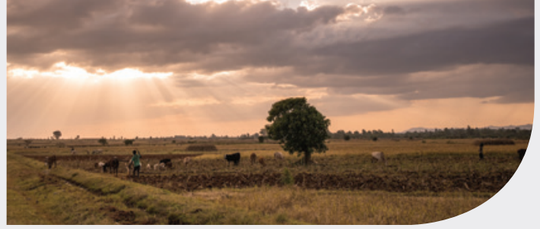
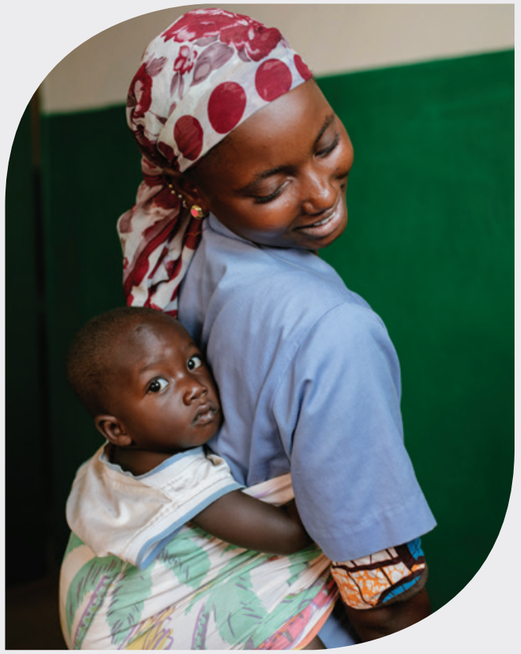
BORN ON TIME

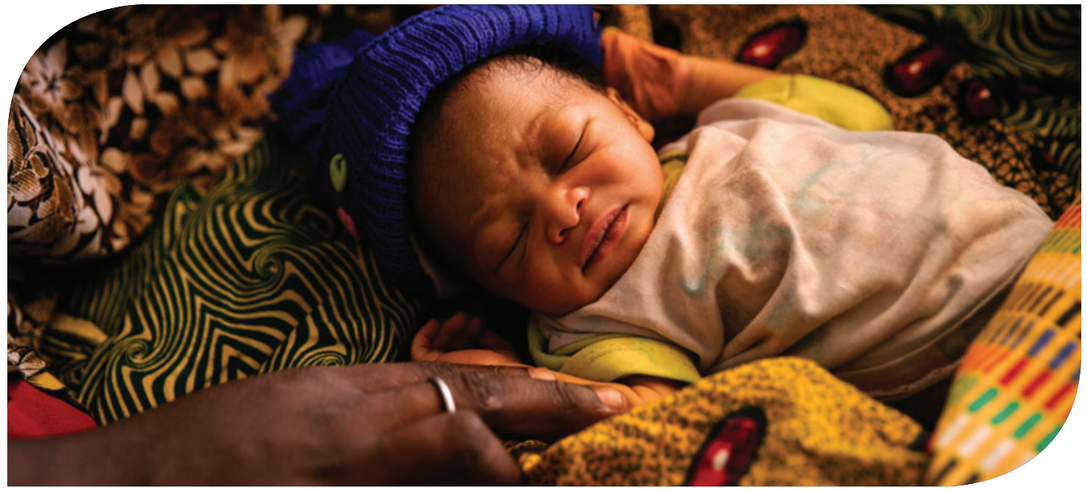
Final Summary Report



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, between and after pregnancy, significantly reduce preterm birth rates.

Born on Time – the first public-private partnership dedicated to the prevention of preterm birth – was 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 1,069,644preterm births every year (Lancet, 2019).**

From 2016-2021, Born on Time targeted risk factors related to unhealthy lifestyles, maternal infections, inadequate nutrition, and limited access to contraception that can lead to babies being born too soon. The project supported the empowerment of women and adolescent girls, and engaged 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 brought together the collective expertise and resources from **World Vision Canada, Plan International Canada, Save the Children Canada, the Government of Canada, and Johnson & Johnson,** supporting the United Nation's global movement to ensure every child is **Born on Time**.

Born on Time At a Glance

More than 55 dedicated, passionate and highly-specialized staff in four countries and across three continents helped to change the narrative around prevention of preterm birth. Their work created a positive, measurable difference across a continuum of changemakers – adolescent girls and boys are speaking out against child, early and forced marriage; women and men are advocating for women and girls' health and wellbeing; healthcare workers and communities are 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 targeted 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.

Born on Time supported:

Prenatal services for **465,420** pregnant women and adolescent girls

Skilled delivery for **382,171** pregnant women and adolescent girls

Newborn care for **343,474** newborns, and

Family planning for **2,165,909** adolescents and adults

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

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

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

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

Across Bangladesh, Ethiopia, and Mali, community leaders and members mobilized to promote gender equality and raise awareness on preterm birth prevention and response. These activities – conducted through community-based platforms such as peer-to-peer adolescent groups, male and female engagement groups, and daughter-in-law and mother-in-law fairs – **reached more than 904,530 adolescent girls and boys and more than 3.6 million adults.**

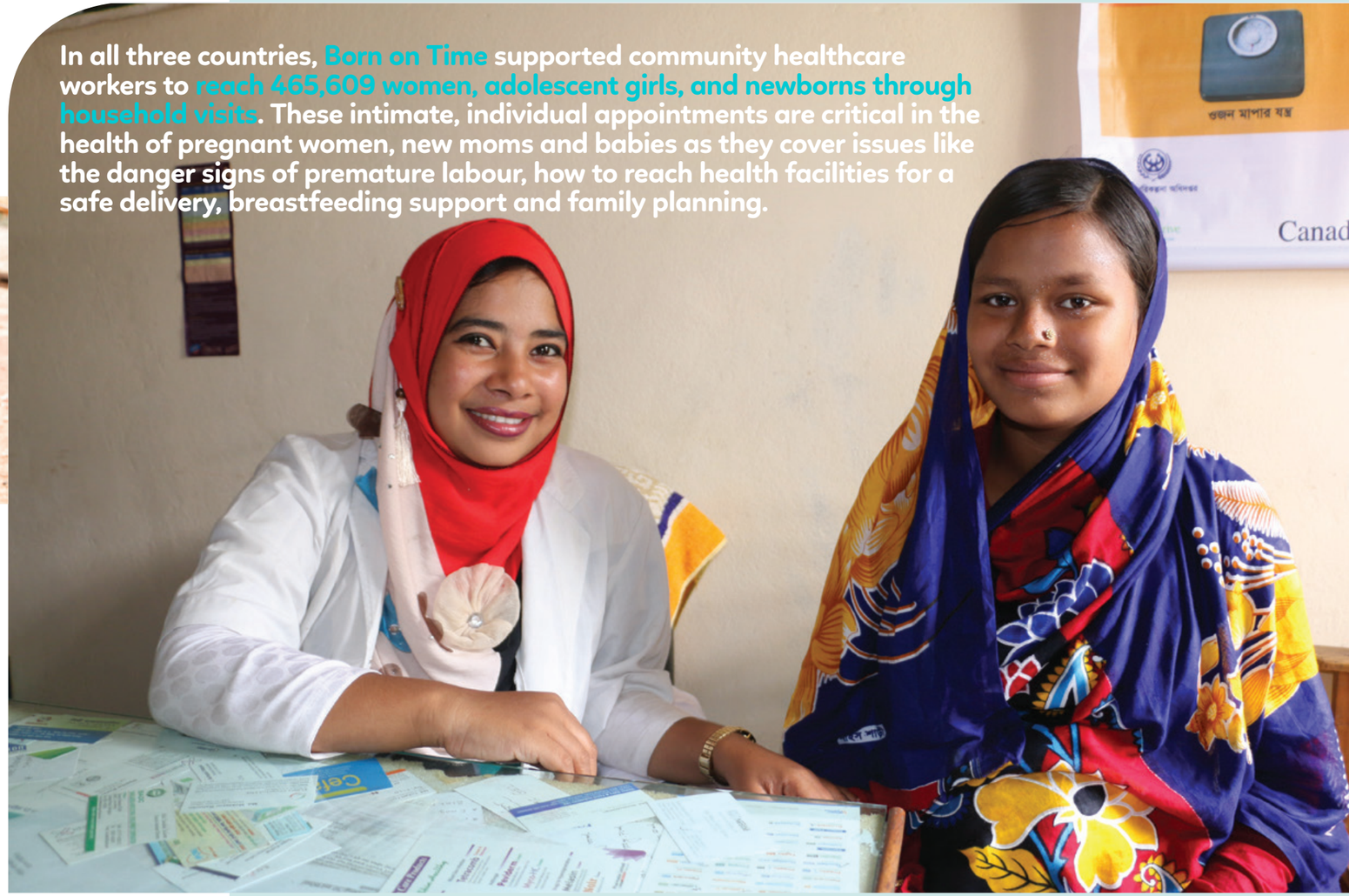
Improving Health Service Delivery

Born on Time improved 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.

Born on Time **trained and supported more than 22,658 health care workers** working in hospitals, clinics and across communities; provided 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 more than **300 health facilities;** and renovated more than **77 health facilities** to better serve women and men, girls and boys across Bangladesh, Ethiopia and Mali.

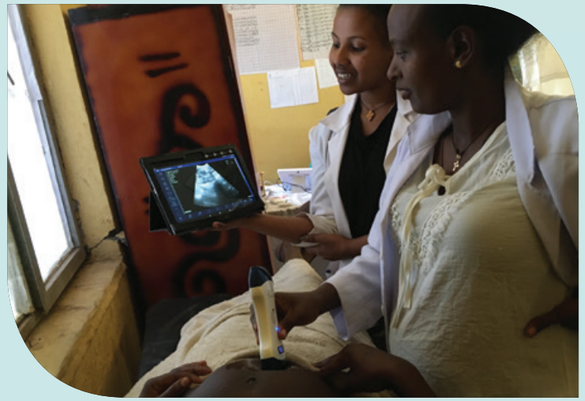
In all three countries, Born on Time supported community healthcare workers to reach 465,609 women, adolescent girls, and newborns through household visits. These intimate, individual appointments are critical in the health of pregnant women, new moms and babies as they cover issues like the danger signs of premature labour, how to reach health facilities for a safe delivery, breastfeeding support and family planning.



In Bangladesh, the percentage of facility-based healthcare providers who knew at least four risk factors for preterm births **increased from 9% at baseline to 90% at the end of the project**.

In Ethiopia, the extent to which health facilities achieved quality standards in providing antenatal care services for women **increased from 56.7% at baseline to 81.1% at the end of the project**.

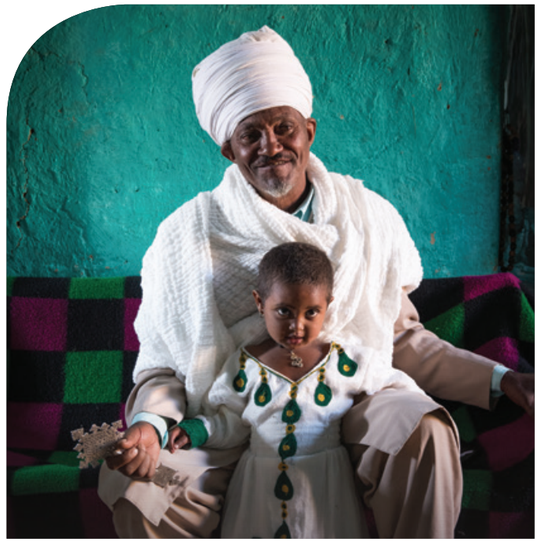
In Mali, the percentage of facility-based healthcare providers who knew at least two key standards of gender-responsive and adolescent-friendly service provision **increased from 0% to 100% of those trained**.

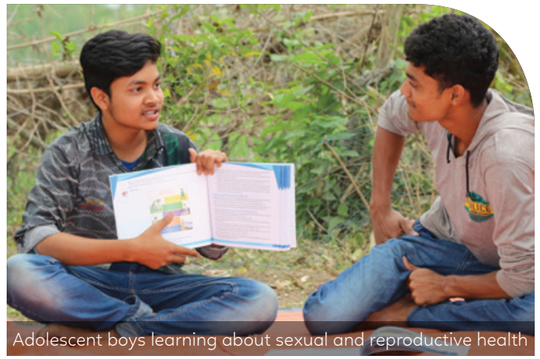


Ethiopian midwives pilot portable ultrasound device.

"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





Adolescent boys learning about sexual and reproductive health

"My dream, and what I'm fighting for, is for girls to thrive."

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

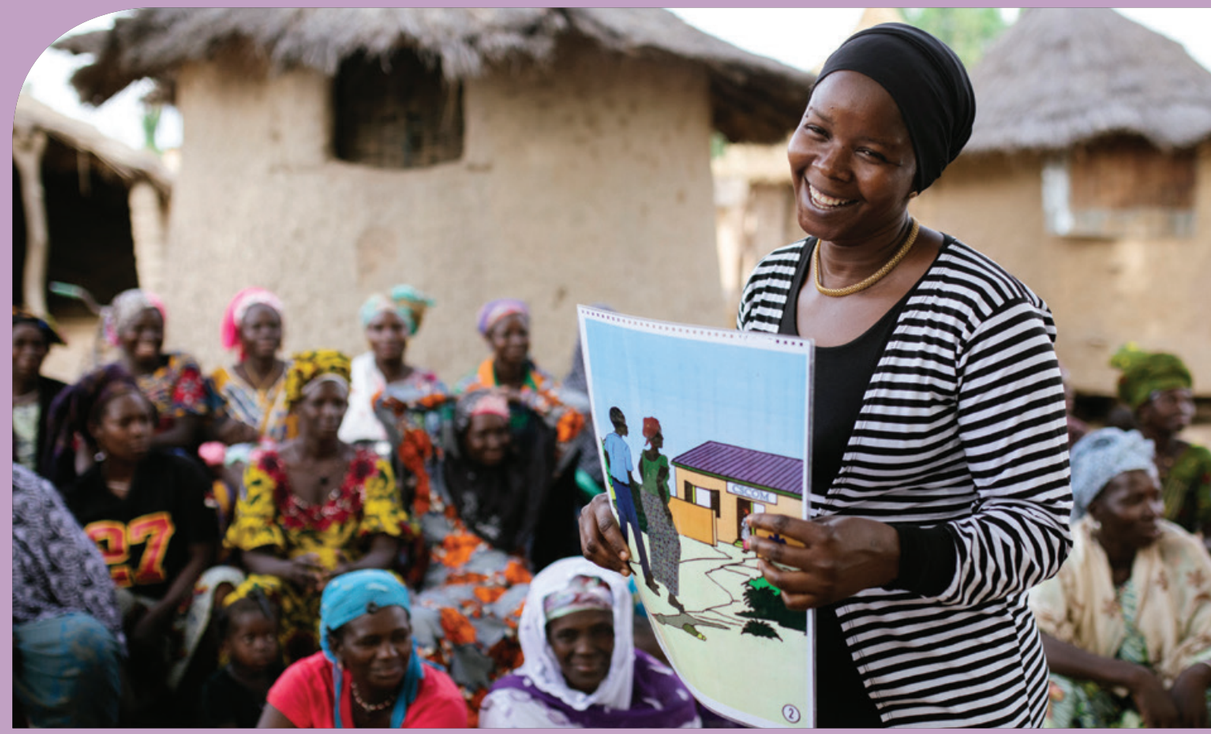
Increasing Use of Health Services

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

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

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

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



Over the course of the project, **Born on Time**:

- Established more than **5,058 adolescent support groups**, focused on raising awareness about sexual and reproductive health and rights, including preterm birth risk factors, for **47,604 adolescent girls and boys.**
- Reached **86,049 people** through fathers' and mothers' groups on shared decision making, gender equality, and mutual engagement in maternal health and wellbeing.
- Held over **38,223 awareness sessions** with **2,035,499 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 **733 meetings with local government officials** to advocate for investments in prevention of preterm births.
- Trained over **94,180 peer educators, social mobilizers, local champions and change-makers** in communities on preterm birth risk factors, sexual and reproductive health and rights, as well as gender equality.

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

Sharmin, adolescent girl, Bangladesh

Strengthened 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 worked 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.

Over the course of the project, Born on Time **trained more than 1,277 planners, policy makers, healthcare providers and community representatives** in health information management and utilization. Born on Time developed and adapted data collection systems to introduce and share preterm birth data at all levels, provided training to improve recording and reporting of gender specific prematurity data and followed the application through supportive supervision, mentoring and review meetings. Alongside this, we organized multiple dissemination meetings to share available preterm birth data with relevant stakeholders across all countries.

Born on Time also identified research as a key opportunity to contribute to the global discussion on risk factors affecting preterm birth. Country-level research initiatives focused on issues ranging from the magnitude and risk factors of preterm birth in project implementation areas in Ethiopia; to knowledge, attitudes and practices of adolescents around sexual and reproductive health and rights in Bangladesh and Mali. In addition, Born on Time's **global research**, in partnership with Johns Hopkins University, explored the lived experiences of women and girls on the lifestyle risk factors and gender barriers that contribute to preterm birth and the potential of targeted Social and Behavior Change Communication approaches to modify these lifestyle-related risk factors.

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. This composite indicator is made up of three advocacy domains – Planning, Dissemination, and Level of Engagement.

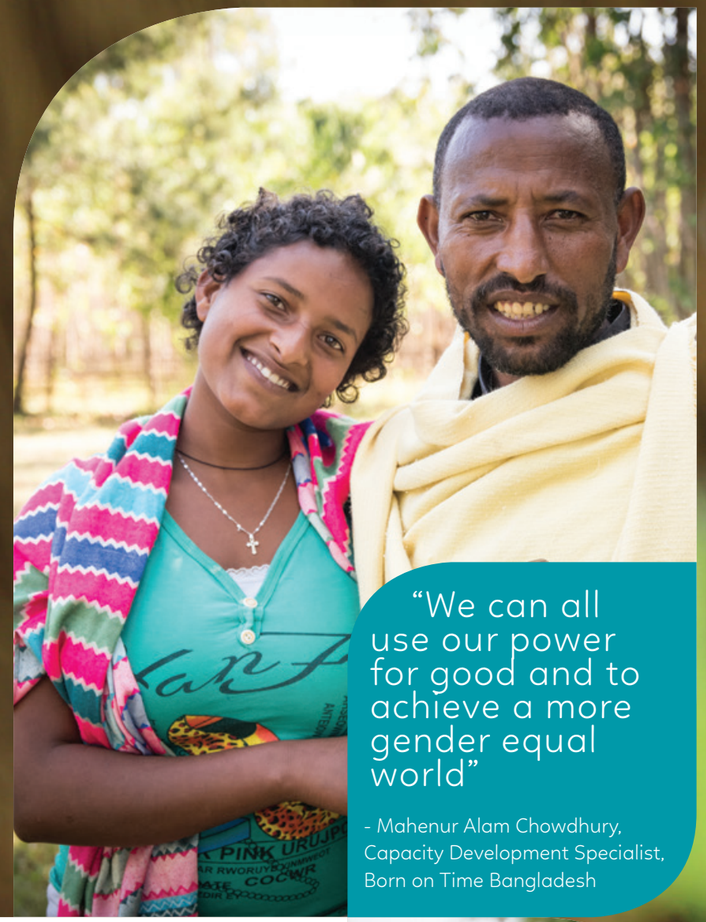
The Power of Gender Equality to Reduce Preterm Birth

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

1. Supporting the empowerment of women and girls as decision makers over their own sexual and reproductive health and rights, and as change agents towards gender equality that benefits everyone.

2. Engaging men and boys, as well as religious, traditional and community leaders as active partners of change. This fosters an understanding of the critical role fathers, husbands, male peers and community leaders play to support the health, and promote and advocate for the rights, of women, adolescent girls and children.

3. Engendering newborn and reproductive health services by building the capacity of health services providers, decision makers and community health workers, to support the delivery of quality, gender-responsive and adolescent-friendly maternal, newborn and reproductive health services.



"We can all use our power for good and to achieve a more gender equal world"

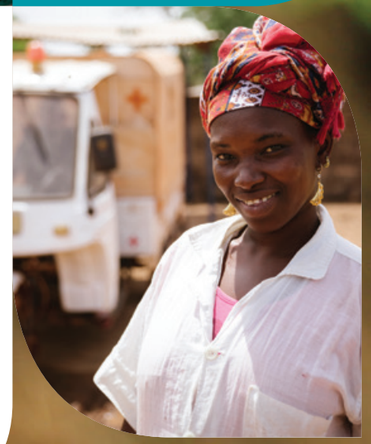
- Mahenur Alam Chowdhury, Capacity Development Specialist, Born on Time Bangladesh

Transforming discriminatory social norms and shifting power imbalances were essential components of Born on Time. Over the course of the project, Born on Time 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.



Gender Equality Impact

1 Empowering women and adolescent girls

BANGLADESH BEFORE		BANGLADESH NOW	ETHIOPIA BEFORE		ETHIOPIA NOW	MALI BEFORE		MALI NOW
22.5%	Women of reproductive age (WRA) who know at least 2 danger signs during the continuum of care	47.8%	41.3%	WRA 20-49 currently using a modern method of contraception	51.5%	12.8%	WRA 20-49 currently using a modern method of contraception	33.8%
63.1%	WRA currently using a modern method of contraception	69.4%	4.5%	WRA 15-19 who know at least 4 risk factors for preterm births	8.6%	3.4%	WRA 15-19 who know at least 4 risk factors for preterm births	13.4%
11.2%	WRA reporting equitable decision-making power within the household in relation to seeking health care information and services for themselves or their newborns	30.8%	15%	Leadership positions in organized community groups occupied by women members	56%	9%	Leadership positions in organized community groups occupied by women members	19%

2 Engaging men and boys as active partners for change

51%	Average level of knowledge of male partners on key gender equality messages related to MNH/SRHR	85%	85.8%	Male partners reporting equitable decision-making power within the household in relation to seeking health care information and services for WRA or their newborns	86.4%	5.9%	Male partners reporting equitable decision-making power within the household in relation to seeking health care information and services for WRA or their newborns	19.5%
17.2%	Male partners reporting equitable decision-making power within the household in relation to seeking health care information and services for WRA or their newborns	43.8%	67.3%	Male partners who consider a husband to be justified in hitting or beating their wife	46.8%	69.9%	Male partners who consider a husband to be justified in hitting or beating their wife	53.5%

3 Engendering newborn and reproductive health services

27%	Facility-based healthcare providers (HCPs) who knew at least 2 key standards of gender-responsive and adolescent-friendly service provision	85%	55%	Facility-based HCPs who knew at least 2 key standards of gender-responsive and adolescent-friendly service provision	82%	50%	Extent to which health facilities have achieved gender-responsive standards in providing MNH/SRH for WRA	87.5%
51%	CHWs who knew at least 2 key standards of gender-responsive and adolescent friendly service provision	80%	90%	CHWs who knew at least 2 key standards of gender-responsive and adolescent friendly service provision	100%	76%	CHWs who knew at least 2 key standards of gender-responsive and adolescent friendly service provision	99%
40.3%	Extent to which health facilities have achieved gender-responsive standards in providing MNH/SRH for WRA	72.5%	0%	Community Health Committees (CHCs) that have action plans for healthy pregnancy, delivery and care for the newborn that are gender-responsive and adolescent friendly	100%	0%	CHCs that have action plans for healthy pregnancy, delivery and care for the newborn that are gender-responsive and adolescent friendly	91%

Over the course of the project, Born on Time has proven that by investing in women and girls' empowerment, engaging men and community leaders to create a supportive environment for women and girls to realize their sexual reproductive health and rights, and by strengthening health systems to be more responsive to their specific needs, gender-transformative health programs can be designed, implemented and monitored to achieve sustainable impact.

Born on Time was honoured to receive the 2020 Canadian Partnership for Women and Children's Health (CanWaCH) Partnership Award, acknowledging the project's collaborative gender equality work across multiple partners and stakeholders. As a final product, the project produced a Gender Equality Strategy Impact Report to showcase Born on Time's core gender equality approach, impact and stories of change across Bangladesh, Ethiopia and Mali.

Perseverance and Agility in the Face of a Pandemic

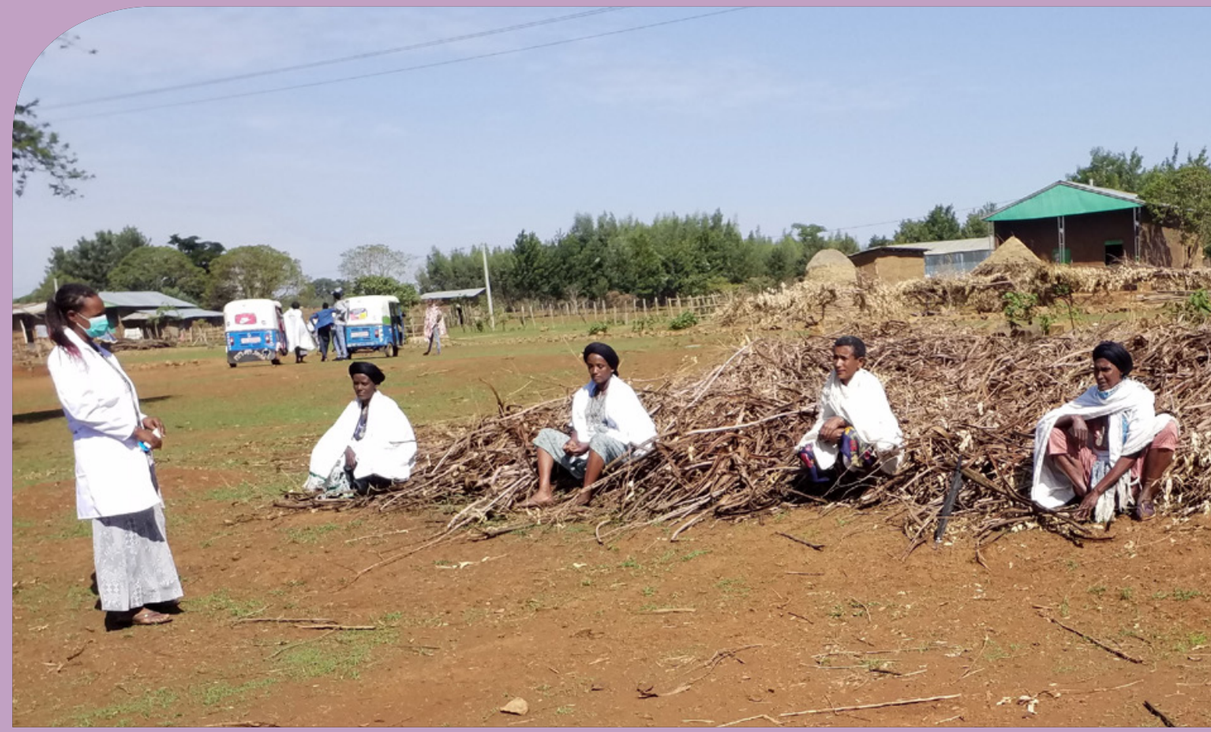
In 2020, **the Coronavirus Disease (COVID-19) pandemic sent shockwaves throughout the world and necessitated adaptive management in the final year of the project.** Women and adolescent girls faced new challenges in accessing gender-responsive and adolescent-friendly health-care services, as well as support in response to gender-based violence and increasing food insecurity.

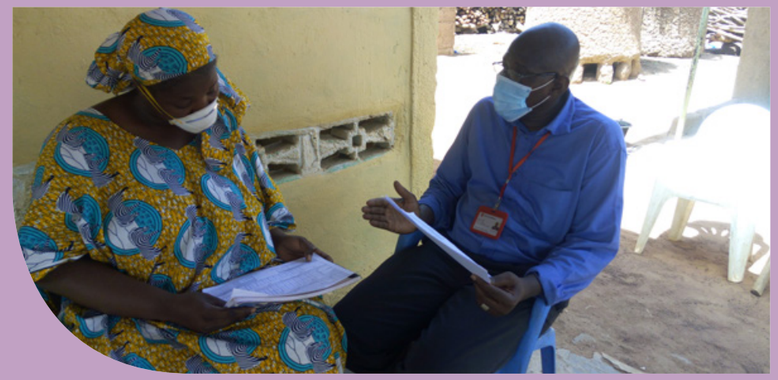
In the early onset of the pandemic across Bangladesh, Ethiopia and Mali, healthcare providers struggled to provide the continuation of quality maternal and neonatal care services due to a lack of personal protective equipment, fear of household visits, and because less pregnant women visited the facilities due to government lockdowns, restrictions on movement, and genuine fear of contracting the virus.

Born on Time modified project activities to support governments as they worked to continue the provision of essential health services, as well as support the overwhelming challenge of preventing and treating COVID-19.

Some of the ways we responded included:

1. Procuring and distributing protective equipment such as gloves, gowns, masks and hand sanitizer for frontline workers,
2. Supporting healthcare providers with quick reference guides and participating in government commissioned technical working groups,
3. Providing laboratory equipment and training health care providers to increase COVID-19 detection and testing capacity, and
4. Ramping up gender equality messaging through billboards, radio spots and other public announcement systems to mitigate the alarming increase gender-based violence and Child, Early, and Forced Marriage.





“My satisfaction is complete. At the start of the pandemic, women and girls no longer came to the sexual and reproductive Health services. Thanks to hand washing devices, hydro-alcoholic gels and protective masks, women and girls are reassured and come to me for their needs.”

- Adjara Diamoutene, Mali

Measuring Impact

Born on Time teams have worked tirelessly to track progress, demonstrate impact, and adjust programs as needed to better respond to community needs. Measurement of key behaviors related to risk factors for preterm birth – including lifestyle, infection, nutrition and contraception – has been essential to tracking the project's progress towards intended goals.

Born on Time's measurement strategy allowed teams to both adapt grants in changing environments and report back routinely on results. Measurement was also critical to ensure the project adhered to principles of 'do no harm' – and was not having unintended negative consequences, particularly related to the gender-based social and cultural norms and beliefs.

Throughout the project's lifetime, Born on Time teams have consistently asked questions like:

- how well are **knowledge, attitudes and practices** related to sexual and reproductive health and rights improving because of what Born on Time is doing?
- how effective have Born on Time's interventions been at **increasing both availability and utilization** of quality maternal and newborn health services?
- how well does Born on Time meet **adolescents' sexual and reproductive health needs** and how clearly do Born on Time team members hear and apply the unique perspectives of adolescents?
- how well is Born on Time working to **remove social and gender-equality barriers**, as they relate to access to and use of health services?

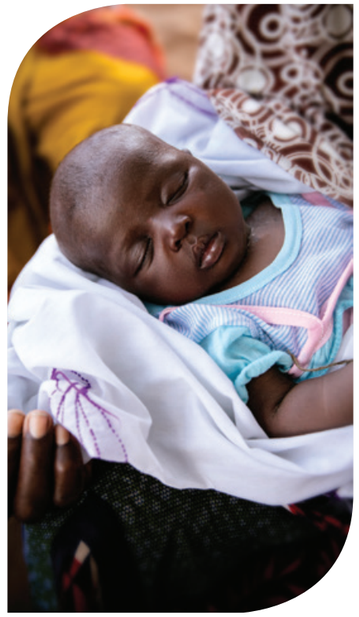
It should be noted that the onset of the COVID-19 pandemic in the Born on Time countries resulted in necessary adaptations to the planned measurement strategy. Born on Time teams as well as independent evaluators faced restrictions on mobility, access to some sites and ability to carry out interviews and focus group discussions. In addition to this, the effect of COVID-19 on gender equality and health service utilization created challenges in interpreting findings on some of the final evaluation indicators.

Reaching 'unique individuals', preparing health workers

To Born on Time reached a total of **2,269,099 unique people** through a variety of program activities including 1,481,240 women and girls, as well as 787,859 men and boys.

What are *unique individuals* – and how was this number calculated?

Born on Time teams started with the knowledge that more than three-million people were recorded to have been reached across the five years of the project. At the same time, it's clear that thousands participated in multiple activities. For example:



- **a woman** who received labour and delivery support, for instance, may also have been part of a women's discussion group.
- **an adolescent** who received family planning counselling from a trained health worker may also have participated in peer-based Sexual and Reproductive Health and Rights groups.

Since it would be misleading to count this woman and adolescent as multiple people, Born on Time undertook a rigorous process, led by monitoring and evaluation specialists across the three countries, to reach a cumulative number of people who benefited from the program. As part of this process, the teams took into consideration the activity with the largest beneficiary reach, any activities that might have a unique reach, such as new activities or those held in a different geographic area, and potential overlap of beneficiaries between years.

CAPACITY BUILDING FOR HEALTH CARE PROVIDERS

Over the course of the program, Born on Time rolled-out capacity-building programs and training to **22,658 health care providers**. These included: midwives and midwifery assistants, physicians, nurses, community health workers, traditional birth attendants, health educators and officers, health-care administrators as well as pharmacists, matrons and others.

To build the capacity of health care providers, Born on Time provided trainings and support on interventions like: basic emergency obstetric neonatal care, neonatal intensive care protocols, adolescent and youth-friendly services, family planning, how to deliver gender-responsive services, as well as data quality and management.

"Before Born on Time, my colleagues and I didn't screen pregnant women for sexually transmitted infections and other maternal infections when they came for antenatal care. The trainings provided by Born on Time have helped me pay more attention to women who come to our health centre for antenatal care"

Agegnehu Likina,
midwife at a health centre in
Ethiopia's West Gojam zone

Please note that adjustments for double counting have been made to total reach figures, therefore, the sum of reach figures for individual interventions do not equal the total project reach.

Endline Evaluation Highlights

In 2020, a comprehensive endline evaluation was undertaken to assess Born on Time's performance against expected outcomes. The evaluation employed a mixed-method and triangulation design, including quantitative and qualitative research methods. For the quantitative portion: household surveys engaged women of reproductive age and their male partners, adolescent surveys included unmarried adolescents (without children) who had participated in Born on Time adolescent groups, and included a Health Facility Assessment. For the qualitative portion, Born on Time facilitated key informant interviews, focus group discussions, and stories of change sessions.

1 Improving Health Service Delivery

From baseline to endline, the number of **births attended by skilled birth attendants** increased by 60% on average across the three countries. These increases were notable among both women and adolescent girls who gave birth over the life of the project.

BANGLADESH

Mothers who received postnatal care within two days of childbirth

71.6% AFTER
58.3% BEFORE

66.7% AFTER
23.4% BEFORE

Extent to which health facilities have achieved adolescent-friendly standards

ETHIOPIA

82% AFTER
55% BEFORE

Facility-based HCPs who knew at least 2 key standards of gender-responsive and adolescent-friendly service provision

Health facilities that utilize environmentally safe waste disposal methods

38.1% AFTER
21.3% BEFORE

MALI

Babies who received postnatal care within two days of childbirth

75.1% AFTER
41.4% BEFORE

87.5% AFTER
50% BEFORE

Extent to which health facilities have achieved gender-responsive standards

2 Increasing Use of Health Services

From baseline to endline, the percentage of women who were currently **using a modern method of contraception** increased by 27% on average across all three countries.

BANGLADESH

Women of reproductive age who know at least 2 danger signs during the continuum of care

47.8% AFTER
25.5% BEFORE

61.1% AFTER
42.9% BEFORE

Women of reproductive age who received a high level of support from their male family members for the utilization of health services

ETHIOPIA

76.1% AFTER
56.2% BEFORE

Male partners reported a high level of support for the utilization of maternal, newborn and sexual and reproductive health services

Community health committees that have action plans for healthy pregnancy, delivery and care for the newborn that are gender-responsive and adolescent friendly

100% AFTER
0% BEFORE

MALI

Babies who received postnatal care within two days of childbirth

55.5% AFTER
36.3% BEFORE

100% AFTER
0% BEFORE

Extent to which health facilities have achieved gender-responsive standards

3 Strengthening Preterm Birth Data Collection and Utilization

From baseline to endline, health facilities participating in Born on Time reported **improved record keeping practices,** including the documentation and reporting of preterm, still birth, gestational age, and birth weight data, respectively, at facilities and through national Health Management Information Systems; overall, their **ratings improved from average to strong.**

BANGLADESH

WEAK BEFORE

Extent to which local-level plans integrate preterm and gender-specific information

STRONG AFTER

45.5% AFTER
0% BEFORE

Facilities that are sharing data, including preterm related data and sex-disaggregated data, with government stakeholders

ETHIOPIA

WEAK BEFORE

Extent to which facilities use data to track performance in maternal and newborn health services

AVERAGE AFTER

Facilities that are sharing data, including preterm related data and sex-disaggregated data, with government stakeholders

75% AFTER
53.5% BEFORE

MALI

WEAK BEFORE

Extent to which local-level plans integrate preterm and gender-specific information

STRONG AFTER

42.2% AFTER
16.7% BEFORE

Facilities that are sharing data, including preterm related data and sex-disaggregated data, with government stakeholder

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 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 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 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.

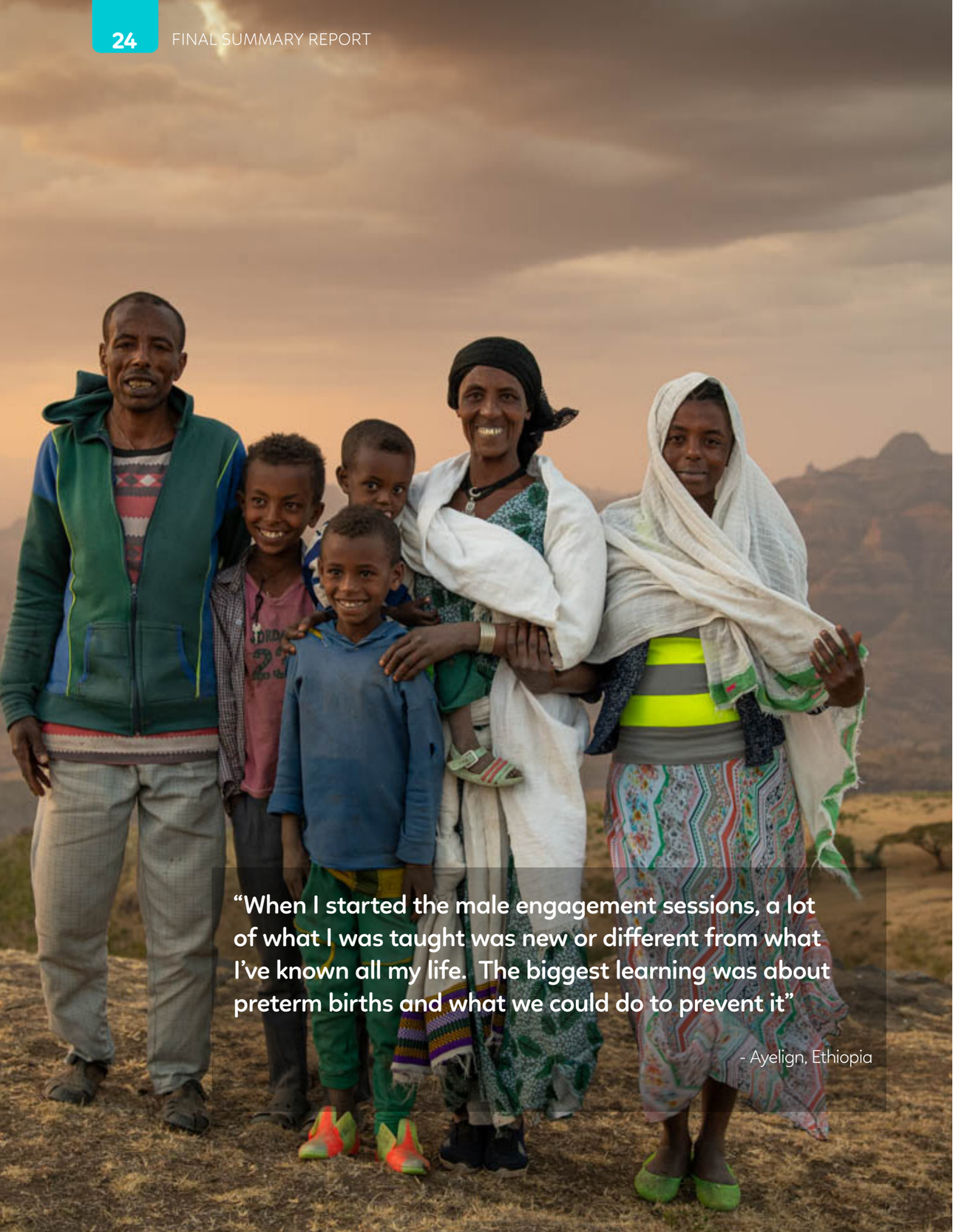
Morion is quick to give credit back to Assamoni herself. "Assamoni led the process against her own child marriage by speaking out in the first place," Morion exclaims. "We just came together to support her."

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 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!"

Excerpt from Bettings, Marie. "World Prematurity Day: Ending child marriage supports girls' empowerment and reduces premature birth." World Vision Canada, November 14, 2019. Accessed March 10, 2020: https://www.worldvision.ca/stories/gender-equality/world-prematurity-day-2019

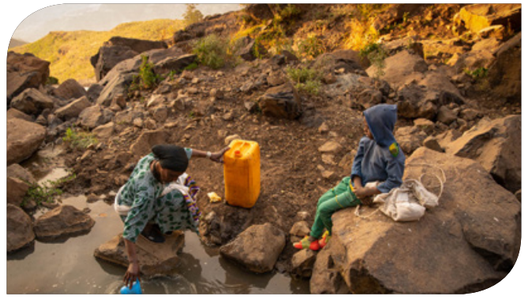


Cultivating Male Gender Champions

Challenging harmful cultural and discriminatory gender norms that perpetuate inequality helps to empower women, but it is not always easy.

Ehitnesh, a mother of four, had concerns when her husband Ayelign began attending Born on Time’s male engagement sessions. In a group with thirty-five men, Ayelign learned about harmful practices that can lead to preterm births and what they as husbands can do to their support their wives, especially helping to decrease their workload during pregnancy. However, Ehitnesh felt that “a feminine character is attributed to a man who does housework.” She was nervous about what her community would think.

When Ehitnesh was pregnant with her first three children, like many women in her community, she maintained her heavy workload. “Before Born on Time, there was a lot of stress in my life. I was always at home doing housework, I didn’t have friends, I didn’t have a social life. When I was pregnant, I didn’t get antenatal care” said Ehitnesh.



After taking part in Born on Time programming, Ayelign and Ehitnesh both found themselves challenging some of their views.

“When I became pregnant, Ayelign took care of me. He encouraged me to eat healthy foods. When I gave birth to Gebre, he accompanied us to health centre visits, where we got vaccines. Ayelign didn’t

use to do laundry, but now he helps. He gets me a helper when we host large social gatherings,” said Ehitnesh.

“After Born on Time sessions, my wife also decided to start growing her own crops to supplement our family income. She’s saving her own money. “I’m very proud of my wife. I want her to keep progressing and improving her status,” said Ayelign.

“I want to make sure that my kids go to school. I want my sons to be better fathers,” said Ayelign.

Ehitnesh added, “I want [my daughter] to be able to make her own decisions, to choose whom to marry and to be able to send her own children to school.”

By challenging long-held beliefs and discriminatory gender norms, Ehitnesh and Ayelign are helping tip the scales towards full health for all of their children, and even perhaps one day, their grandchildren.

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). Across Bangladesh, Ethiopia and Mali, midwives like **Ruth Dite Mah Diassana** 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.

Ruth is 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.

Ruth was 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.

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.

“As a midwife, I take care of antenatal care, childbirth, postnatal care, family planning and more. I am in constant contact with women, teenagers and sometimes husbands and partners. Awareness for behavioral change through gender equality is part of my everyday work.”

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 an activist for gender equality, Ruth is passionate about engaging men as partners for change and in the realization of gender equality.

“I explain to husbands and partners their important roles in the management of pregnancy by accompanying their wives and partners for antenatal care. I emphasize the importance of their presence during the postnatal care.”

Aspiring to a day when every mother is able to realize a healthy, full-term pregnancy and every baby is born on time, midwives like Ruth are making a significant impact on women and adolescent girls’ health and wellbeing.

Excerpt from Girls’ Globe, “The Power of Female Health Workers.” June 7, 2019. Accessed March 10, 2020: https://www.girlsglobe.org/2019/06/07/the-power-of-female-health-workers/

OUR FINANCIALS

The budget for the five-and-a-half year Born on Time project totaled **CAD $31.6 million**. A team of financial experts across Bangladesh, Ethiopia and Mali, as well as in Canada, supported the programming team to ensure the project delivered on its financial commitments. Across the lifetime of the project, the team was able to fully spend funds towards the advancement of programming objectives.

The consolidated financial statement is presented below.

Total cash received (including interest earned on funds held): **CAD $31,698,555**

CAD $31,698,555
Total Spending

CAD $28,302,282
Direct Spending

CAD $3,396,273
Overhead Cost

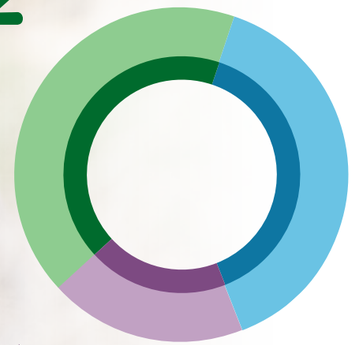
89% DIRECT SPENDING

SPENDING BY OUTCOME

Outcome 1: **$13,422,344**

42%

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



39%

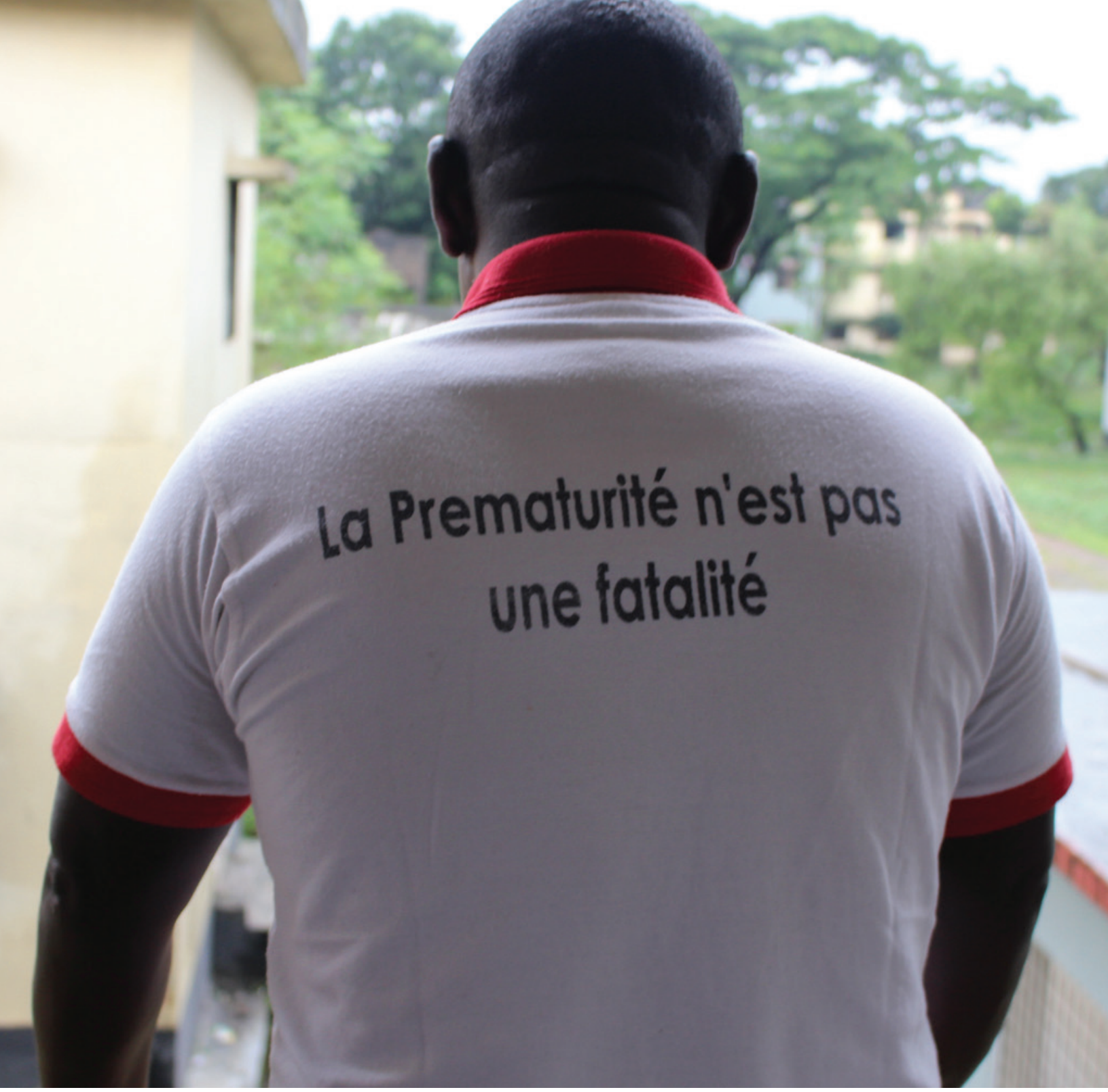
Outcome 2: **$12,300,795**

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

19%

Outcome 3: **$5,975,416**

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



BORN on TIME

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.

World Vision | PLAN INTERNATIONAL | Save the Children | Canada | Johnson & Johnson FOUNDATION

bornontime.org

For more information, please contact World Vision Canada at 1 866-595-5550

Photo credits: Paul Bettings, Benjamin Eagle, Asaduzzaman Rassel.