

# 2019 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.

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(January to August 2019)

**René Beaudoin**, *Chair*  
(September to December 2019)

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(June to December 2019)

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

**Samuel Smeaton**, *Office Manager*

**Melina Kalamandeen**, *Program Officer*

**Jasmine Vallve**, *Program Officer*

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The cover photo features Margaret Achuongo and her baby son, Gael Gayo, who visited the free Amref Health Africa clinic in Kibera – an informal settlement in Nairobi, Kenya – during the COVID-19 pandemic. Photo by Kevin Gitonga.

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## YEAR IN REVIEW

# THANK YOU FROM OUR BOARD CHAIR AND EXECUTIVE DIRECTOR

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Unprecedented. The 'new normal'. Pivot. These are only a few of the words we've been hearing since the World Health Organization declared the novel coronavirus a pandemic on March 11, 2020.

Although this Annual Report is focused on Amref Health Africa's work in 2019, we can't ignore the reality of all of our lives during the first half of 2020. That's why we wanted to take some time to acknowledge the immense challenges we have been facing as a society here in Canada, as moms, dads, sons, daughters, sisters, brothers, workers, business owners and human beings. We thank each one of you for your continued support of Amref Health Africa in these remarkable times as we work to slow the spread of COVID-19 in countries in Africa. You can read highlights from our COVID-19 response to date on page 5.

We are proud to say that we were able to accomplish so much with your support in 2019. Through the generosity of our network of supporters around the world, including Canada, our health-focused projects reached more than 5.3 million people directly. We trained more than 41,000 health workers. And, provided more than 248,000 life-saving vaccinations to children.

Our project to improve the health of moms and babies in Ethiopia, Kenya, Malawi and Tanzania, funded by the Government of Canada through Global Affairs Canada as well as Canadian foundations and individuals, reached more than three million people over four years. Pages 8 and 9 have more highlights from that project.

We are also proud to share our financial report for 2019 (page 14 and 15), which saw us contribute 87% of our revenue directly to our programs and program support.

With more than 60 years of experience and expertise on the ground in Africa, we are committed to the communities we partner with to improve health for all. We will continue to face these challenging times together with a clear focus on our vision of lasting health change in Africa.

### **René Beaudoin**

*Chair, Board of Directors*



### **Onome Ako**

*Executive Director*



# 2019 GLOBAL ACCOMPLISHMENTS

Highlights of some of Amref Health Africa's key accomplishments made possible by our supporters around the world.



**5.3 million people**  
directly reached through our health-focused projects.  
31% women and 51% children and youth.



**41,000+ health workers**  
received training.



**178 projects**  
managed by Amref Health Africa in sub-Saharan Africa.



**446,000+ people**  
tested for malaria, a leading cause of  
death in sub-Saharan Africa.



**421,000+ people**  
received treatment for HIV/AIDS.



**248,000+ vaccinations**  
provided to children to protect them against deadly diseases, such as measles and Polio.



**224,000+ people**  
able to access sanitation facilities.



**196,000+ people**  
able to access clean water facilities.



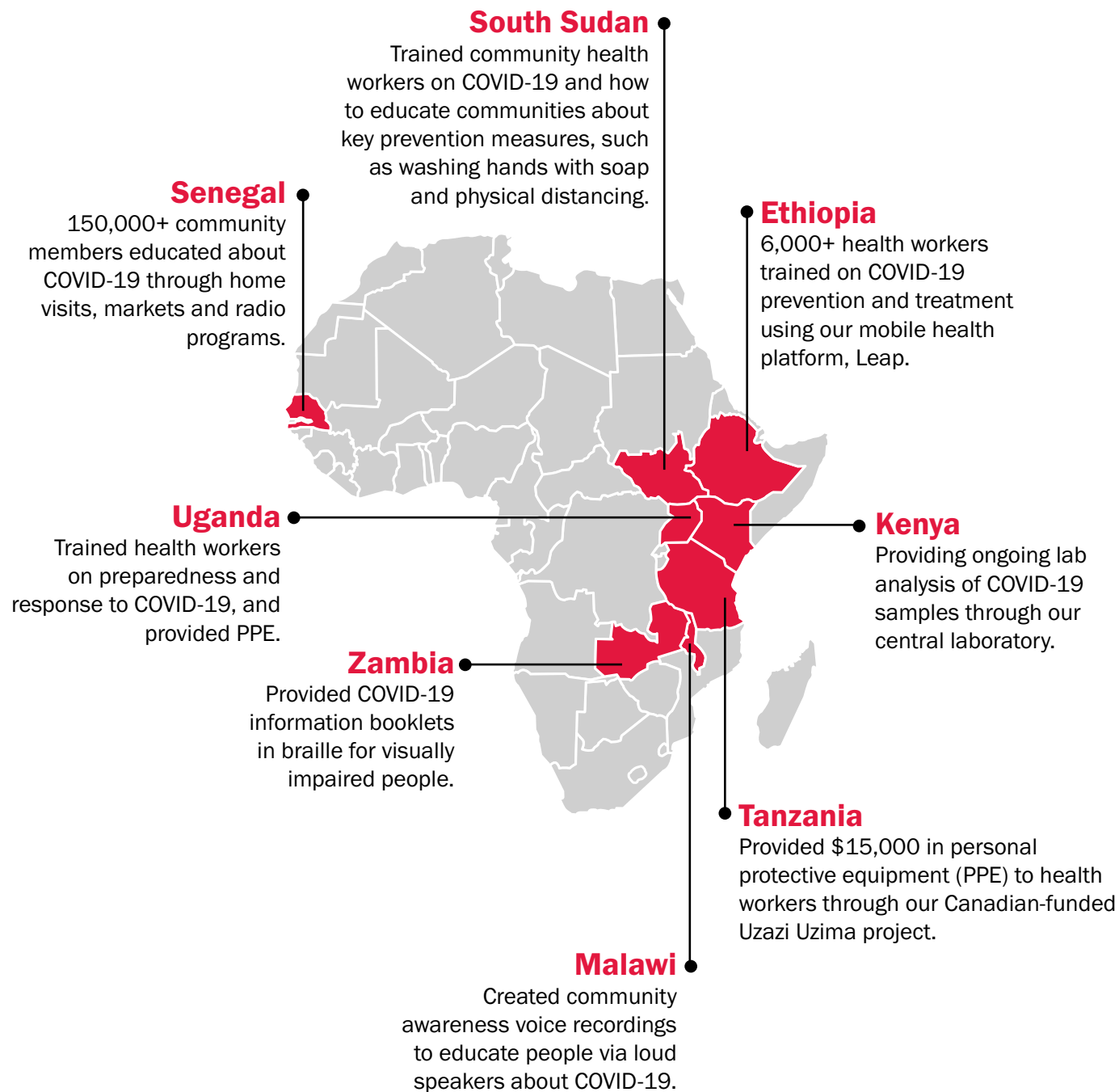
**120,000+ people**  
screened for non-communicable diseases, such as cancer, diabetes and high blood pressure.  
Non-communicable diseases are increasing among many populations in sub-Saharan Africa.

# RESPONDING TO COVID-19 IN AFRICA

## Highlights: March to July 2020

When the World Health Organization declared COVID-19 a pandemic on March 11, 2020 we were already hard-at-work with communities and governments in sub-Saharan Africa to slow the spread of the disease.

With our deep roots in African countries from more than 60 years on the ground, we are a leader in the African





## PROJECT UPDATE

# Uzazi Uzima (“Safe Deliveries”)

Our Uzazi Uzima (Kiswahili for “Safe Deliveries”) project is entering the fourth year of partnering with communities in the Simiyu Region in northern Tanzania to improve the health and rights of women, children and teenagers. The four-year project, with financial support from the Government of Canada through Global Affairs Canada, is working to ensure families and young people have access to sexual and reproductive health services, such as contraception, as well as essential health care for pregnant women, newborns and growing children, such as immunization. We are also improving health facilities by rehabilitating maternity wards and labour rooms and digging boreholes to provide access to clean water. In partnership with the Government of Tanzania, the project is being implemented alongside Marie Stopes International, and Deloitte as a service partner.

The ultimate goal of all of these integrated activities is to contribute to reducing the high maternal, newborn and child mortality rates in this rural region of Tanzania.

## YEAR THREE RESULTS: HIGHLIGHTS (April 2019 to March 2020)



**25,319**  
people received essential health care services, such as immunization, pre- and post-natal care, cervical cancer screening.



**19**  
health facilities renovated, including **8 boreholes dug** to provide clean water for health workers and patients.



**16,179**  
women and men, including youth, received family planning services.



**75%**  
of births in the project area took place in health facilities with skilled health workers – **an increase of 8% from 2018**. Giving birth in a health facility increases the likelihood of a woman and newborn surviving childbirth.

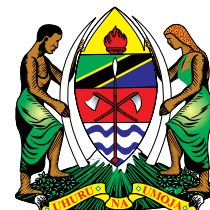


**923**  
health workers trained, including community health workers who are the first point of contact for health education.



**51%**  
of young people in the project area used youth-friendly health services set up to address their needs.

## PARTNERS



## THE POWER OF RADIO

Community radio is alive and well in Simiyu Region. It provides important information about local events and activities affecting people's day-to-day lives. Through the Uzazi Uzima project, community radio is also providing vital education about health.

Working with Sibuka radio and the local health authorities, the project is supporting monthly programs about all matters health-related, from contraception to nutrition to hygiene and sanitation. Each show is hosted by a health specialist from the district health office and includes questions that listeners call or text in. Topics have included the causes and treatment of cervical cancer, methods of family planning, adequate nutrition for growing children and much more.

When the COVID-19 virus reached Tanzania in March 2020, these regular radio shows were the best way to educate people about the symptoms of the disease as well as how to prevent its spread. Typically, this type of health education would happen through community meetings with potentially hundreds of people gathering together. With large community events unsafe, education about COVID-19 instead started happening through the radio. The project team has increased the number of health shows, and integrated COVID-19 information into its regular health topics. Listeners can text the radio show with questions about COVID-19 which has helped to dispel myths



*Tausi Buruki (left), a health care provider in Maswa District, and Redempta John (right) the District Reproductive Healthcare Co-ordinator in Maswa District, are holding a radio discussion about health in Simiyu Region, Tanzania.*

**Canada** 

*The Uzazi Uzima project is supported by the Government of Canada through Global Affairs Canada and by the James Percy Foundation.*

## **PROJECT REPORT**

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

That's a wrap on Year Four of our project focused on improving the health and rights of women and girls in Ethiopia, Kenya, Malawi and Tanzania.

In partnership with three great Canadian organizations – Children Believe, Centre for Global Child Health at The Hospital for Sick Children (SickKids) and WaterAid Canada – and with generous support from Canadians via the Government of Canada through Global Affairs Canada and individuals and foundations, the CAIA-MNCM project has

### **RESULTS HIGHLIGHTS 2016 TO 2020**

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## **3,316,154**

**people reached through activities to improve everyone's health in 20 communities in Ethiopia, Kenya, Malawi and Tanzania.**

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## **664,813**

**people informed about better health practices at home for their families and for the community as a whole.**

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## **1,248**

**facility-based managers and health workers trained on management, support supervision, clinical auditing and health management information systems to create more effective, efficient health care.**

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## **1,047**

**community health workers trained to provide basic health education and services for families. Topics included: nutrition for growing babies, children and teens; pre- and post-natal care; vaccination against deadly diseases such as Polio and measles; hygiene and sanitation.**

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## **422**

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



# SNAPSHOTS OF LASTING HEALTH CHANGE

At the start of this project, we worked with local governments and communities to identify specific areas of improvement to target through our activities. Four years later, we looked back at those areas to see exactly what changes had been made. These snapshots highlight a few of the project's successes that put communities on the road to long-term and sustainable health change.

## Ethiopia (Afar Region)

Increase in the percentage of men who reported their wife or partner has input into the decision to seek health care. Equality in decision-making is vital so that women can choose when to access health care for themselves or their children.

### Before:

68% of men said their wife or partner has input into seeking health care

### After:

92% of men said their wife or partner has input into seeking health care

## Kenya (Siaya County)

Reduction in neonatal mortality, which measures deaths in the first 28 days after birth. Mortality during the neonatal period is an important indicator of maternal and newborn health.

### Before:

19 babies died per 1,000 live births

### After:

10.9 babies died per 1,000 live births

## Malawi

### (Southern and Central Regions)

Decrease in the percentage of children under the age of five who were underweight. Child undernutrition is a major health problem that can have long-term consequences.

### Before:

12% of children under five were underweight

### After:

3.9% of children under five were underweight

## Tanzania

### (Geita Region)

Increase in young women who gave birth with the assistance of a skilled health worker: doctor, nurse or midwife. Survival of mothers and babies improves when skilled health workers are on hand during labour and delivery to assist with complications that may arise.

### Before:

57% gave birth with a skilled health worker attending

### After:

87% gave birth with a skilled health worker attending

## PARTNERS



# Canada

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

## PROJECT REPORT

# Amref Health Africa Nutrition Mapping and Integration

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

### Teaching Nutrition to Improve Teenagers' Health

Twenty teachers, a mix of women and men from 10 schools, gather around a table in Sédhiou Region in the south of Senegal in the early morning as a nutrition expert takes them through the schedule for the next three days. They will be learning about nutrition, with a focus on improving the health of teenage girls and boys, and how to combine it with the curriculum they've been teaching for the last eight years on sexual and reproductive health and rights through school-based health clubs.

"We know very well that there are problems to do with this [nutrition] and scholastic performance and we want to do more to assist the students," says Ibrahima Fall from Goudomp school, one of the teachers attending the workshop.

By the end of the training, the teachers are comfortable with the nutrition information they have received and are looking forward to taking what they've learned back to their schools. They will act as trainers of their colleagues in the schools that are already part of Amref Health Africa's sexual and reproductive health project in Senegal called Girls.Choice.Future.

Students also say they want to learn more about nutrition. "I am interested in nutrition because it's good to know what to eat to be in good health," says Khady Mané who attends CEM Djibanar school.

The integration of nutrition into Girls.Choice.Future is thanks to a two-year partnership with Nutrition International that has recently wrapped up. The partnership focused on assessing Amref Health Africa's capacity to integrate nutrition into its existing health-focused projects in eight countries – Ethiopia, Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda and Zambia. The Girls.Choice.Future nutrition integration is a pilot initiative to test how Amref Health Africa can best apply the learning from the assessment to our active projects in other countries.

In 2020, we'll be moving ahead to integrate nutrition for better health.



Teacher **Ibrahima Fall**



Student **Khady Mané**



Nourish Life

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

# CANADIAN SUPPORT FOR LASTING HEALTH CHANGE IN AFRICA

## 2019 Highlights

Our community of donors across Canada supported our vision for lasting health change in Africa throughout 2019.

### Heartfelt Support for Girls and Women

Canadians generously contributed \$34,000 to our work to improve the health and rights of girls and women through a series of live events in Toronto, Port Hope and Ottawa, Ontario featuring TIME 100 Honouree, Nice Nailantei Leng'ete, as guest speaker.

Nice shared her inspiring work to change her community's practice of female genital mutilation/cutting (FGM/C) from within. In her Maasai community in Kenya, girls are traditionally subjected to FGM/C as a rite of passage from girlhood to womanhood. Once girls have undergone FGM/C, they leave school, get married and start a family.

Over time through community dialogue, Nice convinced elders to allow girls to forego FGM/C and celebrate womanhood through an alternative rite of passage. Working with Amref Health Africa, Nice and community champions like her have helped about 20,000 girls in Kenya and Tanzania avoid FGM/C through alternative rites of passage since 2009.



CBC Radio host Angeline Tetteh-Wayoe (left) interviewed Nice Nailantei Leng'ete at a live fundraising event in Toronto, Ontario.



### MAMATOTO Gifts of Health

Our community of donors gave \$55,000 to support the health of moms and babies through our MAMATOTO Gifts of Health in 2019. Each gift has 5X the impact!

All revenue raised from MAMATOTO Gifts of Health supported the work being done through our Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM) project (see Pages 8 and 9 for project highlights).

# 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 Executive Director, Onome Ako, at [oako@amrefcanada.org](mailto:oako@amrefcanada.org).

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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

- The Walmley Foundation**
- Roy and Roberta Barr Family Foundation**
- K. M. Hunter Charitable Foundation**
- The Norman and Margaret Jewison Charitable Foundation**
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- Unifor Social Justice Fund**
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- Cook Doyle Ltd.**
- Skymark Finance Corporation**
- Cato Management Inc.**
- CIBC Mellon Global Securities Services**
- Next Level Stormwater Management**
- Northleaf Capital Partners (Canada) Ltd.**



# 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.



# 2019 FINANCIAL REPORT

<b>REVENUE</b>	<b>2019</b>	<b>2018</b>
Institutional/ Government of Canada Funding	6,477,786	12,891,424
Corporate	382,988	
Foundation	220,915	53,680
Individual	443,497	281,643
Investment Income (loss)	77,898	(24,655)
Administration Fees	49,564	7,518
Amortization of Deferred Contributions	325	406
Amref Health Africa Global (see note 1)	676,369	387,981
<b>TOTAL REVENUE</b>	<b>8,329,352</b>	<b>13,597,997</b>
<b>EXPENDITURES</b>	<b>2019</b>	<b>2018</b>
Funds Disbursed (SEE NOTE 2)	6,812,112	10,071,366
Project Support	422,756	501,695
	<b>7,234,868</b>	<b>10,573,061</b>
Public Awareness	85,037	74,936
Marketing Solicitation	483,373	139,413
Other Fundraising	210,060	230,823
	<b>778,470</b>	<b>445,172</b>
Administrative	300,802	303,098
Amortization	3,988	6,913
	<b>304,790</b>	<b>310,011</b>
<b>TOTAL EXPENDITURES</b>	<b>8,318,128</b>	<b>11,328,244</b>
<b>SURPLUS(DEFICIT)</b>	<b>11,224</b>	<b>2,269,753</b>

**Note 1:** Amref Health Africa International together with the Global Fundraising Development Office 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 2019 was \$774,013.

<b>STATEMENT OF FINANCIAL POSITION</b>	<b>2019</b>	<b>2018</b>
Operating Assets	334,784	276,491
Restricted project funds available for disbursement	2,185,605	2,280,556
Development Funds	610,856	553,368
Capital Assets	6,088	10,076
	<b>3,137,333</b>	<b>3,120,491</b>
Liabilities	269,344	263,726
Net Assets	2,867,989	2,856,765
	<b>3,137,333</b>	<b>3,120,491</b>

## 2019 EXPENDITURES



Programs and Program Support	●	<b>\$7,234,868</b>
Fundraising	●	<b>\$693,433</b>
Administration	●	<b>\$304,790</b>
Public Awareness	●	<b>\$85,037</b>
<b>Total</b>		<b>\$8,318,128</b>



**Amref Health Africa in Canada**

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