

A NOTE FROM ANNE-MARIE: INNOVATION

Innovation is a hot topic these days, and a bit of a buzz word. This is particularly true in global development where people like Bill Gates often talk about the need to innovate to save more lives.

When I hear people talk about ‘innovation’ in global health, I usually think of technology – such as using mobile phones to train health workers in remote parts of Africa.

But, as our work with African communities grows and evolves, I’m realizing innovation is about much more than that.

Innovation can also mean new ways of partnering with communities to tackle challenges that are decades (and sometimes centuries) old – like forgoing Female Genital Mutilation (also known as Female Genital Cutting) in rites of passages for girls or dispelling myths about menstruation so girls don’t need to miss school for one week every month.

For Amref Health Africa, innovation also extends beyond our projects to how we run as a global organization. Innovation is crucial to our long-term financial success, and, under the leadership of our new Group CEO – Dr. Githinji Gitahi – we are exploring opportunities for turning some of our core strengths into enterprises to provide stable funding for our projects.

One such enterprise in its early stages of development is an Amref Health Africa University, building on our nearly 60 years of experience delivering government-approved training programs to aspiring and existing health workers across sub-Saharan Africa. I’m excited to share updates with you about this idea as it continues to develop.



Anne-Marie Kamanye (back row, third from right) with Amref Health Africa colleagues visiting a project to bring solar power to health clinics in rural Uganda.



Anne-Marie Kamanye, Executive Director of Amref Health Africa in Canada

In this edition of *Habari*, you’ll have the chance to read about some of the ways we are applying innovation to our work.

Your support is what makes it possible for us to innovate – to find the most effective ways of using all the tools at our disposal to create lasting health change in Africa.

Asante Sana,

Anne-Marie Kamanye
Executive Director

AMREF HEALTH AFRICA HEROES: SARAH MANANA – BREAKING MENSTRUATION MYTHS

Sarah is a Project Officer for Water, Sanitation and Hygiene at Amref Health Africa in Uganda where innovative programmes are leading teachers and students (boys and girls alike) to talk about menstruation as they would any other health topic.

“In schools, I train senior women teachers in supporting girls that are about to reach puberty to learn to manage their menstruation. In Uganda, it is a taboo for most mothers to talk about menstruation with their daughters and the girl children often miss four to five school days each month when they experience menstruation. This means the girls don’t perform as well at school and get frustrated and drop out of school. The literacy rate of women in Uganda is 66% (compared to 79% for men).

Amref Health Africa wants to change this state of affairs by demystifying menstrual hygiene. We want to first break the silence and also confront the myths. There are so many myths to do with menstrual hygiene, for example it is believed that a girl in her menses should not cross a road and go anywhere; she should stay at home. How then can she travel to school?

I am happy that because of our work the girls can now open up and talk with the senior women when they are experiencing menstruation. The boys in the schools we have sensitized are very supportive; some boys help in making re-usable pads for the girls and they no longer laugh at girls when they accidentally stain their uniforms. School attendance has also improved since the girls do not stay home during menstruation.”



IN FOCUS: CANADIAN GROUPS JOINING FORCES FOR MOTHER AND CHILD HEALTH

Amref Health Africa is bringing together Canadian and African expertise to reduce the high rates of mother and child mortality within marginalized and remote communities in Ethiopia, Kenya, Malawi and Tanzania.

The broad-based partnership means that we will be able to tackle head on some of the biggest contributors to poor health, including: shortage of trained health workers; lack of clean water; inadequate sanitation; gaps in information for parents about basic child health; malnutrition and under nutrition; overcrowded and poorly equipped health facilities; lack of systems to track vital health data; and gender inequality.

KEY PROJECT GOALS 2016 to 2020:



1.7 million women, children and men benefit directly through training, education or health services.

749,000 people receive public health education about healthy moms and babies, sanitation and hygiene.

48,000 parents attend cooking demonstrations by community-based health workers, with a focus on improving nutrition for children using local food.

39,000 people take part in public meetings about gender equality and harmful traditional practices.

1,094 community-based health workers recruited and supported.

1,000 health workers trained in best practices for maternal and newborn care, sanitation and hygiene.

500 community meetings and events held to encourage men’s active participation in mother and child health.

Note: Some of the project goals may change once Amref Health Africa and our partners complete the initial research to determine baseline data in the communities where we will be working.

PROJECT PARTNERS:



Christian Children’s Fund of Canada: a member of ChildFund Alliance, a worldwide group of 12 child-centered development organizations working in 58 countries to implement long-lasting and meaningful changes for children and families.



The Hospital for Sick Children, Centre for Global Child Health: provides a dedicated hub for global child health-focused activities and connects researchers and health care professionals around the world.



WaterAid Canada: an international non-profit organization dedicated to helping the world’s poorest people gain access to safe water and sanitation working in 26 countries across Africa, Asia, Central America and the Pacific region.

This project is undertaken with \$24.9 million in financial support over four years from the Government of Canada through the Department of Global Affairs. Of this, Amref Health Africa in Canada receives \$16 million and needs to raise an additional \$1.4 million to fully fund the project.

HOW AMREF HEALTH AFRICA SUPPORTERS ARE ENABLING INNOVATION

Innovation is a vital piece of the puzzle when it comes to our work with African communities to create lasting health change. These two projects from the Amref Health Africa family showcase how contributions from supporters in Canada and around the world are making innovation possible, and saving lives.

UGANDA: Solar Power

The Problem:

16 women and **106 newborns** die every day in Uganda in pregnancy and childbirth.

Remote communities have the highest rates of mother and newborn deaths.

Health facilities in remote areas are missing a vital component for saving lives: **electricity**

The Innovation:

Make electricity available to **100 remote health facilities** through the Solar Suitcase®, a self-contained solar power generator for lights, a fetal monitor, an incubator and a laptop

Pair the Solar Suitcase® with the all of the **essential ingredients** for creating stronger health care systems: upgrading the skills of health workers; training community health workers so they reach out to parents about the importance of skilled health care for moms and babies; building community trust in health care.

The Results to Date: 100 Facilities

54% of births now happen with the support of a skilled health worker, vs. 41% when the project started in 2012

Drop in newborn deaths to **16** in 2015, from 66 in 2012.

Canadian Connection:

This project is made possible through financial support from **Grand Challenges Canada**, funded by the Government of Canada, along with many other global partners. Grand Challenges supports bold ideas with big impact in global health.



This health worker in Uganda makes good use of a Solar Suitcase®

KENYA and TANZANIA : Alternative Rites of Passage

About three million girls every year are at risk of undergoing Female Genital Mutilation (also known as Female Genital Cutting) in Africa, despite the practice being illegal in most countries.

Kenya and Tanzania are no exception. Maasai communities are among those who continue to practice FGM to mark a girl’s transition to womanhood. FGM can have severe health consequences, including hemorrhaging, shock, infertility, and complications during childbirth that can lead to the death of the baby or the mother.

But, how to change a deeply entrenched traditional practice that holds so much value for communities? This is where innovation comes in. Rather than imposing change from the outside, Amref Health Africa has made it possible for Maasai communities themselves to reflect on the practice of FGM and to determine how girls could become women without cutting. The result? Alternative Rites of Passage.



Maasai girls dance during an Alternative Rites of Passage ceremony in Kenya.

Community-created and driven, Alternative Rites of Passage mark this special time in a girl’s life with a public ceremony that includes elements of the traditional practice – dancing, singing, wise women lessons, speeches from elders – while forgoing FGM. Girls also learn about sexual and reproductive health, and talk about the value of going to school.

Nearly 9,000 Maasai girls have experienced an Alternative Rite of Passage, without FGM, since Amref Health Africa supported the very first one in Kajiado, Kenya in 2009 – thanks to financial support from the Dutch Postcode Lottery.

What do girls, community leaders and circumcisers have to say about Alternative Rites of Passage? Visit our website at www.amrefcanada.org/FGM to find out!