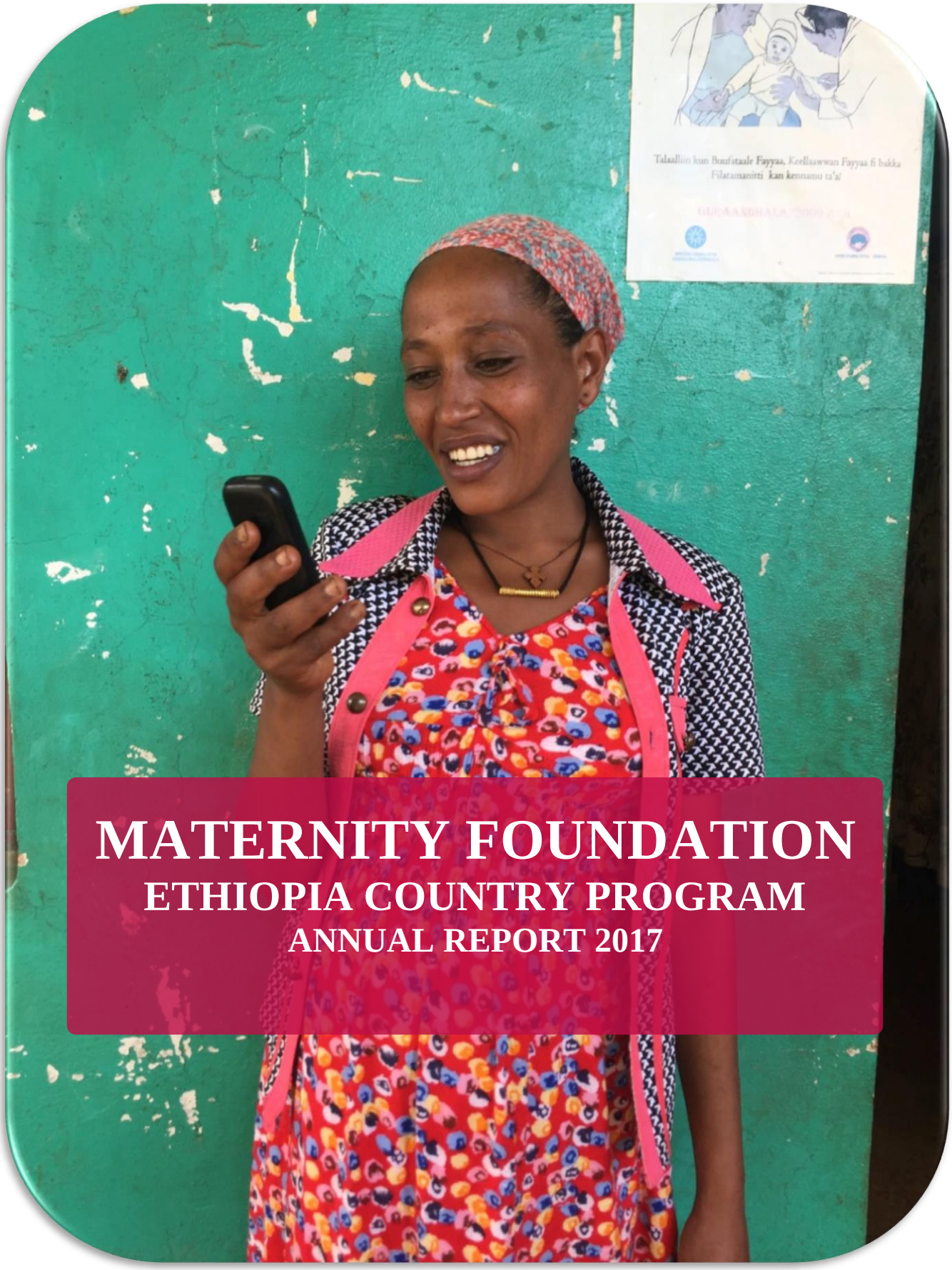


# MATERNITY FOUNDATION

## ETHIOPIA COUNTRY PROGRAM

## ANNUAL REPORT 2017

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# 1 Executive summary

With the vision: “No Woman Should Die Giving Life”, Maternity Foundation has been working to reduce maternal and newborn mortality in Ethiopia since 2005.

Over the years, our engagement and presence in Ethiopia has grown from one single project in Western Ethiopia to a full country program. Today, Maternity Foundation engages in partnership with the Ethiopian government and the National Midwifery Association with the aim of scaling our digital health tool – the Safe Delivery App – throughout Ethiopia. Maternity Foundation also engages in project partnerships with other implementing partners to replicate our models and tools in their programmes. On-the-ground, Maternity Foundation has significantly expanded our portfolio of implementing projects around the country.

Our operations are centrally coordinated and managed from a lean office setup in Addis Ababa, that oversees the strong project teams on-the-ground. In total, Maternity Foundation currently has 22 staff in Ethiopia.

Maternity Foundation is pleased to present the annual report for our Ethiopia Country program 2017. Significant highlights of annual achievements include:

- Maternity Foundation's midterm review of the Maternal and Newborn Health project in West Wollega showed encouraging results. For example, the percentage of new mothers who had their first antenatal care visit during their first trimester has increased from 18.9% to 45%. The percentage of men/fathers who are able to mention at least two danger signs of the newborn has increased from 2% to 28%.
- Maternity Foundation’s Safe Delivery App has been integrated into the Ethiopian Federal Ministry of Health’s new national training curricula for Basic Emergency Obstetric and Newborn Care. This means that the Safe Delivery App will reach national scale in 2018, when the new training program is rolled out.
- Maternity Foundation has in partnership with the Danish child focused NGO Børnefonden received 4,2 million kroner from the Danish Emergency Relief Fund (Danida) to respond to the South Sudanese refugee crisis in Gambella region in western Ethiopia. The project focuses on emergency maternal and newborn health and has for the first time introduced the Safe Delivery App in a humanitarian setting.
- Maternity Foundation documented the impact of the Safe Delivery App amongst 107 midwives in West Wollega and found sustained increases in confidence, knowledge and skills levels over a 12-month period.
- Maternity Foundation has conducted a preliminary follow-up of LUCY Mobile Message Service for Ethiopian Mothers and found improved knowledge and health behavior amongst the women and improved male involvement from husbands and partners resulting from the messages.

# 2 Introduction

Maternity Foundation's organizational strategy is to leverage the potential of our digital health tools and programmatic models to create impact at scale. We operationalize our strategy through different approaches and at various levels of engagement with partners. Core program activities include training midwives across Ethiopia, primarily in Basic Emergency Obstetric and Newborn Care (BEmONC) with integration of the Safe Delivery App as a teaching aid. A BEmONC training involves learning about maternal and newborn health and promoting skills in early recognition, diagnosis and emergency management of life-threatening complications during pregnancy, labor and the postpartum period for mothers and newborn babies.

While working at the health system level, we also work at the community level to build the capacity in local communities to enhance maternal and newborn health. This is done through an empowerment strategy focusing on disseminating information and education on reproductive, maternal and newborn health as well as women's rights.

The first section of this report presents our on-the-ground projects and project achievements, whereas the second section presents activities and achievements relating to the scale-up of the Safe Delivery App with national level partners. In the third section we present findings from the documentation of the impact of our two digital health tools, the Safe Delivery App and LUCY Mobile Message Service, in our programs in Ethiopia. In the last section, we present important partnerships and pipelined activities for 2018.

# 3 Maternal and Newborn Health projects

Maternity Foundation is implementing a number of on-the-ground Maternal and Newborn health projects around the country into which we integrate our digital health tools – *The Safe Delivery App* and *LUCY Mobile Message Service*. All the projects and partnerships are coordinated and technically backstopped from the office in Addis Ababa, as well as from the headquarter in Copenhagen. Active projects in 2017 included Maternity Foundation's own Maternal and Newborn Health project in West Wollega; the partnership project with SOS Children's Villages in Gode in Somali Region and the upstart of two emergency response projects with Børnefonden in Gambella and Oromiya regions. Below, the 2017 achievements of each project are presented.

### 3.1 Enhancing Maternal and Newborn Health project in West Wollega

In West Wollega, Maternity Foundation is implementing the 4-year project: *"Enhancing Maternal and Newborn Health in West Wollega (2016 – 2019)".* The project targets nine districts with a total population of 660.000 people and 28 health centres.

The project strategy follows an integrated approach to strengthen 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
- 2nd delay is in Accessing care. Happens at the referral level
- 3rd delay is in Receiving care. Happens at health facility level

Maternity Foundation addresses these three delays through an integrated approach by:

***LUCY Mobile Message Service***

**The Community Component**

- Empowering and mobilizing the local community to seek care through reproductive health education and information and the promotion of women's rights. The community work integrates our digital health tool - *LUCY Mobile Message Service.*

***The Safe Delivery App***

**The Clinical Component**

- Strengthening the capacity of the health system and health workers to deliver quality maternal and newborn care through training and mentoring of midwives and improving the enabling environment at health facilities. The clinical work integrates our digital health tool - *The Safe Delivery App*.

**Project activities and achievements 2017 - The Community Component**

The community component aims at empowering the populations of the targeted districts to take better care of their own maternal and newborn health and improve survival. This is done through various information and education activities focusing on reproductive, maternal and child health issues as well as women's rights.

Activities include training influential people from the local communities to become strong agents of change in their community; deploying the Community Conversation (CC) methodology; a strong tested model to involve local communities in problem solving and changing practices; using mass media for broad radio dissemination of information, targeting school youth for improved adolescent reproductive health, and lastly, deploying the LUCY mobile service for expecting and lactating mothers, to disseminate information and appointment reminders regarding pregnancy, labour and the post-partum period. Specific project achievements in 2017 include:

### Community Change Agents

- 2405 influential community members were trained as Community Change Agents (1033 Men Group Leaders, 968 Women Group's Leaders and 404 Religious Leaders)
- 6,488 people were reached through the Community Change Agents in 34 villages at bimonthly meetings, and positive changes are already observed, e.g. in avoiding old mal-practices

### Community Conversations

- 60 Community Conversation facilitators from local villages were trained in how to facilitate community dialogue programs for improved maternal and newborn health
- 2,373 community members were engaged through Community Conversation Sessions

### Radio Disseminated Health Education

- 46 radio programs were broadcasted with community health education information
- Five million people reached in the communities through these radio programs

### LUCY Mobile Message Service for Ethiopian Mothers

- 407 key people were trained to roll-out the LUCY Message System *(310 Health Extension Workers, 51 midwives, 23 Health Centre Directors, 9 District Focal Persons for maternal and child health & 14 District health office heads).*
- 1500+ pregnant and lactating women were enrolled into LUCY Mobile Message Service from June to December

**Project activities and achievements 2017 – The Clinical Component**

The clinical component of Maternity Foundation's program aims to build the capacity of the health system and health workers to improve the provision and quality of maternal and newborn health care. This is done through various training and capacity strengthening activities at the clinic level. Activities include training of health workers, onsite mentoring and facility-based training, improvement of infection prevention and hygiene, data registration and supervision. Project achievements in 2017 include:

Basic Emergency Obstetrics and Newborn care (BEmONC) trainings

- 60 midwives were trained for three weeks in Basic Emergency Obstetric and Newborn Care, with integration of the Safe Delivery App as teaching aid

Onsite Mentoring of the BEmONC trained health workers

- 43 midwives at 15 health centres received post-BEmONC training onsite mentorship and support

Infection Prevention and Hygiene - Health Centre transformation program

- Four new health centres were enrolled into Maternity Foundation's Infection Prevention program. This included training of 80 health centre staff and the establishment of four IP committees who drew up action plans
- The five health centres there have already been rolled into the Infection Prevention program received supportive supervision and follow-up

Training of Supervisors of Health Extension Workers for improved supervision

- 79 supervisors (nurses) from 17 health centres were trained on improved standard supervision of Health Extension Workers

Training of Health Centre pharmacists on improved drug stock management

- 22 pharmacists from 12 health centres were trained on integrated pharmaceuticals logistic system management in the targeted health facilities for three days

Construction of Maternity Waiting Homes for health centres

- Two Maternity Waiting Homes for pregnant women under construction by the health centres

Provision of Medical Equipment, Drugs & Supplies to health centres

- 28 health centres were supported with essential medical equipment, drugs and supplies for the provision of BEmONC

### 3.2 Maternal and Newborn Health project in Somali Region

Maternity Foundation has been implementing maternal and newborn health activities in Somali Region in collaboration with SOS Children Villages since 2015. Core activities focus on replicating Maternity Foundation's clinical trainings in Basic Emergency Obstetric and Newborn Care with integration of the Safe Delivery App as well as Maternity Foundation's infection prevention and hygiene programme for health facilities. Maternity Foundation also deploys a training package on Female Genital Mutilation (FGM) and safe de-infibulation developed for the Somali region. This includes training of health workers on the dangers of FGM and how to safely deliver a woman who has been infibulated as a result of Female Genital Mutilation. The training also teaches in more general terms about FGM and how to counsel mothers and advocate for abandoning FGM in the workplace and community.

Activities and project achievements in 2017 included:

BEmONC training with the Safe Delivery App

- 14 midwives were trained in Safe Delivery App integrated BEmONC training
- 26 previously trained midwives received intro training to the Safe Delivery App

Maternity Foundations Infection Prevention and Patient Safety Programme

- 80 staff from Gode Hospital were trained in Infection Prevention and Patient Safety
- Two health centres received the Infection Prevention and Patient Safety Kick-Off Materials
- Two health centres were followed up twice and the action plans were reviewed

FGM and De-infibulation training for health workers

- 26 midwives trained in anti-FGM and safe de-infibulation

Data registration and management training for health workers

- 26 midwives were trained in correct data management and registration

### 3.3. Emergency Maternal and Newborn Health and WASH project in Gambella Region

In 2017 Maternity Foundation became active in humanitarian response - and rolled out the Safe Delivery App for the first time in a humanitarian setting.

Ethiopia is affected by several crises, one being a large influx of refugees from conflict-ridden South Sudan in the West and Somalia in the South. In 2017, the South Sudanese conflict intensified and effectuated a new surge in the influx of refugees into the Gambella region of Ethiopia. This region now hosts approximately 400.000 South Sudanese refugees across seven camps. This number is as high as the resident population in the region.

In partnership with the Danish child-focused NGO Børnefonden, Maternity Foundation responded to a call from the Danish Emergency Relief Fund (Danida) to respond to the crises. The partnership was granted 4,2 million DKK towards the response that is titled: *Emergency Reproductive Health and Wash for South Sudan refugees in Gambella*. The response runs for one year, and activities focus on building the capacity of the health professionals and health centres across the seven refugee camps through Safe Delivery App-integrated BEmONC trainings, provision of the Safe Delivery App as a job aid, conducting on-site mentoring and follow-up after training and availing essential equipment and drugs to the health centres. There is also a focus on community education and mobilization. In addition, the project has a component of latrine construction, which is technically backstopped by Børnefonden. The project started in July 2017, and in the first 6 months the following was achieved:

#### Safe Delivery App integrated BEmONC trainings

- 15 midwives were trained in Safe Delivery App-integrated BEmONC training

#### Community awareness strengthening on maternal and newborn health

- 232 Community Health Workers from three camps were trained to conduct house-to-house community health education about reproductive, maternal and newborn health

#### WASH component

- 25 community health workers were trained to conduct community mobilization for latrine construction and hygiene awareness
- Materials were ordered for the construction of 500 household latrines

An internal mid-term review was conducted in November. It was clear that all stakeholders were acknowledging the relevance of Maternity Foundation's response. In addition, UNHCR in Addis Ababa has encouraged Maternity Foundation to expand the humanitarian response to Dolo Ado refugee camps in the Somali Region specifically focusing on the capacity building of the health staff and health centres with integration of the Safe Delivery App. Therefore, Børnefonden and Maternity Foundation are applying for ECHO (EU's Humanitarian Office) funding for extended activities in Gambella and for starting up activities in Somali in 2018.

### 3.4 Emergency Maternal and Child Nutrition for internally displaced people in Oromiya

In addition, to being affected by the conflicts in neighboring countries, Ethiopia is also affected by severe droughts leading to hunger and famine in large parts of the country. Together with Børnefonden, Maternity Foundation therefore also responded to a call from the Danish Emergency Relief Fund with focus on securing emergency nutrition to pregnant and lactating mothers and children under five in Anfilo Woreda, Oromia region, where large numbers of people that are internally displaced due to drought live. Acute severe and moderate malnutrition in pregnant women, lactating mothers and children is widespread amongst them.

Maternity Foundation created partnerships and links with relevant UN and national agencies coordinating the response. The project activities include building the capacity of the health professionals and community volunteers on the management of malnutrition and community mobilization; strengthening the health facilities with drugs and supplies for the management of Severe Acute Malnutrition and supporting mothers with children who are severely malnourished. The project runs for one year and was started in September 2017. Achievements in 2017 included:

#### Project start-up and training activities

- Project launch and signing of MoU with zonal authorities
- 15 health staff from 5 health centres were trained in Severe Acute Malnutrition (SAM) management
- 55 health extension workers were trained in Moderate Acute Malnutrition (MAM) management
- 108 members of the Women's Development Army (community health workers) were trained on community mobilization, screening, referral and food distribution
- Health facilities were upgraded with medical consumables and equipment for treatment of MAM/SAM cases

The availability of trained human resources in the community as well as health posts and health centres, has already shown to have a tremendous impact on the management of MAM and SAM cases.

# 4. Scaling up the Safe Delivery App

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 for replicating and scaling the Safe Delivery App:

- *National platform for scale* – We work with e.g. ministries of health with the goal of integrating of the Safe Delivery App into the national health system.
- *Project partners and implementation support* - We engage in project collaborations with NGOs, organizations and/or government partners to implement the Safe Delivery App and conduct research/monitoring.
- *Remote support* - We provide standardized tools and support from a distance to partners who otherwise independently roll out the Safe Delivery App.

Ethiopia is a key priority country for achieving national scale with the Safe Delivery App, and this section of the annual report presents the status and achievements in that regard. T

### 4.1 The Safe Delivery App in the national Ethiopian training curricula

The greatest achievement in 2017, in terms of reaching national scale for the Safe Delivery App, has been Maternity Foundations' collaboration with the Federal Ministry of Health to integrate the Safe Delivery App into a revised and updated national training curriculum in Basic Emergency Obstetric and Newborn Care for midwives.

The Federal Ministry of Health invited Maternity Foundation to be part of this process in late 2017. The invitation was based on Maternity Foundations' demonstrated positive experiences and outcomes with using the Safe Delivery App as a teaching aid in clinical trainings for midwives, coupled with the fact that Maternity Foundation had developed a solid implementation training package for rolling out the App as a teaching aid.

By end-year, the Safe Delivery App had been written into the revised curriculum, which will be piloted and rolled out starting from January 2018.

This, in effect, means that *the Safe Delivery App will reach national scale in Ethiopia in 2018*, where Maternity Foundation will play a key supportive role to the Federal Ministry of Health in rolling out the new curriculum.

***Trainer***

*"Compared to before, training with the app gives much more time for the trainers. We are less exhausted, the lectures are interactive, and students have more energy and stay awake better"*

***Training attendee***

*"This training experience with the Safe Delivery App is truly a very different experience. It is much easier to understand"*

Maternity Foundation will support with training of trainers (ToT) to deliver the new curriculum including using the Safe Delivery App as a teaching aid.

Maternity Foundation has also committed to directly conduct Basic Emergency Obstetric and Newborn Care (BEmONC) trainings of Midwives following the new curriculum both in Somali, Oromiya and Gambella regions.

### 4.2 The Safe Delivery App as a teaching aid: A new implementation training

Maternity Foundation has different implementation models to roll out the Safe Delivery App. One involves rolling it out as a teaching aid in in-service or pre-service trainings of midwives. In order to support partners, we develop implementation support tools e.g. in the form of training packages.

In 2017 Maternity Foundation developed a new implementation training package for rolling out the Safe Delivery App as a teaching aid: "*A Training of Trainers (ToT) on how to use the Safe Delivery App as a teaching aid.*"

The ToT training package is based on our hands-on experiences with integrating the Safe Delivery App in BEmONC trainings in Ethiopia since 2015.

Achievements 2017

- Maternity Foundation ToT trained 57 midwife trainers in how to use the Safe Delivery App as a teaching aid. The trainers came from all over Ethiopia, including all trainers from the National Ethiopian Midwives Association (EMwA).
- Maternity Foundation received very positive user feedback from trainers and participants, and combined with the very positive impact results of the Safe Delivery App this led to the invitation by the Federal Minstry of Health to integrate Safe Delivery App as a teaching aid into the new national curriculum (see testimonials to the right).

In 2018, Maternity Foundation will leverage the experiences from Ethiopia, and replicate the implementation training with other partners beyond Ethiopia, who wish to roll out the Safe Delivery App as a teaching aid.

### 4.3 The Safe Delivery App for Continuous Professional Development in Ethiopia

Maternity Foundation has worked with the Ethiopian Midwives Association (EMwA) on the integration of the Safe Delivery App into the national Continuous Professional Development (CPD) program for midwives. EMwA is responsible to avail CPD courses to Ethiopian midwives, who must earn a minimum of 30 credit hours yearly in order to renew their professional license every 5 years. The CPD program must include blended learning courses, that can decrease the dependence on classroom based training, and increase the availability of opportunities for remote learning.

For this purpose, Maternity Foundation has in collaboration with the Ethiopian Midwives Association and the Federal Ministry of Health developed an e-learning course based on the modules from the Safe Delivery App. The e-course is availed at the Ethiopian Midwives Associations CPD web-platform, available to the Associations' members.

However, accreditation and launch of the course has been delayed due to internal processes in the Federal Ministry of Health on determining how to accredit new blended and e-learning courses. It is anticipated that during 2018, in unison with the launch and dissemination of the new BEmONC curriculum and the Ethiopian Safe Delivery App, the e-learning course accreditation will also progress and e-course will be disseminated and used widely.

### 4.4 The Safe Delivery App rolled out by implementing partners

Maternity Foundation and AMREF have been in collaboration since 2015 to integrate the Safe Delivery App into AMREFs programs. In 2017, the hands-on implementation finally took off with the first round of Safe Delivery App integrated BEmONC training provided in AMREFs programme in the Afar region. The collaboration with AMREF will continue in 2018, where a new USAID funded 5-year consortium project will begin in which AMREF has requested Maternity Foundations' technical support to BEmONC train close to 300 midwives in four of the emerging regions.

Achievements 2017

- 16 midwives were trained for three weeks in BEmONC training with integration of the Safe Delivery App as a teaching aid. The trainers of the course had previously been ToT trained by Maternity Foundation.

# 5. Impact studies and results

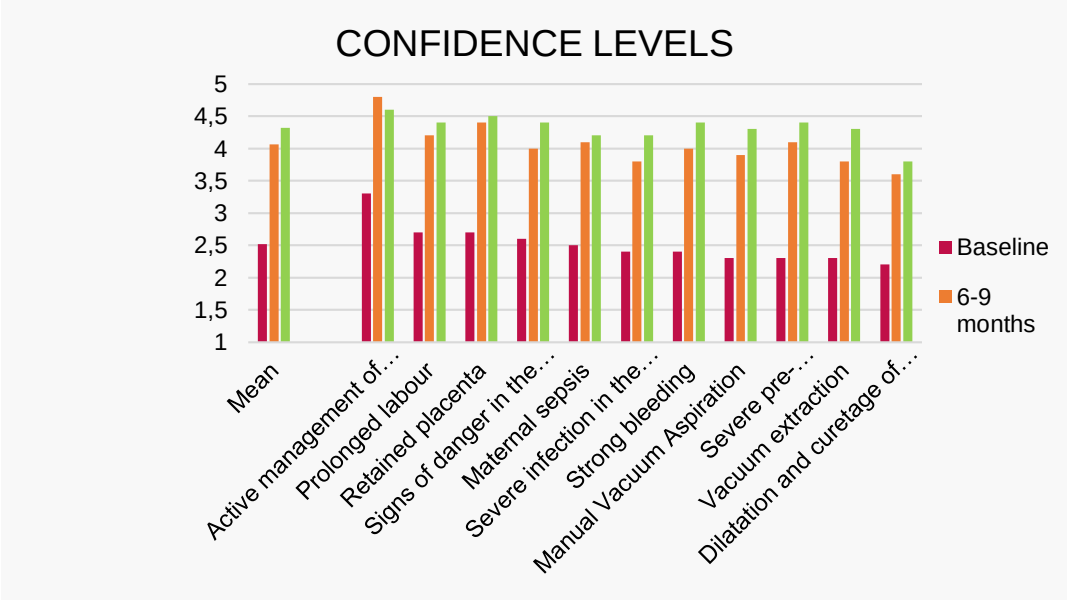
In 2017, we completed a one-year study and documentation of the impact of the Safe Delivery App with the midwives, who had received the Safe Delivery App as a job aid in the project in West Wollega. We also did a small preliminary enquiry into the user experience relating to the LUCY Mobile Message Service. Finally, we did an internal midterm review of the Maternal and Newborn Health project in West Wollega. All the findings are presented below.

### 5.1 Impact study of the Safe Delivery App in West Wollega 2016 – 2017

Maternity Foundation has been documenting the impact of the Safe Delivery App on 107 midwives' knowledge, skills and confidence levels in Maternity Foundations project in West Wollega. The App was rolled out in July 2016 and data was collected - at baseline, midterm and end-line over the course of 15 months - on the midwives' confidence levels, knowledge, skills and user experiences.

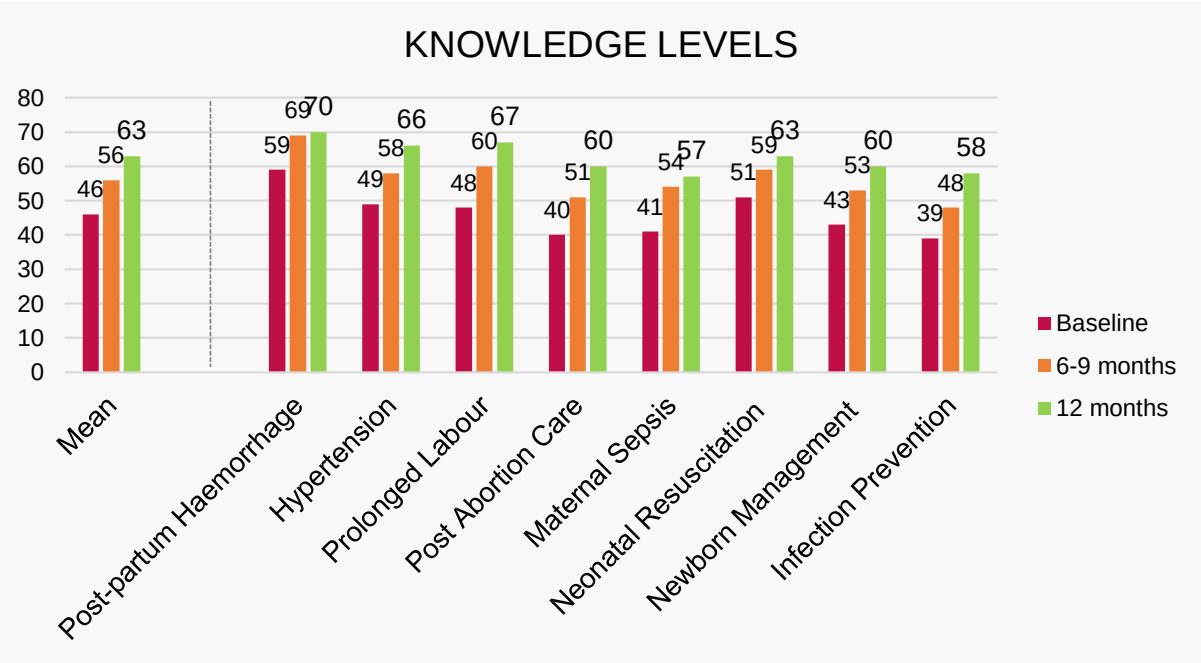
#### Confidence

Midwives' confidence in their ability to manage complications can be life-saving as it influences their reaction and rapid response in emergencies. Confidence levels therefore can be used as proxy indicators for quality of care during emergencies. Maternity Foundation measured the confidence level of a total of 64 users using a simple self-assessment questionnaire in which the midwife rates how confident he/she feels in managing each emergency on a scale from 1 (panic) to 5 (confident). The results are illustrated in the diagram below. Average increase went from 2.5 at baseline to 4.3 at end-line, constituting a mean total increase of 1.8. Data showed a marked increase in confidence level for all emergencies already at mid-term, whereas increase from mid-term to end-line was less dramatic. This implies that the Safe Delivery App has the potential to rapidly impact positively on midwives' levels of self-confidence in managing life-threatening complications.



### Knowledge

Knowledge levels of midwives were measured using a scientifically validated Key Feature Questionnaire (KFQ). The KFQ tests skilled birth attendants' practical application of knowledge based on theoretical clinical case scenarios with 15 cases and a total of 55 questions. 87 midwives completed the KFQ at baseline, 76 at midterm follow up, and 98 at end-line (1). The mean knowledge scores were 46% at baseline, 56% at midterm and 63% at end-line with a mean improvement 17%-points. The trend that knowledge increases both after 6 and 12 months resonates with the findings from the Randomized Controlled Trial conducted in 2013-14. The development in knowledge levels are illustrated in the diagram below.




### Skills

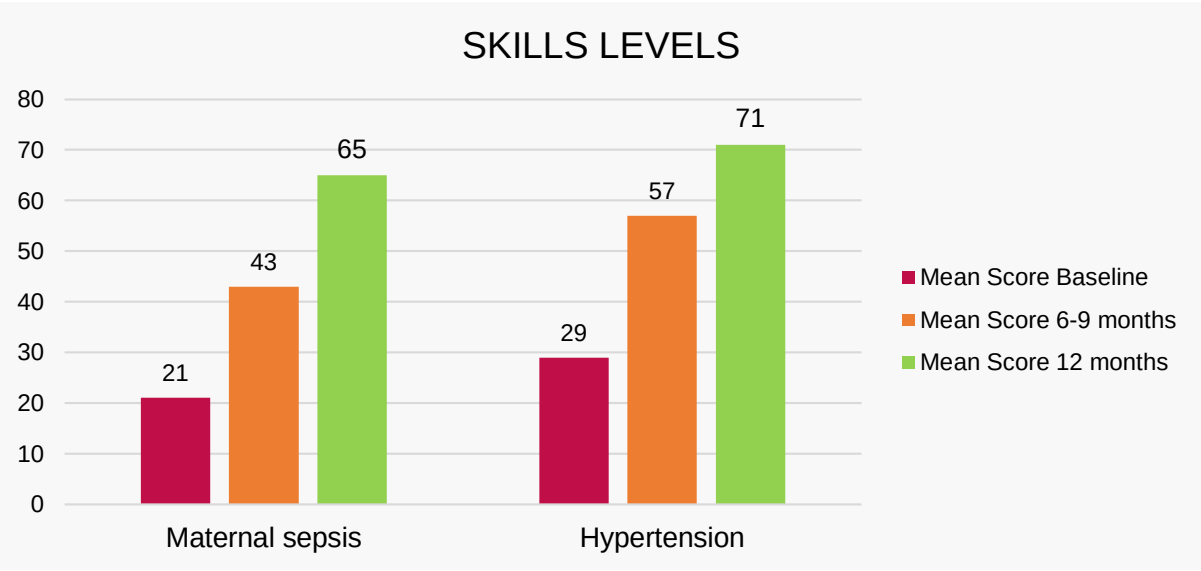
Midwives' skills were measured using an Objective Structured Assessment of Technical Skills (OSATS), which has been developed specifically for documenting the impact of the Safe Delivery App. Midwives are given fictive clinical scenarios, that they must demonstrate how to manage. They have access to birth simulators, essential drugs and medical equipment. Their performance is scored using a structured scoring sheet.

Two intervention districts were selected and skills were assessed for managing maternal sepsis and hypertension on 31 midwives at baseline and 25 at midterm and end-line.

[1] There are more midwives included in the end-line than baseline because midwives were included later than baseline and received the App a few weeks or months later.

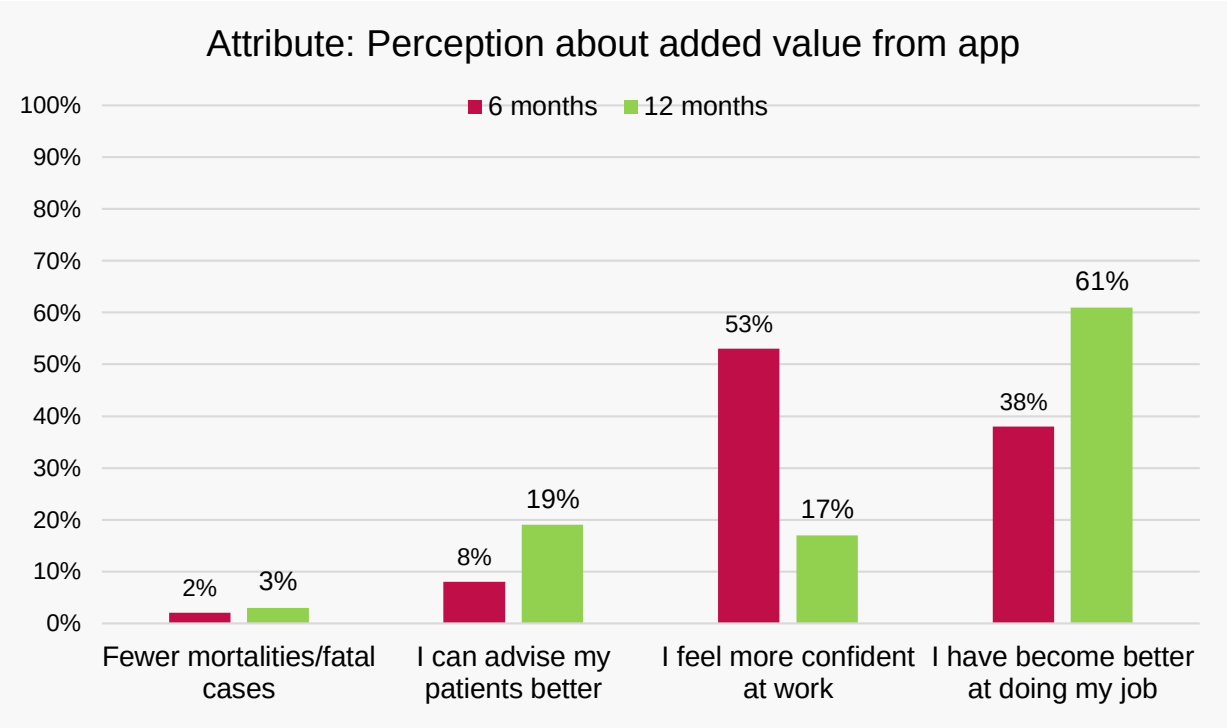
The mean scores for correct management of maternal sepsis and hypertension respectively were 21% and 29% at baseline, 43% and 57% at midterm and 65% and 71% at endline. The mean improvements from baseline to endline thus constituted 44%-points and 42%-points, respectively. Findings resonate with the findings from the randomized controlled trial in 2013 – 14, showing that the Safe Delivery App can influence not only theoretical knowledge, but also practical skills quite substantially, and the improvement is sustained from mid-term to endline.

The improvements in skills is higher in percent points than is the case for knowledge, which aligns with what other studies have found in similar locations; namely that midwives often possess a relatively high theoretical knowledge, but that this theoretical knowledge does not translate into actual skills, impacting negatively on quality of care. The Safe Delivery App is one solution that can help bridge this skills gap.



User Perceptions

We also measured a range of user perceptions of the Safe Delivery App. One of the most interesting findings were that at midterm, the majority (53%) mentioned that the SDA makes them feel more confident at their job. This resonates with the objective survey findings on confidence levels, which showed a rapid increase in confidence. However, after 12 months the majority (61%) mentions that they feel that the SDA has actually made them better at their job. This also resonates with the objective survey findings on knowledge and especially on skills. They *do* actually get better at their job.




### 5.2. Preliminary study on user perceptions of LUCY Mobile Message Service

Maternity Foundation has developed the digital health tool LUCY – Mobile Message Service for Ethiopian Mothers through a rigorous process, drawing on our experiences with implementing another SMS system earlier, and basing the message content on internationally accepted recommendations fitted to the Ethiopian context, including user testing. Using SMS messages to improve knowledge and increase use of health services is a tested and proven mHealth method with documented significant impact.

The LUCY system is hosted on an open source tech platform managed by a tech partner. An additional implementing partner, Health[e]Foundation is implementing LUCY in other regions of Ethiopia. The messages are translated into three languages. The Message Service is a free and anonymous message service for pregnant and lactating women who would like to receive health information about their pregnancy and newborn baby. Women can enroll by sending simple information about their gestational or baby's age and choice of language to a short-code free of charge. The message package starts from week 5 in pregnancy to week 4

post-partum, but women can enroll at any time, and will receive the message fitted to their gestational or baby's age. All messages are written in accordance with international accepted guidelines and follows the Ministry of Health's recommendations.

LUCY sends 2–3 automated messages pr. week using either text or voice messages according to the choice of the women. The messages are about antenatal care and appointment reminders, fetal development, healthy behavior and harmful practices, nutrition, danger signs in pregnancy and during labor and in the newborn, breastfeeding, birth preparedness and complication readiness, family planning, newborn care, vaccination and growth.

In May-June 2017 the system was rolled out in all Maternity Foundation's nine target districts in West Wollega. By end-year, 1500+ women were enrolled in the Oromiffa language package used in West Wollega. In November, a preliminary follow-up was conducted, whereas an in-depth follow up is planned one year after roll-out. The preliminary follow-up was done with 15 enrolled users as well as two health extension workers, trained to inform about and enroll women into Lucy.

### Background information on users

- Enrolled women were between 18 – 28 years of age and were in their 1st to their 5th pregnancy
- Two had previously experienced complications with fatal outcomes for their babies
- They had all heard about LUCY from and been enrolled by their Health Extension Worker
- Time of enrolment was from month 3 to month 7 of pregnancy
- Nine used their husband's phone, two had their own, three used their brother-in-laws'.
- Most were illiterate. Their husbands read the messages to them
- They rated the messages of medium difficulty on a scale from easy – medium – hard.

### Findings about most significant impact

- All the women were able to recount content of the messages correctly, and were very enthusiastic about doing so – suggesting high understandability and acceptability
- Most women testified that their husbands also learn from the messages, and after LUCY husbands had even started to remind them to e.g. rest, eat specific foods or go for antenatal check-up. The Health Extension Workers confirmed an increased interest from husbands and reported that men would come independently and ask for more information based on the messages. This suggest that LUCY can help promote and increase male involvement

### 5.3 Internal Midterm Review: Maternal and Newborn Health Project in West Wollega

With the ending of 2017 marking the mid-term of the Maternal and Newborn Health project in West Wollega, we carried out an internal midterm review to assess progress based on selected general impact indicators for the project. The midterm evaluation consisted of a household survey in two project districts – one rural and one urban - capturing information on a long range of the projects indicators. A total of 100 respondents participated in the survey. The midterm findings are encouraging as most progress on key indicators is on-track. Only quality of ante-natal care indicators are not progressing as planned, and thus more emphasis must be given here in the clinical component of the project. Midterm findings compared to baseline values and targets are presented in the table below:

| Indicators | Baseline | Midterm | Target | Status |
|---|---|---|---|---|
| ***Objective one: Increase community awareness on maternal and newborn health and their acceptance and utilization of reproductive, maternal and newborn health services*** | | | | |
| *BPCR – new mothers with a Birth Preparedness and Complication Readiness plan* | *10%* | *61%* | *50%* | *Over-achieved* |
| *BPCR – new mothers who have determined their blood group prior to delivery* | *16%* | *25%* | *50%* | *On track* |
| *BPCR –new mothers who have identified compatible blood donor prior to delivery* | *7.2%* | *11%* | *50%* | *Off track* |
| *Ante-Natal Care – new mothers who attend ANC-1 within the first trimester* | *18.9%* | *43%* | *50%* | *On track* |
| *Post Natal Care –new mothers who had a post-natal check-up of mother and baby within 7 days after delivery* | *40%* | *66%* | *85%* | *On track* |
| *Harmful practice/breastfeeding - new mothers who report to squeeze and throw away their first milk* | *33%* | *27%* | *10%* | *Off track* |
| *Newborn Care –newborns who have their cord left open (and not applied anything to it)* | *26%* | *56%* | *75%* | *On track* |
| *Harmful practice/Newborn Care – newborns who are washed during the first 24 hours after birth* | *40%* | *24%* | *15%* | *On track* |
| *Newborn Care – newborns who are placed on the bare skin chest of the mother before the placenta is delivered* | *35%* | *60%* | *75%* | *On track* |
| *Male involvement – men/fathers who can mention at least 3 danger signs in pregnancy* | *2%* | *18%* | *50%* | *On track* |
| *Male involvement – men/fathers who can mention at least 2 post-partum danger signs for the mother* | *2%* | *12%* | *50%* | *On track* |
| *Male involvement – men/fathers who can mention at least 2 danger signs of the newborn* | *5%* | *28%* | *50%* | *On track* |
| *New mothers who know at least three danger signs in pregnancy* | *15%* | *30%* | *55%* | *On track* |

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| *New mothers who know at least three post-partum danger signs in the mother* | *21%* | *42%* | *60%* | *On track* |
| *New mothers who know at least three danger signs in the newborn* | *26.4%* | *30%* | *65%* | *Off track* |
| ***Objective two: Improve the quality of reproductive, maternal and newborn health care given at the health facilities*** | | | | |
| *Quality of Ante Natal Care – new mothers who report having received counselling on post-partum danger during ANC* | *58%* | *55%* | *85%* | *Off track* |
| *Quality of Ante Natal Care - new mothers who report having been tested for Syphilis during ANC* | *40%* | *31%* | *75%* | *Off track* |
| *Quality of Ante Natal Care - new mothers who report having been testing for STI/HIV during ANC* | *40%* | *63%* | *75%* | *On track* |
| *Quality of Ante Natal Care - new mothers who report having received deworming during ANC* | *25%* | *7%* | *75%* | *Off track* |
| *Quality of Ante Natal Care – new mothers who report having received folic acid during ANC* | *56%* | *64%* | *85%* | *On track* |
| *Quality of Post-Natal Care - new mothers who report having their blood pressure measured during PNC* | *9.4%* | *35%* | *75%* | *On track* |
| *Quality of Post-Natal Care - new mothers who report having received counselling on danger signs for mothers during PNC* | *9%* | *44%* | *80%* | *On track* |
| *Quality of Post-Natal Care - new mothers who report having received counselling on newborn danger signs during PNC* | *11%* | *40%* | *80%* | *On track* |
| *Quality of Post-Natal Care - new mothers who report getting their newborn weighted during PNC* | *26%* | *51%* | *75%* | *On track* |
| *Quality of Post-Natal Care – new mothers who report having been screened for bleeding/infection during PNC* | *1,5%* | *15%* | *75%* | *On track* |
| *Quality of Post-Natal Care - new mothers who report receiving cord examination of the newborn during PNC* | *25%* | *49%* | *80%* | *On track* |
| *Quality of skilled birth attendance – health workers score on management of maternal sepsis (OSATS)* | *20,9%* | *65%* | *60%* | *Over-achieved* |
| *Quality of skilled birth attendance – health workers score on management of hypertension (eclampsia) (OSATS test)* | *29,9%* | *71%* | *90%* | *On track* |

# 6 Other achievements/pipelined activities

### 6.1. UNFPA

Maternity foundation has been endorsed as an implementing partner under UNFPA Ethiopia. By end-year 2017, UNFPA and Maternity Foundation were in strong dialogue on how and where to start the partnership and collaborate in future interventions. We anticipate signing a project agreement in 2018, and implement projects under UNFPA Ethiopia relating to reproductive, maternal and newborn health, e.g. in Somali and/or in Gambella regions.

### 6.2. ECHO

Based on our humanitarian response in Gambella, Maternity Foundation was encouraged by UNHCR to extend operations to Dolo Ado camps in the Somali Region. Together with Bornefonden, Maternity Foundation has therefore decided to apply for ECHO (EU Humanitarian Office) grants to expand maternal and newborh heatlh response in Dollo Ado and Gambella region in 2018.  A need assessment was conducted in end-2017 both in Dollo Ado and Gambella refugee camps and host community. The findings are interesting and huge gaps are identified both on the supply and demand side mainly with poor service uptake on MNCH and youth RH.

# 7. Thank you to our loyal donors!

- *Det Obelske Familiefond*
- *Det Arnstedske Familiefond*
- *Dronning Margrethe og Prins Henriks Fond*
- *Hesse Ragle Fonden*
- *Ida og J. Rindoms Fond*
- *Kavli Fondet*
- *MSD*
- *Novo Nordisk Fonden*
- *Ole Kirk's Fond*
- *Oticon Fonden*
- *8. Marts Gruppen*
- *Other non-disclosed partners*