



2022
ANNUAL
REPORT

Mama IMARA

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“Good midwifery
is a combination
of art, science,
experience, and
instinct.” —

Jennifer Worth,
Registered Midwife &
Author of Call the Midwife

LETTER FROM OUR BOARD OF DIRECTORS

Mama Imara was created in 2018, and we are proud of the significant impact that we have achieved over the past four and a half years through our partnership with the Amani Family Centre in Uganda.

Despite the pandemic and the cancellation of our key annual fundraising event at the Koyman Art Gallery in Ottawa, Ontario, Mama Imara has been able to continue providing critical financial support to the Amani Family Centre.

To ensure services are available when needed, we have prioritized the funding of living-wage salaries for staff at the Amani Family Centre. Mama Imara donations cover the full salaries of three midwives (Diane, Rebecca, Prossy), one midwife-in-training (Elsie), one social worker (Martha) and one lab technician (George). This is a significant increase since our inception when we had one volunteer midwife. Your donations continue to cover the annual rent for the clinic, medical supplies, and an emergency fund for complicated deliveries that require hospital transfers.

This past year, we expanded our Board of Directors to include Jolly Ann Maulit, an international development professional with experience in sub-Saharan Africa and Asia, and Peace Kabatangare Zulu, a certified finance and accounting professional in Uganda. Each of these dedicated women bring a wealth of knowledge and experience to the Board.

Our focus for the coming year is to increase the number of monthly donors and reinstate our annual fundraisers. We are confident our supportive network will help us reach our goals.

To all our donors and supporters, know that your donations provide vital maternal and family care for under-resourced communities and make a positive change. We at Mama Imara are committed to continuing our support to midwifery-led clinics worldwide such as the Amani Family Centre.

Thank you so much!

The Mama Imara Board of Directors



Courtney Kapuya



Catherine Gardiner



Lisabeth Ott



Peace Kabatangare Zulu



Menna Andrews



Jolly Ann Maulit



Sue Kemp



Who We Are

Humble Beginnings

The Amani Family Centre was initiated in a humble, one-room shop the size of a small shipping container. It was located on the edge of the Kanyogoga slum community in Uganda. After years of developing relationships with the local community, the founders – Diane Lockhart (a trained and experienced midwife) and Courtney Kapuya (a midwife in training) started offering free antenatal care to women from the community. As the relationship with the community blossomed and the needs became more acute, they began to offer a warm shelter where women could be respected, cared for and supported during delivery. After a particular night with two brave mothers labouring by candlelight, one on a single delivery bed and one on the floor, it was clear that Amani needed a bigger home. By grace, the house next door was available to rent. Recognizing the need for predictable and sustainable funding, Mama Imara was created and the partnership with Amani Family Centre began.

Our Mission

Our mission is to provide financial support and leadership to midwifery-led clinics operating in low-resourced communities.

Our Vision

Mama Imara exists to support free, dignified, and compassionate maternal care that is accessible to women throughout their pregnancy, childbirth, and postnatal journey.

Our vision is to hire and up-skill local midwives and staff to provide dignified and compassionate care in self-sustaining birth centres.

Our ultimate goal is to build, staff, and support multiple birth clinics in Uganda and beyond, and to strengthen their capacity to become fully operational and sustained by local communities.

We believe in dignified and compassionate care for all mothers, children and families.

2022 SUCCESSES

Mama Imara is proud of the results achieved in the past year in partnership with the Amani Family Clinic.

Thriving Babies



236

women in labour came to Amani clinic with the intent to deliver



208

babies were delivered alive and well



28

women were transferred during labour due to complications, 17 of which were delivered by caesarean section in a hospital



7

mothers with pre-identified stillborn deliveries were tenderly cared for with emotional, social & financial support



0

maternal or neonatal deaths while under Amani's care

Healthy Mamas



930+

mothers received FREE services at Amani Family Centre



4187

antenatal checks were conducted



>90%

of mothers received the full set of antenatal care available - 4+ appointments (compared to the Uganda average of 57%)



16

mothers were identified as high risk pregnancies and received the appropriate care (free of charge!)



250

birthing kits distributed to mothers in rural areas



100%

of births at Amani were attended by a qualified health professional (compared to the national average of 75%)

2022 SUCCESSES (Continued...)

We believe success is based on a holistic approach to birth, and as such provide funding for medical support and training for Amani's community and staff.

HIV Care



62

mothers living with HIV were served at Amani



14

mothers were identified as being HIV+ by Amani staff during routine testing and referred to tertiary services for ongoing HIV care (while still welcomed to deliver at Amani)



100%

of mothers living with HIV received pregnancy related medications, vaccinations, counselling and social support



0

of babies cared for by Amani at their 6 week check up have tested positive for HIV

Medical and Health Systems Support



28

mothers with complications during delivery were referred to specialized facilities



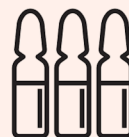
11

mothers received caesarean sections at private medical facilities, with the costs paid for by Mama Imara



576

children received routine immunizations at Amani's vaccination clinics



427

mothers were vaccinated at Amani as part of the vaccination schedule for pregnant women



12

vaccination clinics were provided to the Amani community through a partnership with a local hospital



4

Ugandan health workers received training and were upskilled



How We Work

Mama Imara engages monthly donors, funders and charitable organizations to direct funds toward programs aligned with our vision. Our model is based on partnerships built on the shared vision of all women and children having access to safe, compassionate and evidenced-based maternal and infant care. In collaboration with our current partner, the Amani Family Clinic, we are committed to serving vulnerable women living in poverty and providing them with safe and dignified maternal care and holistic support.

The Opportunity

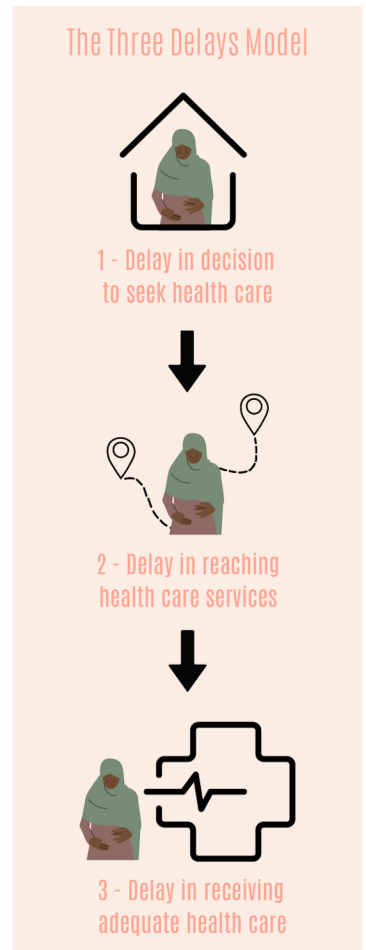
Uganda has made steady progress in reducing infant and under-five mortality. However, mothers and newborns continue to die at unacceptable rates in the process of childbirth. Maternal and newborn health gains stagnated between 2015 and 2020 and have continued to lag, particularly in underserved regions of the country (1). For every 100,000 births, 375 women die in Uganda (2) compared to 10 women in Canada (3). Thirty-two of every 1000 babies born in Uganda die as an infant (4), with almost half of these deaths occurring during the first 4 weeks of life (5). In comparison, only 4 out of every 1000 babies born in Canada die during this timeframe (6). Uganda also fares worse than other countries worldwide, with the global average being 211 deaths per 100,000 live births (7). The rate of maternal deaths in Uganda is almost 40 times higher than in Canada – an unacceptable statistic. At Mama Imara, we believe that all mothers, children and families have a right to dignified and compassionate care.

The Challenge

Approximately 2% of women in Uganda die from maternal causes stemming from complications during pregnancy and childbirth (8). Services from public facilities have remained limited due to health system challenges, including limited financing and availability of skilled human resources. Private health providers have stepped up to meet demand for healthcare services, specifically in urban areas such as the capital city of Kampala.

The main causes of maternal death are preventable. These include hemorrhage, unidentified and untreated hypertensive disorders such as preeclampsia, unsafe abortions, and infections (9). Barriers to accessing safe and timely healthcare during pregnancy and delivery can be classified by the Three Delays Model: 1) Delay in deciding to seek care, 2) delay in reaching care, and 3) delay in receiving adequate and appropriate care (10).

The first delay focuses on barriers that a woman and her family face to seek healthcare, including a good understanding of the potential complications related to pregnancies. The second delay focuses on barriers to reaching healthcare facilities. Long distances to the nearest health facilities, insufficient road infrastructure, and no funds to pay for transport are some of the challenges faced by pregnant women when attempting to reach care. The third delay focuses on the care received by a woman upon reaching a healthcare facility. Facilities do not always have adequate equipment, staff with the right skills, or a sufficient number of staff to ensure that pregnant women receive quality care at clinics. Referral for emergency care in the case of complications may not always be available or slow, as referral systems to more sophisticated medical facilities may be broken or disjointed. These delays not only put the life of a pregnant woman in danger, but also that of her child.



1. Child Survival and Development | UNICEF Uganda
2. Uganda (UGA) - Demographics, Health & Infant Mortality - UNICEF DATA
3. Canada (CAN) - Demographics, Health & Infant Mortality - UNICEF DATA
4. Uganda (UGA) - Demographics, Health & Infant Mortality - UNICEF DATA
5. Maternal and newborn healthcare practices: assessment of the uptake of lifesaving services in Hoima District, Uganda | BMC Pregnancy and Childbirth
6. Canada (CAN) - Demographics, Health & Infant Mortality - UNICEF DATA
7. Maternal mortality rates and statistics - UNICEF DATA
8. Maternal and newborn healthcare practices: assessment of the uptake of lifesaving services in Hoima District, Uganda | BMC Pregnancy and Childbirth
9. Maternal Mortality in Uganda - BORGEN
10. Maternal Health — SOUL Foundation

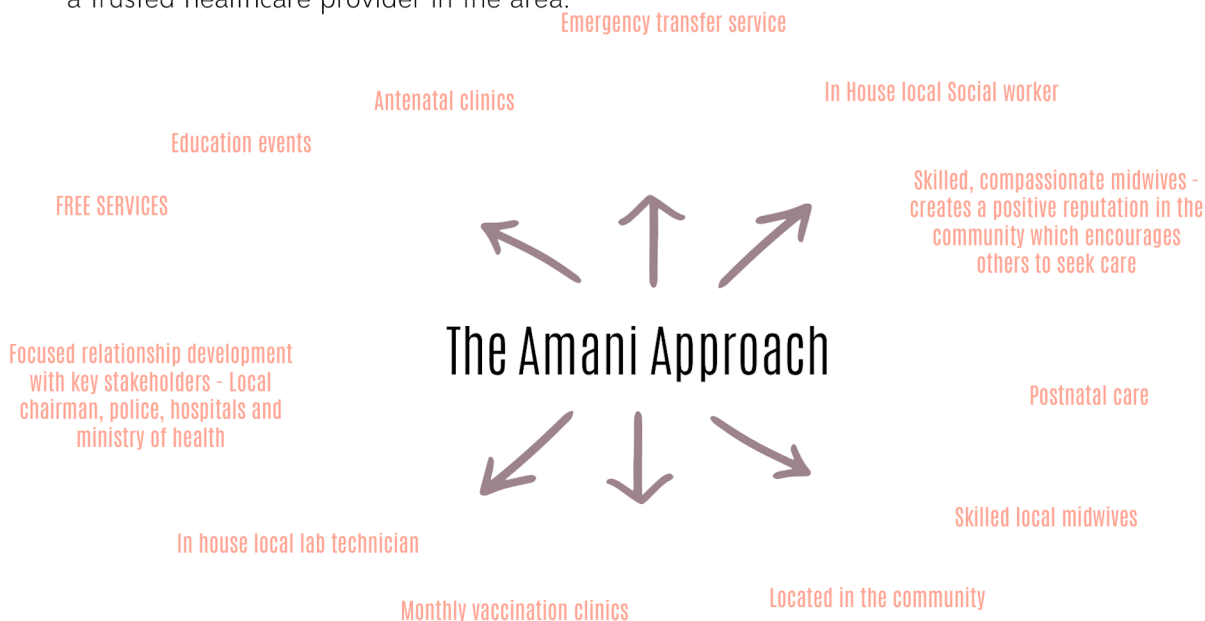
A Sustainable Approach to address the Three Delays

Mama Imara is a Canadian not-for-profit organization that supports safe birthing practices in resource-constrained settings by providing financial support and leadership to midwifery-led clinics. Our first partner clinic, the privately-operated, non-profit Amani Family Centre, is located in one of Kampala's poorest communities. It provides free and vital maternal and newborn health and family support.

Since the inception of the Amani Family Centre, they have delivered almost 1500 babies with support from Mama Imara, safeguarding ~3000 lives and providing postnatal follow-up care to increase the likelihood of survival of moms and babies throughout the newborn period. To address the first and second delays preventing women from accessing and reaching adequate care, the clinic employs a local social worker who engages with the surrounding community to ensure that they are aware of the services available at the Amani Family Centre and can reach them as needed. Through this, mothers can be accompanied for ultrasounds to identify potential complications or twin pregnancies, be supported to seek services upon receiving an HIV diagnosis, and be provided with comfort and support when young or experiencing an unwanted pregnancy.

Three Ugandan midwives provide the full range of antenatal, delivery and postnatal care for mothers and babies at the clinic, as well as a laboratory technician - addressing the third delay faced by pregnant women of receiving quality care. Monthly vaccination clinics for infants and children are conducted at the centre. The Amani Family Centre has also established a referral system to two hospitals in Kampala to ensure that women with complicated deliveries will receive timely transfers, and appropriate care without added financial burden.

Beyond direct service delivery, Mama Imara invests in the capacity development of Ugandan staff in midwifery and maternal and newborn care by providing continuous professional development and training opportunities. All staff at the Amani Family Centre are local Ugandans from Kanyogoga aside from the head midwife (Diane). This helps to ensure that the clinic maintains a strong connection with the community. Clinic staff are aware of the challenges faced by families and can proactively address these evolving challenges. These strong community ties also ensure that the Amani Family Centre remains a trusted healthcare provider in the area.





Our Partnerships

The Amani Family Centre collaborates with other organizations and government agencies to improve maternal and child health in the community. This can include working with other healthcare providers, to offer referrals and follow up care for mothers, as well as participating in research studies and programs to improve maternal and child health outcomes. Through these partnerships, they are able to provide additional services to the mothers and babies we serve.

HIV

Mothers who are newly diagnosed HIV+ at the Amani Family Centre are provided with counseling and support to manage their diagnosis, as well as medication to prevent mother-to-child transmission of HIV with Meeting Point, a local NGO.

Teen Mamas

Pregnant teenagers are provided with care and the opportunity to learn a trade to support themselves and their child through our partnership with the Wamukusa Youth Centre Uganda. They also support the integration of these young mothers back into their families and communities.

Legal Support

Amani Family Centre works closely with the Ugandan Police Force and the Justice Centre in Kampala to support women in cases of rape, defilement or domestic abuse. Legal advice is made available to mothers in cases of domestic abuse, abandonment by their partners, or financial troubles.

Volunteers

Amani receives guest midwives who come to offer skill development and to learn from the Ugandan context. One midwife from Germany said of her experience: "At Amani Family Centre I saw a passion for midwifery, for women who are not able to speak up for themselves and for families who need support managing the most basic things in life."

Mama Kits

Mercy for Mamas consistently provides 'Mama Kits' which contain all of the items need for a safe and clean delivery. In 2022 Amani midwives conducted 5 outreach clinics to Ssesse Islands and a village in Apac District, both of which are currently underserved by healthcare services. Through these clinics, hundreds of mothers attended health talks in their local language given by one of the Amani midwives. 250 mothers received Mama Kits consisting of gloves, soap, a plastic sheet, cord clamps and cotton.

Looking Forward In 2023



Lab Equipment

We look forward to raising the funds to purchase new (and much needed) diagnostic equipment for the medical lab

Additional Staff

We're working towards hiring another Ugandan midwife to increase the clinic's capacity and sustainability

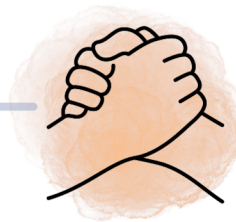


Increased Fundraising

We're working to build more support and funding avenues to increase our impact through the predictable giving of Monthly Donors

Additional Outreach

Partnering with more local organizations to provide outreach health services in new communities



More Safe Births

In 2023, we estimate the number of births will reach well over 300!

From The Field...

The following are excerpts from field reports received from Amani Family Centre midwives

- 12th February, 2022 -

"We so much love it when mama's come back time and time again to give birth in Amani. We are not just a birth centre but a community support network for the mothers in Kanyogoga and the surrounding slum community. One thing we try to do is to provide work opportunities for our service users.

Of course, there are only so many jobs we can employ for, but one mum who is very special to us all in Amani is Jennifer. Jennifer helps us do some cleaning but also provides us and our mama's with support. When women from her tribe come in to labour, she makes translation so much easier, ensuring that mother's can make informed decisions about their care.

Years back, Jennifer's 1st born tragically died at three months old from an unknown illness. A sad result caused by a preventable delay in the facility she attended because there were no nurses free to attend to her. But she moved forward and had her second daughter Sara at Amani (and at 2 and a half now is our daily sunshine and entertainer).

But this morning at 02.34, a month early, daughter number 3, Marilyn Elizabeth was welcomed into the Amani family. A little petite and dainty but so beautiful and healthy. It's such a precious honour to care for mothers but even more so when that mother is a friend and part of the family."



- 4th April, 2022 -

"Because of you, little lives are saved. It was a long night from 1.30 AM with 2 very difficult labours – one of which required extensive resuscitation followed by a big bleed and a stuck placenta, but all ended well. And can you believe that this was the mother's third time with us?

Then baby 2 was delivered, and some *deja vu*, saw us doing exactly the same this time as last time: resus, bleeding and even the exact same baby weight!!

Just to add to the adrenaline, at 8am this morning one of our mummies came very distressed complaining of severe pains since 4am. As she was only 30 weeks pregnant our immediate assumption is a UTI but as always, before we make any decisions, we do a full assessment. It was very clear to see that this mummy did not have a bladder infection but had had a fall a few days ago. Her little man was on his way, 10 weeks early! In the time it took to go to the next room to get the oxygen, out flopped 2 little legs and a few minutes later a sweet little man very ungracefully (butt first, 1.48kgs) plopped out into the world.

It's a midwife's worst nightmare when a little pale lifeless body falls out and we almost thought we had lost him but with the faintest flicker of a heart beat and an intact pumping cord, resus was started. Within a minute we had a little squeaky man protesting at such an undignified entrance!

Thanks to supporters, we were able to transfer our little man to ICU. Just another busy day saving lives at the Amani Family Centre!"



- 26 th September, 2022 -

"While the bulk of our work happens mostly near our Amani Family Clinic, we like to schedule multiple village trips each year to provide Mama Kits, Lactation Care and Antenatal Support to Mamas who live FAR from any established medical centre. This week, a first time mum came to our outreach for help with her 6 weeks old baby. She looked pale and tired and reported that for a few days after birth her baby breastfed well. On the third day, when her breasts filled with milk and became painful, she attended the local clinic where she was told by a midwife and Dr to stop breastfeeding as her breasts were sick!!! This is instead of explaining to her the NORMAL functioning of the breasts after baby is born and how to troubleshoot the various very common problems that occur in the first weeks. She stopped feeding her baby but was unable to buy formula, so for 6 weeks had been feeding her baby water and watered down cows milk when she could afford it. But more worryingly, the mother had been left with 2 very painful, hard breasts that had formed multiple abscesses, had solidified into hard non productive masses and 2 fissures (small openings from abscesses) on each breast.

And of course her baby who was 2.7kgs at birth had only gained to 3.1kgs in 6 weeks.

Can you imagine? The pain, the smell, the feelings of guilt as she watched her little one fail to thrive and the stigma attached that she had "failed" her baby. We spent a long time assessing and trying to help her stimulate the milk flow and educating this mother. We were able to provide her with formula milk for her baby as her breasts had become completely non productive. We were also able to refer her to the main hospital for a scan, 40kms away where she was told she would need surgery to remove the abscesses.

Thankfully the baby was only deemed underweight which can hopefully be easily managed by helping her provide proper formula for her baby. We just hope and pray her surgery is successful and leaves no lasting damage should she have future pregnancies.

There is such a national need for updated training in so many areas for all staff working with mothers and babies. Bad, old fashioned advice leads to deaths and illness. Thank you for continuing to support us to provide such education to families and mothers in our care."



- 11 th November, 2022 -



"Today we celebrated getting to cuddle this little fighter, Annabelle, and her amazing mummy who we are so proud to have in our family. Josephine was one of our very first mummies to deliver in Amani almost 6 years ago. We were shocked that at only 26 weeks, despite perfectly normal past pregnancies, her blood pressure shot through the roof between one appointment and the next. She became unwell and within a few weeks had developed full blown pre-eclampsia, one of the most common causes of death to the unborn baby and to the mother.

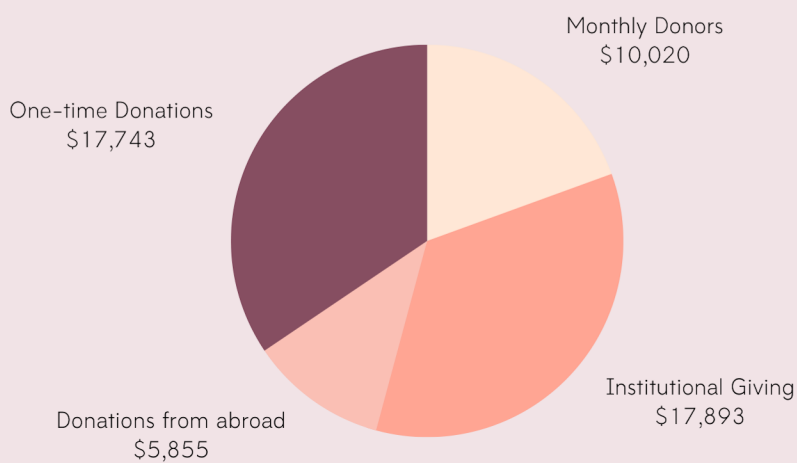
Thanks to available funding we were able to get Josephine the medical care that she needed. After a few days in hospital the decision was made to deliver her by emergency C section. At 28 weeks, we were all so worried this little doll would not survive.

Sweet Annabelle was sent home at what would have been her 31st week of gestation and was quickly readmitted with NEC, with an often fatal infection of the gut of a premature newborn, she is now home and doing amazingly well. At only 1.4kgs in weight and what should be still only 32 to 33 weeks in the womb this little bird feeds like she has been here before!! Just amazing. The text books will never know more than the power of perfect creation."

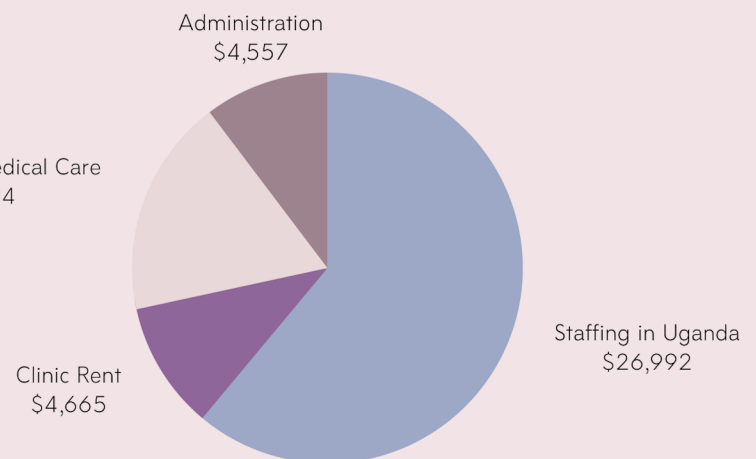
Financial Highlights 2022

Mama Imara funds currently initiatives through the support of individuals, churches, foundations and businesses. We endeavour to uphold the highest possible standard of financial accountability to honour the commitments of our donors.

Total Income: \$ 51,511



Total Expenses: \$ 44,938



2022 Opening Balance: \$10,741

2022 Closing Balance: \$17,316

"To the donors
and supporters
who make
these moments
possible, and
on behalf of
Mama Imara -
Thank You."

Diane
Lockhart
Co-founder of
Amani
Family Centre





Learn more, please visit: www.mamaimara.org
Contribute: www.mamaimara.org/give
Contact: hello@mamaimara.org

June 2023

Mama **IMARA**