

More
Happy
Birthdays

More Happy Birthdays Project Final Report

SEPTEMBER 2022

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End of Project Narrative Report

General Information

| | | | |
|-----------------------------|---|----------------|------------------------------|
| Project Name | Latter-day Saint Charities (LDSC) Rwanda More Happy Birthdays Project | | |
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| Implementing Team and Roles | Angelique Uwineza: RAM More Happy Birthdays Project Manager RAM Finance team: Immaculate Muhawenimana and Thomas Bakundukize Dr. Oliva Bazirete: Rwanda MEL Consultant Lauren Smith: Maternity Foundation focal point project lead | | |
| Reporting Period | Start Date | 15 August 2021 | End Date 30 June 2022 |

Section 1: Project Background

1.1 Executive Summary

The Rwanda More Happy Birthdays project aims to save lives through refresher trainings of midwives and other health workers on Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) suite of training resources and via short and repeated low-dose, high-frequency (LDHF) practice sessions. The project builds upon the successes of the approach used in the 50 000 Happy Birthdays (50KHB) project (2018-2020). The consortium of partners supports the Rwanda Ministry of Health/Rwanda Biomedical Center (MoH/ RBC) to implement training and LDHF practice in 112 health facilities in Rwanda using the traditional training resources and integrating the digital learning tool, the Safe Delivery App (SDA). Activities to strengthen the Rwanda Association Midwives (RAM) aim to support and provide continuing professional development opportunities, increase membership and visibility of the Association, and become more sustainable.

Section 2: Performance

2.1 Accomplishments

| Project Activities | Report to Date | Outcomes |
|---|--|---|
| <ul style="list-style-type: none">• Leverage the demonstrated impact of the HMS and HBS suite of training resources used in 50KHB to train an additional 1,500 MNH providers in Rwanda (midwives, doctors, nurses, community health workers)• Integrate the Safe Delivery Application (SDA), a proven digital health solution that provides midwives with direct and instant access to evidence-based and up-to-date clinical guidelines• Provide regular and comprehensive supportive supervision visits to implementation sites to build capacity and improve quality | | |
| Training <ul style="list-style-type: none">• Cascade training approach.• Shorter refresher training of first level Master Trainer Facilitators (MTF), centrally, in HMS and HBS simulation and competency-based adult education and use of SDA• Support MTF to train second level provincial Master Trainers (MT) | <ul style="list-style-type: none">• 15 out of 15 (100%) Master Trainer Facilitators have received refresher training in HMS and HBS training resources. SDA integration, LDHF scheduling, quality improvement strategies, supportive supervision, and data collection processes – workshops were coordinated by Maternity Foundation and ICM MEL Lead• 241 out of 215 (112%) Master Trainers have | <ul style="list-style-type: none">• MTF capacity strengthened in providing shorter, refresher training focusing on skill acquisition• MTF confident in using SDA to supplement the 'traditional' content, learning a new way of teaching, and learning by integrating digital content• MT received quality instruction and ongoing support via WhatsApp group by the MTF• MT supported to provide Champion training, conduct |

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| <ul style="list-style-type: none"> Support MT to train third level facility-based Champions and institute a schedule of LDHF practice sessions in health facilities for the whole interdisciplinary MNH provider team. | <p>received refresher training in 3 modules</p> <ul style="list-style-type: none"> 1,412 out of 1,270 (111%) champions have received refresher training in at least one module By the end of the project Successful advocacy to the University of Rwanda medical and nursing faculty for combined interdisciplinary pre-service student training | <p>digital data collection for the first time</p> <ul style="list-style-type: none"> Improved understanding and respect for the role of midwives evidenced by the Dean of medical faculty opening the first-ever interdisciplinary combined PRE-SERVICE training of medical, midwifery and nursing students |
| <p>SDA content integration</p> <ul style="list-style-type: none"> Review of M&E framework indicators related to the Safe Delivery App Planning and coordination of approach for tracking of Safe Delivery App usage, in close dialogue with the rest of the project team. Adjustment in the Safe Delivery App onboarding questions Tracking of Safe Delivery App usage during the first trainings to verify data Presentation of initial data to project partners | <ul style="list-style-type: none"> Maternity Foundation developed addendums to support the trainers in the integration of the Safe Delivery App and has furthermore shared own training material from the training with master trainer facilitators. All the health care providers who completed refresher course were supported to upload and be familiar with the use of SDA and Kobo Collect mobile applications. Two remote refresher trainings were conducted for supervisors to encourage continued uptake and usage of the Safe Delivery App (SDA). The sessions were conducted by Maternity Foundation on 17th February 2022 and 24th March 2022 Throughout the project there has been continuous coordination and reporting of data to project partners | <ul style="list-style-type: none"> A short guide on how to download the Safe Delivery App was furthermore provided for the trainers as well as an addendum containing a detailed description of the integrated exercises and features from the App and how to facilitate it. All health care providers who completed refresher course were supported to upload and be familiar with the use of SDA and Kobo Collect mobile applications. As of June 16, 2022, -1,94 users of Safe Delivery App- indicating the reach of the App has gone beyond the project participants 63% have used the App more than 5 times 743 MyLearners (a self-directed learning platform within the App) 79 Safe Delivery App champions (an exam that can be taken once you have completed all levels of MyLearning) The PEE, BABC, and HBB Practice sessions were used by 181 users, 140 users, and 275 users respectively and were viewed over 3,000 times each. |

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| | | <ul style="list-style-type: none"> A summary of SDA integration can be found in an Appendix to this report. |
| Supportive supervision <ul style="list-style-type: none"> Regular and comprehensive supportive supervision is provided to implementation sites, to build capacity and ensure quality | <ul style="list-style-type: none"> MEL National Consultant supported RAM in selection of implementation sites for training delivery and supportive supervision sites Conducted monitoring, evaluation and learning visits in 20 supportive supervision sites Sites with known focal persons were chosen to increase compliance with supervisory role as Practice Coordinator Orientation of supportive supervisors conducted on usage of digital MEL tools (Kobo Collect and SDA) to collect data for MEL. Data was uploaded using Kobo Collect Tools. During project implementation each site received 2 supervisory visits ICM, MF and RAM held frequent, short regular virtual meetings, group WhatsApp was created, and chat exchanges were conducted, emails, telephone calls all done effectively. ICM MEL Lead worked very closely with National MEL consultant thereby building capacity at country level | <ul style="list-style-type: none"> Selection of active supportive supervisors for 10 hospitals and 10 health centers All MEL targeted sites were visited No major challenges were identified at the supportive supervision sites No internet challenges were experienced which may have interfered with the supervisor's role in data collection Supportive supervisors fulfilled their role and contributed to increased retention of provider knowledge and skills, competence and confidence. Quantitative data collected during the evaluation is available in an Appendix to this report. |
| Provide training resources and digital/printed guidelines to support health facility Practice Coordinators (PC) facilitate low-dose, high-frequency (LDHF) skills-based practice sessions in health facilities | | |
| Purchasing, shipping and distribution of training materials. | <ul style="list-style-type: none"> ICM supported RAM to conduct inventory of existing resources ICM supported RAM to place a new order of | <ul style="list-style-type: none"> More accurate estimation of 'needed' resources based on inventory of existing resources Original list of resources to be shipped from China reduced to remain under budget |

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| | <p>training resources from LGH China warehouse</p> <ul style="list-style-type: none"> • In-country printer identified to print resources locally • Procurement of in-country clinical practice resources (BP cuff and stethoscope) completed • Training resource distribution database was updated to track location of distributed resources. | <ul style="list-style-type: none"> • International shipment received March 2022 • In-country training materials were printed and readily available for use during MTF, MT and Champion training sessions • Printed materials were provided to health facilities for LDHF practice sessions • Improved stock management systems including updated authorisation processes and tools to manage stock movement and tracking • ICM strengthened RAM procurement processes with transparent tender process, quotation from 3 potential providers, purchase order agreement template created • SDA data analysis provided opportunity for RAM on continuous improvements on project implementation |
| Use digital Monitoring Evaluation and Learning (MEL) tools to collect and manage high quality data which contributes to strengthen the support the efficacy of the project activities | | |
| General | <ul style="list-style-type: none"> • Application for annual renewal of ethical approval prepared by MEL National Consultant with support from ICM MEL Lead and ICM project team • Qualitative data obtained from interviews and focus group discussions planned by ICM MEL Lead and MEL National Consultant in collaboration with RAM Project Manager • Qualitative data was collected in November 2021 and March 2022. (See evaluation report for details). | <ul style="list-style-type: none"> • Ethical clearance renewal obtained from Rwanda Human Research Ethics Committee and permission to conduct supportive supervision also obtained from implementation sites • Plan for qualitative data collection established with timeframes, sample size, participant selection, interview and focus group guides developed, and data collected November 2021 and March 2022. Evaluation report completed. • The qualitative evaluation can be found in the Appendix to this report. |

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| <p>Quantitative Kobo Collect Digital Tool</p> <p>Data collection using digital Kobo Collect toolbox online/offline data collection and reporting tools</p> | <ul style="list-style-type: none"> • Review of MEL framework by MEL National Consultant, ICM MEL Lead and ICM project team to make necessary adjustments to the project indicators • ICM project team updated the previously prepared excel spreadsheets (Novametrics) to align with project plan and MEL framework • RAM Project Manager, MEL National Consultant, MTF and MT were trained on the data input necessary in the Kobo Collect toolbox by the ICM MEL Lead • Quantitative data uploaded to cloud-based storage managed by ICM • Data collection reviewed by the ICM MEL Lead to periodically review raw data and address any variances in data quality | <ul style="list-style-type: none"> • MEL framework indicators revised and aligned with project plan • Kobo tools updated to reflect change in evidence, specific to the three modules being taught and complementing the data collected by the SDA • MTF and MT applied their learning to successfully use the suite of Kobo tools and were well supported by the National MEL Consultant • Using digital tools for MEL enabled timely feedback from ICM MEL Lead to the RAM project team which improved data quality • Baseline monitoring completed at selected sites to supplement the 50KHB endline data • Use of the Kobo Collect Tools during training reduced human error and time spent on data collection. • Quantitative data results can be found in an Appendix to this report. |
| <p>Safe Delivery App (SDA)</p> <p>Training and LDHF practice data collection using SDA</p> | <ul style="list-style-type: none"> • ICM project team worked with Maternity Foundation (MF) to update the specific Rwanda More Happy Birthdays version of the SDA • ICM project team and MF developed a system to allocate unique user ID • ICM project team, RAM Project Manager, MTF and MT were trained by Maternity Foundation (MF) on the data input necessary in the SDA | <ul style="list-style-type: none"> • SDA functionality accurately reflects the three training modules used in the project • Single and repeat users can be identified from the SDA data uploaded to Maternity Foundation server • The SDA mobile application are now used as a handbook for evidence-based practices in maternal and new-born care services delivery • A summary of the use of the SDA can be found as an Appendix to this report. |
| <p>Build capacity of the Rwanda Association of Midwives (RAM) to increase their visibility, membership, financial revenue, representation, and provision of continuing professional development to midwives and other MNH providers</p> | | |

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| <p>ICM project team consists of Project Coordinator, Midwife Advisor, Project Accountant, MEL Lead, MEL National Consultant.</p> <p>RAM team consists of President, Executive Board Members, Project Manager, Accountant, Consultant website designer, volunteer media team</p> | <ul style="list-style-type: none"> • ICM supported review and update of activity plan, budget, contracts and terms and conditions • RAM recruited a full time Project Manager for the MHB project who is well known to the ICM team and is familiar with the training interventions used in the project (HMS, HBS, LDHF) • The Rwanda More Happy Birthdays project was launched in collaboration with the Rwanda Ministry of Health (MoH) and Rwanda Biomedical Center (RBC) in collaboration with Maternity Foundation, ICM and LDSC • ICM encouraged an introductory meeting to be hosted by RAM to orient national partners and stakeholders whereby the RAM local partners and stakeholders were oriented to the project and were called to support its implementation • Updated WhatsApp group created to facilitate communication • RAM, as an approved Continuing Professional Development (CPD) provider, can offer CPD points to MNH providers who attend the refresher trainings • RAM recruited a part-time Information Technology (IT) specialist who has regularly supported and managed the website and other RAM social platforms. • The refresher trainings brought together doctors, nurses, and midwives for the purpose of promoting teamwork and | <ul style="list-style-type: none"> • Project documentation meets all ICM and RAM organisational requirements • Project activities conducted in a professional and timely manner by a competent national project manager • Reporting (narrative and financial) of improved quality needing less staff time to edit and revise versions and in line with audit requirements • National government support and approval obtained, increasing status of RAM nationally • LDSC expressed satisfaction in the quality of the project launch including results shared during mid-point project review(December 2021) • National partners supportive of project activities and align interventions where possible (IntraHealth Ingyobi mentoring project, Enable project, FIGO IAP project) • Frequent positive feedback provided to RAM team by ICM and MF in response to sharing of images and short stories in the WhatsApp group, motivating the RAM team and helping ICM and MF feel 'closer' to the project • Increased recognition by the National Nursing and Midwifery Council (NNMC) in Rwanda of RAM as a legitimate CPD provider • MNH providers can use the CPD points towards renewal of licensure ensuring more providers continue to practice • ICM supported RAM in redesigning and reactivating the website and other social platforms for more visibility • Medical and midwifery providers have a better understanding of each other's role and responsibilities |
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| | <p>interprofessional collaboration and respect</p> <ul style="list-style-type: none"> • RAM continues to actively recruit members during training activities and supportive supervision visits to health facilities. At the end of the project RAM has a total number of 560 members and continues with recruitment process • ICM initiated weekly - fortnightly coordination and update meetings held with the whole project consortium • ICM Midwife Advisor provided various one-on-one tutorials to the RAM Project Manager to improve digital knowledge management and online literacy • Membership Application form updated • Schedule of membership benefits created • Additional membership categories developed with a tiered financial contribution • Continued collaboration with Ministry of Health and various partners through Rwanda Biomedical Centre (RBC) | <p>leading to more understanding and mutual respect</p> <ul style="list-style-type: none"> • Medical and midwifery students have trained together with the Dean of Medicine opening the training and publicly praising the midwifery profession and RAM • RAM has now 560 members, increased from 400 • Project consortia collaborated effectively to find solutions to challenges and share learnings • RAM Project Manager can schedule zoom calls, share files online to onedrive, link gmail calendar, improved filing, and naming convention • Membership Application form updated and available on updated website and can be downloaded or filled digitally • Increased potential for membership applications and more attraction for members now that benefits are available • Due to increased RAM's visibility, status and influence, the MOH and regulatory authority are likely to improve policy and funding for midwifery profession |
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2.2 Challenges

| Nu | Challenge Description | Actions for Managing the Challenge |
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| 1 | Covid-19 and travel restrictions | Some refresher training sessions were conducted remotely with on-ground support facilitators. |
| 2 | The initial MEL framework included health outcome impact indicators and was developed for a 24 -month implementation phase. The project was downscaled to 8 months with a reduced budget. | Considering the approved shorter implementation phase timeframe for the project (8 months), impact indicators like, maternal mortality due to PPH, case fatality rates due to pre-eclampsia, neonatal mortality rate, stillbirth cases, were excluded from the MEL framework as these indicators require a long-term project to be evaluated. |

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| | | <p>Therefore, health indicators related to maternal and newborn morbidity have been revised to align with indicators routinely collected in HMIS (Rwanda Integrated Health Management Information System). For this reason, it was recommended that data for selected indicators to be collected under Rwanda More Happy birthdays project should align with the HMIS. Specific objectives for this project were also revised. The objective related to providing support to HMIS at Rwanda Biomedical Center was removed. It is however recommended to consider this objective in future projects as findings from MEL would contribute to improving Rwanda HMIS as recommended during the 50KHBD project</p> |
| 3 | <p>A larger number of implementation sites were identified in the planning phase of the project but due to budget and timeline revisions, it was only possible to target a smaller number of implementation sites.</p> | <p>The original number of implementation sites identified in the planning phase were 200+. RAM Executive Committee members were supported to select fewer health facilities (112) from the existing facilities that were targeted during the 50KHBD project. The inclusion criteria for selecting implementation sites for the MHBD project were as follows:</p> <ul style="list-style-type: none"> ○ Health facilities with high maternal & newborn mortality rate ○ Health facilities that had favourable cooperation history during 50KHBD project ○ A mixture of high occupancy and low occupancy health facilities ○ Health facilities with an interdisciplinary MNH team on staff <p>The original number of supportive supervision sites were 50+. Twenty (20) implementation sites including 10 hospitals and 10 health centres were selected for supportive supervision/MEL sites. Teaching institutions were excluded because there is no feasibility to do M&E because after graduation, students get out of the training institutions and look for jobs in different implementation sites hence difficult to follow them up. Complete, one/two-day trainings were replaced with shorter refresher trainings.</p> <p>Number of HMS/HBS training modules reduced from 5 to 3.</p> <p>The ten district hospitals are: Nyamata, Gahini, Rwinkwavu, Kibagabaga, King Faycal Hospital, Masaka, Muhima, Centre Hospitalier Universitaire de Kigali, Nyanza and Gisenyi.</p> <p>The ten health centers are: Mayange, Mukarange, Kabarondo, Remera, Kinyinya, Masaka, Kabusunzu, Rwampara, Nyanza and Busasamana.</p> |

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| 4 | Originally developed MEL tools were paper-based, complex and lengthy to complete. | <p>MEL tools for the supportive supervision, were extensively revised/amended, e.g., data related to equipment availability in health facilities, equipment distribution, non-routinely collected maternal and newborn morbidity and mortality data, participant demographics, were removed from the framework. Paper-based monitoring and evaluation tools were simplified and replaced with digital Kobo Collect tools. This reduced the amount of time spent collecting data during supportive supervision visits from 30 – 40min to 10 – 15min per visit.</p> <p>In lieu of maintaining a paper-based participant database, simplified unique identifiers were suggested by ICM MEL Lead in collaboration with Maternity Foundation (MF). RAM Project Manager distributed these unique Identifiers to participants through respective trainers. The national MEL consultant provided orientation to ensure that every participant has a good understanding of the correct use of these ID numbers.</p> |
| 5 | Issues in downloading the SDA and Kobo Collect app for some participants related to poor internet connectivity or lack of familiarity with using digital applications and mobile devices. | This challenge was experienced by some participants who came to training sites with variable internet connectivity without downloading the tools a day before the actual training, in their home or workplace which would normally have better connectivity. During the training, facilitators made sure that participants had enough practice on the use of the tools which enabled them to support the participants during subsequent training sessions. |
| 6 | Kobo Collect mobile application is not available in I-phone store, and this continued to disturb the effectiveness of trainings for some participants. | This issue was identified prior to training and the project team were informed that the application was compatible with android devices. Participants with I-phone borrowed from colleagues or friends' android phones for training purposes. We made sure that all supportive supervisors have access android smart phones. In future, additional funding for android devices for Master Trainers would be advantageous. |
| 7 | Cost of international shipping transport doubled due to covid pandemic which reduced the available budget for resources. Delays experienced in the dispatch of resources by sea transport resulted in delayed arrival and distribution. | <p>The budget was revised to cover for the rising costs. A change Order form was sent to LDSC</p> <p>The ICM Project Coordinator and RAM Project Manager were in close contact and frequent communication with the shipping company to speed the process. Available resources identified in the inventory conducted during the planning phase enabled rotational use of resources during the refresher sessions and LDHF sessions</p> |
| 8 | Identification of the SDA Rwanda version users vs SDA Global version | Identifying the correct cohort of users of the Safe Delivery App (SDA) Rwanda version has been discussed |

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| | users was problematic due to users choosing and having access either version of the SDA | <p>thoroughly with the project team, including the advantages and disadvantages of different approaches for identifying the relevant project cohort within all users of the two SDA versions.</p> <p>The collection of App IDs from every training participant was deemed not feasible within the project constraints.</p> <p>Training participants will be identified through the onboarding questions in the App as well as (to the extent possible) by cross-checking with geographical locations and training dates.</p> <p>Upon advice from the project team, the onboarding question in the Rwanda – More Happy Birthdays has been changed to reduce the potential margin of error.</p> |
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Section 3: Risk management

3.1 Risks

The project was initially planned for a period of 24 months, with a budget around 200K. The budget was reduced to less than 100K and therefore the timeline and scope were adjusted.

| No | Risk | Mitigation Plan |
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| 1 | The overall project was initially planned for a period of 24 months and was revised downwards to 8 months. | The training component was adjusted to focus on refresher training of health workers who participated in the 50k project. Three priority modules were selected instead of five to reduce training duration. This reduced both time and budget to achieve planned objectives. Agenda of the project and mandates were compressed according to the adjusted period. |
| 2 | Expiration of the initial ethical approval | Application of renewal and extension of ethical approval |
| 3 | Risk of not achieving the original MEL target | <p>Impact indicators were removed from the MEL logframe, and morbidity indications as well as short term indicators have been adopted for MEL</p> <p>Number of implementation sites reduced to 112 sites</p> <p>MEL logframe/framework and tools revised</p> |
| 4 | The project was designed to provide in person intensive trainings, and this was interrupted by the rise of COVID-19 restrictions. | <p>Refresher training of MTF done remotely with use of digital tools (SDA) supported by on-ground support facilitators</p> <p>Facility-based master trainers were utilised to provide the refresher sessions for champions in their respective working and teaching facilities and instructions while observing Covid-19 Standard Operating Procedure (SOPs) set by MOH.</p> |
| 5 | The use of the Safe Delivery App and the practice sessions within the App by | Written materials were prepared and shared with the master trainer facilitators/master trainers to support them as much as possible, and Maternity Foundation has been available to |

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| | training participants relies to a large extent on the correct and efficient flow of information from Master trainer facilitators and all the way to the Champions. | supervise either through an organized online supervision session or through the WhatsApp coordination group. |
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Section 4: Learning

4.1 Lessons Learned

The SDA and KoBo Collect mobile applications were embraced by the refreshed health care providers as very useful tools at hand to refer to immediately, and very helpful to improve the ways of exchanging knowledge and skills in both pre-service and in-services facilities. In addition, it was noticed that the refreshed health care providers were still able to recall and practise a lot of information and skills in HMS and HBS as evidenced by pre-test, post-test, and Objective Structured Clinical Evaluation (OSCEs) scores in both theory (knowledge) and practice (skill) assessments.

Having the applications downloaded, made it easier to refer to training materials.

The strategy of combining medical students, nurses, and midwives during champion's training was a welcome initiative by the school of medicine at the University of Rwanda, and this an indication of a sustainable practice of an interdisciplinary collaboration. This also promoted teamwork and inter professional respect.

During project planning where remote training is involved, consideration should be made for the need for appropriate internet data allowance and equipment.

4.2 Changes

| Nu | Change Description | Actions for Managing Changes |
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| 1 | Due to the global challenges related to Covid-19 and associated travel restrictions, the Maternity Foundation training of master trainer facilitators on integration of the Safe Delivery App was changed from an in-person training to a remote, online training using digital tools. | <p>This change in training modality naturally holds potential for challenges related to technical set-up and connectivity as well as possibilities for support and ongoing supervision for the master trainer facilitators. All participants were very much excited about learning using the digital tools and are also happy to share learned knowledge to participants. Having the applications downloaded beforehand was an easy way to refer to training materials very easily.</p> <p>However, during 2020 and 2021 Maternity Foundation has built solid experience in delivering online trainings, and the MHBs associated trainings benefited from this organisational experience.</p> |

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| | | <p>For the remote set-up, our on-ground facilitators from RAM logged onto a zoom link shared from MF. By use of the share screen feature the training material was shared on a big screen with the participants in the room, who was guided directly through all the material and exercises throughout the 4 days. Microphones were used to improve the audio quality and a stable Wi-Fi made it possible for the trainings to flow without any major complications. The master trainers had a lot of information to digest within these 4 days: information and training in the App and how to use it, the integration addendums as well as the LDHF practice sessions. The on-ground facilitators with insight in the project and addendums made the remote approach run more smoothly by helping coordinate the different exercises, elaborate and supporting the master trainers, which is hard to manage from the other side of the screen.</p> <p>Following the trainings, Maternity Foundation has highlighted to RAM their availability to deliver a supervision session, as relevant and needed. In addition, a WhatsApp group has been established where project partners can continuously coordinate and follow up on any issues related to the trainings.</p> |
| 2 | There was not enough budget allocated for the master trainers to support the champions at health centre and district levels in provinces. | The allocated periderms of Rwf 9,700 for champions was reduced to 7,000 in order to have a budget saving to redistribute to master trainer allowances. |
| 3 | There was no budget allocated for internet data for the master trainers and champions during training. | Adjustments were made to accommodation budget, with a recovery of internet data amount to Rfw 5,000 for master trainers and champions. RAM cancelled the purchase of 2 lpad, project pull-up, smart phones and brochures as a way of having some savings to go towards internet data. |

Section 5: Finance

| Project Item | Report to Date |
|--|---|
| Initial Estimated Project Cost | \$225,325 |
| Current Estimated Project Cost | \$228,100 |
| Explanation of Variance between Last Reported and Current Project Cost | <p>Overview</p> <p>The project is currently forecasting an overspend of \$2,775 which is driven by ICM staff hours spent on close out activities in August. The proposal is that ICM will fund this overspend.</p> |

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| | <p>Financial Review</p> <p>A change order was submitted and approved in March 2022. This had no impact on the total estimated project cost of \$225,325 but there was movement between budget lines, primarily to fund the overspend on the Training equipment shipping and customs clearance costs. Please refer to the Change Order, Addendum 1 for full detail on the budget line changes.</p> <p>At the end of April, there was a forecast \$16,225 project funds remaining. The main underspends were \$11k on Personnel costs (including overhead) and \$4k (including overhead) on “Support RAM with development of monthly reporting format”. This latter activity was completed by ICM staff and funded by the relevant staff members budget.</p> <p>LDSC granted a No Cost Extension (“NCE”) until 30th June 2022 and ICM created an internal NCE budget. The underspend of \$16,225 was replanned to fund the ICM Head Office and RAM project teams staff costs for the NCE period and the close out and reporting period in July and August.</p> <p>The forecast actual and estimated ICM staff time for August is currently driving a forecast total project overspend of \$2,775.</p> |
| Actual Project Cost to Date (Total) | \$228,100 |

Section 6: Summary of Recommendations

The agreed recommendations from the team for how the project can be improved and feedback from funders and partners over this reporting period are as follows:

- The objective related to providing support to HMIS at Rwanda Biomedical Center was removed. It is however recommended to consider this objective in future projects as findings from MEL would contribute to improving Rwanda HMIS as recommended during the 50KHBD project.
- To add shock management during pregnancy and intra-partum period in SDA.
- To speed up the shipping of international training materials, ordering of such equipment should be done much earlier at the beginning of the project.
- To extend the promotion of the use of SDA and KoBo Collect mobile applications among all health care providers in Maternal Newborn Health (MNH) across the countries and from health center level to the highest referral facility of Rwanda.
- Where possible to find additional funds to support the extension of the project across the country (where not covered by MHB) and among all health care providers in MNH.
- In order to enable continuous efficient and valid tracking of the use of the Safe Delivery App, it was beneficial to highlight to master trainer facilitators and master trainers that they encourage training participants (champions) to download the

Rwanda – More Happy Birthdays app version and indicate in the onboarding questions that they are part of the More Happy Birthdays project.



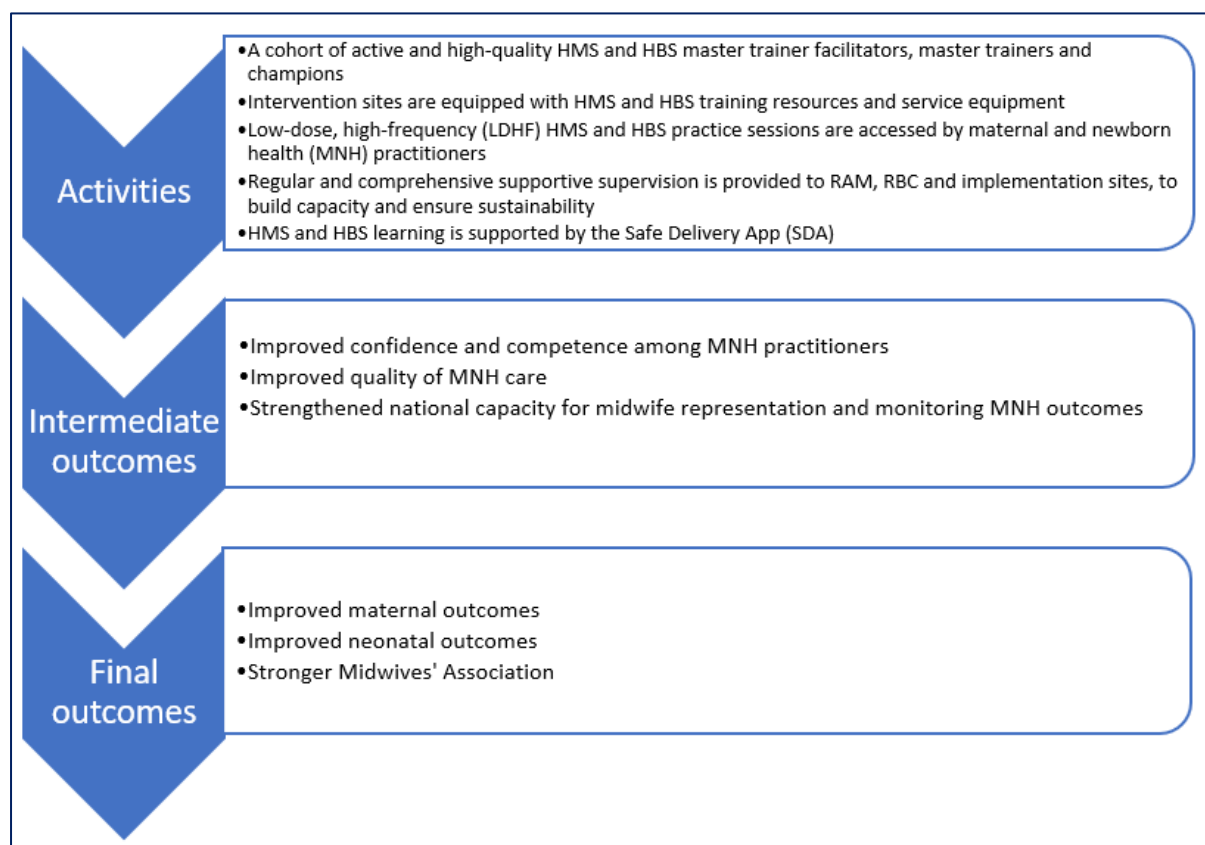
Appendix A: MEL Quantitative Report

The monitoring objectives are:

- To ensure that a sound monitoring system is established which informs the overall implementation of the project and measures the extent to which the programme was implemented as planned
- To support RAM to use high-quality data collection and reporting tools/instruments, and build their MEL capacity

The monitoring framework for the More Happy Birthdays (MoreHB) programme uses the logical framework (logframe) approach and is illustrated in Figure 1:

Figure 1: Monitoring Framework



For each project activity, indicators have been monitored and evaluated in a sample of 20 health facilities at the start of the project and compared to the end of project evaluation. These are displayed in the tables below.

There are limitations which may affect the reliability of the data presented below and therefore it is not advisable to use the results to draw absolute conclusions. The short

project period and small sample size make it difficult to determine if a particular outcome is a true finding directly attributable to the project interventions.

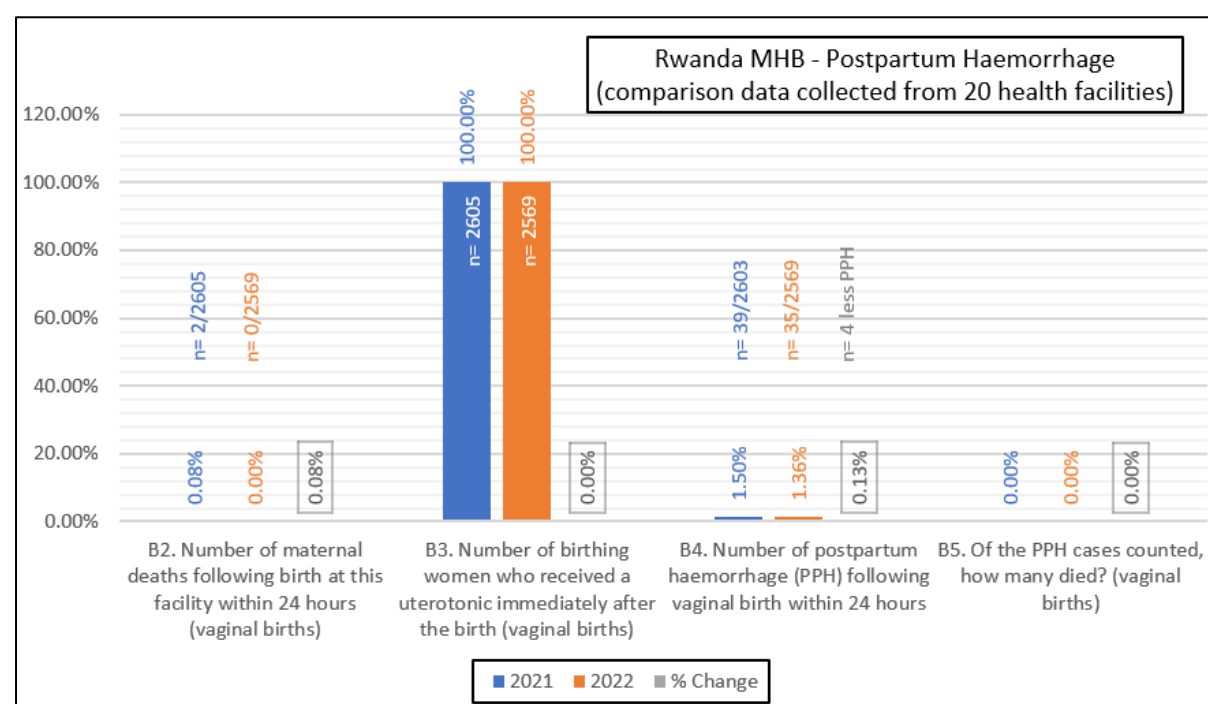
A1 – A7: Demographic and facility indicators monitored and evaluated during supportive supervision visits using the kobotoolbox mobile phone application.

| | |
|--|---|
| Supportive Supervision | A1. Province of intervention site: |
| | A2. District of intervention site: |
| | A3. Name of intervention site |
| | A4. Name of individual providing supportive supervision: |
| | A5. Date of visit (DD/MM/YY): |
| | A6. Please indicate which HMS and/or HBS modules have been taught to champions at this site under the MHB programmes. Select all that apply. |
| | A6. Please indicate which HMS and/or HBS modules have been taught to champions at this site under the MHB programmes. Select all that apply./BABC 2.0 (Bleeding After Birth Complete) |
| | A6. Please indicate which HMS and/or HBS modules have been taught to champions at this site under the MHB programmes. Select all that apply./PEE (Pre-eclampsia & Eclampsia) |
| | A6. Please indicate which HMS and/or HBS modules have been taught to champions at this site under the MHB programmes. Select all that apply./HBB 2.0 (Helping Babies Breathe) |
| | A7. Has RAM appointed a More Happy Birthdays practice coordinator (or on-site master trainer) at this site? |
| *Review birth registers, HMIS or other records as appropriate to provide the following data. Please review the records for the period over the last 30 days. | |

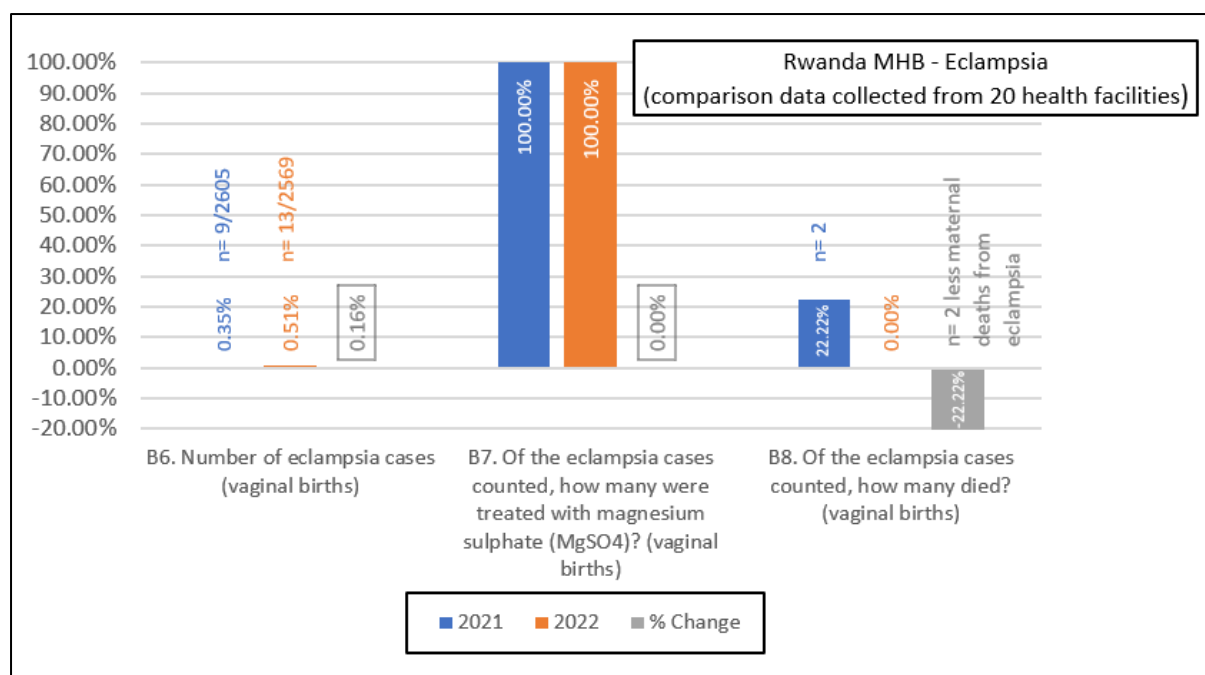
Findings from the indicators A1 – A7 have been reported in the narrative section of this report.

B1 – B10: Maternal Health indicators monitored and evaluated during supportive supervision visits. Data extracted from hand-screening the facility birth register, entered directly into the kobotoolbox mobile phone application.

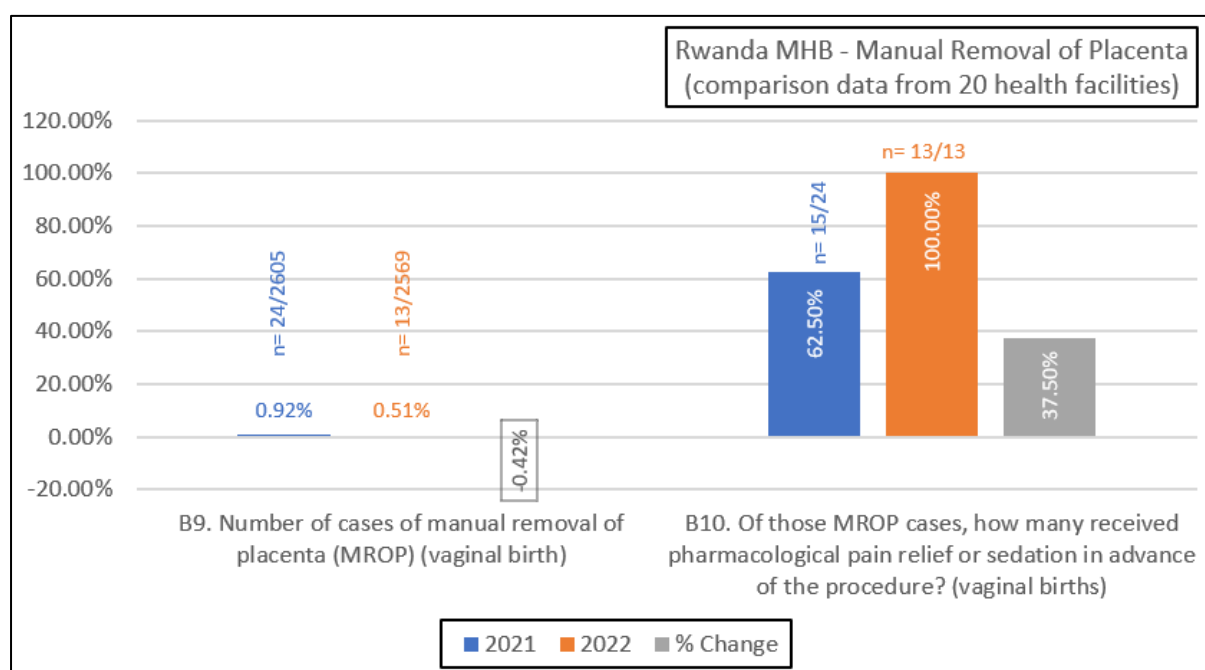
| | |
|---------------------|---|
| Maternal Indicators | B1. Number of women giving birth (vaginal births) |
| | B2. Number of maternal deaths following birth at this facility within 24 hours (vaginal births) |
| | B3. Number of birthing women who received a uterotonic immediately after the birth (vaginal births) |
| | Proportion of Women who received uterotonic |
| | B4. Number of postpartum haemorrhage (PPH) following vaginal birth within 24 hours |
| | B5. Of the PPH cases counted, how many died? (vaginal births) |
| | B6. Number of eclampsia cases (vaginal births) |
| | B7. Of the eclampsia cases counted, how many were treated with magnesium sulphate (MgSO4)? (vaginal births) |
| | B8. Of the eclampsia cases counted, how many died? (vaginal births) |
| | B9. Number of cases of manual removal of placenta (MROP) (vaginal birth) |
| | B10. Of those MROP cases, how many received pharmacological pain relief or sedation in advance of the procedure? (vaginal births) |



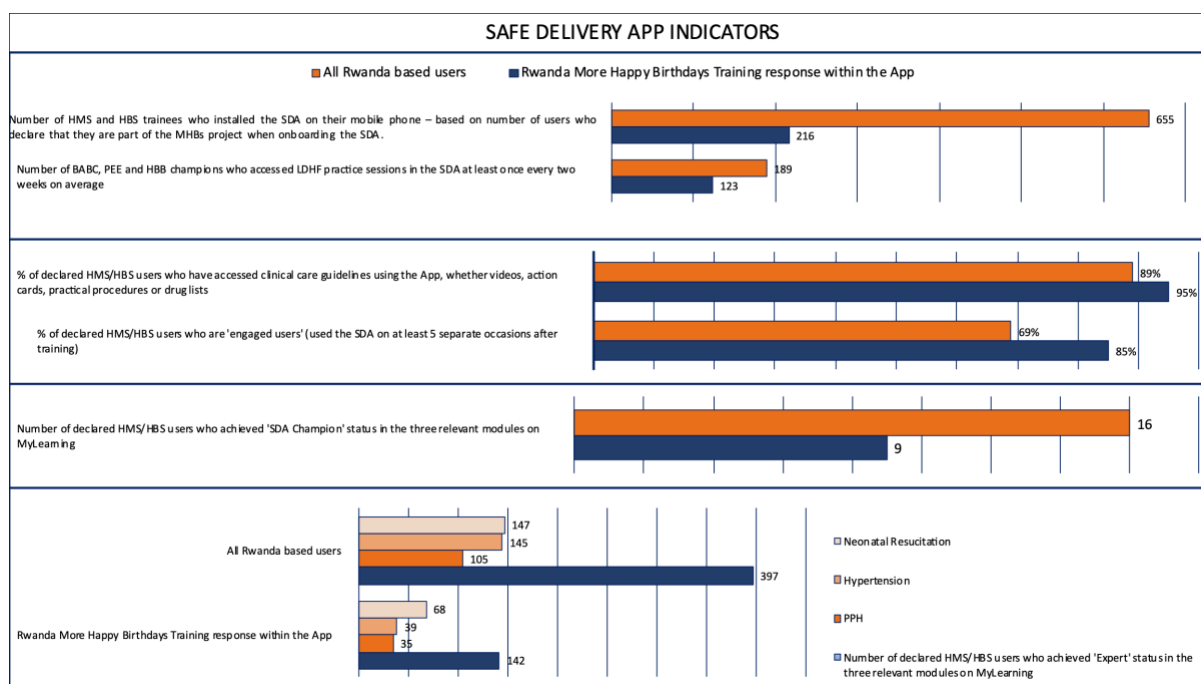
It is reassuring to see that there are less maternal deaths from postpartum haemorrhage over the project period which may be attributable to improved intrapartum management or earlier consultation and referral.



There was a reduction in deaths from Eclampsia during the project period which may be attributable to improved intrapartum management or earlier consultation and referral.



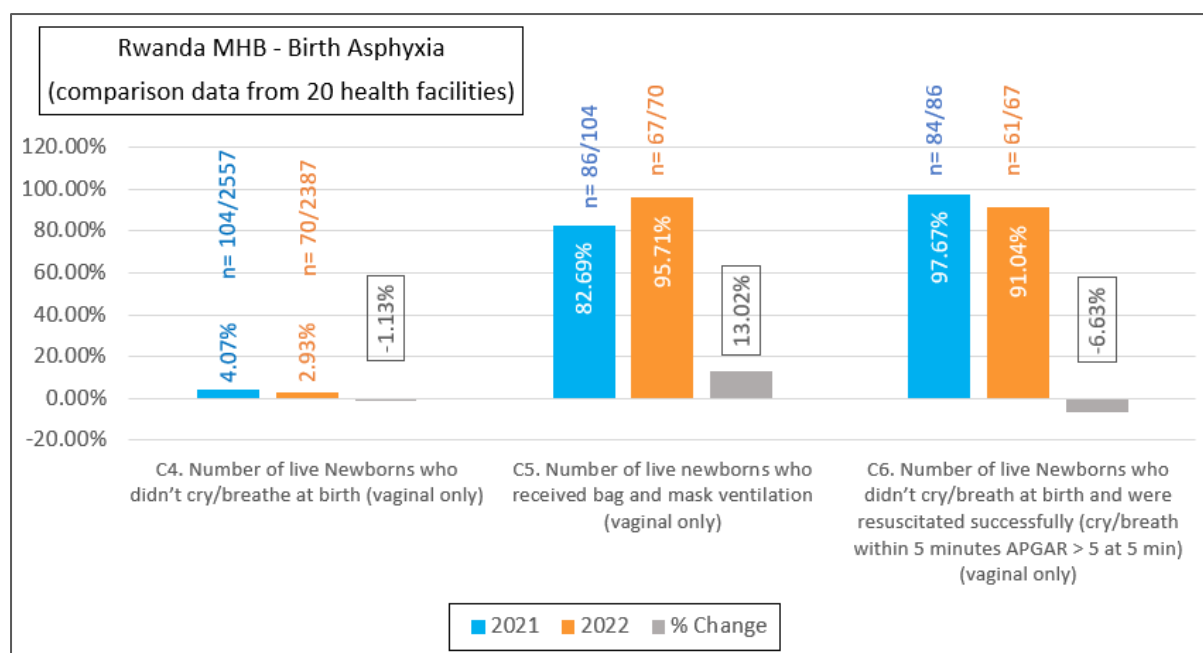
Smaller numbers of MROP may indicate improved intrapartum and third stage management. It is reassuring to see an improvement in the number of women receiving pain relief medication prior to MROP which could be attributable to the RMC content included in the SDA Rwanda More Happy Birthdays training material.



C1 – C6: Newborn Health indicators monitored and evaluated during supportive supervision visits. Data extracted from hand-screening the facility birth register, entered directly into the kobotoolbox mobile phone application.

| | |
|---------------------|---|
| Neonatal Indicators | C1. Number of live newborns (vaginal only) |
| | C2. Number of stillbirths fresh (≥ 2500 grams) (vaginal only) |
| | C3. Number of deaths at birth of live born babies (within 30 minutes) (vaginal only) |
| | C4. Number of live Newborns who didn't cry/breathe at birth (vaginal only) |
| | C5. Number of live newborns who received bag and mask ventilation (vaginal only) |
| | C6. Number of live Newborns who didn't cry/breath at birth and were resuscitated successfully (cry/breath within 5 minutes APGAR > 5 at 5 min) (vaginal only) |

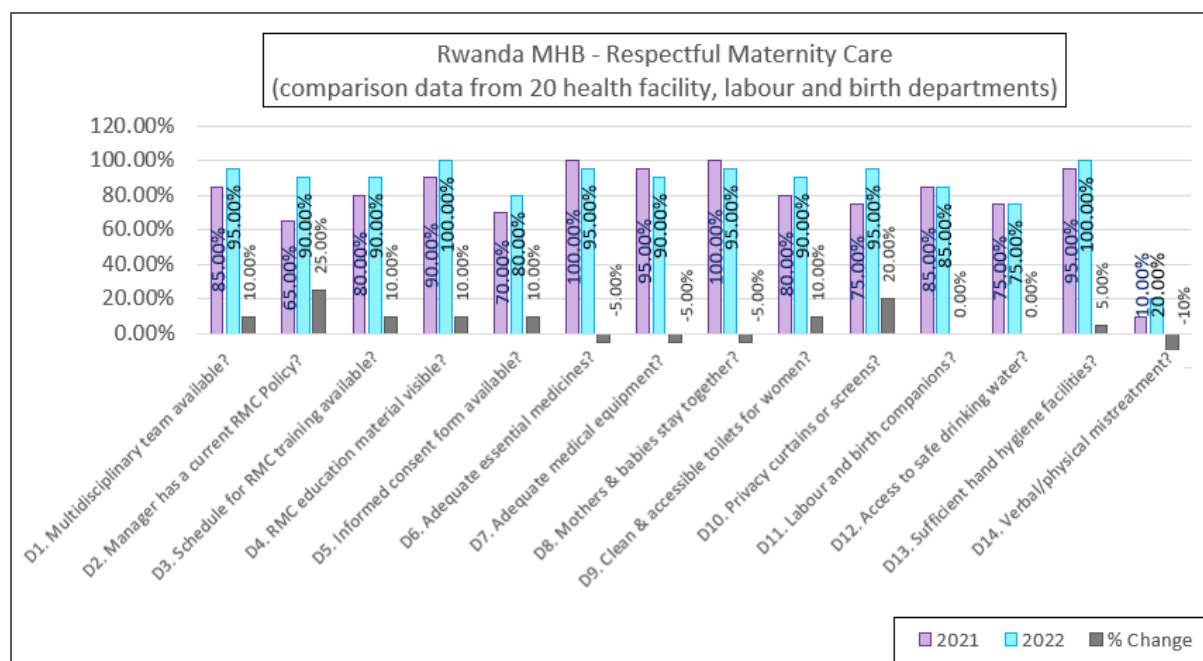
Data from indicators C1 – C3 were inconsistent with the maternal data and deemed not reliable. Therefore, only data related to indicators C4 – C6 are presented below. This might be attributable to maternal data being more comprehensively recorded in the health facility birth registers.



Less newborns did not cry/breathe at birth which may indicate improved intrapartum monitoring of fetal wellbeing. However, more newborns received bag and mask ventilation and less were successfully resuscitated. This might be related to inaccurate diagnosis of stillbirth, insufficient medical equipment, skill of the provider or a variety of other reasons which can't be established by the data collected in this project.

D1 – D14: Respectful Maternity Care observed during supportive supervision visits. Data entered directly into the kobotoolbox mobile phone application.

| | |
|--------------------------------------|--|
| Respectful Maternity Care Indicators | D1. Are there health providers of different disciplines in the labour and birth wards? |
| | D2. Does the labour and birth ward management have a policy on respectful maternity care? |
| | D3. Is there a schedule for Respectful Maternity Care in-service training in the labour or birth ward? |
| | D4. Are there health education materials in an accessible written or pictorial format available in the labor and birth ward? |
| | D5. Is there a standard informed consent form available? |
| | D6. Are essential medicines for labour and childbirth available in sufficient quantities? |
| | D7. Are basic and adequate equipment for labour and childbirth available in sufficient quantities? |
| | D8. Do all mothers and babies remain together in the labour and birth unit? |
| | D9. Are there clean and accessible bathrooms/toilets for use by women in labour? |
| | D10. Are there curtains, screens, or partitions in place to provide privacy between beds |
| | D11. Are labour and birth companions permitted? |
| | D12. Do women have access to safe drinking water? |
| | D13. Are there hand hygiene stations with soap and/or alcohol-based hand rubs available in sufficient quantities? |
| | D14. Did you witness any verbal or physical mistreatment or violation of women? |



Even though the average RMC score improved over the project period, from 11.85 – 12.60/14, the results show that the environment in which healthcare providers work must be supported to have adequate essential medicines and medical equipment to provide quality, respectful care.



Appendix B: Safe Delivery App Report Summary

The More Happy Birthdays Rwanda project is a 10-month ongoing project implemented jointly by ICM, Rwanda Association of Midwives (RAM) and Maternity Foundation. The project aims to build on the successes from the 50,000 Happy Birthdays project and further strengthen the capacity building of MNH service providers across Rwanda.

As an add-on to previous projects, Maternity Foundation was invited to join the project team to avail a project specific version of the Safe Delivery App (SDA) for the planned trainings. During the More Happy Birthdays Rwanda project, the App has been integrated and utilized in three main ways:

- 1. Availing clinical content through the Safe Delivery App:** Two new project specific versions of the Safe Delivery App were developed and published in English and French. In these project specific App versions, three modules (Post-Partum Haemorrhage, Hypertension, and Neonatal Resuscitation) have been aligned to the Bleeding After Birth, Pre-Eclampsia & Eclampsia, and Helping Babies Breathe HMS/HBS learning material; These modules also include the associated HMS/HBS Action Plans and Practice Sessions.
- 2. Utilizing digital tool for blended learning training approaches, and to encourage self-directed learning:** The Safe Delivery App has been included into the

More Happy Birthdays Rwanda training content and guidance was provided on how to use the App as a supportive tool after the training including accessing the Action Plans and Practice Sessions. To understand how the App has contributed to the project, usage data has been collected, monitored, and analysed throughout the project to assess the use amongst training participants.

- 3. Data and insights:** While Maternity Foundation was not collecting data, insights and analysis on the uptake of the App have been facilitated. On the next page are some examples of data analysis from the Dashboard, including qualitative feedback.

Safe Delivery App Data Insights

Since the launch of the project:

- 1,940 users of the Safe Delivery App
- 63% have used the App more than 5 times
- 741 MyLearners (a self-directed learning platform within the App)
- 79 Safe Delivery Champions (an exam that can be taken once you have completed all levels of MyLearning)
- The PEE, BABC, and HBB Practice Sessions were used by 181 users, 140 users, and 275 users respectively and were viewed over 3,000 times each.

User Perceptions of the Safe Delivery App

The application is described as a “bible” by a master trainer: “I consider the SDA like a Bible for midwives, because it has the necessary information that every health care provider working in maternity can need to be refreshed on. The application is quick, good and easy to be used by everyone. You can read action cards, watch video if you have inability to read, and do test in my-learning without even using your megabytes instead of losing time with unnecessary things from YouTube channels”.

The application is also considered as a reference tool for educators in teaching institutions: “As educator, when we feel that we want to clarify something, we go back to mobile device, check on SDA, and remember what we wanted to remember. Concerning our students, they also have the same application, and wherever they are, they remind themselves, and refer to it during learning sessions.”

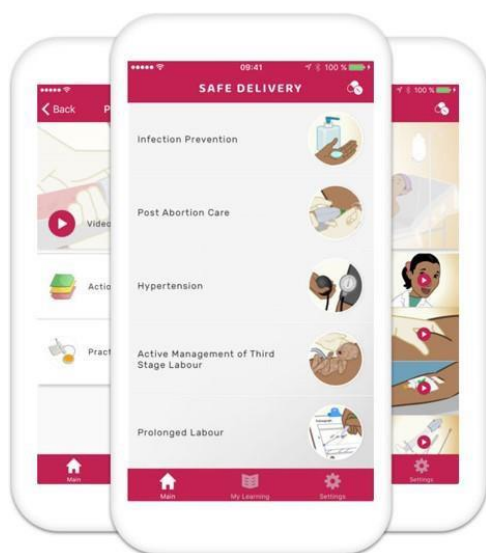
Medical students and midwives’ students also expressed their appreciation of the SDA: “It has many good relevant topics, and videos that can be watched to keep us updated.” complimented by said a midwife”.

More Happy Birthdays App Versions After Project Completion

As the More Happy Birthdays Rwanda project concludes at the end of June 2022, project partners have agreed on a suggested way forward for the project specific Safe Delivery App versions.

Given the strong uptake and positive feedback amongst healthcare workers in Rwanda, the project partners wish to continue to allow users of the More Happy Birthday App versions to use these App versions beyond the duration of the project. It is not only seen advantageous for users to continue to use the App as a supportive tool, easily access the practice sessions, and have access to a learning platform, but also provides a mechanism for sustainability as users are already familiar with the tool and more likely to continue using it. Therefore, it is suggested to keep the English and French App versions in their current form with existing content (including the HMS/HBS Action Plans and Practice Sessions). Maternity Foundation will ensure acknowledgement of partners within the More Happy Birthdays App versions.

Considering the potential and relevance of the More Happy Birthdays App versions for health care workers outside the Rwandan context, partners suggest to remove “Rwanda” from the title of the App version and keep the title as “More Happy Birthdays”.





Appendix C: MEL Qualitative Report

1.1 Qualitative endline evaluation design and study participants

Descriptive qualitative design was performed using Focus Group Discussions (FGDs) and individual interviews. Different methods and various sources to collect data were used to develop a comprehensive understanding of the contribution of More Happy Birthday project in improving maternal and newborn health in implementation sites of Rwanda.

Table 1: Evaluation method and participants per objective and per theme

| S/N | Themes | Objective | Methods | Participants |
|-----|------------------|--|--------------------------------|---|
| 1 | Perceived change | To assess change in perceptions of clinical competency of individuals and of teams | FGDs (Focus Group Discussions) | Champions (Pre and In-service: 11* from pre-service and 11 from in service) |
| | | | IDIs | -2 Master trainers -1RAM** Representative -1RSOG*** Representative -2 Educators of MNH**** -Managers in Health facilities |
| 2 | Relevance | | FGDs | Champions |

| | | | | |
|-------|---------------------------------|--|---|--|
| | | To assess the use of LDHF (Low Dose High Frequency) practices sessions delivered | IDIs | Master trainers |
| 3 | Acceptability of the SDA | To evaluate the relevance and value of the SDA as perceived by participants | FGDs | Champions |
| | | | IDIs | Master trainers |
| 4 | Interprofessional collaboration | <i>To assess the collaboration of professional associations (RAM (Rwanda Association Midwives), RSOG,) because of MHB (More Happy Birthdays)</i> | IDIs | Representatives from RAM and RSOG |
| 5 | Contextual factors | To evaluate factors external to the intervention which may influence its implementation, or whether its mechanisms of impact act as intended | IDIs | -Master trainers -Educators -Managers in Health facilities |
| 6 | Sustainability | To assess respondents' perceptions of whether the programme has resulted in changes to processes and health system components. And whether these changes seem sustainable. | FGDs | Champions |
| | | | IDIs | -Master trainers -Educators -Managers in Health facilities |
| Total | | | 4 FGDs with 22 participants 8 IDIs with 8 participants Total Number of participants: 30 (17 females and 13 males) | |

*Number of participants provided when indicated for the first time in the table; **RAM: Rwanda Association of Midwives; ***RSOG: Rwanda Society of Obstetricians and Gynaecologists, ****Maternal and Newborn Health

1.2 Sampling

To be included in this evaluation, participants fulfilled the following criteria:

- From MHB implementing sites
- Both rural and urban sites were included
- Both males and females were included

Purposive sampling method was used to select implementation sites: two teaching institutions (1 rural and 1 urban); 2 clinical sites (1 rural and 1 urban). The same sampling technique was employed to recruit 22 participants: 1 representative from RAM and 1 from RSOG, 2 master trainers, 2 educators in maternal and new health at teaching institutions, 2 managers from clinical facilities and 22 champions (11 from teaching institutions and 11

from clinical facilities). Among the 11 champions from teaching institutions 2 of them were medical students. Of all participants 17 (56.7%) were females while 13(43.3%) were males.

1.3 Evaluation instruments and data collection procedures

The focus group discussion and individual in-depth interview guides were developed by the national Monitoring, Evaluation and Learning (MEL) consultant, edited and approved by M&E lead and MHB project coordinator both from ICM (International Confederation of Midwives). The interview guide questions were developed based on the evaluation framework to understand the functioning of the project using a process evaluation framework (Moore et al 2018) which examined implementation, mechanisms of impact and contextual factors. The qualitative data helps to describe the link between the program's activities and the changes observed through the monitoring system. It may not be possible to attribute all the observed changes to the project, but it is possible at some extent that the project has contributed to the observed changes

1.4 Qualitative data analysis

After data collection, content analysis was used to categorize, classify, summarise and tabulate the data. An Excel matrix was developed to organize qualitative information according to the identified themes: Perceived changes, relevance, acceptability of the Safe delivery application, interprofessional collaboration, contextual factors and mechanisms for sustainability. Selected illustrative quotes are used to highlights the nuances of the findings.

1.5 Presentation of findings from qualitative data

Perceived changes

Participants to this evaluation shared their views about the changes that happened with trainings under this project. The change was felt especially in the way of managing maternal and newborn complications, provision of respectful maternity care, and the facilitation in training.

Participants affirms unanimously that being involved in More HBD project, their knowledge and skills improved and enabling them to provide appropriate and evidenced-based maternity care thereby reducing maternal and neonatal morbidity and mortality as confirmed by respondents with the following quotes:

"After being trained by RAM project, I was refreshed on how to manage PPH (Post Partum Haemorrhage) and preeclampsia cases, because most of the time we are busy concentrating with surgery cases, and we may even forget how to administer medicines" said a member of RSOG.

Birth preparedness was also improved as confirmed by a master trainer: *"Birth preparedness have been improved, emergencies kits were prepared to handle cases like PPH and preeclampsia. Before the training, I had also difficult in MgSO4 dilution, but I became competent through the project trainings...."*

A midwife educator from a teaching institution in Northern province gained new knowledge that facilitate the teaching of her students: *"I gained more knowledge and skills from the project, and as midwife educator, I have now added value skills to be delivered to my students either in class modules or hands-on practices during skill lab demonstration."*

Champions from clinical settings revealed that the project contributed to improving team spirit in their daily work: *"In my working place, there is improved teamwork and collaboration in caring mothers and babies"* said by one champion and complimented by his colleague: *"The programme changed the way I cared for mothers with PPH, and the teamwork is now improved."*

The project was also helpful in terms of improving training materials. The master trainers manifested their satisfaction about training tools as follow: *"During the 50,000 Happy Birthdays project, we also gained new knowledge. The challenge was mostly paper based, it was hard to print them, and we spent more time to record student's marks. But with the new project, things are made very easy, the Kobo Collect application gives you directly champions marks, and training register can be easily accessed."*

"Before the project came, it was very difficult to train others, like the materiel we had was only prepared in English, and this required always internet source to access the modules content. Now after the project came, things are very easy for me to train champions using the 2 applications SDA and Kobo Collect."

Relevance of Low Dose High Frequency Practice sessions

The LDHF strategy is viewed to be useful in both preservice and in service practice as expressed by champions

"This a good strategy whereby as health care providers we refresh ourselves all the time. Small topics are presented at a regular basis in a way that we can remember what have been discussed. This is followed most of the time by practice of procedures on manikin because we have some for teaching purposes".... said by a champion from an urban clinical site.

The relevance of LDHF practice sessions was also expressed by master trainers as way to promote self-directed learning among students and clinical providers as follow: *"The LDHF strategy is very useful for us as master trainers because students can use LDHF in their small groups work presentation as a way self-directed learning,"*

Champions from clinical setting appreciate LDHF but the only thing is that time allocated to these sessions is not sufficient: *"The LDHF is a good approach that needs to be adopted also in our health facilities, but we had less time to do more practices, like for the module of HMS (Helping Mothers Survive), in most of the demonstrations we were rushing..."* said by a champion from clinical setting.

The importance of LDHF was reiterated by both midwives and medical students: "This is a good approach that we will keep using to become more confident in handling obstetrical complications," said a medical student. *"The LDHF is a good approach that helps us teaching our colleagues without boring them."* said midwife student"

Acceptability of the Safe Delivery application

Participants well receptive of the Safe Delivery Application (SDA). The application is described as a "bible" by a master trainer: *"I consider the SDA like a Bible for midwives, because it has the necessary information that every health care provider working in maternity can need to be refreshed on. The application is quick, good and easy to be used by everyone. You can read action cards, watch video if you have inability to read, do test in my-learning and get certificate for CPD (CONTINUOUS PROFESSIONAL DEVELOPMENT) license renewal without even using your megabytes instead of losing time with unnecessary things from YouTube channels."*

The application is also considered as a reference tool for educators in teaching institutions: *"As educator, when we feel that we want to clarify something, we go back to mobile device, check on SDA, and remember what we wanted to remember. Concerning our students, they also have the same application, and wherever they are, they remind themselves, and refer to it during learning sessions."*

Medical students and midwives' students also expressed their appreciation as champions with regards to the use of SDA as evidenced respectively by the following quotes:

"I have still the SDA and will keep consulting if when I will come back in maternity services, because now I am in surgical ward, said a medical student."

"The SDA is very wonderful because it reminds us everything we forget during our practices. It has many good relevant topics, and videos that can be watched to keep us updated." complimented by a midwife."

"This is a good application that we move with all the time, even if we are at home, we have our soft notes to refer to. When you are with patient and forget something, you can take your phone and consult about what you want to remind either drug dilution or concentration" stated by a midwife student.

"I completed all modules and got champion certificate; for which I am very happy."
complimented by midwife.

A master trainer raised a suggestion to keep the SDA updated and think of adding new topics: *"I would suggest to update regularly the SDA, especially for HBB and align the content with flipchart version 2.0. and adding new topics on the SDA".*

Another suggestion was about availing smart phones especially in rural setting for a better use of the SDA: *"Majority of champions from rural settings requested to be equipped with smart phone devices for smooth learning using SDA "*. The same participant also suggested to make the videos on SDA easy and friendly downloadable so that they can be shared to whoever not having a smart phone.

Interprofessional collaboration

Interprofessional collaboration as a process involving jointly advantageous beneficial active participation and complement between midwives and medical doctors was also noticed as a result of trainings under More Happy Birthday project.

Interprofessional collaboration was felt by both Rwanda Association of Midwives and by the Rwanda Society of Obstetricians and Gynecologists as demonstrated respectively in the following quotes: *"Within More Happy Birthdays, because nurses/ midwives and medical doctors were involved in the trainings, medical doctors especially medical students appreciated the work organised and done by midwives. Midwives signed CPD credits for medical doctors who were trained under this program. ... As these cadres are trained the same way, they work as team in clinical setting, supporting each other."* RAM representative

The society of Obstetricians and Gynaecologists also affirm that there the good collaboration between RAM and RSOG ensure quality of services provided to clients: ***"At the beginning, there was a big isolation between the medical doctors and midwives, but after creation of RSOG and RAM; gynaecologists and midwives are now working together, either during mentorship, meetings and trainings, which gives a good improvement to the society we are serving."*** Said an obstetrician gynaecologist.

Contextual factors

The main contextual enablers were perceived to be: good leadership and organization, refresher training, the high quality of the training content and materials, and conducive environment to implement the project.

"We really appreciate the project coordinator and RAM leadership in general, they were

passionate about the project. I think they managed to implement successfully the project within a short time". Said a master trainer. This was also echoed in interview with educator from a teaching institution: "They was no challenges faced during the training, the organization was good, with enough participants who were committed to attend the sessions, the venue was comfortable and master trainers were well prepared confidently".

"This was like a refresher training to many of us, which facilitated the coping. We are also lucky here at our health facility we have a big room where we conducted the practice sessions, we have projectors, computers, and enough master trainers to help in LDHF sessions. We have also mannequins provided by RAM to help with hands-on practice sessions". Revealed a champion

A manager from a health facility also expressed that the clinical setting was conducive to implement the project: *"my workplace, we had enough space for practice sessions, and materiel were available for trainings."*

Contextual challenges included: Covid Pandemic during implementation period, insufficient human resources at the MA (Midwives Association), limited budget, limited implementation period, lack of smart phones

"Covid-19 was a big challenge, like sometimes movement were limited, we couldn't gather physically in meetings, some of us were sick from the pandemic, people were living in fear, because this was something new and unknown". Expressed by RAM representative.

Challenges associated with the Covid-19 pandemic were reiterated by master trainers: *"As you remember, the project was implemented during the period of Covid-19 pandemic, and it was difficult to conduct training during this period; sometimes health care providers were sick, others were limited to move from one place to another and practice sessions were not exhausted as we had to respect for social distance restriction measures".*

*"There were some challenges, but we tried to overcome them. **One major challenge was having one person in the project, running up and down in the technical work, and doing administration work.** The RAM has tried to help her, but not to the extent that she needs, so this overloaded her, but she tried her best to overcome it". Said by a master trainer*

Other challenges were associated with limited budget, a few implementation sites, short timeline: *"Even if there 'is always not enough budget, but the one for More HBD budget was very limited, some work was done voluntarily and the project covered very few sites of Rwandan health facilities. The implementation time was also limited, and when we wanted to conduct trainings **or LDHF practices sessions, sometimes we couldn't get enough health care providers to attend because of much over workload.**" Expressed by RAM representative*

This was confirmed by a master trainer: *"Another challenge was the budget, the money that was given to participants was not enough, regarding the time spent during the trainings and some participants were coming from very far area. The implementation time was limited, and the project reached only few sites of Rwandan health facilities"*

Issue related to insufficient training material was also felt: *"Again, training materiel was not enough at my institution, we had to borrow some from RAM such as Mama U, Neonatalie, forceps, IV fluids, etc..."* said a master trainer.

In rural setting especially in clinical facilities, some champions were missing smart phones which impede individual learning using the SDA: *"In rural facilities, some champions don't have smart phone, so it was very difficult to train them, and others didn't attend all modules because of staff shortage and over workload"*. Affirmed a master trainer.

Mechanisms for sustainability

Continuation of the project and scaling it up, regular clinical mentorship, continuous use of the SDA was suggested as mechanisms of sustainability of the trainings under more happy birthdays project:

A master trainer described the need to expand the project: *"My suggestion is that, if possible, this good project can be extended to more health facilities, whereby more champions from other health facilities will be trained."*

A medical doctor from RSOG suggest clinical mentorship: *"As many doctors and nurses were trained, the gained competencies should be maintained by a kind of mentorship, follow-up, discussion and evaluation to see if the learned skills are still in use, in concordance with national protocols, and continue the training to further health facilities so that the good knowledge can reach a big number of health care providers."*

Mentorship was also echoed by champions for the sustainability of the programme: *"For a good sustainability of the program, we will keep doing more LDHF sessions to refresh us, consult the SDA but our facility needs mentorship program to keep us updated and refreshed"*.

Distribution of training equipment, regular use of the SDA and sharing it with other health professionals were suggested by a master trainer to sustain lesson learnt from the project: *"I suggest distributing training equipment and materials to all health facilities. Another is the SDA put on their mobile phones, they can share it with anyone who is in the locality, so that they have the theory package of it, and they will be able to contact it and see what is needed."*

Suggestions for recommendations

- Most of participants suggested that the training duration and facilitation fees could be revised and increased in the future
- Majority of health care providers wished to have more trainings as refresher sessions and think about clinical mentorship
- For the SDA, the suggestion was made to make the video easy to be downloaded, so that they can be shared far areas where people may not have smart phones, then videos can be projected on computer or screen.

References

Moore Jr DE, Chappell K, Sherman L, Vinayaga-Pavan M. A conceptual framework for planning and assessing learning in continuing education activities designed for clinicians in one profession and/or clinical teams. Medical teacher. 2018 Sep 2;40(9):904-13.



Appendix D: Qualitative Interview Guide

The following document describes the evaluation questions and methods to be used to assess the impact of the More Happy Birthdays Project in Rwanda. The focus of the evaluation will answer:

- How did the programme affect competency in clinical practice?
- What is the acceptability and perceived relevance of the SDA?
- What factors will support sustainability of the project's outcomes?
- How has the programme affected the representation and role of RAM in the country?
- Was the programme delivered as intended (especially: LDHF practice session, supportive supervision, training and practice equipment availability?)
- What is the relevance and value of the LDHF practice sessions to the participants?
- What context-related challenges affected programme implementation? What were the implementation facilitators?

Table: Key evaluation stakeholders

| Stakeholder type | Level | Number of interviewees |
|--|---------------------------|------------------------|
| Rwanda Association of Midwives (RAM) | National | 2 |
| National Ob/gyn professional association | National | 1 |
| Master trainers | National/provincial/local | 2 |
| Midwife Educators | Local | 16 |
| Champions | Local | 20 |
| Health facility managers | Local | 6 |
| Total | | 47 |

| Evaluation questions | Probes | Evaluation Methods |
|--|--|---|
| Q1. In your view, currently, what has changed since your involvement in the project - consider the strengths and weaknesses in: clinical practice of your facility/institution (e.g. skills, preparedness, collaboration, confidence, respectful care), midwifery skills education (pre-service)? | <p><i>Probes for in-service:</i> the evaluation will focus on collecting participant's views on what has changed in competencies in clinical practice. Aspects to probe on (based on supportive supervision tool):</p> <ul style="list-style-type: none"> • Mag sulph for eclampsia • Pharmacological pain relief for MROP • the 'golden minute' for both mother and baby | <p>Key informant interviews with programme participants</p> <p><u>Participants include:</u></p> <ul style="list-style-type: none"> Champions Midwife educators Health Facility Managers Master Trainers Supervisors (supportive supervision) |

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|---|---|---|
| <p><i>Aim: to assess change in perceptions of clinical competency of individuals and of teams.</i></p> <p><u>Quality of care</u> would be assessed based on HMS and HBS related criteria – also used in the supportive supervision tool:</p> <ul style="list-style-type: none"> the 'golden minute' for both mother and baby, mag sulph for eclampsia, pharmacological pain relief for MROP, Keeping the baby warm, Washing hands, Communication with the mother, Calling for help, Record keeping. | <ul style="list-style-type: none"> Keeping the baby warm Washing hands Communication with the mother (respectful care) Calling for help Record keeping Collaboration Preparedness Confidence of midwives and nurses <p>Probes for pre-service: Same as above, but with a focus on midwifery skills education on these aspects.</p> <p>Probe also for factors affecting implementation/adaption of new competences (including challenges and new opportunities)</p> <p>Suggestions for improvement in the future</p> | |
| <p>RQ 2: What is the relevance and value of the HMS/HBS LDHF practice sessions?</p> | <p><i>Probes:</i> the evaluation will focus on collecting stakeholders' views on the relevance and acceptability of the HMS and HBS low dose high frequency (LDHF) practice sessions.</p> <p>Only interview participants who have accessed these sessions</p> | <p>Key informant interviews with programme participants</p> <p><u>Participants include:</u> Champions Midwife educators Health Facility Managers Master Trainers Supervisors (supportive supervision)</p> |
| <p>RQ 3: What is the acceptability and experienced relevance of the SDA?</p> <p>Aim: to understand the impact of the integration of the SDA into the programme and understand its contributions/added value to current practice.</p> | <p>Probe on:</p> <ul style="list-style-type: none"> its acceptability by midwives, nurses, doctors (related to content but also the use of an app/technology) Its relevance to their current way of working (related to content but also the use of an app/technology); relevance to LDHF sessions) Experienced facilitators and barriers to use (e.g., availability of smartphones, willingness to download | <p>Key informant interviews</p> <p><u>Participants include:</u> Champions Health Facility Managers Managers of educational institutions Master Trainers Supervisors (supportive supervision)</p> |

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| | <p>apps, cost of data, language skills) and how these might be overcome.</p> <ul style="list-style-type: none"> • Suggestions for improvement in the future | |
| <p>RQ 4: What is the perception of the MHB programme and its institutionalisation.</p> <p><i>Aim: to assess stakeholders' perceptions of whether the programme has resulted in changes to processes and health system components. And whether these changes seem sustainable.</i></p> | <p><i>Probes:</i> the evaluation will focus on collecting stakeholders' views on aspects of sustainability of the MHB</p> <p>For new staff in MHB facilities, probe on:</p> <ul style="list-style-type: none"> • Awareness of the project, • New practices, new processes they had not seen before; • Views on the integration of its components including challenges (HMS, HBS, LDHF, team work and communication, organisational care, clinical practice, provider attitudes, supervision). • Effect on their own practice; • Success stories related to MHB. • Suggestions for improvement in the future <p>For MHB champions:</p> <ul style="list-style-type: none"> • Views on the integration of its components including challenges (HMS, HBS, LDHF, team work and communication, organisational care, clinical practice, provider attitudes, supervision). • Success stories related to MHB; • New practices, new processes implemented since the inception of the project. • Suggestions for improvement in the future | <p>Key informant interviews</p> <p><u>Participants include:</u> Champions Midwife educators Health Facility Managers Master Trainers Supervisors (supportive supervision) RAM</p> |

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| <p>RQ 5: In your view, what factors would improve the sustainability of the MHB programme or have promoted sustainability – (since the 50kHB programme)?</p> <p><i>Aim: To collect views from stakeholders on how the programme could increase the extent of its sustainability.</i></p> | <p><i>Probes: After describing the project and its inputs and objectives to the interviewee, probe on the following:</i></p> <ul style="list-style-type: none"> • factors that could improve integration of new processes; • factors that may hinder change; • likelihood of systemic change within their institution/facility; | <p>Key informant interviews</p> <p><u>Participants include:</u> Champions Midwife educators Health Facility Managers Master Trainers Supervisors (supportive supervision) RAM</p> |
| <p>RQ 6: How has the programme affected the relationship between midwives and obstetricians in a sample of the clinical implementation sites? (E.g. visibility, roles, capacity, status, esteem, reputation, etc).</p> <p>Capacity building indicators would include:</p> <ul style="list-style-type: none"> • Improved communication between different cadres of MNH professionals as expressed by the provider • Health professionals can explain the other MNH providers role and scope of practice • Timely referral of women who need higher-level care from rural areas to provincial/district hospital | <p>Probes: Describe the activities the programme has done to improve relationship between midwives and obstetricians or objectives of the programme in relation to this. Probe on the following:</p> <ul style="list-style-type: none"> • Quality and frequency of communication between Midwives and obstetricians • Shared activities between groups • Understanding of roles of the different groups and responsibilities within facility • Referral system – where does one group’s responsibility stop and start • Recognition of expertise of groups and willingness to see advice/support as needed • Any identified challenges with relationship and ways to address these • Opportunities to collaborate better • Suggestions for improvement in the future • | <p>Focus Group Discussions (10 people or less from 2-4 implementation sites)</p> <p><u>Participants:</u> Midwives Obstetricians</p> |

Appendix E: Financial Report

Simplified Summary MHB Actual Including NCE Budget

as of 25 August 2022

| Item Nu | Description | Revised Budget (as per Change Order) | NCE Budget | Total Actuals | \$ Variance v NCE Budget | % NCE Budget Spent | Comments |
|---------|------------------|--------------------------------------|------------|---------------|--------------------------|--------------------|---|
| 1 | ICM | | | | | | |
| | Personnel costs | \$57,817 | \$59,774 | \$62,316 | -\$2,542 | 108% | At the end of April there was an underspend of \$9,784 on Personnel costs which was included in the NCE forecast to fund the ICM and RAM project team for the "NCE" period and July & August completion activities including the final report. The current Personnel forecast is showing an overspend of \$2,542 v NCE forecast. This is driven by the higher than planned August ICM staff time on project close out activities. |
| | MEL Direct costs | \$13,230 | \$8,763 | \$8,760 | \$3 | 100% | Main underspend v change order budget was \$4k on "Support RAM with development of monthly reporting format" which was completed by ICM staff and funded by budget for the relevant staff members. Underspend reallocated to fund ICM and RAM project team for NCE period in May & June and completion activities in July & August including final report |

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|-------------------------------------|--|-----------|-----------|-----------|----------|------|--|
| | ICM Overhead | \$6,989 | \$6,864 | \$7,107 | -\$243 | 104% | |
| | Total ICM | \$78,036 | \$75,401 | \$78,183 | -\$2,782 | 104% | |
| 2 | Maternity Foundation (MF) | | | | | | |
| | Total MF | \$16,665 | \$16,116 | \$16,116 | \$0 | 100% | As part of NCE forecast, \$549 was reallocated to ICM Personnel costs to help fund staff costs for May & June |
| 3 | Additional Project wide considerations (via ICM) | | | | | | |
| 3.1 | Internet bundle (sending MEL and SDA data) | \$0 | | \$0 | \$0 | n/a | |
| 3.2 | Digital equipment for training and data collection | \$0 | | \$0 | \$0 | n/a | |
| | Total Project-wide Considerations | \$0 | | \$0 | \$0 | n/a | |
| 4 | Rwanda Association of Midwives (RAM) | | | | | | |
| | Total RAM | \$99,848 | \$103,031 | \$103,031 | \$0 | 100% | As part of internal ICM NCE forecast \$3,183 was reallocated from underspend identified on "Total ICM" budget line to fund the RAM Project Manager and Finance Accountant for the NCE period in May and June |
| COMBINED PARTNER (ICM/RAM/MF) TOTAL | | \$194,549 | \$194,548 | \$197,330 | -\$2,781 | | |
| 5 | LDSC-funded equipment costs | | | | | | |
| 5.1 | Training simulators for BABC, PEE, HBB, ECSB, ECLB (USD) | \$15,127 | \$15,127 | \$15,127 | \$0 | 100% | |
| 5.2 | Service equipment - | \$0 | \$0 | \$0 | \$0 | n/a | |
| 5.3 | In-country print and copy of | \$1,564 | \$1,564 | \$1,564 | \$0 | 100% | |

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|-------------|--|-----------|-----------|-----------|----------|------|--|
| | printed training resources | | | | | | |
| 5.4 | Training and service Equipment shipment (USD) | \$8,500 | \$8,500 | \$8,500 | \$0 | 100% | |
| 5.5 | Training and service Equipment customs clearance | \$3,085 | \$3,085 | \$3,085 | \$0 | 100% | |
| 5.6 | Training and service Equipment in-country distribution | \$2,500 | \$2,500 | \$2,493 | \$7 | 100% | |
| | Sub-Total LDSC direct | \$30,776 | \$30,777 | \$30,770 | \$7 | 100% | |
| GRAND TOTAL | | | | | | | Overspend driven by higher ICM staff August hours for close out activities. Overspend to be covered by ICM |
| | | \$225,325 | \$225,325 | \$228,100 | -\$2,775 | 101% | |