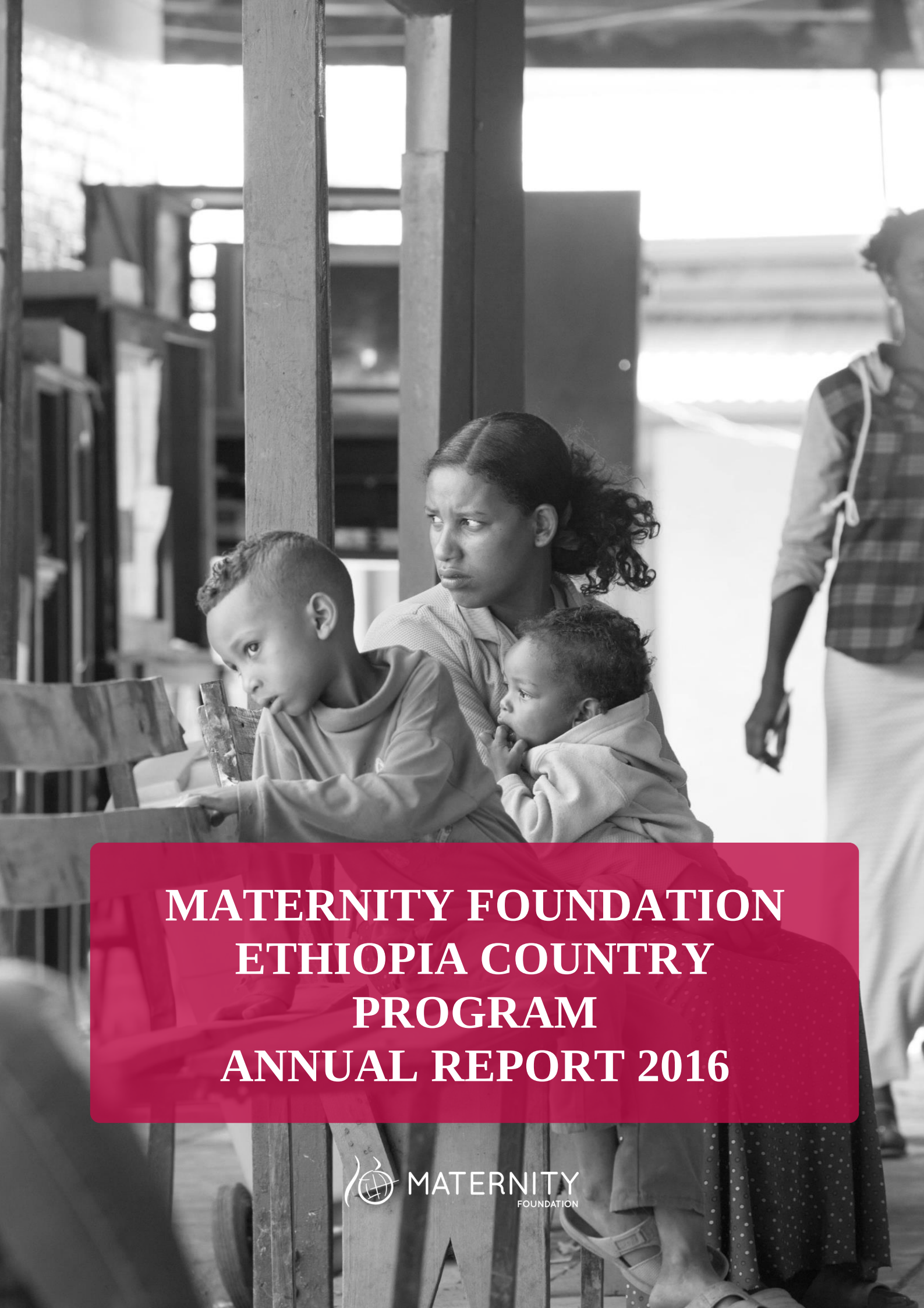

MATERNITY FOUNDATION ETHIOPIA COUNTRY PROGRAM ANNUAL REPORT 2016

MATERNITY FOUNDATION

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Introduction

With the vision: “No Woman Should Die Giving Life”, Maternity Foundation has since 2005, been working to reduce maternal and newborn mortality. We have been present in Western Ethiopia for more than 10 years, implementing our Integrated Maternal and Newborn Health program, which by now has reached 16 districts and more than 1.000.000 people. Because skilled attendance at birth is the single most critical intervention to reduce maternal and newborn death and disability, our project model is built on an integrated approach to ensure just that. By targeting both the community and the health facilities, we work to drive demand for and improve the quality of reproductive health care synchronically to ensure better health for mothers and newborns.

Over the years, our engagement in West Ethiopia has built up our understanding and expertise about maternal and newborn health and survival in low income countries. We have continuously refined our project model, approaches and tools. In 2011, recognizing the need for innovative solutions, we entered into partnership with the Universities of Copenhagen and Southern Denmark, in which we developed the Safe Delivery App. We also gained knowledge on using mobile phones for generating demand for health services by using SMS messages targeting pregnant women. Today, both mHealth (mobile phones for health) tools are part of our programmatic approach to improve maternal and newborn health in Ethiopia.

The development of the Safe Delivery App has resulted in an expansion of Maternity Foundation’s partnerships and engagements within and beyond Ethiopia. In 2016, Maternity Foundation has established partnerships in 10 countries about rolling out the Safe Delivery App - and many more are in the pipeline. Ethiopia is a core priority country, where we will seek to bring the Safe Delivery App to national scale in collaboration with Government and NGO partners during the coming years.

Today, our Country Program in Ethiopia consists of our flagship Maternal and Newborn Health program in Western Ethiopia, where we continuously refine our model, tools and approaches, as well as of a series of partnerships across the country through which we aim to replicate and scale our tools and models – primarily the Safe Delivery App. These partnerships and activities are coordinated through our central Hub office in Addis Ababa.

This Annual Report highlights activities and results of Maternity Foundation’s country program in Ethiopia in 2016.

We are thankful to our donors for their continuous support and trust in us to create improved health and wellbeing for mothers and newborn babies, their families and societies in Ethiopia.

Ethiopia country program annual report 2016

This report outlines the annual plan and achievements for our Ethiopia Country Program in 2016 within the following sections:

1. **Enhancing Maternal and Newborn Health project, Oromiya Region**
   This section is about our flagship maternal and newborn health program in West Wollega Zone of Oromiya Region, implemented solely by Maternity Foundation in 9 districts reaching a population of about 600.000 people.
2. **Maternal and Newborn Health project, Somali Region**
   This section is about our tripartite partnership project in Somali Region, which we implement with SOS Children Villages Ethiopia/Denmark and Ethiopian Midwives Association. In this project, Maternity Foundation replicates a number of our project tools and models. The coordination from Maternity Foundation's side is managed from the Addis Ababa hub.
3. **Replication and scale of the Safe Delivery App through the Addis Ababa Hub**
   This section is about the partnerships and collaborations coordinated by the hub with the purpose of replicating and scaling the Safe Delivery App in Ethiopia.
4. **Other achievements**
   This section highlights a few additional achievements from 2016 that deserve a mention.

1.0 Enhancing Maternal and Newborn Health project in West Wollega

In January 2016, Maternity Foundation signed a new project agreement with Oromiya Regional Health Bureau and the Bureau of Financial and Economic Development for a 4-year project targeting 9 new districts with a population of 660.000 in West Wollega Zone, Oromiya Region in Ethiopia.

The project strategy is an integrated approach that strengthens clinical as well as community capacity on reproductive, maternal and newborn health. The approach is designed to address three fatal delays, and their underlying factors, illustrated in the Three Delays Model by Thaddeus and Maine:

1st delay is in Seeking care. Happens at the household/family level due to:

- Low status of women/gender inequality
- Acceptance of maternal death
- Limited understanding of danger signals and importance of seeking care
- Financial implications
- Cultural and financial barriers in using family planning

2nd delay is in Accessing care. Happens at the referral level due to:

- Distance to health facility
- Availability of and cost of transportation
- Poor roads
- Geography, e.g. mountainous terrain

3rd delay is in Receiving care. Happens at health facility level due to:

- Inadequately trained and/or poorly motivated health staff
- Talent drain to urban areas and other countries (HR crisis in health)
- Poor health facilities and lack of medical equipment/drugs
- Malfunctioning health system with weak referral links
- Ineffective utilization of resources and duplication of efforts

Maternity Foundation addresses these three delays by our integrated project model through:

- Empowering and mobilizing the local community to seek care through reproductive health education/information and the promotion of women's rights - with a specific focus on also reaching the most vulnerable women – integrating our mHealth tool, LUCY Mobile Message Service.
- Strengthening the capacity of the health system and individual health workers to deliver quality maternal and neonatal care through training and mentoring of midwives and health workers and improving the enabling environment at health facilities – integrating our mHealth tool, the Safe Delivery App.

1.1 Project objectives and achievements 2016

In 2016 the project was approved and officially launched. An external baseline survey was conducted in May, and key impact indicators of the project were set. All formal collaboration agreements and project steering committees with each of the nine districts were formed and signed. The projects first six months were characterized by these upstart activities, why some project activities started late, and some are rolled over to 2017.

The project's first objective is to increase the acceptance and utilization of reproductive health services among the target population in nine districts.

A range of community-based activities are implemented to achieve this goal and create demand for maternal and newborn health services among the target population. Activities include the provision of health education and information to increase knowledge and change attitudes and behavior among the target population. This is done through a variety of complimentary activities including community health education (CHE), training and deployment of influential change agents (trickle-down effect), Community Conversation (CC) methodology, School Reproductive Health Clubs, SMS-based health education and appointment reminders to pregnant women, and radio broadcasting of health information. Village Saving and Loan Associations (VSLA) are used to organize and reach the poorest and most vulnerable women. The community based activities accomplished in 2016, were:

Community-based activities	2016 plan	2016 result	%
Train Community Change Agents	1722	1855	107%
Train Community Conversation Facilitators	100	80	80%
Conduct Community Conversation Sessions	0	5	500%
Establish Reproductive Health Clubs	15	43	286%
Train Health Clubs on Adolescent Reproductive Health	15	0	0%
Weekly Radio Programs	52	0	0%
Enroll pregnant women in LUCY Mobile Message Service	375	0	0%
Form Village Saving & Loan Associations	572	498	87%

Infection Prevention and Hygiene training - handwashing exercises

The project's <u>second objective</u> is improved Quality of Care at the targeted 28 health centers in eight districts and one town administration.

A range of health facility based and health system oriented interventions are implemented to realize this objective. The activities include intensive on-site training and mentorship to midwives/nurses at the 28 health centers, the provision of the Safe Delivery App to midwives/nurses at 28 health centers as an on-the-job aid, implementation of Maternity Foundation's Health Facility Transformation Model on Infection Prevention and Hygiene at 10 health centers, training of health center staff and district health officers on various enabling environment topics and establishment of Maternity Waiting Houses. In summary, the 2016 activities to improve quality of care were as follows:

Quality of Care improvement	2016 plan	2016 result	%
On-site mentorship to health centers	7	7	100%
Roll-out of the Safe Delivery App to midwives	225	105	47%
Training of nurse supervisors of Health Extension Workers	125	0	0%
Equipment/drug support to targeted health centers	28	28	100%
Training health workers/pharmacists in stock management	45	0	0%
Infection Prevention and Hygiene model at health centers	4	5	125%
# of health facility staff trained for Infection Prevention model	122	185	152%
Construction of Maternity Waiting Homes for Health Centers	1	0	0%
Training of health workers to run Maternity Waiting Homes	53	54	102%

Midwife at BEmONC training practicing manual removal of placenta

The project's third objective is that the experiences and impact of implementing the Safe Delivery App in the project have been documented, compiled and shared to relevant stakeholders at the end of 2017

Under this objective, we have gathered data on the health workers' knowledge, skills, confidence level and acceptance in connection with rolling out the Safe Delivery App. We have also assessed how the app integrates with our clinical training in Basic Emergency Obstetric Care. The results will be described in more detail in the next section of this report on the replication and scale-up of the Safe Delivery App.

In 2017, two additional rounds of data collection will happen and the compendium compiling data on impact will be shared with stakeholders and donors to further build the case for national scale.

The project's fourth objective is that 128 skilled birth attendants from four Wollega Zones have graduated from the BEmONC training from Maternity Foundation's training center by the end of 2017

Maternity Foundation is mandated by Oromiya Regional Health Bureau - the regional responsible health authority - to help conduct in-service trainings of midwives in Basic Emergency Obstetric Care in order to reach national targets. Maternity Foundation's assignment is to strengthen the capacity of skilled birth attendants (SBAs) from the four Wollega Zones (West Wollega, East Wollega, K/Wollega and H/Guduru). The availability of SBAs at health facilities plays a key role in the reduction of maternal and newborn mortality through the provision of quality of care.

In 2016, we have been conducting the four scheduled BEmONC trainings for 64 midwives and some degree of onsite follow-up. Our efforts to integrate the Safe Delivery App as a training tool in the in-service training will be described in more detail in the next section. Maternity Foundation has in addition to the BEmONC trainings themselves, been conducting training activities directed at Gimbie Government Hospital, where our training center is located. This has been done in order to bring the hospital up to the required standards to act as a partner hospital for the BEmONC training. This is necessary in order for the students of BEmONC to get the required clinical practice during the 3-week training.

The activities conducted are summarized here:

Quality of Care improvement activities - BEmONC training	2016 plan	2016 result	%
Preceptor training at host hospital	20	11	55%
Training of midwives in infection prevention	100	78	78%
3-week BEmONC trainings for 16 midwives pr. round	4	4	100%
Number of midwives graduated from BEmONC training	64	67	104%
On-site follow up of BEmONC trained midwives	112	24	21%

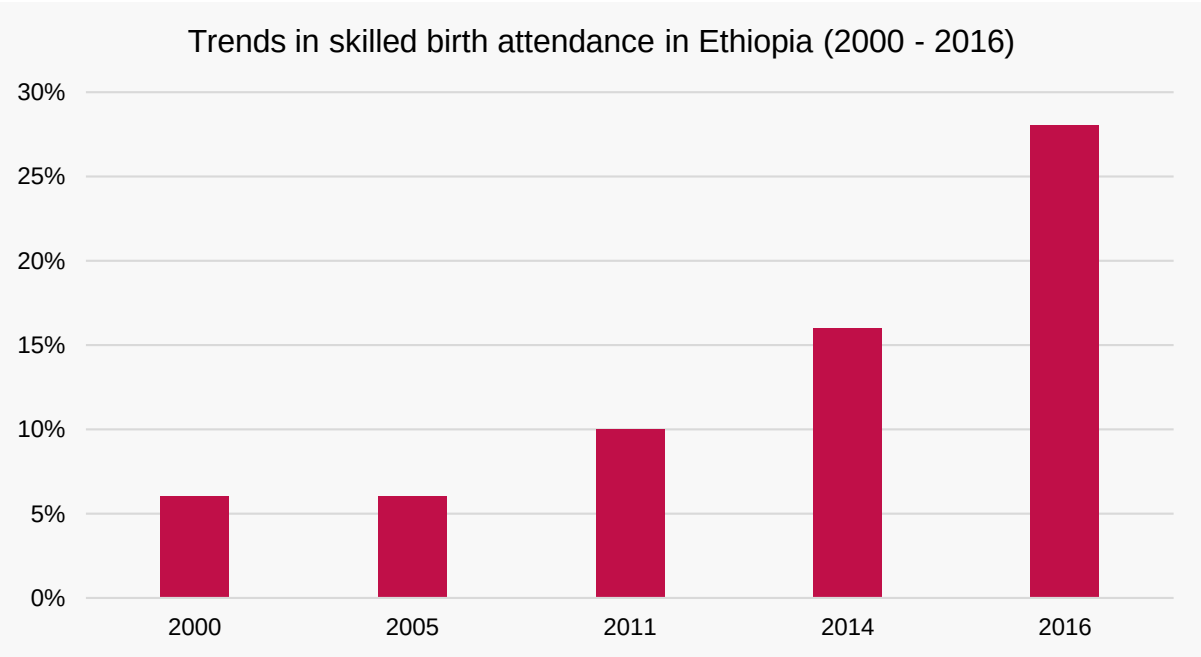
1.2 Project monitoring and impact assessment

An external consultancy did a comprehensive baseline survey. Based upon this survey, the project indicators and targets were set, and the monitoring and evaluation framework worked out.

As project baseline results were measured in May – June 2016, and project activities begun after that, it is not yet feasible to report on impact.

The below table shows baseline values and set targets for a selected number of the project's set indicators:

Selected baseline values and targets	2016 baseline	Target 2019	Source of verification
Indicators for increased demand for services			
Gestational age for ANC 1 attendance	18,9%	50%	Household survey & clinic registers
New mothers mentions health workers as the person whose role it is and whom they trust to care for a woman in labor	25%	50%	Household Survey
PNC follow-up within 7 days either at clinic or by home visit of health professional	40%	85%	Household survey*
Sexually active adolescents (in-school youth) reporting to practice safe sex	32%	70%	School-club questionnaires
Men/fathers who can mention at least 3 danger signs of pregnancy	2%	50%	Household survey
Mothers who know at least three danger signs in pregnancy	15%	55%	Household survey
Target villages that have put in place measures to stop harmful practices against women and girls such as FGM	0%	80%	Project reports
Indicators for improved Quality of Care			
New mothers' reports on services received during ANC have increased for:			
The counseling on post-partum danger signs for the mother	58%	85%	Household survey
Provision of folic acid	56%	85%	Household survey
Testing for Syphilis and STI	40%	75%	Household survey
De-worming	25%	75%	Household survey
Health workers' skills on BEmONC have increased for:			
Maternal sepsis	20,9%	60%	Safe Delivery App skills test
Hypertension	29,9%	90%	Safe Delivery App skills test
New mothers report on increased services received at PNC for:			
Screening mother for bleeding/infection	1,5%	75%	HH survey & clinic registers
BP measured	9,4%	75%	HH survey & clinic registers
Counselled on danger signs for mother	9%	80%	HH survey & clinic registers
Counselled on danger signs for newborn	11%	80%	HH survey & clinic registers
Weighing of newborn	26%	75%	HH survey & clinic registers
Cord examination	25%	80%	HH survey & clinic registers
Targeted health centers achieve goals in the IP action plans	n/a	75%	Project reports



We have chosen household surveys and our own measurement tools as primary sources of verification of the indicators as the very politicized nature of health-related data in Ethiopia as well as poor quality of data recording in the health system make data unreliable.

Data on skilled birth attendance are for example very unreliable as most deliveries are reported as institutional deliveries even though they were conducted at home. This gives close to 100% institutional deliveries according to zonal and district health bureaus. However, an official and internationally accepted source of data is the Ethiopian Demographic and Health Survey (EDHS) that comes out every fifth year. The development in skilled birth attendance over the recent 15 years, according to the EDHS, has a positive trend, but the job is far from done. Today the official figure for skilled birth attendance in Ethiopia is 28%.

We will collect health system generated data for cross-comparisons with self-reported data from the household surveys.

1.3 Project expenditure 2016

- The annual budget for the projects' first year 2016: DKK 2.901.114
- The actual expenditure for 2016: DKK 2.189.061

The under-expenditure was mainly due to a delay in starting the implementation of project activities, due to delays in upstart activities such as baseline survey, setting up of Project Steering Groups in all nine districts, signing of collaboration agreements and more. The development of the SMS system pushed its roll-out to 2017. The 2017 budget has been accordingly adjusted, as project activities have been rolled over.

2. Maternal and Newborn Health project, Somali Region

In 2015, Maternity Foundation entered into a collaboration with SOS Children's Villages and Ethiopian Midwives Association (EMwA) about the implementation of a Maternal and Newborn Health Project in Adadle district, Shebelle zone in the Somali region of Ethiopia. There are deep-rooted cultural-religious barriers to improving women's health in this area including endemic Female Genital Mutilation (where girls as young as 4 years are infibulated) and a taboo on the use of family planning.

The project has a community component, implemented from September 2015 – December 2016, financed by CISU (Danida) and SOS Children's Villages. There is also a clinical capacity strengthening component, financed under Maternity Foundation's Addis Ababa HUB grant and implemented from September 2015 – December 2017. The collaboration addresses the challenges of limited access to health services and enhances community health seeking behavior through community and clinical interventions.

2.1 Project objectives and achievements 2016

Partnership and project evaluation, Addis Ababa September 27 - 2016

Our overall objective of the project and collaboration was to develop a partnership model for improved maternal and newborn health in Somali Regional State, Ethiopia by the end of 2016.

The specific project objectives are:

Objective 1: Partnership among SOS Denmark, SOS Ethiopia, Maternity Foundation and EMwA is established (CISU financed component)

The ultimate aim of this objective is to build up a partnership model and pilot project activities for mutual learning in order to develop a model for future intervention strategies and scale.

The activities under this objective are:

- Establishment of project steering committee to coordinate the overall project activities
- Quarterly basis stakeholder engagement
- Strengthening the EMwA's organizational capacity to establish a satellite office and recruit association members.
- Formulation of future collaboration strategies and document the lessons learned and best practices.

2016 achievements:

- A tri-partite memorandum of understanding is signed by the partners that stipulates the intentions of the partnership and roles of the parties in the implementation of the project
- A steering committee of 8 members from the 3 organizations was formed, and conference call meetings were held on a quarterly basis.
- An integrated operational project plan for 2016 was developed and executed
- The identified bottlenecks, constraints, best practices and lessons learned were documented and shared to all concerned people including the government line sectoral offices.
- EMwA established a satellite office in Gode town, and recruited 30 midwives as members. The opening ceremony was attended by government officials
- A partnership and project evaluation trip to Somali Region and project evaluation workshop in Addis Ababa was held with participation of all involved organizations and external stakeholders and a way forward was determined. It was agreed to continue the partnership and seek funding for scaling the project model.

Objective 2: Community Health Education Developed to Somali Context in Adadle District, Shebelle zone (CISU financed component)

The community health education aimed to develop and test context-based health education resources, improve community awareness and collect lessons learned for future scale-up. Community health workers and traditional birth attendants (TBAs) play important roles in changing the community's health seeking behavior as agents for change.

The activities under this intervention strategy include identifying and capacitating community change agents, organizing community dialogues facilitated by trained community members, organizing public sensitization sessions, engagement of religious and other influential people to advocate for child spacing/family planning and the elimination of Female Genital Mutilation, training the traditional birth attendants (TBAs) on birth preparedness complication readiness planning for pregnant women and linking the TBAs to health facilities through regular meetings among the TBAs and health workers.

The 2016 plan and achievements are summarized in the below table:

Community Health Education Activities	2016 plan	2016 result	%
Identifying and capacitating change agents	60	59	98.3
Train community conversation facilitators	6	12	200%
Organize community conversation sessions on RMNH	192	106	55%
Coffee ceremony meetings with TBAs on women's issues	12	7	58.33%
Dialogue with religious leaders on women's health and rights	1	1	100%
Collaboration meetings among TBAs, HEWs and midwives	5	5	100%
# of midwives trained as trainers of Birth Preparedness & Complication Readiness (BPCR)	11	15	136%
# of HEWs trained on BPCR	17	12	141.6%
# TBA trained on BPCR	39	39	100%

Meeting with Traditional Birth Attendants on women's health and rights issues

Objective 3: The Capacity of Health Professionals Working in Adadle District, Shebelle Zone is strengthened (Maternity Foundation financed component, under Addis Ababa HUB)

Maternity Foundation plays a leading role in co-coordination and implementation of objective three.

Here we replicate some of Maternity Foundation's models and areas of expertise. As a cornerstone of the capacity strengthening of health professionals, we organize and execute Basic Emergency and Obstetric Care trainings. The main objective is to support the Somali Regional Health Bureau to improve the quality of essential maternal and newborn health care services provided by midwives and other health care providers and strengthening the health facilities to provide evidence-based maternal and newborn health care. Trainers from Maternity Foundation's trained task force are engaged in delivering the BEmONC trainings.

The BEmONC trainings in Somali Region also include a replication of Maternity Foundation's module on Female Genital Mutilation for health professionals. The FGM module teaches about the harmful risks of the practice as well as how to deliver a woman who have been infibulated, and avoid causing more harm. Maternity Foundation's module consists of an animated clinical instruction movie that from 2017 onwards will be part of the Ethiopian version of the Safe Delivery App.

We also replicate Maternity Foundation's improved Infection Prevention and Patient Safety Health Facility Transformation Model that we have successfully developed and implemented in our program in West Wollega. It is a comprehensive 1-year program, involving all staff at a health facility, including management and support staff. The model has proven to more sustainably change in infrastructure, procedures and practices at health facilities and amongst staff compared to just training health staff on one-off trainings.

Thirdly, we have aimed to roll-out the Safe Delivery App to midwives in Somali Region as well. We fell short of the aim of rolling the Safe Delivery App out to 64 midwives in 2016, but we have identified the barriers, which were primarily a poor integration model in the BEmONC trainings and a lack of trainers who were trained on integration of the Safe Delivery App during BEmONC trainings. These barriers will be addressed and the Safe Delivery App will be rolled out to the remaining midwives in 2017.

Meeting with Traditional Birth Attendants on women's health and rights issues

Meeting with Traditional Birth Attendants on women's health and rights issues

The planned and achieved activities of the year are summarized below:

Quality of Care improvement activities - BEmONC training	2016 plan	2016 result	%
3 –week BEmONC trainings	2	2	100%
# of midwives graduated from BEmONC	32	32	100%
Train mentors for onsite BEmONC follow-up mentoring	15	10	67%
Safe Delivery App roll-out to midwives	64	16	25%
Infection Prevention and Patient Safety to health centers	1	2	200%

Objective 4: Community economic self-reliant strengthening

The fourth project objective is financed and implemented by SOS Children's Villages Ethiopia. The aim is to enhance the economic capacity of the care-givers and build their resilience so that they meet the sustainable survival, development and protection needs of their children. Furthermore, the facilitation of alternative income generating activities (IGA) for identified traditional birth attendants (TBA) is pursued under this component - to help TBAs abandon practicing FGM to create an income.

The activities include:

- Identification of the population most in need and the TBAs
- Identification of market opportunities for IGAs through market assessment
- Support the development of “family development plans”
- Training on business skills and entrepreneurship
- Provision of revolving loans for business commencement

Achievements:

- 65 families from 5 villages identified and organized in 5 Saving & Credit cooperatives and trained in business skills, including TBAs
- Established cooperatives are active and provide loan to their members.

2.2 Project monitoring and impact assessment

The project steering group carried out an internal mid-term evaluation on the partnership and project in September 2016 to assess if the project is meeting the set objectives and how the partners collaborate. The end-goal was to determine the way forward for the project collaboration. The team documented the key successes and challenges of the project and these findings was incorporated into the 2017 annual plan.

Ongoing monitoring and data collection is done at the target health facilities by the volunteer midwives from the EMwA satellite office. They document patient flow, clinical outcomes and complications management and outcomes. The data is under analysis, but preliminary results show improvements in patient flows to the health facilities compared to baseline data.

An external evaluation of the project is planned in the first quarter of 2017. This will incorporate the data collected.

Data collection at target health facility in Adadle District, Somali Region

2.3 Project expenditure 2016

- The 2016 budget for the Maternity Foundation was: DKK 320.000
- The 2016 actual expenditure was: DKK 300.000

For the rolled over implementation of the Safe Delivery App, smartphone devices have already been purchased. The remaining funds will be rolled over and spend towards to roll-out of the Safe Delivery App trainings in 2017.

3.0 Replication and scale of the Safe Delivery App by the Addis Ababa HUB

Maternity Foundation's organizational strategy is to leverage the potential of the Safe Delivery App to create impact at scale. Globally, we pursue three levels of engagement:

National Platform for Scale

- The goal is integration of the Safe Delivery App into the national health system supported largely by the public sector.

Implementation support

- We support NGOs, organizations and/or government partners to implement the Safe Delivery App and conduct/support research/monitoring.

Remote Support

- We provide standardized support from a distance, as well as a variety of tools and resources.

Ethiopia is a key priority country. Through the Addis Ababa HUB, Maternity Foundation replicates and scales the Safe Delivery App in partnerships with other implementing partners and government partners. Programmatically, this is done through three implementation models:

- Integration of the Safe Delivery App as a training tool in pre-service trainings
    - Midwifery teaching institutions
- Integration of the Safe Delivery App as a training tool in in-service trainings
    - BEmONC, Continuous Professional Development Courses, Blended Learning Courses etc.
- Roll-out of the Safe Delivery App as an on-the-job aid to midwives in-service
    - Midwives at health centers
    - Both pre-service and in-service training integration creates a potential continuum to on-the-job aid, as midwives who have been exposed to the Safe Delivery App either during studies, or during a training, will likely take the tool with them back on the job.

In the following sections we present an overview of the replication of the Safe Delivery App in Ethiopia in 2016.

3.1 The Safe Delivery App in Maternity Foundation's Maternal and Newborn Health project in West Wollega

In 2016 Maternity Foundation scaled up our Maternal and Newborn Health program in West Wollega to target 9 new districts. The program integrates the use of the Safe Delivery App both as an on-the-job aid and as a training tool for in-service BEmONC training.

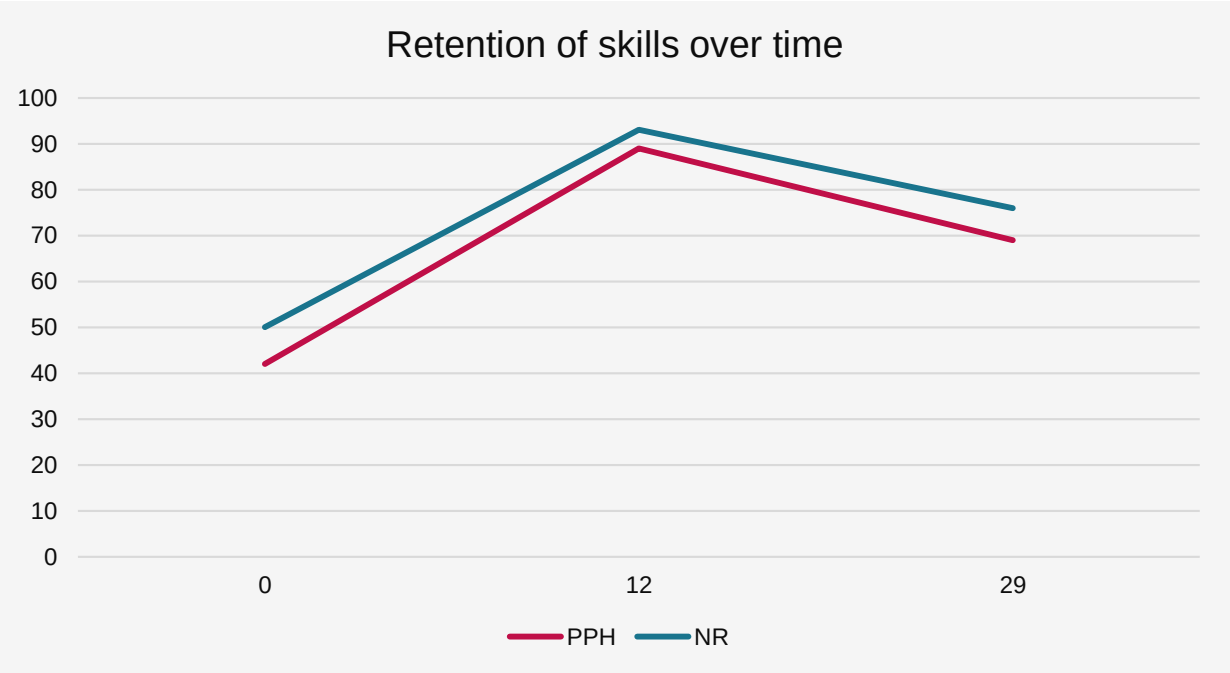
Annual targets

- Roll out the Safe Delivery App as an on-the job aid to midwives at 28 health centers in nine new target districts and 15 health centers in five old intervention districts
- Integrate the Safe Delivery App into the four Basic Emergency and Obstetric Care trainings
- Document impact and experiences.

2016 achievements

- 105 midwives across 43 health centers in 14 districts received introduction training to the Safe Delivery App and were equipped with the tool as an on-the-job aid.
- The Safe Delivery App has been integrated as a training tool in four Basic Emergency Obstetric Care In-service training for a total of 64 midwives
- Baseline knowledge tests were obtained from 80 of the 105 midwives. Their mean baseline knowledge levels are 45%
- Baseline skills tests were obtained from 43 midwives. Their mean baseline skills levels are 18,92 on Hypertension and 13,63 on Maternal Sepsis.
- Retention of skills over time tests were obtained from eight midwives from old study districts. The findings are described below.

Only eight midwives were still serving in the old study districts, who had their baseline skills measured in 2013. They took the skills tests again at month 29 after baseline. The results showed that on average they had retained a skills improvement as compared to baseline of 26% for PPH and 27% for NR, even though there had been a decline in skills levels as compared to skills levels measured at month 12 (see table).



3.2 SDA in Maternal and Newborn Health project in Somali Region

In the tripartite partnership Maternal and Newborn Health project in Somali Region we have from 2016 aimed to integrate the Safe Delivery App into the in-service BEmONC trainings.

Annual target:

- Disseminate the Safe Delivery App to 64 midwives through integration into three BEmONC trainings of 48 midwives in 2016 and post-dissemination to 16 midwives who were BEmONC trained in 2015

Annual achievements:

- The Safe Delivery App has been integrated as a training tool in one Basic Emergency Obstetric and Neonatal Care training with 16 midwives

Challenges and lessons learned:

- Technical problems with the Safe Delivery App's data collection tools delayed the roll-out
- Lack of a comprehensive model for training trainers on how to integrate the Safe Delivery App effectively into BEmONC trainings created dependence on using Maternity Foundation trainers from West Wollega, which was only possible in one of the annual trainings (where the SDA was introduced).

In 2017, MF will develop a Training of Trainers (ToT) training manual for BEmONC instructors on how to integrate the SDA into BEmONC trainings in a smart and time-efficient way. Batches of BEmONC instructors from different regions will be trained for improved integration of the Safe Delivery App into in-service trainings like BEmONC.

Midwives at Gimble Health Center with the Safe Delivery App

3.3 SDA - Preparation for national rollout with the Ethiopian Midwives Association

Maternity Foundation has signed an agreement with the national Ethiopian Midwives Association (EMwA) on the integration of the Safe Delivery App into their Continuous Professional Development (CPD) program for midwives. All midwives in Ethiopia must renew their license every 5th year, and in order to do so they must earn a certain amount of ECTS points every year from nationally approved and accredited courses. The Midwife Association is mandated by the Ministry of Health to develop courses and ensure that trainings are available to midwives. Within the continuous professional development program, there is a need to also develop blended learning courses, that can decrease the dependence on face to face courses, and increase the availability of remote learning courses such as e-learning. There are obvious comparative advantages of leveraging the potential of the Safe Delivery App as a blended learning tool.

This is a joint effort as these digital health initiatives are new both to the association as well as to the ministry. So there are a lot of processes and the route is far from linear. But through our involvement, Maternity Foundation is both pushing the progress as well as being capacitated by it. Ultimately, we are positioning ourselves as a key actor within the new digital/e-learning field in the country.

Annual targets

- Integration of the Safe Delivery App into the CPD module on post-natal care
- Development of an e-learning module for EMwAs learning platform, using the 11 films from the Safe Delivery App and with pre- and posttests for certification
- National alignment of the Safe Delivery App (Ethiopian version)

Annual achievement – CPD PNC course

- The syllabus and implementation guideline/ trainer manual of the CPD PNC module is developed and sent for national accreditation.

Next steps

- Awaiting accreditation and formal launch by the national CPD committee.
- Prior to accreditation, the PNC course will be launched primo 2017 in a Primary Health Care project that EMwA implements with Pathfinder

- MF will give a ToT training for the CPD instructors to capacitate them thoroughly to use the SDA in the PNC module

Annual achievement - e-learning module

- The production of the test-version of the e-learning module is in progress.

Next steps

- The e-learning test-module will be tested by users, modified, tested again, and then launched.

Annual achievements - SDA Ethiopian alignment

- At the CPD PNC workshop the convened midwife experts from different teaching institutions across the country reviewed all the 10 SDA films against the national Ethiopian Clinical Guidelines. The points for alignment were submitted to HQ in Copenhagen for review by the clinical experts behind the app. An agreement of the manuscript for an Ethiopian aligned SDA was reached, and the production of the Ethiopian aligned version was set in motion.

Next Steps

- The Ethiopian aligned SDA is expected to be finalized in March 2017

Challenges and lessons learned

- Our activities concerning digital health/e-learning are impacted severely by parallel processes in the Ministry of Health. As these areas are new to the health system, they are developing e-learning material guidelines, and finding out which agencies should accredit such course material. This creates bottlenecks and setbacks. But at the same time is gives MF an opportunity to position itself as a strong actor within this emerging field. As a result, MF has been invited to be part of a Technical Working Group under the ministry to develop a guideline for e-learning materials.

3.4 SDA support to partners: AMREF Health Africa

In September 2015, Maternity Foundation and AMREF Health Africa established a partnership and signed a MoU on integrating the Safe Delivery App into the Canada-African Initiative project that AMREF is going to implement in the Afar region of Ethiopia. The SDA will be integrated both into in-service BEmONC trainings and into pre-service training at Semara Health Science College.

Plan 2016:

- SDA integration into BEmONC training of 40 Midwives
- SDA integration into pre-service curriculum of Semara Health Science College.

Achievements 2016:

- AMREF was part of a consortium that submitted a grant proposal to USAID, which included a component of in-service BEmONC training with SDA integration of 288 midwives over five years in the four emerging regions of Ethiopia. Pending approval.

Challenges and lessons learned:

- Due to external factors beyond their control, the launch of the AMREF project was postponed until January 2017, why the target for 2016 was not met.

Next steps

- The implementation has been rolled over to 2017.

3.5 SDA support to partners: Mekelle Health Science College (SOS Children's Villages)

Our partner, SOS Children's Villages of Ethiopia, run a midwifery college in Mekelle, Tigray region, and wished to integrated the SDA into the training curriculum, to strengthen the students' preparations for the Competency of Certificate exam (COC) given by the government. An action plan was co-designed with college management to integrate the SDA for the graduate class students in their preparation for the COC exam in June.

Plan 2016:

- Pilot-test the use of the Safe Delivery App on the graduating class of June 2016

Achievements 2016:

- The students had the SDA in their two weeks' preparation for the COC examination, and took the key feature questionnaire as a pre-test before they were handed the SDA.
- The students found the SDA to be quite useful, and performed very well: 77% passed their COC in the first round, which exceeds the set target of 50%.

Next steps:

During 2017 Maternity Foundation and Mekelle Nursing College have agreed to plan for how the Safe Delivery App can be integrated as a teaching tool into the midwifery education from the onset.

> "The Safe Delivery App is the best teaching aid tool, which every teaching institution should have"
>
> Dean of Mekelle Nursing College

3.6 Federal and regional government liaising

Maternity Foundation is liaising with the Federal and Regional government authorities on an ongoing basis to ensure alignment of what we do with government priorities and plans.

In 2016 Maternity Foundation have been in ongoing dialogue with the following directorates and focal persons about the Safe Delivery App:

- Maternal and Child Health Directorate
- IT and Communication Directorate
- Human Resource Development and Administration Directorate (HRDAD)
- mHealth/e-health advisor

Maternity Foundation was invited to participate in National Consultative meeting on standardization/institutionalization of e-learning technology for in-service training in health in September 2016.

Maternity Foundation has secured a buy-in from Government of the Safe Delivery App, but still needs to go through official content approval and accreditation processes, before the Ethiopian aligned version of the Safe Delivery App can be officially endorsed as part of the national teaching programs.

Maternity Foundation has likewise been participating in regional meetings organized by Somali and Oromiya Regional Health Bureaus, because we have hands-on operations in those regions.

Maternity Foundation has through those meetings positioned ourselves as a strong partner within Maternal and Newborn Health as well as digital health solutions.

In Oromiya Region, where Maternity Foundation has operated for 10 years, we have been actively included in the technical working group for Maternal and Newborn Health.

Being part of these meetings and technical working groups creates a platform from which Maternity Foundation can contribute with our experiences, tools and technical knowledge, including promoting the Safe Delivery App to be integrated into relevant trainings and health service delivery.

4.0 Other achievements in 2016

A few other highlights from the year deserve a brief mention.

Training Task force refresher training

Maternity Foundation's task force of trainers from Oromiya and Somali Regions were refresher trained in Addis Ababa in both facilitation skills and clinical addendum in May 2016 by Maternity Foundation's affiliated volunteer midwife trainer, Susanne Houd. The task force has been instrumental in delivering all of Maternity Foundation's training throughout the year.

Implementing partner under UNFPA Ethiopia

Maternity Foundation was selected to become implementing partner under UNFPA Ethiopia's 8th country program from 2016 – 2020. Unfortunately, the start-up has been put on hold due to a dramatic cut back in funds to the UNFPA following the changed political leadership in USA.

LUCY Mobile Message Service for Ethiopian Mothers

During 2016 Maternity Foundation has entered into partnership Health[e]Foundation and TTC Mobile and developed an SMS and VOICE message system for pregnant women and new mothers in Ethiopia. The system is called LUCY Mobile Message Service for Ethiopian Mothers and will be available in Amharic, Oromiffa and English. There are messages from week 5 of pregnancy to 28 days after delivery. The messages contain health information and appointment reminders.

The system will be rolled-out in 2017.

Maternity Foundation has established links both to the Federal Ministry of Health as well as to the JSI project L10K, who are developing an mHealth platform to host the Ministry's mHealth interventions in the country. LUCY is designed for scale from the onset and we pursue alignment and integration with national initiatives and priorities.