



maternity foundation Ethiopia

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1.0 Highlights 2019: No Woman Should Die Giving Life

Maternity Foundation's vision is that *"No Woman Should Die Giving Life"*, and we focus our work on preventing mothers and newborns from dying or suffering disability from pregnancy or childbirth related causes. Our work is concentrated on strengthening the health care system through continuous support to and training of health workers and on mobilizing the local community by providing awareness on the importance of giving birth with the help of a skilled birth attendant.

Reducing maternal and newborn mortality and morbidity has been at the core of Maternity Foundation's work in the 15 years we have been operating in Ethiopia. We started in 2005 with a smaller program in Gimbie in western Ethiopia. Today we have a full country program with a central office in Addis Ababa, a branch office in Gimbie, as well as project staff in the regions of operation.

Due to our many years of experience working in the country, and our documented effect, we have become a key player within maternal and newborn health nationally and an official partner to the Federal Ministry of Health. We are thus both operating as implementing partner on the ground as well as a technical partner to the ministry of health.

The usage of our digital training and learning tool for skilled birth attendants, the Safe Delivery App, is a central pillar in much of our work, and experiences from rolling out the App in Ethiopia informs our work with scaling the App globally. The number of users of the Safe Delivery App in Ethiopia is currently estimated to be around 10,000¹ and is continuously increasing. This is especially due to the integration of the App into national training and mentorship programs and piloting it in the educational curricula for midwives. The vast majority of App users are health workers and midwifery students, and from our monitoring dashboard we can see that 81% are engaged users², which means that Ethiopia is one of the countries where the App has the highest level of engaged users.

Highlights from 2019

- ➔ In the Somali Region in eastern Ethiopia we have been implementing two inter-linked projects. The first as an implementing partner under UNFPA with focus on strengthening sexual and reproductive health services at 8 health facilities in two zones. Key activities include training and onsite mentoring of midwives with integrated support from the Safe Delivery App.
- ➔ The second project in Somali Region is a humanitarian emergency response aiming to strengthen access to critical health services for the increasing population of internally displaced people in the region due to inter-ethnic conflict. Key interventions include strengthening critical health services such as management of malnutrition at the 8 health facilities.

¹ Due to poor connectivity, not all users are monitored in our online dashboard. The numbers of users in Ethiopia is thereby an estimate, which we are working to refine.

² This means that the users are not only downloading the App and skim-reading the front page, but that they are actively using the different features of the App.

- ➔ In the Oromiya Region in western Ethiopia we implemented the last year of a 4-year integrated maternal and newborn health project that targets 9 districts with a population of 700,000 people. Activities seek to both strengthen the quality of care at health facility level as well as on educate and mobilize the local community to seek care.
- ➔ In the Gambella region, we successfully implemented the last activities of an emergency response project in partnership with PlanBørnefonden. The project targeted seven refugee camps hosting more than 400,000 refugees from South Sudan. The intervention consisted of training all skilled birth attendants from clinics across the seven camps in emergency obstetric care supported by our Safe Delivery App as well as on improving community awareness, healthy behaviors and sanitation.
- ➔ As a member of the technical working group on maternal and newborn health led by the Federal Ministry of Health, Maternity Foundation contributed to the development of new and updated guidelines for the national on-site mentoring of midwives/skilled birth attendants. This included integrating the Safe Delivery App into the mentoring program. The onsite mentoring program is a pillar in Ethiopia's efforts to strengthen the capacity of frontline midwives and skilled birth attendants to improve quality of care and reduce maternal and newborn mortality and morbidity.
- ➔ Maternity Foundation was delegated by the Federal Ministry of Health to provide Training of Trainers (ToT) to educate national mentors to roll out the new national mentorship program.
- ➔ In collaboration with selected pre-service training institutions and colleges, we reviewed the national midwifery education curricula in 2018 and suggested how to integrate the Safe Delivery App. During 2019, this is being piloted at five colleges, and a study protocol for assessing impact has been developed. The results will be ready in 2020, but due to preliminary positive qualitative results, we have already begun discussions with the Ministry of Education on scaling the concept countrywide.
- ➔ The Ethiopian version of the Safe Delivery App has been updated and is now available in four language versions; English, Amharic, Oromifa, and Somali.
- ➔ Maternity Foundation participated in conferences and technical working groups in Ethiopia and Rwanda advocating for women's and children's health.

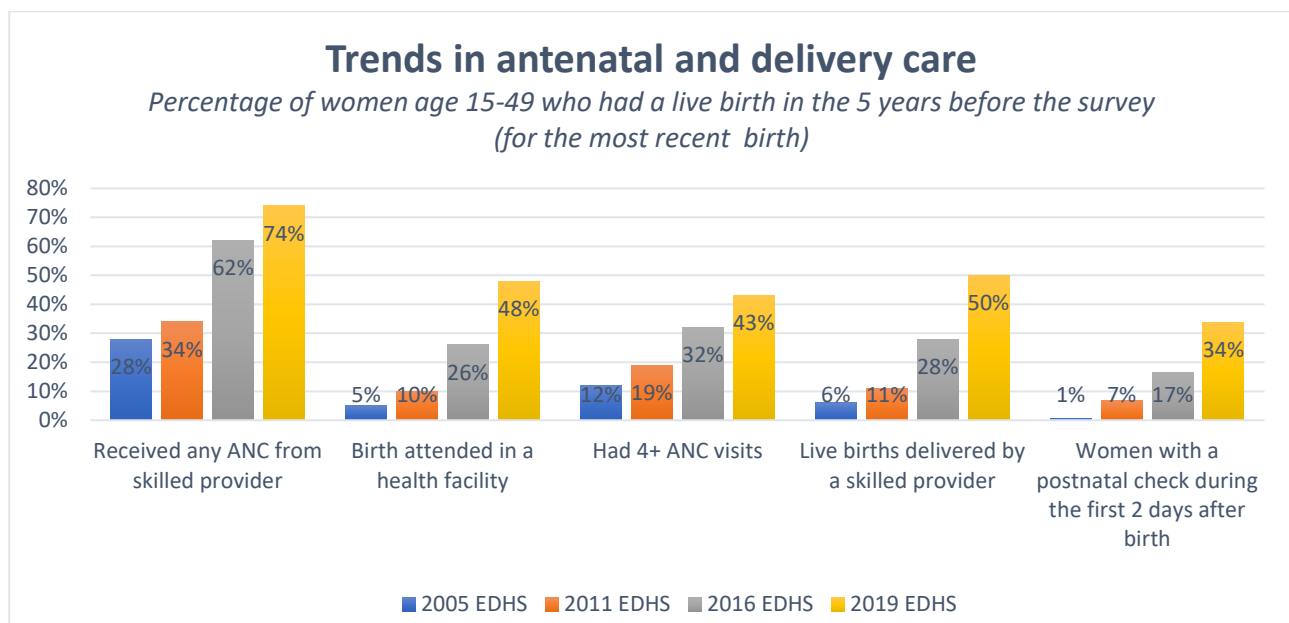


Midwives from Awbere Health Center in Somali Region, who have become Safe Delivery Champions through the My Learning module in the Safe Delivery App.

Photo: Mulugeta Avene

2.0 Maternal and Newborn health indicators in Ethiopia

During the past 15 years we have seen improvement in many key indicators related to maternal and newborn health in Ethiopia. This is depicted on the below graph that shows positive improvements over time on the percentage of pregnant women receiving antenatal and post-natal care (ANC & PNC) from a skilled provider as well as on the number of births attended in a health facility, and the number of live births delivered by a skilled provider. For instance, the percentage of births attended in a health facility has increased from 5% in 2005 to 48% in 2019 and live births delivered by a skilled provider has increased from 6% in 2005 to 50% in 2019.

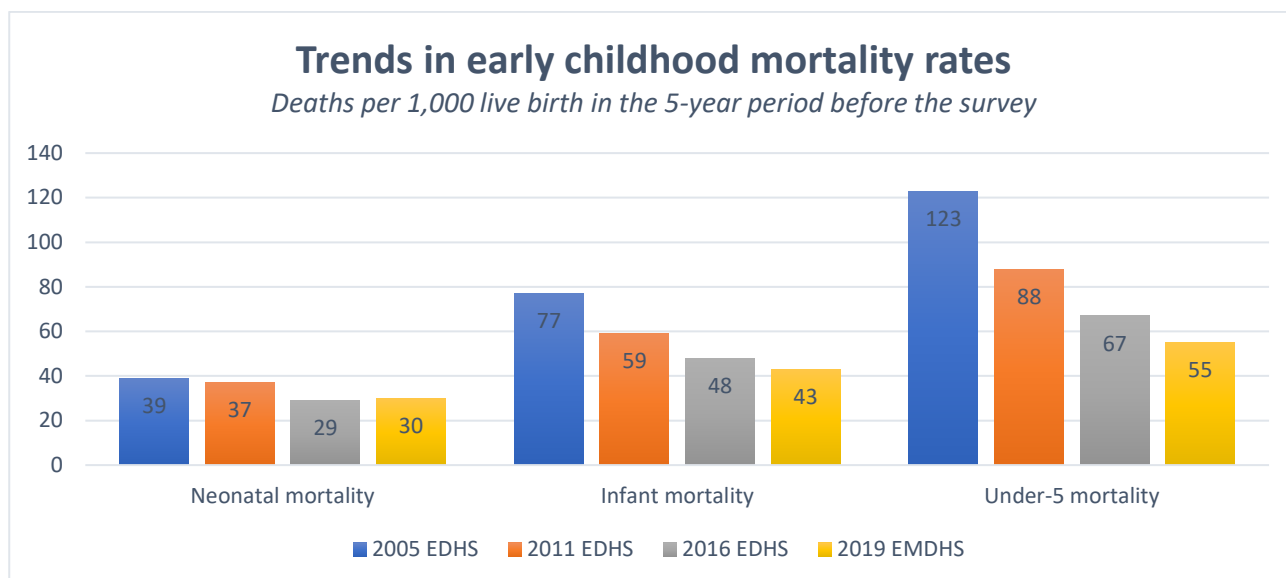


Source: Ethiopia Demographic Health Survey 2005-2016 and the Mini Ethiopian Demographic Health Survey 2019.

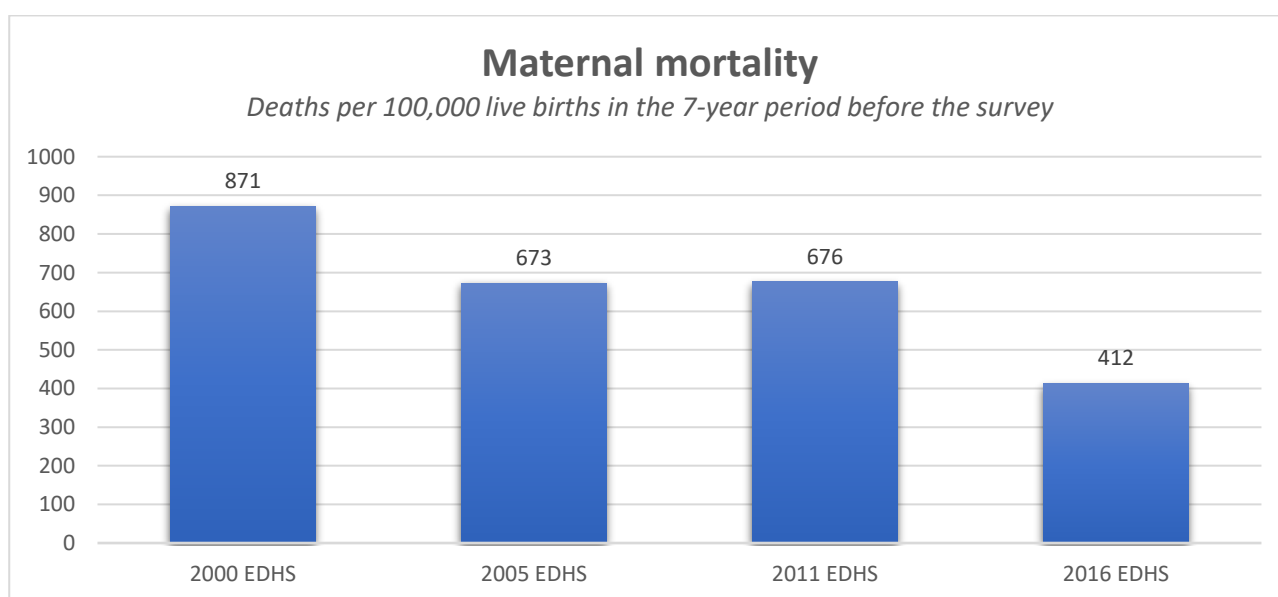
When we look at the development in mortality rates, as depicted in the tables below, we also see a positive trend. The overall mortality rate for children under five has dropped with 55% from 123 to 55 per 1,000, with infant mortality dropping with 44% from 77 to 43. However, the neonatal mortality rate has been less progressive decreasing with only 23% from 39 to 30 per 1,000 live births.

The maternal mortality rate has decreased with 52% from 871 deaths per 100,000 live births in 2000 to 412 in 2016. These are positive trends, but in order to achieve the global Sustainable Development Goals in 2030 (SDGs)³, progress on maternal and neonatal mortality rates needs sustained and accelerated effort.

³ SDG targets are 70/100,000 live births for maternal mortality, 12/1,000 live births for neonatal mortality, and 25/1,000 live births for under-five mortality <https://www.un.org/development/desa/disabilities/envision2030-goal3.html>



Source: Ethiopia Demographic Health Survey 2005-2016 and the Mini Ethiopian Demographic Health Survey 2019.



Source: Ethiopia Demographic Health Survey 2000-2016.

Based on these developments, the World Health Organization (WHO) stated in 2016 that there was a need to shift attention from primarily focusing on securing access to care to increasing the focus on improving the quality of care at the health facilities as poor quality of care now exceeded lack of access to care in causing morbidity and mortality for mothers and newborns (WHO, 2016: *“Standards for improving quality of maternal and newborn care in health facilities”*). This is also true in Ethiopia, where the positive increases in the numbers related to accessing care need to be followed up by an increased focus on securing the quality of care in the health sector. Improvement in maternal and newborn survival is intrinsically dependent on improved quality of care during delivery, as the major complications leading to both maternal and neonatal mortality happens at the time around birth

3.0 Maternity Foundation: annual activity report 2019

Maternity Foundation in Ethiopia works both as a technical partner to the Ministry of Health at federal level as well as an implementing partner of regional projects on the ground. Our technical role consists of participating in technical working groups and activities at national level led by the Federal Ministry of Health and in collaboration with other partners such as the Ethiopian Midwives Association (EMWA) and other national and international organizations. The technical working groups assist with updating and developing training curricula, guidelines and the like. Through participating in these working groups, Maternity Foundation has been advocating the scaling of the Safe Delivery App into national training programs and guidelines.

Our technical advisory role is informed by our implementing role at regional level. Over the years, our implementation of maternal and newborn health activities in Ethiopia has provided us with important hands-on experience and understanding of the context we operate in. Insights and learnings, which we adjust according to when replicating and scaling nationally in Ethiopia and globally. Thus, our implementing role in Ethiopia is fundamental for both our national and international work, providing us with the necessary knowledge and experience, and thereby legitimacy, to provide technical advice to partners about using and scaling the Safe Delivery App in maternal and newborn health programs around the world⁴.

Below we provide a report about Maternity Foundations work in Ethiopia in 2019 both in our technical advisory and our implementing roles.

National level achievement

Nationally, our work consists of continuing the scale-up of the Safe Delivery App into national training and educational programs in collaboration with the Federal Ministry of Health and partners. Below is an overview of 2019 activities and achievements at national level.

3.1 Integration of the Safe Delivery App into the national onsite mentoring program

In 2018, Maternity Foundation developed a package of Safe Delivery App supported simulation trainings for midwives. The simulation trainings use case scenarios, dolls, and equipment to simulate different emergency situations during childbirth. This enables midwives to practice how to manage emergency situations in their own health facility and as close to real emergency scenarios as possible. The Safe Delivery App is used as a supportive tool before, during and after the simulations. Practicing through simulation training addresses gaps in both knowledge and skills of the mentees and improves their confidence and competency to provide lifesaving care. We added the simulation trainings to the routine onsite mentoring based on national guidelines, which at the time did not entail competency-based trainings.

⁴ Currently, Maternity Foundation works with partners in 15 countries across Africa and Asia to roll-out the Safe delivery App⁴. The App is currently available in two global versions and nine country versions and has a total of 130,000 downloads worldwide.

Positive experiences with adding the simulation trainings and App to the onsite mentoring led to the Federal Ministry of Health engaging Maternity Foundation as a technical partner for the update of the national guidelines for onsite mentorship, which was done during 2018 and 2019.

The updated mentorship program is called Hospital Catchment-based Mentorship and uses a model in which mentors from hospitals provide onsite mentorship to midwives at their catchment health centers.

Maternity Foundation is the agency delegated by the Ministry of Health to provide the national level Training of Trainers (TOT) to educate new mentors who can cascade the program in all regions.

Maternity Foundation has also implemented this new model in our own projects at regional level in Oromia, Gambella and Somali regions, which will be described in more detail below.

Activities and achievements in 2019

- ➔ Maternity Foundation Ethiopia was part of the technical working group under the Federal Ministry of Health and contributed to develop the catchment-based mentorship guidelines and training materials, securing integration of the Safe Delivery App and simulation trainings in the new guidelines.
- ➔ Maternity Foundation was delegated by the Federal Ministry of Health to conduct the national level training of trainers. A total of 83 mentors from across the country were trained.

3.2 Piloting the Integration of the Safe Delivery App into pre-service education of midwives

When seeking to build solid quality of health care it is important to also intervene at the educational level to improve health workers' skills before they enter the health centers. In 2018, Maternity Foundation conducted an introductory workshop for 20 teaching institutions to discuss how to use the Safe Delivery App and the simulation drills as supportive tools for teachers and students in midwifery education. During the workshop, a participatory review of the national midwifery curriculum was done and suggestions for how to use the Safe Delivery App to support teachers and students were detailed out. Following the workshop, six out of the 20 educational institutions were engaged to pilot the suggested integration of the Safe Delivery App in their midwifery teaching institutions.

In 2019, introductory workshops were held at these six teaching institutions to educate and enable teachers to use the App-supported lesson plans and introduce the App to their students, and subsequently students started to receive lessons based on the App integrated curricula.

In order to measure impact of the pilot, a study protocol was developed and a five-day baseline study on the students' skills and knowledge level was conducted at two universities. An identical baseline study was conducted at a control university, where the App and the simulation drills were not integrated.

During 2020, the pilot and data collection will continue with a three-day follow-up at the selected universities and an end-evaluation of the students' skills and knowledge at the three research intervened universities.

Based on the expected successful results of the pilot project, we expect to scale to universities across Ethiopia. Initial dialogues with the Ethiopian education authorities have already been initiated.

Activities and achievements in 2019

- ➔ A three-day pre-service introductory training was conducted for 43 teachers from six universities.
- ➔ 544 midwifery students across the six universities were trained on emergency childbirth and newborn care with the help of the Safe Delivery App.
- ➔ A study protocol to measure impact has been developed.
- ➔ Baseline data has been collected at three universities (two intervention universities and one control university) amongst 125 students.

Regional projects

Regionally, our project portfolio in 2019 consisted of two projects in the Somali region, one project in the Gambella Region, one project in Oromia region, and one research project in Addis Ababa.

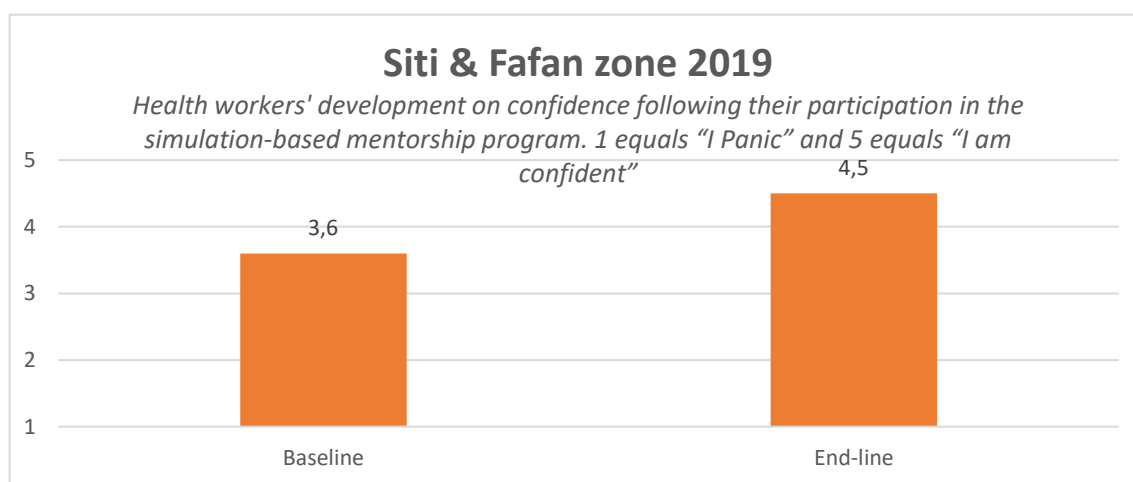
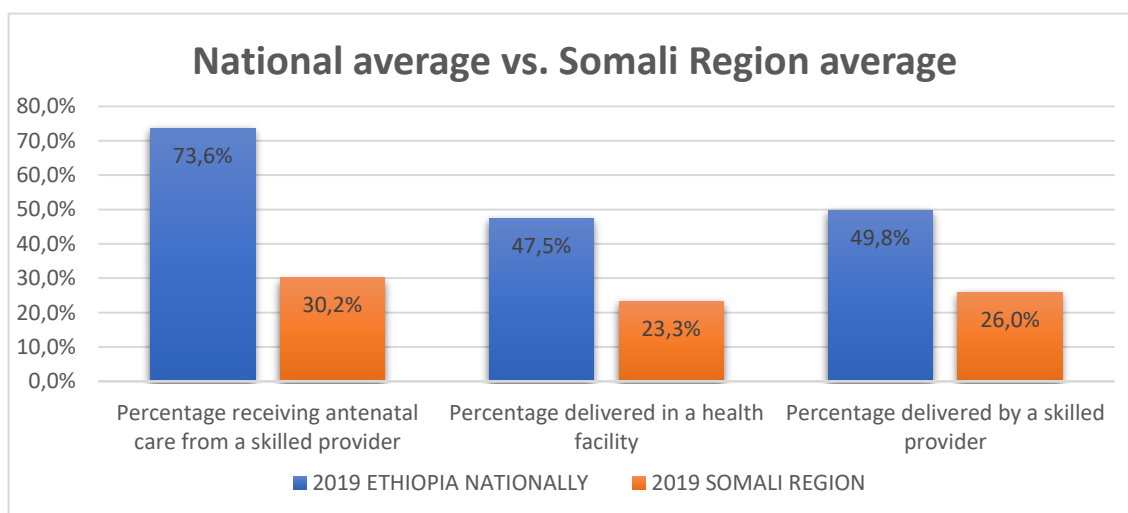
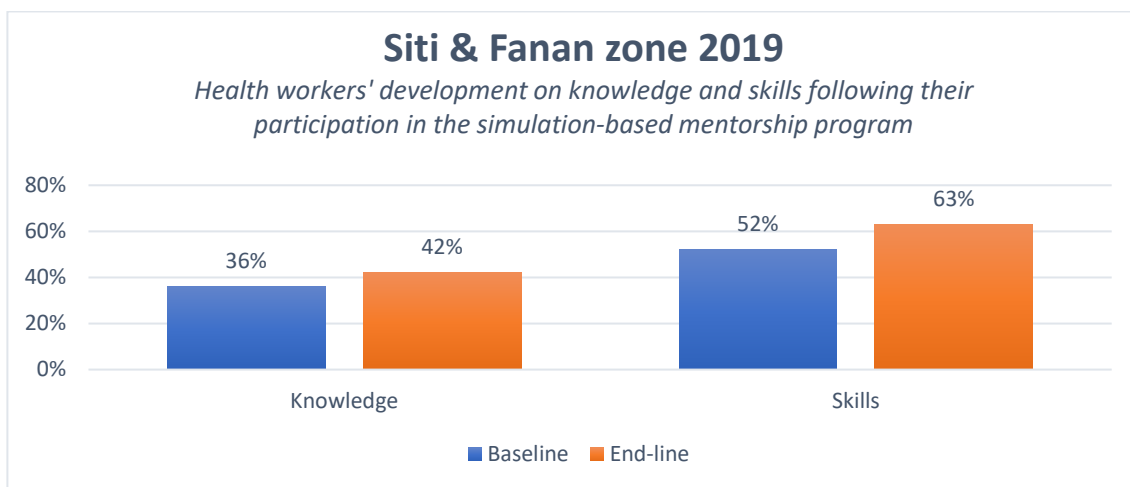
3.3 Towards universal access to sexual and reproductive health and rights services in Somali Region

The Somali Region in eastern Ethiopia lacks considerably behind the national average on most of the main maternal health indicators. From the below table it is shown that the national average of births delivered by a skilled provider is 49.8% where it in the Somali region is 26%. Similar differences between the national average and the Somali region is also found when looking into the percentage of women receiving antenatal care from a skilled provider and deliveries performed in a health facility. Interventions in the Somali region are thereby highly necessary.

As implementing partner under the United Nations Population Fund (UNFPA) in Ethiopia, we have since 2018 implemented a project named “Towards universal access to sexual and reproductive health and rights services in Somali Region”. It has its geographical focus on Fafan and Siti zones, and the main activities consist of trainings of health workers for improved reproductive, maternal and newborn healthcare including simulation-based mentorship and family planning trainings. The Safe Delivery App is an integrated part of the activities. The project also has a community component aiming to increase health awareness and drive demand for care and educating the local community on family planning such as the importance of using contraceptives. Family Planning is an important measure to intervene upon when seeking to decrease maternal and newborn mortality as reduced fertility and fewer pregnancies naturally will lead to fewer deaths.

In connection with the project, an impact study has been carried out. Ultimo 2019 we conducted the end-line study of the mentees’ development in knowledge, skills, and confidence following the finalization of the mentorship program for 2019. The results were very positive. We saw an increase in knowledge from 36% at baseline to 42% at end-line, and in skills from 52% at baseline to 63% at end-line. On confidence, we saw an increase from 3.6 at baseline to 4.5 at end-line (on a scale from 1-5, where 1 equals panic and 5 equals

confidence). We find it very promising to see such a perceptible improvement across knowledge, skills, and confidence for the health workers taking part in the program. Please see tables below.



Activities and achievements in 2019

- ➔ A total of 889 community members were reached with health education on maternal and child health, sexual and reproductive health and rights, family planning, and safe delivery.
- ➔ A town hall meeting for key stakeholders such as traditional birth attendants, health extension workers, midwives, health facility and government administrators, religious and village leaders, women leaders and elders was conducted for 160 participants from Fafan zone to discuss how to improve the utilization of the services provided in the health facilities.
- ➔ 16 health workers across Siti and Fafan zone have been provided with family planning trainings.
- ➔ 20 health workers across Siti and Fafan zone have been provided with trainings on pregnancy, childbirth and newborn care.
- ➔ 20 health workers across Siti and Fafan zone have been enrolled in the mentorship-program.
- ➔ One round of MISP training (Minimal Initial Service Package) for reproductive health in humanitarian settings has been conducted for 30 health professionals in Dawa Zone in Somali Region.

Implementing UNFPA project activities in additional regions

As part of the UNFPA project, Maternity Foundation also committed to provide trainings on pregnancy, childbirth and newborn care and PMTCT (Prevention of Mother to Child Transmission) training in Gambella region and MISP (Minimum Initial Service Package) trainings in Oromia region.

In 2019 we have therefore also undertaken the below activities:

- ➔ 20 health professionals inside the refugee camps and in the host communities in Gambella received training on pregnancy, childbirth and newborn care (Basic Emergency Obstetric and Newborn Care).
- ➔ 28 health professionals inside the refugee camps and in the host communities in Gambella received Prevention of Mother to Child Transmission of HIV (PMTCT) training.
- ➔ One round of MISP training (Minimal Initial Service Package for Reproductive Health in Humanitarian Settings) was provided for 29 health professionals in West Gujii Zone in Oromia region.

3.4 Pilot study: Using the Safe Delivery App to support the Helping Babies Survive and Helping Mothers Survive training program

One of the strategic focus areas of Maternity Foundation is to pilot the Safe Delivery App with Low Dose High Frequency (LDHF) trainings. Low-dose-high frequency denotes an approach that moves away from the traditional two-three week off-site, classroom-based trainings and towards short, targeted off-site trainings with recurrent on-site follow-up training and mentoring. With lower dosages of training spaced over time and reinforced with ongoing practice sessions, the learning and retention are documented to be higher.

In 2019, in collaboration with the Ethiopian Midwives Association (EMwA), Maternity Foundation conducted a pilot study on the effectiveness and feasibility of using the Safe Delivery App to support the LDHF based HBS/HMS (Helping Babies Survive/Helping Mothers Survive) training program⁵ in Ethiopia. The pilot study

⁵ The international suite of training packages called Helping Mothers Survive and Helping Babies Survive have been developed by JHPIEGO and AAP respectively.

showed good results with the intervention group performing better than the control group at three months follow-up and with a better retention of skills and knowledge. However, due to lack of study power, the effect was not significant, so more research is needed. The qualitative findings showed a very strong user acceptance of adding-on the Safe Delivery App to the training program, both from Master Trainers and from training participants. Users testified that the use of the App in the Maternal Newborn Health courses can help midwives to better retain knowledge and skills and be better prepared to respond to obstetric emergencies. Additionally, users stated that the App makes the training more interactive and visual, which was considered very positive by the participants. Both groups equally perceived the App to add value in various ways and recommended a further integration of the Safe Delivery App into the training program in the future.

Activities and achievements in 2019

- ➔ 40 health professionals were trained in Safe Delivery App integrated HMS/HBS.
- ➔ 40 health professionals were trained in HMS/HBS without the App as control group.
- ➔ Mid-term and end-line data collection were conducted and the results analyzed.

3.5 Strengthening health system capacity to provide life-saving health services to crises-affected IDPs and host communities in Somali Region, Ethiopia

Ethiopia currently has more than 2.2 million Internally Displaced People (IDP). More than one million of those are situated in the Somali Region (IOM Displacement Tracking Matrix, June 2019). Together with Ethio-Somali Mother and Children Association (EMCO), Maternity Foundation is implementing a health project seeking to strengthen the health system for internally displaced people and for the host communities in the Somali region of Ethiopia. The project builds upon our current interventions with UNFPA in the Somali region, creating synergy between the two. The project is focused on Maternal and Child Health, Nutrition, and WASH (water, sanitation and hygiene) and the main activities are:

- ➔ Trainings for health professionals on maternal and child health incl. infection prevention and patient safety.
- ➔ Trainings for health professionals on Management of Moderate and Severe Acute Malnutrition (MAM and SAM), Newborn and Child Illness, and Infant and Young Child Feeding (IYCF).
- ➔ Provision of equipment and drug supplies.
- ➔ Demand creation on reproductive health services through community awareness.



Kuliche camp for internally displaced people in Somali region.

Photo: Mulugeta Ayene.

Activities and achievements in 2019

- ➔ A 6-day basic infection prevention and patient safety (IPPS) training was provided for health professionals from the intervened health centers. A total of 20 health professionals participated in the trainings. IPPS trainings were also provided for the health centers' support staff, e.g. admins
- ➔ A 3-day basic training on management of Moderate Acute Malnutrition (MAM) and Integrated Young Child Feeding (IYCF) was provided for 21 health extension workers.
- ➔ A 5-day training on management of basic SAM and IYCF was provided for 20 health professionals.
- ➔ Training on IMNCI (Integrated Management of Neonatal and Child Health Illness) for 20 health professionals.
- ➔ Community volunteers from the host community and among the IDPs were selected based upon project criteria and provided with health education through events and home-to-home education.



Community conversation session in Kuliche camp for internally displaced people in Somali region.

Photo: Mulugeta Ayene

3.6 Emergency Reproductive Health and WASH for South Sudanese Refugees in Gambella Region, Ethiopia

In the Gambella region in western Ethiopia, seven refugee camps are hosting around 700,000 refugees from South Sudan. Since 2017, in collaboration with Plan Børnefonden (previously Børnefonden), we have intervened in the seven camps to increase and improve the access to maternal and newborn care and sanitation for the refugees. Our core activities were focused around community mobilization and clinical capacity building. The last activities were implemented in the beginning of 2019 after which the project was successfully closed and exited.

The Safe Delivery App was introduced as part of the trainings for midwives in the refugee camps, which was the first time the Safe Delivery App was used in a humanitarian response. Also here, the Safe Delivery App added value to the trainings and helped enhance quality of maternal health services, reduce unnecessary referrals, and the need for refresher trainings for the health workers. The Safe Delivery App has allowed midwives develop new skills and self-confidence in the management of obstetric complications like retained placenta, which they used to refer to hospitals in the absence of the App. The integrated approach of training on pregnancy, childbirth and newborn care together with the Safe Delivery App, and WASH interventions gave new capabilities to parents for disease prevention. Additionally, the use of community structures to enhance awareness 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.

Activities and achievements in 2019

- ➔ 30 health workers were reached with training on Limited Obstetrics Ultrasound management.
- ➔ PMTCT (prevention of Mother to Child transmission of HIV/AIDS) trainings were provided for 20 health professionals.
- ➔ 40 health professionals were trained on infection prevention and patient safety.
- ➔ 25 community health workers were trained on hygiene promotion including aspects related to latrine management and handwashing.
- ➔ 130 community members were reached with the harmonized curriculum on health promotion and disease prevention.
- ➔ 120 UDDT (Urine Diversion Dry Toilets) latrines were constructed.

3.6 Enhancing Maternal and Newborn Health project in West Wollega Zone

Maternity Foundation started our work in 2005 in West Wollega in western Ethiopia. Still today, this is where we have our largest project site and a total of 11 staff members. Currently, we are implementing a 4-year project (2016-2019) named “Enhancing Maternal and Newborn Health in West Wollega”, which targets a total of nine districts in the West Wollega Zone and has a total population of 700,000.

The project strategy builds upon addressing and minimizing the delays that result in maternal and newborn death and disability, as described in the Three Delays Model by Thaddeus and Maine:

1st delay is in Seeking care. *Happens at the household/family/community level*

2nd delay is in Accessing care. *Happens at the referral level*

3rd delay is in Receiving care. *Happens at health facility level*

The project thus follows an integrated approach by addressing issues of both the local community as well as the clinical capacity. At community level we seek to empower and motivate community members to seek professional healthcare during and after pregnancy and birth as well as educating on danger signs in relation to pregnancy, birth and for newborns. At the clinical level we seek to strengthen the quality of the health system by various means. The project period was 2016-2019, but due to the latest years' instability in the region, security challenges have slowed activities as the ability to operate in the districts was hampered. The project has therefore been extended until June 2020, where the final impact evaluation of the project interventions will be done and the project exited.

Activities and achievements under the community component

Community Change Agents

Community change agents are influential people from the local community, who can act as role models and disseminate information on maternal and newborn health to fellow citizens. Our work focuses on training and providing these change agents with relevant information, which includes pregnancy danger signs, the importance of giving birth with the attendance of a skilled health worker etc. Utilizing community change agents is a sustainable strategy, as they are locally anchored and will remain in their respective communities also after the project period. The work of community change agents has shown a dramatic change in avoiding old mal-practices in the communities.

Activities and achievements in 2019

- ➔ 400 Change Agents has been trained in 2019.
- ➔ A total 6,820 Change Agents has been trained during project period.

Community Conversation Sessions

The strategy of community conversation sessions is to provide health education on community level with the objective of enhancing the demand and utilization of health services related to maternal and newborn health. For the community conversations to work properly, we educate facilitators on how to facilitate dialogue related to such health issues.

Activities and achievements in 2019

- ➔ 143 community conversation facilitators were trained in 2019.
- ➔ A total of 343 community conversation facilitators were trained during the full project period.
- ➔ A total of 2,373 people have been reached with community conversations during the project period.

Lucy - Mobile Message System for Pregnant Mothers and Newborns

LUCY SMS package is a 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.

Activities and achievements in 2019

- ➔ 640 women were enrolled in LUCY in 2019.
- ➔ A total of 2,946 women were enrolled in LUCY during the project period.

Village Saving and Loan Associations for vulnerable women

The Village Saving and Loan Associations (VSLA) activity has the purpose of strengthening vulnerable women's livelihood and socioeconomic position and rights by encouraging and educating on how to start initial savings at local financial institutions, and the organization of women has been used as a platform to train the women on maternal and newborn health.

Activities and achievements in 2019

- ➔ 394 VSLA groups were formed in 2019.
- ➔ 2,102 VSLA group leaders were trained in 2019.
- ➔ 10,470 women were engaged in VSLA groups in 2019.
- ➔ A total of 759 VSLA groups were formed during the project period.
- ➔ A total of 3,800 VSLA group leaders were trained during the project period.
- ➔ A total of 19,620 women were engaged in VSLA groups during the project period.

Sexual and Reproductive Health School Clubs

The Sexual and Reproductive Health (SRH) school clubs seek to provide the youth of West Wollega with health education related to sexual and reproductive health, e.g. the use of contraceptives and on sexually transmitted infections. As part of the SRH clubs we train young people to be peer educators.

Activities and achievements in 2019

- ➔ A total of 43 secondary schools established sexual and reproductive health clubs during the project period.
- ➔ A total of 126 peer educators from the 43 schools were trained during the project period.

Activities and achievements under the clinical component

Quality improvement package to 28 health centers and catchments

When improving quality of care within maternal and newborn health, one of our main activities is to provide trainings on pregnancy, childbirth and newborn care. Following the trainings, we provide health workers with different kinds of mentorship and technical support in order to ensure that the knowledge and skills obtained in the trainings are translated into practice.

Activities and achievements in 2019

- ➔ A total of 24 health centers and 45 midwives were reached with onsite mentorship.
- ➔ 39 nurse supervisors were trained to strengthen links between health posts and health centers
- ➔ 19 health centers and 21 health staff were trained on improved drugs stock management.
- ➔ 28 health centers were supplied with essential drugs and equipment.

Infection Prevention and Patient Safety (IPPS)

A clean and safe environment at the health facilities are paramount in securing safer births. We therefore train the targeted health centers through a comprehensive infection prevention transformation program. 12 health centers have been enrolled during the project period.

Activities and achievements in 2019

- ➔ 4 follow-ups were conducted on 2nd phase of the enrolled health centers' action plan in 2019.
- ➔ A total of 12 health centers and 290 health staffs were trained on IPPS during the project period.

Strengthening referral links

Due to long distances, lacking infrastructure and poor referral systems, reaching the health facilities is a common problem for the local communities in rural areas. As part of the integrated approach, we have renovated different parts of the health centers and built Maternal Waiting Homes, which are basic housing opportunities closely located to the health facility for near-term pregnant women to stay.

Activities and achievements in 2019

- ➔ Renovation of one delivery room, shower room, and changing room.
- ➔ Renovation of one maternal waiting home.
- ➔ We have built/renovated a total of five maternal waiting homes during the project period.



Photo: Anne Prytz Schaldemose

4.0 Acknowledgements

The entire team at Maternity Foundation wish to express our gratitude to our partners and donors supporting our programs and activities in Ethiopia. Because of your continuous support and collaboration, we can scale our programs in Ethiopia, improve our model for implementation and develop our digital tools and integrated training programs to reach healthcare workers across Ethiopia - from midwifery schools to community clinics and refugee settings. Because of your support, we can continue working to fulfill our vision: No Woman Should Die Giving Life.

We could have never reached the many important milestones in Ethiopia in 2019 without our strong partners on the ground in Ethiopia: Ethiopia's Federal Ministry of Health, Ethiopian Midwives Association, Ethiopia Agency for Refugees and Returnees Affairs (ARRA), PlanBørnefonden, UNHCR, and UNFPA.

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