



Barbara May  
Foundation

Maternity Care Africa

## Annual Report for the year ended 30 June 2019

Providing ***lifesaving maternal healthcare*** in regional and remote Africa



### Our Mission

Dignity and safety in childbirth for African women **regardless of religion or financial capacity**

#### ***We raise money to fund:***

- Building and Operations of Maternity Hospitals
- Fistula Treatment
- Midwife Training
- Medical Outreach in rural & remote regions



## Message from Michael Sharpe AO

What a wonderful year the Barbara May Foundation enjoyed in the 12 months ended 30 June 2019. All three African hospitals we support operated with new improved facilities delivering maternity care and fistula services for marginalised women throughout Ethiopia and Tanzania with clinical excellence, love and kindness. All services are provided regardless of race, religion or ethnicity and **always for free**.

Evidence of the success of the projects we support in Arusha, Barhir Dar and Mille includes a significant increase in births in those three hospitals and greater activity in antenatal care, midwifery training and family planning consultations.

Our funds raised this year rose by 12% to \$1.58M. We are proud of the outcomes Valerie and Andrew Browning have achieved over many decades to give hope and dignity to disadvantaged women in Africa. Many years ago Valerie was honoured for her service with Membership of the Order of Australia. This year Andrew was awarded the same honour and we were all delighted knowing how well-deserved this was. Andrew is arguably the leading obstetric fistula surgeon in the world and this year he was appointed Chair FIGO Fistula Committee (International Federation of Obstetricians and Gynaecologists) and Chair of the expert advisory group, fistula committee FIGO.

Over the course of the year Andrew visited Africa five times. During these visits he performed 236 fistula operations and supervised another 88. He also continues to take an oversight role to all the African projects managed by the Foundation. Valerie's Rural Maternity Programme again saw more than 10,000 women, of which many were referred to the Barbara May Memorial Maternity Hospital in Mille. Valerie continues her outstanding work with the nomadic tribes in one of the harshest regions of the world, not only in maternal health, but in education and pastoral development. These key indicators go hand-in-hand in these remote regions and her programmes continue to make steady progress.

BMF is sincerely grateful for the support of the Sydney, South West Sydney and Sydney South East Local Health Districts, Planet Wheeler Foundation, The Cubit Family Foundation, DAK Foundation, The Morris Family Foundation, Sonic Healthcare, J&J, Herbert Smith Freehills, PwC, Send Hope Not Flowers, the McBain Family Foundation and all our wonderful donors and supporters who help us help the women of Africa. A special mention must also go to our extraordinary team of volunteer doctors and midwives who give their time so selflessly to go to Africa, work in our hospitals and continue the training of our in-country teams.

Many thanks to our Directors: Founders Dr David Browning and Bishop George Browning; our Deputy Chairman Dr Samantha Hargreaves; Treasurer Tom Crawford, Matthew Pendleton, Maryanne Ayres and Julie Toma. Thanks also to our General Manager, Jo Crowley.

In God we Trust

A handwritten signature in cursive script that reads "Michael".

Michael Sharpe AO

Chairman



## Message from Dr Andrew Browning AM

Dear Friends,

Another year has raced by and we thank-you for your wonderful help, without which we simply couldn't have helped any of the women we serve.

This has been my first year back in Australia and the travel involved to 'commute' to Africa for work does take its toll as you get older, but so far so good.

This year we've been able to help train the surgeons in a new fistula unit in Nepal which has been exciting and I am due to travel back there early in 2020. We've also seen our partners in South Sudan develop their fistula unit and there are opportunities for maternal health work there too. The units in Uganda continue to flourish as do our own hospitals in Ethiopia and Tanzania. I say this glibly, but there have been many challenges along the way. Our staff, both volunteer and permanent have been remarkably dedicated at all hours of the day and night ready to save the lives of women and their babies in the most trying of circumstances.

In a first for the organisation, midwife volunteer Kareena Shaw with our Country Director Jude Holden have developed a wonderful neonatal high dependency unit at Kivulini Hospital in Arusha. We can now care for more premature babies within our own centre. We recently marked the first year of the new hospital in Arusha with the significant milestone of the 1,000th baby delivered in the hospital safely on that day. As with all our maternity centres, many women present late in labour with severe complications often needing dramatic intervention in order to save their lives.

The Vision Maternity Care Hospital goes from strength-to-strength overseeing 2,700 safe births last year with no maternal deaths. This is an exceptional unit in a regional area and our dedicated team work hard to continually improve the standard of care provided. You can read about the Midwife training programme on Page 6.

The Barbara May Memorial Hospital in Afar, Ethiopia has also grown. Dr Omar and Dr Matthea have been manning the maternity service, training midwives in surrounding centres, and there are many dramatic stories of lives saved. The Rural Maternity outreach programme continues its vital work reaching more than 10,000 women again last year. This programme is also now vaccinating children under five-years-old.

Dr Margaret McDougald is conducting an interesting programme screening women for cervical cancer in the villages where the disease appears to be disproportionately common. Many early cancers have been found and successfully treated, while advanced cases are brought to our hospital for extensive surgery.

We look forward to the coming year and with your help I am sure we can build on what we have already achieved, and not only treat more women suffering from obstetric fistula, but most importantly, to prevent it from happening in the first place.

A handwritten signature in black ink on a light green background.

Dr Andrew Browning AM

Medical Director



## About the Barbara May Foundation

The primary focus of BMF-funded programmes is safe childbirth, the delivery of live babies, and mothers not dying or becoming injured during childbirth. Family planning advice and education is also provided.

The majority of BMF-funded programmes focus on women living in rural areas and disadvantaged communities. Services are provided at no cost to those in need regardless of race, religion or financial capacity. Extensive work is also undertaken to treat women suffering from existing obstetric fistula injuries (estimated to be approximately two million in Africa), female genital mutilation, and emergency obstetric care is provided in all units.

The Foundation funds the following in whole or in part: Barbara May Maternity Hospital; Rural Maternal & Women's Health Outreach Programme; Vision Maternity Care Hospital; Kivulini Hospital and Maternity Africa Outreach Programme.

### Why Maternal Health?

- About 800 women die from pregnancy – or childbirth-related complications around the world every day.
- Almost all maternal deaths (99%) occur in developing countries and more than half of these deaths occur in sub-Saharan Africa.
- For every death, another 30 women suffer from terrible birth-related injuries, including obstetric fistula.



### Outreach work in Africa

While we have now funded the building and operations of three hospitals in Africa, the programmes that Valerie and Andrew's organisations run in providing Outreach services remain critically important.

These programmes allow their teams to find patients in need of maternal healthcare ranging from pre and post-natal care to treatment of birth injuries including obstetric fistulas. The community Outreach teams provide advice and treatment and important education on the key factors for safe birth and fistula prevention. Many of the women reached through these programmes may not have the education, social networks or financial means to otherwise seek assistance.

In Tanzania, Andrew's team, led by Lucas Toroya reached almost 20 regions, saw 6,373 women directly and provided 82 women with life-changing fistula surgery.

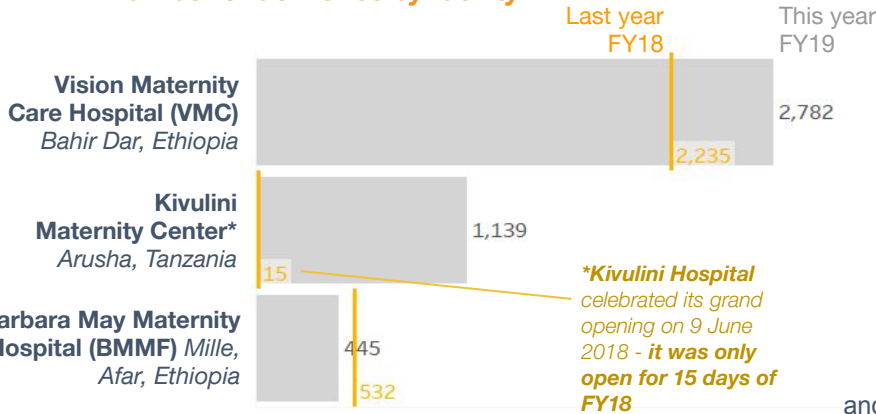
In Ethiopia, Valerie's rural outreach programme saw more than 10,000 women, and in BarhirDar, the midwives from the VMC assisted the city's nine surrounding health centres in maternal healthcare delivery.



# 2019

# Barbara May Foundation Year in Review

## Number of deliveries by facility:



*\*Kivulini Hospital celebrated its grand opening on 9 June 2018 - it was only open for 15 days of FY18*

## Other key statistics:

**Clinic visits:**  
VMC: 13,710  
Kivulini: 4,141

### Volunteers

**VMC:** 8 doctors for one month each, 6 midwives, one month each

**Kivulini:** 3 doctors, 3 midwives, admin staff (Jude, Di, Liz, Michael, Brad)

**BMMF - 2 doctors**

### Nurses and midwives trained:

VMC: 25 nurses and 24 midwives and 100+ midwife students came to VMC for their clinical rotations.

## Highlights of 2019



**Prof Jonathan Morris takes up residence at Kivulini**



**Kivulini Hospital staff delivers their 1,000th baby**



**Dr Andrew Browning was awarded the Member (AM) of The Order of Australia**



**Dr Sam Hargreaves (one of our Directors) doctor-in-residence at VMC**



**More than 10,000 women helped in Valerie's Rural Maternal Outreach programme**



## Projects supported in Africa

### Barbara May Maternity Hospital (Mille, Afar, Ethiopia)



The Afar is the least developed region in Ethiopia. It is considered one of the harshest environments in the world where temperatures regularly exceed 50°. The tribal group (The Afar) living in the area are a proud and beautiful nomadic people.

Valerie has worked in the Horn of Africa since 1974, particularly the Danakil desert, sustaining an integrated programme of education and health, as well as economic and environmental goals to thousands of largely nomadic people. Her work demonstrates the UN sustainable development goals in action. In 2010, the Foundation funded the building of the Barbara May Maternity Hospital in Mille providing access to free, safe, maternal health services to poor, remote, and nomadic women for the first time.

The Foundation also continues to fund the Rural Maternal & Women's Health Outreach programme in that region. This year it saw more than **10,000** women, with many being referred to the hospital as required.

### Vision Maternity Care Hospital (Bahir Dar, Ethiopia)

Bahir Dar is a city in northern Ethiopia and is the capital of the Amhara Region. Operated in partnership with the local Health Bureau, the purpose-built maternity hospital opened in 2017. The unit is known as one of the safest places to have a baby in the region with no maternal deaths recorded since it began operating out of a temporary facility in 2012. In addition, it provides antenatal and postnatal care, HIV screenings, and family planning advice. It is also a training centre for midwives and supervises nine surrounding health centres.



### Kivulini Maternity Center - Maternity Africa (MA) (Arusha, Tanzania)



In 2011, Andrew and his team began providing free maternal healthcare at the Selian Lutheran Hospital in Arusha, Tanzania, as an interim step to building a new maternity hospital. That hospital, Kivulini, opened in June 2018. Kivulini includes a 48-bed maternity centre, a midwife training school, and an obstetric fistula treatment unit. BMF continues to assist Maternity Africa to raise the funds required to operate Kivulini.

## Midwife spotlight Namyaki – Midwife-In-Charge, Kivulini Hospital

“ My role as a midwife started in April when I joined the clinical team for six weeks of orientation at Kivulini Maternity Centre. I had previously worked with Maternity Africa for two years at Selian Lutheran Hospital in Arusha. I wanted to continue to work for Maternity Africa because of the high standards of care and safe deliveries that it promotes. My role within the centre is to assess the holistic care that the women and babies receive. This includes monitoring the flow of antenatal patients, those in labour and those who have delivered. It's not only the direct clinical care that matters. I also make sure that there are good standards in each of hospital support services, such as the kitchen, the laundry and the cleaning. These are very important when we are giving quality care. My role also includes liaising with health officials to build and maintain healthy relationships within the community. The words that describe Maternity Africa for me are truth and confidence.



## Training

In BarhirDar we've had over 100 midwife students come through VMC for clinical training over the year and around 20+ newly graduated midwives come to give 'free service'. It's a way for them to gain some experience whilst working alongside our VMC midwives and add it to their CV as they start to look for work. VMC is a popular choice.

The BarhirDar University is soon to start a Masters of Midwifery course and they hope to send their students to VMC for their practical training.

We've had four teams of midwives from Australia go to VMC for periods of around a month. They've been helping our midwives go to the nine surrounding health centres up to 40km from VMC. They train and support the local nurses and midwives within those centres.

In Afar, Dr Matthea has been training midwives and doctors in other health facilities in the region. The training that she has done focuses on maternal healthcare and neonatal care.

We have trained doctors in fistula surgery in Sth Sudan (4), Uganda (4), Ethiopia (1), Nepal (2) and Tanzania (4).



# About the women we serve in Africa



Each tribe has a different culture and belief system around pregnancy and delivery. For example, in the Gumuz tribe, based west of Bahir Dar, **their custom dictates a pregnant woman will go by herself into the forest at about 38 weeks** and stay there by herself until she has delivered her child. She will either die by herself in labour or survive and return with her baby. It's very difficult to encourage these women to come to hospital to have their babies.

In many regions, traditional practices such as **Female Genital Mutilation** are still practised.

In the Afar region, the local population also battle drought and famine, disease outbreaks and military unrest. The women and girls in this region are the most under-served in the world when it comes to basic women's health and maternal care. Most rural women live more than 50km walk from the nearest health centre and more than 90% still deliver in their villages.

There are 80 major ethnic groups in **Ethiopia** and including dialects, **216 different languages**.

**Vision Maternity Care Hospital**  
Bahir Dar, Ethiopia

**Barbara May Maternity Hospital**  
Mille, Afar, Ethiopia

**Ethiopia**

**Kivulini Maternity Center**  
Maternity Africa  
Arusha, Tanzania

**Tanzania**

In **Tanzania** there are 130 different tribes and **130 different languages**

## The African continent

In most tribal communities, the women do the majority of the physical work like collecting water, grinding grain, cooking and building the huts – and **being pregnant does not relieve them from these tasks**.

Translators are often required to get a medical history from a patient. Sometimes the staff work through two or three different languages to get a history from a patient. Sometimes, they can't get the history at all.

The patients are often fearful of the hospital setting, **some have never been into a hospital before** and you need to spend a long time reassuring them especially in the Afar region where Valerie works.

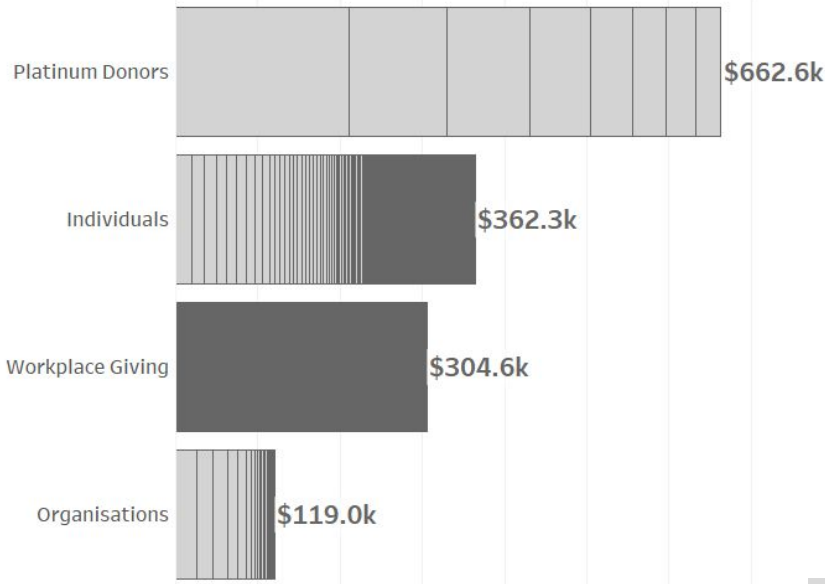






# Donations analysis

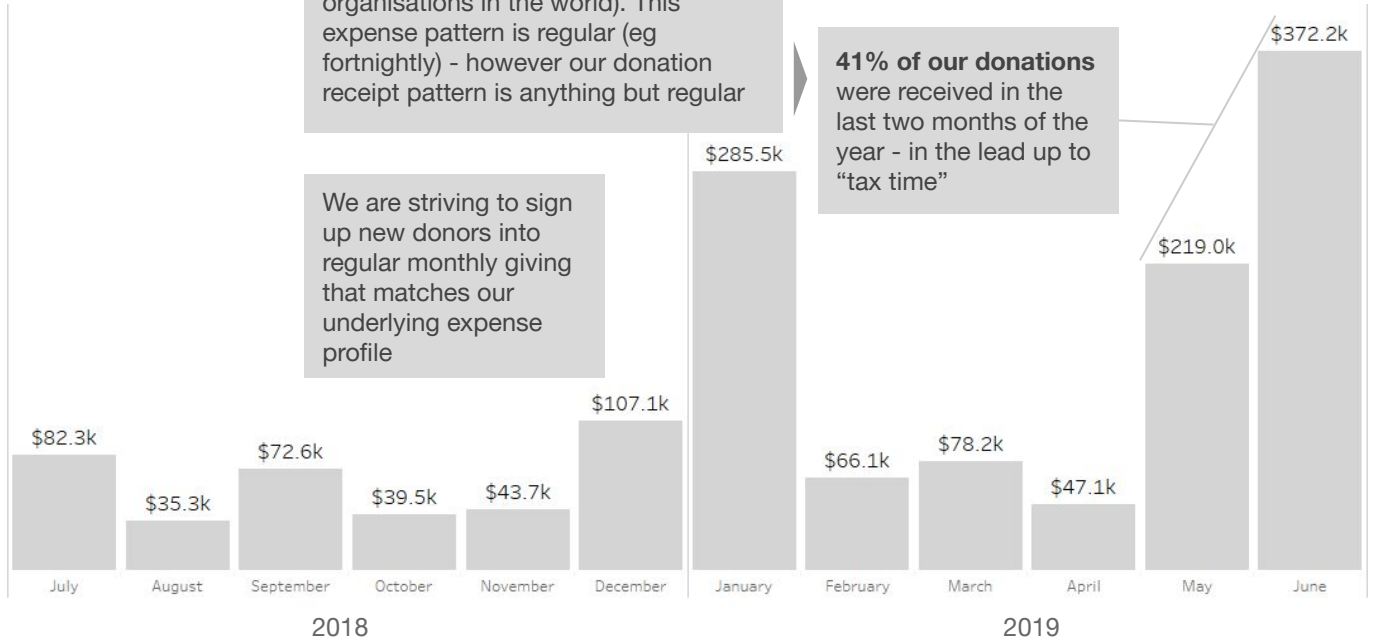
## Donations by source



## Regularity of donations



## Donations by month



The largest expenditure type at the hospitals we support is salaries and wages of employees (like most organisations in the world). This expense pattern is regular (eg fortnightly) - however our donation receipt pattern is anything but regular

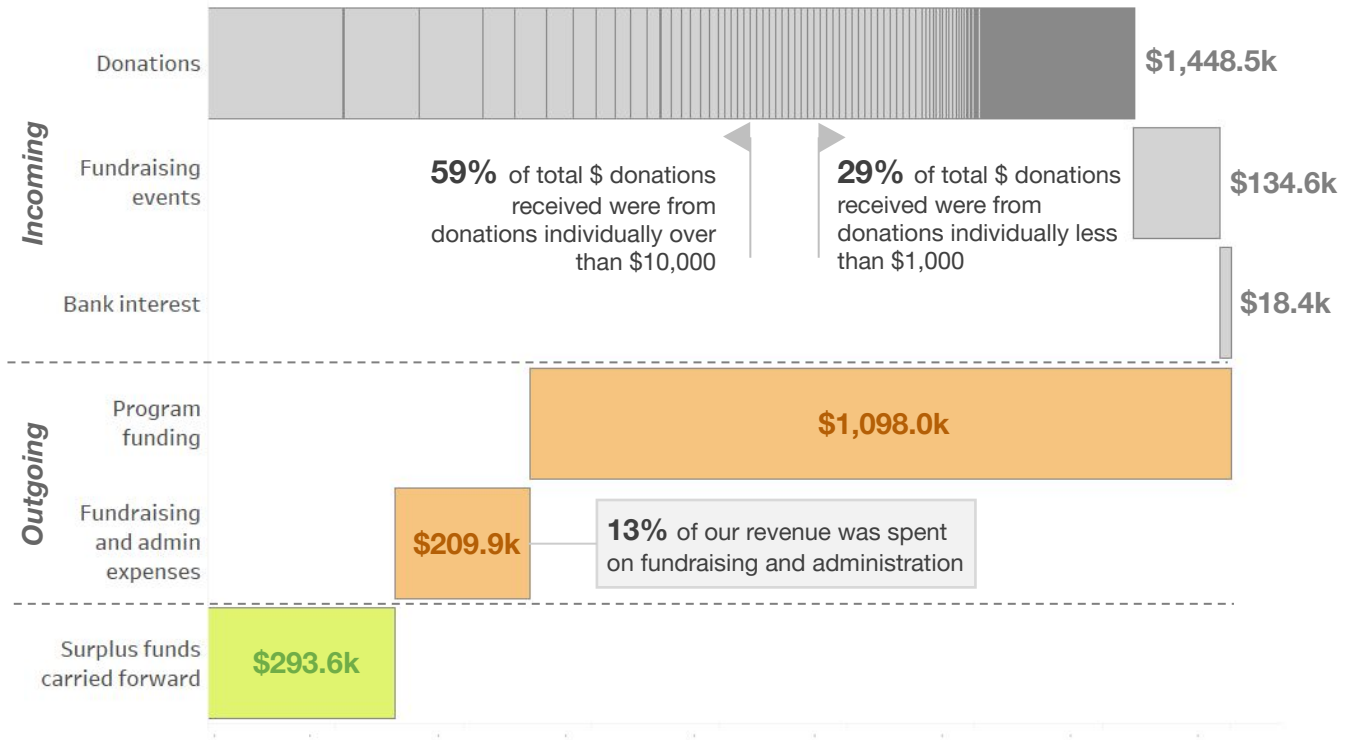
We are striving to sign up new donors into regular monthly giving that matches our underlying expense profile

**Only 22% of our donations** came from donors who gave 12 or more times in the year

**41% of our donations** were received in the last two months of the year - in the lead up to "tax time"



## Total Incoming and Outgoing funds| 2019



## Balance Sheet

	2019	2018
<b>Assets</b>		
Cash and cash equivalents	\$ 1,361,685	\$ 1,026,432
Other current assets	\$ 12,467	\$ 24,328
Non-current assets	\$ 645	-
<b>Total assets</b>	<b>\$ 1,374,797</b>	<b>\$ 1,050,760</b>
<b>Liabilities</b>		
Current liabilities	\$ 57,632	\$ 28,758
Non-current liabilities	\$ 4,151	\$ 2,602
<b>Total liabilities</b>	<b>\$ 61,783</b>	<b>\$ 31,360</b>
<b>Net assets</b>	<b>\$ 1,313,014</b>	<b>\$ 1,019,400</b>

\*A full version of our audited Annual Financial Statements for the year ended 30 June 2019 can be found on our website.



## Our Board of Directors and Executive Team



Barbara May Foundation Board of Directors & Executive Team



Valerie Browning

- |  |  |
|--|--|
| 1 Maryanne Ayres, Board Member             | 7 Jo Crowley, General Manager            |
| 2 Michael Sharpe AO, Chairman              | 8 Tom Crawford, Director & Treasurer     |
| 3 Dr. Samantha Hargreaves, Deputy Chairman | 9 David Browning OAM, Founder & Director |
| 4 Dr Andrew Browning AM, Medical Director  | 10 Matthew Pendleton, Director           |
| 5 Julie Toma, Director                     | 11 Valerie Browning AM, Founder          |
| 6 George Browning, Founder & Director      |  |

The Foundation is also being assisted by the Board appointment of Honorary Ambassadors. They are: Dr Arthur Adeney, Mr Brad Baker, Sr Kareena Shaw, Dr Geoff Kelsey and Mrs Kathryn Carroll.

We thank them most sincerely for their support.

***Thank you to all of our generous supporters and volunteers. Through your dedication we are delivering lasting change for disadvantaged women in regional and remote Africa.***



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Jo Crowley - General Manager

## Our Wish List

- 01** More OB-GYNs to volunteer in Ethiopia and Tanzania to provide cover and additional training.
- 02** A funding partner for our Kivulini in Tanzania. AUD\$1.2M is required in additional annual funding to get the hospital to its full operating capacity.
- 03** A funding partner for Valerie's Rural Maternal Healthcare programme that reaches the most remote and under-serviced women in the world. AUD\$170,000 is needed annually to keep this programme going.



## How can you help?

Donating to the Barbara May Foundation will allow us to support volunteer doctors and midwives, build and operate maternal health facilities, maintain and increase the Outreach programmes, and provide vital medical supplies.

### Donate

Any donations, whether great or small, are very much appreciated and will help us deliver care to the many women who need it. You can donate:

Online: [www.barbaramayfoundation.com](http://www.barbaramayfoundation.com)

By cheque or money order care of: The Barbara May Foundation, PO Box 2371 Bowral NSW 2576. Please include your contact details so we can issue a receipt

By Direct Deposit: (Westpac)

**BSB: 032716**

**Account: 403741**

Please note you will need to contact us to advise of a Direct Debit transfer so we can issue you a tax deductible receipt by emailing:

[jo.crowley@barbaramayfoundation.com](mailto:jo.crowley@barbaramayfoundation.com)

### Volunteer

Volunteer midwives and obstetricians are needed in Ethiopia and Tanzania for one to three months on an ongoing basis. For more information about how you can help, visit:

[barbaramayfoundation.com/ways-to-donate/volunteering](http://barbaramayfoundation.com/ways-to-donate/volunteering)

### Other Ways to Support

There are many other ways to help BMF deliver lasting change in Tanzania and Ethiopia including: workplace giving, fundraising, bequests, and regular giving. To find out more, visit:

[barbaramayfoundation.com/how-can-i-help](http://barbaramayfoundation.com/how-can-i-help).

## How far does a donation go?



**\$50** will pay for the transport of a woman to hospital



**\$150** will pay for 65 delivery kits for local birth attendants in remote regions



**\$200** will pay for a safe delivery in a hospital including pre & post-natal care



**\$400** will pay for a life changing fistula operation