



# **Babies and Mothers Alive**

## 20 Years of Building Healthy Communities

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### Summary Final Report Mama Rescue Project for Together Women Rise (Formerly Dining for Women)

1. Organizational Information
  - a. Organization Name: Babies and Mothers Alive (BAMA)  
(Formerly Dining for Women)
  - b. Project Title: Mama Rescue Project
  - c. Grant Amount: \$50,000
  - d. Contact Person: Marc Sklar MD, MPH
  - e. Address: 232 7<sup>th</sup> Street #4B Brooklyn, New York 11215
2. Recap briefly what outcomes the project was designed to achieve.

Mama Rescue is a BAMA-designed simple mobile phone app that links women in labor to motorcycle taxis for transportation from home to health center. In addition, it allows health providers at the health center level to rapidly link the nearest automobile taxi or ambulance for the provision of emergency referral transport from health center to district hospital. The app includes a communication component that supports midwives in sending critical clinical information to the referral hospital, prior to transfer, so that they can best prepare of the incoming patient.

At its inception the Mama Rescue Project, co-funded by Dining for Women (DFW), and Brick by Brick Partners had a goal to address the barrier to skilled care at delivery due to the lack of access to transportation from home to health center, and emergency referral transport from health center to district hospital. With the DFW \$50,000 grant our goal was to transport 6,281 women in labor from home to health center, and 942 mothers and/or babies with life threatening complications with emergency referral transport. Within



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months of receiving the DFW grant in September of 2019, we were awarded a 3-year 350,000 Euro grant from Enabel, the Belgian development agency which increased our Mama Rescue Project budget from \$134,837 to approximately \$629,000 (inclusive of the DFW and Brick by Brick Partners contributions) Therefore our targets for beneficiaries served by this project increased substantially to 10,800 women in labor transported from home to health and 1620 emergency referral transports per year over period of three years. Therefore, our ultimate target was 32,400 and 4060 transports respectively.

Additionally, we expanded our original objectives. The key objectives were:

- a. Reduce the time from the onset of labor or the onset of a complication to the time a woman receives competent and appropriate care. This will be accomplished by establishing a reliable system to transport women in labor to a health center or hospital quickly and safely; and by ensuring the quality of care through training, supervision, and strong management systems.
- b. An increase in the percentage of births that take place in health facilities from 79.7% to 90% of all births by the end of the 3-year project.
- c. Increased met need for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) from 71% (2018) to 85% by the end of the project
- d. An increase in the percentage of women with complications of labor requiring referral, who are referred from lower level facilities to higher level facilities from 5% to 15%.
- e. Increased awareness of maternal and newborn health services



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- f. Improved quality and timeliness of maternal and newborn care
  - g. Increased met need for Comprehensive Emergency Obstetric and Newborn Care from 71% (2018) to 85% by the end of the project.
3. What was accomplished in connection with this project? Please address each stated objective. If any project objectives were changed, please also explain the circumstances leading to the modification of the objective(s).

Please see attached Mama Rescue Final Report that provides a comprehensive description of the accomplishments of this project. It is important to note that due to the Covid pandemic and the prolonged shutdown of all transportation, public meetings and gatherings that was instituted, the implementation of transportation services was delayed until June 2021. Therefore the timeline of the provision of transportation services was shortened to 25 months. In summary:

- 27,373 women in labor were transported from home to health center from June 2021 through June 2023, surpassing target of 10,800/year
- 3,229 women received emergency referral transport from June 2021 through July 2023, achieving 96% of our target of 1620/year
- Births that took place in health facilities increased by 15% above the target of 90%, from 79.7% to 94%
- Increased met need for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services by 17% from 71% in 2018 to 88% in 2022.
- 54% reduction in Institutional Maternal Mortality Ratio
- 69.2% reduction in Institutional Perinatal Mortality Ratio



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- 3% and 4.5% reduction in maternal and newborn complications respectively
  - A reduction in the time of referral from 3 ½ hours at baseline to 34 minutes at End Line.
4. Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under Number of women and girls Directly Impacted and Indirectly Impacted.

Please see Question 3 and Final Project Report.

5. What challenges did you face in connection with this project? How did you address these challenges?

As described above the Covid pandemic and the complete lockdowns that continued for most of 2020 was a tremendous challenge to the timely implementation of Mama Rescue. Additionally, difficult negotiations with MTN, the largest telecommunications company in sub-Saharan Africa regarding their in-kind donations also delayed the project launch date. Fortunately, we utilized this time to make significant improvements on the Mama Rescue Application and platform and to ensure full engagement of district health teams, health providers and taxi drivers which greatly improved the project's ultimate impact.

6. Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes?



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In 2022, we changed our name from Brick by Brick to Babies and Mothers Alive. In that year we also expanded our Maternal and Newborn Health System Strengthening Program to the Masaka and Masaka City Districts. In 2024, with the support of Enabel, the Belgian Development Agency, we began the scaling of Mama Rescue to the Kasese and Kabarole Districts of Western Uganda. In 2025, co-funded by the ELMA Foundation and BAMA USA we are scaling our Maternal and Newborn Health System Strengthening Program to four additional districts in the Masaka Region, bringing our total partnering districts to ten. We have relocated our headquarter offices from Kalisizo to Masaka City.

On January 27<sup>th</sup>, with the sudden shutdown of USAID we lost \$1.2 million in funding for 2025 through 2026. Through a very successful emergency resource mobilization plan we have been able to raise nearly \$400,000 to mitigate the cuts in program staff and activities for this year.

### 7. What were the most important lessons learned?

- Mama Rescue is an innovative and cost-effective intervention that increases access to skilled attendance at delivery, the key to reducing maternal and newborn mortality. The economic sustainability of the program continues to be a priority as we scale Mama Rescue.
  - How can we promote Savings for Health to provide co-funding to help cover the transportation costs from home to health center (Approximately \$3.00 per transport). We are currently partnering with 200 Village Savings and Loans Associations in Kasese and Kabarole Districts to promote Savings for Health.
  - What are the most effective strategies to ensure



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increased Ugandan Government investment to cover the costs of emergency referral? We meet regularly with the MoH to advance investment in Emergency Referral Transportation as a national priority.

8. What has changed within your organization as a result of this project?

The initial DFW grant of \$50,000 has been leveraged to \$1.4 million in funding for the scaling of the Mama Rescue Project. Mama Rescue is a core component of our Maternal and Newborn Health System Strengthening Program. By the start of 2026, Mama Rescue will be implemented across 8 districts.

DFW seed capital matched at 1.7:1 by Brick by Brick was the catalyst that allowed us to commit to the initial piloting of Mama Rescue. It was the linchpin to securing support from Enabel, the Belgian Development Agency. Through the challenging but ultimately highly successful implementation of this project in the Rakai and Kyotera Districts we have learned much that has been used to improve the Mama Rescue app and build a path to sustainable scaling.

9. Describe the unexpected events and outcomes, including unexpected benefits

Please see responses above as well as our Final Program Report for Enabel. The most important benefit was to serve as a catalyst for the creation of an integrated data warehouse that is aligned with the government's Health Management Information System (HMIS). This Cloud-based platform allows us to collect a wide array of health data, including Mama Rescue transport data, in real time. It is shared with the Ministry of Health and District Health leadership to promote health systems decision making in a timely fashion.



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10. Did you change your strategy as a result of obstacles you encountered? How will you address these challenges in the future?

We made countless course changes in response to the Covid lockdowns. Recognizing the need to strengthen the sustainability of the program we began to engage Village Savings and Loan Associations (VSLAs) to encourage Savings for Health. In Phase II of the Mama Rescue Project, we expanded our engagement to 200 VSLAs who have saved over \$30,000 to date.

Over the course of the past five years, we have identified potential partners in our goal to scale Mama Rescue nationally. Vodafone Foundation, in partnership with the Touch Health and ELMA Foundations, created M-Mama, a very similar mobile phone application that has been successfully scaled with government support in Tanzania. We are now meeting regularly with these partners with the goal of similar scaling in Uganda. BAMA is a current grantee of ELMA's, who have spearheaded the Beginnings Fund, a \$500 million dollar investment in maternal and newborn health in sub-Saharan Africa. BAMA is a leading member of the ELMA-backed consortium of NGOs in Uganda who stand to benefit from Beginnings Fund support over the next 5-years.

11. Approximately how many lives have been touched, both directly and indirectly, by the project?

See responses above and Final Program Report attached.

12. What are the measurements used to monitor success and how was this information measured ( e.g., surveys, observation)? Be



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specific and include measurable results.

Please see detailed Final Program Report for a full description of all program impacts and activities. As described, we have a comprehensive health data management system which is aligned with the government system. We collect data on a wide array of maternal and newborn health indicators. Our Monitoring and Evaluation staff perform Quarterly Data Quality Assessments at all partnering health facilities, now 92 in number. Mama Rescue data is captured by the application and data platform so that we can access this data in real time.

13. If the project is ongoing, provide plans and expected results, including projected timeframe.

Mama Rescue is currently being scaled in the Kabarole and Kasese Districts of Uganda. Over a 3-year time frame we have a goal to transport 25,000 women in labor from home to health center, 2500 in need of emergency referral, and sensitize 40,000 women to attend antenatal care.

14. Provide a detailed list of all expenses incurred during the grant cycle which have been paid for with the Dining for Women grant.

In the DFW budget the following were expenses tied to the DFW grant:

- (a) \$5000: representing 50% of the funding for 125 branded helmets for motorcycle taxi drivers. See receipt for payment of 18,300,000 Uganda Shillings, approximately



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\$4,945

- (b) \$247: representing 50% of the funding for 25 mobile phones. See receipt for payment of 15,033,200 for the purchase of 31 phones, inclusive of MTN numbers, and SIM cards, approximately \$4,063.
- (c) \$18,843 for transport costs for 6,281 women in labor from home to health center. See Final Financial Report for Enabel documenting 91,624 Euros total expenditure, equaling \$107,536. DFW funds contributed to this expenditure.
- (d) \$25,909.13 for emergency referral costs for 942 mothers and/or babies with life threatening complications for health center to hospital. See Final Financial Report for Enabel documenting 78,975 Euros equaling \$92, 691. DFW funds contributed to this expenditure.

15. Did this grant and relationship with DFW assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?

In addition to leveraging the DFW grant to the Enabel funding of 1,050,000 Euros to date (350,000 for the initial project co-funded by DFW and Brick by Brick, and 700,000 Euros for the current 3-year scaling in the Kabarole and Kasese Districts) the DFW Grant and the subsequent implementation of Mama Rescue has greatly enhanced BAMA's national and international profile as a leader in innovative Maternal and Newborn Health programming. In 2022, the Ministry of Health recognized Mama Rescue as the best Tech Solution for Health of the Year. We have also been successful in establishing productive partnerships with stakeholders which we believe can lead to further national scaling of Mama Rescue.