



2018 |
Summary Report





Every mother has the right to **a healthy, full term pregnancy**, and every newborn has the **right to thrive**.



Born on Time has made significant strides towards implementing effective approaches that address the risk factors associated with preterm births and improving care for premature babies.



Preterm Birth - Why Prevention?

Every year, approximately 15 million babies are born too soon. **Preterm birth complications are now the leading cause of death in children under 5 years**, with an estimated one million premature babies dying each year (WHO, 2019). As preterm birth statistics rise in many low and middle-income countries, prevention of preterm birth is emerging as a critical catalyst towards healthier, thriving children around the world.

We know that **more than 75% of preterm birth deaths can be prevented without intensive care** (WHO, 2019). Interventions that promote family planning, empower women and adolescent girls, and improve the quality of health care before, between and after pregnancy significantly reduce preterm birth rates.

Born on Time – the first public-private partnership dedicated to the prevention of preterm birth – is a five-year, CAD \$30.6 million project, working across **Bangladesh, Ethiopia and Mali**. **These countries have some of the highest preterm birth rates globally and combined, account for an estimated 847,000 preterm births each year (Every Premie Scale, 2019).**

Born on Time targets risk factors related to unhealthy lifestyles, maternal infections, inadequate nutrition and limited access to contraception that can lead to babies being born too soon. We support the empowerment of women and adolescent girls, and engage men, boys and community leaders to address gender-based discrimination and barriers that can have long-lasting impacts on maternal and newborn health, as well as the realization of women's and adolescent girls' rights.

Working closely with local governments and community stakeholders, Born on Time brings together the collective expertise and resources from **World Vision Canada, Plan International Canada, Save the Children Canada, the Government of Canada and Johnson & Johnson**, supporting the United Nation's global movement to ensure every child is **Born on Time**.

Born on Time At a Glance

More than 55 dedicated, passionate and highly-specialized staff in four countries and across three continents are helping to change the narrative around prevention of preterm birth.

Their work is creating a positive, measurable difference across a continuum of changemakers – adolescent girls and boys are speaking out against child, early and forced marriage; women and men are advocating for women and girls' health and wellbeing; healthcare workers and communities are being empowered with critical skills; and even Ministers of Health are seeing that although prevention work can be nuanced and challenging, it matters in ways that deeply shape a society's notions of wellness, equality and the dignity of all.

To address prematurity, Born on Time targets what are known as the **LINC factors** related to preterm birth – unhealthy **L**ifestyle, maternal **I**nfections, inadequate **N**utrition and limited access to **C**ontraception.

Lifestyle: addressing unhealthy lifestyle and harmful gender discriminatory behaviours such as heavy workloads for mothers, gender-based violence, smoking, alcohol abuse, female genital mutilation/cutting, and child, early and forced marriage.

Infections: supporting the diagnosis and treatment of infections during pregnancy such as malaria, sexually transmitted diseases (such as syphilis), HIV/AIDS, bacterial vaginosis and urinary tract infections.

Nutrition: promoting good nutrition among women and adolescent girls, increasing micronutrient supplementation during pregnancy, and addressing harmful beliefs/taboo around dietary practices.

Contraception: improving availability and access to modern methods of contraception. Family planning helps to prevent teenage pregnancy, gaps between pregnancies of less than six months and advanced maternal age, which are risk factors of preterm birth. Contraception also supports women and adolescent girls in making their own reproductive choices.

In 2018, Born on Time supported:

Prenatal services for 197,791
pregnant women and
adolescent girls,

Skilled delivery for 114,472
pregnant women and
adolescent girls,

Newborn care for 118,988
newborns and,

Family planning services for 720,097 adolescents and adults.



Across Bangladesh, Ethiopia, and Mali, community leaders and members mobilized in 2018 to promote gender equality and raise awareness on preterm birth prevention and response. These activities, conducted through community-based platforms such as peer-to-peer adolescent groups, male and female engagement groups and daughter and mother-in-law fairs, **reached more than 650,000 adolescent girls and boys and more than 1.1 million adults.**

Improving Health Service Delivery

Born on Time works to improve the health services that communities depend on, and that address the risk factors of preterm birth, by:

1 Training of healthcare providers and community health workers to provide services that address LINC factors, safe and clean deliveries, antenatal and postnatal care to adolescent girls and women, before, during and after pregnancies.

2 Improving local health facilities with essential equipment and supplies.

3 Strengthening referral systems for high risk pregnancies and deliveries, and preterm babies.

4 Ensuring health services are gender-responsive and adolescent-friendly.



In 2018, Born on Time **trained and supported more than 11,160 healthcare workers** working in hospitals, clinics and across communities; provided key medical equipment and supplies such as delivery beds, maternity beds, radiant warmers, weight scales, trolleys, suction machines, and blood pressure apparatuses, to more than **300 health facilities**; and renovated more than **70 health facilities** to better serve women and men, girls and boys across Bangladesh, Ethiopia and Mali.

In Bangladesh, the percentage of facility-based healthcare providers who knew at least four risk factors for preterm births **increased from 9% at baseline to 81% at the end of 2018**.

In Ethiopia, the percentage of women who were visited by a community health worker for prenatal counselling at least once in each trimester during their last pregnancy **increased from 16.7% at baseline to 53.2% at the end of 2018**.

In Mali, the percentage of facility-based healthcare providers who knew at least two key standards of gender-responsive and adolescent-friendly service provision **increased from 0% to 100% of those trained in 2018**.



In all three countries in 2018, **Born on Time** supported community healthcare workers to **reach 209,715 women, adolescent girls and newborns through household visits**. These intimate, individual appointments are critical in the health of pregnant women, new moms and babies as they cover issues like the danger signs of premature labour, how to reach health facilities for a safe delivery, breastfeeding support and family planning.



Practical training for healthcare providers in Ethiopia

“The training was worthwhile and filled all the professional gaps I used to experience. It has raised my skill and knowledge and increased my appetite for work. Now I am providing appropriate services to my patients and the feedback I receive from them is encouraging.”

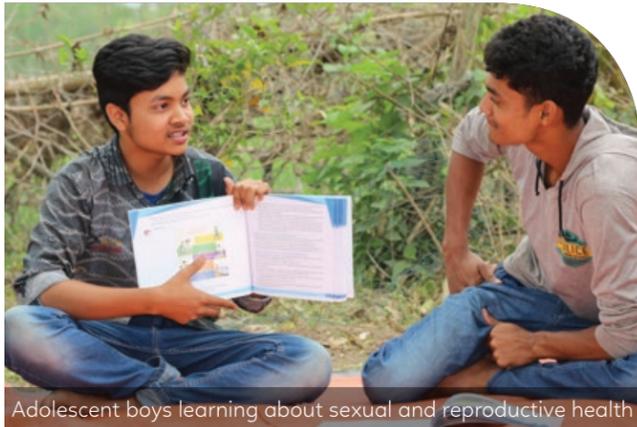
- Nurse Emebet, Ethiopia



Ashikur, his wife Moushumi, and their newborn baby

“I have received information from Born on Time and thus I have been able to ensure safe delivery and health of my baby and wife.”

Ashikur, husband and father of two, Bangladesh



Adolescent boys learning about sexual and reproductive health



Increasing Use of Health Services

As Born on Time increases the quality of health services to address the risk factors of preterm birth, it's also important to ensure that women and girls, men and boys, are aware of the services, are comfortable accessing them and are part of building an environment where all community members can make decisions about their health. We support this by:

1 Promoting behaviour change around unhealthy lifestyle choices, addressing taboos around preterm birth and working with community and religious leaders, youth groups and radio broadcasters to raise awareness.

2 Tackling issues of gender inequality through the empowerment of women and adolescent girls by building their self-confidence, strengthening their decision-making skills and developing their leadership potential.

3 Engaging men through male-to-male dialogue groups, highlighting their key role in supporting the health and well-being of their partners and families. This includes men's involvement in health services, reducing gender-based violence, sharing decision-making, gender equality, maternal rest, and child, early and forced marriage.



In 2018, **Born on Time:**

- Established more than **1,000 adolescent support groups**, focused on raising awareness about sexual and reproductive health and rights, including preterm birth risk factors, for **18,543 adolescent girls and boys**.
- Reached **39,391 people** through Fathers' and Mothers' Groups on shared decision-making, gender equality, and mutual engagement in maternal health and well-being.
- Held over **130 orientation sessions** and over **90 meetings** with **4,635 local government authorities** on the causes of prematurity, the importance of intentional prematurity prevention services and the need for investments to support those services.
- Trained over **1,200 peer educators, social mobilizers, local champions and change-makers** in communities on preterm birth risk factors, sexual and reproductive health and rights, as well as gender equality.

“The service providers are very sincere, and they maintain privacy... I can share my problems with them without any hesitation. I have learned a lot about adolescent reproductive health and I have shared my learnings with my peers and advised them to go [to] the health centre.”

Sharmin, adolescent girl, Bangladesh

The Power of Gender Equality to Reduce Preterm Birth

The empowerment of women and girls is critical to preterm birth prevention and the realization of gender equality and women's and girls' rights. We work to transform unequal gender relations and power dynamics by:

- 1** Supporting the empowerment of women and girls as decision makers over their own sexual and reproductive health and rights, and as change agents towards gender equality that benefits everyone.
- 2** Engaging men and boys, as well as religious, traditional and community leaders as active partners of change. This fosters an understanding of the critical role fathers, husbands, male peers and community leaders play to support the health, and promote and advocate for the rights, of women, adolescent girls and children.
- 3** Engendering newborn and reproductive health services by building the capacity of health services providers, decision-makers and community health workers, to support the delivery of quality, gender-responsive and adolescent-friendly maternal, newborn and reproductive health services.



“The secret to development is women’s empowerment.”

Dr. Abebaw, Regional Health Bureau Head, Ethiopia
Born on Time Champion

Transforming discriminatory social norms and shifting power imbalances are essential components of Born on Time. In 2018, the project worked to:

Address the knowledge gaps of adolescent girls and women around gender equality, sexual and reproductive health and rights, as well as risk factors associated with preterm birth.

Train male dialogue facilitators and establish male engagement groups in communities to address issues such as gender-based violence, preterm birth and support for women during pregnancy, childbirth and the postnatal period.

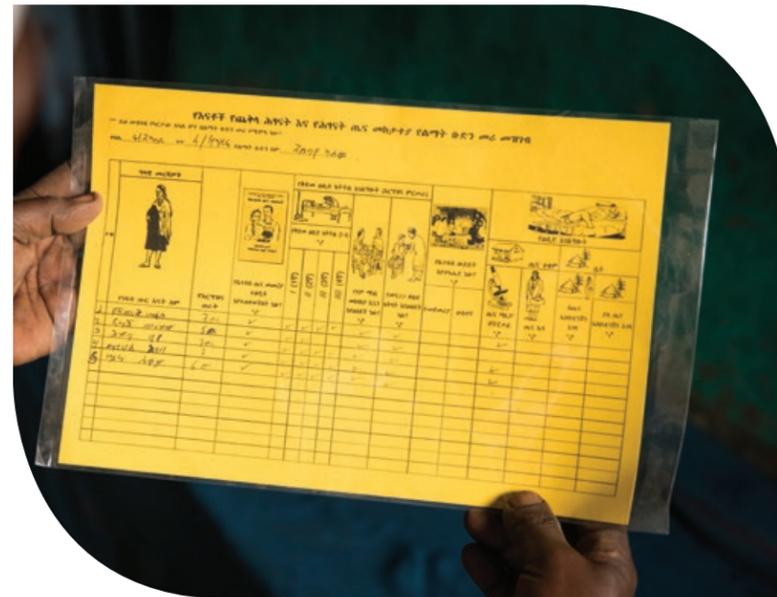
Support the integration of gender equality considerations in the services offered by health facilities, monitor the effectiveness of gender-responsive and adolescent-friendly health services, and include these criteria in supervision and follow-up visits.



Strengthening Preterm Birth Data Collection and Utilization

Improving data collection on preterm birth in communities, as well as in health facilities, is an important element towards the prevention of preterm birth. Born on Time is working to increase the capacity of healthcare providers to utilize age and sex-disaggregated, preterm birth data for maternal and newborn health in planning and management strategies at both national and subnational levels.

In 2018, Born on Time developed and adapted data collection systems to introduce and share preterm birth data at all levels in Bangladesh and organized multiple dissemination meetings to share available preterm birth data with relevant stakeholders across all countries.



Data collection tool developed for community health workers in Ethiopia

Born on Time also identified research as a key opportunity to contribute to the global discussion on risk factors affecting preterm birth. Country-level research initiatives focused on issues ranging from the magnitude and risk factors of preterm birth in project implementation areas in Ethiopia; to knowledge, attitudes and practices of adolescents around sexual and reproductive health and rights in Bangladesh and Mali.

The extent to which preterm birth data and best practices are disseminated at local, national and global levels was rated as 'satisfactory' in all three countries in 2018. This composite indicator is made up of three advocacy domains – Planning, Dissemination, and Level of Engagement. The project's target is to reach "strong" across all three countries by the end of 2020.



Amplifying the Preterm Birth Prevention Agenda

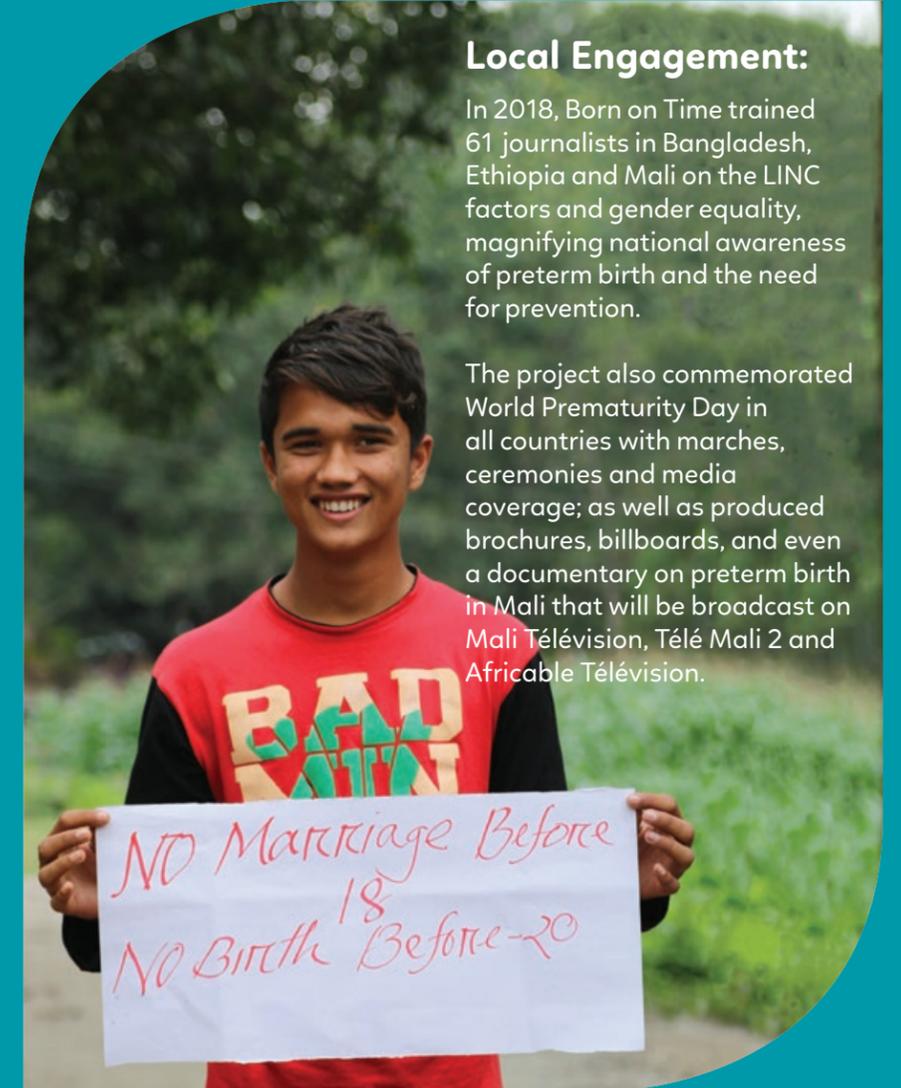
As a part of a growing movement aimed at helping mothers deliver healthy babies, Born on Time is amplifying the World Health Organization's Global Strategy for Women's, Children's and Adolescents' Health, in support of the United Nations' Every Woman, Every Child campaign.

We're committed to raising the profile of preterm birth as the leading cause of death for children under five, its risk factors and the power of gender equality to address the discriminatory and socio-cultural norms and gender barriers that can lead to poor maternal and child health outcomes.

Local Engagement:

In 2018, Born on Time trained 61 journalists in Bangladesh, Ethiopia and Mali on the LINC factors and gender equality, magnifying national awareness of preterm birth and the need for prevention.

The project also commemorated World Prematurity Day in all countries with marches, ceremonies and media coverage; as well as produced brochures, billboards, and even a documentary on preterm birth in Mali that will be broadcast on Mali Télévision, Télé Mali 2 and Africable Télévision.



Global Engagement:

1 Panel participation at the 2018 World Congress of Gynecology and Obstetrics (FIGO XXII), *Implementation Science Approaches to Preterm Birth*

2 Panel Participation at the 2018 American Evaluation Association, *Innovative Methods in Youth-Focused Evaluation*

3 Panel participation at the Canadian Partnership for Women and Children's Health (CanWaCH) Conference, *Adolescent Health and Wellbeing*

4 Panel participation at the 2018 Inventure conference in Alberta, Calgary, *Imagine a World Without Sickness*

5 Presentation at the bi-annual PTB/LBW Global Technical Working Group, *The Role of Fathers in Participatory Care Models*



Taking stock – Born on Time’s Midterm Review

A critical part of measuring the impact of any project is a rigorous monitoring and evaluation plan to assess progress against intended outcomes. In 2018, Born on Time undertook a cross-sectional mid-term study, focused on:

- Determining the capacity and quality with which Born on Time-supported healthcare facilities are able to provide gender-responsive, adolescent-friendly antenatal care services to pregnant women and adolescent girls in Bangladesh, Mali and Ethiopia – including from a client’s perspective.
- Describing the social and gender equality dimensions and barriers related to access and use of health services and LINC factors.

A Quality of Care study was conducted at a sample of Born on Time-supported health facilities, complemented by a rapid qualitative assessment with community stakeholders, and a secondary data review.



Preliminary results from the midterm study suggest that in the Born on Time intervention areas in Bangladesh, Ethiopia and Mali, community members and health system stakeholders have observed improved knowledge, attitudes and practices related to availability and utilization of quality maternal and newborn health, sexual and reproductive health services, as well as utilization of preterm-related data, towards prevention and care of preterm births.



Highlights

1

IMPROVING HEALTH SERVICE DELIVERY

To improve service delivery, Born on Time provides training and capacity building for both facility-based Health Care Providers and Community Health Workers. After participating in these trainings, both facility and community-based health workers demonstrated **improved knowledge of the risk factors for preterm birth** across all three countries: including increases in scores of over **40 percentage points among facility-health care providers** and increases of **up to 25 percentage points among community health workers** who knew at least four risk factors for preterm birth.



2

INCREASING USE OF HEALTH SERVICES

To increase service utilization, Born on Time conducts a variety of demand generation activities – including public awareness raising events, household visits, and community support groups – to improve awareness of healthy pregnancy behaviours, and increase and sustain access to health services for women and girls.

Midway through the project, **Born on Time beneficiaries reported more equitable decision-making practices¹** at their households in relation to seeking health care information and services for women and their newborns; for example, women interviewed at health facilities in Bangladesh and Mali reported that these decisions were increasingly being made by the women alone, or jointly with their male partners. **Across all three countries, women demonstrated strong and/or improved knowledge of key gender equality messages** related to male partner support during pregnancy, with observed increases of up to 11 percentage points.²

At a community level, **women are increasingly participating in the community decision-making bodies** that manage the services they receive: from baseline to

midterm, all community health committees reported increases in the percentage of leadership positions held by female community members in their committees of **4.5 percentage points in Bangladesh, 2.9 percentage points in Mali, and 39 percentage points in Ethiopia.**³

3

STRENGTHENING PRETERM BIRTH DATA COLLECTION AND UTILIZATION

To increase data utilization, Born on Time provides training and technical support for health system stakeholders to strengthen management of preterm related data at community and facility levels, and increase knowledge and evidence-base of approaches to prevent and care for preterm birth. From baseline to midterm, health facilities participating in Born on Time reported **improved record keeping practices,**⁴ including the documentation and reporting of preterm, still birth, gestational age, and birth weight data, respectively, at facilities and through national Health Management Information Systems; overall, their **ratings improved from average to strong.**

¹ Direct comparison from baseline to midterm is subject to limited interpretation, as methodologies (Household Survey vs. Client Exit Interviews) and sampling approaches differ; midterm figures represent only those respondents who attended the facility for ANC services on the day of the study.

² Ibid; While strong knowledge was observed in Ethiopia at midterm, it is not possible to assess a trend as the indicator was not measured at baseline.

³ As these positions are tied to local community elections in Mali which happen on a rolling basis, we anticipate more opportunities for change over the coming two years.

⁴ Direct comparison between baseline to midterm is subject to limited interpretation, as sampling approaches for health facilities differ from baseline to midterm (Health Facility Assessment vs. Quality of Care study), so results represent only those facilities that provide ANC services and have sufficient client volume for a Quality of Care study.



“Dear parents, early and forced marriage is responsible for premature births and even maternal deaths. Let us finish our studies first and make our choice of people who will take us in marriage.”

“Dear parents, we have the same abilities as boys and can manage our country in the future. Let us finish our studies so that we can contribute to the development of our country.”

- Adolescent girls, Mali
International Day of the Girl, 2018

Mahlet #GirlBoss

Mahlet is a tireless educator and advocate for the women in her community. At 25 years old, she works in a clinic in rural Ethiopia, where Born on Time provided training and equipment for the clinic and staff, including Mahlet.

“I didn’t have a lot of training until Born on Time came,” says Mahlet. Born on Time helped her gain more knowledge and experience in how to prevent premature birth, including proper nutrition of mothers, and healthy birth-spacing through the correct use of preventative contraception.

“I tell them the side effects, and show diagrams for those who are illiterate,” she explains. These diagrams help Mahlet teach her patients about healthy pregnancy and birth spacing. She has significant knowledge and confidence about the types of contraception each age category of patient prefers.



Birth spacing allows women’s bodies to rest and rebuild themselves, preventing health risks like anemia and high blood pressure. For adolescents, contraception delays pregnancy until they are ready and can decide when, and if, they want to carry a child. Not only does contraception prevent maternal death and premature birth, it’s also a key tool for women and adolescent girls to make important decisions about their own bodies.



Mahlet recently gave birth to a little girl herself. During the week she brings her first-born baby with her to the clinic. Mahlet is committed to practicing what she preaches: exclusive breastfeeding for the first six months after birth is a key element she teaches new moms, as well as a critical part of care for premature babies.



“It’s difficult having a baby and doing this work,” she says. On one occasion, Mahlet was carrying her child on her back as she assisted a woman giving birth. No other midwife was available, so Mahlet was on her own. When the baby was born, he wasn’t breathing, and Mahlet resuscitated him. “The baby started crying, so my baby started crying.”

Having her own child has given Mahlet a window into her patients’ experiences. Before she had her baby, she “only knew the science of it.” Now, she understands the pain. “I’m more empathetic. Now I understand if they want to yell at me, because I know how much pain they’re going through.”

Mahlet’s training through Born on Time has also improved her care of patients. “We try to make it warm, clean and safe for our women, whether they are here for a checkup, giving birth, or healing.” Mahlet champions the needs of women and girls in her community and has become a critical partner on the path to seeing every child is **Born on Time**.





OUR 2018 FINANCIALS

The budget for Year 3 of the five-year Born on Time project was CAD \$11,290,493 – over a third of the total project budget of CAD \$30.6 million. Despite challenges in all three countries, including a general election in Bangladesh which impacted activity implementation; an unplanned, yet indisputably important meningitis and measles immunization campaign in Mali which limited availability of Health District and Health Facility Staff; and security issues in Chilga district, Ethiopia, the project was able to expend 80% of its Year 3 budget – CAD \$9,028,868.

With the same level of effort on activities in Year 4, Born on Time is well-positioned to remain on track fiscally. The project’s priorities in 2019 are quality programmatic implementation, global research, strategic communications and active learning and sharing, ensuring that challenges and opportunities identified throughout the first three years of the project are addressed, planned and executed on in the remaining two years.

The consolidated financial statement for 2018, ending December 2018, is presented below. This fiscal year, the project registered an annual spending of more than \$5 million CAD.

\$11,290,493
Year 3 Budget

\$9,028,868
Year 3 Spending

Total Spending: \$9,028,868
Direct Spending: \$8,061,489
Overhead Cost: \$967,379

SPENDING BY OUTCOME

Outcome 1: \$3,482,441

39%

Improved **availability** of quality, gender responsive/ adolescent-friendly maternal, newborn and reproductive health services to prevent and care for preterm births among adolescent girls and women of reproductive age



53%

Outcome 2: \$4,791,982

Increased **utilization** of quality, gender responsive/ adolescent-friendly maternal, newborn and reproductive health services to prevent and care for preterm births among adolescent girls and women of reproductive age

8%

Outcome 3: \$754,445

Enhanced **utilization** of evidence-based, gender-specific information on preterm birth data for decision making by staff at various levels of health systems



Born on Time is **the first public-private partnership dedicated to the prevention of preterm birth**, bringing together the collective expertise of World Vision Canada, Plan International Canada, Save the Children Canada, the Government of Canada and Johnson & Johnson.



Save the Children

Canada



bornontime.org

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