

Building Healthy Communities in Africa





Mission

CPAR works in partnership with health professionals, vulnerable communities and governments to build health systems capacity in Sub-Saharan Africa.

Vision

Stronger health systems in Sub-Saharan Africa.

What We Do

Founded by Canadian doctors in response to famine in Ethiopia, CPAR has improved the health of vulnerable communities in Sub-Saharan Africa since 1984. We've supported and delivered programs to build the capacity of health care workers and health systems. Our projects have helped increase food security and improve nutrition, strengthened livelihoods, provided access to clean water, improved sanitation and hygiene, and provided emergency aid.

CPAR today is working to build stronger health systems in Sub-Saharan Africa. As local health systems and the health of individuals is impacted by poverty, disease, accidents, epidemics, challenged infrastructure and climate change, CPAR's approach is helping to improve health system capacity and improve lives for thousands of families and their communities.

Through our programs we connect healthcare professionals, academics and assembled experts with vulnerable communities, governments and diverse organizations in Ethiopia, Malawi and Tanzania. We support the achievement of the Global Goals for Sustainable Development through programming that:

- Improves health systems capacity
- Addresses the determinants of health that may also impact the health of the communities in which we are working (food security and nutrition, clean water, sanitation and hygiene, sustainable livelihoods).

Message from the Board Chair and Executive Director

On behalf of the Board of Directors of Canadian Physicians for Aid and Relief I am honoured to be able to wish all of our supporters and those interested in our work a Happy Holiday season and a happy 2020.

2019 has been a dynamic year for CPAR, a year full of change and opportunity.

We have continued on the path of our new vision and mission and have continued our work to support and strengthen health systems in east Africa.

We hope to always move along this path with a deep respect for our work in addressing the basic determinants of health and always with the philosophy that our involvement is done in partnership with the communities where we work and with our colleagues. The work is designed to become an integrated and sustained part of the community or system in which we work.

Our excellent team in Malawi, headed by Tchaka Thole, continues to work on projects from water and sanitation funded by UNICEF to agricultural projects to Malaria prevention.

In Ethiopia, with our team headed by Belete Getahun we continue to work with our nurse

and physician colleagues at Fitch Hospital to improve care and outcomes in the emergency department.

We are very excited to have been selected by Global Affairs Canada to implement a 4 year, nearly \$4 million CAN project Enhancing Sexual and Reproductive Health and Rights of Women and Adolescents (ESWA) in Ethiopia. This project will empower women and adolescents to seek care and support and will also help to strengthen the health care system in the areas needed.

CPAR has also made changes in how we manage our organisation. We have entered into a relationship with FICS (Facilitated Improvement for Corporate Success) in Ottawa to help us run a forward thinking NGO which will use all the available tools at

our disposal to become an even more effective and responsible organisational citizen of the world. We are moving our headquarters to Ottawa as well and are already seeing that a presence in the capital is helpful for national partners to understand the contribution that CPAR brings to the table. It has been good for CPAR to have direct conversations with government and non-government partners to see where it makes sense for us to contribute.

CPAR does remain at heart an organisation which works with our community partners in east Africa and we know that this is a really important value for our supporters.

So, a very deep thank you for your support and interest! These are exciting times for CPAR. Please stay tuned!



Steve Ferracuti
Dr. Steve Ferracuti
Chair



Dusanka Pavlica
Dusanka Pavlica
Executive Director

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Health

All people have the right to access good health care. However, many of the people in the rural communities where we work have to travel long distances to receive basic healthcare. Once they arrive at the facility – whether a small rural outpost or clinic, or a hospital – the facility may not be able to provide adequate treatment. The health workers may not be adequately trained and even if they are in a health facility that can help them, the quality of service may be limited. By working to improve the capacity, sustainability and outcomes of health systems in Ethiopia, Malawi and Tanzania, we improve all levels of healthcare.



PROJECTS 2018/2019

Fitche Hospital Health Systems Strengthening Project (Ethiopia)

Fitche General Hospital is a 102 bed zone hospital located approximately 125 km from Addis Ababa in Fitche District in the North Shoa Zone of Oromia. This is one of the poorest regions in the world and has one of the highest newborn child mortality rates in the country. Fitche Hospital serves approximately 1.5 million people and is a referral center for 57 Health Centres and 297 Health Posts in North Shoa Zone. The focus of this project is the strengthening of capacity and systems within the Emergency Department of the Fitche Hospital, to enable staff to deliver effective medical services to clients in its catchment area. The primary mechanism of support is through the deployment of Canadian healthcare professionals who volunteer to work alongside Ethiopian counterparts in the ER for periods of around 1 month. The project also includes the procurement of medical equipment and materials, and provides on-the-job training on topics that are critical to saving lives in the Emergency Department.



Comprehensive Emergency Health Care Service Skills Upgrading (CESU) in North Shoa Zone of Oromia Region (Ethiopia)

Health outcomes have improved significantly in Ethiopia over the last few decades, supported by the government's efforts through the Health Sector Development Program (HDSP), a strategy to expand primary care access and strengthen service delivery. However, while the numbers of healthcare providers and facilities have increased, Ethiopia does not have the equipment or people with the essential skills to support a coordinated emergency medical care system. The Ethiopian Ministry of Health has recently begun rolling out training of Comprehensive Emergency Health Care Services at the health centre level, in order to meet the standards of care as laid out in the Ethiopian Hospital Transformation Guidelines, 2016. In Fiscal Year 2019 CPAR started to support these efforts by targeting 7 health centres in the North Shoa Zone to train practicing healthcare providers (Physicians, Nurses and Health Officers) involved in the provision of Emergency Care so that they can become capable of handling emergency cases in their respective health facilities.

Social Behaviour Change (SBC) for Malaria Prevention and Treatment in Nkhata Bay District, Timazge Malungo Project (Malawi)

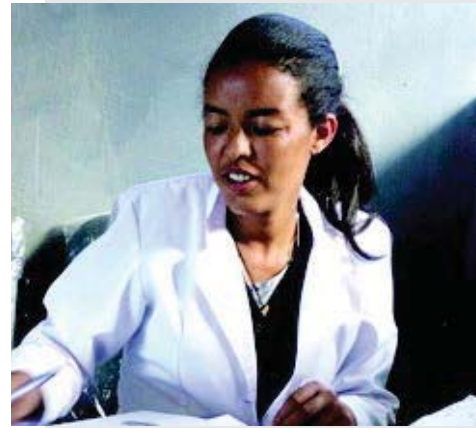
Malaria is an acute illness of the blood transmitted through mosquito bites. Symptoms usually appear 10–15 days after the infective mosquito bite. If not treated within 24 hours, malaria can progress to severe illness, often leading to death. In Malawi, malaria accounts for about 34% of all outpatient visits and is estimated to be responsible for about 40% of all hospitalization of children under five years old and 40% of all hospital deaths. In partnership with Management Sciences for Health (MSH), CPAR primarily employed the Social and Behavior Change methodology to support social change at both the individual and structural levels to address the high levels of malaria in Nkhata Bay. This was done through communication campaigns (i.e. participatory drama, community radio, local leaders, and community action groups); behaviour change by putting measures into place that make specific health seeking behaviors and services more accessible, convenient and effective; and social change at the community level to shift attitudes and practices, enhance engagement levels, and transform gender plus cultural norms. For this project, CPAR was an implementing partner for Management Sciences for Health.



Each Woman Health (Tanzania)

The Each Woman Health Project was a research study on community participation in the reduction of maternal and infant mortality in Rorya district, Mara province, Tanzania. The main goal of the project was to evaluate whether the integration of community participation and improving quality of service provided by Antenatal Care (ANC) health service providers will encourage women to access health care facilities in greater numbers for antenatal care services, and thus reduce maternal deaths. The objective was to build a cadre of community health workers with enhanced skills to develop high impact community-based maternal and newborn health interventions to address existing gaps and to incorporate mobile telephone technology for pregnancy and birth registration and monitoring and to demonstrate the model to policy-makers in Tanzania for further scale-up. The project was implemented in partnership with the Bruyere Research Institute, Medic Mobile and Shirati Hospital, and CPAR's role was to train Community Health Workers.

Debre-Tsige Health Center is located in North Shoa Zone of Oromia, Ethiopia and serves a population of 50,632. CPAR, in collaboration with the Oromia Regional Health Bureau and Selale University, conducted Basic Emergency Health Care (BEC) training for eight health facilities in North Shoa Zone of Oromia Regional State.



Aster Mengesha, an emergency health service staff member at Debre-Tsige Health Center was one of the participants. Aster initiated the provision of emergency healthcare services at Debre-Tsige Health Center.

The training proved to be fundamental in saving the life of an 8 year-old near-drowning victim. The boy was admitted to the emergency department unconscious and hypothermic. Aster, along with other health professionals at Debre-Tsige Health Center resuscitated him by applying CPR procedures and fluid administration. The boy regained consciousness and his body temperature returned to normal.

Aster said, "The BEC training provided training on emergency techniques that were new to us and taught us how to use life-saving equipment. Without the training, I couldn't share that knowledge with the other emergency staff. It has helped us provide the appropriate emergency care to help save lives."

Water, Sanitation and Hygiene

Access to clean water, adequate sanitation and good hygiene practices are imperative to maintaining optimal health and preventing the contraction and spread of a myriad of diseases. Unfortunately, in the communities in which CPAR works, far too few families have access to clean water and sanitation facilities or understand the link between proper hygiene and good health. CPAR works with communities to establish water points, build and install latrines, and provide hygiene training so that communities become equipped to manage the new infrastructure and adopt practices that promote good health and limit the spread of disease.



PROJECTS 2018/2019

Sanitation and Hygiene Project (Malawi)

In partnership with UNICEF, the aim of the project was to reduce cases of diarrhea in the project areas. According to UNICEF, diarrhea is a leading killer of children, and accounted for about 8 per cent of deaths among children under age 5 worldwide in 2017. Diarrhea diseases largely occur as a result of open defecation and poor sanitation hygiene practices, so the focus of this project was to increase coverage of and access to sanitation and hygiene services while also strengthening district capacity to manage Water, Sanitation and Hygiene interventions. Sanitation efforts are driven by the Community-Led Total Sanitation approach, with the objective of achieving Open Defecation Free (ODF) status at the Traditional Authority level. Hygiene promotion focused mainly on hand washing with soap or ash, safe and hygienic disposal of feces, and safe treatment and storage of drinking water at the household level. To ensure sustainability, sanitation facilities were constructed by communities on their own without financial support as they worked towards achieving ODF status.



Fitche Hospital Water Project (Ethiopia)

Fitche General Hospital is one of the hospitals in North Shoa Zone of Oromia Region, located about 112 km from the capital Addis Ababa. The hospital was highly constrained by limited available water in the hospital, poor sanitary facilities and frequent eruption of the sewer system. The water availability in the hospital was intermittent, complicated by a small water reservoir and malfunctioning pipelines and water basins. In addition, almost half of the latrines did not have water access. In partnership with the Ryan's Well Foundation, CPAR repaired and updated the malfunctioning sanitary facilities, repaired the sewer system, addressed the lack of adequate water supply while ensuring water access during supply outages, and trained hospital staff on sanitation, and hygiene practices. Hand wash basins were installed and fixed, toilets and showers were fixed. Two new water reservoirs were built, increasing the hospitals reserve capacity from 5,000 liters to 75,000 liters. In addition, a new high density polyethylene pipe was installed underground, linking the hospital to the recently constructed Fitche town municipality water source. This construction enables the hospital to have two water sources, its own water well and the municipality water source.

Sanitation Marketing Project (Malawi)

The goal of this Sanitation Marketing project was to increase access and utilization to improved facilities and services by targeted households in the Dowa and Lilongwe Districts. Poor sanitation practices, significant lack of adequate latrine facilities and limited access to safe water sources has resulted in diarrhea ranking among the top five most common diseases in the districts. In partnership with district-level organizations, Health Surveillance Assistants, Community Health Action Groups, masons, local authorities, community leaders and volunteers, CPAR was able to support three Traditional Authorities in the Lilongwe District (Kabudula, Khongoni and Masumbankhunda) and two in Dowa District (Chiwere and Mkukula) in promoting the adoption of healthier practices and good sanitation and hygiene behaviours in their communities, including improved latrine construction with appropriate, locally available technologies, with the objective being to achieve Open Defecation Free Status. Collaboration with various groups in the area ensures that support is coming from within the community, which will lead to accelerating activity progress and the sustainability of the interventions after the life of the project. For this project, CPAR was an implementing partner for Management Sciences for Health.



Cecilia is a teacher at Misuku Primary School in Malawi. She reflects on the impact that the rainwater harvesting tank and latrines has had at the school.



Rainwater Harvesting Project (Malawi)

Access to clean water, as well as improved sanitation and hygiene (WASH) in schools contributes to better health and educational outcomes among school-aged children. Inadequate WASH in schools results in poor health, malnutrition, and absenteeism, negatively affecting children's education. The lack of privacy in sanitation facilities within schools can negatively impact the attendance rates of girls in particular, especially once they have started to menstruate. CPAR-Malawi built a Rain Water Harvesting Tank at Chiputu Primary School in TA Lukwa under Linyangwa Education Zone in Kasungu District and constructed two double VIP latrines and two urinals for both boys and girls with the objective of improving hygiene at the school. The goal of the project was to enhance the quality of education for youth at Chiputu primary school in Kasungu District by creating an environment conducive to improved health status.

“Having a rainwater harvesting tank and latrines has helped the school and the community. We can now get water nearby and we have access to latrines. This has been especially wonderful for the girls. When they had their menstruation, they missed school now, they have latrines they use and they are not embarrassed any more. They stay at school and are able to learn.

CPAR representatives come to see how we are doing. They educate the students and teachers on hygiene practices and they encourage the girls to stay in school so that they may be educated and have access to education. We are also using the water to water our vegetable crops. With the vegetable and the fruit garden, teachers and the community benefit. I want to thank CPAR for the WASH project and water tank, it has changed our community.”

Food Security, Nutrition and Livelihoods

Without a sufficient amount and variety of food, it's impossible for communities to be healthy. Given that the vast majority of households in communities where CPAR works are engaged in farming, and the ever-increasing impact of climate change, an essential component of CPAR's work is helping farmers improve both their production and the variety of crops they grow. We also work with partner communities to help ensure optimal nutrition and to improve livelihoods so that community members have the resources to protect their health in the long term.



PROJECTS 2018/2019

Rubana River and Wetland Integrated Riverbank and Land Rehabilitation Project (Tanzania)

The goal of the project was to accelerate environmental conservation efforts in Bunda Bay Key Biodiversity Area by mobilizing communities adjacent to Tanzania's Rubana River and Wetland to adopt appropriate and sustainable food production, livelihood and natural resource management strategies. In this area of Tanzania, a damaged ecosystem, poor agronomic practices and unproductive local seed varieties undermine the ability of the local population to produce sufficient food and build and sustain reliable livelihoods. The 11 target communities in the Rubana River Catchment area are inhabited by subsistence farming

households/agro-pastoralists whose dependence on natural resources has led to indiscriminate and unsustainable resource extraction rates. With support from the MacArthur Foundation, and through their involvement in Farmer Field Schools, women and men farmers acquired skills to manage their environment in a sustainable manner. Through the application of Conservation Agriculture techniques, soil health improved and production levels increased, leading to a more abundant food supply and excess crops to sell. Support for animal husbandry, including chickens, dairy goats and modern beekeeping, further served to increase and diversify their food supply and provide options for sales, as did support for vegetable gardening and planting of fruit trees around households. The establishment of managed woodlots, which take 3 to 5 years to mature, represent an investment in future livelihoods and earnings.



Junior Farmer Field and Life Schools (JFFLS): Building a Future Through Health Promotion, Gender Equality and Livelihood Development (Tanzania)

Bunda District is one of five Districts in the Mara Region, situated alongside Lake Victoria in northern Tanzania and almost 70% of people in the area live below the poverty line. More than 85 per cent of the population are engaged in agricultural activities, livestock rearing and fishing. The reliance on subsistence farming and rain-fed agriculture for food and income often means young people must contribute time and labour to help with their families' crops. The Junior Farmer Field and Life Schools approach evolved from the success of Farmer Field Schools as a means to address the needs of vulnerable children who have few skills, jeopardizing their ability to secure a stable livelihood in the future. This approach acknowledges that children and youth require agricultural and livelihood skills along with life skills and education on proper nutrition so that they may grow into healthy, independent adults. The project supports female and male students to build their critical awareness and gain knowledge in life skills, including human rights, sexual and reproductive health and gender equality, and agricultural livelihood skills in order to equip them to respect themselves, protect themselves and perceive and exercise options as they move forward in life. Throughout the three year project, CPAR established Junior Farmer Field and Life Schools at 50 rural primary schools across Bunda District with the support of UNIFOR.



Imagine making a gift that will build healthy communities in Africa – for generations to come.

That's what happens when you leave a gift in your will to CPAR.

- **It's achievable** – A bequest is a future gift that doesn't cost you anything during your lifetime.
- **It's easy** – You don't have to rewrite your existing will – you can make a simple addition.
- **It's advantageous** – A gift to CPAR in your will can provide you with a tax benefit.

Leave a lasting legacy of health for families in Africa. If you have remembered CPAR in your will, we thank you and ask that you please notify us. Knowledge of your generous intention will allow us to plan for future programs.

Thank You to Our Donors

CPAR would like to thank all of our donors whose support in this last 2018-2019 year enabled CPAR to improve the health of communities in Ethiopia, Malawi and Tanzania. And thank you to our dedicated regular givers, and to our individual donors and supporters who wish to remain anonymous.

Institutional Funders

Management Sciences for Health
UNICEF
UNIFOR

Foundations

GayLea Foundation
MacArthur Foundation
Ryan's Well Foundation
Fleming Foundation
Sadikali Foundation
K.M. Hunter Charitable Foundation
OTF International Assistance Committee
Charles And Lucile Flavelle Family Fund
The Calgary Foundation
Claire Huxtable And Colin L. Campbell Foundation
Strategic Charitable Giving Foundation
Andy and Beth Burgess Family Foundation
Barber Family foundation
Howick Foundation
Starlite Charitable Trust

The John Brouwer Foundation
The Blossom Foundation
N.A. Taylor Foundation
The Private Giving Foundation
Jewish Community Foundation of Calgary
Philip & Clair Daykin Charitable Fund
Vancity Community Foundation
Chimp: Charitable Impact Foundation
Canadian Medical Foundation

Organizations

Manitoba Council for International Cooperation
Provincial Employees Community Services Fund
United Way of Saskatoon & Area
All Charities Campaign
Canadian Online Giving Foundation
Imaginus Canada Ltd
Synergy Benefits Consulting Inc
El Cheapo Movers
H2AID Inc
Brights Roberts Inc.

Financials 2018 - 2019

SUMMARIZED STATEMENT OF OPERATIONS
For the Year Ended March 31, 2019

	2018/19	2017/18
REVENUES		
Project Grants	544,367	459,753
Private Donations and Other Income	1,018,358	1,221,010
Gain on sale of assets	682,635	
Total Revenues	2,245,360	1,680,763
EXPENSES		
Development Projects	1,230,254	1,175,453
Fundraising, Communication & Dev Education	375,222	440,910
Administration	218,211	181,677
Total Expenses	1,823,687	1,798,040
EXCESS OF REVENUE OVER EXPENSES	621,673	-117,277

SUMMARIZED STATEMENT OF FINANCIAL POSITION
As at March 31, 2018

ASSETS		
Current Assets	1,532,815	488,823
Long-term investments	0	0
Restricted Cash	15,594	342,258
Capital and Intangible Assets	48,163	503,821
Total Assets	1,596,572	1,334,902
LIABILITIES AND FUND BALANCE		
Current Liabilities	361,289	521,292
Net Assets	1,235,283	813,610
Total Liabilities and Fund Balance	1,596,572	1,334,902





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Learn more and get involved at cpar.ca



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Selected photography courtesy of Allan Lissner and OCIC