WE ARE
TRULY AFRICAN
CONNECTED in the spirit of Ubuntu
COMMITTED to lasting health change since 1957

DEEPLY ROOTED
in communities, and KNOW how
African healthcare works, embracing
INNOVATION and tradition

PART OF A
GLOBAL TEAM
joining FORCES and IDEAS to make
a HEALTHY Africa a reality

EVERY DAY
WE PARTNER
with communities in Africa.
Their health is our happiness

WE ARE
Since 1957

www.amrefcanada.org

2017 ANNUAL REPORT
Amref Health Africa in Canada  
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Chi Mandivenga | Program Coordinator

Ubuntu is a concept from South Africa that involves embracing compassion based on our fundamental shared humanity. It is one of Amref Health Africa’s core values, as laid out in our new five-year global strategy. Integrity, quality and leadership make up our remaining values.

Ubuntu starts with the partnerships we form with communities at the grassroots in countries throughout sub-Saharan Africa, and is the foundation of our working relationships with governments, other international non-governmental organizations, private sector companies and citizens in Africa, Europe and North America. It is through our core values and our deep partnerships that we are working towards our vision of lasting health change in Africa.

Canada’s role within Amref Health Africa globally has grown in 2017, with the Chair of the Board of Directors for the Canada office being named as the Vice-Chair of the International Board of Directors. Canada’s Executive Director, meanwhile, maintains her role on the global Senior Management Team and our international headquarters’ Executive Committee. These internal partnerships have been instrumental in securing investment from within the Amref Health Africa global organization, which in turn, has bolstered our fundraising systems and capabilities and increased support from individuals across Canada.

As disbursements to health-focused projects continue to grow – $6.7 million in 2017 – so do our partnerships with Canadian and African organizations, the Government of Canada through Global Affairs Canada, Canadian businesses and individuals. The project results you will read about have been possible only by building on the strengths and support of so many.

We hope that the stories and successes in this 2017 Annual Report bring you pride for what your support is making possible day in and day out.

Thank you for your continued generosity.
2017 Global Accomplishments

A snapshot of some of Amref Health Africa’s key accomplishments made possible by our supporters around the world.

9.6 million people
Directly reached through our health-focused projects. 26% women and 49% children and youth.

125,000+ people
Received health-focused training through Amref Health Africa.

6,856 consultations
By medical specialists through our Specialist Outreach Programme in Kenya, Tanzania, Ethiopia, and Uganda. This free service provides surgeons and other medical specialists to rural and underserved hospitals, and trains local doctors.

159 projects
Managed by Amref Health Africa in sub-Saharan Africa.

868 patients evacuated
Via air and ground ambulance through our social enterprise - AMREF Flying Doctors. AMREF Flying Doctors provides medical evacuation insurance for a fee, the profits of which help to fund our charity evacuations and our work with communities in Africa.

825,127 miles
Flown by AMREF Flying Doctors in providing air evacuations and other medical services.

PROJECT UPDATE

Uzazi Uzima (“Safe Deliveries”)

Project Activities:

- improving the knowledge and skills of health workers to provide sexual and reproductive health and rights.
- improving access to maternal care and family planning for women and adolescent girls and boys.
- refurbishing health facilities and dispensaries, including infrastructure for clean water and sanitation.
- increasing the use of health services by women and adolescent girls through community outreach and advocacy.
- strengthening community and government engagement in improving health.

Project Results To Date: Highlights

- 4,926 people reached with information on various methods of modern family planning.
- 200 traditional birth attendants, who have no formal health care education, trained on how to refer pregnant women and girls to pre-natal care and birthing services at health facilities.
- 300 health workers trained to improve their skills in vital services, such as emergency obstetric care, family planning and nutrition.
- 435 teachers selected and trained to supervise adolescent sexual and reproductive health and rights education to youth clubs.
- Interviewed 1,915 households and completed project baseline research to assess the current health situation to ensure project activities will meet community needs, and project goals.

Community Voices

❝
At our school there are student groups which are bad and some are good. The bad groups when joined are likely to affect your future by leading to teenage pregnancies, HIV/AIDS, drugs etc. The education that I got on sexual and reproductive health and life skills have been very important to me as it has helped me to identify the types of groups which I should join or the people at our school whom I should interact with so that they have a good impact on my future.
❞

Magret Bicha, 15, a Peer Educator at Change Secondary School in Bariadi district, Tanzania.

The Uzazi Uzima project is a partnership among Amref Health Africa and Marie Stopes, with Deloitte as a service partner, which is focused on reducing maternal mortality and morbidity rates in Tanzania. With support of $10.2 million from the Government of Canada through Global Affairs Canada (93% of the total project budget), this four-year project aims to directly reach 348,567 women and adolescent girls and 334,515 men and adolescent boys in six district councils in the region of Simiyu.
Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality

Project Activities:

- improving the knowledge and skills of health workers to provide sexual and reproductive health services, including family planning;
- training frontline health workers, such as Community Health Workers and midwives;
- building maternity wards, labour rooms, boreholes for clean water and latrines for improved sanitation at health facilities;
- providing Vitamin A and other supplements to prevent malnutrition;
- supporting cooking demonstrations to show families how to cook with nutritious, locally-grown food.

Project Results To Date: Highlights

- 60,000 community members informed about better health practices at home and in the community.
- 3,739 Community Health Workers trained on: basic health services and information to improve the health of women and their children at the community level, including sanitation and hygiene training, growth monitoring for children, the importance of prenatal care and so much more.
- 1,943 frontline facility-based health workers trained on: emergency obstetric care, neonatal care, prevention of the transmission of HIV from mother to baby, family planning, nutrition, best practices in sanitation and hygiene.
- 267 women provided with free surgery during a week-long medical outreach camp in Kenya.
- 44 health facilities are being upgraded, including newly-built maternity wards, labour rooms, operating rooms, and infrastructure for clean water and improved sanitation.

Project at a Glance:

- WHEN: March 2016 to March 2020
- WHERE: Ethiopia (Afar and Amhara regions), Kenya (Nyanza region), Malawi (Southern and Central regions), Tanzania (Gassa region).
- In total, the project covers 20 districts all of which have unique health challenges that require a range of approaches.

Kenya

Empowering young people

One focus for the project in Kenya is getting young people directly involved to deal with important health issues, such as sexual and reproductive health, HIV/AIDS, and nutrition, from a youth perspective. David Achierg Yieva, 31, is a project assistant working with one of the local partners, Africa Alive.

In this region, we still have a lot of very young mothers, sometimes from only 12 years old. And often, the family forces the girls to marry so this leads to child marriages. That’s why we do peer-to-peer education: to teach youngsters about how to protect themselves. We work with Community Health Workers who visit young mothers and talk about issues like nutritional issues, family planning, Tuberculosis, malaria, HIV/AIDS testing and referral to the hospital for delivery. We also work with the young people on issues of sexual and reproductive health and advocacy. The struggles in my own life are really a motivation to help my own community. Because I don’t want the young people to go through what I went through.

Tanzania

Bicycles for Community Health Workers

Community Health Workers, who are volunteers from the community where they live, are essential for improving the health of women, adolescent girls and their children. They go from home to home to provide basic health care and information, such as why to immunize babies and children against infectious diseases. Because they work in rural and remote areas, Community Health Workers need to cover several kilometres to visit homes, making it challenging to visit all of the homes on foot.

In Tanzania, the project has provided 440 bicycles to Community Health Workers, as well as rubber boots, rain jackets and registry books. The equipment helps Community Health Workers do their jobs better, and also provides an incentive for them to continue volunteering their life-saving services.

Malawi

eLearning for Health Workers

In Malawi, the project is providing training for health workers using eLearning centres. Each centre is set up to help health workers upgrade and improve their skills using tools at their fingertips.

Muscungo Muyila, a Nurse Midwife Officer, is one of the health workers selected to be a mentor for the eLearning program. She has worked for Ntchisi District Hospital for six years.

I personally benefitted greatly from eLearning through improved knowledge in handling postpartum haemorrhage and helping mothers survive – parts of those learning modules were new knowledge for me. I have also been using the eLearning action plan to assess how to respond in particular cases of complications in mothers. After all this training, I am now able to teach other people. Staff members at health facilities often come and go; that’s the nature of the job. When new staff come into the department, as mentors it’s our duty to guide them and share the knowledge and skills that we have. So far I have mentored many new students and new nurses with help from eLearning.

Ethiopia

Solar power to save lives

The Afar region of Ethiopia is home to pastoralists (nomads) who walk great distances tending to their livestock. The landscape is vast and electricity is scarce. That’s why the project is providing electricity to health facilities using solar power panels, and what are known as solar suitcases - self-contained solar electric systems that power essential equipment such as medical lights, fetal heart rate monitors, cell phones and headlamps.

Electricity at health facilities improves the health of women and children in many ways: pregnant women who deliver their babies at night receive higher quality health care, which is particularly important if there is an unexpected complication; babies and children have access to immunization against potentially deadly diseases, such as measles, diphtheria and smallpox (most vaccines must be kept refrigerated at a specific temperature range); and, health workers can use modern medical equipment to treat their patients.
beginning of 2017, about 16,000 girls in Kenya and Tanzania had undergone an Alternative Rite of Passage without FGM/C. 

quit school and to marry. Alternative Rites of Passage, created by each community to fit its own culture, are ensuring girls become essential for ensuring that change is long-lasting. In Kenya and Tanzania, Amref Health Africa has been working with Maasai and Samburu communities to end the practice of FGM/C as a social rite of passage for girls between the ages of eight and 12 to transition into womanhood. After undergoing FGM/C, girls in these communities are often forced to quit school and to marry. Alternative Rites of Passage, created by each community to fit its own culture, are ensuring girls become women without FGM/C. Communities are also enabling girls to continue their education, and are abandoning child marriage. By the end of 2017, about 16,000 girls in Kenya and Tanzania had undergone an Alternative Rite of Passage without FGM/C.
# Financial Report 2017

## REVENUE

<table>
<thead>
<tr>
<th>Source of Revenue</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional/Government of Canada Funding</td>
<td>$7,420,456</td>
<td>$7,596,063</td>
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<tr>
<td>Foundation</td>
<td>$41,680</td>
<td>$35,200</td>
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<tr>
<td>Individual</td>
<td>$84,222</td>
<td>$74,281</td>
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<tr>
<td>Investment Income</td>
<td>$47,580</td>
<td>$50,482</td>
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<td>Gala/Events</td>
<td>$86,790</td>
<td>$0</td>
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<td>Marketing Solicitation</td>
<td>$233,597</td>
<td>$110,773</td>
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<td>Administration Fees</td>
<td>$4,476</td>
<td>$5,776</td>
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<tr>
<td>Amref Health Africa Global (see note 1)</td>
<td>$265,284</td>
<td>$300</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$8,184,615</strong></td>
<td><strong>$7,873,850</strong></td>
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## EXPENDITURES

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
<th>2016</th>
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<tbody>
<tr>
<td>Funds Disbursed (see note 2)</td>
<td>$6,737,769</td>
<td>$7,213,640</td>
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<tr>
<td>Project Support</td>
<td>$484,746</td>
<td>$286,068</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>$7,222,505</strong></td>
<td><strong>$7,499,708</strong></td>
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<tr>
<td>Public Awareness</td>
<td>$90,402</td>
<td>$95,918</td>
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<tr>
<td>Fundraising marketing solicitation</td>
<td>$233,843</td>
<td>$29,798</td>
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<td>Fundraising Gala</td>
<td>$40,529</td>
<td>$801</td>
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<tr>
<td>Other fundraising</td>
<td>$172,309</td>
<td>$74,017</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>$8,099,033</strong></td>
<td><strong>$8,058,703</strong></td>
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## STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Operating Assets</td>
<td>$74,077</td>
<td>$51,076</td>
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<tr>
<td>Restricted project funds available for disbursement</td>
<td>$208,943</td>
<td>$150,413</td>
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<td>Development Funds</td>
<td>$600,910</td>
<td>$590,178</td>
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<td>Capital Assets</td>
<td>$16,778</td>
<td>$6,903</td>
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<td><strong>Total</strong></td>
<td><strong>$900,708</strong></td>
<td><strong>$798,570</strong></td>
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<tr>
<td>Liabilities</td>
<td>$313,696</td>
<td>$297,140</td>
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<td>Net Assets</td>
<td>$587,012</td>
<td>$501,430</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$900,708</strong></td>
<td><strong>$798,570</strong></td>
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## 2017 EXPENDITURES

- Programs and program support: $7,222,505
- Fundraising: $446,681
- Administration: $339,445
- Public Awareness: $90,402

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**Note 1:** Amref Health Africa International together with Amref Flying Doctors in the Netherlands is contributing to the growth and development of fundraising capacity in the Canadian office. Through this new international cooperation, the initiative will improve the financial stability and sustainability of Amref Health Africa in Canada for the longer term. Total investment is €1.7 million over 5 years.

**Note 2:** Disbursements include funds to Amref Health Africa offices in Africa as well as funds to Canadian-based partners for project implementation activities in Africa. Funds disbursed to Canadian-based partners in 2017 was $1,984,632.55.