

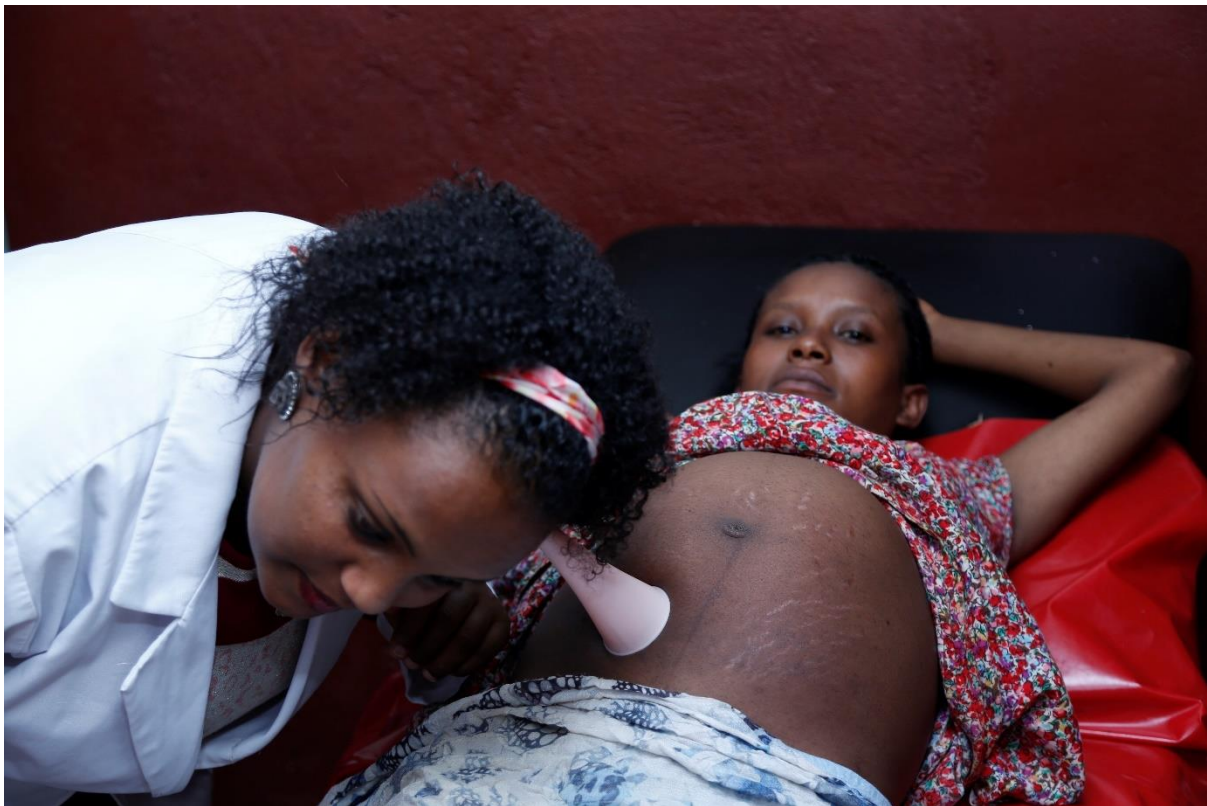


Ethiopia Annual Report 2020



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1. Introduction and background

In Ethiopia and globally, the year 2020 turned out to be different than expected. In many ways, the Covid-19 pandemic resulted in a new operational reality, new and different health care needs, and a need for new and innovative working modalities.

By mid-February 2021, a total of 147,092 cases of Covid-19 had been confirmed in Ethiopia (1). And in addition to this new disease burden, Ethiopia is continuously working to decrease maternal and neonatal mortality in the country. Despite progress over the last years, the Ethiopia Demographic and Health Survey from 2016, documented that the maternal mortality ratio in the country was at 412 per 100,000 live births (2) and improvements are therefore still needed to reach the UN Sustainable Development Goals (SDGs).¹

Early estimates of the indirect effects of the Covid-19 pandemic on maternal and newborn health have shown that the pandemic risks causing an increase in maternal and neonatal mortality (3). At Maternity Foundation, our focus has been to contribute to the important continuation of quality maternal and neonatal health care services, albeit in a new and Covid-19 safe manner. Plans and priorities for 2020 were revised throughout the year to fit this new context and meet the needs of partners and health care workers on the ground.

In April 2020, Maternity Foundation launched a Covid-19 module, which was added to the Safe Delivery App to ensure that our widely used platform includes up-to-date clinical guidelines on Covid-19. The Covid-19 module provides skilled birth attendants globally with information on Covid-19 specifically for skilled birth attendants, e.g. information on antenatal and postnatal care in the context of Covid-19, prevention of Covid-19, use of personal protective equipment, and breastfeeding, amongst other things. Since the launch, the module has been accessed and used widely – approximately 40,000 users across 73 low- and middle-income countries.

Additionally, and due to the limited freedom of movement and restrictions on large gatherings in many countries, new training modalities were needed to ensure that trainings on maternal and neonatal health could be sustained during the pandemic. At Maternity Foundation we have developed a remote training concept in 2020, which is based on the Safe Delivery App and takes health care providers through an engaging and interactive remote, virtual training, e.g. on Covid-19 and Infection Prevention. We have experienced great demand for trainings from partners and positive feedback from participants in several countries across Africa and Asia, where trainings have been rolled out so far.

Against this new and evolving situation, activities and funds for Ethiopia were also revised.

In Gimbie, West Wollega, Maternity Foundation contributed to the Covid-19 response, and in the Somali region, we concluded a 1-year project to strengthen healthcare services for the internally displaced population – some of which was also reprogrammed for Covid-19 activities.

Considering the increasing focus on remote trainings, Maternity Foundation, in collaboration with global partners Laerdal Global Health and American Association of Pediatrics (AAP), in 2020 embarked on a pilot project to test various models of remote training in Ethiopia.

¹ SDG target for maternal mortality by 2030 is 70/100,000 live births:
<https://www.un.org/development/desa/disabilities/envision2030-goal3.html>

In 2020-2021, we will continue to deliver remote trainings to healthcare workers in selected health facilities through a 1-year project aimed at improving knowledge and skills on Covid-19 and management of maternal and newborn health and complications.

2. Highlights 2020

- ➔ The four-year project *Enhancing Maternal and Newborn Health in West Wollega, Ethiopia* was completed with results showing increased utilization of maternal and newborn health care services, as well as improved knowledge and skills amongst health workers. More than 200,000 people were reached either directly or indirectly through this project.
- ➔ The Covid-19 module was launched and published to the Safe Delivery App and has been added in English and Somali language to the Ethiopian App versions.
- ➔ In collaboration with the Ethiopian Public Health Institute, the Safe Delivery App was installed on 1,000 tablets, which were distributed to quarantine sites in Ethiopia.
- ➔ Maternity Foundation reached 57 health facilities in West Wollega in Western Ethiopia with trainings on prevention and management of Covid-19. Furthermore, 67 health centres and 4 hospitals in the same area were reached with personal protective equipment (PPE) and medical supplies.
- ➔ In the Somali Region, Maternity Foundation reached five health centres with maintenance and construction of water facilities and training of health workers. Activities also included procurement and distribution of personal protective equipment (PPE) to respond to Covid-19.
- ➔ In collaboration with UNFPA, Maternity Foundation furthermore supported eight health centres and two hospitals in the Somali Region with catchment-based mentorship for healthcare providers.
- ➔ Maternity Foundation has embarked on a new partnership with Laerdal Global Health and American Association of Pediatrics (AAP) to test various models of remote learning in Ethiopia. 16 healthcare facilities will be included in this study, which will run into 2021.



3. Maternity Foundation Ethiopia - Annual Activity Report 2020

In 2020, Maternity Foundation continued to play a dual role in Ethiopia with a technical advisory role towards the Federal Ministry of Health as well as an implementing role in several locations.

As a longstanding and key partner to the Ethiopian health authorities at national and regional levels, Maternity Foundation continued to engage in technical working groups and to provide technical input to the development of national guidelines and training manuals.

In this capacity, Maternity Foundation is for example providing national level training of trainers (ToT) on catchment-based mentorship in collaboration with Ministry of Health and implementing partners. And in collaboration with the Ethiopian Public Health Institute, the Safe Delivery App has been installed on 1,000 tablets, which were distributed to quarantine sites in Ethiopia in 2020.

To date, approx. 15,000² health workers utilize the Safe Delivery App in Ethiopia, and in 2021 we will continue to integrate the App into national training programs.

Below we provide a report on Maternity Foundation's work in Ethiopia in 2020.

4. Enhancing Maternal and Newborn Health in West Wollega, Ethiopia

In 2020, a 4-year project was concluded in West Wollega in the Oromia Region in Western Ethiopia. The project was the third phase of the Maternity Foundation integrated operations in the area that have lasted since 2006 and over the years covered 18 out of West Wollega's 21 districts.

Overall, the project *Enhancing Maternal and Newborn Health* sought to address two core challenges in the area, namely 1) low utilization of health services and 2) poor quality of health care. Thus, the project interventions were targeting both the community level by enhancing utilization of key maternal and newborn health services among the targeted communities, and on clinical level by enhancing the quality of maternal and newborn health care at the targeted health centres.

This project targeted a total of eight rural districts and one urban town administration and around 150,000 women in the reproductive age, their babies and partners.

This third phase of the project was planned to have concluded at the end of 2019, but continuous unrest in the region caused challenging working conditions, resulting in the need for a six-month project extension until July 2020. Maternity Foundation was one of the few NGOs upkeeping operations in the area during the challenging times, and project activities were completed in 2020.³

² Due to poor connectivity, not all users are monitored in our online dashboard. The total number of users in Ethiopia is thereby an estimate.

³ Due to the challenging operational context and travel restrictions due to Covid-19, it was not possible to complete the endline data collection as planned. The end-of-project evaluation was therefore conducted internally, and data presented here consists of data from the West Wollega health authority databases, the midterm project evaluation, and the baseline study.

Key community level activities and achievements under this project include:

- ➔ 6831 change agents trained, and more than 200,000 people reached by change agents. (Community Change Agents are influential people from the local community e.g. religious leaders who can act as role models and disseminate information on Maternal Newborn Health to fellow citizens).
- ➔ 343 community conversation facilitators trained and more than 8,500 people reached by facilitators. (Community Conversations are a strong tested model that involves a facilitated process over time where a village/local community is engaged in identifying and coming up with solutions to problems in the community.)
- ➔ 43 reproductive health school clubs established
- ➔ 60 maternal and newborn health radio programs broadcasted
- ➔ 806 health workers trained on “LUCY”, which is an SMS-service for pregnant women, and approx. 10,000 pregnant women enrolled in the LUCY SMS-system
- ➔ 759 Village Savings and Loans Associations formed and more than 19,000 women engaged in the associations.

Key clinical level activities and achievements under this project include:

- ➔ 28 health centres and 117 midwives reached with onsite mentorship
- ➔ 128 midwives graduated from a three-week BEmONC training course
- ➔ 12 health centres and 290 health workers trained and initiated with Maternity Foundation’s infection prevention model for improved hygiene and infection prevention at health facilities.
- ➔ Two maternal waiting homes constructed and four health centres renovated
- ➔ The Safe Delivery App provided for trainees and used in all trainings/mentorship

4.1 Key findings

Overall, the above-mentioned project activities have contributed to an increase in acceptance and utilization of maternal and newborn health care services.

As the table shows, there has been a positive development on all key indicators but ANC1. Taking the situation of ongoing unrest in the region into account, the results are encouraging, as crises and unrest normally impact negatively on health-seeking behavior.

A highlight is the achievements on ANC4 and SBA attendance as these are highly important measures in order to secure safer births and thus decrease maternal and newborn mortality.

MNH services	Baseline	End-line
ANC1	72%	68%
ANC<16	18.9%	25%
ANC4	51%	78%
SBA	28%	59%
PNC	40%	63%

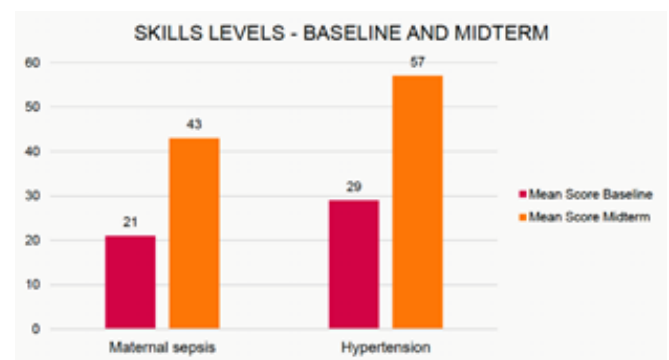
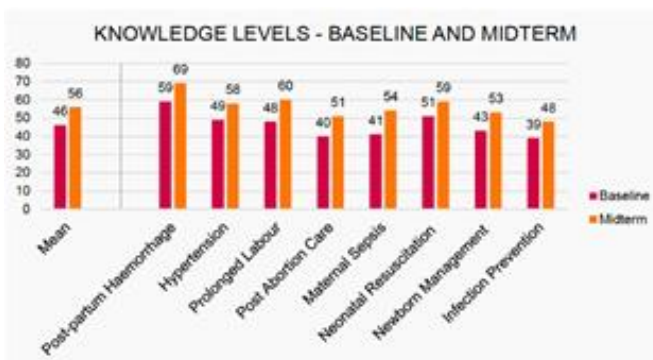
Community level project performance was furthermore measured towards knowledge increase among the community members on maternal and newborn health. At midterm we conducted research showing positive results.

As the tables display, a considerable increase in both men's and mothers' knowledge level on key danger signs was observed at midterm. However, the knowledge level on some measures was still low, e.g. men's knowledge of danger signs related to pregnancy. In this perspective, it is important to notice that end-line studies were not conducted, and thus the results solely reflect what was achieved by midterm and not by end-of-project.

Men knowledge	Baseline	Mid-term
Min. 3 danger signs of pregnancy	2%	18%
Min. 3 danger signs of PPP of mother	2%	12%
Min. 2 dangers signs of the new-born	5%	28%

Mothers knowledge	Baseline	Mid-term
Min. 3 danger signs of pregnancy	15%	30%
Min. 3 danger signs of PPP of mother	21%	42%
Min. 3 dangers signs of the new-born	26%	30%

On clinical level, project performance was monitored and evaluated based upon the development in skills and knowledge among the trained and mentored health care workers. As shown below, both indicators increased considerably from baseline to midterm.



In addition, project performance was monitored upon the increase in the quality of key MNH health care services provided. This involves ANC and PNC counseling and includes development on what the counseling consists of. Also here we have experienced good improvements from baseline to midterm/end-line. For example, ANC Iron Folate counseling increased from 56% at baseline to 100% at end-line, and the PNC counseling on newborn danger signs increased from 11% at baseline to 40% at midterm.

ANC counseling on:	Baseline	End-line
Syphilis test	40%	64%
Iron Folate	56%	100%

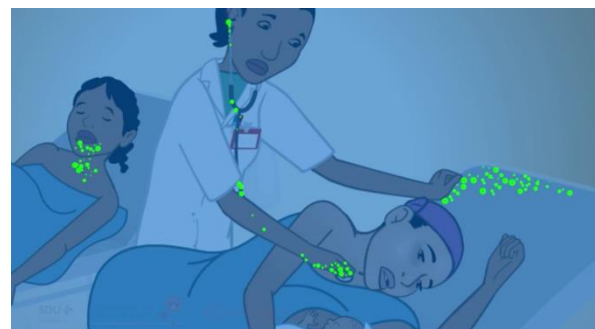
PNC counseling on:	Baseline	Midterm
Newborn danger signs	11%	40%
Maternal danger signs	9%	44%

5. Covid-19 response, West Wollega

As Covid-19 cases were increasing in Ethiopia, Maternity Foundation initiated support, based on the geographical priorities of the health authorities, to prevent the spread of Covid-19 and improve the quality of maternal and newborn health care services in this context.

In Gimbie, West Wollega, Maternity Foundation responded to the Covid-19 pandemic through training of health workers, distribution of personal protective equipment and supplies, as well as communications material to raise awareness. Based on a needs assessment, the following includes some of the activities conducted:

- ➔ 58 participants from 57 health facilities trained on identification, prevention and management of Covid-19.
- ➔ 67 health centres and 4 hospitals reached with personal protective equipment (e.g. facial masks and hand sanitizer) medical supplies, medications, and equipment.
- ➔ 66 health centres and 7 hospitals reached with communications material.



Still photos from, the Covid-19 content in the Safe delivery App

6. UNFPA-Maternity Foundation Partnership Project, Somali Region

Data from 2019 showed that the Somali Region of Ethiopia was lacking considerably behind the national average on key maternal health indicators (4), and based on this identified need, Maternity Foundation has been collaborating with UNFPA to implement a project in the Somali Region of Ethiopia under the headline: *Towards universal access to sexual reproductive health and rights services.*

In connection with the project, an impact study was conducted in 2019 showing that knowledge, confidence, and skills had increased amongst the health workers participating in the mentorship program (as also described in the Maternity Foundation Ethiopia Annual Report 2019). Based on these positive results, Maternity Foundation continued to implement sexual and reproductive health interventions in the Somali Region of Ethiopia in 2020 to secure ongoing focus on training and mentorship of health care providers.

Achievements under this project include:

- ➔ 33 health professionals trained on post-partum family planning
- ➔ Ongoing catchment-based mentoring in 8 health facilities
- ➔ Community health education

- ➔ 120 health extension workers trained
- ➔ Community awareness raising
- ➔ Procurement and distribution of personal protective equipment (PPE) to respond to Covid-19.

7. Strengthening Health System Capacity, Somali Region

In 2020 Maternity Foundation in collaboration with Somali Regional health bureau completed the 1-year project *Strengthening health system capacity for crisis-affected IDPs and host community*. The project was implemented in two specific IDP (Internally Displaced People) camps in the Somali Region and a total of five health centres were supported through this project. The main objective of the project was to strengthen maternal and child health services, including management of malnutrition, through provision of equipment to the facilities and training of health professionals.

Achievements under this project include:

- ➔ Maintenance and/or construction of water facilities in the included health centres.
- ➔ 20 health workers trained on severe acute malnutrition.
- ➔ 21 health workers trained on integrated youth and child feeding, and moderate acute malnutrition.
- ➔ 25 health workers trained on FGM (female genital mutilation) deliveries.
- ➔ 20 health workers trained on infection prevention and patient safety.
- ➔ Monthly community health education session covering e.g. antenatal and postnatal care, birth preparedness, immunization, and nutrition.



Midwives in Awbere Health Center in Ethiopia's Somali Region train with the Safe Delivery App

8. Strengthening the Prevention and Management of Covid-19 in Addis Ababa

Upon request from the Federal Ministry of Health, Maternity Foundation will in 2021 continue contributing to the Covid-19 response in Ethiopia. A new 1-year project leverages the Maternity Foundation experience in designing and delivering remote trainings and will over the course of the project period aim to target approximately 60 health workers in 10-12 health centres and 1-2 hospitals with remote trainings on management of Covid-19 as well as management of post-partum haemorrhage, hypertensive disorder, and essential neonatal care and complications management. The project activities will be focused around Addis Ababa, where we have seen that the majority of Covid-19 cases have been confirmed (5).

The trainings will be recorded, and Maternity Foundation will thus have the possibility to deliver trainings either “live” or as pre-recorded training sessions. As part of this project, Maternity Foundation will also procure and distribute personal protective equipment to eight quarantine sites to further prevent the spread of Covid-19.

9. Testing and building capacity to deliver remote trainings

In light of the increased focus on remote training methods, particularly due to Covid-19, Maternity Foundation has in 2020 initiated a partnership with Laerdal Global Health and American Association for Pediatrics (AAP) to carry out a study comparing various remote learning designs in Ethiopia.

Based on a training program on Essential Newborn Care (ENC), the study will compare an intensive 2-day remote training with a spaced training modality, where the training content is delivered remotely in several shorter sessions over a 3-month period. The study will furthermore assess the integration of the Safe Delivery App and how this impacts training outcomes. 16 health facilities and approximately 64 midwives are anticipated to take part in the study.

In 2020, the preparatory phase of the study was initiated, and the study implementation will run into 2021. So far, we have completed a rigorous design phase in collaboration with Laerdal Global Health and AAP to ensure that the study design meets outlined objectives. Procurement of equipment has been completed, and collaboration and coordination with the relevant health authorities in Ethiopia have been initiated.

Overall, the study will serve to further strengthen the capacity of Maternity Foundation to design and provide effectful remote training programs in maternal and newborn care – and it will serve to assess the feasibility of conducting remote trainings in a semi-urban context of Ethiopia.

We look forward to reporting on the outcomes of this study in our annual report for 2021.

10. Solar chargers for remote health care facilities – Collaboration with Little Sun Foundation

In a new and exciting collaboration with Little Sun Foundation, and in coordination with relevant local health offices, Maternity Foundation distributed solar chargers to remote health facilities in three regions, Amhara, Oromia and Somali.

The solar chargers were distributed to remote health facilities that do not have access to energy and are challenged to provide services at night.

During the distribution of the solar chargers, installation of the Safe Delivery App was also provided where the health facilities did not already have this and/or re-installation and update of the App where needed.

11. Acknowledgements

The entire team at Maternity Foundation wishes to express our gratitude to our partners and donors supporting our programs and activities in Ethiopia.

With your support, we can continue to leverage our presence on the ground in Ethiopia and contribute to the ongoing work to improve the quality of maternal and newborn health care services in the country.

We wish to thank our strong partners on the ground in Ethiopia: Ethiopia's Federal Ministry of Health, Ethiopian Midwives Association, Ethio-Somali Mothers & Child Health Organization, and the United Nations Population Fund.

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