

# Isle of Man Government Small Grants – SG1219

## British Red Cross: Emergency Obstetrics Care for Conflict Affected People in Hajjah, Yemen

### Interim report

#### Background

The British Red Cross (BRC) have successfully supported an Emergency Obstetric Care (EmOC) unit embedded within the Yemen Red Crescent Society (YRCS) Health Centre in Hajjah City (northern Yemen). Working together as part of the International Red Cross Red Crescent Movement, the world's largest global humanitarian network, the British Red Cross (BRC) has been supporting the German Red Cross to deliver this work since 2016. This current grant from the Isle of Man Government has enabled us to build on this partnership, supporting women to have sustained access to the EmOC unit, contributing towards staff costs for the unit, plus a small contribution towards related medicine and other supplies and lab services. The grant totals £81,989 over 21 months (whilst the overall project runs for two years from February 2019 to January 2021, the IOM funding covers the period between May 2019-January 2021). The direct beneficiaries will be pregnant women, and newborn children, who are the most high-risk groups and in desperate need of the specialised and lifesaving medical services provided by the EmOC.

#### Overview of the project to date

The Isle of Man Government's funding has supported the programme to provide essential care to pregnant mothers and babies in incredibly difficult circumstances. This report highlights some of the main achievements of the project from February 2019 to the end of January 2020.

During the reporting period, conflict continued around Hajjah governorate. Whilst this has increased the amount of people in need of services, it has not significantly affected the delivery of services.

The level of services provided at the clinic has increased with the recruitment of a female Gynaecologist and a female Paediatrician. We do anticipate some changes as a result of the Covid-19 situation, but these will be included in the next report.

However, the situation remains complicated by the ebb and flow of hostilities, the resulting movement of IDPs (Internally Displaced People) and changes in the broader context – in particular, increasing pressure and interference towards many NGOs still operating in Yemen. These risks have been managed by the lead partner, German Red Cross, and the Yemen Red Crescent Societies, as well as the ICRC. During the reporting period, this has resulted in the project manager working remotely due to firstly residency visa cancellations and then travel restrictions due to Covid-19. However, these have not impacted the frontline delivery of healthcare services.

## Risks and mitigating actions

Risk	Level	What mitigating actions have been taken to reduce or resolve this risk?  Please describe any contingency plans have been produced?
<b>Safety of beneficiaries, Staff and Volunteers</b>	High – conflict continues in Hajjah governorate	Security procedures are regularly reviewed and updated based on changing circumstances
<b>Achieving grant outcomes</b>	Medium – demand for services remains consistent	Whilst demand remains strong, we have identified some challenges in data collection and reporting. The lack of electronic data capture and reliance on manual paper records has affected the ability to accurately analyse patient data effectively. This is being mitigated through the introduction of electronic Health Information systems (as previously planned), training to clinic staff, and the recruitment of a local M&E officer.
<b>Grant underspend</b> <i>(variance of 10% on any budget line)</i>	Medium – recruitment (especially for qualified female staff) remains a challenge	Expenditure on drugs and materials is likely to increase with the increasing lack of supplies as a result of Covid-19 interruptions to supply chains. Recruitment for staff remains a challenge. Delays in finding appropriate staff has resulted in some underspends. Furthermore, the added requirement for staff to be female has required international staff to be recruited. This has increased the spend on the Gynaecologist position but has meant the quality and breadth of services has been increased.

## Objective for the funding from the Isle of Man Government

To improve maternal and child health through offering increased and sustained access to Emergency Obstetric Care in the Yemen Red Crescent Health Centre in Hajjah.

### Key actions

The Emergency Obstetrics Units at Hajjah clinic has enabled the provision of:

- 1) Comprehensive inpatient care for routine health problems
- 2) Surgical procedures (through the female Gynaecologist)
- 3) Management of major obstetrics complications requiring surgery or blood transfusions.

These achievements have been met alongside the provision of outpatient care and support to other health facilities (see below).

### Progress against outcomes

End of Grant Target	Direct beneficiaries in this reporting period	Direct beneficiaries since the start of the grant
6,562 pregnant women will have attended at least 2 comprehensive antenatal consultations	2,092*	2,092
656 births at the health facility will be assisted by a skilled attendant	300**	300
263 women and new-born babies will receive postnatal care	193***	193
7,875 General Reproductive Health and Mother and Child Health consultations	1,880****	1,880

### Reasons where the above outcomes are above or below target:

\*Data capture has affected reporting against this outcome. The data reflects the number of consultations rather than the number of pregnant women seen.

\*\*The number of births includes: 60 normal deliveries in the centre, 17 caesareans and 223 deliveries made by pregnant mothers in their homes assisted by a trained midwife from the Hajjah clinic. It is important to note that home delivery remains the preferred option for women, and with the attendance of trained midwives from the Hajjah clinic at these local

home births, this becomes a much safer option than previously for local expectant mothers.

\*\*\*This figure is comprised of 113 women and 80 new-borns receiving postnatal care. This is lower than expected - further research is being conducted to understand the reasons behind this.

\*\*\*\*This figure is comprised of 1,395 women and 485 children.

The figures above demonstrate the number of beneficiaries to January 2020, and these are expected to rise further with the recruitment of the female gynaecologist and female paediatrician.

### **How we plan to achieve the target in the next reporting period:**

The German Red Cross, as our direct delivery partner, has identified some challenges with the manual collection and reporting of data. Action has been taken to improve data capture and recording. This has included digital data recording training being given to staff, support to Healthcare Information Systems etc and the recruitment of a local M&E officer (see above).

The outcomes identified for number of women attending two or more anti-natal consultations and the number of women recorded as benefiting from General Reproductive Health and Mother and Child Health consultations are likely to increase due to improved data capture and the increased reporting period covered by the report.

Although the number of deliveries supported by the clinic remains on target, further investigation is needed to understand all the reasons behind the preference for home births. Whilst preference may be a major factor, we need to ensure if other factors such as transportation costs, childcare, lack of awareness of the services/ dissatisfaction with the services provided at the clinic play a role in determining delivery decisions. The German Red Cross will assess the reasons and then seek to address any other underlying causes for the high level of home births. However it is important to stress that previously around 84% of the women give birth at home without the attendance of a skilled and trained midwife. With the trained midwives from the Hajjah clinic now in attendance at these local home births, this has become a much safer option than previously.

## **How the project has benefitted the community to date**

Against an ongoing background of conflict and displacement, and a health infrastructure that has been largely destroyed, the Hajjah clinic has continued to provide essential and high quality Obstetric care to women in Hajjah Governate and for the IDPs. The Isle of Man Government support to the EmOC unit remains crucial to ensure safe motherhood and reduced maternal and child mortality rates. Importantly, it allows YRCS to provide these services for free - many patients could not otherwise afford their treatment and both mothers and children would face greatly increased risks. The numbers supported are expected to increase in the next 12 months thanks to the successful recruitment of a female gynaecologist and female paediatrician.

In addition, the clinic has been able to provide Ad Hoc assistance with local healthcare needs, including the provision of 5,000 single blood bags in January as a response to local demand from the Al Kuwait Hospital in Sana'a.

## Expenditure against approved budget (GBP)

Budget Line	Total budget (Feb 2019 to Jan 2021)	IOM Budget amount (May 2019 to Jan 2021)	% IOM Contribution	Yr 1 total Expenditure (Feb 2019 to Jan 2020)	Yr 1 IOM Expenditure (May 2019 to Jan 2020)
	GBP	GBP	GBP	GBP	GBP
Drugs and operation room materials	115,073	11,507	10%	37,907	3,791
Lab Solutions	62,931	6,293	10%	37,494	3,749
Gynaecologist	26,970	13,485	50%	24,106	12,053
Medical Doctor (GP)	44,951	22,475	50%	6,868	3,434
Anaesthetist	22,475	11,237	50%	9,669	4,834
Midwife	8,990	4,495	50%	1,613	807
Nurse (2x)	8,990	4,495	50%	3,226	1,613
Medical Assistant	5,754	2,877	50%	3,226	1,613
Accountant / Cashier	5,754	2,877	50%	2,151	1,075
Security Guards	2,248	1,124	50%	809	404
Cleaner	2,248	1,124	50%	809	404
<b>TOTAL</b>	<b>306,383</b>	<b>81,989</b>	<b>27%</b>	<b>127,877</b>	<b>33,778</b>