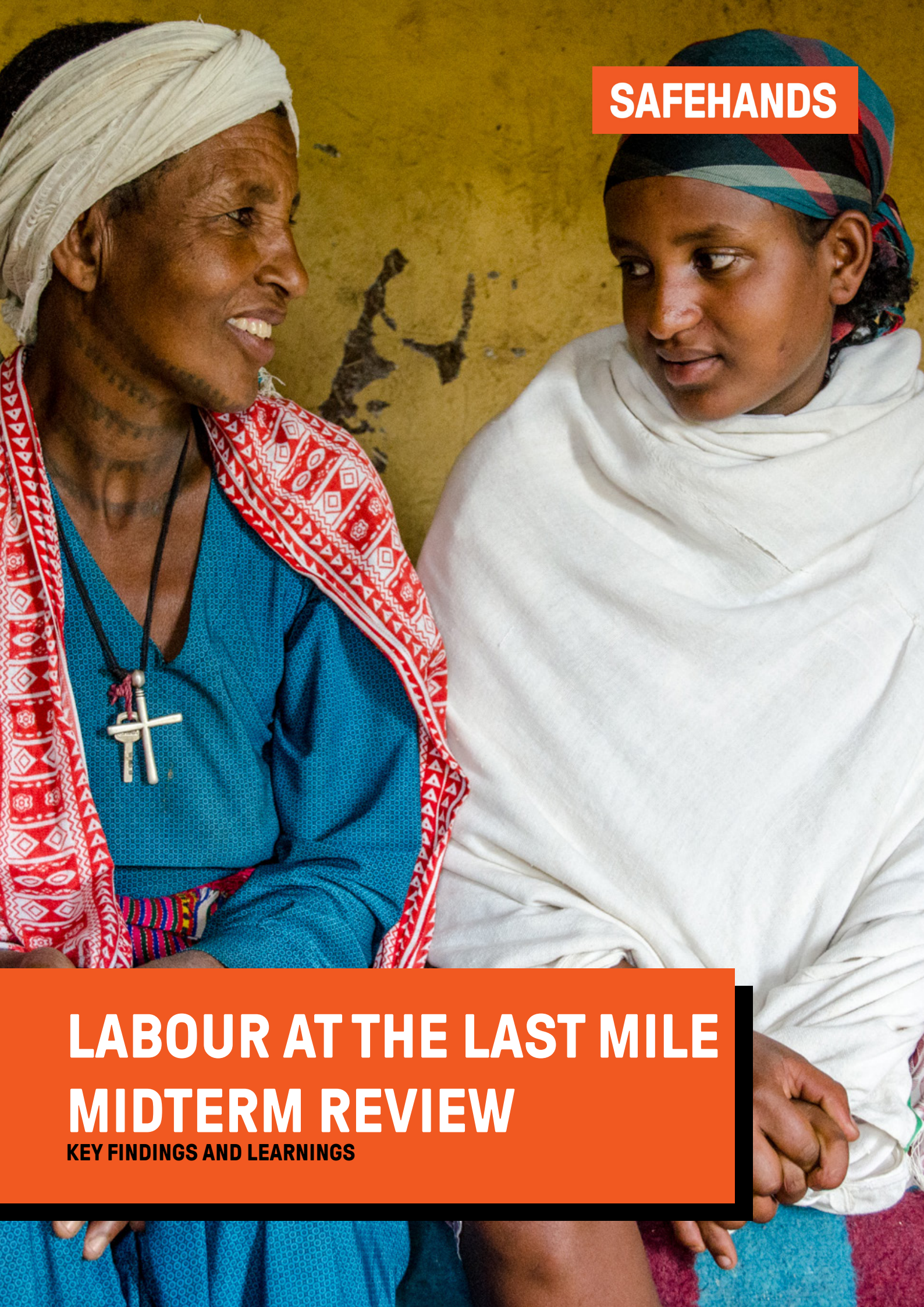

SAFEHANDS

LABOUR AT THE LAST MILE MIDTERM REVIEW

KEY FINDINGS AND LEARNINGS

ABOUT SAFEHANDS

SafeHands works to see a world where women and girls have the information and knowledge to make informed decisions about their sexual and reproductive health and rights (SRHR), whether it is access to contraception; safe motherhood and safe abortion; treatment for STIs and HIV; prevention of gender-based violence, including an end to female genital mutilation (FGM); an end to child marriage; or stigma free menstruation.

We put life-saving SRHR information into the hands of women and girls to make full, free and informed choices regarding their bodies and lives.

ABOUT LABOUR AT THE LAST MILE

From 2019 – 2023, SafeHands is implementing the "Labour at the Last Mile" project to improve safe motherhood for women living in Yilmena Densa and East Denbia, two rural districts in the Amhara region of Ethiopia. Our project provides quality safe motherhood information on antenatal care, institutional delivery, and the benefits of visiting a maternity waiting home (MWH) before the onset of labour through community meetings, film, leaflets, and a mass media campaign. "Labour at the Last Mile" is funded by the generosity of BBC Radio 4 listeners. The project is implemented by SafeHands in support of the Amhara District Health Bureaus in Yilmena Densa and East Denbia to improve safe motherhood for women in hard-to-reach communities.

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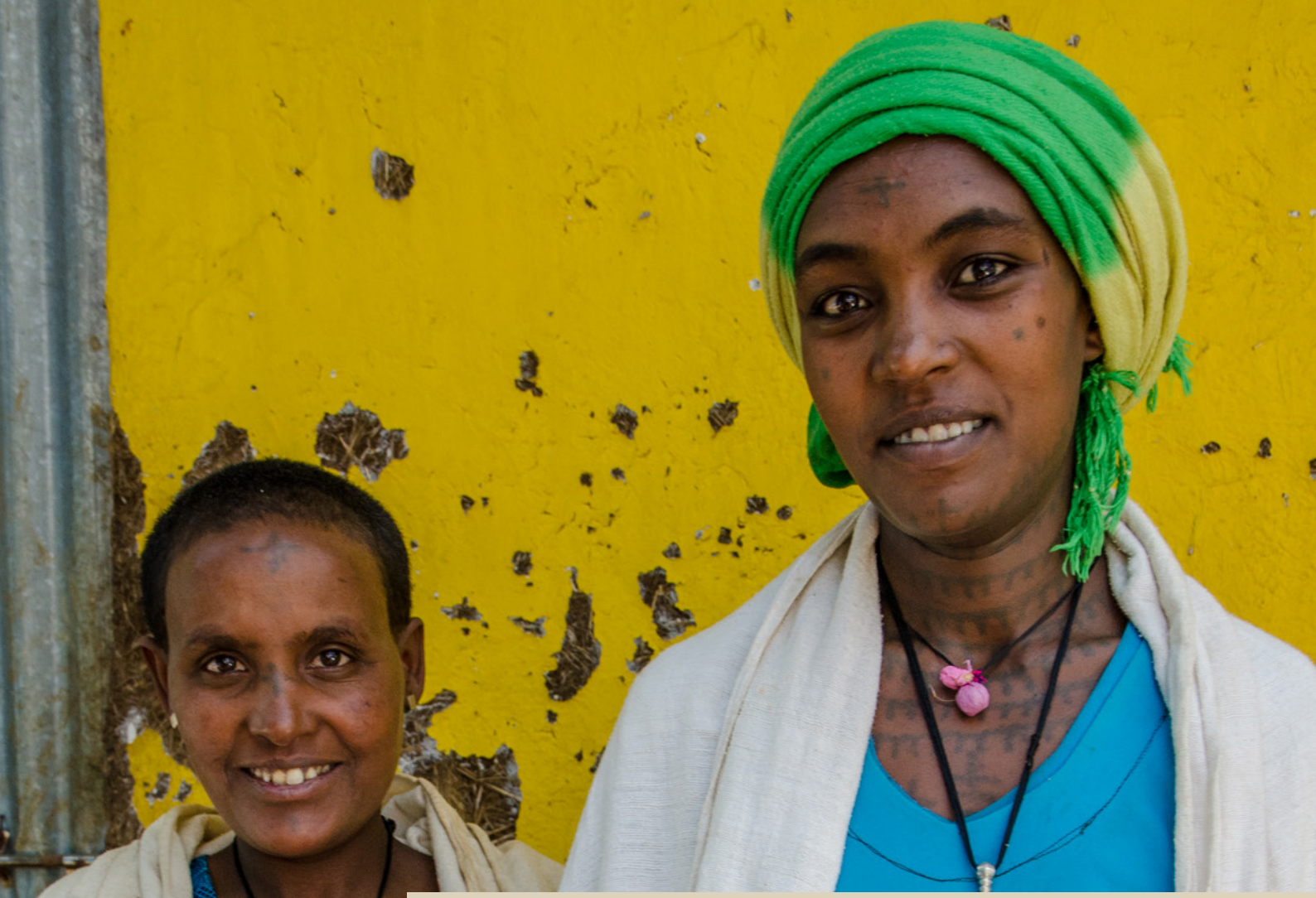

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Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

BACKGROUND: PROVIDING SAFE MOTHERHOOD AT THE LAST MILE IN ETHIOPIA

The five or ten kilometres that stand between a woman and a health centre may not seem like much. But imagine travelling that distance while enduring the excruciating pain of labour. Every minute scared for your baby, yourself and your family.

This is the reality for millions of women throughout rural Ethiopia. Ethiopia has one of the highest rates of maternal mortality in the world, with 30 women dying each day during, following pregnancy or childbirth.[1] The majority of these deaths are preventable through access to skilled health care.

Improving maternal health extends beyond the sterile numbers of maternal mortality rates and into the lives and experiences of each woman – *can I decide when I have a child; is my pregnancy going well; will I be okay during labour; and will my child and I be safe after?* To improve maternal health, the four pillars of safe motherhood are: the right to plan and space pregnancies, access to antenatal care in pregnancy, obstetric care during birth, and postnatal care in the days after delivery.

Many barriers stand in the way of safe motherhood and a woman's ability to receive a continuum of care. The World Health Organisation (WHO) recommends the following continuum of care for maternal health:

- a minimum of four antenatal care appointments (ANC);
- skilled attendant at birth with access to emergency obstetric care if required;
- postnatal care within 2 days of birth.

In developing countries, many pregnant women are unable to access a continuum of care throughout pregnancy, childbirth and postpartum period. There are vast safe motherhood inequalities for women in urban versus rural areas. In rural areas, women are more likely to be under-served without access to skilled care, increasing the risk of maternal mortality and morbidities and adverse effects on newborn and child health. For rural women, the barriers to safe motherhood care include: physical barriers like the distance to the health centre and availability and affordability of transportation; financial barriers like accessibility of food, childcare and potential lost earnings while staying at the home;[3] cultural barriers like information and beliefs about care and the ability to practice cultural ceremonies during and after birth; and decision-making power within her household, relationship and community.[4, 5, 6]

Maternity waiting homes (MWHs) have been established in many countries as a key cost-

Four Pillars of Safe Motherhood

1. family planning - to ensure that individuals and couples have the information and services to plan and space pregnancies
2. antenatal care - to ensure that complications of pregnancy are detected as early as possible and treated appropriately
3. clean and safe delivery - to ensure skilled birth attendants have the knowledge and equipment to perform a clean childbirth
4. essential obstetric care - to ensure that essential care is available to all women who need it.[2]

effective intervention in reducing barriers to safe motherhood for women in hard-to-reach and rural communities. MWHs can create a comfortable environment where pregnant women can stay in the safe hands of skilled birth attendants before the onset of labour and return to stay after childbirth. MWHs are facilities adjacent to health centres where women can stay in the weeks leading up to delivery. Woman can be in the right place when labour starts, with access to around-the-clock skilled care. A safe space to rest and eat, women are monitored by health staff and receive information and counselling on health, nutrition, breastfeeding, postpartum family planning and postnatal care within two days of birth. Research shows MWHs reduce maternal and neonatal mortality among users.[7]

Over the past 30 years, the Government of Ethiopia's Federal Ministry of Health (FMoH) has established a network of institutional MWHs to improve rural women's access to comprehensive emergency obstetric care who live at a distance from health services. The FMoH recognises the role MWHs play in reducing the physical and financial barriers that prevent women from accessing birth with a skilled attendant. Many MWHs are provided free of charge with free or affordable transportation to and from the home. The FMoH's explicit MWH guidelines outline referral

Rural Versus Urban Disparities in Maternal Health Interventions

In Yilmena Densa and East Denbia, 80% of the population live in rural and hard-to-reach communities.[8] Proximity to a health centre is a major barrier for women in Amhara accessing a continuum of safe motherhood care and skilled attendant at birth. Geography, education, age and economic status have a direct impact on key maternal and neonatal health outcomes. Household wealth will also determine the chances women were to give birth in a health centre. Only 2% of deliveries in the poorest households had a skilled birth attendant compared to 46% of deliveries in the richest households.[9]

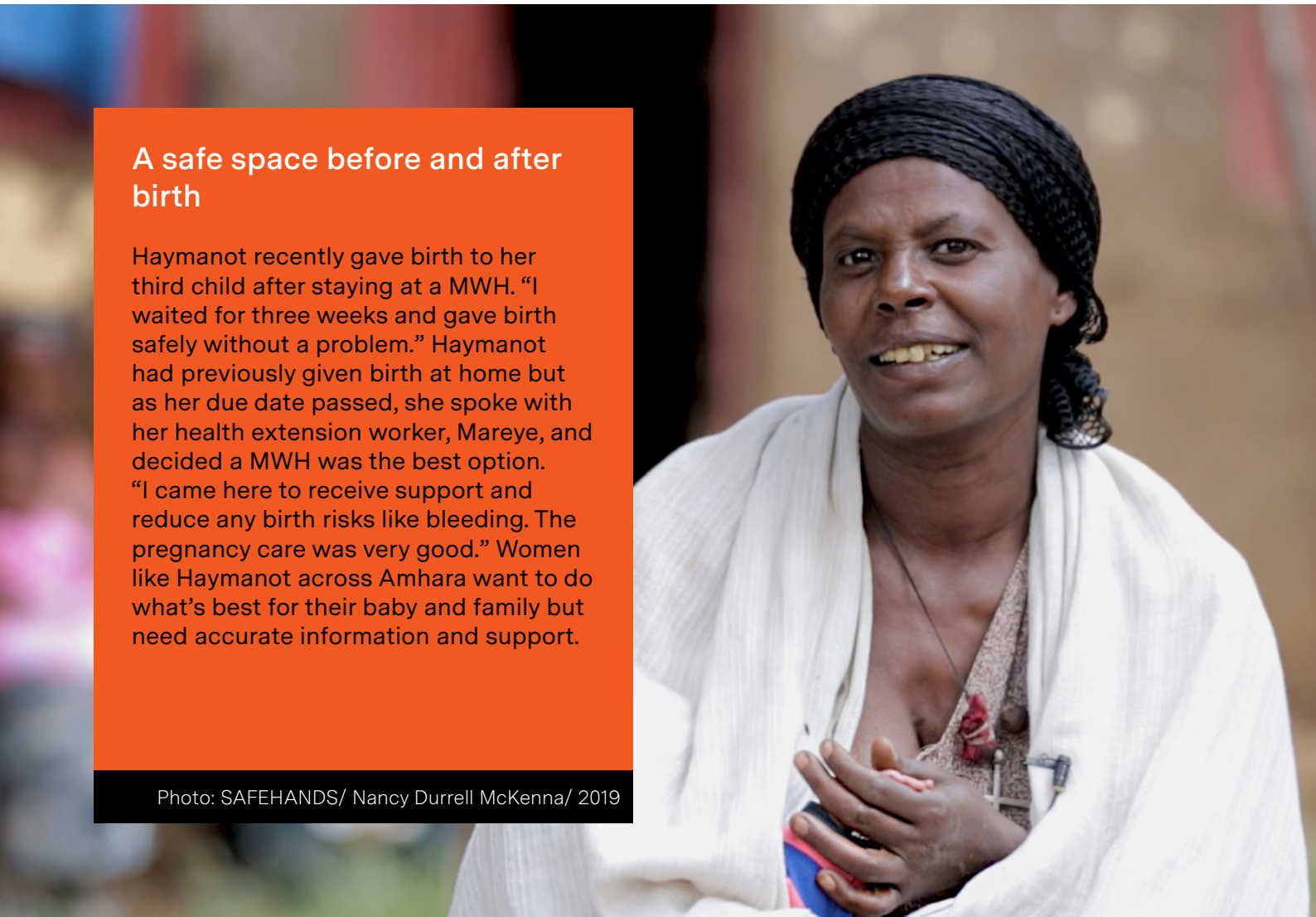
Women in Amhara face large inequalities in key maternal and neonatal health interventions compared to their urban peers[10] – disparities which are attributed to and exacerbated by distance to the health centre. Key indicators in Amhara fare only slightly better than national level rural indicators but remain low compared to national averages. Unmet need for family planning remains high at 42%; 1 in 8 women will receive 4 antenatal care appointments; 1 in 10 will have a skilled attendant at birth; and only 5% will receive postnatal care within 2 days of birth. Even when MWHs are required to provide postnatal care, it is often not available due to lack of space. Even if provided, 85% of women have no intention of staying to receive postpartum care.[11]

Key maternal and newborn health interventions, Ethiopia vs. Amhara 2011[12]

	Demand for Family Planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%)	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)
Ethiopia, urban	72.8	45.5	51.5	49.8	8.1	32.1
Ethiopia, rural	43.2	14.5	4.8	4.1	0.5	2.7
Amhara	57.4	12.4	10.5	10.2	1.3	5.1

criteria, minimum standards of accommodation and services and strategies to mobilise community support for MWHs have been successful at improving safe motherhood access to hard-to-reach rural populations. However, there are large disparities in how these are implemented country-wide and district to district.[13]

MWHs have successfully contributed to a reduction of almost 80% of maternal deaths in Ethiopia.[14] In the country, MWHs are located across five Regional States of Ethiopia with most located adjacent to hospitals. Admission capacity ranges from four up to 44 mothers at a time. Some MWHs require visitors to cater for their own food, firewood and clothing supply while staying and providing only kitchen space and few kitchen utensils. It is estimated that some women came from as far as 400 kilometers away to obtain MWH services,[15] Nongovernmental organisations (NGOs) have been essential in complementing government efforts to establish, support and encourage community mobilisation for MWHs. Yet deciding to stay at a MWH remains a challenge for women living at a distance or at the last mile of health care provision across Ethiopia.



A safe space before and after birth

Haymanot recently gave birth to her third child after staying at a MWH. “I waited for three weeks and gave birth safely without a problem.” Haymanot had previously given birth at home but as her due date passed, she spoke with her health extension worker, Mareye, and decided a MWH was the best option. “I came here to receive support and reduce any birth risks like bleeding. The pregnancy care was very good.” Women like Haymanot across Amhara want to do what’s best for their baby and family but need accurate information and support.

Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

OUR PROJECT
LABOUR AT THE LAST MILE

From 2019 – 2022, SafeHands is implementing the "Labour at the Last Mile" project in Yilmena Densa and East Denbia districts in the northwest regional state of Amhara.

The "Labour at the Last Mile" project provides women living in hard-to-reach communities with accurate safe motherhood information on the importance of skilled delivery and the benefits of visiting a MWH before the onset of labour. Our project aims to improve awareness and decision-making including a MWH as part of their birth plan and improve the continuum of care women from hard-to-reach communities receive during pregnancy, childbirth and the postpartum period. Working in rural, hard-to-reach communities in two districts, our project works to raise pregnant women's awareness about the importance of safe motherhood; supported health workers to provide antenatal care; and galvanise community support for MWHs.

Our project approach emphasises the delivery of Information Education Communication (IEC) materials and facilitated discussion to generate a 'breakthrough conversation' whereby participants are able to understand the importance of visiting a MWH in their maternal and neonatal health outcomes. Our IEC materials use a combination of curated personal storytelling and evidence-based health information. These materials extend the capacity of health providers to go beyond routine information and provide entry points to engage in meaningful discussion with participants. Health providers engage women and their partners in conversations aimed to openly address questions, concerns or challenges they have about MWH. While women can certainly make their own decisions, having the support of their partners, families and communities will make the journey easier.

That is why we work closely with community leaders to champion positive attitude change toward safe motherhood and greater political and financial support for MWHs.

The Journey to Safe Childbirth in Amhara

Our project focuses in on the northwest of Ethiopia in the highlands of the Amhara region. The region is mainly rural, with most people making their living farming barley, corn and millet. Arid hills roll into the distance dotted with small villages and close-knit communities. Crisscrossing this landscape is an invisible network of health extension workers (HEWs) and midwives connecting communities with information on safe pregnancy and childbirth.

Calm and beautiful, the arid hills can turn deadly when they stand between a woman and a health centre. Just imagine traversing this landscape while enduring the excruciating pain of labour. Yet, this painful journey can be avoided.

By visiting a MWH, a home away from home, pregnant women can be in the right place when labour starts, with access to around the clock skilled care. Because distance and terrain are such barriers for women accessing skilled care, Ethiopia's FMoH recognises MWHs' role in improving safe motherhood and ensuring women living at a distance from a facility have the care they need. MWH uptake remains low, with many hidden delays, and barriers exist in ensuring pregnant women make the decision as part of their birth plan.

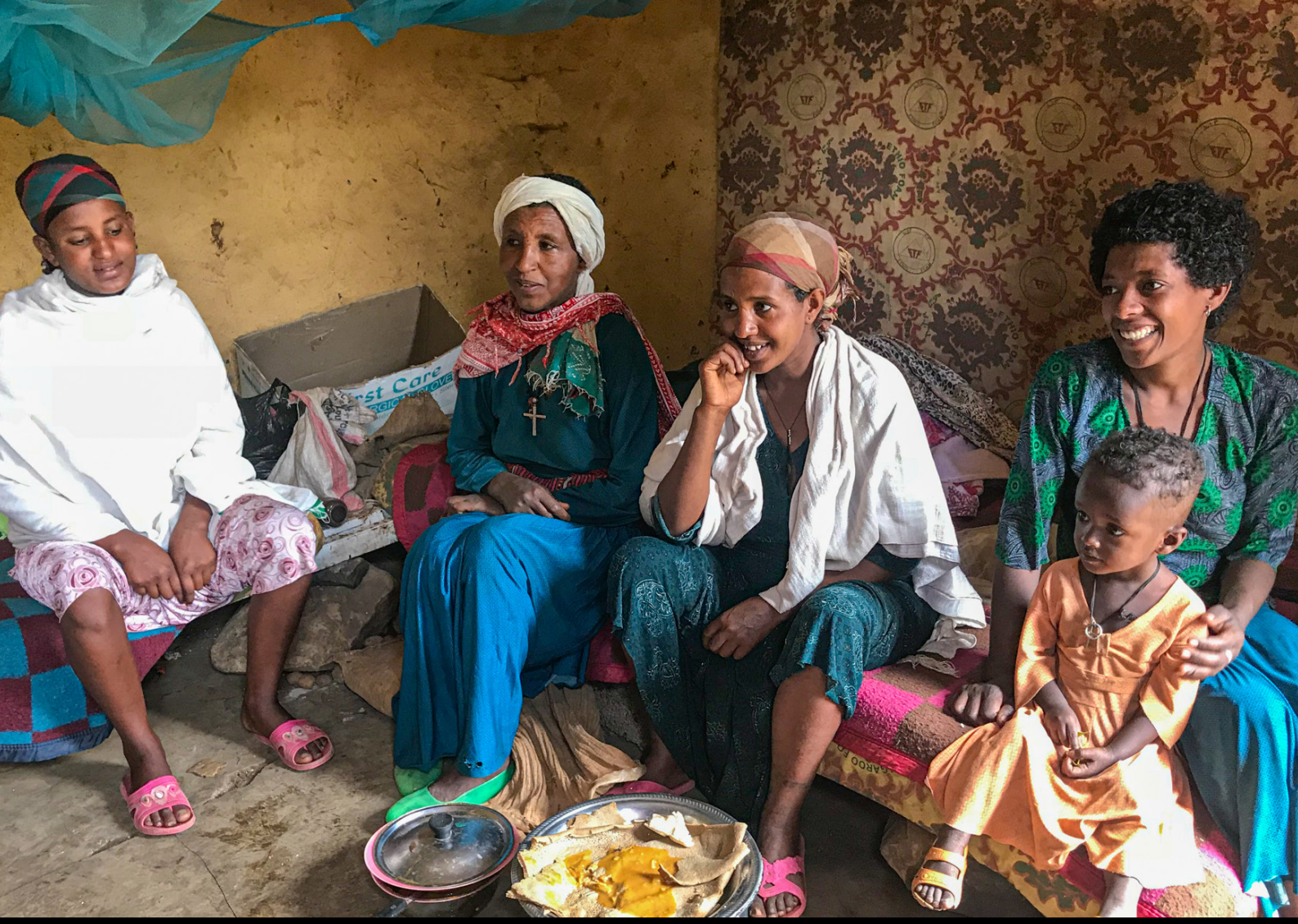


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

Making Pregnancy Safer

"Labour at the Last Mile" builds on the work of our previous project "Make Pregnancy Safer II." In 2013 – 2016, "Making Pregnancy Safer II," supported by Comic Relief, worked to reduce maternal, neonatal, and infant mortality in the same districts. By collaborating with the Family Guidance Association of Ethiopia (FGAE), government offices, health workers, and local community leaders, the project:

- Increased the births performed by a skilled childbirth attendant from 10.6% to 20%
- Provided 1,240 women in maternal health emergencies with an ambulance service
- Improved quality of care, with 75% of women reporting satisfaction with services at health centres
- Empowered women to make healthy choices, with 75% of women reporting an increased positive attitude towards long acting family planning methods
- Reduced transport and financial barriers to institutional delivery through Community Emergency Fund.

THEORY OF CHANGE

From 2019 - 2020, our project took the following approach:

IMPACT: Contribute to a reduction in maternal mortality and morbidity

OUTCOMES:	Improved awareness about the importance of skilled delivery	Women have increased knowledge and access to skilled delivery	Increased support among men for skilled delivery	Sustainable grassroots support for maternity waiting homes	Trained midwives have increased confidence communicating health messages
OUTPUTS:	Number of people reached by radio campaign about skilled care	Number of women reached with in-person information on skilled delivery	Number of men reached with in person information about skilled delivery	Grain and funding gathered to support maternity waiting homes	Number of midwives trained
INPUTS:	Radio campaign on importance of giving birth at a health facility	Midwives conducted community meetings on maternity waiting homes and birth for both women and men		Community leaders meeting to support MWHs	Communication Trainings
PROBLEMS:	Lack of awareness about the need for skilled delivery	Women are unable to make decisions about health and birth plan	Community leaders and men do not support birth at health facility	Maternity waiting homes are not supported and functional	Midwives lack strong communication skills

PROJECT OUTPUTS YEAR 1: 2019 - 2020

At the project's midpoint, we note progress on the following project outputs:

1. **We curated and disseminated IEC materials on safe motherhood through film and printed literature.** We focused on the production and distribution of a health message film, *Maternity Waiting Homes,* available in local Amharic language and complementing take-away health information leaflets that included the main health benefits of taking a pre-emptive decision to visit MWH before the onset of labour. The film combined personal testimonials on quality of care at MWHs and addressed evidence-based messaging including the "Three Delay model" on why women may not seek institutional childbirth.

2. **We supported midwives and community Health Extension Workers (HEWs) to deliver antenatal care.** We worked with 100 midwives and HEWs to provide an important referral link to MWHs as a part of their antenatal care. While some women may self-refer, health worker referral is a critical component to the standardisation and institutionalisation of Ethiopia's network of MWHs. Based in their communities, midwives and HEWs provide essential antenatal care at health facilities and community meetings. Local health workers are trusted members of the community who are well-positioned to provide IEC materials, including our film, discuss in greater detail community members' questions and concerns, and encourage conversations around considering visiting MWHs. Midwives and HEWs screened our film during antenatal care, community meetings and outreach services with group discussion about the benefits of MWH. In hard-to-reach communities, films were screened on our solar-powered media players, a transportable resource that midwives can use to screen films despite a lack of electricity.

3. **We galvanised local support for safe motherhood from community leaders and a mass radio campaign.** We worked to mobilise community support by working with community leaders to champion MWHs. We supported a mass radio campaign to disseminate key messages. Evidence shows wider community support is essential in the uptake of MWHs by rural women. Community leaders have the social influence to encourage men and family members to support a woman to give birth at a health facility. Coupled with a wider information campaign over Amhara radio stations, we worked to build wider community support for skilled delivery services and MWHs.

The Administrative Levels of Ethiopia

States or Regions – there are 10 regions in Ethiopia. Amhara is the second largest region, home to over 27 million people.

Zone – there are over 68 zones across Ethiopia. Our project centres on West Gojjam and North Gondar Zones.

Districts – there are 139 districts in Amhara. Our project works Yilmena Densa and East Denbia districts.

Kebeles – the smallest administrative level within Ethiopia, each is made up of at least 500 families. Kebeles are grouped into clusters of three which are served by one health centre.

Mastewale and Solar-Powered Media Players

"Films allow first-time mothers to learn from the real-life experiences of other women." Midwife Mastewale regularly screens films on her solar-powered media player during antenatal care sessions. She wants to show pregnant women and their partners what to expect from labour and the first weeks of life after birth. She screens our *Maternity Waiting Homes* film and other health education films to expecting parents as part of community meetings to encourage women to include a visit to a MWH as part of their birth plan.

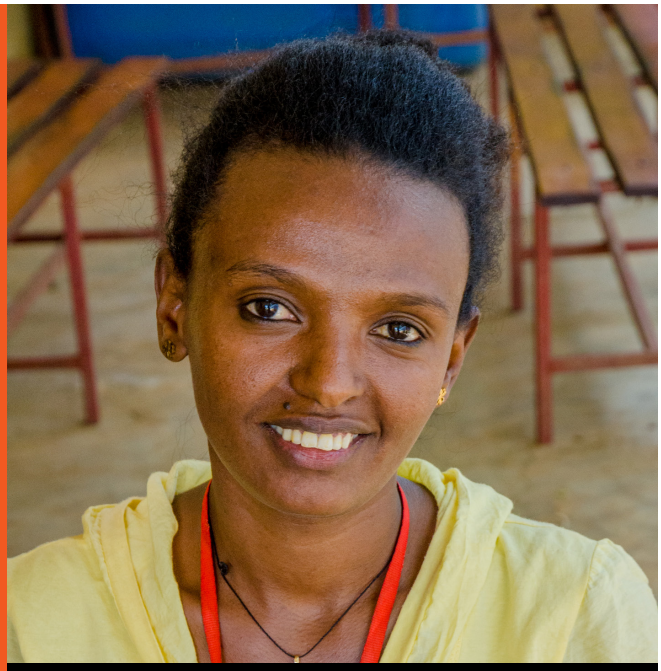


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

Complementing local health systems

Our project worked to strengthen the local health system in two districts in Amhara. We worked to complement the FMoH's presence in Amhara through working with the Regional Health Bureau, local health centres and health posts, alongside MWHs. While Ethiopia's FMoH has been implementing MWH network across the country for over 30 years, there remains a need to provide essential information to rural areas on their benefits and galvanise support. NGOs like SafeHands can play a critical role in raising awareness and mobilising local support.

Since 2003, the FMoH's flagship Health Extension Programme has improved health outcomes in hard-to-reach communities by establishing health centres and health posts where midwives and HEWs reside and are based in the community. In 2013, the FMoH's Maternal and Child Health Case Team (MaCHCT)'s targets aimed to improve access to antenatal care and skilled delivery in rural areas[16]:

- Increase skilled birth attendance to 77% by 2025;
- Increase antenatal care coverage (at least 4 visits) to 87% by 2035;
- Meet need for emergency obstetric care to 100% by 2025.

We worked in collaboration with the Amhara Regional Health Bureau and district health officials in implementation of the project. Our sensitisation meeting at the beginning of the project was held with the Amhara Regional Health Bureau to ensure our project plan and design was suited to local health needs and complemented local health care models. We also worked closely with the district health officials through this Midterm Review to validate findings in this report, identify challenges and agree on recommendations for Phase 2 of the project (2021 - 2022). Our Project Manager is a local community leader who has worked closely with the health system over many years. His local experience ensures the project is able to complement existing work on safe motherhood and MWHs in the region.

RESPONDING TO EXTERNAL CHALLENGES

As we began our project in 2019, we could not have foreseen the operational challenges of the external environment in 2019 - 2020.

Supporting childbirth during COVID-19

Amid Ethiopia's national lockdown, COVID-19 exacerbated barriers women faced in accessing safe motherhood and other health care services. Reduced transportation, fear of attending the health centres, and rampant misinformation drove pregnant women away from the health facilities to give birth at home for fear of contracting COVID-19. Unskilled and unattended childbirth is very risky and can result in complications, disability, and death. Since the beginning of the pandemic, we worked to adapt our project to respond to the challenges presented by COVID-19 and continue to be there for women:

- We supported an emergency information campaign through the dissemination of antenatal pamphlets on COVID-19 and the importance of seeking health services during pregnancy and childbirth;
- We prioritised emergency funding to support an emergency radio campaign to deliver the message that maternal wards are a safe space and separate from COVID-19 response;
- We disseminated WHO Guidelines on COVID-19, Pregnancy and Childbirth through the Amhara Regional Health Bureau.

Although we continue to share information about the safety and importance of skilled delivery, we are gravely alarmed to see that the number of women seeking them is decreasing. This is a stark reminder of the far-reaching impact that COVID-19 is having on safe motherhood and the challenges to support a continuum of care amid a global pandemic.

Tension and conflict within Ethiopia

Security has remained a challenge to navigate as tensions have risen within Ethiopia over the last year. In the initial planning phases of the project, the assassination of an army chief resulted in a blackout of service and communication. In November 2020, conflict between Tigray and the Federal government escalated with an impact felt in Amhara. Due to safety concerns in East Denbia, some activities have had to be cancelled or moved to ensure the safety of all those involved.

ABOUT THE MIDTERM REVIEW

Our Midterm Review aims to assess the progress of the "Labour at the Last Mile" project at the midpoint. After 18 months, we are taking stock of the progress we have made in our three-year project. We want to understand what changes our work has made to the women, midwives, HEWs and community leaders in Yilmena Densa and East Denbia. Our Midterm Review aims to assess our progress, understand the experiences of women we worked with, and consider how best to meet their needs in the latter half of our project. This document shares our project's achievements, personal stories, best practices, and lessons learned. We will use the findings from this review to guide the design and implementation of the next phase of our project.

METHODOLOGY

The Midterm Review was undertaken as an internal exercise conducted by the SafeHands' project management team. The design of the Midterm Review was exploratory, using mixed methods of desk research, qualitative and quantitative data collection, and management review.

The Midterm Review included:

1. desk research on the best practices for improving maternal health and uptake of MWHs;
2. an evaluation meeting with the health officials from Yilmena Densa;
3. a descriptive cross-sectional study with a representative sample of women of reproductive age.

Surveys assessed knowledge and beliefs regarding reproductive health and COVID-19, sources of information, and exposure to awareness-raising and resource mobilisation campaigns. The surveys were conducted by external consultants in seven kebeles in each district. The kebeles were selected randomly using a lottery method. Within each kebeles, 30 households were randomly selected for interviews. All data collectors were trained on safeguarding the rights and confidentiality of the participants. In total, we conducted 408 surveys. Fourteen district health officials evaluated the project based on the progress monthly reports, comments from midwives and HEWs, and progress toward targets and provided recommendations for the next phase of our project (2021 – 2022). Research was conducted September to November 2020. An evaluation meeting was scheduled in East Denbia but due to the security issues in nearby Tigray region, was postponed until December 2020 to a new location. The management of the project was assessed based on achievement of results, budget, and timeline. Findings, recommendations and challenges were validated in agreement with the Amhara Health Bureau.

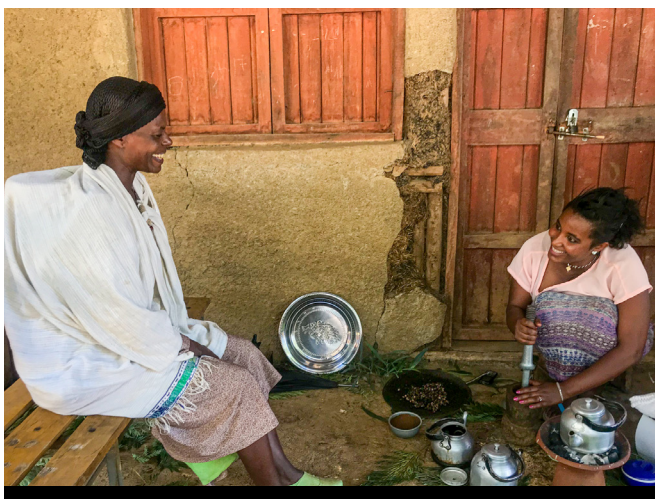


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

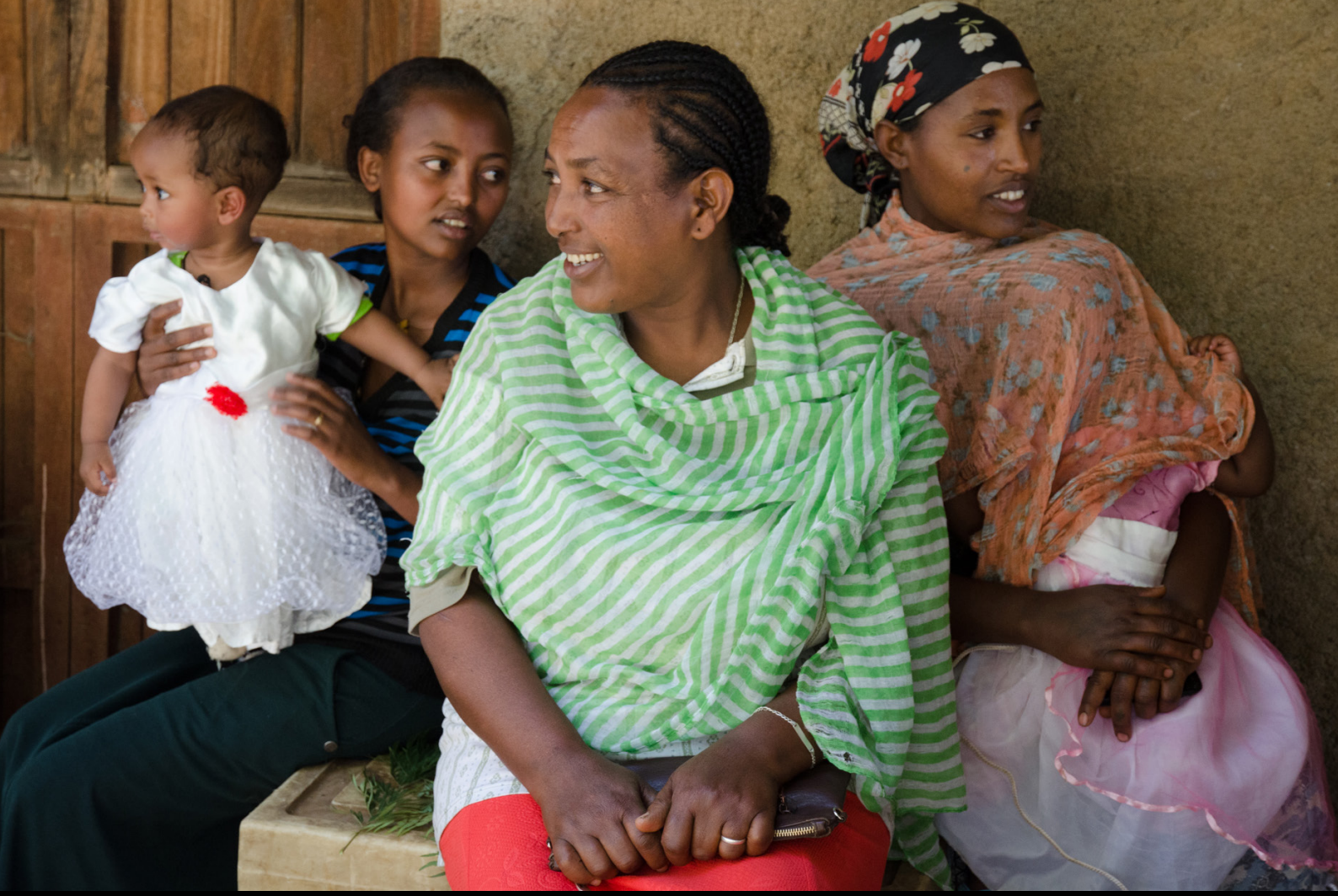


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

LIMITATIONS

1. A baseline survey of midwives and women in the Yilmena Densa district was undertaken at the outset of this project. However, the sample size was small with 21 midwives and 80 women surveyed;

2. The cross-sectional study undertaken in Yilmana Densa and East Denbia only included women, which means there is still limited understanding of husband and family member knowledge and attitudes about safe motherhood interventions;

3. The Midterm Review was carried out internally and led by the project management team. While an independent assessor would have been preferable to avoid bias, we have done our best to remain objective;

4. Midwives did not feature strongly enough within the evaluation of the project to date. Although feedback was requested throughout the project, their input was limited within this review.

Beyenech's story helps tell the story: why MWHs matter

Beyenech lives in Yilmena Densa and volunteers to supports the midwives and HEWs as they hold community meetings and provide safe motherhood information to local women. She knows the importance of this work. "Five years ago, I stayed at the maternity waiting home but there was little support – no food and the follow up was poor." Having stayed herself, Beyenech has benefitted from the care available at MWHs and has seen why community support for the running and improving the homes is important. "At this time, we are happy, the maternity waiting homes have food available, and women are coming to stay." Stories like Beyenech's help encourage other women who may be reluctant on why staying in a MWH is important.

KEY FINDINGS

31,886 people reached with in-person information on safe motherhood through community meetings. To date, our project surpassed our target of reaching 25,000 community members by 120%.

85% of women surveyed made health decisions to visit a MWH together with their partners. Men's attitudes from partners, husbands and community leaders help support women to make healthy decisions for themselves, their newborn and family.

9.8 million people across Amhara heard our message about access to safe and skilled labour for women in hard-to-reach communities. Our radio campaign played over Amhara community radio at peak listening times over 21 weeks.

78.2% of the women interviewed were perceived to have good knowledge on safe motherhood as a result of the project. Women surveyed had sufficient knowledge of the key important topics including antenatal care, institutional delivery, postnatal care, and MWHs.

Take-away leaflets with key messages on MWHs were a useful way in conveying valuable information, including to women with low levels of literacy and to their partners and families. As women were able to take-away leaflets after seeing our film at antenatal care sessions, they often took the leaflets home to discuss with their partners, families and in-laws providing a good entry point for discussion on the importance of visiting a MWH.

77% of women interviewed reported HEWs were their main source of health information. This confirmed the importance of working with midwives and HEWs to complement their efforts in supporting pregnant women with safe motherhood information.

3.6 tons of grain and 94,000 Ethiopian Birr* was mobilised to support MWHs. Community resource mobilisation is crucial to ensuring the functioning of the MWHs by building grassroots, sustainable support for safe motherhood within the community. Working with community leaders was essential in securing grain to feed women visiting MWHs.

We addressed fears of contracting COVID-19 at MWHs. During the COVID-19 pandemic and national lockdown, our radio campaign and printed literature delivered an urgent message that it was still safe to deliver at health centres despite the COVID-19 pandemic.

* Equivalent to USD $2,600

LABOUR AT THE LAST MILE DETAILED FINDINGS

Findings from the Midterm Review are outlined in the following pages in more detail with progress vis-à-vis expected project outcomes.

Outcome 1: Improved awareness among community members about the importance of antenatal care and skilled delivery and the benefits of staying at a MWH.

Target – reach 25,000 women and men with information about MWHs.

The aim of this project was to increase awareness about the importance of safe motherhood practices including antenatal care, giving birth at a health centre and the benefits of MWHs. In the first half of this project, we surpassed our goal of 25,000 people by 127%, reaching a total of 31,886 women and men with safe motherhood information.

Our project supported midwives and HEWs to hold community meetings for women and their partners to learn about essential maternal health information. These created an important opportunity for in-person information-sharing using leaflets and the film to extend the reach of health workers. The community meetings reached 77% of the women interviewed and in total reached 31,886 women and men in the two districts, far surpassing our initial goal.

Photo: SAFEHANDS/ Aemero Tenagne/ 2021

Abebaye wants her friends to visit to a MWH

Like all expecting mothers, Abebaye dreams of bringing her child into the world safely with love and care. Yet Abebaye lives at a distance from her nearest health centre and may need to walk 8 km in labour to deliver at a health centre. Abebaye's midwife told her about the benefits of considering a MWH before the onset of labour, Abebaye and her husband decided to stay at a MWH in the weeks leading up to labour. She was assured that precautions would be taken to ensure risk of contracting COVID-19 remained low.

"I stayed for two weeks and was well fed and received good care. I am so happy to have stayed at the waiting home and in the skilled care of the midwives. I will inform my friends about the quality of the care I received at the maternity waiting home." says Abebaye. Abebaye had a safe delivery and was delighted to return home with a healthy baby after staying at a maternity waiting home. She now wants other expecting mothers to know how a MWH can be a lifeline for pregnant women living at a distance.

Furthermore, 78.2% of the women interviewed had a perceived good knowledge of the key important topics covered at the meetings including antenatal care, institutional delivery, postnatal care, and MWHs. These results show evidence that community meetings are effective ways to disseminate reproductive health information.

At the request of the community members, community meeting attendees were given leaflets with the key information on safe motherhood to take home. Although there are low rates of literacy, many women who were unable to read requested the leaflets for their children or husbands to read to them. Throughout the first half of the project 12,962 leaflets were distributed.

85%
of women surveyed who stayed at a MWH had made a decision jointly with their husbands

85% of the women surveyed who stayed at a MWH had made the decision jointly with their husbands. This highlights a strong connection between familial support and the decision to stay at a MWH. Although improving women's knowledge about safe motherhood is crucial, familial support is a strong determinant in decision-making.

Although there is evidence that our work has bolstered knowledge about safe motherhood services and the benefits of MWH, the utilisation of MWHs remains low. This demonstrates Phase 2 of the project should move beyond awareness-raising and support attitude change in the surrounding community.

Outcome 2: Supporting the work of 100 midwives and health extension workers to deliver antenatal care

Target – support the work of 100 health workers and build the skills of 55 health workers in health communication.

As the heart of the FMoH Health Extension programme, HEWs and midwives are crucial to improving maternal health within hard-to-reach communities. 77% of women interviewed reported HEWs were their main source of health information. Therefore, engaging health workers has been central to this programme. Our project exceeded our target by 141% for the number of health workers we supported to deliver safe motherhood information to community members. 141 health workers

Getting the word out on COVID-19

With the rise of the COVID-19 pandemic, information about how to stay safe was crucial. The Ethiopian FMoH quickly established a strong communication campaign, but their messaging did not include information about pregnancy and childbirth. In April 2020, we adapted our approach to include COVID-19 messaging and provided leaflets for community member to know how to keep themselves safe. We also provided a radio campaign played on Amhara Community Radio on the importance of visiting a MWH despite the COVID-19 pandemic and national lockdown. In total, we distributed 20,832 leaflets and reached 28,942 community members with in-person information on COVID-19.

- 53% of women interviewed had heard SafeHands radio messages about COVID-19
- 63% of women interviewed had received SafeHands leaflets on COVID-19 and pregnancy.

Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

Health Extension Workers on a vital mission.

As an HEW, Yesherag loves her work. “I like connecting with the mothers and children in the community,” Yeshareg provides a vital service to her community: monitoring the health of local women and men, providing health advice, and administering vaccines and other preventative health services. And after ten years, she still loves it. She tells us, she gets to know the children as they grow and can see first-hand the impact of her work. Each day, Yeshareg criss-crosses the landscape connecting community members with the information they need. With limited access to accurate health information in the community, she will spend a lot of her time answering routine questions and concerns including dispelling myths, explaining potential risks during pregnancy and childbirth, and the importance of seeking skilled care at the local health centre.

reached over 31,000 women and men with safe motherhood information.

In addition to supporting community meetings, the district health officials and midwives requested a communication training be provided to improve the delivery of health information. The training planned for the first week of April 2020 was cancelled as a result of the COVID-19 pandemic. Funding allocated for this training was reprogrammed to support a radio campaign on COVID-19 encouraging women that the health centre remained the safest place to give birth amid the COVID-19 pandemic and national lockdown.

Communication training for health workers is an activity to be carried over into the next phase of the project. The training will have a strong emphasis on storytelling to be able to share perspectives, testimonials and personal stories with community members.

Outcome 3: Build local support for maternal health by galvanising action from community leaders and through a mass communication campaign.

Target: Engage 80 community leaders to support maternal health interventions and mobilise resources to support the logistical costs of the MWHs.

To build lasting change in the knowledge and support for MWHs, our project engaged community leaders to use their influence to support MWHs operations and encourage women in their decision-making. In total, we engaged 147 community leaders, far surpassing the target by 184%.

At the first meeting in February 2020, the community leaders demonstrated a willingness to champion MWH within their communities. The kebele leaders agreed to mobilise 350,000 Ethiopian Birr worth of resources – either

through grain or money – to supporting the MWHs. It was agreed that community leaders would hold monthly meetings to evaluate the progress they made in galvanising community support and raising community resources. As community leaders met just weeks before a national lockdown, activities had to be halted and diverted attention away from MWHs. In total, community leaders mobilised 146,760 Ethiopian Birr – which represented 3.6 tonnes of grain and 94,000 Ethiopia Birr - just 41.9 % of our target.

94,000
Ethiopian Birr was mobilised to support MWHs

Due to limited resources, the community leader training only took place in Yilmena Densa, and not in East Denbia. There are notable differences in attitudes and utilisation of MWHs between the two districts. Although utilisation of the MWHs was low in both districts (26% of study participants had stayed at a MWH), there is a distinct difference between Yilmena Densa, where the resource mobilisation took place, and East Denbia at 32% and 21% respectively. Women reported the availability of food for MWH attendees at higher rates in Yilmena Densa (22%) compared to East Denbia (11%), and twice as many women in Yilmena Densa reported that, as a result of our project, they were more able to stay at a MWH. These findings point to the importance of community leaders in reducing financial barriers and changing attitudes, which are important learnings to be carried forward into the next phase of this project.

The project's mass media campaign broadened safe motherhood information to the wider community. Airing at a high-impact time five days a week for 21 weeks, we reached 9.8 million people across the entire Amhara region. Although less impactful than in-person

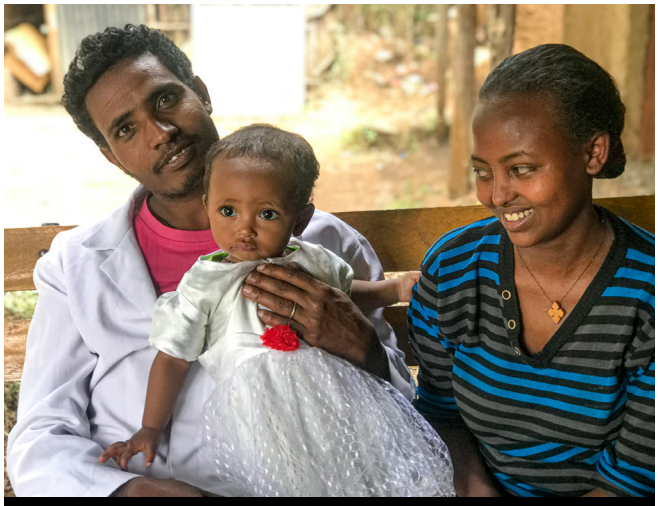


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

Midwives are a crucial link in the health system

Midwife Mandefiro, lives at the health centre with his wife, Serpik, and daughter. We met Mandefiro and his family while filming *Maternity Waiting Homes* in 2019. Mandefiro wants to ensure that all women have access to a midwife – not only during pregnancy and birth, but to also follow up on postnatal care. He provides physical and emotional support in the hours and days following birth. He also ensures women are prepared to leave the health centre with a healthy baby, and equipped with essential knowledge on breastfeeding, nutrition and postpartum family planning.

activities, these high frequency messages supported our work to raise awareness at a much larger scale. Of the women surveyed, 52% had heard our project messages on safe motherhood and MWHs.

Relevance

The initial project design as purely information-sharing approach was adapted and evolved significantly over the last eighteen months into a three-pronged approach of awareness-raising, health worker capacity-building,

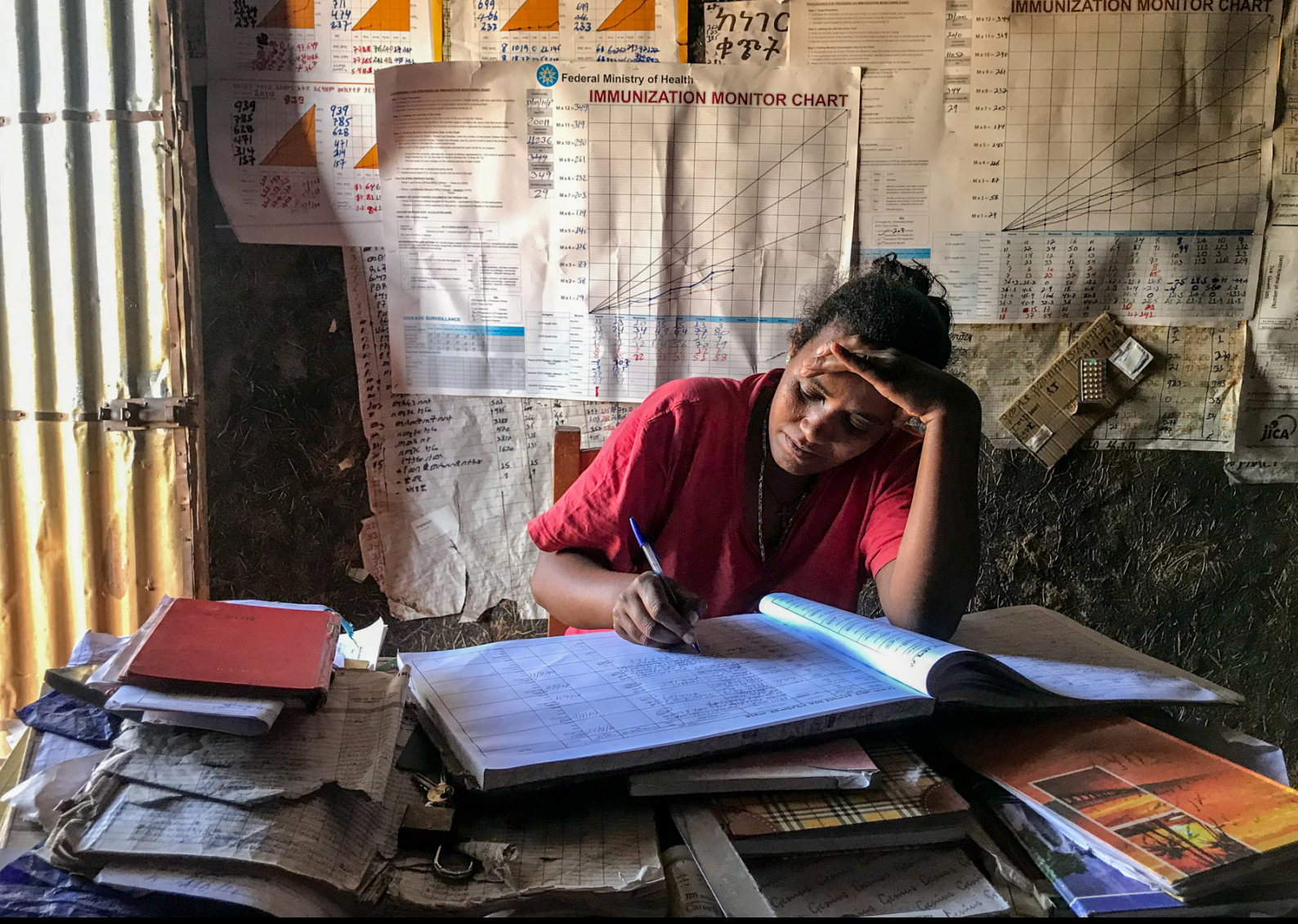


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

Community health champions: Mobilising action for MWH

"Mothers are dying due to poor health uptake when it comes to childbirth and delivery" shares Yilmena Densa community leader Yonas. Yonas knows all too well the risk women in his community face when they opt to give birth at home without support from a skilled attendant. Community champions like Yonas are essential in fostering healthy decision-making when it comes to safe motherhood. Community support can shift individual behaviours, either by changing norms or individual knowledge and attitudes. Champions like Yonas and his peers can generate greater political will and mobilise essential local resources to support the little extras like food, sheets and electricity that are critical to the running of MWHs.

and resource mobilisation. This is a relevant approach; however, the emphasis has been too focused on the awareness-raising element. Although this is partly in response to the pandemic, the next phase of this project should look to include a stronger focus on resource mobilisation and engaging men and community members to support safe motherhood interventions within the wider community through tailored community meetings and information materials.

District health leaders reported that the project was too narrow in its focus and that the information provided should extend beyond pregnancy and childbirth. This is supported by the feedback from the community members, as they requested more expansive information including early childhood development, nutrition for mothers and children. Therefore, more should be done in the next phase to ensure the message is relevant toward the community needs including the unique information needs of men.

Our Project Manager and focal point health workers recommended a reward mechanism including nonfinancial recognition such as certificates to motivate health workers.

Value for Money

Our project design complements and supports the existing structures within the local health system. By working with the existing network of health workers to disseminate information and by engaging community leaders to galvanise community action, this project has found efficient ways of building acceptance and support for MWHs. In prioritising outreach activities to rural communities, this project targets women with increased risk factors for pregnancy-related morbidities and maternal mortality, which is a more equitable and cost-effective approach.

The leaflets were designed and printed locally, and filming and translation were done locally, but the editing was not. This was a result of the film having two purposes within the organisation: (1) to raise awareness within two districts about safe motherhood and MWHs; (2) for fundraising in the UK for our BBC Radio 4 Appeal.

Although the reach of radio messaging offered high return on investment, it is a low-impact intervention. This achieved the desired reach, but in the future high-impact interventions could provide more value for money.

Sustainability

Sustainability is at the heart of our project. Our project invests in strengthening the local health system to provide a continuum of care and improve the quality of care of maternal health services in two districts. Our project aimed to strengthen the quality of antenatal care, encouraging uptake of MWHs as a means to ensure access to skilled births, emergency obstetric and postnatal care. We worked to invest in the network of local health providers and decision-makers involved in maternal health services – local health bureaus, health workers, health facilities, health posts and MWHs. Sensitisation and resource mobilisation build lasting support for safe motherhood interventions like MWHs within the community beyond the current project and funding. The training of health workers in health communication are lifelong skills which will continue to impact their work beyond the project. Embedding elements of our project within the existing district health system enhances the project's sustainability. Areas of improvement in sustainability include developing funding streams within the health system to support the ongoing running of community meetings and developing longer-use IEC materials.

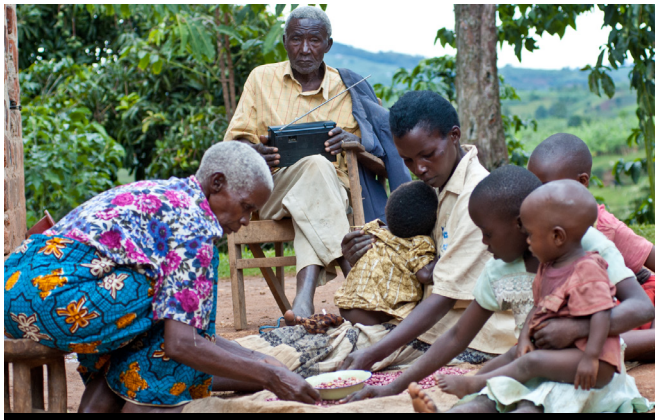


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2006

Taking to the Airwaves: Reaching audiences across Amhara through radio

"Maternity waiting homes make childbirth safer by making sure you have the caring hands of a midwife, near no matter what time you go into labour." This is the message broadcast across the radio airwaves in Amhara, Ethiopia. Heard by thousands of women, men and their families, the message is clear and accessible: MWHs can be a lifeline for pregnant women living in villages dotted across the Amharic countryside. In this area, radio plays a prominent role in daily life and remains a powerful tool which overcomes barriers of geography, literacy, and education, and provide lifesaving information for a fraction of the cost. Radio can convey important messages on health, education and localised information.

LABOUR AT THE LAST MILE CHALLENGES

A number of challenges have inevitably arisen since the start of the project. Some of the most valuable learnings about the project come from reflecting on issues and achievement gaps. These insights will inform the next phase of the project and beyond. Key challenges identified in the Midterm Review include:

Information-sharing:

- The IEC materials shared in film and leaflets were too narrow. Community members requested more information on nutrition and early childhood development. The film and leaflets were the first elements of the project created and this feedback highlights the importance of developing the health messaging with the community. The next phase should explore a co-create panel of community members to feedback into the development of information materials;
- Screening the film remained a challenge. Though solar tablets were still available for use from our "Making Pregnancy Safer II" project, community members reported difficulty seeing or hearing the film. Although short-term solutions were found to improve the screenings, the next phase will need to include a long-term solution.

Health Worker Involvement:

- Health workers reported not being paid enough for the work;
- The project supported one health worker per health post to hold pregnancy conferences, but those engaged reported frustration from the other health workers that they were not included as part of the project;
- The success of MWHs relies on its integration with other parts of the continuum of care, including antenatal care and a strong referral system.

Data Collection:

- Baseline data was limited and, in many ways, did not correlate with the data collected for the Midterm Review. This is a result of the evolving design of the project but has made the evaluation of progress difficult to measure;
- Health officials reported that the per diems did not adequately compensate for the monitoring efforts that were required and compiling the data from the health posts and health centres was time consuming and challenging;
- Data collection was monthly, but it took many weeks for the reports to be returned from the kebeles to the project manager and to SafeHands. Monitoring should instead be moved to a weekly or bi-weekly reporting schedule to improve our ability to diagnose problems and propose solutions in real-time.

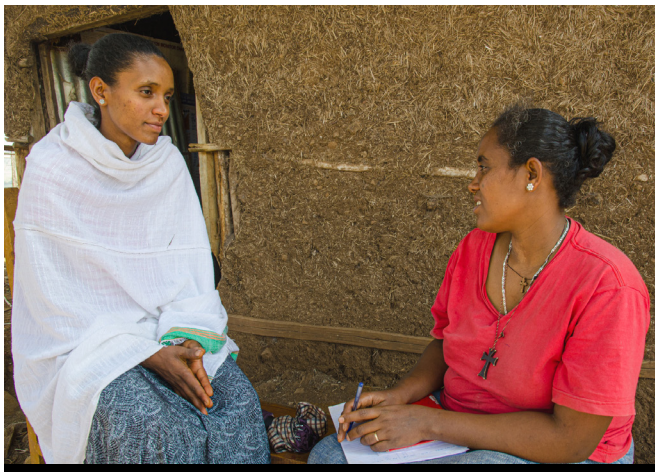


Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019

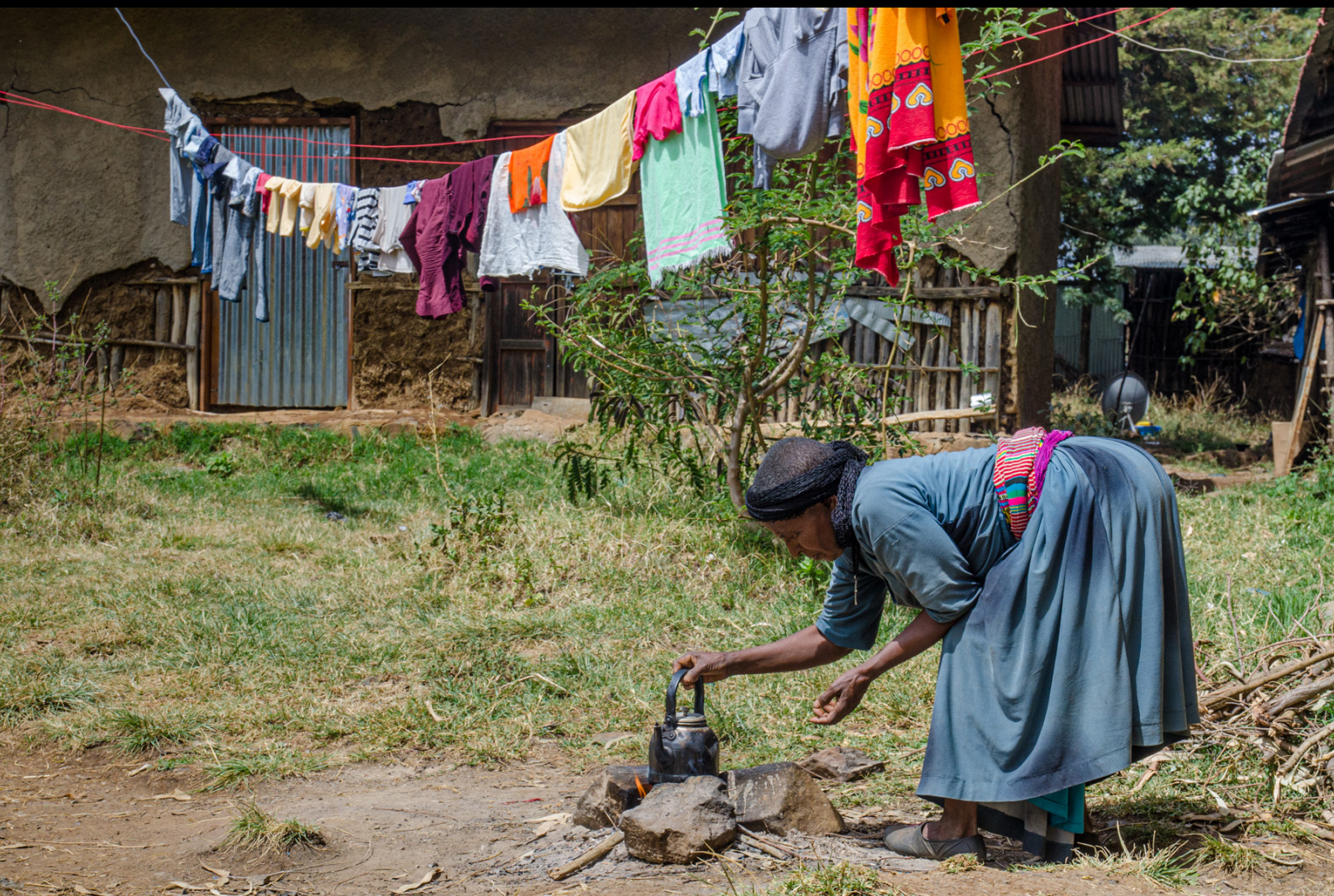
LABOUR AT THE LAST MILE RECOMMENDATIONS

The following recommendations have been identified based on the challenges, lessons learned and gaps in the Midterm Review.

Strengthen IEC materials and delivery methods

- Strengthen content and messaging in existing IEC materials - film and print materials that are more tailored to a local audience and that include a wider range of information including COVID-19, nutrition, and other topics requested by the community members;
- Create all future IEC materials with the community to better respond to local and articulated needs of the community. Future variations of the film should rely more heavily on consultations with the community to better understanding the local needs. Leaflets will aim to use pictures and diagrams to be as accessible as possible for non-literate beneficiaries;
- Invest in new or different mobile film-screening technologies to find a sustainable solution to the issues with the solar tablets;

Photo: SAFEHANDS/ Nancy Durrell McKenna/ 2019



- Reallocate money away from radio campaigns and into training and materials to focus efforts on attitude and behaviour change;
- Evaluate the community meeting dissemination format and consider the effectiveness of smaller group sessions or longer-term courses, including for men, adolescents, and targeted community groups.

Addressing the cultural and family barriers

- Invest in community leader sensitisation and engagement to influence community attitudes toward safe motherhood practices;
- Engage men in the discussion about the importance of safe motherhood interventions including MWHs;
- Mobilise community resources to support the logistical costs of MWHs.

Health workers capacity-building

- Support in health workers through communication training which encourages participant perspective-sharing and storytelling;
- Incentivise health workers through a certificate programme or community recognition;
- Seek feedback and continued involvement from all members of the healthcare network, including doctors, midwives, and HEWs.

Expand the focus

- Include information on nutrition and early childhood within the project.

Invest in data collection

- Prioritise high-quality data collection so that district health staff and project staff may accurately measure impact, report on findings, and make informed programming decisions for the future;
- Design a case-control study to better evaluate improvements in community knowledge as a result of the project;
- Throughout this project, the importance of local customs including tea and coffee ceremonies to encourage participation cannot be underestimated.

LABOUR AT THE LAST MILE CONCLUSION

At the midpoint, our "Labour at the Last Mile" project has achieved or surpassed most of its targets to increase awareness and acceptance of skilled delivery, antenatal care, and maternity waiting homes as critically important preludes to safe motherhood. Survey results and feedback gathered from district health officials and women within the community show the value of this project so far, as well as opportunities for improvement going forward.

Although the three-pronged approach of the project is strong and relevant, a stronger emphasis needs to be placed on creating an enabling environment for women to make healthy decisions. The next phase of this project should look to engage men and community leaders and expand the resource mobilisation to increase uptake of facility birth. Where targets have not been met, there are clear reasons and lessons learned to address the challenges going forward. This will ensure the project continues to support women to make healthy choices over their bodies and lives.

The Midterm Review's findings, challenges and recommendations will be incorporated into the design and implementation of Phase 2 of the project – set to commence in January 2021 – June 2022. At the project's conclusion, we will externally evaluate the outcomes and impact of our project.

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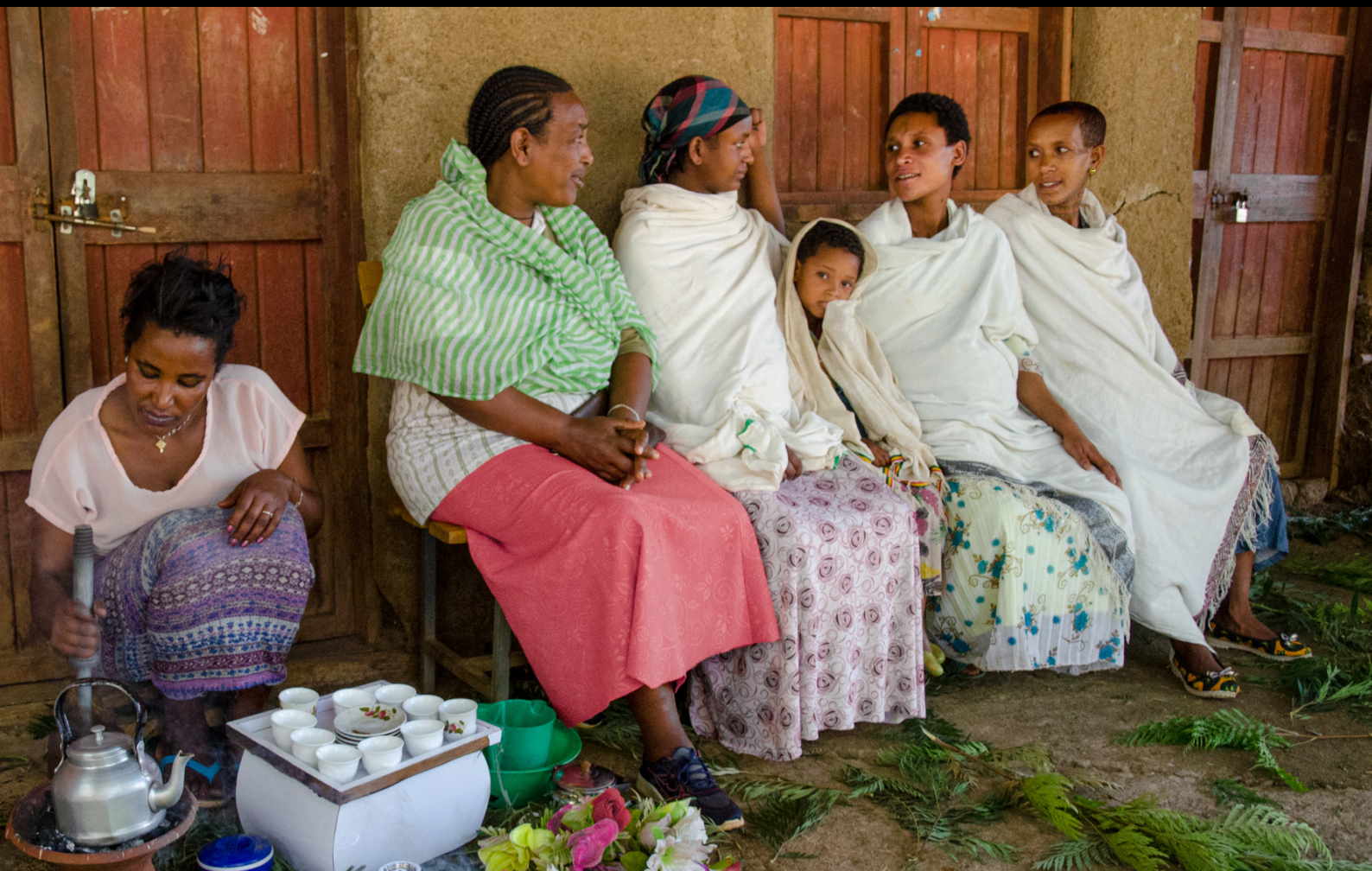

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