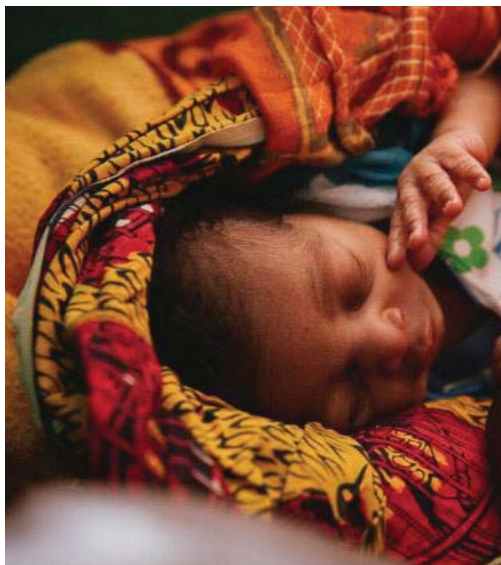




Let's Celebrate!

A note from the Program Director

In the everyday busyness of grant management, it's invigorating to take a step back and celebrate success.



A newborn baby in Mali

As we took time over the past few months to reflect on the achievements of 2018 and refine our planning for 2019, I was struck by the impact *Born on Time* is having in the lives of thousands of individuals, families and communities.

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—from adolescent girls and boys speaking out against child, early and forced marriage; Canadians joining the discussion; and even Ministers of Health. These changemakers are seeing that although prevention work can be nuanced and tough, it matters in ways that deeply shape a society's notions of wellness, equality and the dignity of all.

Born on Time is at a pivotal juncture where we are both committing to accelerating programming and delivering on our mandate to contribute to the global discussion on preterm birth. Our priorities as we look to 2019 are focused on Quality Programmatic Implementation, Global Research, Strategic Communications and Active Learning and Sharing. I look forward to sharing our progress with you as we move ahead.

In partnership with women, girls and their families for better health,

Marie Bettings

Changing Perceptions of Contraception in Mali

Sita Dembélé is a 27-year-old mother of three, and the second wife of her husband, Salif. They live in the district of Kignan in Mali. When they were married, Sita and Salif wanted to have as many children as possible in order to have their children's strong arms to help in the fields.

In rural Mali, where it is common for men to marry multiple wives, a woman's social status can be connected to her childbearing role. For both men and women, having many children is a source of pride, often with no consideration for the risks related to the health of the mother or child.

Born on Time and its partners are working to change the perceptions of contraception in many communities, including Sita and Salif's. After participating in sensitization sessions on the benefits and importance of using contraception given by health workers and community relays, Sita and Salif changed their plans and decided together to choose a method of contraception.

Salif's first wife, the mother of seven children, has also opted for a contraceptive method, taking charge of her own reproductive choices.

"I am very satisfied and happy to be able to use this method of contraception because I will have children whenever I want. I do not want to have the same number of children as that of the first wife of my husband. But [it will be] depending on my ability to take care of them and to make sure that my children and I are in good health. I'm glad my husband supports me in the use of contraception," Sita explained. These changes are cause for celebration!



Sita and Salif with one of their three children

Year 3 Highlights at a Glance

- 11,160 facility-based Health Care Providers (HCPs) and Community Health Workers (CHWs) were trained on key maternal, newborn and child health (MNCH) and sexual and reproductive health and rights (SRHR) issues.
- Key medical equipment and supplies provided to 302 health facilities and 73 health facilities renovated.

IN BANGLADESH

- Percentage of facility-based HCPs who knew at least 4 risk factors for preterm births increased from 9% at baseline to 81% at the end of Year 3.
- More than 30,000 adolescent girls and more than 75,000 women received education through a gender equality lens on SRHR including preterm birth risk factors, danger signs and the importance of accessing services such as antenatal care, delivery by a skilled birth attendant, postnatal care, postpartum contraception, and importance of male engagement on maternal, newborn and reproductive health issues.



A NICU trainee demonstrates affective attachment techniques at Felege Hiwot Hospital in Ethiopia

IN ETHIOPIA

- Percentage of women who were visited by a CHW 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 Year 3, exceeding the project target of 25%.
- 135 male dialogue facilitators were trained, male engagement dialogue groups were established in 75 communities and 2,865 male community members were enrolled and graduated after completing two months of intensive training.
- Male dialogue group discussions raised awareness on preterm birth and addressed many gender-related issues such as gender-based violence, and support for women during pregnancy, childbirth and the postnatal period.

IN MALI

- Percentage of facility-based HCPs who knew at least 4 risk factors for preterm births increased from 33% prior to the training to 100% after the training.
- Twenty journalists from 10 local partner radio stations were trained to spread preterm birth prevention messages through the LINC approach with the integration of gender equality, who then reached 1,050,373 community members through radio broadcasts, radio spots, and interactive radio programs.
- 8,266 awareness sessions were conducted by CHWs and members of community associations reaching 167,138 people.

Data above collected through project reporting and secondary data, such as Health Management Information Systems.

"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



Sharing Knowledge by Mentoring Others

Tilahun, a male midwife at Ambagiorgis Health Centre in North Gondar, Ethiopia, has participated in several capacity building trainings through *Born on Time*, including long-acting family planning and clinical mentoring. He then shared his knowledge by mentoring peer healthcare providers in eleven health centres in his district.

Tilahun says: “*After taking the clinical mentoring training, I have changed both as a professional and as a person . . . We have learned to prepare ourselves before we go out to mentor others. It has helped me to read and refer to medical books when I am faced with a difficult case. This in turn helps to perform a more accurate procedure in the workplace. I have also learned how to better interact with people. People in our profession don’t usually ask each other what to do. After the mentoring training, I have developed the confidence to ask people what I don’t know and to take lessons from others.*”



Health Care Providers like Tilahun participate in clinical mentoring training

After providing feedback during the mentorship sessions, Tilahun has noticed a lot of openness. He says that the health professionals have welcomed him and accepted his feedback. After receiving feedback, the health centre managers have realized there are gaps and have acted on them.

Tilahun commented, “*We have also helped set things in order. For instance, there might be materials needed for the practice but they are put in the store [storage]. After the mentorship sessions, the equipment is taken out and used because of the feedback at the clinical mentorship sessions.*”

“If I did not take care of [Moushumi] during pregnancy, we might have a preterm baby and my wife could become the victim of infection. I have received information from the Born on Time project and thus I have been able to ensure safe delivery and health of my baby and wife.”

Ashikur Rahman, husband and father of two, Bangladesh

Male Engagement Leads to Healthy Outcomes



Moushumi with her new baby and young son with Ashikur, who is starting the cooking fire

Moushumi, now 20, was married at age 16 to Ashikur Rahman, who works as a day labourer in the Rangpur district of Bangladesh. Neither were aware of family planning methods, and Moushumi became pregnant just a couple of months later. They could not afford to buy nutritious food or to visit the health centre for prenatal checkups. As the pregnancy continued, Moushumi became ill, and she delivered a preterm, low birthweight baby boy at a private clinic. Due to the forceps-assisted delivery, Moushumi developed a serious postpartum uterine and vaginal infection.

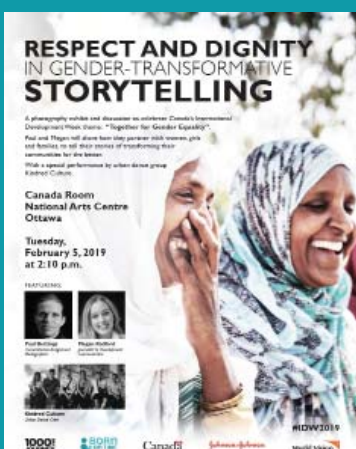
Moushumi and Ashikur’s son was not healthy. When he was three years old, Moushumi became pregnant for the second time. Again, Ashikur did not take her to the health centre for prenatal checkups and none of her family members provided any support. **Without intervention, it was likely that Moushumi’s second pregnancy would be high risk and that she would again deliver a preterm baby.**

To reduce maternal and child mortality, *Born on Time* has trained CHWs to ensure safe delivery by identifying pregnant women in their community, and motivating men to support women to access antenatal care services and deliver at a health facility.

In Moushumi and Ashikur’s community, a trained CHW and a member of the Household Decision Maker Group met with Ashikur and his mother. After a lengthy discussion, they convinced Ashikur to ensure Moushumi accessed antenatal care. Together with the community skilled birth attendant, they also motivated Ashikur to be more supportive of Moushumi during her pregnancy by allowing her to rest, providing her with low-cost nutritious food, and sharing household responsibilities.

Due to their efforts, Ashikur became supportive, and brought nutritious food and different varieties of fruit for Moushumi. He spent quality time with her and began to do household tasks such as cooking and taking care of their son. Moushumi delivered a full-term healthy child. “*When my husband supports me and my baby, I feel very happy and I did not feel this way before,*” she said with a smile. Ashikur is convinced of the benefits of his new behaviours, and is now motivating his friends to support their wives and families in the same way.

SPREADING THE WORD



International Development Week

Born on Time took part in a photo exhibit as part of International Development Week celebrations. More than 200 Canadians engaged with the photo exhibit during a reception hosted by the Government of Canada at the National Arts Centre in Ottawa. The project was also featured as part of a workshop entitled *Respect and Dignity in Gender-Transformative Storytelling*.



International Women’s Day

Born on Time highlighted “girl bosses” like 25-year-old Mahlet in a blog for International Women’s Day. This community midwife is a tireless advocate for and educator of the women in her rural community in Ethiopia.



CONTACT:

Marie Bettings, Program Director, *Born on Time*

1 World Drive | Mississauga, Ontario | L5T 2Y4 | Marie_Bettings@worldvision.ca

bornontime.org