



Barbara May
Foundation

Maternity Care Africa

Save the Mother, Save the World

Annual Report for the year ended 30 June 2020

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



Our Mission

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

We raise money to fund:

- Building and Operations of Charity Maternity Hospitals
- Fistula Treatment
- Midwife and physician/specialist training
- Medical Outreach in remote regions



Message from Michael Sharpe AO

The three organisations we support have become centres of excellence for maternal healthcare, fistula treatment and family planning. However since the outbreak of COVID-19, Dr Andrew Browning has not been able to travel to Africa to operate and supervise the hospitals. Many volunteers, so necessary for the provision of medical services, training and administration, are no longer available. Travel restrictions make it difficult for some women to reach hospital to give birth. On top of this, since COVID-19, our donations, which were so promising in the first nine months of the financial year, decreased in the last three months. Our hopes and plans to make long-term financial commitments to Maternity Africa in Tanzania, and to extend our work to South Sudan have had to be delayed.

Notwithstanding these challenges, our donations for the year ended 30 June 2020 have come in at \$2.19m, an increase of \$613k (39%) from 2019 of \$1.58m. Excluding Maternity Africa restricted donations, total funds raised for the Ethiopian hospitals was \$1.59m, which was \$28k (2%) below budget, and was \$244k (18%) above 2019. Under the circumstances, we are very pleased with this result. Our financial reserves are sufficient to finance the two Ethiopian hospitals for the best part of a year and Maternity Africa in Tanzania has sufficient funds for 2020. Many major donors have pledged continued support despite the severe and uncertain economic challenges.

We are very grateful that the services providing free fistula treatment and quality maternity care for so many marginalised African women will continue. The services will be delivered with love, kindness and compassion as well as professional excellence. In 2019-2020 the number of mothers delivering in the three hospitals we support increased from 4,202 to 5,143 and the outreach and Rural Maternal Health programs continued to serve many thousands of women who otherwise would not have had access to assistance.

Many thanks must go to all the volunteers and staff in Africa and especially to Andrew and Valerie Browning for their sacrificial leadership. It is pleasing to report that Andrew was awarded The University of Sydney's Alumni Award for 2020 for Services to Humanity.

We thank all our donors and specifically mention Sydney, South West Sydney and Sydney South East Local Health Districts, Planet Wheeler Foundation, The Cubit Family Foundation, DAK Foundation, Morris Family Foundation, Ripple Foundation, McBain Family Trust, Sonic Healthcare and the Costa Foundation who are not only major donors but also generously share their valuable experience and strategic advice.

Finally thanks to our directors and to Jo Crowley our general manager. There has been no change to directors in the last twelve months and Jo and each director performs enthusiastically and efficiently. During the year the Board passed a resolution thanking Matthew Pendleton of PwC for all his excellent work on accounting, financial reporting, budgeting and negotiations with Government.

Thanks be to God for His constant blessings.

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

Michael Sharpe AO

Chairman



Message from Dr Andrew Browning AM

Dear Friends,

Another year seems to have flown by and it's ended up being a year that no one could have foreseen.

It started as most years do, and we had plans to expand with a volunteer program in South Sudan, but much has been put on hold because of the pandemic.

The countries where we work have been in lockdown with several having their borders completely closed. This in itself has caused great suffering, women have been unable to travel to hospitals to deliver their babies because of bans on transport, or if they could go, transport became so expensive they couldn't afford it, and many are too afraid to go to hospital knowing that Coronavirus patients might be there and they could get exposed to the virus. I've had many anecdotal reports of women and babies dying trying to deliver at home for those very reasons. It's sure to have caused more fistula injuries too.

Our hospitals have been doing well despite the challenges, in fact they have all got considerably busier. The women who can travel to hospital have chosen to come to our units rather than the government ones which were designated as Covid centres. Many patients have arrived late in labour, trying to deliver at home and there have been many many desperate situations as a result and our staff have fought desperately to save lives.

The staff themselves have kept well. We were able to assist in getting PPE and the staff instituted measures in case a pregnant woman with coronavirus did come and deliver. Thankfully neither has happened and we are yet to see a coronavirus patient at any of our hospitals.

Most fistula work across the world has been put on hold due to patients not being able to travel from the rural areas to the hospitals. I haven't been able to travel to do fistula operating and teaching since March when I went to Nepal. Many women have had their treatment delayed and we are waiting with anticipation until we can resume the programs.

All of these world events seemed to shadow the passing of my old mentor, Dr Catherine Hamlin. I am thankful that I could get to her funeral and sadly her son Richard and I were the only ones who did make it from overseas, much to the sadness of the staff.

The women we serve need our help now more than ever and we thank you for your ongoing support and also pray that you all have kept safe and well over the last year and will continue to do so into the next.

Dr Andrew Browning AM

Medical Director



About the Barbara May Foundation

The primary focus of BMF-funded programs is safe childbirth, the delivery of live babies, and preventing mothers from dying or getting injured during childbirth. Obstetric fistula treatment and family planning education is also provided. Emergency obstetric care (EmOC) is provided in all units.

The majority of BMF-funded programs focus on women living in remote and rural areas and disadvantaged communities. Services are provided to those in need regardless of race, religion or financial capacity.

The Foundation funds the following in whole or in part: Barbara May Maternity Hospital and the Rural Maternal Outreach Program, Mille, Ethiopia; Vision Maternity Care Hospital, Barhir Dar, Ethiopia; Maternity Africa and the Kivulini Maternity Centre, Arusha, Tanzania.

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 the Foundation has funded the building of three maternity hospitals in Africa, the programs that Valerie and Andrew's organisations run providing Outreach services remain critically important. These programs allow the outreach teams to identify women in need of maternal healthcare ranging from pre and post-natal care to complex treatment of birth injuries including obstetric fistulas. Many of the women reached through these programs may not have the education, social networks or financial means to otherwise seek assistance.

The Women we Serve in Africa

There are 80 major ethnic groups in Ethiopia and including dialects, there are 216 different languages. In Tanzania there are 130 different tribes and 130 different languages. Translators are often required to get a medical history from a patient which may mean navigating two or three different languages. Each tribe has a different culture and belief system around pregnancy and delivery. For example, in the Gumuz tribe, based west of Barhir Dar, their custom dictates a pregnant woman will go by herself into the bush at 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 child, possibly badly injured from the delivery.

In the Afar region, the local population also battle drought, famine disease outbreaks and continued civil unrest. The women and girls in this region are the most underserved in the world when it comes to women's health and maternal care. Most rural women live more than 50km walk from the nearest health centre and more than 90% are still delivering in their village homes. In many of these regions traditional practices such as Female Genital Mutilation are still practised. Many of the women we see are fearful of hospital settings and require gentle reassurance, patience and respect to take this step.



2020

Barbara May Foundation Year in Review

Number of deliveries by facility:

	Last year FY19	This year FY20
Vision Maternity Care Hospital (VMC) <i>Bahir Dar, Ethiopia</i>	2,498	2,683
Kivulini Maternity Center <i>Arusha, Tanzania</i>	1,139	2,129
Barbara May Maternity Hospital (BMMF) <i>Mille, Afar, Ethiopia</i>	445	533

Maternity Africa - Fistula surgeries performed: 207 - significantly reduced due to COVID-19 restrictions

Other key statistics:

Clinic visits:
VMC: 13,710
Kivulini: 4,141
BMMH: 4,376

Volunteers

VMC: 5 doctors for one month each, 2 midwives for one month each
Kivulini: 1 doctor, 2 midwives, 4 admin staff
BMMH - 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 2020



Launch of March to Safe Birth



Successful fistula camp in Nepal



Monica Ndege appointed CEO of Kivulini



Largest fistula camp undertaken in South Sudan with almost all patients cured



Opening of expanded facilities at Barbara May Maternity Hospital



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. In 2011 the Foundation funded the building of the Barbara May Maternity Hospital in Mille providing access to free, safe, maternal health services to remote and nomadic women for the first time in history.

The Foundation also funds the Rural Maternal & Women's Health Outreach program in that region which deliver up to 10,000 women a year.

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 began the provision of obstetric fistula surgery and upgrade of 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.

A purpose-built maternity centre, Kivulini's outstanding facilities include a 48-bed maternity unit, a midwife training school, and an obstetric fistula treatment unit.

Reconciliation Hospital, Referendum, South Sudan

Dr Andrew Browning continually identifies areas in Africa where services to deliver safe birth for underprivileged women or under-served communities are desperately needed. The South Sudan is one such region.

Last year the Lutheran Church built a fistula treatment centre in the capital Juba where Andrew now operates. Recently they agreed to expand the facility with the inclusion of a purpose-built Maternity unit. The Foundation will be supporting the volunteer midwives and doctors required to staff the centre and train the local staff.





Training

BARBARA MAY MATERNITY HOSPITAL



In the Afar Valerie continues to train the village birth attendants with new and refresher courses each year. In addition, approximately 40 midwife students came to train and upgrade their clinical skills within the hospital.

VISION MATERNITY CARE HOSPITAL

We continue to train midwifery students in BarhirDar although their student placements were put on hold during the couple of months of lockdowns. Our midwives work at a high standard and with great compassion, and they make wonderful role models.

The VMC pathology technician is also undergoing further training sponsored by the Sydney Local Health District.



SPECIALIST TRAINING



Dr Lemmy from Tanzania is continuing his post-graduate study in obstetrics and gynaecology in Ukraine. He has applied to do a clinical placement at Kivulini for five months. Pending travel restrictions he should begin his placement in September.

Dr Mbise is about to finish his post-graduate studies in Tanzania and he has done very well. He has applied to work part-time at Kivulini and we are excited to welcome this talented young doctor to the team.

Dr Birhanu (VMC - *pictured here*) will begin his post-graduate studies in Ethiopia shortly.

There has been some disruptions to schools and universities with the onset of COVID-19 but courses are expected to recommence before the end of the year.

FISTULA SURGICAL TRAINING

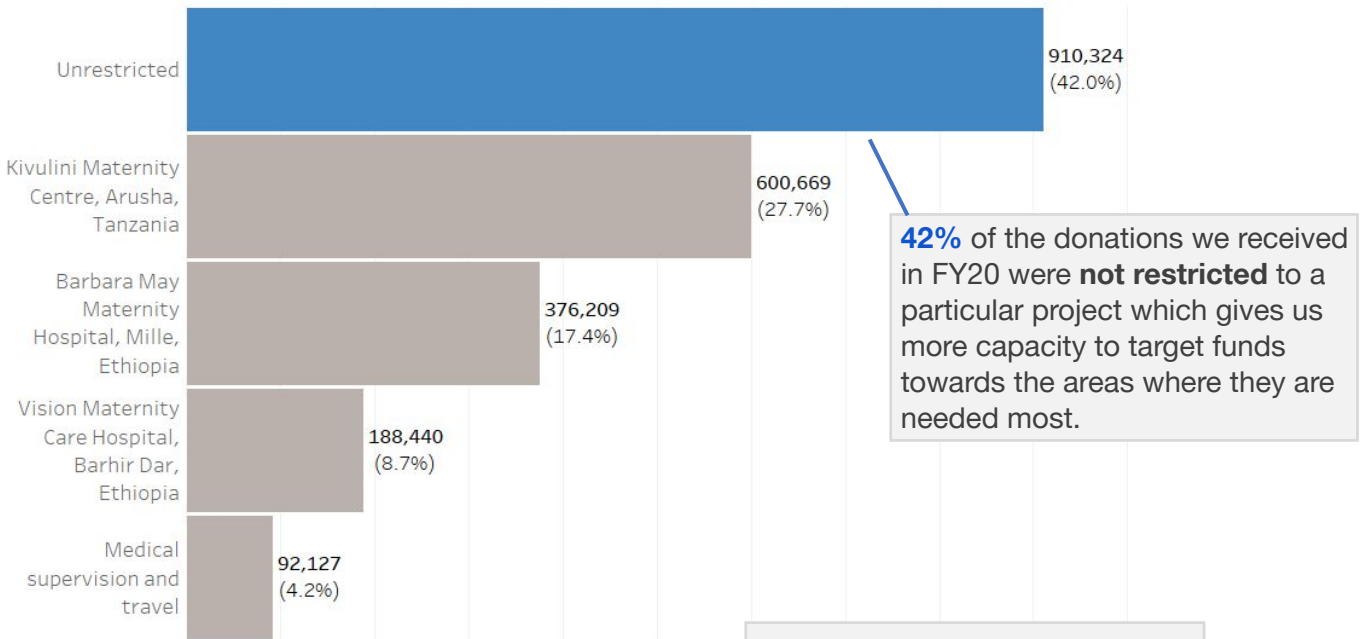
Dr Andrew trained fistula surgeons in Sth Sudan, Uganda, Tanzania, Nepal and Ethiopia. With FIGO (International Federation of Gynaecology and Obstetrics) he helps supervise the training program for 68 trainees across 22 different countries. Collectively they have now treated close to 15,000 fistula patients since 2012 to the highest standard achieved to date.



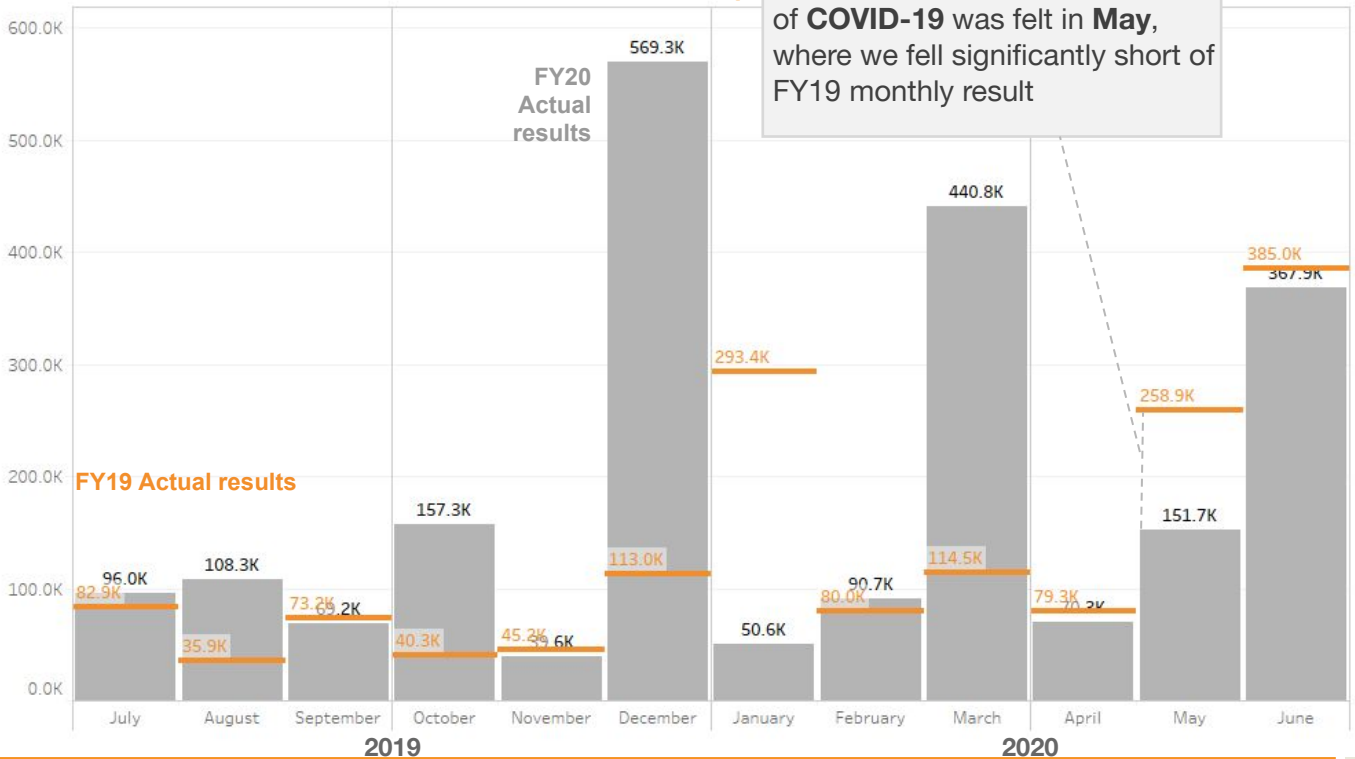


Donations analysis

Restrictions on donations we received

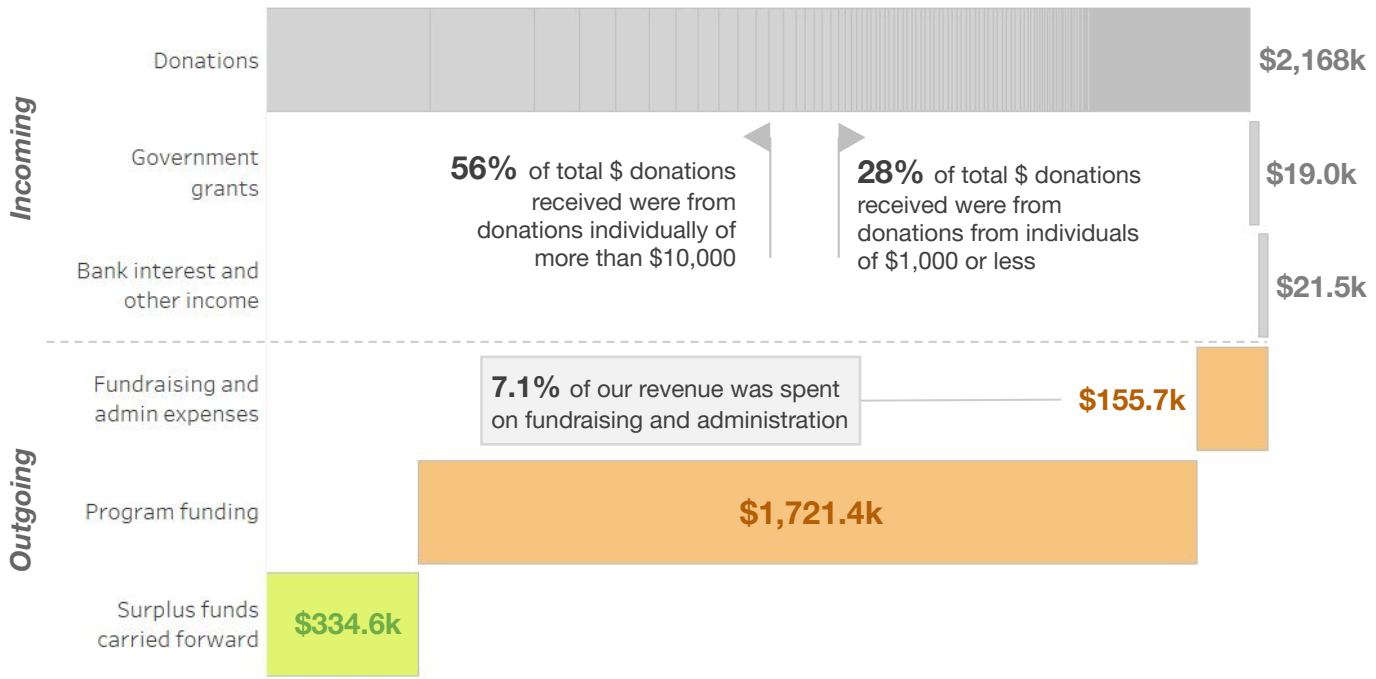


Actual donations by month - impact of COVID-19





Total Incoming and Outgoing funds| 2020



Balance Sheet

	2020	2019
Assets		
Cash and cash equivalents	\$ 1,697,494	\$ 1,361,685
Other current assets	\$ 17,377	\$ 12,467
Non-current assets	\$ 343	\$ 645
Total assets	\$ 1,715,214	\$ 1,374,797
Liabilities		
Current liabilities	\$ 56,930	\$ 57,632
Non-current liabilities	\$ 10,671	\$ 4,151
Total liabilities	\$ 67,601	\$ 61,783
Net assets	\$ 1,647,613	\$ 1,313,014

*A full version of our audited Annual Financial Statements for the year ended 30 June 2020 can be found on our website.

The Afar of Ethiopia

– Nomads Navigating a Troubled 21st Century

An excerpt from the Article <https://www.afarofethiopia.com/> by Michael Benanav

Volcanic cones and bony peaks sculpt the horizon. Dust devils whirl like angry genies over vast, arid plains. Water sources are few, and very far between. Temperatures surpass 120 degrees. A place of pop-geography superlatives, Ethiopia's Danakil Desert has been called the hottest place on Earth, and the lowest, and the driest. And here, the Afar have made their homes for a thousand years, pitching their portable, dome-shaped huts on petrified flows of chunky black lava, on stony hills, on sandy flats. Nearly everywhere they live feels like the middle of nowhere.

One of the oldest tribes in the Horn of Africa, the key to the Afar's survival has been their ability to move with their herds of camels, goats, cattle and sheep to wherever grass happens to be growing, across a region larger than Ireland. Their goal is neither upward-mobility nor the accumulation of material possessions, but to sustain themselves from year to year with a sense of security and well-being. Perfected over centuries, their strategies for living in an extreme environment are not anachronistic vestiges of the past; they're as crucial today as ever, as the challenges the Afar face have intensified — and show no sign of retreat.



The Afar Region is one of Ethiopia's nine official Region-States. Its official capital is Semera, though its traditional capital is Asaita. In addition to the 1.8 million Afar estimated to live in Ethiopia, another 300,000 live in Djibouti and 100,000 in Eritrea. "We live by animals," explained one elder named Kadir, who is from an area called Saha. Livestock, he said, serves as a ready and essential source of food, providing meat and, even more importantly, milk, in a region where resources are scant and crops are difficult to grow.

Their herds are also their main source of wealth, and may be sold for cash, with which they can purchase other essentials, such as coffee, sugar, and the white corn that is ground into flour. Much of Afar daily life, thus, revolves around finding fodder and water: feeding the animals so they may in turn feed the Afar. "And the camel," Kadir declared, "is the best animal," prized for its strength, resilience, and usefulness. "Their milk is the best, their meat is the best. They carry everything for us, even our homes," he said. "They can survive through droughts that would kill cows and even goats...When there is no water, we travel by night, and camels are better than any other animal at finding their way in the darkness. If there is a danger or an obstacle in our path, a camel can sense it and will stop - and will pull on their rope to stop their owner from walking into trouble." Camels are rarely ridden, Kadir added, usually only if someone is sick or too exhausted to walk on their own.



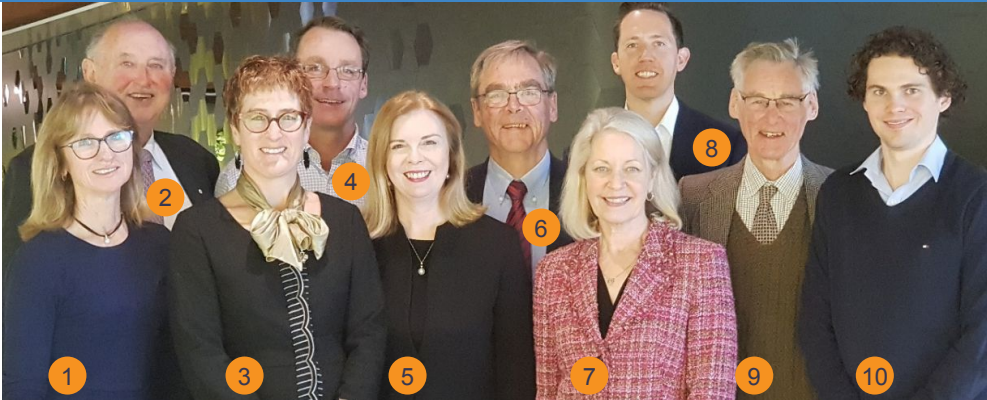
"If you have camels, you can survive," said an elder from Ilah Alu, named Mohammed Humad. "If you have no camels, you have nothing." An entire genre of Afar poetry and song is devoted to extolling the virtues of this noble creature.

Camels haul water for many miles to Afar encampments from wells, cisterns, and other sources scattered across the desert. These water runs are typically made by women, and can take 12 hours out of a day. Here, camels are loaded with water from a solar-powered well that was funded by a German NGO.

Pictures by Michael Benanav



Our Board of Directors and Executive Team



Barbara May Foundation Board of Directors & Executive Team



Valerie Browning

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

The Foundation is also being assisted by the Board appointment of Honorary Ambassadors Dr Arthur Adeney, Mr Brad Baker, Sr Kareena Shaw, Dr Geoff Kelsey and Mrs Kathryn Carroll. We thank them most sincerely for their support.



Tribute to Dr Catherine Hamlin AC - 1924-2020

Dr Catherine Hamlin and her late husband Reginald lit a candle for fistula patients around the world. After dedicating more than 60 years of her life to the plight of fistula patients in Ethiopia, the true legacy of her work is that it has reached around the world to help underprivileged women. There are now more than 400 hospitals in Africa and South East Asia treating thousands of women with obstetric fistula every year, many inspired by the work of Dr Hamlin.

Dr Andrew Browning AM was a young Australian doctor in Africa in 1996 when he began working with Hamlin Ethiopia, where he developed many of his surgical skills. He has gone on to be a world leader in safe birth and fistula surgery for underprivileged women in Africa and beyond, and continues to train many surgeons the intricate skills of obstetric fistula surgery.

He and his aunt, Valerie Browning AM, remained close to Dr Hamlin throughout her life and are tireless champions of her vision and work. They were privileged to be with her family and support the devoted members of her staff at her funeral in Addis Ababa, Ethiopia in March. Dr Hamlin leaves behind a great legacy of a life committed and strengthened by her Christian faith to serve.

*'...whatever you did for one of the least of these brothers of mine, you did for me.'
Matthew 25:40*

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.

Our Wish List

- 01 New funding partners for Kivulini Hospital in Tanzania.
- 02 A champion and funding partner for Valerie's Rural Maternal Healthcare program. AUD\$170,000 is required annually for this critical program servicing the most marginalised women in the world.
- 03 Hundreds of enthusiastic participants for our 2021 March to Safe Birth event.



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

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

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

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.

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



P.O. Box 2371, Bowral NSW 2576
E: jo.crowley@barbaramayfoundation.com
T: +61 412 446 969
Jo Crowley - General Manager