



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



Since 1957

[www.amrefcanada.org](http://www.amrefcanada.org)



## 2017 ANNUAL REPORT





## Our Vision

Lasting health change in Africa

## Our Mission

To increase sustainable health access to communities in Africa through solutions in human resources for health, health service delivery, and investments in health.

### Amref Health Africa in Canada

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Sean Power | **Project Manager (part-time)**

Tasneem Haiderbhai | **Finance Manager (part-time)**

Chi Mandivenga | **Program Coordinator**

### Credits

Design by **C&D Group**

Front cover photo by **Jeroen van Loon**

The cover photo features Caroline Ayiecha, a nurse who specializes in providing care for women undergoing surgery to repair obstetric fistula. During Amref Health Africa medical camps, Caroline provides training to local nurses so they gain skills in care for obstetric fistula patients.

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Charitable Number: 11921 1282 RR0001

# Year in Review

## A NOTE FROM OUR BOARD CHAIR AND EXECUTIVE DIRECTOR

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.

### Mary Ann MacKenzie

Chair, Board of Directors, Canada  
Vice-Chair, International Board of Directors

### Anne-Marie Kamanye

Executive Director  
Amref Health Africa in Canada

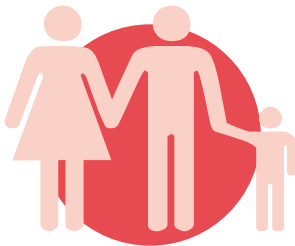


# 2017 Global Accomplishments

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

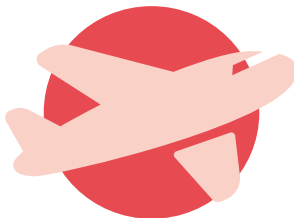
Managed by Amref Health Africa in sub-Saharan Africa.

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.

### Project at a Glance:

**WHEN:** January 2017 to December 2020.  
**WHERE:** Tanzania (Simiyu Region)  
**WHO:** Amref Health Africa, Marie Stopes International, Deloitte as a service partner (with funding from Government of Canada)  
**WHY:** To help reduce the high rates of maternal, newborn and child mortality in underserved communities, with particular focus on adolescent girls and boys and their sexual and reproductive health.

### 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. ”

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



Canada

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.



PROJECT UPDATE

# 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 pre-natal 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 patients screened for gynecological conditions,** including obstetric fistula, and 37 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.



## 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.

Masuzgo 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 hemorrhage 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 is 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. ”

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 (Geita region). In total, the project covers 20 districts all of which have unique health challenges that require a range of approaches.



**WHY:** To improve health care services, and access to those services, that are essential for the survival of women, adolescents girls and their children.



## 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.



## 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 Achieng Yiewa, 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. ”



## 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 immunizations against potentially deadly diseases, such as measles, diphtheria and small pox (most vaccines must be kept refrigerated at a specific temperature range); and, health workers can use modern medical equipment to treat their patients.



The Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality is a partnership among four Canadian organizations – Amref Health Africa, Christian Children’s Fund of Canada, Centre for Global Child Health at The Hospital for Sick Children (SickKids) and WaterAid Canada. With support of \$24.9 million from the Government of Canada (85% of the total project budget), this four-year project (2016 to 2020) aims to directly reach 1.7 million women, children and men across 20 districts in Ethiopia, Kenya, Malawi and Tanzania.



# Annual Program Highlights

## Improving Nutrition in Nine Countries in Africa

Our two-year project with Nutrition International got underway with activities in four of the nine countries to assess how Amref Health Africa is currently including nutrition in our existing health-focused projects. Once assessments are complete in all nine countries, Nutrition International will work with Amref Health Africa to create a comprehensive strategy to ensure nutrition becomes embedded in our way of working with communities in Africa. Combining Amref Health Africa's community outreach know-how and Nutrition International's nutrition expertise, this partnership will ensure that the vulnerable populations reached through our programs have access to nutrition interventions, for lasting change.



Project staff, community members take part in nutrition assessments



This work is being carried out with the aid of a grant from Nutrition International with the financial assistance of the Government of Canada through Global Affairs Canada.



A mom and baby at Yambio State Hospital.  
Photo by: Tommy Simmons

## Strengthening Health Services for Women and Children in South Sudan

In 2017, we continued our work in South Sudan to support the delivery of health care services for women, newborn babies and children at Yambio State Hospital. Ongoing and prolonged periods of conflict and humanitarian emergencies have taken a toll on much of South Sudan's physical and social infrastructure, resulting in the collapse of the health system and a chronic public health crisis. Amidst this challenging environment, Amref Health Africa is working to ensure that the hospital continues to operate, including training health workers, supporting the hospital with equipment and medical supplies, and refurbishing hospital facilities to improve security and the quality of services.

## Partnering with Communities to End Female Genital Mutilation/Cutting



Maasai girls in Kenya celebrate during an Alternative Rite of Passage ceremony  
Photo by: Jeroen van Loon

More than 200 million women and girls in 30 countries have undergone Female Genital Mutilation (FGM, also known as Female Genital Cutting). And, three million girls are at risk of undergoing FGM/C every year. The World Health Organization defines FGM/C as “the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.” FGM/C has serious health consequences during the cutting and later in life when teenage girls or women are attempting to give birth.

Amref Health Africa is partnering with communities in sub-Saharan Africa that still practice FGM/C to end it. Community leadership is 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.

# Thank You to our Supporters

We are deeply grateful to all of our Canadian donors and partners who support the vision of lasting health change in Africa. Without you our work would not be possible.

**Leadership Donors generously support Amref Health Africa through major gifts. To learn more about our leadership program contact Rachel Lancaster at [rlancaster@amrefcanada.org](mailto:rlancaster@amrefcanada.org).**

- |                                    |                                |
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### Health for Africa Monthly Donors

Our dedicated community of monthly donors encourage the sustainability of health programs while keeping administration costs low. To become a monthly donor visit [www.amrefcanada.org/donate](http://www.amrefcanada.org/donate).

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- Davies Ward Phillips & Vineberg Foundation
- Ethiopiaid Canada
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- Johns Hopkins University
- K.M. Hunter Charitable Foundation
- Link Charity Canada Inc.
- Nutrition International
- Roy and Robert Barr Family Foundation
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Amref Health Africa in Canada acknowledges the financial support of the Government of Canada, which is contributing \$24.9 million over four years to improve the health of mothers and children in Ethiopia, Kenya, Malawi and Tanzania, and \$10.2 million over four years for sexual and reproductive health in rural Tanzania.

# Financial Report 2017

REVENUE	2017	2016
Institutional/ Government of Canada Funding Foundation	7,420,456	7,596,063
Individual	41,680	35,200
Investment Income	84,222	74,281
Gala/Events	47,580	50,482
Marketing Solicitation	86,790	0
Administration Fees	233,597	110,773
Amortization of deferred contributions	4,476	5,776
Amref Health Africa Global (SEE NOTE 1)	530	675
	265,284	300
TOTAL REVENUE	8,184,615	7,873,550

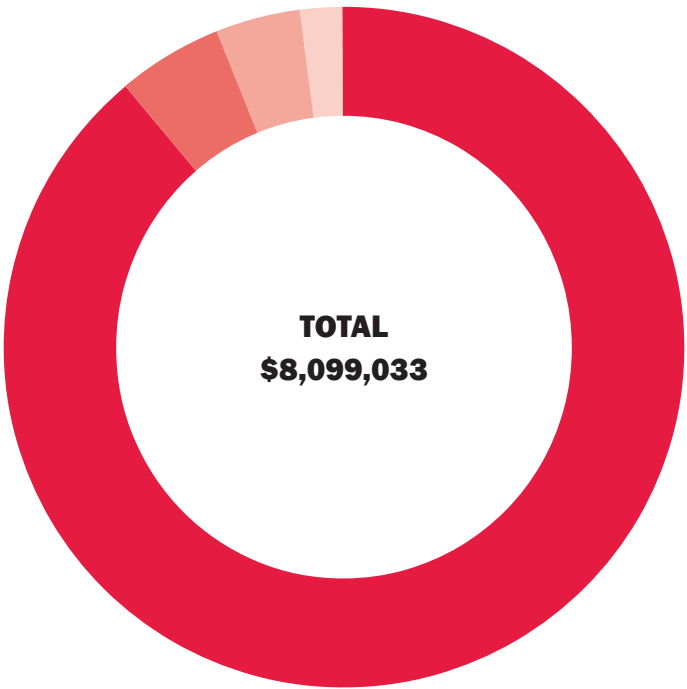
EXPENDITURES	2017	2016
Funds Disbursed (SEE NOTE 2)	6,737,759	7,213,640
Project Support	484,746	286,068
	7,222,505	7,499,708
Public Awareness	90,402	95,918
Fundraising marketing solicitation	233,843	29,798
Fundraising Gala	40,529	801
Other fundraising	172,309	74,017
	537,083	200,534
Administrative	333,565	358,461
Amortization	5,880	3,724
Total Expenditures	8,099,033	8,058,703
SURPLUS(DEFICIT)	85,582	(185,153)

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

STATEMENT OF FINANCIAL POSITION	2017	2016
Operating Assets	74,077	51,076
Restricted project funds available for disbursement	208,943	150,413
Development Funds	600,910	590,178
Capital Assets	16,778	6,903
	900,708	798,570
Liabilities	313,696	297,140
Net Assets	587,012	501,430
	900,708	798,570

## 2017 EXPENDITURES



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