Maternity Africa

Making childbirth safe

ANNUAL REPORT

FOR THE YEAR ENDED 31 DECEMBER 2021

Maternity Africa
REGISTERED IN TANZANIA AS A NON-GOVERNMENTAL ORGANIZATION
WITH REGISTRATION NUMBER00NGO/R2/000524

Maternity Africa, Kivulini Maternity Centre, Plot 181 Kivulini Estate, PO Box 16464, Arusha, Tanzania
www.maternityafrica.org
info@maternityafrica.org

Vision

Maternity Africa's vision is to make childbirth safe for every woman. Maternity Africa's prayer is 'to act justly and to love mercy and to walk humbly with our God.'

Mission

Maternity Africa is a Christian-based non-governmental organization that endeavours to provide fistula treatment and quality maternity care for all marginalized women throughout Tanzania, through professional excellence and in the example of displaying love, kindness, and compassion regardless of race, religion, or ethnicity.

Core values

Professional excellence

Justice for the poor

Integrity

Compassion

Honesty

Respect

Human dignity

Maternity Africa serves vulnerable and marginalized women and girls of childbearing age.

Maternity Africa is funded entirely and exclusively by grants and donations.

All services are provided free of charge.

Contents

Message from Dr. Andrew Browning, Founder

Dear Friends and Supporters,

2021 was the third full calendar year of activity at Maternity Africa's Kivulini Maternity Centre in Arusha, Northern Tanzania. Again, we thank God for His enduring faithfulness, wisdom and abundance. The Bible often reminds us that God cares for the poor. Psalm 72 verse 12 says: "For He [God] delivers the needy when they call, the poor and those who have no helper." It is an honour and a privilege to serve God, doing our best to 'be His hands', helping vulnerable women who really need to be cared for properly.

Thank you to our loyal donors, including some new ones in 2021 by whose generosity we can serve those in need. Because of you, 2,630 women delivered their babies safely and for free at Kivulini Maternity Centre in 2021. We praise God that we had no maternal deaths.

COVID-19 reared its head with a number of 'waves' and variants in 2021. The Government of Tanzania appointed Maternity Africa as a designated COVID-19 vaccination centre, and some donors provided funds towards that work, including vaccinating people in the community at locations away from our hospital. In April, we also commenced screening and treating women for cervical cancer, supported by CureCervicalCancer, an organisation based in California.

It was a blessing that I was able to travel to Tanzania in October and November 2021. Unfortunately, while I was in Africa, I was unable to visit one of our hospitals in Ethiopia because of the ongoing conflict there. This meant that I could spend more time in Tanzania with Maternity Africa. This was a great opportunity to care for over 80 fistula patients and also to work closely with the Board and members of the Senior Management Team to identify and understand some of the opportunities and challenges that are often typical of organisations such as Maternity Africa.

I remain thankful to Maternity Africa's dedicated Board, to Monica Ndege as Country Director during the year and to our team of 76 staff and a number of valued international volunteers. I am always happy to see them develop professionally and in their care for patients. Thank you.

2022 and beyond provides tremendous opportunities for Maternity Africa. These include training opportunities for our clinical staff, training in safe midwifery skills for external midwives, safe surgical techniques for external doctors, training for adolescents on their reproductive health and rights and possibly a new hospital to reach even more women in need. This remains possible only through our gracious, loving God, and the kindness and generosity of so many wonderful donors. Thank you!

With prayers,

Andrew Browning

Dr. Andrew Browning AM, FRCOG, Founder

Message from Michael Hynds, Interim Country Director

Warm and appreciative greetings.

Here at Kivulini Maternity Centre we praise God for His grace and goodness to us throughout 2021, a year which saw further consolidation and growth. The number of deliveries continued to increase, by 10% compared to 2020, and our work evolved considerably across our other services.

Maternity Africa's increased recognition in the local community as a safe place to give birth and to receive good maternal healthcare is paying dividends as we continue to provide care, free of charge, for underserved, impoverished populations. I believe that this strong reputation for good care contributed to the sustained increase in the number of deliveries. It is testimony to ALL of Maternity Africa's staff and volunteers for their dedication, professionalism and resolve, contributing to our standing.

Our clinical team performed 94 surgeries for obstetric fistula and other birth-induced injuries at Kivulini Maternity Centre, and supported a further 15 at nearby Selian Lutheran Hospital. We recruited Dr Fredrick Mbise during 2021. He is a specialist obstetrician/gynaecologist and can perform surgeries routinely, so we are less reliant on Dr Andrew Browning coming from Australia several times a year (pandemic permitting) to operate. That means that Andrew also has more capacity to work on his many other commitments globally, and, working with our Board, to channel some of his energies to Maternity Africa's strategic oversight, guidance and direction.

I am grateful to Maternity Africa's Board Members and to all my many outstanding colleagues at Maternity Africa, including my predecessor, Sister Monica Ndege, who served faithfully as Country Director for over two years between November 2019 and January 2022. In particular, on behalf of Maternity Africa's staff, I wish Monica every success in all of her new endeavours.

In preparation for our training programme for external midwives, we recruited some full-time midwife trainers, to help ensure that all of our in-house complement of midwives are suitably trained and experienced in good midwifery skills. Our programme of morning reports in which our clinical team meets to discuss cases arising in the previous 24 hours (72 hours in the case of Monday mornings) continued too. These are very valuable teaching and learning events in which staff are invited to share openly and freely any challenging clinical cases that they are dealing with and seek advice and guidance from their colleagues and peers.

Plans are currently well underway to implement our training programme for external midwives over the next three years, with the generous financial assistance of a Swiss-based foundation. This will contribute further to capacity building in Arusha Region and beyond, enabling more midwives to develop and improve their techniques for safe delivery.

Since opening Kivulini Maternity Centre outside Arusha city in June 2018, we are now poised for further growth, spreading our geographical coverage and expanding our range of services. We are in discussions with a new donor about acquiring some land to construct and develop a second health centre in another underserved part of Tanzania, and liaising with others about a range of other projects and partnerships that we plan to launch later in 2022 and into 2023 and beyond.

Looking to the future, as always, I remain fully confident in our faithful, generous and wise God, that He will continue to bless our patients, our work and Maternity Africa as we strive, with His help, to serve the vulnerable and marginalized women of Tanzania. I am mindful of the example set by the Biblical prophet Nehemiah to pray before the God of Heaven, seeking His face in advance for His wisdom and His guidance.

Thank you. And may God bless you richly for your generous and ongoing interest and support.

Michael Hynds, Interim Country Director, Maternity Africa – michaelhynds@maternityafrica.org

Image: Kivulini Maternity Centre, near Arusha, Tanzania

1 CLINICAL HIGHLIGHTS OF 2021

Deliveries

A wonderful total of 2,630 deliveries took place at Kivulini Maternity Centre in 2021, which is an average of almost 220 deliveries every month. In fact, we had 244 deliveries in December, a record number for any single month. The total number of deliveries is an increase from 2020 of almost 10%, and exceeds the target of 2,500 deliveries as anticipated in our strategic plan.

Approximately 35% (948) of the women who delivered at Kivulini Maternity Centre had not attended any antenatal care with us before arriving to give birth. This is about the same percentage as in 2020. These women can present a challenge for our clinical staff because little of their medical history is known to us, they often deliver within a few hours of arriving, or might have attempted a home delivery. With this in mind we are thankful to report no on-site maternal deaths since the opening of the facility four years ago. It also shows the great competency of our clinical staff and support staff in managing these more complicated, higher risk cases.

The Caesarean Section rate in 2021 was 14%. Again, this represents a great achievement and demonstration of great competency of our staff, keeping in mind the relatively challenging patient population we serve.

Of the 2,630 deliveries, 11% were for teenage mothers, around the same proportion as in 2020. Although it is encouraging that the number of teenage deliveries did not increase significantly (up to 279 from 257), it would be most wonderful to see a reduction in this trend. Maternity Africa hopes to address the challenge of teenage pregnancies, starting later in 2022 through a sexual reproductive health and rights training programme for adolescents, while continuing to provide excellent care at our hospital for pregnant teenagers.

The knowledge about Maternity Africa's provision of high quality maternal and neonatal health service is still increasing in the surrounding communities and we are looking forward to meeting more strenuous targets in 2022 and beyond.

All of Maternity Africa's patients are screened at admission to help make sure that they meet the strict criteria for accessing the free health care offered only to vulnerable and marginalized women and girls.

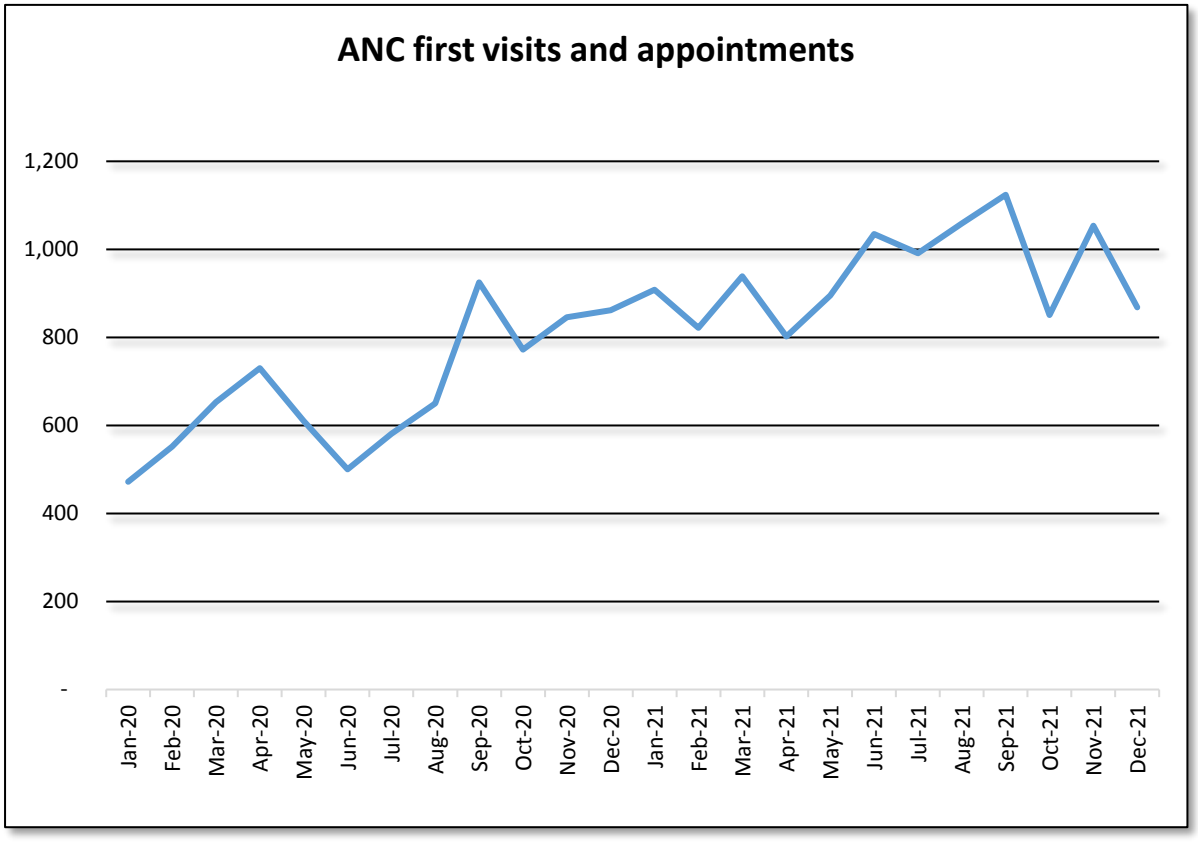
Antenatal care, postnatal care and immunisations

Antenatal Care

Antenatal care (ANC) by a trained health provider is important for monitoring the course of a woman's pregnancy, detecting problems early and thereby reducing potential risks for mother and child during pregnancy and labour. The World Health Organisation recommends a minimum of four ANC visits to optimize the risk reduction.

There are several known factors leading to Tanzanian pregnant women seeking ANC late in their pregnancy[1]. Factors include higher parity, lower education level, hidden costs, lack of male support, pregnancy-related cultural beliefs and unplanned pregnancy. Through its community outreach work, Maternity Africa strives to address these issues, and encourages women on the importance of reducing pregnancy-related risks through accessing good antenatal care early.

It is encouraging that, although the number of first ANC visits remained almost the same in 2021 (2,710) compared to 2020 (2,786), the number of ANC follow-up visits increased significantly, from 5,367 in 2020 to 8,638 in 2021. The graph below illustrates the trend in the total number of ANC first visits and subsequent appointments over the past two years.



[1] *BMC Pregnancy Childbirth* **19,** 415 (2019)

Postnatal care

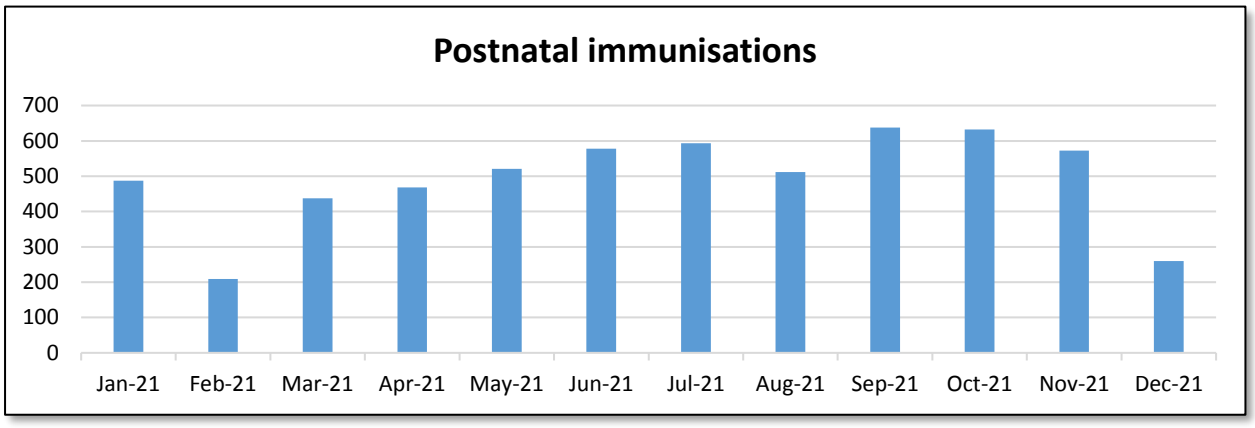
Maternity Africa's staff encourage all patients delivering at Kivulini Maternity Centre to obtain postnatal care, either at the centre, or at a facility closer to where they live. 70% (a total of 1,858) of the women who delivered their babies at Kivulini Maternity Centre received postnatal care (PNC) at the hospital. This represents a slight reduction from 2020 where 75% of the women received PNC at the facility. 2021's outcome is still very encouraging, because nationwide the percentage of women receiving PNC was recently only 34%.[2]

Maternity Africa plans in 2022 directly to increase access to these services by bringing the care closer to the women through an expansion in its community outreach initiative. Through the use of mobile clinics, Maternity Africa will focus its attentions on those women living in communities where there is little or no existing primary healthcare facility, and where it may be prohibitively expensive for women to travel to one.

Immunisations

In May 2020, Maternity Africa commenced an immunisation programme for children under the age of five years old. 2021 was the first full calendar year of providing this service.

The uptake of this service has been hugely successful, with a total of 5,907 immunisations administered. In some months, more than 600 children were immunised, as shown in the graph below.



[2] *BMC Pregnancy and Childbirth* **19**, Article number: 474 (2019)

Surgery for obstetric fistula and other birth-induced injuries

Image: Screening for fistula patients in rural Tanzania

The COVID-19 pandemic and its related travel restrictions again affected the number of fistula camps Maternity Africa could provide in 2021. One camp took place in November, hosted by Maternity Africa's Founder Dr Andrew Browning, AM FRCOG. A total of 53 surgeries were performed on 48 fistula patients, of whom the majority could be discharged completely dry (meaning no significant loss of urine or faeces).

Image: November 2021 fistula camp patients, pictured with Dr Andrew Browning

at Kivulini Maternity Centre

Dr Fredrick Mbise, Maternity Africa's Medical Officer in Charge (and trained by Dr Browning) operated on fistula patients throughout 2021. Including the fistula camp, Maternity Africa performed a total of 94 fistula surgeries. In addition to those women that Maternity Africa treats directly, Maternity Africa also assisted with 15 fistula surgeries during the year at nearby Selian Lutheran Hospital.

Maternity Africa is dedicated to building the capacity of the local health system. During the fistula camp, Dr Browning taught three surgeons good practice surgical techniques, helping to develop their knowledge, skills, experience, competence and confidence.

While fistula camps are underway, Maternity Africa's staff and volunteers lay on various social, pastoral and educational events (known as the Patient Rehabilitation and Education Programme, PREP) for the fistula patients, aiming to:

- Equip the ladies with different life skills;
- Train the ladies on entrepreneurship skills so when they go back home, they can help to support themselves and their families financially;
- Refresh their minds and outlooks on life after facing social challenges from the communities; and
- Offer them psychological, spiritual, mental and emotional support.

Maternity Africa plans to increase the support offered through the PREP programme from mid-2022.

Comprehensive family planning

Maternity Africa offers counselling on comprehensive family planning services and offers this service to all of its inpatients and most of its outpatients.

The uptake of family planning locally remains somewhat challenging at 43% in 2021, which is a slight decrease from 2020 (48%). Barriers include beliefs that family planning causes sterility or cancer, or leads to the birth of children with deformities. In addition, sometimes a woman may be 'competing' with her husbands' other wives in terms of the number of offspring she can produce for him.

Maternity Africa seeks to overcome some of these challenges through sensitisation and education programmes, as well as one-on-one individual consultations, both on site and during outreach in the community. Further, as women return for postnatal care, they are counselled again and offered family planning.

Social work

To help provide holistic maternal healthcare, Maternity Africa's social worker commenced employment in 2020. She has been fantastic in providing, among many others, the following services:

- Forming a new type of relationship with a partner organisation to establish how to work together with ambassadors and outreach events to refer patients to the most suitable facility for their care;
- Training staff on professional development and counselling skills;
- Counselling and assisting patients who need a 'listening ear' or have concerns, either in connection with their treatment or about domestic and other social situations;
- Developing exit interviews with patients to evaluate the services offered by Maternity Africa from a variety of patients. This helps Maternity Africa to improve care services where it can;
- Writing patient stories and taking photographs of them for the website, social media and donors;
- Developing the 'Patient Rehabilitation and Education Programme (PREP)' for fistula patients, covering topics such as entrepreneurship, basic financial skills, soap making, arts and crafts, nutrition, family planning and health care; and

- Providing care packs to extremely poor patients, consisting of basic food and household products to provide some temporary relief and support.

Image: after being trained on baking and entrepreneurship skills, a lady healed from fistula receives a starter pack of flour, sugar and other ingredients, so that she can commence her own small business, making and selling snacks when she returns to her home village

New programmes launched in 2021

Maternity Africa formed a new partnership with CureCervicalCancer, a USA-based organisation focused on screening, early detection and treatment of cervical cancer in low resource settings. With Tanzania having the fourth highest incidence rate of cervical cancer in the world (in 2018)[3], this is an exciting opportunity for Maternity Africa to expand our services for women possibly save some lives.

In April 2021 CureCervicalCancer, CCC, sent a team to Kivulini Maternity Centre to train four of our staff and provide a couple of screening and treatment days. With CCC's training and support Maternity Africa provided screening, both in-house and on outreach in the communities, for 463 women. Our team found cervical cancer in nine women, who were referred for treatment to a specialist hospital. Maternity Africa is grateful for the support of CureCervicalCancer.

The Ministry of Health in Tanzania appointed Kivulini Maternity Centre as a designated COVID-19 vaccination facility. Our teams have vaccinated hundreds of people already, both at the centre and during community outreach.

[3] Costing the National Response to Cervical Cancer: United Republic of Tanzania, 2020—2024. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO

Working in the community, Maternity Africa's outreach team offers antenatal care, postnatal care, family planning consultations and services, COVID-19 vaccinations, HIV/AIDS testing, cervical cancer screening, treatment and HPV vaccines and the opportunity for donating much-needed blood

2 PLANS FOR GROWTH

Medium term goals and future plans

Community outreach

We are planning to continue our community outreach programme in 2022 and beyond, where possible increasing efficiency by providing a 'one-stop-shop'. This will include a mixture of antenatal care, postnatal care, family planning, cervical cancer testing and treatment, COVID-19 vaccinations and blood donations.

Fistula camps

With the easing of pandemic-imposed travel and other restrictions, we are planning to have three fistula camps during 2022. To that end, screening trips to identify, screen and refer patients for obstetric fistula restarted in January 2022, and will be supplemented by the successful Patient Ambassador/Community Facilitator programme.

Internal training

In late 2021 we commenced an in-house training programme for our own nurse-midwives as part of our continuous professional development programme, and to strengthen their capacity for mentoring and coaching during the on-site external midwife training programme. In the first half of 2022 we also received funding for interpersonal skills, management and leadership training, so that our staff can develop their 'soft skills' as well as their technical competence.

External training

In late 2021 we secured funding to design and deliver a skills development programme for external midwives, working in less-well-equipped health centres and dispensaries. This programme will include a range of interactive, classroom-based teaching, practical exercises, experience in the wards at Kivulini Maternity Centre and follow-up evaluation and remedial training at the trainees' sending facilities. We also plan to design and deliver training on safe Caesarean Section technique for local doctors, to help reduce the incidence of iatrogenic fistula.

Volunteers

We look forward to welcoming two international volunteers in 2022: Dr Jonny Rust from the United Kingdom who will assist our doctors, and Marianne Bontenbal from the Netherlands, who will lead the external midwife training programme.

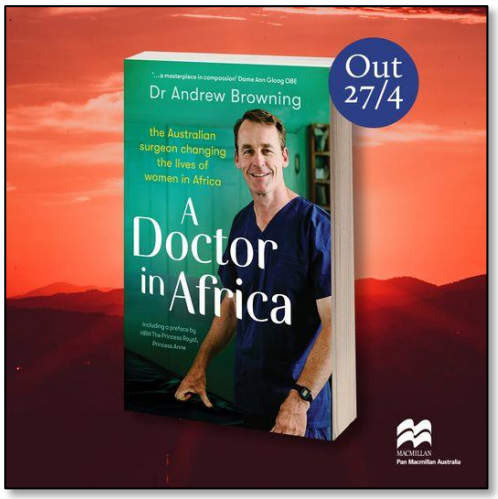
Fundraising

Maternity Africa will continue its global fundraising efforts for general purposes and specific projects. Annual running costs for 2022 are expected to be around USD 1.1 million (GBP 0.9m, AUD 1.5m, EUR 1m).

Maternity Africa always welcomes opportunities to partner with private grant-making trusts and foundations, and donations from ordinary people. You can find out more about how to donate by visiting http://maternityafrica.org/get-involved/donate/, or by emailing Michael Hynds: michaelhynds@maternityafrica.org.

"A Doctor in Africa"

April 2021 saw the launch of a book written by Dr Andrew Browning. With the preface by HRH The Princess Royal, Princess Anne, and foreword by Her Excellency, Linda Hurley, Andrew's book is an inspiring story of his selfless life, from the obstacles he has overcome working in remote, harsh and vastly under-resourced regions, to the compelling stories of the women whose lives he has transformed forever through fistula surgery and access to free maternal healthcare[4].



[4] A Doctor in Africa, by Dr. Andrew Browning, available for purchase on amazon.com.

3 PEOPLE SPOTLIGHT

People Maternity Africa serves

Maternity Africa exists to serve poor and marginalized women and girls of childbearing age (typically aged 15 to 49). Some patients, typically those treated for obstetric fistula, are often older, having suffered from the condition for many years. Regarding family planning, Maternity Africa serves the entire local community, including men.

If women can gain access to good maternal healthcare, their families also benefit. Recent figures from the World Health Organization indicate that an average of only around half of pregnant women in Tanzania give birth with the assistance of a skilled birth attendant. The other half deliver their babies in much riskier settings – often at home, and sometimes alone. This increases the risk of avoidable injury, prolonged and protracted labour, and even death to mother and/or baby.

Maternity Africa's maternity department provides maternal healthcare services for women in rural parts of Arusha Region, Northern Tanzania. The focus also includes areas of social and economic deprivation in the city of Arusha. The local population includes many women and girls for whom access to good maternal healthcare would otherwise be very challenging. Such women are typically either:

- Relatively far from other maternal healthcare providers;
- Located in rural communities or areas of high urban deprivation where transport infrastructure is poor, expensive and logistically challenging (comprising travelling on foot, by pillion motorcycle rides, using several public minibus journeys or expensive taxis);
- Otherwise served only by poor quality, unprofessional maternal healthcare;
- Economically impoverished;
- Have large families (some already with up to eight or more children), who require their time and attention;
- Affected by other social constraints, such as fear of stigma and low standards of education;
- Live in areas that are subject to poor healthcare governance and accountability mechanisms; and / or
- Potentially at higher risk of maternal death, or major birth-acquired injury such as obstetric fistula[5].

Maternity Africa works with other local maternal healthcare facilities, such that they can refer their more complex cases to Maternity Africa. Maternity Africa also works closely with the Ministry of Health, and has a Memorandum of Understanding with Arusha District Council to provide free maternal healthcare for poor women.

People who serve – dedicated staff

During 2021, Maternity Africa employed an average of 76 full-time Tanzanian staff. Maternity Africa is grateful to their continued hard work and dedication, often in challenging and complex situations, doing their best to provide comfort, compassion and care.

Maternity Africa is also grateful to its small team of international volunteer specialists. Collectively, they bring many years of experience working in low-resource settings around the world. They help to

[5] EngenderHealth estimates that, in Tanzania alone, there are 2,500 to 3,000 new cases of fistula each year.

train the full-time staff on good practice clinical matters, assist with administration and use their international networks to raise awareness and support for Maternity Africa's work.

People who serve – external partners

SERVICE DELIVERY PARTNERS

Maternity Africa recognizes the benefits of collaborative working in order to be better able to meet beneficiaries' needs.

Summarized as follows are the main relationships that Maternity Africa developed and enjoyed during the year.

Organization	Nature of collaboration
Arusha District Council	There is a signed Memorandum of Understanding in which Maternity Africa agrees to provide good maternal healthcare services, free of charge, to poor women and girls in Arusha District, as well as to provide practical skills development for birth attendants working in other regional healthcare facilities.
Arusha House Church	Arusha House Church meets at Kivulini Maternity Centre on most Sunday mornings. Patients are very welcome to attend if they would like to. They are welcome to remain for some refreshments afterwards. The church also pays for Bibles to be distributed to fistula patients who would like to receive one.
Arusha Lutheran Medical Centre	Maternity Africa refers extremely sick neonates to Arusha Lutheran Medical Centre for treatment at its neonatal intensive care unit (NICU).
East Africa Impact Center (ECHO)	For nearly four decades, ECHO has been equipping and empowering hungry families with knowledge and the life-giving grace of God. It has impacted millions of lives by teaching small-scale, sustainable farming methods so families can provide for themselves and their communities. ECHO provides training and awareness of the value of simple, sustainable horticulture and nutrition to Maternity Africa's patients.
Flying Medical Service	Flying Medical Service (based at nearby Arusha Airport) transports its extremely sick maternal patients from outlying rural areas to Kivulini Maternity Centre for treatment and care. A number of lives have been saved already through this collaboration.
Maisha Matters	The relationship with Maisha Matters is such that Maternity Africa can approach Maisha Matters if there are specific needs with at-risk or abandoned babies.

Organization	Nature of collaboration
Ministry of Health	Maternity Africa has an Agreement with the Ministry of Health to provide healthcare services on behalf of the Government of Tanzania. Maternity Africa enjoys good relationships with Ministry personnel, reports to them on a monthly basis and is currently negotiating the plans to expand community outreach into districts that are currently poorly served by primary healthcare facilities.
Mission Aviation Fellowship	Mission Aviation Fellowship is an international Christian organisation whose mission is to fly light aircraft and to use other technology to bring help and hope to people in some of the world's poorest communities. MAF has operated in Tanzania continuously since 1963, serving remote communities through aviation. The programme has a fleet of two Cessna 206 aircraft able to meet the needs of its customers. MAF serves local partners including, churches, hospitals, missionaries, NGOs, and development and relief agencies who are working to provide access to healthcare, safe drinking water and the Gospel to the isolated people of Tanzania, particularly in the northern remote regions. Maternity Africa's arrangement with MAF enables staff to travel to rural communities as part of our fistula outreach campaign.
Neema Village	Neema Village began as "Neema House" in 2012 as a rescue centre for abandoned, orphaned and at risk babies in Arusha. Since then, hundreds of babies have been rescued, many abandoned babies have now been adopted and others who had lost their mothers during the birth were saved and have now been able to return home to an extended family member. Maternity Africa has an arrangement with Neema Village for mutual referrals.
Nomad Tanzania	Nomad Tanzania is a safari tours company that Maternity Africa is partnered with for fistula outreach work. Nomad Tanzania plans to transport Maternity Africa personnel to its campsites to join its healthcare programme. Nomad Tanzania supports health facilities, bringing in specialists to address specific healthcare requirements. Nomad Tanzania adopted obstetric fistula as one such opportunity.
Selian Lutheran Hospital	Maternity Africa assists Selian Lutheran Hospital by way of support for surgical treatment for obstetric fistula and other birth-induced injuries.

The number and scope of Maternity Africa's collaborative relationships is likely to expand over the next few years as Maternity Africa continues to establish its brand, reputation and services.

People who provide

Maternity Africa acknowledges and is extremely grateful for the kindness of its generous donors. During the year, the following charitable trusts and foundations provided major financial gifts and support in kind:

Donor name	Donor name (continued)
Barbara May Foundation	GlobalGiving
Comprehensive Community Based Rehabilitation in Tanzania	Gould Family Foundation
	IMPACT Foundation
CureCervicalCancer	King Baudouin Foundation United States
DAK Foundation	Mercury Phoenix Trust
Direct Relief	Planet Wheeler Foundation
Fistula Foundation	Segal Family Foundation
Fulmer Charitable Trust	Sonic Healthcare

People who would like to help

Fundraise
Start your own fundraising campaign to help make a difference by supporting Maternity Africa. For more information, please feel free to contact us for further assistance at: **http://maternityafrica.org/get-involved/fundraise/**

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 give tax efficiently to Maternity Africa at: **http://maternityafrica.org/get-involved/donate/**

Volunteer

Maternity Africa relies on its volunteers to support its work helping mothers and babies. For information about how you can help, visit:
http://maternityafrica.org/get-involved/volunteers/

Pray
As a Christian organisation, Maternity Africa appreciates God's hand in all of its work. To find out about how you can pray for our work, visit: **http://maternityafrica.org/get-involved/pray/**

People who lead

BOARD OF DIRECTORS AS AT 31 DECEMBER 2021

Name	Position
Professor Wilfred Mlay	Chairman
Sr Monica Ndege[6]	Director
Professor Esther Mwaikambo	Director
Dr Godwin Kimaro	Director
Mr William R Temu	Director
Mr Modest Akida	Director
Mr Andrew Browning	Director

FOUNDER

Dr Andrew J. Browning, AM, FRCOG

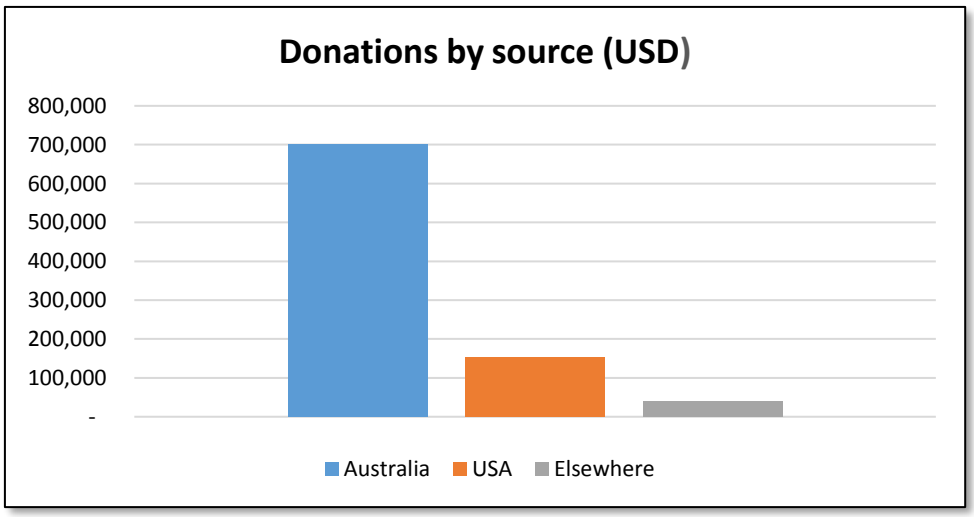
INTERIM COUNTRY DIRECTOR

Mr Michael I. Hynds, FCA, CMIIA, IIA, MA
(from 14 January 2022)

4 FINANCIAL HIGHLIGHTS

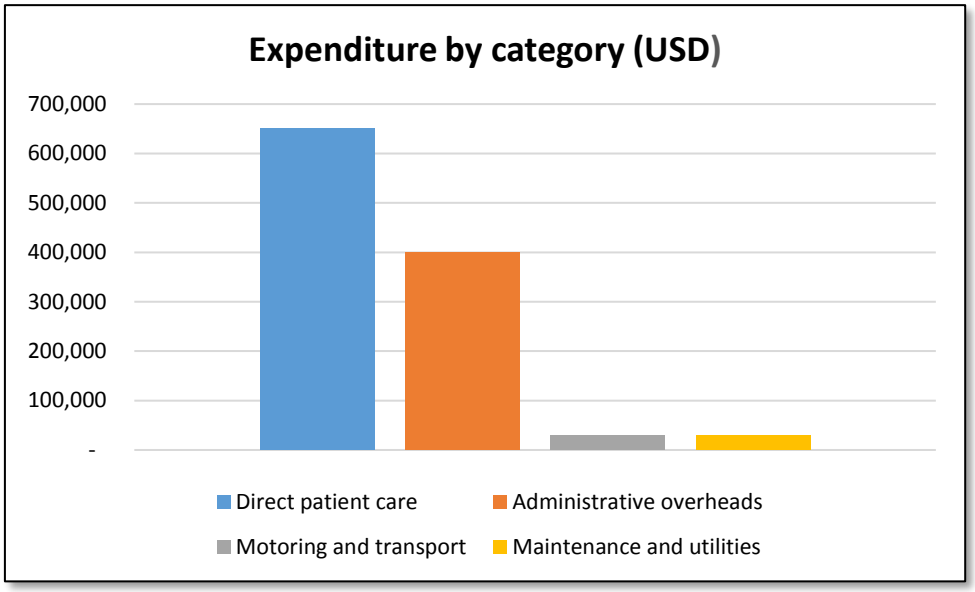
FINANCIAL INFORMATION FOR THE YEAR ENDED 31 DECEMBER 2021[7]

During the year, Maternity Africa received the equivalent of approximately USD 900,000 in financial support from a range of generous donors: 78% from Australia[8], 17% from USA and 5% from other countries.



[6] Resigned effective from 14 January 2022.
[7] The audited financial statements are expected to be signed off at the Board Meeting scheduled for June 2022.
[8] The majority of donations from Australia are administered by Barbara May Foundation, whose income comes from around the world.

Maternity Africa's expenditure, totalling approximately USD 1.1m[9], is summarized as follows:



5 CONCLUSION

Overall, Maternity Africa is very pleased with the clinical and other outcomes achieved during 2021. As always, we are thankful to our gracious and loving God, the guidance of our Board, our wonderful staff, the kindness and generosity of our donors and all of our patients. Serving them makes it all worthwhile.

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info@maternityafrica.org

http://www.maternityafrica.org

https://www.facebook.com/maternityafrica

YouTube Channels: Maternity Africa; Kivulini Maternity Centre

Maternity Africa is registered in Tanzania as a Non-Governmental Organization with registration number 00NGO/R2/000524.

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[9] Including depreciation on fixed assets of around USD 150,000.