



Amref Health Africa, the largest African-led international organization on the continent, provides training and health services to over 35 countries in Africa. Founded in 1957 as the Flying Doctors of East Africa to bring critical health services to remote communities, Amref Health Africa now delivers preventative, community-based health care. With a focus on women and children, Amref Health Africa manages a full range of medical and public health programs tackling the most critical health challenges facing the continent: maternal and child care, HIV, TB and malaria, clean water and sanitation and surgical and clinical outreach.



**Cover Photo by Tommy Simmons.** Former Executive Director for Amref Health Africa in Italy, and a Canadian by birth, Tommy took this photo in May 2017 at the Yambio State Hospital in South Sudan. Read more about Amref Health Africa's work at Yambio State Hospital on pages 2-3.

# Year in Review

## A note from our Board Chair and Executive Director

2016 has been a record-breaking year for Amref Health Africa in Canada. With the support of our donors and partners, we disbursed more than \$7 million to projects in Africa, up significantly from our previous high of \$1.6 million in 2013.

The increase is largely due to two grants awarded in 2015 by the Government of Canada through Global Affairs Canada: a one-year project in South Sudan, and a four-year project that covers Ethiopia, Kenya, Malawi and Tanzania. Pages 2 to 5 offer a more detailed look at these projects and how they have improved the health of teenage girls, women and children.

We are also proud to announce that the Government of Canada recently awarded us a grant for a three-year project in Tanzania. The project builds on our many years of partnering with communities in the Simiyu region to lower maternal and child mortality.

Funding from the Government of Canada for these three projects means we can accomplish more with African communities to improve health. As a partner with Global Affairs Canada, we are required to raise 5 to 15% of each project budget through support from individual Canadians, businesses or foundations. Through the global Amref Health Africa organization, we secured support in 2016 to grow Canada's individual fundraising program. The support will allow us to invest in proven systems and strategies that will build a broader base of financial contributions from across Canada. Importantly, increased support from individual Canadians will also help us to continue to implement health-focused programs that reach even more African communities.

In addition to our financial development, the Board of Directors and staff in Canada are creating a five year strategic plan based on Amref Health Africa's global strategy, informed by the Sustainable Development Goals, which was recently approved by the International Board of Directors. We are excited to think ahead about the challenges we must work to overcome and the opportunities we must seize to continue being a global leader in improving health care in Africa.

In closing, we would like to acknowledge that 2017 is a special year for Amref Health Africa as we celebrate 60 years since our founding in Nairobi, Kenya by three doctors. While much has changed in those decades, our commitment to ensuring access to life-saving health care to the poorest and most vulnerable is still at the heart of what we do day in and day out.

We have you to thank for these 60 years. Your long-term support has been, and remains, vital to reaching our vision of lasting health change in Africa.



**Mary Ann MacKenzie**  
Chair, Board of Directors

**Anne-Marie Kamanye**  
Executive Director

# Project Report

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

The news from South Sudan is difficult to watch: ongoing conflict throughout much of the country, millions of people (mostly women and young children) forced to flee their homes, and food shortages and famine. It's not surprising that South Sudan has some of the highest maternal and child mortality rates in the world, driven in large part by the lack of access to quality health care during pregnancy and delivery.

Despite the instability, Amref Health Africa continues to work towards lasting health change in South Sudan. We have been working in Gbudue State to help provide stable health care at Yambio State Hospital since November 2015, with a focus on pregnant women and children. The hospital serves an area with a population of close to 620,000 people, and is a vital facility for providing life-saving care to moms and babies.

**Canada** 

With financial support of \$2.9 million from the Government of Canada through Global Affairs Canada, Amref Health Africa has been working in partnership with the national and state government, Ministry of Health, the World Health Organization and local communities to help Yambio State Hospital operate as effectively as possible as well as train health workers to help create lasting change.

While this specific project is drawing to a close, Amref Health Africa is continuing its work at Yambio State Hospital through a partnership with World Vision funded by Health Pooled Fund, to which the Government of Canada is a contributor.

### Restoring Hope at Yambio State Hospital

 My name is Magbula Abdul and I am midwife working at Yambio State Hospital in the labour room. From June to October 2015 [before the Amref Health Africa project began], the hospital was faced with a lot of challenges, including armed conflict that resulted in looting of the hospital equipment and deliberate removal of some medical equipment, drugs and supplies by some individuals. Amref Health Africa restored the hope of the people and patients in Yambio by supplying essential medical equipment, medicines and supplies including skills transfer in different

approaches that enable us to deliver quality care to the mothers, newborns and children. As a result we are seeing mothers attending pre-natal care, and delivering in the hospital assisted by skilled health workers.





*Mothers and their children receive health care at Yambio State Hospital. Photo by Tommy Simmons*

## Key Project Results

Project activities have significantly increased the number of patients who have been using Yambio State Hospital.

When the project started, only 11 patients (3 children and 8 mothers) were being admitted on a daily basis. And, only 20 patients were being treated in the outpatient department.

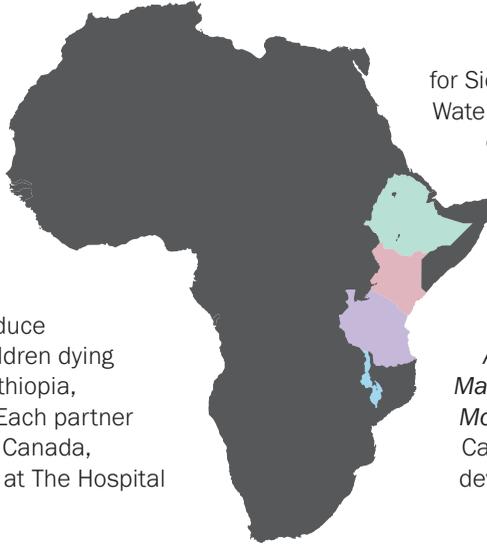
Now, Yambio State Hospital is treating, on average, 260 patients per day in the outpatient department and 45 patients per day in the pediatric ward. More than 140 babies are being born – and surviving – at Yambio State Hospital every month.

- Ensured Yambio State Hospital has the South Sudanese staff it needs to provide health care services, with a focus on women and children.
- Trained health workers and hospital staff to improve the quality of health care provided to women and children, and to save lives using new skills.
- Made sure that emergency obstetric care, such as the ability to perform a caesarian section, is always available at the hospital.
- Reduced the number days that the hospital runs out of essential drugs by delivering supplies and improving how drugs and other medical inventory are managed.
- Increased the number of pregnant women who attend the recommended number of visits for pre-natal care.

# Project Update

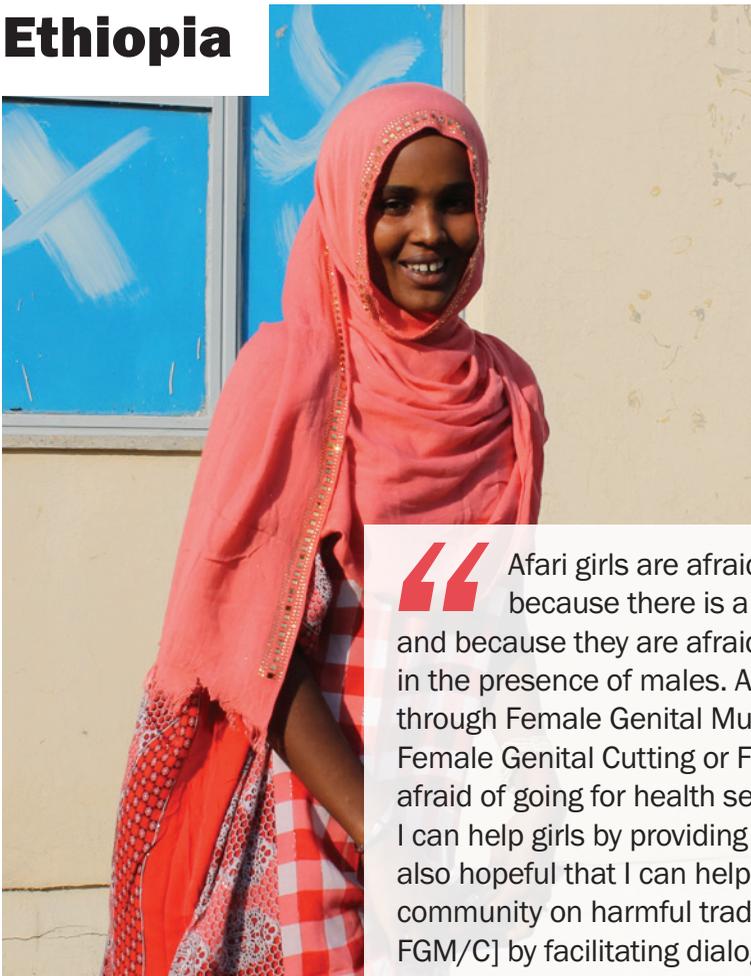
## Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality

Working in partnership is an approach to creating lasting health change that Amref Health Africa values. That's why we have brought together three Canadian organizations to partner with us on a four-year project to reduce the number of women and children dying in pregnancy or childbirth in Ethiopia, Kenya, Malawi and Tanzania. Each partner – Christian Children's Fund of Canada, Centre for Global Child Health at The Hospital



for Sick Children (SickKids) and WaterAid Canada – brings with it experience and expertise that helps us make progress that will last. With financial support of \$24.9 million from the Government of Canada through Global Affairs Canada, the *Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality* project is an important Canadian contribution to global development.

## Ethiopia



One of the planned activities of the project is training midwives. In the Afar region of Ethiopia, the project is supporting 16 young women to attend a three-year training program to become midwives. Afar is a rural area with pastoralist (nomadic) communities. In these types of areas, well-trained midwives are essential for ensuring women have access to quality health care during pregnancy and delivery.

We asked one of the students, Meareem Dawud, why she wants to become a midwife:

“ Afari girls are afraid of getting health services, because there is a lack of female health workers and because they are afraid of taking health services in the presence of males. Also, many girls have gone through Female Genital Mutilation [FGM, also known as Female Genital Cutting or FGC] and thus they become afraid of going for health services. So, I am hopeful that I can help girls by providing health services myself. I am also hopeful that I can help to change attitudes in my community on harmful traditional practices [such as FGM/C] by facilitating dialogue in my community.

## Kenya



Health education at the community level is an important part of improving mother and child health. Janet Onyango, 38, and her husband John live in the Siaya region of Kenya. Thanks to the education provided to her by a Community Health Volunteer trained by the project, Janet decided to attend pre-natal checkups and to give birth at the closest health facility. Here's what Janet had to say about her experience.

“ I have 7 children with Sara Achieng being my last born. The other six children were all born at home... When I attended a community dialogue organized by our 'village doctors' together with my husband John while I was pregnant with Sarah I decided to try the hospital. The regular visits Teresia [a Community Health Volunteer] made to our house also made me go for clinic four times unlike my previous pregnancies. At the health facility I was well received by a nurse when my husband took me there. I safely delivered my baby girl Sarah who I named after the Nurse (Sister Sara) who conducted the delivery. I did not feel much pain compared to my previous deliveries and I will advocate for all pregnant women to deliver in the hospital. I have had no health issues after delivery. It is now 10 days and I am getting stronger very fast. I believe seeking care from the hospital is the way to go for all women in our community.

## Malawi



We are partnering with the Centre for Global Child Health at The Hospital for Sick Children (SickKids) to provide education to health workers in Ethiopia, Malawi and Tanzania. The three-week program focuses on saving the lives of newborn babies through training in critical areas, such as helping newborns breathe, preventing infection after birth, and breastfeeding.

“ Small babies were being overlooked...and with this training we have learned that it is possible that we can make a change so that these babies can survive. This training has been very beneficial to my work as well as to the people I serve in my community.

*Luckson Foltsala, Nurse-Midwife Technician, Malomo Health Centre, Malawi.  
Photo by: SickKids Centre for Global Child Health*

## Tanzania



Family planning and other sexual and reproductive health services are a vital part of the project. In the Geita region of Tanzania, Amref Health Africa trained 63 health workers in essential skills to provide high quality family planning services. The training was done in collaboration with the Tanzania Ministry of Health, Community Development, Gender, Elderly and Children.

Here's what one of the trainees, Mr. Lichima Ngasa, Clinical Assistant from AIC Ihega dispensary, had to say about the training:

“ I appreciate Amref Health Africa for its initiative to address maternal and child mortality in Geita region. I am thankful for the efforts in building our capacities. Recently, I participated in family planning training which was organized and funded by Amref Health Africa through the CAIA-MNCM project. As it is my first family planning training, I learnt a lot and I am now able to provide both long and short term family planning methods. I will make sure I share this knowledge with my colleagues in our health facility in order to improve the quality and increase access to family planning services for women of reproductive age in our catchment area and beyond.

# New Project

## Diagnosing Malaria with a Smartphone

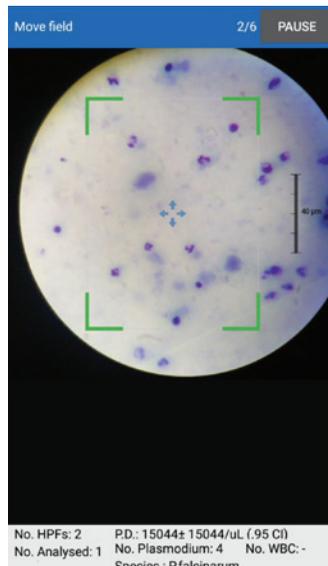


Every two minutes, a child dies from malaria. 90% of those deaths happen in Africa. Accurate and timely diagnosis of malaria is a huge gap in its treatment, particularly in

rural and remote areas. Working together with Mobile Malaria Labs (MOMALA), a social enterprise based in the Netherlands, we are aiming to close this gap.

We are working with MOMALA to test a smartphone app that could greatly improve the accuracy of malaria tests. With improved diagnosis comes better and faster treatment, helping to prevent unnecessary deaths.

We spoke with Bram den Teuling, Data Scientist at MOMALA, to find out more about the smartphone solution and MOMALA's partnership with Amref Health Africa.



### How did the idea for a smartphone app for diagnosing malaria come about?

One of our employees did his PhD thesis on malaria parasite detection in microscopic images of stained blood. During the defence of his thesis, the jury was very enthusiastic about the solution and the results. We did some research and were blown away by the impact a solution like this could make in the fight against malaria. One of the biggest problems seems to be the lack of capacity for high-quality diagnostics in low-resource environments. We then approached the PhD thesis supervisor about the idea of embedding the algorithm in a product, suitable for the African market. Two weeks later we won the mHealth Hackathon in Brussels, Belgium with a proof of concept.

### Why has MOMALA decided to partner with Amref Health Africa to pilot the app?

MOMALA is very strong in machine learning, image recognition and mobile app development, but is not an expert in malaria or the local health market. We decided to partner with Amref Health Africa because it has exactly this expertise. Together, we planned a fact-finding mission to rural Kenya to find out if a solution like the smartphone application we had in mind could work and what the essential requirements would be. We were at a small rural clinic where there was a long queue of mothers with their young children waiting to be diagnosed and we asked the only microscopist what would happen when she was sick. She replied, "I am never sick, but then if that happens no one is diagnosed and they could all walk back home for hours."

### If this pilot is successful, what difference could the MOMALA app make in the fight against malaria?

MOMALA is a perfect example of leapfrogging; it enables local health care to take a big step in quality and accessibility through technical innovation. Our solution will directly create more capacity for malaria diagnosis and reduce over- and under-diagnosis. Over-diagnosis is already creating drug resistant parasites, which makes malaria much harder to treat. On the flip side, because of under-diagnosis, and therefore under-treatment of malaria, people are getting very sick and even dying. Every year more than 400,000 people are dying of a disease even though it is treatable. We believe that MOMALA can make a big impact on the quality of life and mortality rates caused by malaria.

# Annual Program Highlights



## New Project in Tanzania: Uzazi Uzima

With \$10.2 million in financial support from the Government of Canada through Global Affairs Canada, we are beginning work on a three-year project in the Simiyu region of northwestern Tanzania. Building on years of experience partnering with communities in this region, the project will focus on ensuring access to quality sexual and reproductive health services, such as family planning. The project will also include outreach on key issues that affect the health of women, children and adolescent girls, including gender equality, harmful traditional practices and the participation of men in sexual and reproductive health.



## Leap Trains 6,000 Community Health Workers

Amref Health Africa's mobile health platform, Leap, has turned one! In its short time, Leap has trained more than 6,000 Community Health Workers in Kenya through a unique platform that runs on a basic mobile phone. Leap is a vital tool for Community Health Workers, many of whom work in remote areas where opportunities for continuing health care education can be difficult to reach. A partnership among Amref Health Africa, Accenture, Mpesa Foundation, Safaricom, Mezzanine and Kenya's Ministry of Health, Leap provides Community Health Workers with the knowledge and skills they need to improve health in their community.



## African Health Conference

More than 1,000 people gathered in Nairobi, Kenya for three days in March for the Africa Health Agenda International Conference, hosted by Amref Health Africa. Global health experts, government officials, non-governmental organizations (NGOs), community-based groups, local leaders and advocates, and private sector representatives came together to discuss African solutions to meet the health-focused targets in the global Sustainable Development Goals.

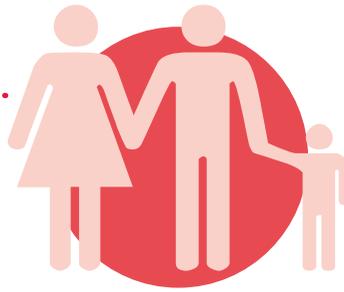
# 2016 Global Accomplishments

Amref Health Africa partners with African communities for lasting health change. We do that through a global network made up of 11 offices in North America and Europe and seven offices in Africa. All told, our work extends into 35 African countries.

Here's a snapshot of some global accomplishments.

**13,569,548**

million people reached through our health-focused projects (October 2015 to December 2016).



**234,785**

people received health-focused training through Amref Health Africa (October 2015 to December 2016).



**9,578**

patients in Uganda, Kenya, Tanzania and Ethiopia provided with medical specialist treatment through our Specialist Outreach Project. This free service provides surgeons and other medical specialists to hospitals in need, and trains local doctors.

**851**

patients evacuated throughout Africa and around the world through our air ambulance service – AMREF Flying Doctors. Profits from AMREF Flying Doctors evacuation insurance help to fund our charity evacuations and our day-to-day work.



**29**

charity evacuations in Kenya provided by AMREF Flying Doctors. These patients received life-saving air evacuation and medical support free of charge.

# Thank You to Our Donors

Amref Health Africa is grateful to all of the Canadian individuals, businesses and foundations who made lasting health change possible in 2016. Your commitment to African-led solutions for critical health issues is an inspiration.

## Major Gift Donors

David and Kate Angell  
Bob and Susan Atkinson  
Lynn Bayer  
René and Lisa Beaudoin  
Clarice Bennett  
J. Edward and Margaret Boyce  
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Lindsay Ryerson  
Manjit Sidhu  
Becky Sigmon  
The Family of Suresh, Nicole & Quinn  
Keith N. and Tanja Thomson  
Alan and Susan Torrie  
Muriel Truter  
Hassan Valji  
Ryan Wiley  
Denise Young  
Margaret Zeidler

## Foundations

Blossom Foundation  
Ethiopiaid Canada  
K. M. Hunter Charitable Foundation  
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The John Nixon Memorial Fund  
The Toronto Community Foundation  
United Way of Greater Toronto  
United Way of Ottawa

## Corporations

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Lil' Baci  
Northleaf Capital Partners Canada Ltd  
Shift Health

## Government of Canada

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, \$10.2 million over three years for sexual and reproductive health in rural Tanzania and \$2.9 million over one year to help create stronger health systems in South Sudan.



## Health for Africa

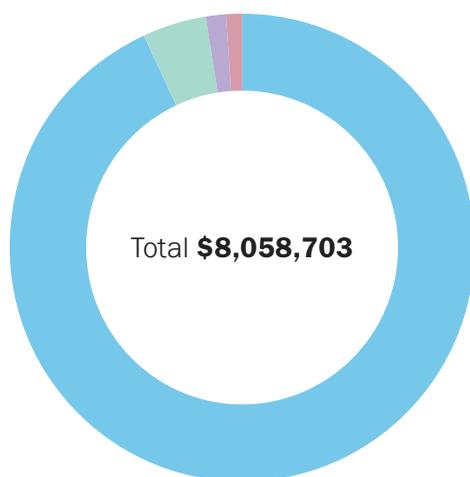
Special thanks to our dedicated Health for Africa donors who contribute monthly to our ongoing projects. To become a Health for Africa donor, visit [www.amrefcanada.org/donate](http://www.amrefcanada.org/donate)

# Financial Report 2016

<b>Revenue</b>	<b>2016</b>	<b>2015</b>
Institutional / Government of Canada Funding	\$7,596,063	\$1,504,808
Corporate	-	15,672
Foundation	35,200	75,950
Individual	74,281	49,699
Investment Income	50,482	(1,040)
Gala/Events	-	122,837
Marketing Solicitation	110,773	158,780
Administration Fees	5,776	2,336
Contributions	675	870
Other	300	200
<b>Total Revenue</b>	<b>\$7,873,550</b>	<b>\$1,930,112</b>
<b>Expenditures</b>		
Disbursements to Projects in Africa	\$7,213,640	\$1,051,240
Project Support	286,068	178,295
	<b>\$7,499,708</b>	<b>\$1,229,535</b>
Public Awareness	95,918	72,982
Fundraising Marketing Solicitation	103,815	249,201
Fundraising Gala	801	35,528
	<b>200,534</b>	<b>357,711</b>
Administration	358,461	345,463
<b>Total Expenditures</b>	<b>\$8,058,703</b>	<b>\$1,932,709</b>
<b>Surplus (deficit)</b>	<b>(185,153)</b>	<b>(2,597)</b>

<b>Statement of Financial Position</b>	<b>2016</b>	<b>2015</b>
Operating Assets	\$51,076	\$93,840
Restricted project funds available for disbursement	150,413	348,567
Development Funds	590,178	546,795
Capital Assets	6,903	9,567
	<b>\$798,570</b>	<b>\$998,769</b>
Liabilities	297,140	312,186
Net Assets	501,430	686,583
	<b>\$798,570</b>	<b>\$998,769</b>

## 2016 Expenditures



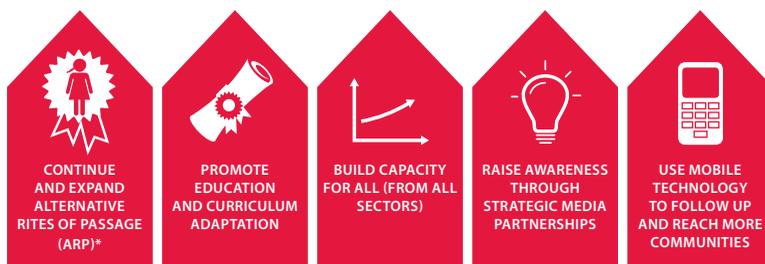
<b>\$7,499,708</b>		Programs and Program Support
<b>\$358,461</b>		Administration
<b>\$104,616</b>		Fundraising
<b>\$95,918</b>		Public Awareness

# Our Vision to End Female Genital Mutilation

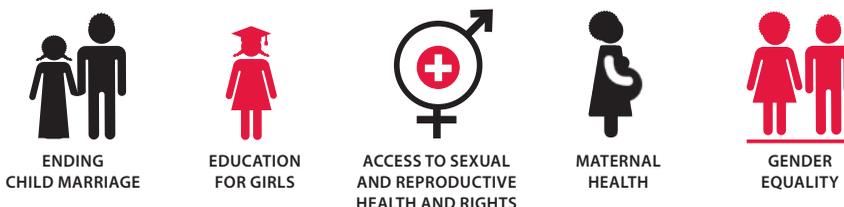
On International Women's Day at the Africa Health Agenda International Conference held in Nairobi, Kenya, Amref Health Africa released its vision to end Female Genital Mutilation (FGM, also known as Female Genital Cutting or FGC) by 2030.

Built on our belief in community-led and community-driven alternatives to FGM/C – without any form of a 'cut' – our vision is focused on enabling young girls to continue their education and avoid becoming child brides.

## Our vision to end FGM/C by 2030 includes:



## Ending the practice of FGM/C will have direct positive benefits for many aspects of girls' lives, including:



Since 2009, Amref Health Africa has been partnering with Maasai communities in Kenya and Tanzania to support a community-led Alternative Rites of Passage (ARP)\* ceremony that replaces FGM/C but maintains all the important cultural celebrations. More than 10,000 girls have celebrated their transition to womanhood through an Alternative Rites of Passage ceremony without FGM/C.





### **Amref Health Africa in Canada Board of Directors (2016 term)**

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Melanie Barwick, PhD, CPsych  
René Beaudoin  
Ian Brenner, CPA, CA  
Doug Heighington  
Jette James  
Jeff Pentland  
Muriel Truter  
Karen Wensley  
Ryan Wiley, PhD

### **Amref Health Africa in Canada Staff**

Anne-Marie Kamanye / Executive Director  
Onome Ako / Director of Strategic Partnerships  
Jennifer Foulds / Communications and PR Director  
Rachel Lancaster / Director of Fundraising and Marketing (from March 2017)  
Kevin O'Neill / Director of Programs  
Graham Atkinson / Program Manager  
Liz Doyle / Operations and Donor Relations Manager (until April 2017)  
Geraldine Isaac / Fundraising and Administration Manager (from May 2017)  
Chi Mandivenga / Program Coordinator  
Sean Power / Project Manager  
Tasneem Haiderbhai / Finance Manager

### **Credits**

**Design:** Timothy Arndt

**Back cover photo by Anja Ligtenberg.** This photo was taken at a candlelight ceremony held during an Alternative Rites of Passage celebration in Kenya. Alternative Rites of Passage ceremonies are being held in many Maasai communities in Kenya to mark a girl's transition to womanhood without Female Genital Mutilation (FGM, also known as Female Genital Cutting or FGC). See page 12 for more on Amref Health Africa's work focused on ending FGM/C.



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