

HEALTH HEALING NETWORK BURUNDI (HHNB)

Mobile Platform 4 Maternal Health

May 23rd, 2019

Bujumbura, Burundi

Contact details:

Boulevard du 28 novembre |

Hastotel Building no 1

P. O. Box 6335 Bujumbura

E-mail: secretariat@hhnburundi.org

Tel. +257 79 915 555

Table of Contents

Executive Summary.....	2
Introduction and Background	4
Objectives of the Project.....	5
Did you collaborate with any other organizations?.....	5
Report of the Project Activities.....	1
Outreach of the project	2
Describe the Communication interventions.....	2
Describe the M & E intervention implemented.....	3
Achievements during the project implementation period	4
To what extent do the outcomes of the project match the objectives of the original proposal?	6
Project's lasting impact and sustainability.....	7
Describe the Lesson Learnt during the Implementation of the Project	7
What are some of the Challenges encountered during the Project Implementation	8
What are the Recommendations for the Integration Process from the Project?	8
Conclusion and Way Forward	8
Appendices.....	9
Photos	0

1. Executive Summary

Name of the Project	Mobile Platform 4 Maternal Health
Name of the Organization	Health Healing Network Burundi (HHNB)
Organization is active since	July 2012
Number of People in the Organization	27 active members
Project Duration	7 months (November 2018 – May 2019)
Any other Stakeholders involved?	<ul style="list-style-type: none"> Ministry of Health through the National Programme for Sexual and Reproductive Health Cibitoke Health District Murwi Health Centre Community Health Workers (CHWs) Pregnant women
EAC member states involved	Burundi and Rwanda
Total Number of people reached	23 Stakeholders (MoH, National Programme on Sexual and Reproductive Health, WHO, UNFPA, EACH, PHM Burundi, YOWLI BURUNDI, ABEFE, ABEM, and FUCOS), 10 nurses, 33 CHWs and 132 pregnant women
Benefit for people reached	Better maternal and neonatal health outcomes as a result of a better pregnancy monitoring aided by increased antenatal care attendance rate
Number of events organized	8 events: 7 workshops and 1 media outreach
Number of people participated in events	328
Benefit for people participating in events	<p>Overall, stakeholders were introduced to the project concept and its potential impact on improving maternal and neonatal health outcomes in rural settings of Burundi and Rwanda. Specifically:</p> <ul style="list-style-type: none"> The Ministry of Health seized the magnitude of the maternal and neonatal health challenges and the needs for collaborative efforts in the identification and testing of small change ideas that have the potential for scale up at country and regional levels; Staff at the targeted Health Centre together with CHWs and enrolled pregnant women received IT training to enable them to use the mobile application. Having IT skills was highly beneficial for the project implementation and remains rewarding beyond the project scope.
Number of beneficiaries	132 pregnant women

Concrete impact on beneficiaries	<p>1. Pregnant women:</p> <ul style="list-style-type: none"> • Pregnant women received an initial IT training to enable them to use the mobile application; • Pregnant women received a financial incentive for attending the training; • Maternal and child birth outcomes improved among beneficiaries as a result of improved pregnancy monitoring aided by increased number of antenatal care attendance; <p>2. Nurses and CHWs:</p> <ul style="list-style-type: none"> • 2 Nurses received a monthly financial incentive for their incremental workload; • 33 CHWs received a financial incentive to attend training workshops; • Both Nurses and CHWs received IT training; • A 24/7 green helpline was made available at the health centre for urgent use
Number of paying customers	n.a. because our project was a non-for-profit initiative
Frequency & amount of purchase	n.a.
Number of jobs created	2 nurses paid monthly
Sort of jobs & income	Contract (term-fixed) jobs as monthly incentive
Further activities planned?	We are exploring avenues for testing the proof of concept in an urban/semi-urban setting to detect whether results translate the same outcomes
Financing secured for further operations?	We expect IIDEA to support us in testing the proof of concept in urban and/or semi-urban settings

2. Introduction and Background

In November 2017, Health Healing Network Burundi (HHNB) and Rwanda Youth Voice for Change (RYVC) — two public health non-governmental organisations (NGOs) registered and headquartered in Burundi and Rwanda, respectively — co-designed a cross-border health initiative aimed at improving maternal and neonatal health (birth) outcomes in both the countries. The rationale behind this initiative was to nudge efforts in response to the high burden of negative birth outcomes occurring in Burundi and Rwanda, as well as in other East African and sub-Saharan countries. The initiative, titled *Mobile Platform 4 Maternal Health Project* is a digital-based solution that enables better pregnancy monitoring which translates into improved birth outcomes. Currently, such a maternal and neonatal health initiative is a cornerstone intervention as enshrined in country health policies and sub-regional health initiatives such as the Open Health Initiative and the IIDEA initiative of the East Africa Community (EAC) Reproductive Health Unit. Also, maternal and neonatal health is a global priority as evidenced through the Sustainable Development Goals (SDGs) of the United Nations (UN) and the Global Strategy for Women, Children and Adolescents Health (GSWCAH) of the World Health Organization (WHO).

Bearing all the preceding in mind, HHNB submitted the concept idea to the East Africa Community Health Unit as response to the call for funding under IIDEA/GIZ initiative. In June 2018, HHNB signed a funding agreement with IIDEA/GIZ to implement the concept idea in a rural setting in Burundi and Rwanda for an initial period of 6 months. Two months later, the project team composed on Dr Desire Habonimana (CEO at HHNB), Dr Jean Paul Ndayizeye (CEO at RYVC) and Ms Flavie Mugerinkoko (Financial Manager at HHNB) attended a two-day technical training at IIDEA/GIZ office in Arusha. The training was an opportunity to improve technical and feasibility aspects of the project before its implementation. Most importantly, the training helped in fitting the project objectives into the Open Health Initiative of the EAC Reproductive Health Unit. Late October was the kick-off of the project implementation phase which effectively ran from November 2018 until May 2019.

3. Objectives of the Project

Overall aim: To contribute to the implementation of the Open Health Initiative of the EAC Reproductive Health Unit (whose ultimate goal is the improvement of RMNCAH and the achievement of SDG 3 within the EAC Partner States) through improving MNH in the EAC region and, particularly, in Burundi and Rwanda.

Specific objectives:

1. To pilot a cross-border MNH initiative through partnership and collaboration between Burundi and Rwanda (Health Healing Network Burundi and Rwanda Youth Voice for Change);
2. As a partnership, to analyse baseline ANC trend in Murwi Health Centre, implement the Mobile Platform 4 Maternal Health intervention, and observe the new ANC trend due to intervention;
3. Share best practice evidence on the project across EAC Member States for possible replication, scale up and integration in MNCH policies (e.g. EAC Open Health Initiative)

4. Did you collaborate with any other organizations?

Implementation of this initiative involved a multi-partner and diverse stakeholder collaboration approach to ensure buy-in of relevant stakeholders and appropriation of the proof of concept by Governments for translation into health policy. A bottom-up engagement methodology was used to engage the following players:

- **Ministry of Health (Burundi):** The MoH was largely involved in the project before and during its implementation. The Country Director in charge of the National Programme on Sexual and Reproductive Health (PNSR) participated and tremendously aided the successful implementation of the project. For example, PNSR facilitated collaboration with the Health District of Cibitoke and the latter aided collaboration with the beneficiary health centre.
- **Health District of Cibitoke & Murwi Health Centre:** Both the peripheral health bodies offered a positive collaboration with HHNB and RYVC during the implementation phase. Their involvement was highly beneficial especially at the side of community mobilisation and CHWs identification.
- **Community Health Workers:** Existing evidence converge towards recognition of the essential role of CHWs in improving overall health outcomes in the developing world. Instances have been cited in Ethiopia and Thailand for example. HHNB and RYVC built on this community-based workforce to reach out to pregnant women. CHWs were responsible for the recruitment of pregnant women, local mobilisation, and urgent reference to the health centre for emergency health care services.

On top of that, CHWs were linked to the nurses at the health centre for permanent contact using the 24/7 green helpline.

- **The Ministry at the Presidency in Charge of East African Community Affairs:** The Ministry participated to workshops organised in the framework of this project and was kept informed about the strides and progress of the project. Moreover, the Ministry delegate gave a speech during the Stakeholder meeting held in April 2019. A snapshot of his speech is included in the communication material submitted along with this report.
- **Other national and international NGOs:**
 - YOWLI BURUNDI (Young Women’s Knowledge and Leadership Institute Burundi);
 - FUCOS (Force des Universitaires contre le SIDA);
 - PHM Burundi (People’s Health Movement Burundi)
 - ABEFE (Burundi Association for Family Health and Well-being)
 - ABEM (Burundi Medical Students’ Association)
 - International organisations: WHO, UNFPA, UNICEF

5. Report of the Project Activities

Overall, implementation of the project was successful. All activities were carried out as planned. Beyond, the project results were presented during the [7th East Africa Health Scientific Conference](#) held in Dar Es Salaam (March 2019) and are expected to be presented during the [Women Deliver Conference 2019](#) to be held in Vancouver, Canada (June 2019). The table below gives a summary of each activity carried out in the framework of this project:

Activity	Dates & venue	Beneficiaries	Output
1. Design, Pilot and Validation of the Mobile application	<ul style="list-style-type: none"> • October 17, 2018 • October 27-29, 2018 • December 02, 2018 In Bujumbura, Burundi	110 participants	User-friendly digital system is available
2. Installation of 24/7 helpline (green line) and assignment of nurses to handle calls	<ul style="list-style-type: none"> • November 30, 2018 • December 19, 2018 In Murwi, Cibitoke	2 nurses and 33 CHWs	A 24/7 paid for helpline is installed
3. Stakeholder meeting	<ul style="list-style-type: none"> • December 18, 2018 In Bujumbura, Burundi	53 participants	Stakeholders are aware of the project
4. Project launch meeting	<ul style="list-style-type: none"> • December 28, 2018 In Bujumbura, Burundi	20 participants	Project is officially launched
5. Midterm results presentation meeting	<ul style="list-style-type: none"> • April 04, 2019 In Bujumbura, Burundi	29 participants	Midterm results are disseminated

6. Meeting CHWs and pregnant women	<ul style="list-style-type: none"> April 17-18, 2019 Bujumbura, Burundi 	110 participants	CHWs and nurses received IT skills
7. Monitoring and evaluation field visits	<ul style="list-style-type: none"> Twice monthly visits In Murwi, Cibitoke 	6 staff member per visits	Progress is tracked over time
8. Dissemination materials (T-shirts, videos, etc)	<ul style="list-style-type: none"> Throughout the project lifetime 	500 T-shirts, 200 pamphlets, 200 flyers, 20 streamers, 2 videos	The project is known at a wider audience

6. Outreach of the project

Overall, the project has reached 363 direct beneficiaries and an estimated 16,700 indirect audience as summarised in the below table:

Activity	Beneficiaries	Number
1. Design, Pilot and Validation of the Mobile application	Direct	110
2. Installation of 24/7 helpline (green line)	Direct	35
3. Stakeholder meeting	Direct	53
4. Project launch meeting	Direct	20
5. Midterm results presentation meeting	Direct	29
6. Meeting CHWs and pregnant women	Direct	110
7. Monitoring and evaluation field visits	Direct	6
Total direct beneficiaries		363
8. Dissemination materials (T-shirts, videos, etc)	Indirect	3,500
9. Community members reached out through local communication channels including CHWs and pregnant women	Indirect	2,000
10. Individuals reached out through media and social media	Indirect	10,000
11. Individuals reached out through the 7 th EAHSC in Dar Es Salaam	Indirect	500
12. Individuals to reach out during the Women Deliver Conference	Indirect	500
13. Individuals to reach out through the paper (manuscript to be drafted soon and submitted to a journal for peer review)	Indirect	200
Total indirect beneficiaries		16,700

7. Describe the Communication interventions

During the project implementation, reaching a wider range of audience was another overarching and cornerstone goal for both the implementing and donor agencies. In this regard, HHNB and RYVC organised a series of workshops that saw participation of different stakeholders including the media. To reach a wider audience, a webpage that is specific to the Mobile Platform 4 Maternal Health project was created on [HHNB website](#) and a [Twitter account](#) was equally created. Other social media channels including Facebook and WhatsApp groups were used to widespread the project progress and achievements. An

interim report was submitted to the donor agency and shared with the MoH. Notably, HHNB the project success was presented during the [International Women's Day](#) in Arusha by Ms Joyce Kevin Abalo Kimaro who is our focal person at EAC/IIDEA in Arusha. Additionally, the HHNB was invited by the EAC Health Committee to present the project midterm results during the [7th EAC Health Scientific Conference](#) that was held in Dar Es Salaam in March 2019. Dr Desire Habonimana who made an [oral presentation](#) and Dr Nadine Misago represented HHNB to the Conference. At the Conference, they met and discussed the project successful stories to different participants among whom Dr Rogers Ayiko, Principal Health Systems and Policy Officer & Head, Reproductive Maternal Newborn Child and Adolescent Health at East African Community. Both the audience's feedback (during oral presentation) and face-to-face meeting outcomes including that with Dr Rogers Ayiko suggested that the project be tested in an urban and/or semi-urban setting before its translation into policy. *"This is one of the kind technology-grounded initiative in our region that needs to be scaled up. However, since the proof of evidence was generated from a rural setting, it is highly recommended that you pilot the same intervention in a different socio-economic context; I mean an urban and/or semi-urban setting and observe whether the project translates into a similar impact"*, strongly suggested by Dr Rogers Ayiko during a dual face-to-face meeting with Dr Desire Habonimana.

On top of that, Dr Desire Habonimana will share the project success stories during the [Global Women Deliver Conference 2019](#) to be held in Vancouver in June. Furthermore, a [YouTube video](#) that succinctly captures the project successful stories was shared on May 10, 2019.

Another communication intervention that targeted the World Health Organization Africa Region was made in November 2018 in the framework of the mapping of [Africa's Innovative Ideas](#) that advance overall health and well-being (SDG 3).

8. Describe the M & E intervention implemented

Successful implementation of the project is partly due to the strong Monitoring and Evaluation process which aided in tracking progress data and therefore enabled timely response and corrective feedback. The M & E plan was double. Firstly, the digital system had a central server that captured project data from both clinic and community sides. This means that the system has a function to display reminders sent to each and every enrolled pregnant woman, track whether the reminder was received and read, track whether the pregnant woman has attended the ANC appointment or not, and track actions taken by the nurse at the intervention clinic. Also, the number of calls logged by CHWs or pregnant women to nurses or vice-versa (e.g. when a nurse logs a call to follow up and check onto pregnant women who missed

scheduled ANC appointments) through the 24/7 green helpline were automatically recorded by the central monitor. Data were checked weekly to track the process and identify potential challenges and threats for timely corrective feedback.

In addition to the central server data, field visits were regularly held to meet nurses and CHWs and discuss the ongoing of the project. In total, 17 number of field visits were conducted.

9. Achievements during the project implementation period

Key project achievements are summarised in the below bullets:

- The Mobile Intervention raised pooled ANC attendance to 75% which is significantly higher than baseline ANC attendance rates (49% national average in Burundi according to DHS 2017 and 44% national average in Rwanda according to DHS 2015). In Murwi Health Centre, ANC attendance rate, which raised up to 75% during our intervention, was below to 25% before (Figures 1 and 2). Increased ANC attendance translates into a reduction of maternal and child mortality rates and further reduces new HIV infections (vertical transmission) which is the ultimate maternal health goal of EAC Member States and the EAC Reproductive Health Unit through the Open Health Initiative;
- The project trained 10 CHWs, 10 Nurses, and 132 pregnant women who acquired IT skills necessary for using digitalised health systems;
- The project involved a wide range of stakeholders including the MoH, EAC/GIZ, Health Offices (Province and District levels) and other local players;
- The project created jobs for 2 Nurses and empowered 33 CHWs through allowances;
- The project implementation showcased and materialised EAC freedoms (including the freedom for movement, labour, services, and market) – which brought together Partner States through harmonisation of policies and laws in social, political, and economic spheres;
- The project contributed to the Treaty for the establishment of the EAC (specifically in its Article 118 – health interventions in the region) for women’s and children’s health;
- The Project Concept, which will be shared to the Open Health Initiative, is potential for integration into regional RMNCAH policies.

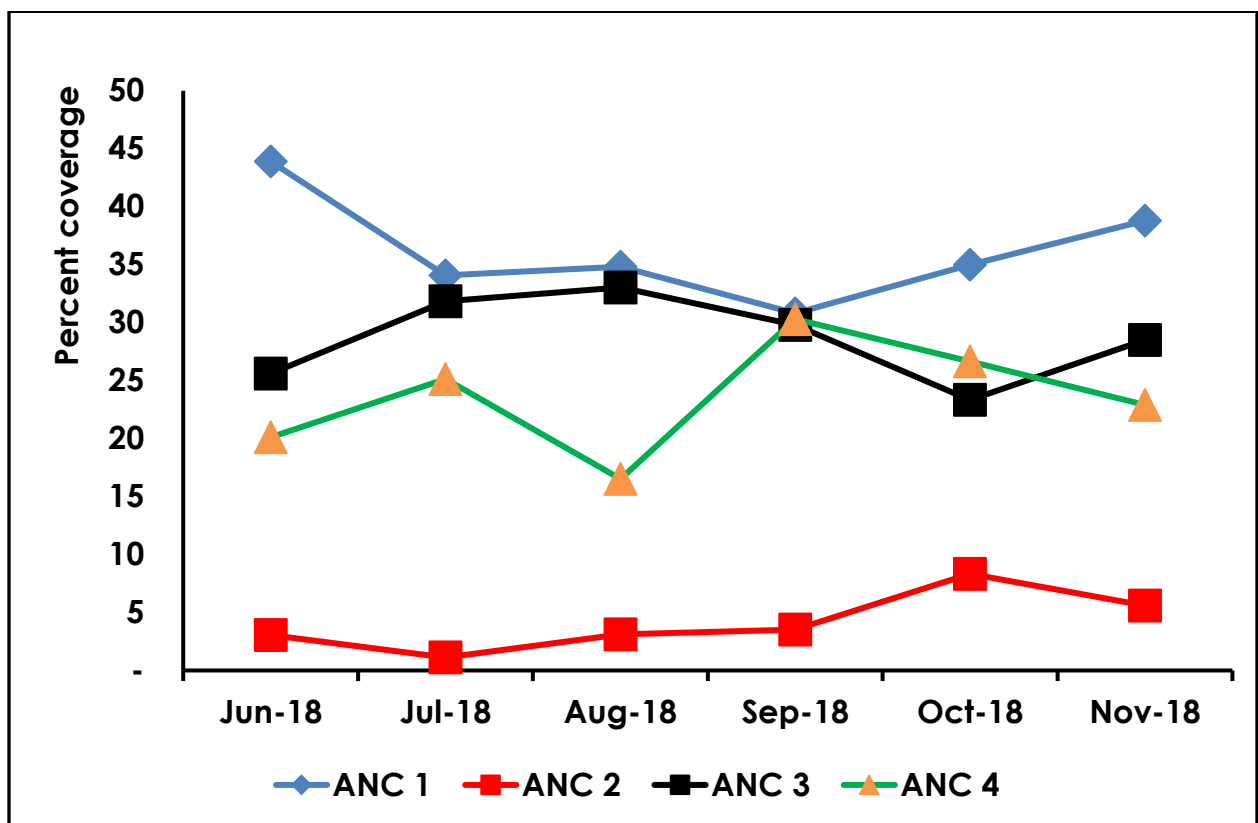


Figure 1. Baseline ANC attendance rate in Murwi Health Centre

Notes: Figure 1 is a graphical depiction of ANC attendance rates before intervention. Data on the first ANC visit (blue curve), second ANC visit (red curve), third ANC visit (black curve) and fourth ANC visit (green curve) were collected for a period of six months preceding intervention. Averages were computed and depicted on a run chart to observe the trend.

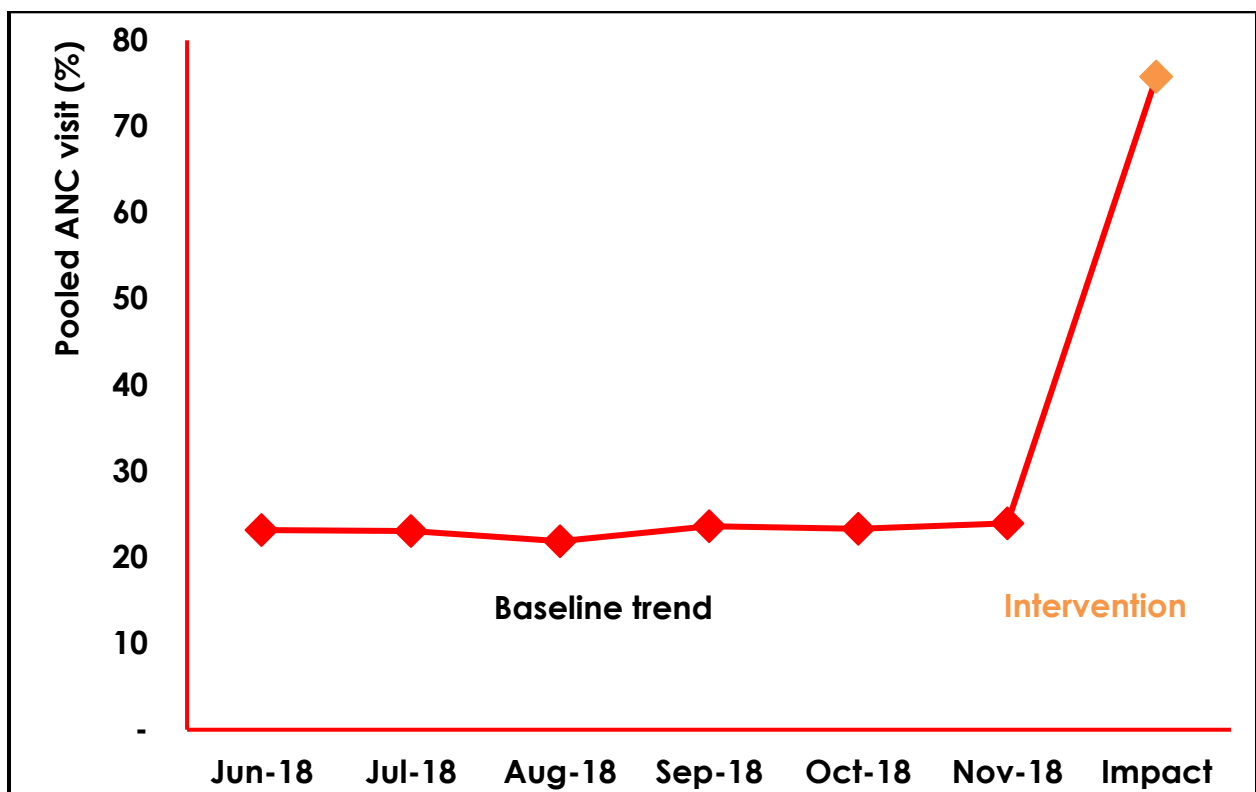


Figure 2. Baseline and intervention ANC attendance rate in Murwi Health Centre

Notes: Figure 2 is a graphical representation of pooled ANC attendance rates before and during intervention. Each datapoint is a mean ANC attendance rate obtained by dividing the total number of women who attended ANC (ANC 1 + ANC 2 + ANC 3 + ANC 4) by 4. Datapoints were plotted on a run chart to observe change in trend before and during intervention. The graph shows an exponential increase of ANC attendance rate as a result of the intervention.

10. To what extent do the outcomes of the project match the objectives of the original proposal?

In terms of outcomes, the project has achieved nearly greater than 100% of objectives presented through the original proposal. In fact, ANC attendance rates were increased beyond expectation within a limited timeframe of 6 months. Stakeholders, including the MoH, were collaborative and tremendous aided successful delivery of the project. Collaboration and active participation of CHWs, nurses, and pregnant women was such a successful experience. Successful stories of the project were shared at country, regional, and global level through planned activities and during unexpected events such as the International Women's Day celebrations in Arusha, the 7th EAHSC in Dar Es Salaam, the WHO Africa's Innovative Ideas mapping, and soon the Global Women Deliver Conference.

11. Project's lasting impact and sustainability

The overarching project's lasting impact is a sustained improvement of maternal and neonatal health outcomes. The project was able to showcase possibility of achieving the abovementioned impact through a simple and user-friendly mobile-based technology applicable to rural settings in Burundi and Rwanda. Experience has proved that collaboration with health care providers including CHWs and with pregnant women is highly recommended for a successful impact of such an intervention. However, since the idea was solely implemented in a rural setting, its translation to urban and/or semi-urban contexts needs further exploration as strongly recommended by most of our partners and the public. Such an evidence is essential before its integration into health policies in EAC Partner States.

12. Describe the Lesson Learnt during the Implementation of the Project

Key lessons learned from our field experience feed into the [National Implementation Research Network](#) (NIRN) Active Implementation Drivers framework (Image 1). According to this worldwide renown tool which elucidates drivers and enablers of successful health programmes delivery, provision of needed competency through training and ongoing coaching of the project implementation team (nurses, CHWs, and pregnant women) was extremely helpful in reaching this far. Moreover, organisational stewardship and capacity (implementing agencies), collaboration with stakeholders and availability of adequate and needed resources were of paramount reward.

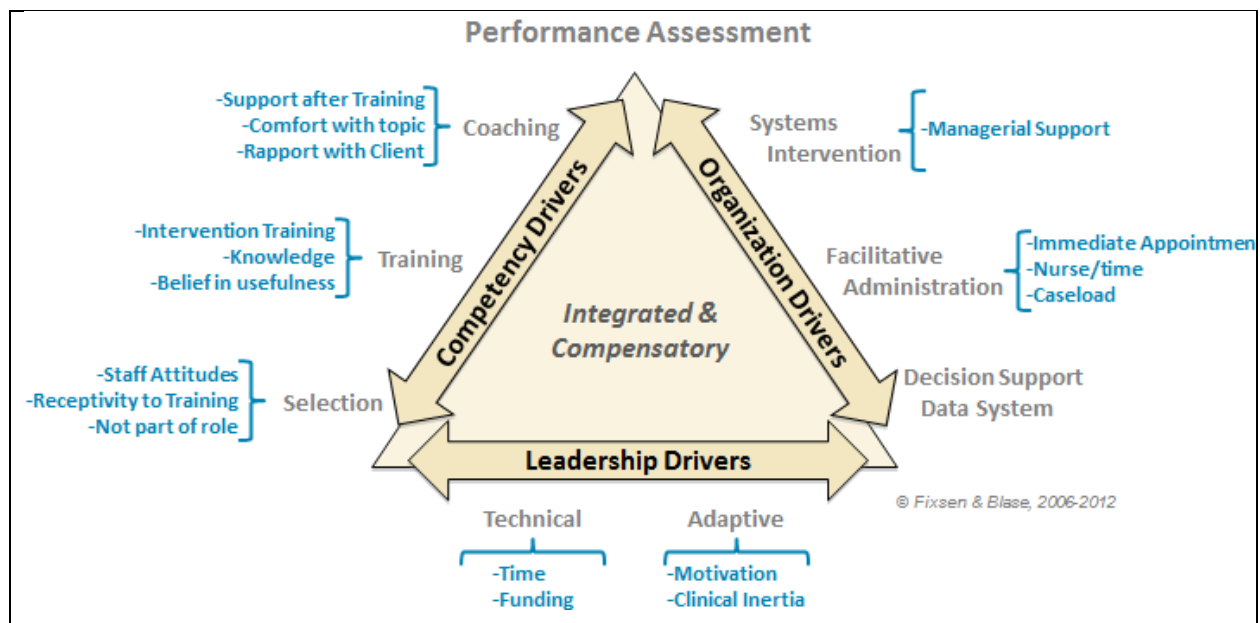


Image 1. NIRN Active Implementation Drivers framework

13. What are some of the Challenges encountered during the Project Implementation

During the entire project phase, we did not encounter any major obstacles with a direct link and impact to the core project components. Only that approval of the midterm report by GIZ local office took longer which delayed payment of the second instalment and hence affecting the continuity of the project activities especially the conduct of regular monitoring and evaluation field visits. As a solution, HHNB deployed vehicles of its members to operate field visits and staff members on such visits accepted to be paid as soon as the finances are available. Among strategies that aided a smooth implementation of the project was the active involvement and collaboration of direct hierarchical stakeholders from the MoH, the Health District of Cibitoke, the Health Centre, CHWs and pregnant women.

However, despite a successful collaboration with stakeholders in Burundi, implementation of the project in Rwanda was not possible; such a drawback being a result of ongoing political challenges between both the countries. Initially, the plan was that the concept be tested in Burundi and Rwanda through collaboration between respective Ministries of Health, but this could not be achieved because of ongoing political challenges that impair collaboration and further threaten overall integration efforts of the region.

14. What are the Recommendations for the Integration Process from the Project?

One important recommendation was strongly suggested by majority of stakeholders who are directly and indirectly involved in the project. The same recommendation, which concerns transferability to the concept to urban and semi-urban settings, was the key take away message from the audience during the oral presentation in the 7th EAHSC in Dar Es Salaam.

“This is one of the kind technology-grounded initiative in our region that needs to be scaled up. However, since the proof of evidence was generated from a rural setting, it is highly recommended that you pilot the same intervention in a different socio-economic context; I mean an urban and/or semi-urban setting and observe whether the project translates into a similar impact”.

15. Conclusion and Way Forward

Established partnerships and support of the initiative by local and external partners constitute a guarantee for scaling up the proof of evidence. *“There is an evident will by the Governments and private partners to*

scale up the project to urban and/or semi-urban settings first, and we sincerely hope that this concept will be integrated in the Open Health Initiative of the EAC”; Dr Desire Habonimana emphasized during his presentation in Dar Es Salaam.

At present, the IIDEA/GIZ office in Arusha has accepted to promote the project to different development partners and events to explore avenues for potential addition funding to enable the testing of the idea in urban and/or semi-urban settings in Burundi and Rwanda thanks to the collaboration and continued support of Joyce Kevin Abalo Kimaro, Dr Rogers Ayeko and Clara Koschies.

16. Appendices

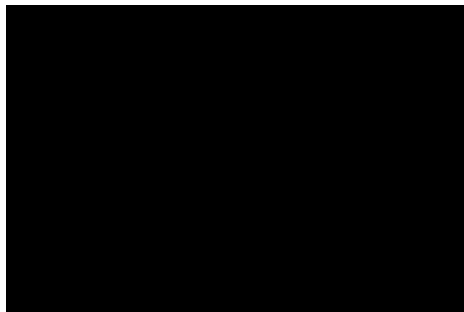
PowerPoint slides presented during the International Women’s Day by Joyce Kevin Abalo Kimaro and during the 7th East Africa Health Scientific Conference in Dar Es Salaam



Mobile Platform
PPT.pptx

A YouTube video that captures most of the project phases has been published and available for review and share. The video has also been shared through Twitter including [@eaciidea](#), Facebook and WhatsApp.

[YouTube Link](#)



17. Photos



Photo 1. Dr Desire Habonimana (left) and Dr Nadine Misago (right) attending the 7th EAHSC in Dar Es Salaam

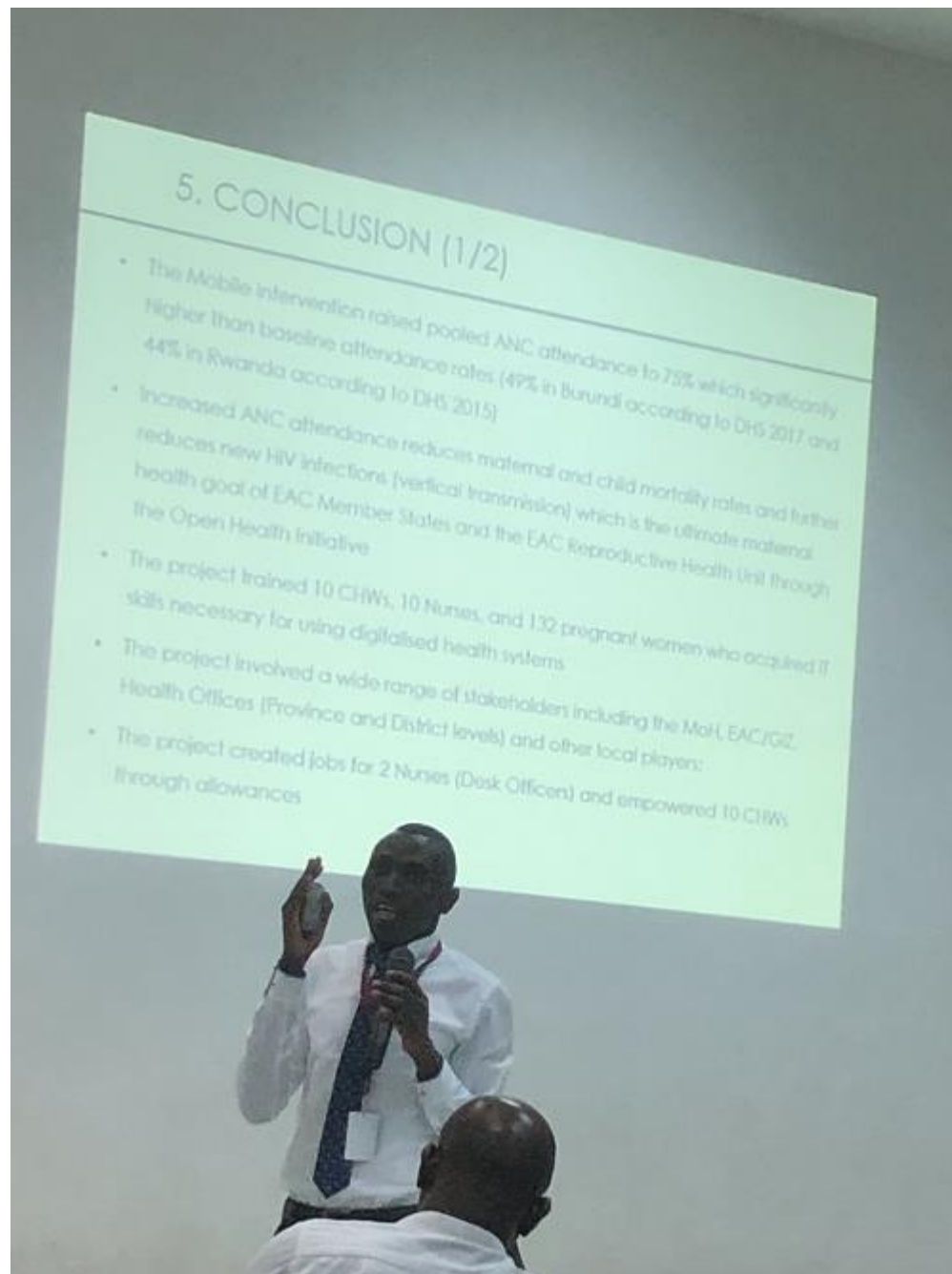


Photo 2. Dr Habonimana presenting during a parallel session



Photo 3. Dr Desire Habonimana presenting during the 7th EAHSC

Date: March 27–29, 2019



Photo 4. Dr Roger Ciza presenting the project during a Stakeholder meeting in Bujumbura, Burundi

Date: December 18, 2018



Photo 5: Dr Romeo Irankunda and Ms Flavie Mugerinkoko discussing during the technical meeting for digital design

Date: October 17, 2018



Photos 6 and 7. Report from the group discussion during the technical meeting for digital design

Date: October 17, 2018



Photo 8. Training workshop & Mobile application pilot

Date: October 27-29, 2018



Photo 9. Launch of the digital platform

Date: December 28, 2018



Photo 10. Meeting CHWs and pregnant

Date: April 18, 2019



Photo 11. Validation of the mobile application

Date: December 02, 2018



Photo 12. Launch of project in Murwi

Date: October 27-29, 2019



Photo 13. Local dissemination of results

Date: April 04, 2019



photo 14. Dr Desire Habonimana and Dr Nadine Misago meeting with technical staff (nurses working on the project) during a field visit at Murwi Health Centre

Date: April 09, 2019



Photo 15. Pregnant women lined-up for ANC visits at Murwi Health Centre

Date: April 17, 2019



Photo 16. Dr Nadine Misago discussing with a beneficiary pregnant woman during her ANC visit at Murwi Health Centre

Date: April 17, 2019



Photo 17. Dr Nadine Misago discussing with Frida (a nurse working on the project) during a field visit at Murwi Health Centre

Date: April 17, 2019



Photo 18. Dr Nadine Misago discussing with Janvier (a nurse working on the project) during a field visit at Murwi Health Centre

Date: April 17, 2019



Photo 19. A profile view of Murwi Health Centre in north-western Burundi (latitude - 2.887160; longitude 29.205610)

Date: April 09, 2019