

# Dining for Women

## Interim Progress Reporting Guidelines

Grantee Name: Brick by Brick Partners

Reports Due: April 2020

Prompt detailed interim reports are required for all Dining for Women funded projects. In addition to providing our members and donors with project donation accountability, progress reports also provide an excellent educational opportunity in helping our members understand the successes and the challenges NGOs face with project implementation in the developing world. Please restrict the size of this report with photographs to 8 MB. If the report is too big to be transmitted via email, it is too big to be posted to our website.

For 1-year grants, your 6-month Interim Progress Reports are due six months after receiving the grant check and every six months after that. For 2- and 3-year grants, a Contact Report is due at the 6month mark. Please see your Funding Agreement for the exact schedule. Please submit the progress report, photos, and other supporting documentation by loading them to the Dropbox folder assigned to you. We request that reports be attached as MS Word files. Please send an email to [grants@diningforwomen.org](mailto:grants@diningforwomen.org) to confirm these files have been uploaded.

Please Note: Your report should address each of the items below. Answers need not be lengthy; three to four pages for the report is often adequate. All content must be in English and US Dollars.

## Progress Report Content

### 1. Please provide the following information:

**a. Organization Name:** Brick by Brick Partners

**b. Project Title:** Mama Rescue Project

**c. Grant Amount:** \$50,000 USD

**d. Contact Person:**

Dr. Marc Sklar, MD, MPH  
Executive Director Brick by Brick Partners  
marcsklar@brickbybrick.org

**e. Address:**

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### 2. Recap briefly what outcomes the project was designed to achieve.

The overwhelming majority of maternal and newborn deaths occurring in developing world countries such as Uganda are due to one or more of three delays in accessing quality obstetric care:

- The delay in the decision to seek skilled maternity and newborn care
- The delay in accessing skilled maternity and newborn care once the decision is made
- The delay to receive quality care once reaching a health facility

The primary goal of the Mama Rescue Project is to address the second delay by reducing the significant barriers encountered by laboring women, in the Rakai and Kyotera Districts, in reaching a health facility due to the lack of affordable transportation. Additionally, we are committed to addressing the third delay in receiving quality care by reducing delays encountered when a referral from the health center to the hospital is needed to access more advanced obstetric care. We will accomplish these goals through linking, through our mobile phone application, women in labor to local motorcycle taxis, and patients in need of referral to the closest automobile taxi or ambulance. By addressing these delays, we expect to dramatically reduce the time it will take women to move from their communities to health facilities or to refer them from lower level to higher level health units, ultimately reducing maternal and newborn complications and deaths.

**3. Has funding changed for this project? For example, have you received unexpected funding from another source?**

Our implementing partner, Brick by Brick Uganda, has received a grant of 350,000€ (approximately \$378,000 USD) in funding from Enabel (the Belgian Development Agency) from 12/2019 – 11/2022 under the 3rd call for proposals (eHealth) organized by the Wehubit Program. Brick by Brick Partners has also received a commitment of \$24,000 USD per year in funding from US-based 501(3)c Spring Together Foundation and has increased its in-kind contribution to \$57,000 USD.

**4. Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes?**

Due to the increased funding from ENABEL we have increased the duration of the project from 12 months to 36 months and will therefore reach 32,400 women in need of transport from home to health center and 4,860 women in need of a referral from the health center to district hospital.

We have not experienced any significant staffing of other organizational changes since our Dining for Women proposal was approved. Clearly, the on-going global health crisis due to the Covid 19 pandemic has created significant challenges to the implementation of all of our programs, including the Mama Rescue Project. For the past two weeks, all meetings of over 10 people have been banned, as has all public and private transportation. This has essentially frozen all community-based program activities such as training of health facility staff and taxi drivers on the Mama Rescue application, community mobilization and sensitization activities; even transportation of mothers in labor is being restricted.

**5. Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under the Number of women and girls Directly Impacted and population Indirectly Impacted.**

Initially, Phase I of the Mama Rescue Project was expected to provide transport from home to the health center for 6,281 women in labor and transport from the health center to hospital for 942 women requiring referral.

We now expect the project to serve:

- 10,800 women annually projected to receive transport from village to health center for

- 10,800 newborns annually will benefit from timely delivery by a skilled attendant, including women in need of c-section, newborns with birth asphyxiation, neonatal sepsis, and/or hypothermia.
- 1,620 women annually projected to receive referral transport from Health Center to the hospital (15% of total cases)

**6. What challenges are you facing as you move forward with this project? How are you approaching these challenges?**

The adaptation of the mama rescue technology experienced a series of delays. These included; integration of the system with the mobile telecommunication network, sorting out the USSD and SMS codes payment as well as their activation. The adaptation has been completed and BBBU staff were provided initial training on the system. Our next step is to complete activation of the codes and training of drivers. The latter step cannot proceed till the ban of public transport due to Covid-19 has been lifted. We anticipate this will take a minimum of 1 month and trainings for health workers, boda-boda riders and taxi drivers immediately after recovery.

Our original budgeting also projected a significant in-kind donation from MTN, the largest mobile phone company in sub-Saharan Africa. At the time of our Dining for Women grant we had received initial communications from MTN that were positive regarding their collaboration. We have spent the past eight months in discussions with MTN senior management, as we are still awaiting a final commitment of their in-kind investment. Two weeks ago, we finally received word that MTN will support Mama Rescue. Unfortunately, the Covid-19 crisis has put a hold on this final agreement, as their staff have been pulled into the national efforts to address this public health emergency.

Additionally, the current COVID-19 pandemic has forced us to postpone all the field activities and trainings, greatly affecting the implementation of our work plan. However, as an organization, we are currently focusing on deliverables which can be completed remotely such as IRB approval protocols, adaptation of IEC materials and program reports.

**7. Have you revised your original objectives since the project began? If so, why? What are your new objectives?**

The original objectives were not revised and they are listed below for reference;

- 1) Increase the percentage of births that take place in health facilities from 79.7% to

90% of all births

- 2) Increase the percentage of women with complications of labor who are referred from lower-level facilities to higher-level facilities from 5% to 15%
- 3) Increase awareness for maternal, newborn and child health services by 50%, leading to increased demand and an increase in skilled attendance at birth noted in result 1
- 4) Improve the quality of maternal and newborn care as measured by key clinical performance indicators

## **8. What progress have you made toward achieving your objectives? Please address each stated objective.**

For the past six months, we have focussed on pre-implementation activities such as identification of key stakeholders, creating awareness about the Mama Rescue project to stakeholders, procurement of equipment and orientation of staff. Given the delays experienced in program implementation described above, we are yet to realize definitive progress toward the realization of our specific program objectives other than laying the foundation for program implementation.

Below are the detailed activities:

**Presented the project to the Ministry of Health (MoH) for approval.** As with all projects we implement, we introduce them to MoH for review and approval to ensure they contribute to the Government of Uganda's maternal health agenda. We completed a presentation of the project to MoH during the Maternal and Child Health Technical Working Group meetings for approval. Nine Brick by Brick Uganda staff attended and the project was welcomed and approved by the MoH. Various partners (including local and international) who participated in the meeting shared advice on how to overcome potential sustainability challenges, the safety of the mothers during travel, and ensuring data quality

**Inception meeting with religious leaders.** One of the key objectives of this project is to increase demand for Antenatal Care, skilled birth attendance as well as teaching pregnant women and community members the need to comply with their birth plans and seeking transportation to the health facility at onset on labour. We conducted an inception meeting was attended by 30 religious leaders and its main objective was to orient the religious leaders to the new project in order to improve early attendance of pregnant mothers at maternal and newborn health services (ANC, delivery, and PNC) and ensure mothers seek antenatal care as soon as they realize they are pregnant (preferably in the first trimester before the 16th week) and attend at least eight ANC visits as per the Ministry of Health recommendation. Partnership with religious leaders will also encourage males to be involved in maternal and newborn health care services

through their sermons.

**Inception meetings with district officials.** Strong partnership with district government is pivotal to the success of our programs, assuring early acceptance and support publicity of the project, assisting us in troubleshooting implementation issues, as well as exploring sustainability opportunities. We oriented 155 key district leaders from Kyotera and Rakai Districts on the Mama Rescue Project and discussed detailed implementation issues as well as their roles as key stakeholders in implementation of this initiative. Key community mobilisation messages were also given to them. These leaders will help to disseminate key messages on maternal and child health at the community level, through community outreaches leading to increased demand and utilization of institutional maternal and newborn services. These will also monitor or keep an eye on the local taxis in their communities.

**Initial training for Ambassadors.** Mama and Papa Ambassadors, Babies and Mothers Alive (BAMA) Program-trained community health workers are our frontline stakeholders at the community level that will support identifying poor women, maintain a register and track women to attend their ANC appointments and also help women access the Mama Rescue drivers at the time of labour. We trained 97 Mama and Papa Ambassadors to sensitize women in Rakai and Kyotera about the Mama Rescue Project and motivate women to give birth at a health facility.

**Orientation of staff about the Mama Rescue system.** A good understanding of the Mama Rescue system and proficiency in operating it are key prerequisites to its successful implementation. Seven BBBU staff were introduced to the Mama Rescue system in a one-day training at Yo! Uganda. A more detailed training and field testing of the system is planned. This detailed training has been delayed because system configurations with the mobile telecom networks (MTN) has not been completed. We are in the process of completing the configuration of the SMS and USSD codes for Rakai and Kyotera. Once the configuration is complete and the Covid - 19 travel ban has been lifted, we will pilot the system in some of the health facilities in Rakai and Kyotera followed by full implementation.

**IRB protocol compilation.** We are compiling an IRB protocol to get ethical approval for this project to enable us to publish our findings on both national and international platforms. Currently the protocol is in its final stages and this will be completed by the end April.

**Mapping of boda-boda (motorcycle) drivers.** We successfully mapped 125 boda boda (motorcycle) drivers from all our 19 sub counties of implementation. The mapping

was completed with support from the sub county leaders and the midwives based on their reputation in the community. Upon the resolution of the current Covid 19 restrictions, drivers will be trained and accredited.

**Mapping of taxi and ambulance drivers for referral.** We successfully mapped 15 taxi and ambulance drivers. Taxi and ambulance drivers will help to refer women from HCIIIs to HCIVs and hospitals. The mapping was completed with support from the midwives. Upon the resolution of the current Covid 19 restrictions, drivers will be trained and accredited.

**Procurement of Mama Rescue equipment.** We have procured 201 reflectors, 250 helmets and 100 branding stickers. The procurement process was completed through a competitive bidding process. We will distribute these items during the boda-boda driver trainings.

**Radio Shows.** We completed two radio show in January and February at Radio Buddu, the radio station with the highest listenership in the region. We hope to continue with the monthly talk shows as a way of creating awareness to communities about the Mama Rescue project and Maternal and Newborn Health (MNH) issues.

### **9. Do you anticipate any difficulties in completing your project in the timeframe outlined in your proposal?**

Yes. Due to the COVID-19 pandemic, many of the planned field activities have been delayed, making it difficult for us to complete the project in the timeframe outlined in the proposal.

We are focusing on completion of technology integration, finalising the training materials, completing the design of IEC materials during this period. We will start on full field implementation as soon as the public transport ban has been lifted.

#### **The report also includes:**

- **Several high-resolution JPG photographs of the project depicting the women/girls who have benefited from the grant funds should be posted to your assigned Dropbox.**
- **Photos should be submitted with the right to use in all forms and media in DFW documents and websites.**
- **Include confirmation of the grantee's right and consent to use photos/videos as per local law.**
  - All beneficiaries and stakeholders photographed have given their consent for their likenesses to be used for promotional purposes.
- **Any message you would like us to convey to our membership and donors about the**

**impact our grant is having on those being served and/or your organization and its mission.**

- **A detailed list of all expenses incurred during the reporting period which have been paid for with the Dining for Women grant.**