



**MATERNITY FOUNDATION
THE SAFE DELIVERY PROGRAM
IN ETHIOPIA
- ANNUAL REPORT 2018**



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1. EXECUTIVE SUMMARY

Maternity Foundation works globally with the vision that “No Woman Should Die Giving Life”. In Ethiopia, reducing maternal and newborn mortality through community activities and clinical capacity building has been in focus since the program started in the country in 2005.

Maternity Foundation has had great success in Ethiopia through the years, first through a smaller program in Gimbie in Western Ethiopia, and in the last few years we have grown to have a full country program. Our activities across Ethiopia are managed by the Maternity Foundation Hub in Addis Ababa, where there are currently three employees overseeing the projects and coordinating and managing the country program. Our main focus in the country at the moment is scaling up the Safe Delivery App, our mHealth training tool and job aid for midwives and healthcare workers, which is created in collaboration with University of Copenhagen and University of Southern Denmark. We are currently implementing the App in collaboration with the Federal Ministry of Health (FMoH) and the Ethiopian Midwives Association (EMWA) in the Somali region of Ethiopia and at national level, both as a job- and training tool for midwives at work (referred to in this report as in-service) and as a training tool for midwifery students (referred to as pre-service). Furthermore, we have several program and implementation partners in the country such as Amref Health Africa, PlanBørnefonden, UNFPA, UNHCR and ARRA (Administration for Refugees and Returnees Affairs) with whom we are implementing at regional and project levels.

Despite a challenging year for Ethiopia, with a governmental shift, state of emergency and insecurity in some regions, Maternity Foundation is happy to share important milestones and results from 2018, obtained through efforts of our great team on the ground.

Some of the highlights of 2018 have been:

- ➔ The Safe Delivery App (SDA) has been integrated into the national curriculum for Basic Emergency Obstetric and Newborn Care (BEmONC) to be implemented in pre-service and tested in 2019
- ➔ In Gambella, we have successfully trained 57 health workers with an intensive 3-week SDA integrated BEmONC, constructed 630 household latrines and 2056 women were provided with hygiene products and other non-food items.
- ➔ Our humanitarian project in Anfilo with PlanBørnefonden has successfully ended.
- ➔ We have translated the SDA to Somali language and started rolling out this version in the Somali region.
- ➔ We have added two new modules to the App. One on Female Genital Mutilation (FGM) and one on Low Birth Weight, which are now integrated into all our SDA versions in Ethiopia.

- ➔ We have conducted an Ethiopia country case study to document the implementation of the SDA, find successes, challenges and lessons learnt for further scale-up.
- ➔ We have developed an extended version of our LUCY SMS package for Ethiopian mothers, which now goes beyond pregnancy to also include the first year of the baby's life.
- ➔ We have developed simulation-based mentorship trainings, which have been tested on midwives from different regions.
- ➔ We have reached a high number of community members and health personnel with our Maternal and Newborn Health project in West Wollega, Gimbie.



Midwife Zinash Teshome and her colleague use the Safe Delivery App at a health center in West Ethiopia.

2. INTRODUCTION

At Maternity Foundation, we wish to leverage our mHealth tool, the Safe Delivery App (SDA), to be used as an on-the-job-aid and as a teaching aid for midwives and midwife students across Ethiopia and beyond. This is done in collaboration with partners at several levels and through strong efforts of the team on the ground. The partnership levels include government and health system partners, such as other central NGOs working in Ethiopia, and community level partners who are engaging the community members to seek care.

Due to great accomplishments in Ethiopia, we are now scaling up the App to reach several countries around the World, particularly in Africa and Asia. Our evidence from Ethiopia thus plays a key role in setting the foundation for this work – and will do so going forward. Our main activity is to train midwives in Basic Emergency Obstetric and Newborn Care (BEmONC) with the integration of the Safe Delivery App as a teaching aid. Secondly, it is to ensure continuous learning by using the App's e-learning component, My Learning, and as a job aid in the field when assisting child births.

This report is divided into three main sections: First, it presents our work at national level in Ethiopia, which is coordinated by the Hub in Addis Ababa. Secondly, it presents the achievements of the regional projects, in West Wollega, Gambella, Anfilo and the Somali region, respectively. In the final section, we present the aim and initial findings of the Ethiopia country case study, which was carried out in October-December 2018.

3. NATIONAL LEVEL

Maternity Foundation's Hub in Addis Ababa has had a busy and successful year with a variety of activities. These include scaling up the Safe Delivery App (SDA) in collaboration with the Federal Ministry of Health (FMOH) and supporting and coordinating Maternity Foundation's partnerships and programs across Ethiopia. Participating in conferences nationally and in the East and Southern African region, as well as conducting workshops and trainings across Ethiopia have further been major tasks in 2018. Lastly, an essential part of the Hub's activities has been to provide technical support and expertise to organisations that wish to use the Safe Delivery App in their work.

On a regional African level, representatives from the Hub participated in Africa Forum on Quality and Health Care in Durban, South Africa as well as in the East, Central and Southern Africa Health Community (ECSA) Best Practice Forum in Arusha, Tanzania. Participating in these forums were great opportunities to present the SDA and pave the way for potentially scaling up the App in other countries in the region.

On a program level, the Hub has been central in supporting the roll-out of the SDA in the Somali region in Ethiopia in collaboration with UNFPA and Somali Regional Health Bureau. They have also supported our partners at Amref with trainings on rolling out the Safe Delivery App in the Somali region.

The Hub office leads the national ToT training (Training of Trainers) for mid-level health workers on Basic Emergency Obstetric and Newborn Care (BEmONC) in collaboration with the FMOH at national level, covering all regions. The Hub has thus played a central role at national level and contributed to Maternity Foundation being a key player in the field of maternal and newborn health in Ethiopia.

3.1 Collaboration with the Federal Ministry of Health

In 2018, a considerable amount of work has been dedicated to our collaboration with the Federal Ministry of Health (FMoH) especially related to revising the national Basic Emergency Obstetric and Newborn Care (BEmONC) curriculum and integrating the Safe Delivery App (SDA) into in-service trainings.

The FMoH spearheaded the revision of the BEmONC training material to be used in in-service trainings in collaboration with Maternity Foundation and central partners. The process of revising and developing the material has been on-going throughout 2018 and further required a revision of the Ethiopia version of the SDA.

When the integration of the SDA in the national BEmONC training curriculum was completed, Maternity Foundation provided a ToT (Training of Trainers) for 100 national master trainers during five training rounds. Maternity Foundation is the only partner to provide ToTs at national level in collaboration with FMoH.

FMoH further approached Maternity Foundation to support the Ethiopian Somali Regional Health Bureau (ESRHB) to provide training for 100 midwives working in the region, which are now trained with the new SDA integrated curriculum of BEmONC.

3.2 Implementation models

3.2.1 In-service

Maternity Foundation is currently working with several different models of using the Safe Delivery App (SDA) as an integrated tool of support to skilled birth attendants - on the job and as part of their training (in-service). These include Basic Emergency Obstetric and Newborn Care (BEmONC) trainings, onsite mentoring and hospital catchment-based mentoring, simulation training, and integrating the SDA as a job aid.

In 2018, important models have been;

Low Dose High Frequency

One of the strategic focus areas of Maternity Foundation is to pilot and scale up Low Dose High Frequency trainings with the SDA. Maternity Foundation has been in dialogue with EMwA to integrate the SDA in the Helping Babies Survive (HBS) and Helping Mothers Survive (HMS) training. It will be provided by EMwA in collaboration with the International Confederation of Midwives (ICM) in four regions of the country over the next two years. In line with this, there is a continuous dialogue between Maternity Foundation's HQ, Laerdal Global Health and ICM about piloting integration of the App into the training packages.

Simulation-based mentorship

A model of simulation-based mentorship has been developed in collaboration between the team in Addis Ababa and the Clinical Team in Copenhagen. This training is simulating different emergency situations that can be found in the SDA, enabling participants to practice these situations using simulation dolls and other equipment. This has been tested in one health centre in Ethiopia. This approach is different from the routine mentorship, and it is an essential tool to address gaps in knowledge and skills of the mentees when providing Basic Emergency Obstetric and Newborn Care (BEmONC) services. Training and orientation in simulation-based mentorship and its tools is provided by the Hub team to Maternity Foundation's Gambella and Gimbie teams as well as to health workers in the Somali region.

The simulation training was refined and finalized in a three-day workshop at a midwifery teaching institution by the clinical team from HQ and in Ethiopia.

Catchment-based mentorship

The Federal Ministry of Health (FMOH) recently launched a new approach to mentorship called catchment-based mentorship, whereby a referral or district hospital is required to coach, communicate and create networks with its catchment health centres. Each health centre has its catchment referral or district hospital, where they send referrals for higher level of treatment or health care.

After the catchment-based mentorship approach was introduced by FMOH at national level, partners are requested to support in their intervention areas. In 2018, Maternity Foundation made an agreement with UNFPA to contribute to the sexual and reproductive health needs of the Somali region through capacity building and simulation-based mentorship. Maternity Foundation and UNFPA agreed to strengthen the catchment-based mentorship program with the SDA and UNFPA's tool the Portal Mobile Learning System. Three hospitals in the Somali region have thus been addressed with catchment and simulation-based mentorship.

3.2.2 Pre-service

One of the main interventions in 2018 was the integration of the Safe Delivery App (SDA) in pre-service, namely midwifery teaching institutions. The SDA is integrated in the midwifery training curriculum for midwife students to contribute to improvement of their current curriculum.

Maternity Foundation conducted the first workshop in July 2018, where representatives from 17 teaching institutions were invited (33 instructors in total) contribute to the process of best integrating the SDA into courses and modules at midwifery teaching institutions. Three teaching institutions were selected for a pilot phase to integrate the SDA in day-to-day teaching and learning. Following this, a two-day workshop was conducted at each of

the three training institutions to introduce the SDA to instructors and students and to develop a framework for integrating the SDA into the existing curriculum. The three institutions will be followed up with in 2019 and an additional six institutions will be selected for the same purpose.

So far, there has been positive feedback and great motivation by the institutions to take part in this process.



Midwifery students at Nekempt University using The Safe Delivery App as part of their training.

3.3 New language versions of the Safe Delivery App

In 2018, the Hub office in collaboration with the Headquarter (HQ) team finalized three new versions of the Safe Delivery App (SDA) in addition to the Ethiopian-English version: Somali, Amharic and Oromifa.

The Somali version has been launched and is now being used in the Somali region of Ethiopia. The Amharic version and the modified version of the Oromifa have been finalized and are in the pipeline to be launched. The new language versions contain a new module on Low Birth Weight, an updated version of My Learning as well as a module on Female Genital Mutilation (FGM).

3.4 The Safe Delivery App - Impact

In Ethiopia, the number of users of the Safe Delivery App (SDA) is increasing. The primary users are healthcare professionals and midwifery students. Due to the SDA's recent

integration into the national Basic Emergency Obstetric and Newborn Care (BEmONC) training curriculum, all mid-level health workers going through the national BEmONC training will be introduced to and use the SDA.

The number of recorded downloads of the SDA is very low in comparison to the number of users in Ethiopia, which is due to the lack of available internet connection. Therefore, most of the midwives received the SDA via an APK link, which is the package file format used in Android for distribution or installation of mobile apps. This allows the SDA to be shared without internet connection. A limitation to this is that the distributed APK files cannot be captured in Maternity Foundation's online data monitoring system. However, we are working with Google and our IT-developers to hopefully find a solution to improve online monitoring and documentation of App usage in Ethiopia.

Nevertheless, it is estimated that approximately 5,000 – 6,500 health professionals are using the SDA in Ethiopia. These include all partners providing national BEmONC trainings, midwives and students who are introduced to the SDA through workshops and mentorship trainings, and those who are using the SDA as a job aid.

4. REGIONAL MATERNAL AND NEWBORN HEALTH PROJECTS

4.1. Enhancing Maternal and Newborn Health project in West Wollega

The Enhancing Maternal and Newborn Health (EMNH) project in West Wollega is working with an integrated project model focusing on a variety of clinical and community activities to both strengthen the quality of the health system and empower the population to seek care. Our project strategy in West Wollega builds on the Three Delays Model by Thaddeus and Maine. As the model describes, the *1st delay is in seeking care* and happens at the household/family level, the *2nd delay is in accessing care*, which happens at the referral level, and the *3rd delay is in receiving care*, which happens at health facility level. The program aim is thus to contribute to all three levels of delay by strengthening both clinical and community capacity concerning reproductive, maternal and newborn health. The project is implemented by Maternity Foundation's team in Gimbie, who is essential in rolling out the program and conducting the community and clinical activities.



Young people at a local school in West Wollega receive training on reproductive health by Maternity Foundation staff.

Activities and Achievements 2018

Community component:

Objective 1: Demand creation

In 2018, several community activities such as training influential community change agents (CCA), training community conversation (CC) facilitators, radio-based broadcasting and enrolling more women into the LUCY SMS system were carried out.

Community Change Agents

The Community Change Agents (CCA) play a strong role in the Maternal and Newborn Health project in West Wollega, being influential people from the local community, who become role models and disseminate information at grassroots level about maternal and newborn health (MNH). This information includes awareness on danger signs, nutrition, facility delivery and Sexual and Reproductive Health. Using CCA is a sustainable strategy, since they will remain in their respective communities after the project period has ended. Their work has shown a dramatic change in their community in avoiding old mal-practices.

In 2018;

- ➔ 2170 CCAs were trained, which is 114% of the planned number for this year.
- ➔ A total of 6430 CCAs have been trained through the project so far.

- ➔ In addition, 4382 leaflets related to Maternal and Newborn Health (MNH) have been distributed to participants in 2018. The themes included danger signs, pregnancy, nutrition, breastfeeding, family planning among others.

Community Conversation Sessions and facilitators

Community Conversations aim at providing community health education to increase the use of health facilities and create awareness on MNH, where villages with low utilisation of health services are chosen. Community Conversation facilitators are trained for this purpose, to facilitate dialogue related to maternal and newborn health issues at meetings twice a month.

In 2018,

- ➔ 60 community conversation facilitators were trained to conduct community conversation sessions.
- ➔ 2373 people have been reached with community conversation sessions in the project period.
- ➔ The sessions planned to take place in 2018 were however postponed due to instability in the activity areas.

Radio broadcasts

Radio broadcasts are similarly aiming at providing community health education through weekly radio broadcasts concerning Maternal and Newborn Health.

In 2018,

- ➔ 13 radio broadcasts were sent out.

LUCY

LUCY SMS package is an SMS system for pregnant women and new mothers, who wish to receive information during their pregnancy and during the first year of their baby's life. LUCY provides information on danger signs, the baby's development, baby care, harmful practices and other themes.

In 2018,

- ➔ 806 women have been enrolled in the LUCY SMS package
- ➔ 399 health workers were trained to roll out LUCY



VSLA groups for vulnerable women

Village Savings and Loan Association (VSLA) groups for vulnerable women intend to encourage participants to start initial savings at local financial institutions and integrate community health education.

In 2018,

- ➔ 98 VSLA groups were established
- ➔ 490 women were organised and trained in MNH through these groups.

Sexual and Reproductive Health School Clubs

Lastly, as part of the community component in West Wollega, Maternity Foundation is establishing Sexual and Reproductive Health school clubs, which are intended for the youth to receive health education, especially related to sexual and reproductive health.

In 2018,

- ➔ 96 peer educators have been trained to facilitate at the currently 43 established youth clubs. The training consists of topics such as: participatory methods, reproductive anatomy, gender and sex, adolescent sexuality, life skills, sexually transmitted infections, contraceptive methods and peer counselling services among others. 6 teachers took part in the training.
- ➔ Due to security issues, a planned training for 120 educators was postponed, but following the roll out, the team provided a one-day workshop instead for 46 representatives. The overall peer educator training is postponed to 2019.

Clinical component:

Objective 2: Quality of Care

Quality improvement package to 28 health centres and catchments

The goal of Basic Emergency Obstetric and Newborn Care (BEmONC) training is to assist health workers in improving their quality of care in practice. To ensure that health workers translate the knowledge and skills gained from their training into practice, the BEmONC training is followed up by onsite mentorship and technical support at the health facilities (HFs).

Simulation-based onsite mentorship has recently been adapted by Maternity Foundation's office in Gimbie, West Wollega. The support is conducted in three phases, whereof two of them have taken place in 2018. As a final activity, an action plan was developed based on gaps identified during the mentorship.

In 2018,

- ➔ 18 health centres and 42 midwives were reached with onsite mentorship in phase 1
- ➔ 7 health centres and 17 midwives were reached with onsite mentorship in phase 2
- ➔ 55 nurse supervisors were trained. The provision of supervisory skills training for health professionals plays a key role in improving quality of care.
- ➔ 28 health centres were supplied with essential drugs and supplies. Provision of capacity building training alone is not sufficient to provide quality care, and Maternity Foundation thus provides essential drugs and supplies based on assessments.

Infection Prevention and Patient Safety (IPPS) transformation model

A safe environment at the health facilities is paramount to obtain safe delivery services. Poor infection prevention and hygiene standards in many of the health facilities pose a risk to the patients, especially delivering mothers and newborns, who are vulnerable to infections. So far, Infection Prevention and Patient Safety (IPPS) training has been provided for the targeted health centres. According to the assessment result in a follow-up, there are improvements with IPPS, as the facilities performance has increased from 17.5% at baseline to 58.25% after IPPS trainings have been conducted.

In 2018,

- ➔ 3 health centres were trained and enrolled in the IPPS model
- ➔ 87 health staff were trained for the IPPS model
- ➔ 4 follow-ups conducted on action plans - 1st phase

Strengthening referral links

Reaching the health facilities is a common problem in the remote areas, due to long distances and poor referral systems. These are some of the barriers resulting in women not attending health facilities during childbirth. It has thus been planned to construct four maternity waiting homes during the project period. A maternity waiting home is a basic housing opportunity for near term pregnant women, located close to health facilities to ensure access to skilled birth attendants and emergency care services for pregnant women - especially those coming from remote areas or with identified high-risk pregnancies.

In 2018,

- ➔ 2 maternity waiting homes were constructed for health centres

Objective 4: BEmONC training

BEmONC trainings and capacity building of Gimbie Government Hospital

Provision of post Basic Emergency Obstetric and Newborn Care (BEmONC) onsite mentorship and support plays a key role in improving the quality of care in regard to Maternal and Newborn Health. Post BEmONC onsite mentorship and support is one of the capacity building activities for health professionals with the use of standardized and comprehensive mentorship tools.

In 2018,

- ➔ 30 midwives were followed up with post BEmONC onsite mentoring
- ➔ 13 health centres were reached with post BEmONC onsite mentoring

Challenges

The most essential challenge in 2018 has been the lack of peace and security, since the country has been in a state of emergency - and the West Wollega region has been further challenged by insecurity. This has unfortunately resulted in under-accomplishment of some activities both related to clinical and community components. Despite the situation, the team on the ground has managed to fulfil several of the planned activities, and the remaining activities have been postponed to 2019.

Challenges related to the *community component* have been;

- Most pregnant women do not have their own phones to receive LUCY messages and thus rely on phones of relatives/partners
- The mobile network is poor causing problems with connectivity, and lack of electricity/power to charge phones has been an issue.

For the *clinical component* the challenges have been related to;

- Reporting from Health Extension workers (HEWs) to Maternity Foundation. Some of the district focal persons and HEW consider the Maternity Foundation activities as a burden
- The referral linkages between hospitals and health centres remain poor
- Difficulties in getting all the midwives to the health facilities, since there are only few which are then very busy and difficult to occupy for exercises
- A problem of dependence on partners from facilities to fulfil gaps of infrastructure, supply and equipment, which is related to the lack of supply of essential drugs in the facilities
- Poor quality of smartphones, causing battery problems and system failure
- Loss of phones provided by the project.



Maternity Foundation's Heaven Workneh conducts training of trainers in Addis Ababa in March 2018. The training is based on the updated national curricula for midwives, which includes The Safe Delivery App.

4.2. Emergency Maternal and Newborn Health and WASH project in Gambella Region

In the Gambella region in Western Ethiopia, seven refugee camps are hosting about 450,000 refugees from neighbouring South Sudan. Since August 2017, Maternity Foundation has worked in collaboration with PlanBørnefonden on the project Emergency Maternal and Child Health and WASH Response for South Sudanese refugees funded by the Danish Emergency Relief Fund (DERF) and the Novo Nordisk Foundation. Initially, the project was set to finish in 2018, but due to an additional grant from Novo Nordisk Foundation, the project is extended until April 2019. The project aims to increase and improve access to maternal and newborn care and improve sanitation for refugees living in Gambella and has had its core activities around community participation and clinical capacity building.

The key programs and activities include:

- ➔ Training midwives in the camp clinics in Basic Emergency Obstetric and Neonatal Care (BEmONC) with the Safe Delivery App (SDA).
- ➔ Supporting clinics and mothers by donating medical equipment, hygiene kits and other materials.

- ➔ Constructing latrines and shower areas and raising awareness on hygiene and family planning.

Main achievements of the project:

- ➔ A total of 57 health workers were provided with an intensive 3-week SDA integrated BEmONC training. Midwives and other health workers are using the knowledge and skills they received from this training to provide services to the refugees.
- ➔ A two-week mentorship program was provided in all health centres. The mentorship was provided to the health workers who participated in the SDA Integrated BEmONC training.
- ➔ Different Non-Food Items (NFIs) including jerrycans, washing basins, and dignity kits were provided to beneficiaries. A total of 11,078 jerrycans and 2056 washing basins were distributed to pregnant and lactating women. A total of 2056 family planning users and immediate postnatal women were given a package of hygiene products, which further contributed to improved uptake of ANC.
- ➔ Different medical equipment and supplies were provided to the health centres in the camps as well as those serving the host community and 26 delivery coaches were distributed to host community health facilities.
- ➔ Three-days training was provided to community health workers (CHW) and traditional birth attendants (TBA) on WASH (Water, Sanitation and Hygiene), health and nutrition. The CHWs were trained to educate the community on maternal health and the importance of ANC and institutional delivery. TBAs and cleaners at the health centers were trained in infection prevention and patient safety. TBAs work as translators and encourage pregnant and laboring women to come to the health center to give birth.
- ➔ WASH (Water, Sanitation and Hygiene), latrine construction and hygiene promotion, was an additional program component. In WASH, 630 household latrines were constructed. 25 Community Health Workers were trained on hygiene promotion including aspects related to latrine management and hand washing. Latrine construction and hygiene activities have resulted in improved hygiene in the camps. According to a survey conducted in Nguenyiel camp in April 2018, the intervention resulted in 38% of the population using the shared household latrine, 48% of them using the emergency latrines and only 18% of the population defecating in the field.

As part of the continuation of the project in collaboration with PlanBørnefonden, a Novo Nordisk Foundation grant was obtained in 2018, resulting in additional capacity building trainings on simulation-based mentorship, infection prevention and patient safety. As part of WASH, a total of 120 Urine Diversion Dry Toilets (UDDTs) have been constructed and it is planned to include 10 UDDTs specifically for people with disabilities. This extension of the project will run until April 2019.



Two community outreach agents in Nguenyyiel Refugee Camp employed by Maternity Foundation. The woman on her right named her youngest baby Maternity – one of several Maternity babies in the camp.

From the above activities, it was found that;

- Using innovative solutions like the SDA is essential to enhance quality of maternal health services and reduce unnecessary referrals. It further shows that the need for refresher trainings is reduced due to continuous learning provided by the SDA. It has allowed midwives to develop new skills and self-confidence when managing obstetric complications.
- Using community structures to enhance awareness raising and advocate for using maternal health services has contributed to increased acceptability of the services and helped sustain the project.
- The focus on capacitating health workers and community members has enabled those trained to utilize their knowledge and skills in this setting and in the future.

Challenges

Some of the key challenges related to the Gambella project have been:

- In some health facilities, there is a lack of equipment and medicine and the facilities are very basic, thus making it hard for the staff to follow some of the instructions and guidelines from the SDA and BEmONC trainings
- There is a high turnover of staff in the health facilities and therefore, new staff may not receive the training
- Some health facilities were given a tablet with the SDA on them, however, it is shared among the midwives, so a midwife only has access to it for an average of two days a week.

Maternity Foundation's work in Gambella is our first engagement in a humanitarian setting and has proved to be an area to maintain as a priority going forward.

4.3. Maternal and Newborn Health project in Somali Region

The Somali region in Ethiopia has a higher maternal and newborn mortality ratio than the national average. The main causes include poverty, early and frequent child bearing, gender inequality and a high prevalence of deliveries happening without skilled birth attendance. In partnership with the Federal and Regional Ministry of Health and UNFPA, Maternity Foundation is implementing a variety of capacity strengthening activities for midwives and health workers in the Somali Region.



Midwife mentors from Degeh Bur hospital in the Somali region. They visit 6 health facilities every week to do mentorship.

Main achievements in 2018:

- ➔ In collaboration with UNFPA and Ethiopian Somali Regional Health Bureau, Maternity Foundation delivered Basic Emergency Obstetric and Newborn Care (BEmONC) trainings with the new Safe Delivery App (SDA) integrated curriculum to 17 participants from different zones for two weeks
- ➔ In addition, Maternity Foundation has conducted simulation-based mentorship trainings at health facilities in the Somali region integrating the SDA as a job aid.
- ➔ The SDA was translated to Somali language in 2018, which played an essential role in enhancing adherence to guidelines by being secure in the language due to the low level of English spoken in the region.
- ➔ Maternity Foundation has reached three hospitals and 18 health centres with the mentorship program and rolled out the Somali version of the SDA to all mid-level health workers in the targeted health facilities.
- ➔ In October 2018, 160 midwives were reached and equipped with the Somali version of the SDA. The trainings were followed by catchment-based simulation mentorship and coaching, which are conducted in three big referral hospitals and 18 health centres.

The project with UNFPA will continue in 2019, mainly focusing on two zones in the Somali region. Maternity Foundation in Ethiopia will work in collaboration with the HQ team and UNFPA for best practice documentation and measuring outcome of the catchment-based mentorship.

As part of Maternity Foundation's implementation in pre-service, the SDA will also be integrated in teaching institutions in two universities in the Somali region in 2019, with more than 200 midwives and students who correspondingly will be introduced to the SDA.

Challenges

Challenges include lack of equipment such as dolls for simulation-based mentorship and medical equipment. These aspects have been discussed with UNFPA and the hospitals to make sure dolls are provided and that the hospitals' supply chains are functional.

4.4. Emergency Maternal and Child Nutrition for internally displaced people in Oromiya, Anfilo

Maternity Foundation's project in Anfilo Woreda, Oromia Region in collaboration with PlanBørnefonden is focused on nutrition for children below five and pregnant and lactating women. The project aimed to respond to severe droughts affecting the area. The project has now successfully ended.

Main achievements of the Anfilo project:

- ➔ Distribution of food packages were supported by Maternity Foundation in terms of distributing them to a total of 1,162 children and 1,828 pregnant and lactating women, who were identified to have Moderate Acute Malnutrition (MAM).
- ➔ Training of staff at 5 health centres was a part of the capacity building interventions to equip health workers with the necessary knowledge and skills to manage malnutrition cases.
- ➔ 51 health workers were trained on Infant and Young Children Feeding in Emergency (IYCF-E). The training helped HEW in promoting better nutrition in the communities to influence behavioural change at community level.
- ➔ Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Training was provided for 14 health workers and one nutrition expert from five health centers and the district health office.
- ➔ Treatment of SAM affected children: With support from the project, four nutrition stabilization centres were established with support from Maternity Foundation, where a total of 244 children under five were identified as having complicated SAM and were treated at the health centres.

Due to the above achievements, cases of moderate and severe uncomplicated malnutrition are now managed by the HEWs at the health post level, and malnutrition cases referrals to hospitals have been reduced. The trainings have helped health workers in diagnosis and management of major under-five illnesses, including malnutrition, and contributed to the assessment and treatment of under-five children at the health centers.

The integrated approach of the emergency nutrition support and livelihood support not only improved the identification and management of the current malnutrition among children, but also has a potential to ensure food security among the IDPs and prevention of malnutrition in the future.

6. CASE STUDY

As Maternity Foundation's work is expanding to more countries, it is paramount that the organisation learns from experiences in Ethiopia and apply them to other country- and project cases. The need to create a case study thus became apparent.

From October - December 2018, members from Maternity Foundation HQ visited Ethiopia to conduct a Country Case Study to document and learn from the implementation journey of the Safe Delivery App (SDA); specifically, how it was scaled up from activities in one district in Western Ethiopia to being integrated into the national curriculum. A comprehensive desk-based study at the HQ level was conducted prior to the field visit to find existing documentation of the successes and challenges of the implementation process and projects.

To capture the implementation process, it was important to include all relevant stakeholders involved as well as the midwives and the target users of the SDA, who have been trained by Maternity Foundation and use the SDA in their work. A multi-level approach was adopted to understand the users' perceptions of the Basic Emergency Obstetric and Newborn Care (BEmONC) training and the SDA, as well as to learn about the journey. In doing so, Key Informant Interviews (KII) were conducted with stakeholders, interviews and Focus Group Discussions (FGDs) were conducted with midwives, and observations were carried out in various facilities.

Maternity Foundation's work in Ethiopia is far-reaching, both geographically and contextually, and therefore, the field sites were straight-forward to select. Five sites were selected; Addis Ababa to understand about the national integration of BEmONC training and mentorship, Gambella Refugee Camps to learn about the Safe Delivery App in humanitarian settings, Somali Region to learn about catchment-based mentorship in longer-term development areas, Arba Minch to begin integration into pre-service, and Gimbie to understand where everything began and the wider Safe Delivery Program. Unfortunately, during the time the case study was conducted, West Wollega In which our Gimbie activities are located was unstable, which limited the possibilities of collecting much evidence from Gimbie. There is extensive cross-over with the implementation models in each location, so by understanding the roll-out of models in different contexts, Maternity Foundation can learn from these experiences and develop their models and strategies for further roll-out.

The full case study will be produced in 2019, however, some preliminary key findings from the case study are:

- ➔ Maternity Foundation is considered by the Federal Ministry of Health as the strongest partner working to improve maternal health in Ethiopia

- ➔ Change in quality of care is difficult to monitor, however there have been improvements in trainer and trainee satisfaction since Maternity Foundation's training begun
- ➔ Pre-service is considered the most critical training period - Maternity Foundation is piloting pre-service integration now and will document the findings
- ➔ For the SDA to truly have a positive effect, an enabling environment is needed. Evidence suggests the SDA and the associated training programs improve knowledge and confidence, however, if the facilities lack equipment and medicines, the knowledge gained by the skilled birth attendants cannot always be transferred to the patients. Therefore, in some settings, it is important to consider partnering with organisations who can support that aspect
- ➔ Maternity Foundation need to consider ownership of the SDA once at an integrated level. There is a concern amongst partners around how changes to the SDA and the data collected will be managed if Maternity Foundation were to leave Ethiopia now that national BeMONC training is fully integrated with the SDA
- ➔ There is a need to strengthen the knowledge transfer with stakeholders and partners. Communication between Maternity Foundation and partners is regarded highly, however, it is also noted that partners would like to learn about best practices and lessons learnt from Ethiopia and other countries
- ➔ The mentorship programme in Somali Region has led to perceived improvements in managing complications
- ➔ Stakeholders working in partnership with Maternity Foundation in the refugee camps of Gambella perceive that the roll-out has led to the greater capacity of the skilled birth attendants in the camps' health facilities
- ➔ Mentorship programmes are favoured by skilled birth attendants as they believe refresher training is essential to remind them of procedures and keep up with ever-changing science.



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