	28500	19600	37300	16700	40500	24100	195000
29	Metronidazole for infusion with IV set	500 mg /100ml with IV set	Bottle	1430	1440	1090	1800	810	2102	1270	9942
30	Normal Saline (Sodium Chloride 0.9% Intravenous Infusion)	0.9% 500 ml with IV Set	Bottle	1139	1129	848	1470	656	1607	991	7840
31	Oxytocin inj	10 IU-1ml	Ampoule	2700	2580	1755	3700	1540	3080	2255	17610
32	Paracetamol	500mg	Tablet	32900	33000	24200	45000	19700	20400	29900	205100
33	Ringer Lactate Intravenous Infusion with iv set	500ml with IV Set	Bottle	882	882	630	1134	504	1260	756	6048
34	Tetracycline HCl 1% eye ointment USP	1% - 4 g	Tube	487	490	370	608	275	530	430	3190
35	Tranexamic Acid Injection	500mg/5ml	Ampoule	1370	1370	990	1750	780	1960	1180	9400
36	Vancomycin Hydrochloride for injection with sterile water	500 mg	vial	60	40	50	65	20	80	45	360
37	Vitamin K1 Injection	10MG/1 ML	Ampoule	200	260	330	630	280	810	420	2930

MT Equipment

#	Description of Goods / Services	Unit	MT 1	MT 4
1	Electronic Sphygmomanometer- Automatic Upper Arm Blood Pressure Monitor Cuffs	pcs	1	1
2	"Stethoscope. Binaural (Adult & children)"	pcs	1	1
3	digital timer	pcs	1	1
4	Electronic Thermometer	pcs	1	1
5	Fetoscope (peinard stethoscope)	pcs	1	1
6	medical torch	pcs	1	1
7	Outdoor Table Umbrella	pcs	1	1
8	Plastic chairs	pcs	7	7
9	Outdoor straw rug	pcs	1	1
10	Plastic table	pcs	1	1
11	Finger Pulse Oximeter	pcs	1	1
12	Small sterilization drum	pcs	1	1
13	Frist aid kits	pcs	1	1

MT Medicine						
#	Description of Goods / Services	Specifications	Unit	MT 1	MT 4	Total
1	Acetylsalicylic acid	75 mg	Tablet	700	700	1400
2	Amoxicillin + Clavulanic acid Oral Suspension	250 mg + 62.5 /5 mL-100ml	Bottle	245	245	490
3	Amoxicillin + Clavulanic acid	500 mg+125 mg	Tablet	3500	3500	7000
4	Amoxicillin	500mg	Capsule	38000	38000	76000
5	Butamirate citrate Syrup	7.5MG / 5ML	Bottle	530	530	1060
6	Ambroxol Hydrochloride Syrup	100 ml / 15mg /5 ml	Bottle	530	530	1060
7	Azithromycin Powder for Oral Suspension	200mg/5ml - 15ml	Bottle	390	390	780
8	Azithromycin	500mg	Capsule	1662	1665	3327
9	Calamine Lotion BP	Calamine 8 g + glycerin 10 g + camphor 0.1 g - 100 ml.	Bottle	40	39	79
10	Calcium+Vit.D3	500mg+250IU	Tablet	6125	6125	12250
11	Cefixime	400 mg	Capsule	1000	1000	2000
12	Trimethoprim and Sulfamethoxazole Paediatric Suspension (Co-Trimoxazole)	40mg + 200mg \ 5 ml	Bottle	1745	1745	3490
13	Dexamethasone Sodium Phosphate Injection	8mg-2ml	Vial	55	54	109
14	Diclofenac Sodium	50 mg	Tablet	5000	5000	10000
15	Diclofenac Sodium Injection	75 mg/3 ml	Ampoule	550	550	1100
16	Domperidone	10 mg	Tablet	900	900	1800
17	Domperidone Oral Suspension	5mg/5ml	Bottle	140	140	280
18	Ferrous sulphate +folic acid	150mg+0.5mg	capsule	4950	4950	9900
19	Folic acid	5mg	Tablet	6000	6000	12000
20	Piperazine+Hexamine+Khellin Effervescent Granule	Hexamine 500.00 mg Piperazine citrate 190.00 mg Khellin 1.83 mg	Sachet	6000	6000	12000
21	Ibuprofen Oral Suspension	100mg/5mL	Bottle	525	525	1050
22	Levofloxacin	500mg	Tablet	1300	1300	2600
23	Loratadine	10mg	Tablet	2125	2125	4250
24	Meclizine+Vitamin B6 (Pyridoxine)	25mg + 50mg	Tablet	3700	3700	7400
25	Meloxicam	15mg	Tablet	1400	1400	2800
26	Metoclopramide Hydrochloride	10mg	Tablet	600	600	1200
27	Metronidazole Oral Suspension	200mg/5ml	Bottle	455	455	910
28	Metronidazole	500mg	Tablet	19500	19500	39000
29	(Extracts of guava leaves, tilia flowers, black seed and oils of fennel & cinnamon) - Oral Drops	15ml	Bottle	300	300	600
30	Multivitamins Syrup-Pediatric	Pediatric	Bottle	425	425	850
31	Normal Saline (Sodium Chloride 0.9% Intravenous Infusion)	0.9% 500 ml with IV Set	Bottle	200	200	400
32	Omeprazole	20 mg	Capsule	14500	14500	29000
33	Paracetamol Infant Drops	100 mg/ mL - 15 ml	Bottle	535	535	1070
34	Paracetamol	500mg	Tablet	49000	49000	98000
35	Sodium Chloride Sterile Eye and Nose Drop	10ml	Bottle	84	84	168
36	Tetracycline HCl 1% eye ointment USP	1% - 4g	Tube	100	100	200
37	Vitamins B1, B6, B12	(100 mg +100 mg +1mg) \3ml	Ampoule	238	237	475
38	Ceftriaxone for injection	1g with St,Water	Vial	1400	1400	2800
39	Benzylpenicillin benzathine injection	1.2 Million I.U. powder and solvent for suspension for injection	Vial	37	37	74
40	Nystatin Oral Suspension	100,000IU/ml - 30 ml	Bottle	55	54	109
41	Amoxicillin Oral Suspension	125mg/5ml	Bottle	545	545	1090
42	Amoxicillin Oral Suspension	250mg/5ml	Bottle	685	685	1370
43	Drotaverine	40mg	Tablet	2200	2200	4400
44	Phenazone + Chlorbutol Ear Drop	Phenazone 5% (Antipyrine) w/w + Chlorbutol 1% w/w. 10ml	Bottle	140	140	280
45	Vaginal Antiseptic Powder	Sodium chlorid 0.8g + sodium bicarbonate 7.7g + Borax 1.375g + Menthol 0.125g	Sachet	470	470	940
46	Fluconazole	150mg	capsule	80	80	160
47	Ciprofloxacin	500 mg	Tablet	900	900	1800
48	Diclofenac Sodium	1%- gel	Tube	150	150	300
49	metronidazole, diloxanide furoate , syb	100 mg+125 mg/100ml	Bottle	285	285	570
50	Miconazole Oral Gel	20 mg / 1 gr - 20 gm	Tube	153	152	305
51	Ondansetron Hydrochloride 2mg , inj	2mg /ml	Ampoule	70	70	140
52	hydrocortisone sodium succinate for injection with sterail water	100mg	Vial	40	40	80
53	Vitamins B1, B6, B12	100 mg, 200 mg, 200 mcq	Tablet	3500	3500	7000
54	Paracetamol	120mg \ 5ml - 60ml	Bottle	2812	2811	5623
55	Miconazole vaginal	400mg	Suppositories	575	575	1150

MT Medical supply

#	Description of Goods / Services	Unit	MT 1	MT 4	Total
1	Adhesive plaster (Roll of medical sticking plaster isolated on white)2.5 c	Roll	80	80	160
2	I.V cannulas #22	Piece	500	500	1000
3	I.V cannulas #24	Piece	1150	1150	2300
4	Cotton 500g (Soft, highly absorbent, minimum tinting, minimum neps, cotton wool.100 % Pure Cotton)	Roll	9	9	18
5	Disposable blue Gown	Piece	38	38	76
6	Face Mask 50/pack ear loop three layers	50/Package	25	23	48
7	Sterile Gloves # 7	50/Package	3	3	6
8	Gloves latex size medium(Latex, pre-powdered, nonsterile.disposable pack 100 per box)	100/Package	24	25	49
9	Gauze bandage absorbent, with selvedge, non-sterile, individually wrapped in protective wrapping, roll(s): 10 cm	12 Rolls\packet	29	29	58
10	Hand Anti septic solution 500 ml highy quality	Piece	18	17	35
11	Iodine solution 5 Liter	Bottle	1	1	2
12	Safty box for syringe dispoible board, water resistant with waterproof membrane size 285x160x130mm volume 5 litter	Piece	11	11	22
13	Spirt solution 5 Liter Highy quality	Bottle	0	2	2
14	Gauze swab non 100 cotton gauze bandage,10*10 cm splay approx 40s*24*20 unfold &sterile high qality	50/Package	15	15	30
15	Syring 10 cc rounded	100/Package	17	16	33
16	Syring 3 cc rounded	100/Package	9	8	17
17	Syring 5 cc rounded	100/Package	26	26	52
18	WOOD TONGUE DEPRESSOR - STERILE	packet	30	30	60
19	Pregnancy test HCG cassette HCG Combo Urine/Serum Rapid Test (Strip) (3.5mm) (p/40 pcs)	Test	340	340	680
20	Glucometer strips coode free 50/packet	packet	24	24	48
21	MAMA Kit	Kit	118	117	235



مؤسسة بناء للتنمية
Building Foundation For Development



+967 775 999 151



Diplomatic Area, Sana'a , Yemen



contact@bfdyemen.org



www.bfdyemen.org