



# ANNUAL REPORT

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FOR THE YEAR ENDED 31 DECEMBER 2019

**Maternity Africa**

REGISTERED IN TANZANIA AS A NON GOVERNMENTAL ORGANIZATION  
WITH REGISTRATION NUMBER 00NGO/R2/000524

Kivulini Maternity Centre, Plot 181 Kivulini Estate, Arusha, PO Box 16464, Tanzania.  
[www.maternityafrica.org](http://www.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 not-for-profit organization that endeavors 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

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## Message from the Founder

Dear Friends,

2019 saw the first full calendar year of activity at Maternity Africa's Kivulini Maternity Centre in Northern Tanzania, following its official opening in June 2018. It was a tremendous year as we moved steadily towards our medium-term targets for the number of deliveries, antenatal care and postnatal care consultations, family planning services and of course fistula patients. I thank God once again for His reliable faithfulness and abundant provision, as we seek, with His help, to serve some of the most vulnerable and marginalized women and girls. His provision enables all of the services provided by Maternity Africa to be free of charge, so that none of these ladies are excluded on the basis of cost.

During the year, I had the privilege of traveling to Tanzania to lead four fistula 'camps' – periods of intense activity in which patients are identified, screened and recruited from distant rural areas of the country and transported to the hospital for pre-surgery care, surgical treatment, rest and recuperation before traveling home again a week or two later.

Part of my leadership responsibilities during these fistula camps include teaching local surgeons on good-practice surgical techniques. I am delighted that four Tanzanian doctors developed their skills further. That is an important part of what we do at Maternity Africa – building capacity amongst our staff, so that the future generations can carry the work forward more sustainably. In total, we provided 129 surgical treatments for obstetric fistula and other birth-induced injuries on site at Kivulini Maternity Centre. As always, it is a delight when many can be cured permanently, assisting them on their way to leading fuller, happier, more complete lives.

In terms of governance, Maternity Africa changed its legal status during the year. Maternity Africa originally registered in Tanzania as a company limited by guarantee on 6 September 2013. However, on 27 August 2019, Maternity Africa registered with the Ministry of Health, Community Development, Elderly and Children as a Non-Government Organization. This was as a direct response to new laws issued by the Government of Tanzania which determines the way companies and charities function in Tanzania. This change had no direct impact on the day-to-day running of the organization, which continues as before it has made changes to our registration. I am grateful to the Board for managing this change, and indeed for its continued excellent guidance and counsel throughout 2019.

I am grateful as always to Maternity Africa's dedicated staff of around 70 people, handling all aspects of clinical activity as well as the administrative tasks that often take place quietly behind the scenes. I am also thankful to the small team of volunteers, who collectively have many years of experience working in low-resource settings throughout the world, and who are willing to share their knowledge, skills and experience with Maternity Africa.

I am grateful in particular to Jude Holden, for her role as Country Director for the duration of a two year contract until December 2019. This is a role that she handled with her usual unbridled passion, determination and commitment, helping to make Maternity Africa the success that it is today. Monica Ndege stepped in as our interim Country Director while we finalise the formal process of appointing a new one. She is already well in place, steering the ship with patience, compassion and skill.

I look forward to 2020 and beyond, further establishing Maternity Africa in the community and serving more women so desperately in need of life-changing care. This is possible only with the guiding hand of our gracious God, and the kindness and generosity of so many wonderful donors

With prayers,

Dr Andrew Browning AM, FRCOG, Founder

## Message from the Country Director

Dear Friends,

2019 was a fantastic year for Maternity Africa, one of stabilization and growth in services following the opening of Kivulini Maternity Centre in June 2018. For sure, Maternity Africa is well on the path of becoming a centre of excellence for good, evidence-based maternal healthcare, and fistula treatment and comprehensive family planning services.

Maternity Africa is delighted that hundreds of patients availed of our services during 2019, and that they experienced the care and compassion of our dedicated staff. Indeed, feedback from patients is one of the most important ways in which we can learn, and improve our services. Recent patient feedback tells us that patients are happy with the care that they receive at Kivulini Maternity Centre. Such positive comments are a reflection on the hard work, dedication and commitment of our super staff.

Maternity Africa's core services are maternity, fistula care and family planning. Within each of these are some smaller important programmes, and a number of these took shape and blossomed during the year. With around 200 deliveries (13% of the total) to teenage mums during the year, Maternity Africa recognizes the needs of this more vulnerable group, and has a dedicated programme for them. Through small classes and by individual counselling they receive special instruction on health education in general, as well as instruction on how to look after their babies, and advice on family planning. They also receive individual care packs, comprising some items for personal hygiene, and clothing. Another vulnerable group, our fistula patients, are offered the opportunity to participate in our rehabilitation programme. This is run in group sessions so that with their peers they can enhance their life skills, such as financial management, and enjoy recreational activities together, such as arts, crafts and cosmetics.

Maternity Africa recognizes and appreciates the opportunities for collaboration with other organizations serving the same beneficiary groups. During 2019, we had the privilege of developing relationships with these organizations, and adding to their number. The synergies created make it much more efficient for us to serve patients better. Indeed, as a result of these partnerships, we have cared for women from more remote areas of the country who may otherwise not receive the care they need.

Looking to the future, we are currently developing an ambitious plan to take care directly to patients via a wider community outreach programme. Having recently purchased a tent for this purpose, we are in the final negotiations with the Ministry of Health, Community Development, Gender, Elderly and Children, and hope to commence services soon. Part of our plans for 2020 also include the development of an in-house skills development programme for birth attendants working at less-well-equipped health facilities throughout Arusha Region. In this way, the breadth and reach of applying good, evidence-based healthcare services will help to care for and save the lives of even more women.

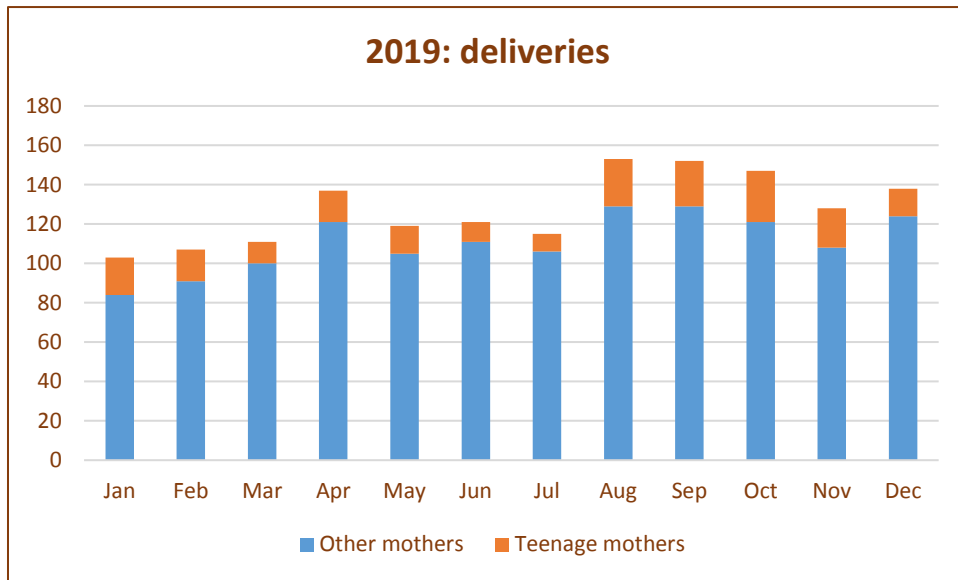
As always, with God's wisdom, care and provision, we look forward to the future with hope and confidence, especially as we enter a period of uncertainty in early 2020 with the global Coronavirus pandemic. As it reaches into Tanzania, Maternity Africa will seek to manage its activities carefully during the months ahead, taking precautions, and suspending its fistula operations and other non-life threatening activities until such times as it is safe to resume them.

Thank you so much for your ongoing interest and support.

Ms Monica Ndege  
Country Director

## Clinical highlights

### DELIVERIES



Maternity Africa’s clinical staff handled a total of 1,531 deliveries during 2019. Of these, 13% were for teenage mothers. 17% of deliveries were by Caesarean Section, which is an encouraging figure and a tribute to the skills of our clinical staff, given the risk profile of patients.



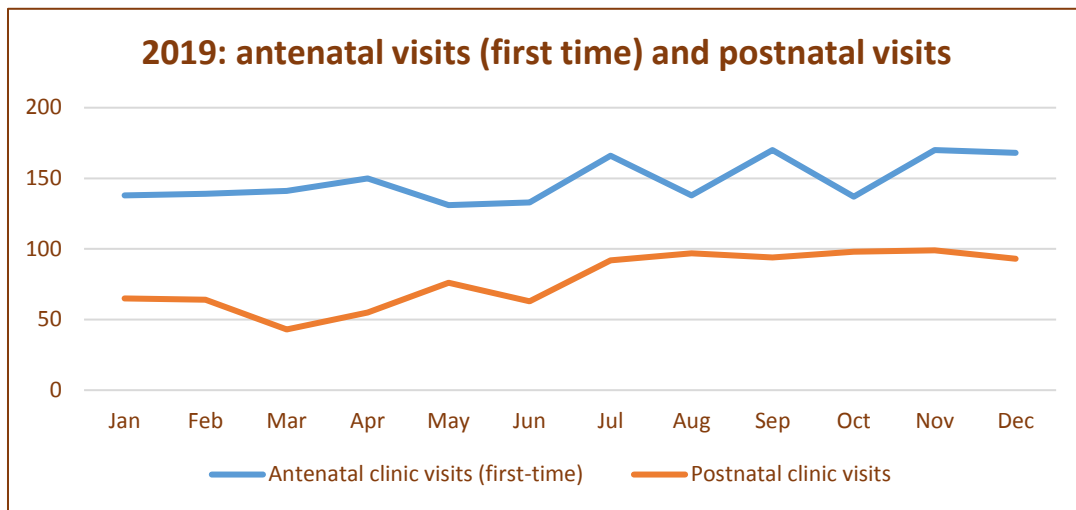
The total of 1,531 deliveries comfortably exceeded by over 15% the target of 1,325 estimated in Maternity Africa’s strategic plan. Maternity Africa is confident that it can meet more strenuous targets for 2020 and beyond, now that it is well-known in the community as a provider of good, safe maternity services – including 24-hour emergency theatre coverage and with its small neonatal intensive care unit.

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 to all vulnerable and marginalized women.

## ANTENATAL AND POSTNATAL CARE

The trend in number of first-time antenatal visits to Kivulini Maternity Centre (shown by the top line in the graph below) shows some growth during 2019, again as Maternity Africa becomes known and trusted in the community. Many of the women attending the antenatal clinic for the first time return for subsequent visits, and ultimately deliver their babies safely with Maternity Africa.

Recent research<sup>1</sup> indicates that several factors have been associated with late initiation of antenatal care including: older age, higher parity/multiparity, lower education level, hidden costs, lack of male support, pregnancy-related cultural beliefs, unplanned pregnancy, and health system related issues such as shortages of supplies and drugs.



The trend in the number of postnatal clinic visits (shown by the bottom line in the graph above) shows a mixed picture for the first half of 2019, followed by a sharp increase in the middle of the year and flat-lining thereafter at around 100 visits per month.

On average, around 61% of women delivering at Kivulini Maternity Centre return for postnatal care. Research shows that uptake of postnatal care in Tanzania remains unsatisfactory (for example, uptake in another region of Northern Tanzania is less than 41%<sup>2</sup>). Reasons cited for unsatisfactory uptake include illiteracy, distance from facilities, place of delivery, women's economic status, and sociocultural practices, norms and myths.

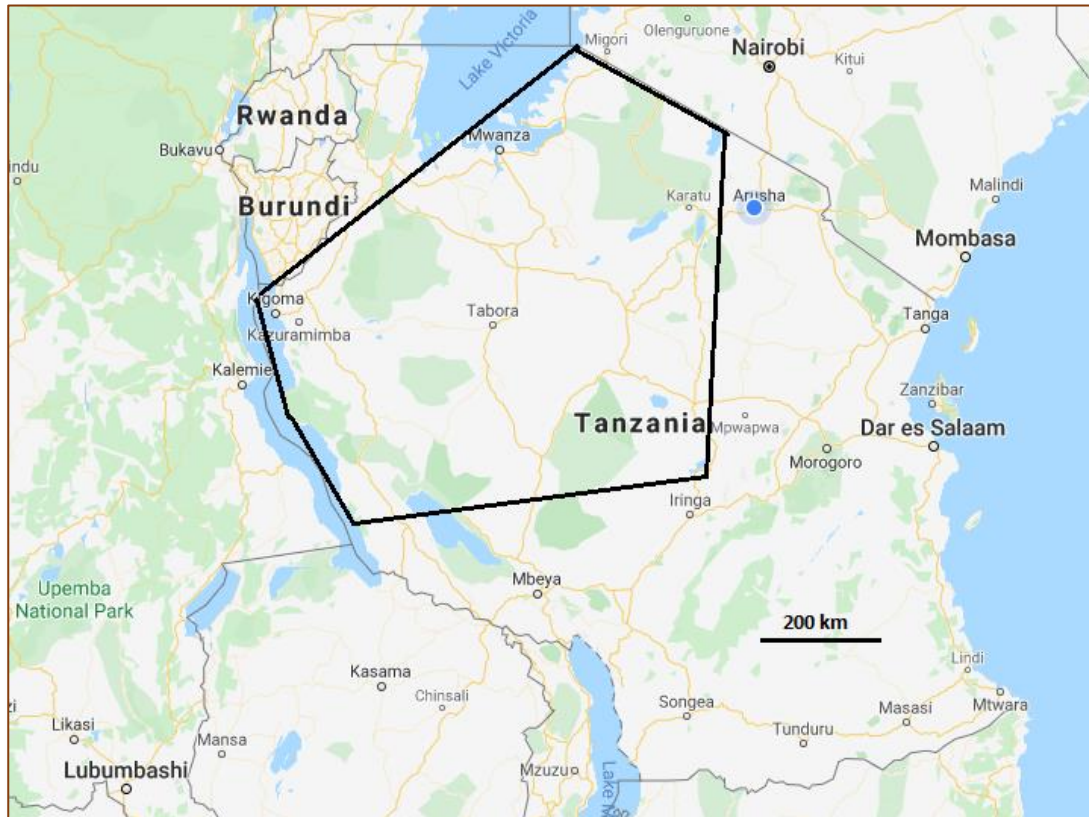
Looking to the future, and responding to these traditional sub-optimal uptakes for both antenatal care and postnatal care, Maternity Africa plans in 2020 directly to increase access to these services by bringing the care closer to the women through an expansion in its community outreach initiative. Through 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.

<sup>1</sup> BMC Pregnancy Childbirth 18, Article 394 (2018)

<sup>2</sup> African Journal of Midwifery and Women's Health, January 2019, Volume 13, Issue 1.

## SURGERY FOR OBSTETRIC FISTULA AND OTHER BIRTH-INDUCED INJURIES

During 2019, Maternity Africa’s outreach team embarked on many outreach trips to identify, screen and recruit women suffering from obstetric fistula and other birth-induced injuries. The main geographical focus of these trips was northern and western Tanzania (indicated on the map below), with each trip lasting around one week and covering hundreds of kilometres. The women in turn travel, sometimes for one or two days, to reach Kivulini Maternity Centre near Arusha (marked on the map below).



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Hosted by Dr Andrew Browning, Maternity Africa held four fistula camps during the year, and conducted 129 surgeries on site. Fistula patients operated on ranged in age from 17 years to 75 years. Some had been living with the condition for only a few months, and others for around 50 years. Many of the patients were new to Maternity Africa. Some had been operated on several times in the past, with one lady reporting 12 treatments. Thankfully, many ladies being operated on for the first time were completely healed, with no need to return again.

In addition to those women that Maternity Africa treats directly, Maternity Africa also assisted with the fistula treatment of ten patients at nearby Selian Lutheran Hospital.

During the fistula camps, Dr Browning taught four surgeons good practice surgical techniques, helping to develop their knowledge, skills, experience, competence and confidence, and leading to longer term local capacity building and sustainability.

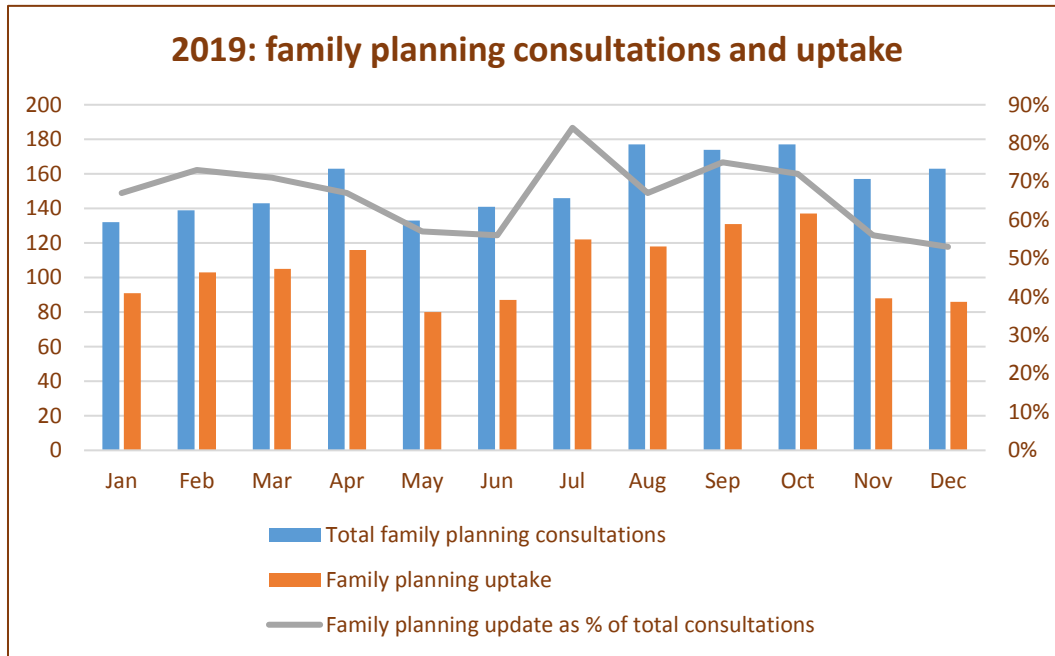
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<sup>3</sup> Map courtesy of Google Maps.



**COMPREHENSIVE FAMILY PLANNING SERVICES**

Maternity Africa offers comprehensive family planning services to all of its inpatients, and also to the wider community. During the year, 1,845 family planning consultations took place, and 1,264 patients availed of treatment (an uptake rate of 68%). This uptake rate compares very favourably with the Arumeru District where Maternity Africa is based, where recent rates were 27% (2013) and 40% (2017)<sup>4</sup>



The uptake of family planning locally remains challenging. Barriers include beliefs that family planning causes sterility, cancer and 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 babies she can produce for him.

Maternity Africa seeks to overcome these challenges through sensitization and education programmes, as well as one-on-one individual consultations. Further, as women return for postnatal care, they benefit from a longer-term relationship with Maternity Africa, leading to positive choices in favour of family planning treatment, albeit at a later date.

Maternity Africa’s plans to increase its community outreach programme into districts that are currently underserved by sexual and reproductive health services will increase awareness of the advantages of good family planning at individual, family and community levels. It should also increase the number of individuals having the opportunity to avail of Maternity Africa’s family planning options.

<sup>4</sup> The Citizen newspaper, 2 October 2017.

## Medium term goals

Over the last year and a half or so since opening Kivulini Maternity Centre, Maternity Africa has made significant and steady progress towards its medium term service delivery targets. Maternity Africa is confident that it will achieve these targets during the next couple of years, specifically up to:

- 2,500 deliveries;
- 10,000 antenatal care consultations;
- 1,200 family planning consultations for external clients (in addition to inpatients);
- 150 surgeries for obstetric fistula and other birth-induced injuries<sup>5</sup>; and
- 60 birth attendants from external health facilities trained in good-practice midwifery skills.

## 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 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.

The maternity department provides maternal healthcare services for women in 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<sup>6</sup>.

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<sup>5</sup> Note that, with the Coronavirus outbreak of early 2020, fistula outreach and treatment are suspended as of the date of publication (April 2020) of this report, and will restart when it is safe to do so.

<sup>6</sup> EngenderHealth estimates that, in Tanzania alone, there are 2,500 to 3,000 new cases of fistula each year.

The maternal healthcare services offered by Maternity Africa also includes working 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, Community Development, Gender, Elderly and Children in Tanzania, and has a Memorandum of Understanding with Arusha District Council.

Fistula patients typically come from remote rural areas of North and West Tanzania, where hospitals and specialist surgeons able to treat them are relatively few and far between.

## Programmes Maternity Africa offers

During the year, Maternity Africa's main activities focused around three interlinked and overlapping core services, namely Maternity, Family Planning and Fistula Treatment. These core services are supported by the Administration function, which includes a number of sustainable environmentally-friendly initiatives.

### **MATERNITY**

1. Maternity services
2. Training for external birth attendants
3. Programme for new and expecting teenage mothers
4. Staff training, internships and performance management

### **FAMILY PLANNING**

5. Community outreach
6. Comprehensive family planning
7. HIV / AIDS education and awareness
8. Complete post-abortion care

### **FISTULA TREATMENT**

9. Surgical treatment for obstetric fistula and other birth-induced injuries

### **ADMINISTRATION**

10. Administration and environmentally-friendly projects

#### *1. Maternity services*

##### **Patient recruitment**

Maternity Africa recruits and books maternity patients by way of community outreach programmes, liaison with community leaders, partnerships with organizations serving similar beneficiary groups, patient ambassadors (previous patients who advocate for the Centre), flyers and leaflets, occasional media broadcasts and repeat visits from women who have previously given birth or otherwise been treated at Kivulini Maternity Centre.

## Maternity care – overview

Experienced, competent and confident midwives, doctors, laboratory attendants and other clinicians attend to the patients for their antenatal care and when they attend to give birth. They seek to follow good, evidence-based routines for managing normal childbirth to provide quality of care, thus helping to prevent complications. In the event that complications do occur, these processes and procedures will help to manage them effectively. Only when considered absolutely necessary will emergency obstetric care, such as births by Caesarean Section, take place, and only then under the strict supervision of suitably skilled, experienced, qualified and motivated surgeons. Emergency care is available 24 hours each day.

In addition to saving lives (and therefore contributing to a reduction in maternal mortality ratio (MMR)<sup>7</sup>), good maternal healthcare reduces the occurrence of often debilitating maternal morbidities, including obstetric fistula and other birth-induced injuries.

## Antenatal care

Antenatal care provided at Kivulini Maternity Centre comprises laboratory tests (for hemoglobin, syphilis, HIV, malaria, urine analysis, and blood group), fundal height, fetal heart rate, position of baby, vital signs (blood pressure, pulse, temperature), ultrasound and / or doctor's consultation on indication, iron / folic acid supplements, education on danger signs in pregnancy.

## Intrapartum care

Intrapartum care provided at Kivulini Maternity Centre comprises continuous monitoring of maternal and fetal condition once in active labor, followed by Partograph, excellent care during delivery, followed by active third stage of labor. In the event of an emergency, adequate CEmONC<sup>8</sup> intervention is provided immediately.

***A mother and her new baby enjoy some valuable skin-on-skin time.***



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<sup>7</sup> MMR for Tanzania is 556 deaths per 100,000 live births (USAID, 2018).

<sup>8</sup> CEmONC: Comprehensive Emergency Obstetric and Newborn Care services.

## Postnatal care

Postnatal care provided at Kivulini Maternity Centre involves checking the vital signs, hemoglobin, examination of the baby, vaccinations and immunization (polio first vaccination and BCG for tuberculosis) and education on breast feeding.

### *Immunizing a new-born baby: a vital aspect of postnatal care*



## 2. Training programme for external birth attendants

Plans (including appropriate stakeholder consultations and more targeted fundraising activities) are currently underway for Maternity Africa to design and deliver a practical skills training programme for birth attendants working in up to 50 other healthcare facilities in Arusha Region. The first phase of the programme is anticipated to take place over 36 months commencing in 2020<sup>9</sup>.

The project aims to contribute to a reduction in Tanzania's Maternal Mortality Ratio and improvements in other maternal healthcare indicators and outcomes. It could also result in an increase in the number of deliveries at participants' sending health facilities as women adopt more positive health-seeking behavior, choosing to give birth at a health facility, rather than in a riskier setting, such as at home in the absence of a birth attendant.

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<sup>9</sup> Subject to any restrictions that may continue to be put in place as a result of the Coronavirus pandemic.

As a result of attending, participants should be able to realize demonstrable improvements in their knowledge, skills, experience, competence, confidence and motivation in preventing key causes of maternal deaths, including hemorrhage, infection, unsafe abortion, hypertensive disorder and obstructed labor. They will be able to share their learning with their colleagues, building capacity and helping to ensure sustainable behavioral change in the workplace.

In terms of specific measurable results, the training should contribute to an improvement in a number of key maternal healthcare and family planning indicators at each sending facility.

As part of the programme, Maternity Africa plans to provide a practical toolkit for each sending facility. Each pack will contain a blood pressure machine, a thermometer, urinalysis testing sticks, a pinard / fetoscope and equipment for giving fluids and drugs intravenously.

### *3. Programme for new and expecting teenage mothers*

In 2019, (202<sup>10</sup>) 13% of women giving birth at Kivulini Maternity Centre were teenagers. Maternity Africa and its partners use community outreach and other initiatives to establish rapport and trust with pregnant teenagers and their peers, counselling on teenage pregnancy matters, including roles and responsibilities of parenthood, and directing them to Maternity Africa for further counselling, somewhere safe to have their babies and where they can receive family planning advice and assistance in a safe, caring, compassionate environment.

Neema is 19 years old. She is one of 12 siblings, although two of them died. She did not attend school. When Neema was five years old, her parents arranged for her future marriage. As she grew up, she waited for her future husband also to grow up. Neema became pregnant at the age of 19. However, her husband did not love her and left her when she was still pregnant.



Neema went into labour at midnight. Thankfully, she told her mother in law, and she travelled to Kivulini Maternity Centre the next morning in a small bus. She gave birth to a little girl, 2.2kg (4.8lb) and was delighted to see her new daughter. Neema also received training from Maternity Africa on breastfeeding and general health as part of Maternity Africa's teenage care programme.

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<sup>10</sup> Including five, who reached the age of 20 by the date of delivery.

Post-birth innovations include providing each new teenage mother with further counselling and advice on how to bring up a child, a 'starter pack' on discharge, containing essential hygiene products (soap and reusable sanitary pads) two sets of underwear and a tee-shirt, and a dedicated service in which they can obtain emotional support. Based on Maternity Africa's understanding of the teenagers' most critical needs, potentially more than this will be made available for those in greatest need.

In September 2019, Maternity Africa engaged a local secondee (who was herself a teenage mother) from Unite the World with Africa Foundation, Inc., to lead the teenage pregnancy programme. She aims to offer extra care to teenagers mothers, including follow-up visits for them to Maternity Africa. This will help ensure care and support to mother and baby, including emotional support in addition to Maternity Africa's existing in-house teenage education programme, and to help reinforce the skills learned on that programme.

Maternity Africa plans to continue and refine this approach as identified from feedback from participants and others, such that further formal partnerships will be established with other organizations serving similar target beneficiaries, and that, ultimately, the lives of more teenage mothers and their babies will be saved. In addition, the family planning services will equip, empower and encourage teenage girls (and their partners) to make better, more informed family planning choices.

#### *4. Staff training, internships and performance management*

##### **Maternity Staff**

Maternity staff are mentored by Maternity Africa's senior midwife tutor and senior medical staff. A daily handover review meeting takes place in the mornings with all admissions and deliveries discussed, any issues from the clinics addressed and daily statistics reviewed for accuracy and entering into the hospital's database.

Standards of service delivery are supplemented by strong case management and supervision, facilitating practical and focused competency-based skills development of individual practitioners.

Further education takes place for all clinical staff, where possible with weekly Continued Medical Education meetings at which interesting cases are presented, complex topics reviewed with current evidence and discussed with a view to continual development of staff knowledge and skills and periodic updating of the hospital protocols. Tracking of staff performance is by way of six-monthly formal performance reviews, and clinical staff maintain formal learning logs of their training experiences.

##### **Management development training**

Maternity Africa is in the process of designing and delivering bespoke management training courses for its supervisors, including those working in administrative positions. Roll-out commenced in early 2019. The aim is to develop the knowledge, skills, experience, competence and confidence of these people such that they can lead Maternity Africa in the future, and / or shape the country's healthcare systems positively, in the event that they ultimately obtain employment elsewhere.

*Training comprises hands-on learning in the wards, backed up by classroom theory*



### **Internships and placements**

Maternity Africa has an arrangement with Arusha Lutheran Medical Centre School of Midwifery. Through this arrangement, midwifery students attend Kivulini Maternity Centre for up to six months to obtain practical skills needed for a successful career. They also benefit from ‘softer’ skills, such as leadership, cooperation and teamwork. Following the successful completion of their internship and qualification, Maternity Africa already employed a number of former interns during 2019 on a full-time basis, whilst others apply their valuable skills elsewhere.

Under a placement arrangement with Decca College of Health and Allied Sciences (DECOHAS) located in Dodoma, Tanzania’s capital city, in 2019 Maternity Africa provided six-week placements for three pharmacy students. Aspiring to be hospital pharmacists, these gentlemen learned many practical skills, including dispensing medicines, supplying medicines and controlling and managing medicines – including controlled drugs, and those dispensed by prescription only. They also learned about sources of fire and fire prevention in a live hospital setting, as well as about wider issues such as caring for and treating fistula patients.



## Performance management

Performance management is undertaken formally by way of a six-monthly review, and an annual performance appraisal process. This forms a platform for identifying any remedial training requirements and the assessment of wider training needs. There is also a staff committee, which meets regularly to address other local staffing matters.

### 5. *Community outreach*

In 2019, Maternity Africa started planning to expand its direct community outreach services. One initiative is to run mobile clinics in a selected marketplace and at other, rural areas frequented by vulnerable and marginalized women and girls. These clinics will incorporate antenatal care, immunization and family planning consultations. This innovation also has potential to increase the reach of people contacted and connected with the national HIV / AIDS programme. With the support of one of its donors in the United States, Maternity Africa recently purchased a large tent for its outreach programme. Maternity Africa is currently finalizing arrangements with the Ministry of Health, Community Development, Gender, Elderly and Children, so that it can start the programme formally.

### *Reaching rural communities through outreach*



#### *6. Comprehensive family planning services*

All patients receiving treatment at Kivulini Maternity Centre, whether inpatients or outpatients, are offered family planning education and, in the case of antenatal patients, primed to make a choice for family planning after their delivery. Each patient is given the opportunity to accept family planning treatment as an additional free provision for short term, long-acting reversible contraception (LARC) and permanent methods of contraception. Professional service delivery is provided in a caring and respectful manner, ensuring all clients are properly informed and the right method of contraception is provided for each individual's situation and needs, helping to ensure an environment that patients want to return to for ongoing care.

Comprehensive family planning services also aim to build a young woman's self-esteem, empowering her to make more informed choices regarding:

- her right to choose when to have a baby;
- how large her family should be;
- how long the intervals between her births should be;
- at what age she wants to start having children;
- where she wants to give birth;
- her preference of family planning methods; and
- her choice of activities to undertake, such as employment, in addition to looking after the family.

In terms of young males, Maternity Africa's family planning services seek to engage them positively and constructively on gender-related issues, focusing on sexual and reproductive health and rights. This includes comprehensive sex education, challenging stereotypes about masculinity and risk-taking sexual behavior, and enhancing their understanding of women's rights, particularly reproductive rights and gender equality.

#### *7. HIV / AIDS education and awareness*

All patients attending Kivulini Maternity Centre are tested for HIV. If a patient tests positive for HIV, her partner is also tested. Both partners are then placed on antiretroviral treatment (as is the newborn baby, if the lady is a maternity patient). Maternity Africa subsequently refers them to specialized facilities for continued, lifelong treatment, and blood testing of the baby.

Maternity Africa provides further education and sensitization in connection with family planning, how to prevent infecting other people and the importance of taking treatment. This applies across all respective patients, including the teenagers.

Maternity Africa's work focuses on improving access to a range of modern contraceptive methods, including condoms, and wider sexual health and reproductive services, as well as increasing understanding and awareness of HIV / AIDS and driving demand for comprehensive family planning services.

#### *8. Complete post-abortion care*

Maternity Africa offers treatment for unsafe, inevitable, incomplete and septic abortion (including comprehensive post-abortion care (cPAC)).

*9. Surgical treatment for obstetric fistula and other birth-induced injuries*

Maternity Africa adopts a 'camp model' for treating patients suffering from obstetric fistula and other birth-induced injuries. Dr Andrew Browning AM, FRCOG leads each camp, which take place four times each year. Each camp treats up to 40 women. In 2019, 129 surgeries were carried out at Kivulini Maternity Centre.

The camp model involves three trips per camp to various locations around the country for outreach, screening and mobilization of patients. The majority of patients treated travel from these outlying regions for treatment.

As Maternity Africa becomes increasingly known for providing good maternal healthcare services, the number of drop-in patients seeking surgical treatment, and those referred by other organizations is expected to increase. Some such patients may be treated outside of the camp model, subject to the availability onsite of suitably qualified, skilled and experienced surgeons.

In early 2020, Maternity Africa plans to avail of its patient ambassador programme, in which former fistula patients identify other fistula patients in their communities and refer them to Maternity Africa for surgery.

Maternity Africa's fistula programme also supports operations that take place at Selian Lutheran Hospital, Arusha with up to ten fistula operations each year.

***Patients enjoy some rest and relaxation on International Day to End Obstetric Fistula, 2019***



*10. Administration and environmentally-friendly projects*

**Administrative services**

Maternity Africa manages the following essential administrative and other support services onsite at Kivulini Maternity Centre:

- Finance
- Human resources
- Procurement
- Information technology
- Fundraising
- Security, vehicles and maintenance
- Domestic and catering
- Pharmacy
- Laboratory

**Solar electricity generation**

In efforts to conserve and be good stewards of the physical environment, Maternity Africa seeks where possible to minimize its carbon footprint. It does this principally by way of generating solar electricity, which provides up to two-thirds of daily electricity requirements<sup>11</sup>. Solar electricity produced during the day is consumed as it is generated, with surplus energy stored in a battery bank for consumption in the twilight and evening hours. Once depleted, the system switches automatically to TANESCO, Tanzania's state owned electricity generation, transmission and distribution network. In the event that the TANESCO supply is unreliable, a switch engages the diesel backup generator automatically.

***Kivulini Maternity Centre solar electricity panels***



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<sup>11</sup> Advice from experts is that, currently the costs of developing and implementing a system capable of generating 100% of daily requirements at all times, including during the rainy season when there is maximum cloud cover, would exceed the benefits of doing so.

### Biogas production

Kivulini Maternity Centre produces biogas by collecting and processing sewage, some medical waste and food scraps. The biogas produced is enough for around 50% of cooking needs, thus saving money and reducing the frequency of cleaning the systems, compared to 'normal' sewage tanks.

### Horticulture

Nutrition-rich waste 'grey' water is stored and used for watering the hospital's gardens, so that artificial fertilizers are not required. In addition, Maternity Africa is developing a number of 'demo-plots' in which some of the longer-term obstetric fistula and other patients may learn ways to improve horticultural yields, and increase production of iron-rich green leafy vegetables, maize and beans so as to provide better for themselves and their families.

#### *Demonstration horticultural plot*



Maternity Africa is also exploring other ways to utilize some surrounding land on the hospital compound to plant and grow fruit and vegetables for the needs of its inpatients. This will help to ensure supply of quality foods, with the intention that all production is as organic as possible, and reduce the emission of greenhouse gases from transportation requirements.

## People who serve – dedicated staff

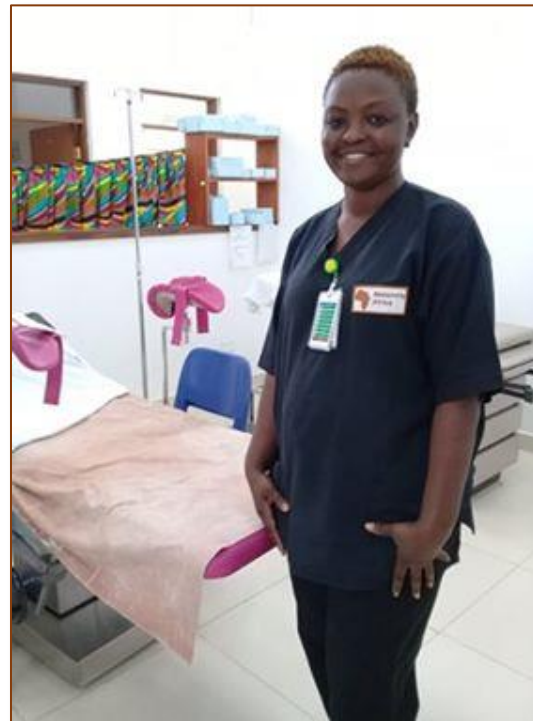
During 2019, Maternity Africa employed an average of around 70 full-time Tanzanian staff. Maternity Africa is grateful to their continued hard work and dedication, often in challenging and complex situations, doing their best to provide comfort, compassion and care.

### Staff spotlight

Assumpta joined Maternity Africa as a midwife in November 2019. Before that, she worked for Amref Health Africa on an HIV project based in Tanga, a port city in northeast Tanzania. There, she travelled to various villages, in charge to ensure that HIV index-testing is completed. Mobilizing people for such testing is very challenging, given the personal nature of the implications, and required Assumpta to demonstrate significant sensitivity, wisdom and tact in her approach.

Before working with Amref, Assumpta worked for Médecins Sans Frontières (MSF) in various roles, including as a midwife in labour ward and at various health-posts in the community, visiting mothers, dealing with family planning matters and HIV testing. Much of her work was at Nduta Refugee Camp in western Tanzania which, around that time had a population of approximately 105,000 refugees from Burundi.

Assumpta explains that, based on these experiences the skills she brings to Maternity Africa include working in an environment comprising diverse cultures (such as staff, and fistula patients), teamwork and how to approach people from rural villages sensitively and compassionately – and somewhat differently to those who live in more urban settings. MSF also trained Assumpta in team management and midwifery skills, as well as counselling people with HIV.



Assumpta loves working with Maternity Africa because it has the resources (adequate beds, equipment and staffing levels) to do the job – everything needed for patients. Other positive aspects include quality of staff, good collaboration with colleagues and a lot of on-the-job training. She says, 'I love working in a maternity setting – this is the place for me!'

**Staff spotlight:**

Frida represents the ‘front face’ of Kivulini Maternity Centre. She started working for Maternity Africa in early 2018. She completed her university education in Dar es Salaam, where she studied Public Administration. Frida also spent six months as a volunteer with Bridge for Change in Dar es Salaam, and then a year volunteering with Willows International, where she educated women on the streets of Arusha about sexual and reproductive health.



In addition to her reception duties, where she meets and greets patients, Frida discusses their needs with them and directs them to where Maternity Africa’s clinical staff can help. She screens patients to help ensure that they meet eligibility criteria, and manages patient records.

Frida also trained as a counsellor with Maternity Africa. She spends time with the other Maternity Africa counsellors, particularly with fistula patients and others, regarding their social and other welfare needs.

In terms of her positive experiences of working with Maternity Africa, Frida says that she is very happy serving poor women, enjoys working with and learning from the overseas volunteers and the opportunities presented for career growth.

Frida says that she learns new things every day, and looks back on her career so far with Maternity Africa, and how her role has developed from having only receptionist responsibilities to adding data recording and analysis to her set of skills.

### Staff spotlight

Zawadi is Maternity Africa's Procurement Officer. He is responsible for identifying and selecting suppliers, sourcing goods and services, negotiating prices and purchasing. As well as a university undergraduate degree, Zawadi holds a Postgraduate Certificate in Procurement and Supply Chain Management. He is currently studying part-time for a Masters in Business Administration (MBA).



Having commenced employment with Maternity Africa in early June 2018, Zawadi has overseen procurement at Maternity Africa since Kivulini Maternity Centre began its activities.

Zawadi previously worked in the private sector, and was passionate about serving society, rather than working to generate profits. For him, moving to Maternity Africa enabled him to tap into his wider community service interests. He wanted to use his career to do good, increase efficiency, effectiveness, integrity and value for money.

Zawadi says that his work with Maternity Africa enables him to serve God during the week as well, not just waiting for church on Sundays. In addition to his procurement responsibilities, Zawadi is passionate about the spiritual development of staff at Maternity Africa. He organises morning staff devotions, and often speaks at them himself.

Zawadi enjoys working at Maternity Africa, and wants to continue here until such times as he believes that God would have him serve elsewhere, perhaps in some full-time Christian capacity. He doesn't see his work at Maternity Africa as a 'job' – he sees it as more of a rescue mission, serving some of the most vulnerable members of society.

Maternity Africa is also grateful to its small team (average of five) of volunteer specialists. Collectively, they bring many years of experience working in low-resource settings around the world. They help to 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 below are the main relationships that Maternity Africa developed and enjoyed during the year.

<b>Organization</b>	<b>Nature of collaboration</b>
Ace Africa	Maternity Africa entered into exploratory discussions with Ace Africa in connection with the design and delivery of a practical skills development program for up to 100 birth attendants working in less well-equipped health facilities in the region. Ace Africa has strong connections with the local Maasai and other communities, such that the breadth and reach of the programme has potential to extend into those communities via the more traditional birth attendants.
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 Lutheran Medical Centre	Maternity Africa refers extremely sick neonates to Arusha Lutheran Medical Centre for treatment at its neonatal intensive care unit (NICU). In 2019 there was an average of around two such referrals each month.
Arusha Lutheran Midwife Training Centre	Maternity Africa provides internment opportunities for trainee midwives, such that they can develop their practical skills and ultimately build capacity in other healthcare settings. In addition, Maternity Africa uses this technique efficiently to recruit promising new midwives to work at Kivulini Maternity Centre, following completion of their studies and subsequent qualification.
EDU Africa	Maternity Africa offers education on sexual and reproductive health in a development setting to EDU Africa’s visiting interns. This approach shares insights into the importance of initiatives, such as those offered by Maternity Africa.
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.

<b>Organization</b>	<b>Nature of collaboration</b>
Girls Foundation of Tanzania	Maternity Africa hosts a number of girls on work experience opportunities, forging relationships such that this group and their peers may make more informed decisions about their sexual health and childbearing responsibilities.
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.
Ministry of Health, Community Development, Gender, Elderly and Children	Maternity Africa has an Agreement with the Ministry to provide healthcare services on behalf of the Government until late 2022. 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.
Nomad Tanzania	Nomad Tanzania is a safari tours company that Maternity Africa is associated with for fistula outreach work. Nomad Tanzania flies Maternity Africa personnel to four of its campsites to join its healthcare programme. Nomad Tanzania supports health facilities, bringing in specialists to address specific healthcare requirements. Nomad Tanzania has adopted obstetric fistula as one such requirement.
Selian Lutheran Hospital	Maternity Africa assists Selian Lutheran Hospital by way of support for surgical treatment for obstetric fistula and other birth-induced injuries.
Unite the World with Africa Foundation, Incorporated	Maternity Africa has engaged a secondee (who was a teenage mother from the Maasai community) from Unite the World with Africa Foundation, Inc., to work as a welfare officer, leading the teenage sexual and reproductive health programme. An aim is to offer extra care to teenage mothers, including follow-up visits for them to Maternity Africa. This will help ensure care and support to mother and baby, including emotional support in addition to our existing in-house teenage education program, and to help reinforce the skills learned on that programme.

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 trust and foundations provided major financial gifts and support in kind:

Barbara May Foundation	IMPACT Foundation
Comprehensive Community Based Rehabilitation in Tanzania	King Baudouin Foundation United States
DAK Foundation	Light My Fire
Direct Relief	Planet Wheeler Foundation
Eleanor Rathbone Charitable Trust	Segal Family Foundation
Fistula Foundation	Souter Charitable Trust
Fulmer Charitable Trust	Swallow Family Trust
	Unite the World with Africa Foundation, Inc.

Some other donors opted to give anonymously. Maternity Africa is also very grateful to the family and friends of Ben McDonald, who donated a significant financial gift following Ben's tragic death.

## 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: [maternityafrica.org/get-involved](https://maternityafrica.org/get-involved)

### 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: [maternityafrica.org/get-involved](https://maternityafrica.org/get-involved)

### Volunteer

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

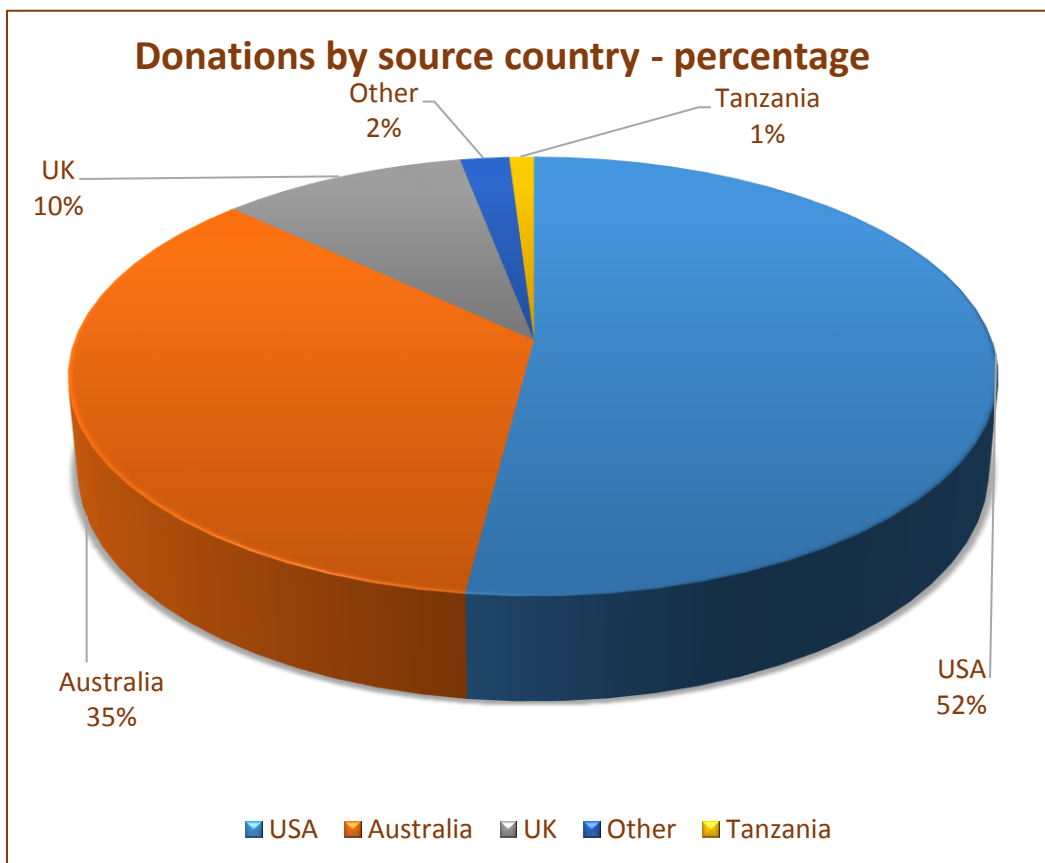
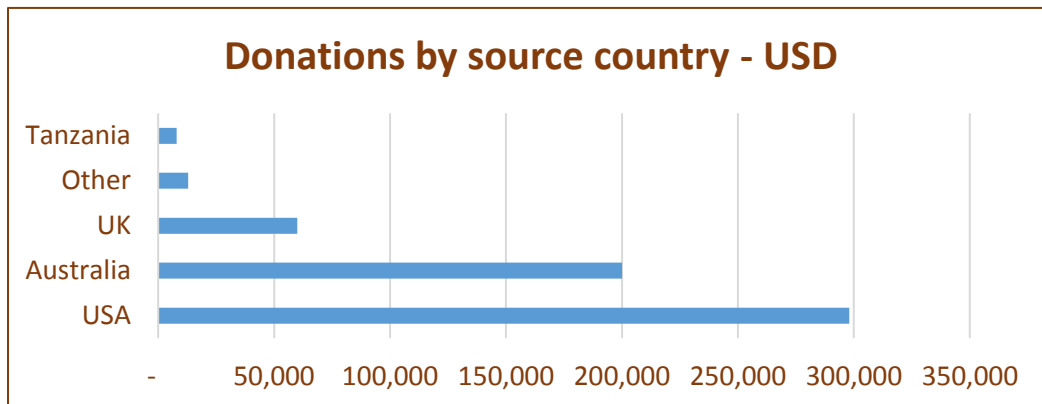
### Pray

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: [maternityafrica.org/get-involved](https://maternityafrica.org/get-involved)

## Financial highlights

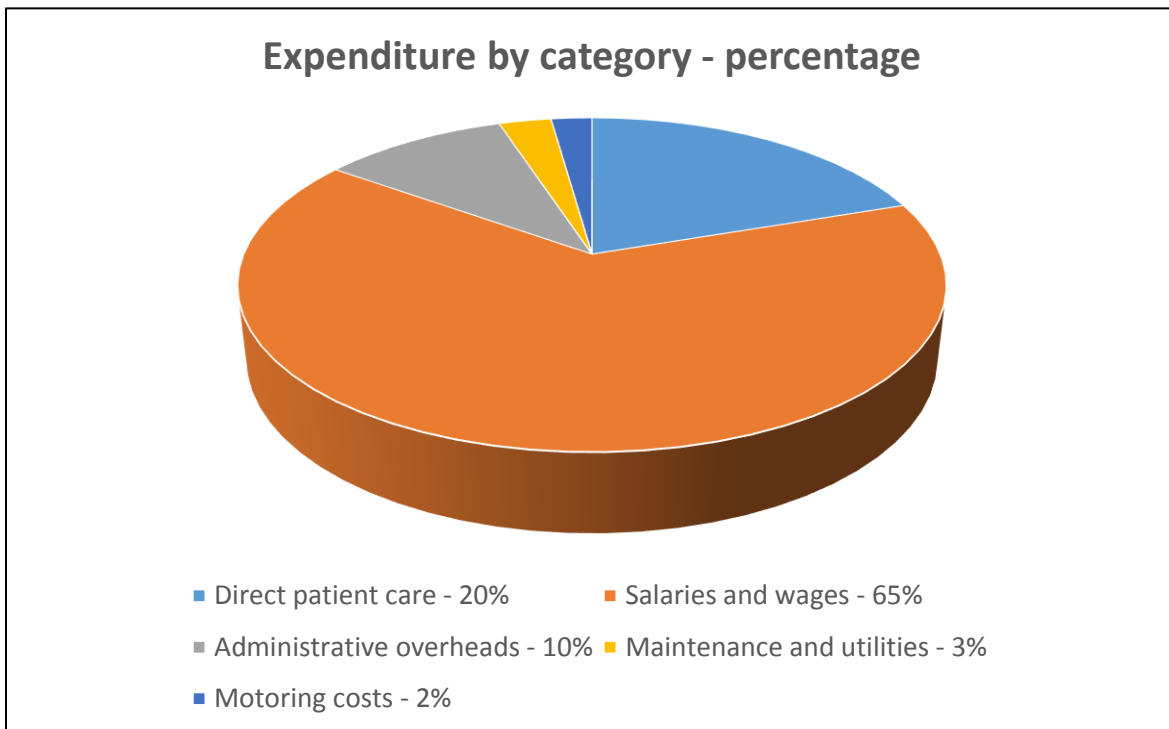
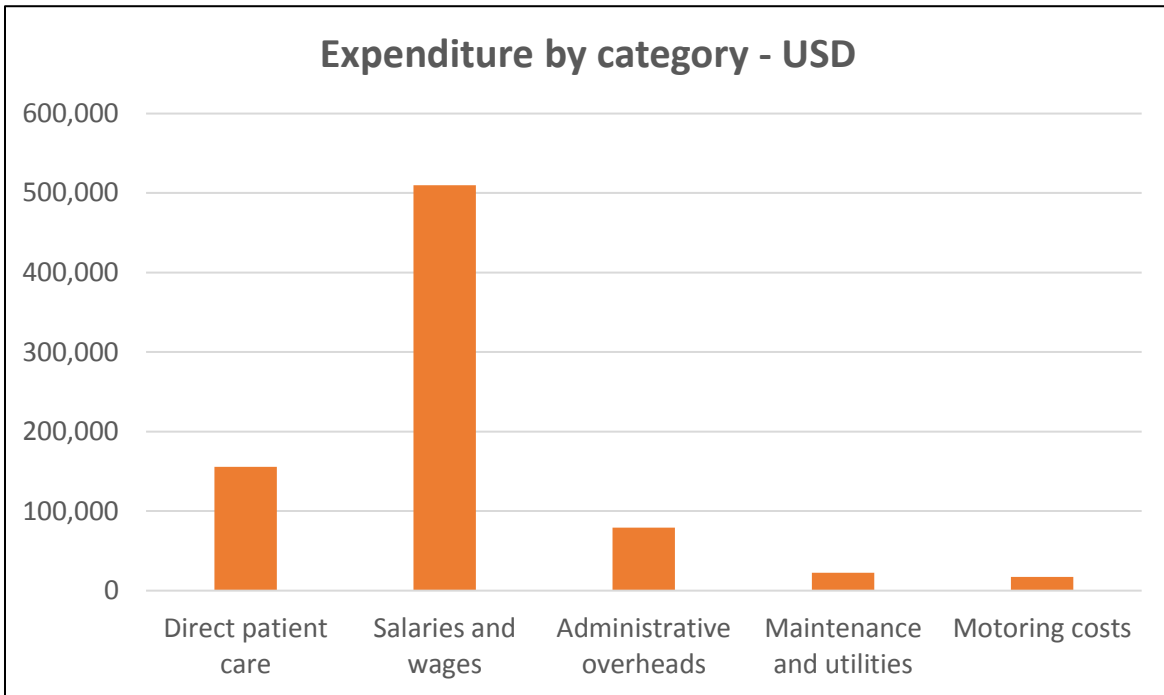
### UNAUDITED FINANCIAL INFORMATION FOR THE YEAR ENDED 31 DECEMBER 2019<sup>12</sup>

During the year, Maternity Africa received the equivalent of approximately USD 580,000 in financial support from a range of generous donors.



<sup>12</sup> The external audit of Maternity Africa's financial statements for the year ended 31 December 2019 is expected to take place later in 2020. They are expected to be signed off at the Board Meeting scheduled for June 2020.

In terms of expenditure, Maternity Africa incurred the equivalent of approximately USD 784,000, as follows:



## People who lead

### BOARD OF DIRECTORS AS AT 31 DECEMBER 2019

Name	Position
Professor Wilfred Mlay	Chairman
Miss Monica Ndege	Director
Professor Esther Mwaikambo	Director
Dr Godwin Kimaro	Director
Mr William R Temu	Director

### FOUNDER

Dr Andrew J. Browning, AM, FRCOG

### COUNTRY DIRECTOR

Miss Monica Ndege

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PO Box 16464  
Arusha  
TANZANIA

[info@maternityafrica.org](mailto:info@maternityafrica.org)  
[www.maternityafrica.org](http://www.maternityafrica.org)

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