

Detailed Project Application

Giving Women is a Geneva-based association of members that brings together a diversity of like-minded women involved in philanthropy to pool their knowledge, expertise and professional experience to develop and support projects for the empowerment of women and/or children.

Please fill in the form below (in French or English) describing your main activities and how Giving Women can contribute to your work. You may attach additional supporting documents (e.g. annual budget, activity report etc.).

Projects that have been successfully evaluated will be presented to all our members at a Project Presentation Evening, in order to create working groups (“Project Circles”) for each of the selected projects. After having established its goals, the Project Circle will collaborate with the project founder or director, over a period of one-two years, to realise these goals.

1. General Information	
1.1 Name of the organisation and its legal status	Zero Mothers Die Association
1.2 Name of founder/ coordinator/ main contact person. Founder’s current role	Dr. Veronique Thouvenot Co-Founder
1.3 Email	Veronique.thouvenot@zeromothersdie.org Veronique.thouvenot@gmail.com
1.4 Telephone	
1.5 Website	www.zeromothersdie.org
1.6 Address	79 Rue Liotard CH 1203 Geneva Switzerland
1.7 Organisation established in	Geneva, Switzerland
1.8 Geographical area(s) of operation	Worldwide
1.9 Availability to present the project in person or via video conference at the Project Evening (May 2015) and to participate in a Project Circle	Yes
2. Vision and Mission	
2.1 Vision of your organisation	The world faces unacceptably high maternal mortality with over 300,000 women dying every year from preventable or treatable causes. Our vision at Zero Mothers Die is to bring the number of maternal deaths down to zero by 2025.
2.2. Mission statement	Zero Mothers Die is a global partnership initiative with the mission to save the lives of pregnant women as well as new mothers through the systematic dissemination of mobile technologies to increase their access to healthcare and information to have a healthy pregnancy and childbirth. These mobile technologies are also deployed to build the capacity of frontline health care workers to

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	<p>improve the maternal, newborn and child care they provide in their communities.</p>
<p>2.3 History and background of organisation. What was the catalyst for the creation of the organisation?</p>	<p>The concept for Zero Mothers Die (ZMD) was formed at the Global Health Dynamics Roundtable in Geneva in May 2012 which focused on scaling up eHealth projects to advance women's health. There was a strong need for a global initiative focused on deploying maternal, newborn and child health (MNCH) information directly into the hands of pregnant women and health care workers to fight maternal mortality given that majority of these deaths are preventable and 99% are occurring in the developing world. The initiative was thereby presented at the Millennium2025 International Conference hosted at UNESCO headquarters in Paris in December 2012. The strong show of support for the initiative led to its official launch at the 4th annual Women Leaders Forum, an official side event of the UN General Assembly in NYC, by the co-founders: Advanced Development for Africa, Millennium2025 Foundation and UniversalDoctor Project, in partnership with UNAIDS and Airtel.</p>
<p>2.4 Share examples of the successes and the failures of your organisation and what you learned from them</p>	<p>We have successfully secured major technical partners, including UNAIDS and Airtel, who saw a clear need for the Zero Mothers Die initiative and committed in-kind support based on their core competencies, including political and human resources support via the UNAIDS country offices to gain support from local Ministries of Health for our initiative in their country, as well as mandates of hundreds of thousands of airtime minutes and SMS and sim cards to help us deliver our mobile maternal health messaging services to women in need. Dr. Michel Sidibé, Executive Director of UNAIDS, committed the full support of UNAIDS to the Zero Mothers Die initiative, bringing in a key focus on HIV+ pregnant women and the prevention of mother-to-child transmission of HIV (PMTCT). Airtel then joined Zero Mothers Die as a key technical partner, being the first mobile network operator to commit airtime, SMSes and sim cards to the project.</p> <p>The difficulties we've faced have been largely on-the-ground as implementors in the field, in terms of fundraising from local entities to secure their co-investment in the local country ZMD initiative to ensure its sustainability once we hand over the project after the first phase of implementation. We've also faced some difficulties in terms of the political landscape changing during our formulation phase, thereby having to start over with new members of the government to build relationships with them and secure their commitment and support for the initiative.</p>
<p>3. Description of activities and of project being presented to GW</p>	
<p>3.1 Describe the main programme/activity of your</p>	<p>Zero Mothers Die is a global initiative by an innovative</p>

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<p>organisation</p> <p>3.1a Describe the particular project being presented to GW if different</p>	<p>public-private partnership to save the lives of pregnant women, new mothers and their newborns by employing a comprehensive approach to improving maternal, newborn and child health (MNCH) through the systematic use of ICTs and mobile health.</p> <p>As 300,000 women die every year of pregnancy-related complications, Zero Mothers Die targets 100,000 pregnant women at high risk, by leveraging the project's systematic distribution of mobile technology solutions in order to deliver pertinent pre- and post-natal MNCH information and services to the right women at the right time. Zero Mothers Die also seeks to build the capacity of healthcare workers in the area of MNCH using ICTs as well as digital tools and content, including the Zero Mothers Die App.</p> <p>The difficulties faced on the ground in project implementation (described above in section 2.4) has led us to focus on building our own mobile technology tools to bring maternal, newborn and child health (MNCH) information to the hands of pregnant women, new mothers and frontline health care workers (FLHW), resulting in the recently launched the Zero Mothers Die App. We would like to submit this particular aspect of our project to Giving Women.</p> <p>The Zero Mothers Die App, or ZMD App, is a source of essential maternal, newborn and child health information for pregnant women, new mothers and health workers providing care to their community.</p> <p>As a unique mobile health app, the ZMD App aims to deliver crucial information on healthy pregnancy and taking care of newborns for both the general public (women and their families) as well as frontline health workers, to help bridge the knowledge and skills gap as well as reduce maternal and newborn mortality across the globe.</p> <p>For pregnant women and new mothers, the app features important information, advice and tips organized according to the stage of pregnancy and age of newborn to help ensure both mother and baby are safe and healthy.</p> <p>For health care workers, such as midwives and community health workers, the app offers access to a unique mix of instructional training videos, online courses, patient education materials and other multimedia resources to help improve the capacity of health workers to deliver effective MNCH care to their communities.</p> <p>The app has been funded and developed by the Zero Mothers Die Consortium in English and now launching in French. Our aim is to secure funding also for Spanish and to deploy customized versions of the ZMD App for countries who wish to offer a tailored version to their local populations in terms of local languages/dialects,</p>
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	<p>local contexts and sociocultural issues.</p> <p>In particular, the Health Worker content is sourced from ORB by mPowering, an impressive library of mobile-optimized multimedia content for the training of health workers in maternal, newborn and child health issues launched my mPowering Frontline Health Workers, with whom Zero Mothers Die has partnered for this initiative.</p> <p>The Zero Mothers Die initiative and ZMD App have been featured in several major publications and sites:</p> <p>http://mashable.com/2016/03/13/apps-maternal-health/#MLR5R3gksOqI</p> <p>https://mombloggersforsocialgood.com/2015/07/27/5-maternal-health-mobile-apps-that-are-saving-african-mothers-lives/</p> <p>http://europe.newsweek.com/30-pink-cellphone-could-help-save-lives-pregnant-women-272768?rm=eu</p> <p>https://en.reset.org/blog/phone-helping-ensure-zero-mothers-die-03212016</p>
<p>3.2 Describe the problem/issue addressed</p>	<p>Improving the survival of women during pregnancy, delivery and post-partum and reducing child mortality of under-five children is a priority for many countries who were striving to achieve the Millennium Development Goals (MDG) 4 and 5 and now the Sustainable Development Goal (SDG) 3. Despite current efforts, maternal and child mortality remain unacceptably high around the world, with 800 women dying every day from pregnancy- or childbirth-related complications. 24 percent of deaths in pregnant and post-partum women are attributable to HIV in Sub-Saharan Africa. In 2010, 287,000 women died during and following pregnancy and childbirth. 99 percent of these maternal deaths occurred in developing countries, and most could have been prevented. In 2012, 6.6 million children under the age of 5 died, with 44% of all child deaths occurring within the first month of life and more than 3 million of these deaths due to conditions that could be prevented or treated with access to simple, affordable interventions.</p> <p>The UN Millennium Development Goals focused on improving maternal health and reducing maternal mortality rates by three-quarters (MDG 5) and reducing under-five child mortality rates by two-thirds (MDG 4) between 1990 and 2015, are therefore high priorities for developing countries, many of which were not on track to achieve them by 2015. According to a report by the Institute for Health Metrics and Evaluation, only an estimated 13 developing countries were on track to achieve MDG 5 by 2015. An estimated 31 countries were predicted to achieve MDG 4 during the same period. Only nine countries out of these countries would achieve both</p>

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	<p>MDGs 4 and 5. Of the 75 countries with the highest burden of maternal and child mortality, 25 have made insufficient or no progress in reducing maternal deaths and 13 show no progress in reducing under-five mortality.</p>
<p>3.3 Describe your strategy used to achieve this</p>	<p>The Zero Mothers Die global model presents six mobile-focused components:</p> <ol style="list-style-type: none"> (1) A mobile application delivering critical MNCH advice and information to pregnant women, new mothers to care for the newborns, and FLHWs, which can be tailored for specific countries in terms of languages, local contexts and sociocultural issues. (2) A mobile messaging service delivering maternal, newborn and child health information to pregnant women and new mothers through voice/text messages in their local languages on feature phones, if smartphone ownership is not high amongst the target population; (3) An allocation of 36,000,000 minutes of free airtime per year to pregnant women to enable their communication with local health workers and facilities; (4) Capacity-building of healthcare workers in rural communities using smartphones and/or tablets, ICTs and digital tools; (5) A mobile money savings scheme to support the cost of skilled care during childbirth; and (6) A solar power mobile phone charger to provide green energy for the charging of their mobile phones and to bring financial empowerment to pregnant women through a business generation scheme. <p>Each country implementation of the Zero Mothers Die initiative will involve an adaptation of the above model based on the context, realities and needs in the country.</p> <p>Zero Mothers Die will target all expectant and new mothers, while maintaining the prevention of mother-to-child-transmission of HIV (PMTCT) as a key element. This scope was chosen to avoid discrimination due to HIV stigmatization, and to ensure women who would become HIV seropositive during pregnancy would not be lost by our initiative. In addition to PMTCT, a special focus will be placed on improving nutrition during the critical first thousand days—from the start of a woman’s pregnancy to her child’s second birthday—which has been proven to have a significant impact on the well-being and development of children.</p> <p>The specific objectives of ZMD include:</p> <ul style="list-style-type: none"> • Reduction in maternal health complications and maternal and child mortality, preventing mother-to-child-transmission of HIV, and improvement of maternal and child nutrition. This includes targeting pregnant women in general, from the prenatal visit through the second year of the child’s life. • Acceleration of mobile phone ownership and use

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	<p>by vulnerable women, particularly those in rural or isolated communities with lack of resources, to increase access to healthcare, empower women with information and reduce the mobile phone gender gap. This includes education of women on the benefits of mobile phone ownership and use, as well as facilitating connections with local healthcare workers through 30 minutes of free airtime per month restricted to calling assigned local health care facilities and workers.</p> <ul style="list-style-type: none"> • Education, training and capacity-building of healthcare workers using mobile devices preloaded with digital content for training and patient education to improve MNCH in their communities, as well as digital tools to support their work, such as patient data collection if a government health information management system is in place, thereby contributing to overall health system strengthening.
<p>3.4 Do you collaborate with other partners and how? (Government, ngo's, igo's, donors, local community, etc.)</p>	<p>Zero Mothers Die is led by the Zero Mothers Die Consortium composed of the Advanced Development for Africa Foundation, Millennia2025 Women and Innovation Foundation and the UniversalDoctor Project, in partnership with UNAIDS, Airtel, the Global Partnerships Forum and ZMQ, a Technology for Development social enterprise. Formulation and implementation phases of Zero Mothers Die in-country are being done in partnership with the Ministries of Health and Communications, Office of the First Lady, UNAIDS country offices and other key local partners.</p>
<p>4. Programme impact and assistance required</p>	
<p>4.1 <i>Who</i> benefits from your programme(s)?</p>	<p>Pregnant women, new mothers, newborns and health care workers who deliver improved MNCH care in their communities.</p>
<p>4.2 <i>How many</i> people benefit from it/them?</p>	<p>Initially our aim was to reach 100,000 women to reduce maternal mortality. However, with the launch of our Zero Mothers Die mobile application for free on Google Play, the amount of beneficiaries is nearly limitless as anyone with an Android phone (which has overwhelming market share in majority of developing countries) can download the ZMD App for themselves, or for their mother, sister, or any female relative or acquaintance in their community that could benefit from the App.</p>
<p>4.3 <i>How</i> are they benefitted?</p>	<p>Regarding the ZMD App in particular, our beneficiaries get access to a carefully curated and validated source of essential maternal, newborn and child health information for pregnant women, new mothers and health workers</p>

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	<p>providing care to their community.</p> <p>The ZMD App delivers crucial information on how to have a healthy pregnancy and taking care of newborns for both the general public (women and their families) as well as frontline health workers, to help bridge the knowledge and skills gap as well as reduce maternal and newborn mortality across the globe.</p> <p>For pregnant women and new mothers, the app features important information, advice and tips organized according to the stage of pregnancy and age of newborn to help ensure both mother and baby are safe and healthy.</p> <p>For health care workers, such as midwives and community health workers, the app offers access to a unique mix of instructional training videos, online courses, patient education materials and other multimedia resources to help improve the capacity of health workers to deliver effective MNCH care to their communities.</p>
<p>4.4 How does your programme(s) make a difference to the larger community?</p>	<p>If we can reduce the amount of women dying due to pregnancy and childbirth, as well as educate them on healthy practices and care, then we can have a great impact on families, communities and societies. According to the World Health Organization (WHO), “women’s health status has a great impact on the health of their children and therefore of the future generation. <i>There is a correlation between women’s level of education and babies’ birth weight: the higher the level of education, the greater the birth weight. It is well known that low birth-weight babies suffer from anaemia and experience retardation of their growth and development. Eventually, this determines the intellectual and physical potential of society.</i> If the mother herself has a low body mass, this will result in the birth of a baby with a low body mass, which is significant for the long-term health of society. Information regarding healthy nutrition during pregnancy and breastfeeding newborn babies and infants in the first year of life will allow not only the health of the woman, but also that of the child, to be protected against infectious diseases during the first year of life and noncommunicable disease in adult life.</p> <p>Three main social functions of women can be identified:</p> <ol style="list-style-type: none"> 1. women as a target group for information: women as part of the general public can be targeted with social marketing campaigns; 2. women as agents for change: given the role of women in families and their influence on family members (on the foetus during pregnancy, on the children and men), women can be a medium through which influence is exerted on different subgroups of the population; 3. women as initiators of change: in terms of both

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	<p>their numbers and influence on society, women hold leading positions in a number of spheres, e.g. in public health, education, trade and children's preschool institutions.”</p>
<p>4.5 Is the impact of the programme(s) measured or verified? If so, how?</p>	<p>When it comes to mobile health technologies, such as mobile applications, there are no validated methodologies for adequately measuring the impact on health outcomes and well-being of users, however we feel there is enough anecdotal evidence and new research coming out on a more and more frequent basis identifying the positive effects of mobile health solutions on health and health care. We continue to strive nevertheless to collect data to help us measure these aspects.</p>
<p>4.6 Describe which impact your project has especially on women and/or girls.</p>	<p>Kindly see sections 4.1 - 4.4 above.</p>
<p>4.7 Approximately which percentage of women/girls will benefit from the program?</p>	<p>Majority of our beneficiaries are women at reproductive age. We're also considering launching a ZMD Youth application that would share reproductive health information with younger generations seeking more information on contraceptives, etc. to help protect them.</p> <p>Our other sector of beneficiaries are the health care workers who benefit from capacity-building and improved knowledge and lesser skill gaps in the area of MNCH care.</p>
<p>5. Collaboration with Giving Women</p>	
<p>4.6 Beyond fundraising, what type of assistance do you expect from Giving Women? Provide details and a clear timeframe. Please list three main objectives/needs which Giving Women members can support</p>	<p>Beyond fundraising, our initiative seeks support from Giving Women members and platform to benefit of their time, expertise, skills and contacts with organisations, foundations and enterprises in Geneva and Switzerland. ZMD will gain broader recognition that will contribute to make a meaningful difference in the lives of girls and women in need.</p> <ol style="list-style-type: none"> 1. Support the organisation in meetings with GW members experienced in fundraising 2. Support the communication of ZMD and ZMD app in GW website, communications supports, videos, interviews 3. Support in terms of contacts for meetings with foundations, private companies, private clinics in Geneva

<p>5. Governance and management</p>	
<p><u>5.1 Management:</u> Name(s) Position(s) Brief biographies Position held since</p>	<p>Dr. Véronique Inès Thouvenot Co-Founder, Zero Mothers Die Position held since 2014</p> <p>Dr. Thouvenot is an eHealth and Telemedicine senior expert for the United Nations since 2006, and Co-Founder of the Millennia2025 Women and Innovation Foundation.</p> <p>Her current assignments cover gender based projects in developing countries to improve the access and use of eHealth and mHealth by women. She is a Co-founder of Zero Mothers Die.</p> <p>Dr. Coumba Touré Co-Founder, Zero Mothers Die Position held since 2014</p> <p>Dr. Toure is a Medical Scientist and Founder/ President of Advanced Development for Africa (ADA), whose goal is to bring innovative solutions to contribute to the achievements of the MDGs. ADA aims to use technology to scale up the implementation of projects by bringing partners from specific sectors that provide electronic health (e-health) and Mobile Health (m-health) tools.</p> <p>She is a Co-founder of Zero Mothers Die, and on the Board of Directors for Women4Empowerment and Fashion for Development.</p> <p>Dr. Jordi Serrano Pons Co-Founder, Zero Mothers Die Position held since 2014</p> <p>Dr. Pons is a General Practitioner and the founder of the UniversalDoctor Project, whose main objective is to improve multilingual communication between health professionals and patients that don't share the same language using new technologies. He is a widely recognized and active participant in the digital health field both in Europe and abroad who has combined his knowledge as a physician and entrepreneur to successfully introduce digital health tools in various healthcare settings.</p> <p>Dr. Serrano Pons is a Co-founder of Zero Mothers Die and is also working as a Consultant with the WHO and TicSalut Foundation and frequently collaborates with the Geneva Health Forum as Advisor on Innovation and Health.</p>
<p><u>5.2 Governance</u> Provide information about your governing bodies and their operation (how often they meet, decision-making process)</p>	<p>The Zero Mothers Die Consortium holds monthly coordination calls (given that the representatives are located in different parts of the world) and annual summit meetings in Geneva, Switzerland typically at UNAIDS or another UN agency's offices. The decision-making process is based on majority vote amongst the Consortium representatives, who are the co-founders of the project.</p>

5.3 Staff

Number of employees
(full time/part
time/volunteers)

Global Program Manager:

Jeannine Lemaire, MSc, is a global health and development professional specializing in mobile health, partnership development, project management, communications and new media solutions. She has worked as a consultant in the private, non-profit and public sectors in the US, Europe, Africa and South Asia with a focus on leveraging technology, partnerships and innovative solutions to advance digital health and development initiatives.

She currently works as the Program Director for the UniversalDoctor Project. She is also the recent author of two white papers on scaling up mobile health in developing countries and mobile health partnership development, commissioned by Advanced Development for Africa. She received her Master of Science in International Health Policy from the London School of Economics and Political Science. She is the Global Program Manager for the Zero Mothers Die Project, Consortium and Global Partnership.

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Honorary President:

Dr. Kristie Holmes, Ph.D., LCSW specializes in gender, media and global health. She teaches at the University of Southern California, Los Angeles and has spent a significant amount of time in the past three years working on projects related to UN Millennium Development Goals and Human Rights. She has acted as moderator for an NGO at the United Nations Commission on the Status of Women as well as participated as a Panelist at the Women Leaders Forum as part of the United Nations General Assembly and is now a member of the Board of Directors, UN Women United States National Committee. She has a passion for helping other women find their voice.

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Country Representatives:

Dr. Jose Pietro Aparicio (MD MPH) is both a Medical Doctor and an expert in International Public Health who comes originally from Honduras and now lives in New York City. He is the current President of the Latino Caucus for Public Health of the American Public Health Association. He is also a Director of Quality Assurance, Performance Improvement and Regulatory Affairs working inside the New York University Hospital Network. Beginning his work as chief doctor for a region of 20,000 people in the countryside of Honduras, in addition to providing primary medical care Dr. Aparicio implemented numerous public health projects to reduce disease incidence and improve the quality of health care delivery for the population over which he was in charge. He obtained his MPH from the Hebrew University (Hadassah) in Jerusalem.

Dr. Aparicio has created and implemented programs as diverse as access to HIV medications for developing world populations and antibiotic resistance control programs that have been implemented by the New York State Public Health Department across all hospitals in the state. Dr. Aparicio has over the last 15 years contributed with numerous projects connected to the UN in New York and the World Health Organization in Geneva.

Ms. Chinomnso Traffina Ibe is a Nurse / midwife, and a Public Health professional with eight years of experience in both clinical and public health activities. Chinomnso is a Maternal Health Young Champion fellow, a program initiative of the Maternal Health Task Force at Harvard School of Public Health and Institute of International Education. During her fellowship, she initiated projects that provided free door to door Antenatal care services for women who could not afford medical care. She is the founder and Executive Director of Traffina Foundation for community health, a non-profit organization providing strong support to improve Maternal and Newborn Health in Nigeria. Chinomnso self-funded a pilot project in two facilities in Northern Nigeria on m-health for pregnant mothers where she supported 2000 women with weekly information that improved their lives during pregnancy and delivery. In 2014 she championed / launched the "1 KIT SAVES 2" project which is aimed at providing 50,000 free clean birth kits to pregnant women in rural communities in Nigeria in a bid to reduce infection at birth. So far the project has provided 6000 clean births kits to pregnant women across Nigeria including those in areas affected by crisis and insurgency, thus saving more than 12,000 lives at birth. Chinomnso also initiated the first program involving men in maternal health programs where she organized the first community mobilization and conference on male involvement in maternal health in Bwari Area council FCT Abuja.

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Advisors:

Dr. Lilia Pérez Chavolla has fourteen years of experience in the area of communications, in particular in the analysis of policies, institutional reform, and the performance of the telecommunications sector. In 2009, she started working as a consultant for the International Telecommunication Union (ITU) and the World Health Organization (WHO) in the area of communications for development. Her most recent work for the ITU and WHO examines the role ICTs play in improving maternal and children's health and in enabling developing countries achieve the MDGs 4 and 5. Since 2012 she collaborates with the Millennium 2015 "Women and eHealth" (Wehealth) International Working Group and the Millennium 2025 Foundation on activities that promote the empowerment of women through innovation in health services; through the Foundation, she acts as Senior Advisor in ICT Applications for the collaborative project "Zero Mothers Die" (ZMD).

Prof. S. Yunkap Kwankam holds the B.S., M.S. and Ph.D. in electrical engineering. He is currently CEO of Global eHealth Consultants, based in Geneva Switzerland. He is also Executive Director, International Society for Telemedicine and eHealth (ISfTeH). From 2004 until August 2008 he was Coordinator eHealth, at the World Health Organization, Geneva Switzerland, where he was responsible for overall coordination of eHealth work across the Organization. In this role, he oversaw a number of WHO programs on the use of ICT in health. His work covered issues such as development of appropriate frameworks and tools to support policy and practice improvements in ICT-based knowledge management and sharing in countries; creation of, and support to, networks to assist countries in building national capacity for effective and efficient use of ICT in their health systems; and development of the evidence base and

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best practices in the area. He also directed the development of new policies and their implementation and provides authoritative advice in relation to policy and procedures as they relate to eHealth.

Dr. Anne Petitgirard, M.D., MSc., French, has been involved, since 1975, in women, child and adolescents health, then in HIV/AIDS, reproductive health, Health Promotion, health systems strengthening and community systems strengthening, and in Health and Human Rights. She worked in France until 1988 then internationally within international (IFRC) and multilateral (WHO, UNFPA) organizations before she accepts, in 2002, the offer of the French Ministries of Health and of Foreign Affairs to lead a newly launched French international initiative so-called ESTHER to increase access to quality care and treatment of people living with HIV/AIDS in developing countries. Her last position (2008 - 2012) brought her back in the WHO HIV/AIDS Department, after a thirty years long career in public health and in global health and development, to focus on projects monitoring and evaluation, on operational partnerships and regional capacity development, before leading the Health Department of DMI Associates, in France.

Mr. Hilmi Quraishi is the Co-Founder and Director of Social Initiatives at ZMQ - a Technology for Development social enterprise based in India. He is a pioneer in using mobile phones to reach out to grass-roots communities. As an educational technologist and social entrepreneur, Hilmi specializes in developing innovative technological learning solutions in low-resource settings which effectively reach out to unreached communities and out-of-school children. He is the prime architect of Freedom HIV/AIDS, the largest social initiative to combat HIV/AIDS using educational mobile games, having reached people in Asia and Africa using a variety of ICT solutions like mobile games and training programs. His games have reached over 65 million subscribers with 29 million games session downloaded. He has also established an independent center for excellence - Mobile for Development - a game lab to design scalable and replicable social game-based learning programs using mobile phone and emerging technologies. Hilmi is an Ashoka Fellow, recognized for his technology-based innovations for the world's most urgent social problems. He has a Master's degree in Computer Engineering with specialization in educational technology and human performance solutions from Georgian Technical University.

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<p>5.4 Organisational chart and reporting mechanisms</p>	<p style="text-align: center;">ZERO MOTHERS DIE CONSORTIUM</p> <div style="display: flex; justify-content: space-around; margin-bottom: 20px;"> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> Advanced Development for Africa (ADA) <small>Coumba Touré</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> Millennia2025 Foundation <small>Veronique Thouvenot</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> UniversalDoctor Project <small>Jordi Serrano Pons</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> Global Partnerships Forum <small>Amir Dossal</small> </div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 20px; width: 60%; margin: 0 auto;"> Global Program Manager <small>Jeannine Lemaire</small> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> ZMD Advisors <small>Yunkap Kwankam Lilia Perez Chavolla Anne Petitgirard Hilmi Quraishi</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> ZMD Champions <small>Michel Sidibé (TBC) Cherie Blair (TBC) Monique Villa (TBC) Toyin Saraki (TBC)</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> ZMD Representatives <small>Kristie Holmes Pietro Aparicio Chinomso Ibe</small> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 15%;"> ZMD Fundraising <small>Lisa Darsch (Amir Dossal) (Kristie Holmes)</small> </div> </div>
<p>6. Finances and funding</p>	
<p>6.1 Financial statements of last 2 years, if available</p>	
<p>6.2 Specific project budget</p>	<p>Preparation phase: 150.000 euros per country Deployment phase: estimated 250.000 to 500.000 per year per country</p>
<p>6.3 Funders (Who are your main funders and since when?)</p>	<p>The Zero Mothers Die Consortium (since 2014), Natecia (since 2015), the Diplomatic Council (since 2015) and various private donors around the world.</p>
<p>6.4 Fundraising plan</p>	<p>Donations</p>
<p>6.5 Is your organisation subject to an external audit?</p>	<p>Not at this stage but will be integrated in the coming years</p>
<p>7. Sustainability</p>	
<p>7.1 Mention any plans for continuity and sustainability of your activities</p>	<p>Two guiding principles of Zero Mothers Die are that it should be sustainable and scalable, by building strong local ownership and being integrated into other related health services offered in-country. It is important to avoid any operation in silos, and that it leverages what the Ministry of Health and UNAIDS is doing in-country and becomes part of the local health ecosystem. Local ownership, integration within local health ecosystems, and inclusive business models will be key to the sustainability of the project.</p> <ul style="list-style-type: none"> • Relevant local Ministries (Health, Communications, Family and Welfare, etc.), agencies, stakeholders and partners will be engaged in the project processes to secure their buy-in and local ownership to ensure sustainability beyond donor funding and scale up.

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	<ul style="list-style-type: none"> • Zero Mothers Die will be integrated as much as possible into health services offered in-country and local health information management systems, in connection with the private sector and telecom providers, thereby integrating within local health ecosystems. Efforts will also be made to ensure the project is aligned with national eHealth policies and plans. • Zero Mothers Die aims to establish an inclusive business model to ensure long term sustainability beyond 2015.
<p>Any other comments?</p>	

Please send the completed form and any additional information by email to: contactinfo@givingwomen.ch