



2019 | Summary Report





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



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



## Preterm Birth - Why Prevention?

Every year, approximately 15 million babies are born too soon. **Preterm birth complications are now the leading cause of death in children under 5 years**, with an estimated one million premature babies dying each year (WHO, 2018). As preterm birth statistics rise in many low- and middle-income countries, prevention of preterm birth is emerging as a critical catalyst towards healthier, thriving children around the world.

We know that **more than 75% of preterm birth deaths can be prevented without intensive care** (WHO, 2012). Interventions that promote family planning, empower women and adolescent girls, and improve the quality of health care before, during and after pregnancy, significantly reduce preterm birth rates.

Born on Time – the first public-private partnership dedicated to the prevention of preterm birth – is a five-year, CAD \$30.6 million project, working across **Bangladesh, Ethiopia and Mali**.

**These countries have some of the highest preterm birth rates globally and combined, account for an estimated 1,069,644 preterm births every year** (Lancet, 2019).

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

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

# Born on Time At a Glance

**M**ore than 55 dedicated, passionate and highly-specialized project team members in four countries and across three continents are helping to change the narrative around prevention of preterm birth. Their work is creating a positive, measurable difference across a continuum of changemakers – adolescent girls and boys are speaking out against child, early and forced marriage; women and men are advocating for women and adolescent girls' health and wellbeing; healthcare workers and communities are being empowered with critical skills; and even Ministers of Health are seeing that although prevention work can be nuanced and challenging, it matters in ways that deeply shape a society's notions of wellness, equality, and the dignity of all.

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

**L**ifestyle: addressing unhealthy lifestyle and harmful gender discriminatory behaviours such as heavy workloads for women and adolescent girls, gender-based violence, smoking, alcohol abuse, female genital mutilation/cutting, and child, early and forced marriage.

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

**N**utrition: promoting good nutrition among women and adolescent girls, increasing micronutrient supplementation during pregnancy, and addressing harmful beliefs/taboos around dietary practices.

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

## In 2019, Born on Time supported:

**Prenatal services for 206,879**  
pregnant women and  
adolescent girls

**Skilled delivery for 119,775**  
pregnant women and  
adolescent girls

**Newborn care for 111,133**  
newborns

**Family planning for 637,477**  
adolescents and adults



Across Bangladesh, Ethiopia, and Mali, community leaders and members mobilized in 2019 to promote gender equality and raise awareness on preterm birth prevention and response. These activities – conducted through community-based platforms such as peer-to-peer adolescent groups, male and female engagement groups, and fairs that bring together daughters-in-law and mothers-in-law – **reached more than 841,067 adolescent girls and boys and more than 1.18 million adults.**

# Improving Health Service Delivery

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

- 1 Training healthcare providers and community health workers to provide services that address LINC factors, safe and clean delivery, antenatal and postnatal care for adolescent girls and women, before, during and after pregnancies.
- 2 Improving local health facilities with essential equipment and supplies.
- 3 Strengthening referral systems for high risk pregnancies and deliveries, and preterm babies.
- 4 Ensuring health services are gender responsive and adolescent friendly.



In 2019, Born on Time **trained and supported more than 12,393 health care workers** working in hospitals, clinics and across communities; and upgraded and equipped **67 health facilities** with key medical equipment and supplies such as delivery beds, maternity beds, radiant warmers, fetal monitors, weight scales, trolleys, suction machines, autoclave machines, stethoscopes and blood pressure apparatuses, to better serve women and men and adolescent girls and boys across Bangladesh, Ethiopia and Mali.

**In Bangladesh**, the percentage of facility-based healthcare providers who knew at least four risk factors for preterm births was **90% after training in 2019, a 39-percentage point increase from pre-test (51%)**.

**In Ethiopia**, the percentage of women who were visited by a community health worker for prenatal counselling at least once in each trimester during their last pregnancy **increased from 16.7% at baseline to 57.8% at the end of 2019**.

**In Mali**, evaluation results suggest an improvement in health facilities achieving gender-responsive standards for healthcare delivery to women of reproductive age, **increasing from an average of 39% at baseline to 54% at midterm**.



In all three countries in 2019, **Born on Time supported community healthcare workers to reach 143,897 women, adolescent girls and newborns through household visits. These intimate, individual appointments are critical in the health of pregnant women and adolescent girls, new moms and babies as they cover issues like the danger signs of premature labour, how to reach health facilities for a safe delivery, breastfeeding support and family planning.**



Ethiopian midwives pilot portable ultrasound device

“I’m part of a system that’s taking care of people. Women suffer a lot in our communities, especially during pregnancy and delivery. Through Born on Time, they now know that there are services [at health clinics] and that these are for free. When I see a mother deliver a healthy baby that I have counselled through a pregnancy, it makes me so proud. It is my happiness.”

- Mukta, Community Health Worker, Bangladesh



# Increasing Use of Health Services

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

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



“My dream, and what I’m fighting for, is for girls to thrive.”

Priest Jejaw lost his eldest daughter to pregnancy-related causes when she was just a teenager. He now educates Christian and Muslim faith leaders in Ethiopia about the dangers of early marriage for adolescent girls and their babies. Here, he holds his three-year-old granddaughter, Nardos.

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

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



In 2019, **Born on Time:**

- Established more than **2,418 adolescent support groups**, focused on raising awareness about sexual and reproductive health and rights, including preterm birth risk factors, for **25,937 adolescent girls and boys**.
- Reached **43,858 people** through fathers' and mothers' groups on shared decision making, gender equality, and mutual engagement in maternal health and wellbeing.
- Held over **60,149 awareness sessions** with **1,153,378** community religious leaders, gatekeepers within families, such as grandmothers and mothers-in-law, and elders, chiefs and male community members on gender equality issues, the importance of male engagement, preventing preterm birth, and preterm taboos and harmful practices such as child, early and forced marriage.
- Conducted **250 meetings with 10,111 local government officials and Community Health Committees** to advocate for investments in the prevention of preterm births.
- Trained over **44,464 peer educators, social mobilizers, local champions and change-makers** in communities on preterm birth risk factors, sexual and reproductive health and rights, as well as gender equality.

“I love this health centre and the professionals take good care of me. I tell other pregnant ladies in my area to come here to follow up on their progress and to check the well-being of their baby to come.”

Mulu Dilnesahu, Ethiopian mother expecting her third child



# Strengthening Preterm Birth Data Collection and Utilization

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

In 2019, Born on Time developed and adapted data collection systems to introduce and share preterm birth data at all levels in Bangladesh and organized multiple dissemination meetings to share available preterm birth data with relevant stakeholders across all countries. In Ethiopia, Born on Time launched online real time data collection and monitoring using Open Data Kit, or ODK, to generate monthly and annual reports.

In 2019, Born on Time's **midterm report was finalized**. The overall objective of this study was to conduct a Quality of Care study, complemented by a qualitative assessment, across all three countries in order to assess progress towards intended outcomes; **findings were shared with key stakeholders, project implementers and donors**, and utilized for ongoing learning and course correction.

In addition, the first phase of Born on Time's **global research was completed**, comprised of a **qualitative study** exploring the lifestyle risk factors and gender barriers that contribute to preterm birth; from which findings will inform the second, quantitative phase of the research study being undertaken in 2020.

Born on Time also undertook a **consortium-wide Learning and Sharing Workshop, held in Bangladesh, where more than 40 participants shared project progress to date, best practices, lessons learned and challenges, as well as key issues of focus for the final year**.

Key takeaways included the need for greater inter-country dialogue to support ongoing learning, innovation sharing and knowledge management dissemination, addressing unintended consequences of project interventions on gender equality, and the importance of sustainability discussions in the coming months.



The extent to which preterm birth data and best practices are disseminated at local, national and global levels ranged from ratings of "satisfactory" to "strong" in the three countries in 2019. This composite indicator is made up of three advocacy domains – Planning, Dissemination, and Level of Engagement. The project's target is to reach "strong" across all three countries by the end of 2020.

# The Power of Gender Equality to Reduce Preterm Birth

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

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



**“We can all use our power for good and to achieve a more gender equal world.”**

Mahenur Alam Chowdhury,  
Capacity Development Specialist,  
Born on Time Bangladesh

**Transforming discriminatory social norms and shifting power imbalances are essential components of Born on Time. In 2019, the project worked to:**

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

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

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



# Amplifying the Preterm Birth Prevention Agenda

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

## Global Engagement

- Participated in a photo exhibit and panel discussion – *Respect and Dignity in Gender-Transformative Storytelling* – during Canada's International Development Week in February 2019.
- Photographs and stories from Born on Time were featured in a curated art exhibit at World Health Day celebrations in April 2019, hosted by Canadian Partnership for Women and Children's Health (CanWaCH), entitled *Health for All: The Journey to Empower Every Woman and Child to Thrive*.
- Engagement at Women Deliver conference in Canada in June 2019 included an interactive booth with Preterm Birth Initiative and Global Alliance to Prevent Prematurity and Stillbirth; a side event entitled *A Question of Rights: The Power of Gender Equality to Prevent Preterm Birth*; and multiple speaking engagements on panels and with media outlets.



- Joined Partnership for Maternal, Newborn and Child Health, March of Dimes, UNICEF, and other dedicated partners in a global Twitter Chat to mark **#WorldPrematurityDay** in November 2019.
- Presentation at the 2<sup>nd</sup> International Symposium on Community Health Workers held in November 2019 in Bangladesh: *From preterm births to non-communicable diseases: CHWs' potential to tackle prevention through nutrition*.



## Local Engagement:

Born on Time commemorated international days in all three countries, including International Women's Day in March, International Day of the Girl in October, and World Prematurity Day and International Day for the Eradication of Violence Against Women, both held in November 2019.

- In Mali, events were held during these international days to celebrate women and adolescent girls in sport, combined with gender equality messaging, including a marathon for adolescent girls. In addition, Born on Time contributed as a member of the Prematurity Working Group to plan national-level celebrations of World Prematurity Day, which were chaired by the Minister of Health.



- In Ethiopia, Born on Time hosted a side event and presented at the 2<sup>nd</sup> annual Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Research Conference in August 2019, under the theme *Advancing the quality agenda in maternal, neonatal, child and youth health care through evidence translation*. White Ribbon Day and the International Day for the Eradication of Violence against Women were celebrated in Ethiopia's West Gojam zone on November 25, 2019 in collaboration with the zonal government Women, Child and Youth Affairs Bureau. Over 2,800 people attended this event, including government and religious leaders, and school communities.

- In Bangladesh, 62 daughter-in-law and mother-in-law fairs, known as *Bou-Shashuri Melas*, reached a total of 321,692 people with messages on gender equality; male engagement in maternal, newborn and child health; dangers of child, early and forced marriage; and prevention of intimate partner violence. These key messages plus preterm birth risk factors were also shared during World Prematurity Day celebrations.







**“As a midwife, I am proud to accompany pregnant women throughout their lives, and through delivering a baby to the world. I want the world to recognize the marvellous and powerful work of midwives.”**

- Ruth Dite Mah Diassana,  
midwife in charge of  
the Reproductive Health Service in Mali

## Ruth: Celebrating the Powerful Work of Midwives

Women make up more than 70 per cent of the global health workforce (WHO, 2019). Although they play a critical role in improving and saving people's lives, female health workers are often unrecognized, underpaid or unpaid (Lancet, 2015). Roopa Dhatt, Executive Director of Women in Global Health, shared this information during a Women Deliver 2019 session hosted by Johnson & Johnson, entitled The Under-Recognized Power of Women in the Health Workforce. Participants had the privilege of hearing directly from a panel of midwives and nurses, including Born on Time delegate, **Ruth Dite Mah Diassana**, from Mali.

Ruth is an activist for gender equality and a midwife in charge of the Reproductive Health Service, and Manager of the Family Planning Department at the Sikasso Referral Health Centre in southern Mali. She has also worked as a midwife for Mali's Ministry of Health. She and her husband have three children, aged 15, 9 and 4 years.

Up to 83 per cent of all maternal deaths, stillbirths and newborn deaths could be averted with the full package of midwifery care, including family planning (Lancet, 2014). Ruth is proud of her career choice and her role in providing a continuum of skilled care during pregnancy, childbirth and in the postnatal period. She provides knowledge, comfort and critical health care to women when they need it and are at their most vulnerable.

As part of her role, Ruth encourages women in her community to attend regular antenatal appointments at the health centre, and to put into practice the knowledge they gain. Ruth believes that as she and other midwives counsel women and adolescent girls in their communities towards behaviour change, they are joining hands to ensure healthy pregnancies and safe deliveries.

Ruth has been trained by Born on Time as a trainer in the Lifestyle, Infection, Nutrition, Contraception (LINC) approach to preventing preterm birth and on gender equality, as well as Kangaroo Care, newborn care and sexual and reproductive health and rights. She says she puts her knowledge into practice in the fight against preterm birth, and trains midwives, obstetric nurses, matrons and community health workers.



**“We are working with the government to give equal opportunities [to those] who are working in health to have adequate training to grow in the health workforce,” she explained.**

Across Bangladesh, Ethiopia and Mali, midwives like Ruth are making a significant impact on women and adolescent girls' health and wellbeing. They are part of a critical network of health care providers who are working to provide compassionate, gender-responsive and adolescent-friendly care in the fight against preterm birth, aspiring to a day when every mother is able to realize a healthy, full-term pregnancy and every baby is born on time.

# Ending child marriage supports girls' empowerment and reduces premature birth

In August 2019, 14-year-old Hafcha made one of the most courageous decisions she has ever made – a decision that changed the course of her friend Assamoni's future.

In Bangladesh, more than half of all girls are married by the time they're 18, and 39 per cent before they're even 15 years old. With little knowledge of their bodies or reproductive health, many end up as young mothers, often at risk of giving birth to premature babies or suffering from other complications themselves, including fistulas, or in worst cases, mortality.

Assamoni learned through a family member that she would join those ranks by force. "After I heard about my marriage, I told my parents I wasn't ready. I wanted to keep studying, but they wouldn't listen."

Assamoni and Hafcha became friends at an adolescent peer group that meets every other week in a small community room at the centre of their village in



rural Bangladesh. The 20 teenagers cover topics across the sexual and reproductive health and rights spectrum, including how to handle peer pressure, menstrual hygiene management, gender equality, and the importance of increased decision-making over their own lives and futures.

Leading the group through each session is 16-year-old Morion. She leads the group with confidence, passion and warmth – some things you don't need a translator for.

Morion is a peer-educator working to raise awareness among girls her age around their sexual and reproductive health and rights through the Born on Time project.



Born on Time has been supporting these adolescent girls as they meet, trying to address many of the risk factors of prematurity, including child, early and forced marriage. Marrying too young often puts adolescent girls in increased danger of intimate partner violence, early pregnancies, and sexually-transmitted infections – all added risk factors for preterm birth.

"Our friendships are stronger here because we can share openly about what we're going through," Morion notes.

A born advocate, Morion is fiercely loyal to the group of adolescent girls sitting in a circle in front of her. "If I only become an advocate, that's not good enough for me. I have to act."

When Morion and her friends heard about Assamoni's impending marriage, they showed up en masse at her home, trying to convince her parents that this was not only wrong but illegal.

When her parents moved her to her grandmother's village to try and hide the wedding, Assamoni was devastated. And when Assamoni didn't show up for the group's regular meeting, Hafcha knew something was wrong.

That's when she picked up the phone and dialled the country's national hotline for child marriage.

"We already know all the harmful things that come with child marriage," Hafcha explains. "I didn't want one of my friends to go through that."

Once the call was placed, a support team including law enforcement and community leaders showed up in time to stop the marriage.

Morion is quick to give credit back to Assamoni herself. "Assamoni led the process against her own child marriage by speaking out in the first place," Morion exclaims. "We just came together to support her."

Assamoni's face beams with pride. Sitting among these young women, I'm reminded about the power of partnership, education and courage to change the narrative not only around women and adolescent girls' empowerment, but also around preterm birth.

It is young women like Assamoni, Morion and Hafcha who are going to slowly chip away at the generational burden of gender inequality and write a new future for themselves and their future children, if they choose to have them.

Excited about how she can help others, Assamoni remarks, "I know I can mobilize others to do this work as well. We are running and becoming stronger!"





**“I was in grade five. I loved school, but my family decided, without my knowledge, to give me into a marriage. They wanted the financial gain. When I tried to keep going to school, my mother threw stones at me.”**

- Meryem, a former child bride speaking about her marriage, Ethiopia

## Meryem: A Child Bride Speaks Out Against Child Marriage

**M**ore than 700 million women alive today were married before the age of 18 (UNICEF). More than one in three were married before the age of 15 (UNICEF). Almost half of all “child brides” live in south Asia and 17 per cent in Africa.

Girls Not Brides: The Global Partnership to End Child Marriage says child marriage often ends girls’ education, reduces their lifelong income and exposes them to the risk of domestic violence. Complications during pregnancy and childbirth are the leading cause of death for 15- to 19-year-old girls globally (WHO).

According to UNICEF, nine out of the 10 countries with the highest child marriage rates are fragile or extremely fragile states, with girls more vulnerable to child marriages during and after conflict, displacement, and natural disasters.

While global NGOs campaign against child, early and forced marriage at a governmental and international level, they recognize that one of the most effective way to change attitudes and behaviour is within communities. In countries that



don’t have proper child-protection systems or legal enforcement of marriage age, programs such as Born on Time often work with faith leaders. The Vancouver call to action asks them to speak out against child marriage and refuse to perform marriage ceremonies.



Meryem Yusuf (pictured above) was married at the age of 12 to a much older man. In June 2019, she travelled from Ethiopia to Women Deliver in Vancouver, Canada to share her story and inspire other advocates. “I was in grade five. I loved school, but my family decided, without my knowledge, to give me into a marriage. They wanted the financial gain. When I tried to keep going to school, my mother threw stones at me.”

Meryem had five children and ensured they all got an education. Later she decided she wanted to do something to help other girls. As a leader of a women’s Muslim association, she trained with Born on Time and started working with her neighbours to dissuade them from marrying off their daughters. She says she has directly prevented 10 child marriages and now works with other women’s groups, teachers and health workers at a local level.

“Sometimes I hear what is happening from children at school and then I go to talk to the parents. I tell them my life experience. I tell them I still blame my parents and that their children will blame them in future.”



## OUR 2019 FINANCIALS

The budget for Year 4 of the five-year Born on Time project was CAD \$8,953,886, over a quarter of the total project budget of CAD \$30.6 million. Despite challenges in all three countries – including marketing campaigns by private clinics in Bangladesh that recruited pregnant women at field level to have unnecessary Caesarean deliveries at cost; instability in certain Ethiopian districts that impacted day-to-day activity implementation; and the presence of internally-displaced populations fleeing jihadist attacks in northern and central Mali – the project was able to expend 88% of its Year 4 budget: CAD \$7,869,706.

As the project enters its fifth year, Born on Time is well-positioned to remain on track fiscally. The project’s priorities in 2020 are quality programmatic implementation through a sustainability lens, knowledge management and dissemination, and strategic communications.

The consolidated financial statement for 2019, ending December 2019, is presented below. This fiscal year, the project registered an annual spending of more than CAD \$7.8 million.

**\$8,953,886**  
Year 4 Budget

**\$7,869,706**  
Year 4 Spending

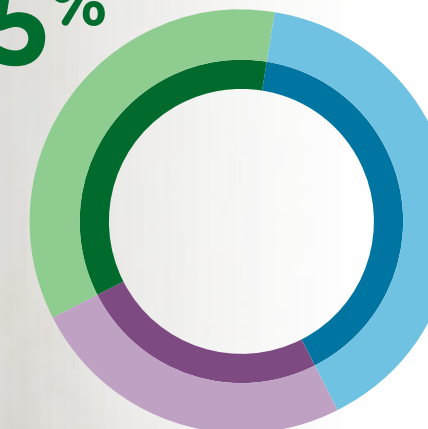
Total Spending: **\$7,869,706**  
Direct Spending: **\$7,024,238**  
Overhead Cost: **\$845,468**

## SPENDING BY OUTCOME

Outcome 1: **\$2,751,176**

**35%**

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



Outcome 3: **\$1,982,807**


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



**40%**

Outcome 2: **\$3,135,723**

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



La Prematurité n'est pas  
une fatalité



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



[bornontime.org](http://bornontime.org)

Photo credits: Paul Bettings, Benjamin Eagle, Girls' Globe/Marta Miklinska, Asaduzzaman Rassel