

# 2018 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 Board of Directors (2018 term)**

Mary Ann MacKenzie | Chair  
Melanie Barwick, PhD, CPsych  
René Beaudoin  
Ian Brenner, CPA, CA  
Kate A. Crawford  
Kevin C. Kain, MD, FRCP  
Andrew Mushore  
Jeff Pentland  
Muriel Truter  
Karen Wensley  
Ryan Wiley, PhD

### **Amref Health Africa in Canada Staff (2018)**

Anne-Marie Kamanye | Executive Director  
Onome Ako | Director of Strategic Partnerships  
Jennifer Foulds | Communications and PR Director  
Rachel Lancaster | Director of Fundraising and Marketing  
Kevin O'Neill | Director of Programs  
Nasim Abdi | Program Manager  
Graham Atkinson | Program Manager  
Sofia Heilborn | Donor Relations Manager  
Tasneem Haiderbhai | Finance Manager (part-time)  
Sean Power | Project Manager (part-time)  
Melina Kalamandeen | Program Officer  
Jasmine Vallée | Program Officer

## **Credits**

Design by C&D Group  
Infographic concepts by Kavi Parameswaran

The cover photo features Bilha Anyango who received free surgery thanks to support from Canadian donors. The surgery repaired a debilitating birth injury called obstetric fistula. You can read more about Bilha on page 9.

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

Charitable Number: 11921 1282 RR0001

# Year in Review

THANK YOU FROM OUR BOARD CHAIR AND EXECUTIVE DIRECTOR

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## What a year 2018 was for Amref Health Africa in Canada!

On the financial front, together we reached record revenue of \$13,597,997, driven primarily through our two multi-year projects in Ethiopia, Kenya, Malawi and Tanzania which are funded through the Government of Canada and individuals, businesses and foundations. We are proud that 94% of the funds we raised went to programs and program support in 2018, while we kept our administrative costs to only 6%. You can see the results of these projects to date and read about the lives they have touched inside the pages of this Annual Report.

We continued to build on our internal partnerships within the global Amref Health Africa family, with a focus on increasing our efforts to draw the support of even more individual Canadians. The Board of Directors and staff recognize the necessity to ensure the long-term sustainability of our Canadian office of Amref Health Africa through committed and diverse sources of funding so our projects help even more communities in Africa improve health.

2019 is already bringing us new challenges and opportunities. After eight years at the head of Amref Health Africa in Canada as Executive Director, Anne-Marie Kamanye decided to take on the role of Director of Business Development at our international headquarters in Nairobi, Kenya. The organization thrived under Anne-Marie's leadership, and she will be missed. Picking up immediately from Anne-Marie is our newly appointed Executive Director, Onome Ako, who will build on the organization's strong foundations through her expertise in strategic partnerships, resource mobilization and program design, management and implementation.

We hope that you enjoy looking through the 2018 Annual Report and seeing how your support has made a difference in the health, rights and lives of the communities and people we work with in Africa. Lasting health change is only possible through our partnership with you, and we thank you for your continued dedication to our vision.

Sincerely,

**Onome Ako**

Executive Director  
Amref Health Africa in Canada

**Mary Ann MacKenzie**

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



*Mary Ann MacKenzie, Chair, Board of Directors (right)  
and Onome Ako, Executive Director (left)*

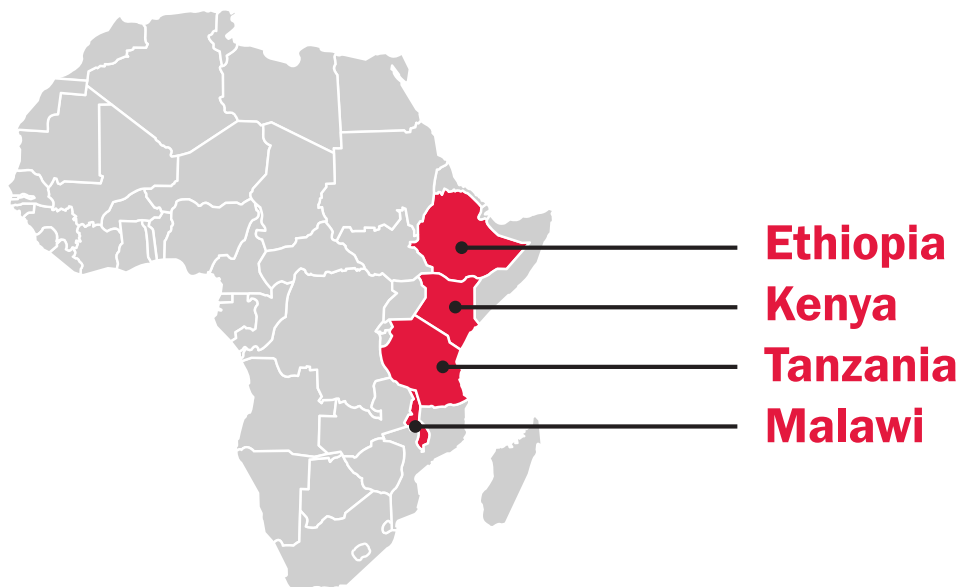
# Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM)

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## Working together with African communities to:

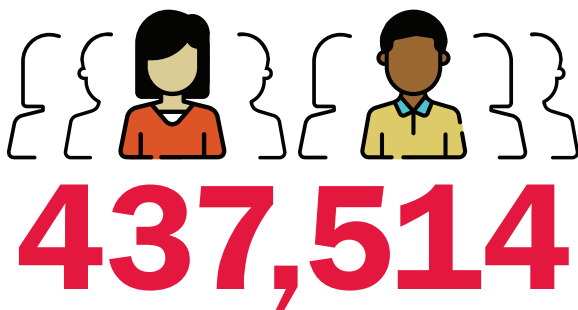
- improve the knowledge and skills of health workers to provide sexual and reproductive health services, including family planning;
  - train frontline health workers, such as community health workers and midwives;
  - build maternity wards, labour rooms, boreholes for clean water and latrines for improved sanitation at health facilities; and,
  - provide Vitamin A and other supplements to prevent malnutrition.
- 

## Location:



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## Results to Date: Highlights



people **informed**  
about better health  
practices at home and  
in their community.

# 33,936

copies of educational materials on nutrition provided to parents, volunteer community health workers and teenagers.



# 1,047

volunteer community health workers trained to provide basic health education and services for families.



# 2,580

health workers trained to improve their skills in areas such as family planning, emergency care for pregnant women and nutrition.



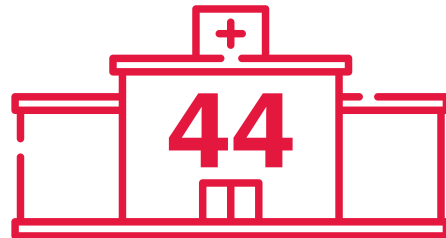
# 543

women screened for gynaecological conditions, such as cervical cancer and obstetric fistula.



# 95

health workers trained on providing teenagers with youth-friendly health care services.



health facilities upgraded, including building new maternity wards and labour rooms.

## Partners



**SickKids**

Centre for  
Global Child Health



# Canada

This project is supported by the Government of Canada through Global Affairs Canada.

We need your support to meet our match funding obligations and complete the project by 2020.

# Uzazi Uzima (“Safe Deliveries”)

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## Working together with communities in Simiyu Region, Tanzania to:

- improve the knowledge and skills of health workers to provide quality maternal and newborn care, and sexual and reproductive health services;
- increase access to maternal care and family planning for women and adolescent girls and boys;
- refurbish health facilities and dispensaries, including building infrastructure for clean water and sanitation;
- through community outreach and advocacy, increase the number of women and adolescent girls who are using skilled maternal and reproductive health services;
- strengthen community and government engagement in creating lasting improvements in health throughout the project area.

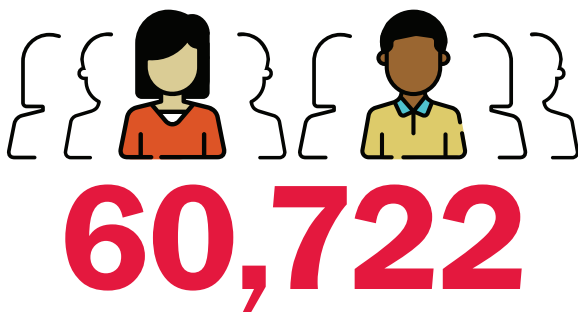
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## Location:



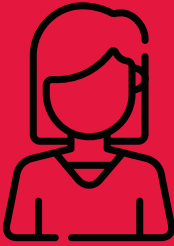
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## Results to Date: Highlights (April 2018 to March 2019)



community members attended public meetings on the health of mothers and children to discuss topics such as giving birth in facilities, male involvement in pregnancy and childbirth, and gender-based violence.

# 22,304



people took part in the project's outreach services focused specifically on family planning services.

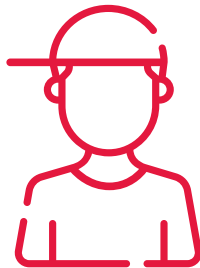
# 802

men received family planning services as part of an integrated approach that included family planning with regular health services, such as immunization and HIV screening.



# 145

youth clubs created to tackle sexual and reproductive health and rights, among other health-related topics.



# 372

health workers trained on how to provide quality, respectful maternal and newborn care.



# 60%



of people seeking family planning did so for the first time, and 50% were youth, thanks to community outreach and education by volunteer community health workers trained through the project.

# 11% increase



in the number of babies being delivered at health care facilities in the project area.

## Partners



## Service Partner

**Deloitte.**

# Canada

This project is supported by the Government of Canada through Global Affairs Canada, and by the James Percy Foundation.

# Your Support at Work

HOW PROJECTS YOU SUPPORT ARE AFFECTING THE HEALTH, RIGHTS AND LIVES OF PEOPLE IN AFRICA

## Dream Comes True: Young Woman Receives Midwifery Education

Kalkidan Ashenafe, 20, grew up in a pastoralist (also known as nomadic) community in Ethiopia where there was no trained health worker to provide health care to pregnant women, moms and children. It was this experience that inspired her to become a midwife. One midwife can provide health care for up to 500 women.

*"When I was in high school, I aspired to become a midwife because I have witnessed the community facing health problems due to lack of trained health workers. As a midwife, I think I can contribute [to] the reduction of maternal and child death by providing better health care service, especially for those residing in remote and hard-to-reach areas."*

Through the *Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality* project, Kalkidan is receiving the education she needs to become a midwife. She is currently in her second year of the three-year program at the Samara Health Science College in Ethiopia.

She thanked Amref Health Africa for providing her with the opportunity to get an education as a midwife and said she hopes the support continues so other young women can become midwives to help improve mother and child health in Afar region.



Kalkidan Ashenafe in a classroom at the Samara Health Science College

## Caring for Premature Babies

Pearson Taika is a 26-year-old clinician at Lisungwi Community Hospital in Malawi. He was motivated to become a health worker because as a child he was often sick with malaria and when his mother took him to the hospital she had difficulty getting care for him.

*"I felt I could use my life experiences to help deal with the challenges people in the medical field face and become a better health care worker because of it,"* says Pearson.

Working in an area with limited resources is one of the greatest difficulties for a health worker. The lack of drugs, medical supplies, inadequate staffing levels and lack of training Pearson experienced affected his work every day, he says.

Through the *Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality* project, Pearson attended the Specialized Newborn Care Education training where he learned new skills. The training focused on essential care for every baby, essential care of sick babies, pain management and leadership. The training was co-facilitated by trainers from the Ministry of Health in Malawi and through the Centre for Global Child Health at The Hospital for Sick Children (SickKids) in Canada, a project partner.

*"I recall an incident that happened after I received the training when a premature baby was born at the hospital,"* says Pearson. *"Having learned skills, I was confident enough to insert a nasogastric tube for feeding the baby before I referred the newborn to Neno District Hospital for further treatment. The outcome was positive, as I saved the baby who could have died of hypoglycaemia. This would not have been possible without the training I received. I am so proud to be part of the health workers in making a difference to thousands of people in my community."*



Pearson Taika

## Free Surgery Helps Mom Heal

Bilha Owila Anyango, 23, a wife and a mother of two children, lives with her mother-in-law in Siaya County, Kenya. During the birth of her first child in 2014, Anyango experienced prolonged labour and, as a result, was left with a devastating injury called obstetric fistula. Obstetric fistula is a hole in the birth canal often caused by long or obstructed labour without adequate medical care, and it leads to continuous incontinence.

*"I realized a change in my daughter-in-law [after the birth] as she got weak and was always in a somber mood but whenever I enquired she would say she is okay," says Anyango's mother-in-law.*

Through a local radio station, Anyango heard in September 2018 about Amref Health Africa's medical camp that was treating cases of obstetric fistula for free through the *Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality*. When the date arrived for the medical camp, Anyango prepared and presented herself for the checkup, a decision she made without telling even her mother-in-law. After being screened, she was admitted to hospital and scheduled for an operation in order to repair the obstetric fistula.

One week later, Anyango was discharged from the hospital and allowed to go home with the use of a catheter. She was told that healing would take about three months, and was advised to maintain high hygiene standards, exercise, drink enough water, and avoid strenuous chores.

It was a happy moment for Anyango when she returned to the hospital to have the catheter removed. She was able to go about living her regular life as she used to do before the obstetric fistula. Now, she helps her mother-in-law with various duties and household chores very comfortably. It was after her full recovery that Anyango explained the health condition she had been living with to her mother-in-law.

*"I was very shocked but at the same time happy for my daughter-in-law since a lasting solution had been found to the condition she had lived with in secrecy," says Anyango's mother-in-law. Anyango's entire family has been very supportive during the healing process. She is also grateful to Amref Health Africa for providing the free surgery and hopes the same services are extended to more women. "My advice to women living with obstetric fistula is to come out in public and have their conditions addressed and don't shy away since it is an illness just like any other," says Anyango.*



*Bilha Anyango after undergoing free surgery for obstetric fistula*

## Tackling Gender-Based Violence

Faustine Maige, 41, who lives in Inalo village in Tanzania, is one of the volunteer community health workers who took part in a 21-day training course through the *Uzazi Uzima* (Kiswahili for "Safe Deliveries") project.

The training included discussions on gender-based violence. Faustine says that he has already been able to use what he learned in the training:

*"We had come across a gender-based violence case of a young girl from Nhobola village who was forced into marriage at the age of 14; after she was married her husband started to beat her until he caused injury to her and she was taken to Luguru dispensary. The community health workers at Luguru dispensary - including myself - listened to her story and alerted the health care workers at the dispensary who ultimately reported it to the police gender desk at Luguru, which is responsible for investigating cases of gender-based violence and taking corrective actions against them. The police gender desk investigated the issue and arrested the husband."*



*Faustine Maige is a volunteer community health worker in Tanzania, trained through the Uzazi Uzima project*

## PROJECT UPDATE

# Amref Health Africa Nutrition Mapping and Integration

## AN **NLIFT** COLLABORATION: NUTRITION LEVERAGE & INFLUENCE FOR TRANSFORMATION

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Through this project, and with support from Nutrition International through its NLIFT (Nutrition Leverage & Influence for Transformation) initiative, we are:

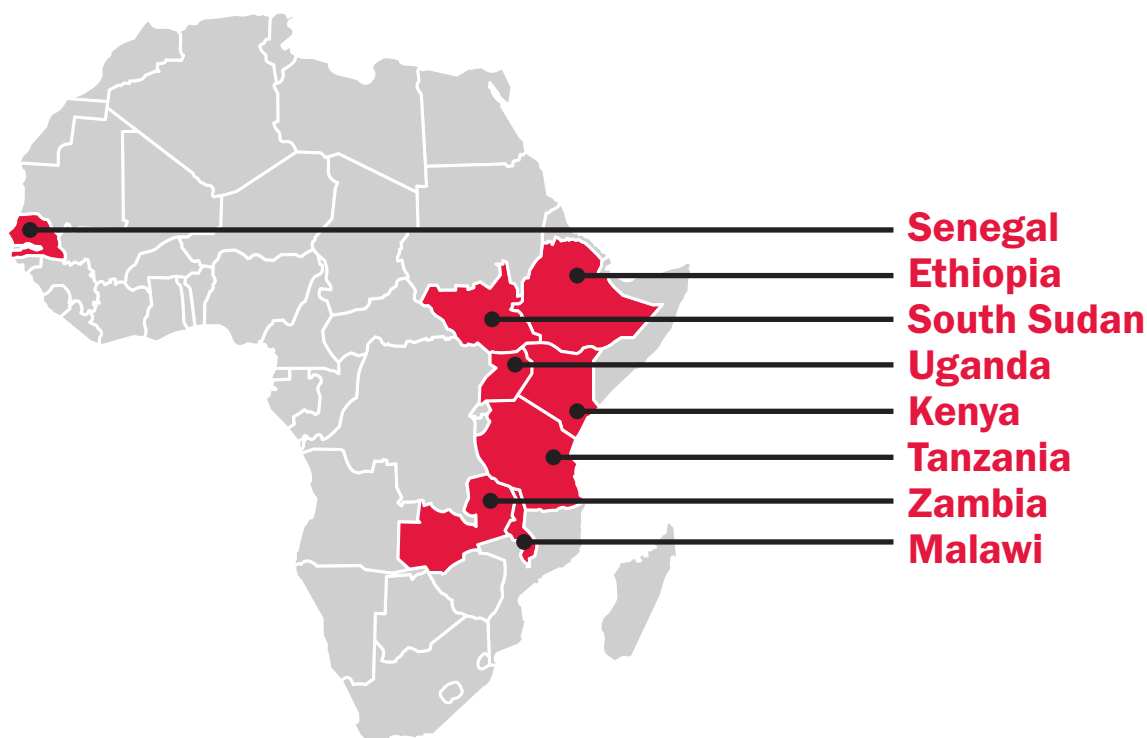
- building our capacity to deliver cost-effective nutrition interventions using our existing health-focused programs and training platforms; and,
- working with a nutrition technical advisor seconded by Nutrition International to produce a comprehensive nutrition mapping report on our programs, an assessment of staff nutrition capacity, and an organizational nutrition strategy.

### **Expected Outcomes:**

- systematic integration of nutrition into Amref Health Africa's programs and countries where we work;
- improved access to nutrition interventions for adolescent girls, women of reproductive age and children; and,
- increased demand for an uptake of nutrition interventions by adolescent girls, women of reproductive age and children.

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### **Location:**



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

# Annual Program Highlights

## Amref Health Africa Receives Award from King of Spain

Amref Health Africa received the 2018 Princess of Asturias Award for International Co-operation from the King of Spain, Felipe VI. The award recognizes “individual or collective work, in cooperation with another or others, to develop and promote public health, universal education, the protection and defence of the environment, as well as the economic, cultural and social advancement of peoples.”

During his award presentation to Amref Health Africa, King Felipe VI said: “For sixty years now, the magnificent work of this organization has managed to significantly improve the health of millions of people on the African continent.”



*Dr. Githinji Gitahi (left), Amref Health Africa global CEO, Nice Nailantei Leng'ete (centre), Amref Health Africa End FGM/C Global Advisor, and Álvaro Rengifo (right), Chair of the Amref Spain Board of Directors, take a bow after receiving the Princess of Asturias Award for International Co-operation on behalf of the organization. Photo by Daniel Mora, FPA*

## Global Strategy Guides Amref Health Africa to 2022

The International Board of Directors of Amref Health Africa instituted a new global strategy to guide our work between 2018 and 2022. The strategic plan focuses on entrepreneurial and sustainability approaches, while increasing efficiency and effectiveness of improving health in communities in Africa under three pillars:



**Human Resources for Health:** developing and sustaining human resources for health with the purpose of attaining Universal Health Coverage (UHC) in target countries.



**Innovative health services and solutions:** developing and delivering sustainable health services and solutions for improved access to and use of quality, preventive, curative and restorative health services.



**Investments in Health:** contributions to increase investments in health to achieve Universal Health Coverage (UHC) by 2030.

## Amref Health Africa Leads Global Conference focused on Universal Health Coverage in Africa



The 2019 Africa Health Agenda International Conference (#AfricaHealth2019), co-hosted by the Ministry of Health of the Republic of Rwanda and Amref Health Africa, brought together 1,800 participants from 49 countries in Kigali, Rwanda under the theme “2030 Now: Multi-sectoral Action to Achieve Universal Health Coverage in Africa”. Representatives from governments, private sector, communities in Africa, the global health sector, grassroots groups, youth-led movements and international non-governmental organizations created a blueprint for reaching Universal Health Coverage in Africa by 2030 and called on governments to go beyond political will and to take action on global, regional and local commitments, ensuring that no one is left behind.

The 2021 Africa Health Agenda International Conference is set for March 8 to 11, 2021 in Kigali, Rwanda with the theme of “Universal Health Coverage in Africa: Country Led Action towards 2030.”

# Thank You to our Donors

You are creating lasting health change for the most vulnerable. With your support we are tackling critical health issues in the most remote and hard-to-reach communities in Africa and improving the lives of women, children and their families for years to come.

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

Varouj and Kerstin Aivazian	Allen Garson and Alanna Rondi	Mel and Leona Peters
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David and Kate Angell	Marlyn Grodde	Janet Rabovsky
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## HEALTH FOR AFRICA MONTHLY DONORS

Our dedicated community of monthly donors encourage the sustainability of health programs and keep administration costs low which means your support goes even further. To become a monthly donor visit [www.amrefcanada.org/donate](http://www.amrefcanada.org/donate)



## FOUNDATIONS AND PARTNERS

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## CORPORATIONS

Ernst & Young (EY)  
 Borden Ladner Gervais LLP (BLG)  
 Farber Canada



Canada 

Africa 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 2018

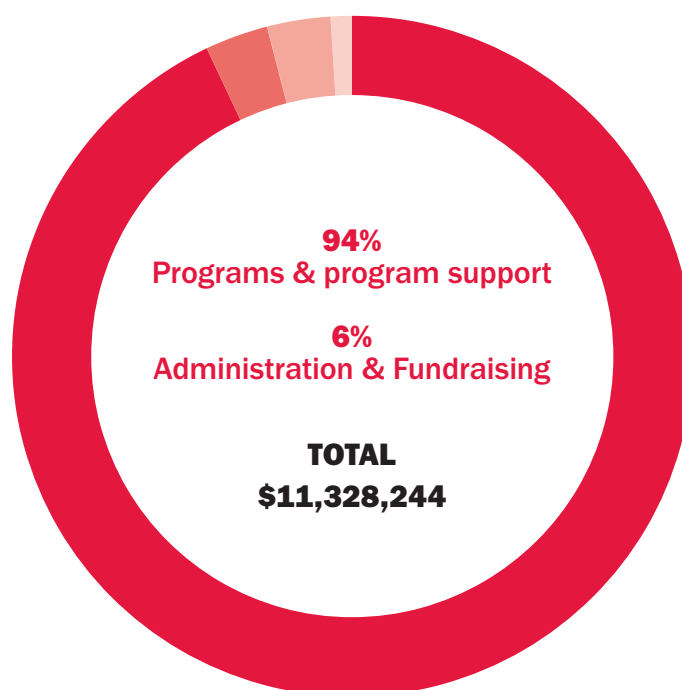
REVENUE	2018	2017
Institutional/ Government of Canada Funding	12,891,424	7,420,456
Foundation	53,680	41,680
Individual	40,123	84,222
Investment Income (loss)	(24,655)	47,580
Gala	0	86,790
Marketing Solicitation	241,520	233,597
Administration Fees	7,518	4,476
Amortization of deferred contributions	406	530
Amref Health Africa Global (see note 1)	387,981	265,284
<b>TOTAL REVENUE</b>	<b>13,597,997</b>	<b>8,184,615</b>
EXPENDITURES	2018	2017
Funds Disbursed (SEE NOTE 2)	10,071,366	6,737,759
Project Support	501,695	484,746
	<b>10,573,061</b>	<b>7,222,505</b>
Public Awareness	74,936	90,402
Fundraising marketing solicitation	134,268	233,843
Fundraising Gala	0	40,529
Other fundraising	230,823	172,309
	<b>440,027</b>	<b>537,083</b>
Administrative	308,243	333,565
Amortization	6,913	5,880
	<b>315,156</b>	<b>339,445</b>
<b>Total Expenditures</b>	<b>11,328,244</b>	<b>8,099,033</b>
<b>SURPLUS(DEFICIT)</b>	<b>2,269,753</b>	<b>85,582</b>

**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 2018 was \$3,035,345

STATEMENT OF FINANCIAL POSITION		2018	2017
Operating Assets		276,491	74,077
Restricted project funds available for disbursement		2,280,556	208,943
Development Funds		553,368	600,910
Capital Assets		10,076	16,778
		3,120,491	900,708
Liabilities		263,726	313,696
Net Assets		2,856,765	587,012
		<b>3,120,491</b>	<b>900,708</b>

## 2018 EXPENDITURES



- **\$10,573,061** | Programs and program support
- **\$365,091** | Fundraising
- **\$315,156** | Administration
- **\$74,936** | Public Awareness



**Amref Health Africa in Canada**

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