

2016 Annual Report



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# MISSION STATEMENT

The Canada Africa Community Health Alliance (CACHA) is a humanitarian organization that seeks to improve population health and provide HIV care, orphan vocational centers for children affected by the HIV calamity, and education to remote African communities. We accomplish this through the provision of adequate resources based on the determinants of health that include: childhood education, water and sanitation, women's rights, income security, housing, and nutrition. We provide materials, infrastructure, and the exchange of skill development in order to create a positive outcome on health in supported regions of operation. We seek to engage in strategic partnerships and build programs to ensure sustainability, transparency, and accountability.



# **ABOUT CACHA**

The Canada Africa Community Health Alliance (CACHA) is a volunteer-based Canadian registered charity focused in international development with activities in Benin, Tanzania, the Democratic Republic of the Congo, and Uganda. CACHA was founded in 2001 and has since treated over 100,000 patients and supported more than 900 orphans and vulnerable children. CACHA accomplished this through strategic partnerships in Canada and in Africa to address the determinants of health and promote improved individual and community health. Outreach to remote communities through medical caravans is an integral component of CACHA's work,

as well as the development of programs for sustainable agriculture, education, support to orphans and vulnerable children, vocational centres as well as the fight against HIV/AIDS.

CACHA directly manages Core Projects in alliance with local institutions, communities, and partners and supports the management of Non-Core Projects implemented by partner organizations and volunteers. Both Core and Non-Core projects adhere to CACHA's Mission Statement.



## PRFSIDFNT'S MFSSAGF

The Canada Africa Community Health Alliance continues to bring together caring, giving partners in Canada and in Africa, who together accomplish extraordinary things in the lives of those we touch in some way, either through providing health care through outreach with our medical colleagues during CACHA's medical missions, or education, psychosocial support and nutrition to orphans and vulnerable children or empowerment through post-secondary school scholarships and continuing education.

The CACHA story is about family. The CACHA family itself is made up of volunteers, staff and donors, all of whom come together with a common purpose to support initiatives that help build and strengthen communities and provide care and support for individuals. We have been on this journey for 16 years now, some have become strong supporters as active volunteers and donors, who together make us the strong family that we are. We help each other in times of greatest need and seek to help others less fortunate or not yet as able as ourselves. When we return to the communities we partner with we are received as family and we share in the joys and sorrows along the way. We are like-minded individuals who choose each day to reach out to help, to mentor, to build and to strengthen our relationships.

As our family has grown to include new members we have also had to say goodbye to others. I, for one, lost a father in Bishop Fortunatus Lukamina, while the community of Ukerewe lost her favorite son, a tireless advocate, friend and father to the community his father once ruled as the last king of Ukerewe. I have also been overjoyed to have then witnessed the blessings we never expected 15 years ago when Deo, a child sick with AIDS, came to our attention. This year Deo and his wife, also a person living with HIV, gave birth to a healthy girl.

CACHA built the first fully operational Care and Treatment Center in Tanzania. Thanks to thousands of such clinics across sub-Saharan Africa, the contributions of the donor countries and the leadership of the Clinton Foundation and Nelson Mandela, millions of Africans are alive and healthy today. CACHA is proud to have had a very small part in the rollout of antiretroviral drugs in Africa, and more specifically to be among the first, along with MSF and others, to demonstrate how treatment programs in rural communities, delivered by nurses and medical officers in local health centres, could successfully bring care to those who need it, rather than force people out of their communities to seek care in urban centers.

CACHA remains committed to our rural partners, to the infrastructure projects and programs that create greater opportunities and build stronger, healthier communities. We seek partners who can help us in the retrofitting of schools and medical centres, and in the support of small business development opportunities for women.

Dr David Beatty and his children, are long-time contributors through CACHA. The Beatty family has

completed the construction of the Mwanga Girls School. This school now provides secondary school education to 283 girls.

Lloyd and Erla Koch, long time members of CACHA, have spent their retirement spearheading the refurbishment of the Shirati Medical Centre. They go each year to Shirati, after months of fundraising and planning, and through their infrastructure missions bring teachers, plumbers, nurses, electricians, carpenters and computer experts to this remote hospital on the shores of Lake Victoria. A visit through time would reveal a transformation of this previously neglected medical centre thanks to the vision and love of these volunteers.

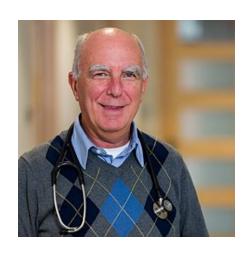
I am especially grateful for the opportunity CACHA has had to support the post-secondary school education of our scholarship recipients, from Irene who worked for CACHA for 5 years after obtaining a Master's in Public Health before moving on this spring to a career opportunity with World Vision, to Julius who is just starting his return of service after earning a Medical Degree.

We hope to see our scholarship program expand to support nursing students in Shirati, Tanzania. In this way CACHA can help these new members to our family become future leaders in their communities.

Medical missions still represent the largest part of the work we do. Last year, over 130 volunteers joined in CACHA missions to Terrat, Shirati, Ukerewe, Kamengo and Anoum. None of what we do is possible without the contributions and commitment of our volunteers and their participation would not be possible without the donations of so many others who contribute so generously to our medical missions and to the special projects within the communities we support.

To all of the CACHA family, I say thank you.

Don Kilby, MD President of CACHA



## DEMOCRATIC REPUBLIC OF THE CONGO

#### Country Background

The Democratic Republic of Congo gained their independence from Belgium in 1960. At a population of 60,764,000, the DRC is the 18th most populated country in the world. However, the life expectancy in the DRC is only approximately 48 years of age, and the literacy rate is 66%. In the eastern provinces of North and South Kivu where CACHA has worked, the lack of basic services and infrastructure is exacerbated by the conflicts causing enormous humanitarian needs. An estimated 6.5 million people are at crisis or emergency levels of food insecurity and UNICEF estimates that 2.5 million children under the age of 5 are acutely malnourished. Cholera and measles outbreaks are repeatedly reported, and malaria is endemic.

#### Tchukudu Sponsorship Project

The Tchuduku Sponsorship Project is CACHA's first project located in the Democratic Republic of Congo. It is situated in Goma City, located in the province of North Kivu. Its goal is to educate vulnerable women and children who have been affected by the ongoing conflict in DRC, and, in doing so, to decrease the serious consequences

on individual and community health. The sponsorship project is educationally-based and is aligned with CACHA's objective to improve the health, education and welfare of communities in developing countries.

#### Tchukudu Women's Training Centre

The Tchukudu Women's Training Centre project provides training to women who have fled their village homes as a result of the violence of rebel activity, and have found themselves in the city without skills to support their families. This year we trained 32 women in sewing, as well as 10 women in basket weaving. The women have formed an advisory committee to provide leadership for the centre in decision making as we move forward. Each woman receives a small monthly stipend to attend training classes and all materials needed to complete her training. Once completed, the women are able to begin earning incomes of their own. Each woman is supported by a North American sponsor for the two-year period (costing \$600/year). The training centre works hard to be the support - emotional, financial and educational - that the women need to change their lives.



As a result of successful funding from the Elementary Teacher's Federation of Ontario, the Tchukudu Women's Training Centre was able to fully fund the new entrepreneurship exit kits for the first group of seamstress graduates. In addition, we were able to build an open hangar and purchase supplies for the women to learn their basket weaving techniques, and purchase a generator to power the embroidery machine for the working shop where clothing is made for selling and income generation.

Within the near future, we are hoping to build a more permanent training centre that will provide support to the women and other people waiting to learn reading/writing as well as other skills needed to support themselves and their families

#### Tchukudu Kids Sponsorship

The Tchukudu Kids Sponsorship project supports 120 children: 30 living at the Tchukudu Kids Home and 90 living in welcome/sponsor families within the community. The children are provided with food, shelter and education, along with support to the families caring for them. The children attend the new Johnathan Holiday School next door, funded and built by a local Kingston family in honour of their late son. In 2016, we had 100 sponsors, and hope to add 20 new sponsors to the project by the next year.

We would like to thank Kizungu Luanda Hubert, and his local team at Volunteers for Mission in Child Care, for the giving of their precious time and immense energy in dreaming, creating, and keeping this project running smoothly.



## **BFNIN**

### **Country Background**

Located in the west of Africa, Benin is a primarily French-speaking nation that CACHA has regularly visited and contributed to. The population count is 10 million inhabitants, half of which are below the age of eighteen. The average life expectancy is approximately 59 years due to drought, water pollution, and disease, such as HIV/AIDS. Though there is need for much change, Benin has seen great improvement within the last decade in terms of health care thanks to the efforts of its inhabitants, and international volunteer organizations such as CACHA.

### Aklampa Library

Founded in 2008 with a local Aklampian committee, the Aklampa Library continues to collect and provide books, magazines, games, and journals to the local community. The library currently contains 1,600 books, educational games/activities, and crafting materials, and is open everyday from three o'clock in the

afternoon to sundown. The library accepts all kinds of donations from Canadians, including French-language books and monetary assistance to pay for the library's upkeep costs, such as the librarians' salaries.

In 2016, the library was able to reorganize its financial projects with the aid of CACHA volunteers. The Aklampa library hopes to welcome more donations to its establishment, including books and games, and to incorporate more cultural activities. The library also hopes to encourage the attendance of local village girls specifically and to welcome more Canadian volunteers to aid in expanding its impact on the community of Aklampa, which is currently home to 18,000 inhabitants.

## Benin Orphans and Vulnerable Children Project

The Dagbemabu Orphans and Vulnerable Children (OVC) project was developed in 2008. After three years of the project being driven by



four Canadian volunteers, CACHA was recruited to expand the program even further. The project's main goal is to provide single-parented or orphaned children with a safe and comfortable environment that reserves their human rights. The OVC project provides children with proper nourishment, education, and healthcare through the common effort of international volunteers and the local population.

Many goals were achieved not only in 2016, but throughout the course of the Benin OVC project, as well. This included having stimulated the Aklampa economy by providing the children with primarily local food, furnishing the local

schools to allow for concrete learning environments, the training of non-schooled children to provide them with the skills they will need to work in adulthood, and the establishment of a local health center for the treatment of sick children.

We hope to continue these efforts of education and healthcare past simply childhood. CACHA aspires to eventually send many of these bright young students to university, and lead them to professional careers. We also hope to extend the program from 50 to 75 children and ensure that the future disadvantaged children of Aklampa are able to access all necessary resources.



### TAN7ANIA



### Village Background - Ukerewe

The island of Ukerewe is the largest of a number of islands located in the north-west sector of Tanzania in Lake Victoria. Ukerewe Island is approximately 20km by 50 km and has an estimated population of 350,000 people. There is only one town, Nansio, and many rural villages, making this a densely populated rural island. Subsistence agriculture is the main economic activity in the region, employing over 90% of the population. Historically, fishing has been another main economic activity; however in recent years there has been much debate over the sustainability of fishing in Lake Victoria, as fishing as a source of individual livelihood has dramatically declined.

In the past, we have worked with farmers on Ukerewe Island to provide education on farming techniques and improved harvests. While, the people of Ukerewe are some of the poorest in Tanzania, they are also some of the most

resourceful. We continue to look for projects which can increase the livelihood of families and the education of children, including entrepreneurial training and access to income-enhancing business opportunities.

#### Ukerewe Medical Caravan

Throughout the months of October and November of 2016, the Ukerewe Medical Caravan worked to provide access to high quality health care services, as well as to provide additional support to the local health care system through the sharing of information between Canadian and Tanzanian medical personnel. The caravan also contributed to the prevention and treatment of HIV/AIDS, through free testing, referrals, counseling, and access to condoms. It also offered mission participants the opportunity to increase their knowledge in an area other than their designated mission role/profession. The medical caravan provided medical assessment, eye testing, dental work, HIV (and other) testing, health education,

medication, and referral to hospitals.

The team consisted of 13 Canadians and 32 Tanzanians of various roles, including doctors, ophthalmologists, dentists, RN's, NP's, clinical officers, pharmacists, logisticians, drivers, translators, and surgeons. Working with our Tanzanian partners, we were able to visit nine villages and see approximately 3000 patients. We were able to provide treatment for schistosomiasis, malaria, HIV and other sexually transmitted diseases, as well as offer access to free eyeglasses and medications.

Our hospital partners have been very engaged, and we have been able to add a health education component to our village-caravan days with the use of iPads and Swahili-speaking videos. We additionally surveyed a sample of the patients as they were leaving the medical caravan to inquire as to their satisfaction with the medical caravan and our services. This survey was well received, and the 255 responses were very positive. Within the cultural differences we understand that it may take a number of repetitions of the survey in order to allow respondents to become accustomed to answering the questions and feel safe in

providing their opinions.

In the future, we hope to incorporate regular improvements in the services provided by the caravan, including increased health education, increased leadership from our Nansio Hospital partners, and greater connection with the hospital staff. We would like to give a special thanks to Barbara Gauthier, who took over as lead for the Ukerewe Medical Caravan at the last minute, and to her team leads, including Mark Hardy, Karin Euler, Chris Nolan and Warren Meek.

### Lake Victoria Children Emergency **Medical Fund**

Using the funds designated for a local program from each medical caravan, the Lake Victoria Children (LVC) emergency health fund responds to the health care needs of vulnerable children and their families on Ukerewe Island. Each case is brought forward by a local community ambassador who lives with and understands the needs of the people. The funds help to cover costs related to medical interventions, transportation, medication, tests, and food.





This CACHA funded project is new to Ukerewe Island, and took place during the spring of 2017.

Throughout the months of May and April, LVC was able to directly assist 50 children, 28 boys and 22 girls. LVC reported that of the 50 patients treated, 44 had recovered within few weeks. They were pleased to tell us that they had a very positive collaboration between doctors, ambassadors, and parents/guardians of the sick children at every level required.

As a new partner of CACHA's, LVC has done a terrific job of providing funds to children in medical need. The organization functions on very few resources and is able to spread these resources across the many needs on the island, the health of children being a necessity. We hope to continue a prosperous and positive relationship with the Lake Victoria Children emergency health fund and the local programs/staff involved.

#### Bishop Lukanima School

We were introduced to the people of Kabuhinzi by our late friend and mentor, retired Bishop Fortunatus Lukanima in the March of 2015. Bishop Lukanima was a well-respected leader on the island of Ukerewe and was supportive of increasing access to education. The Bishop Lukanima School project has been benefiting the children of Kabuhinzi for over two years, which make up well over 50% of the village's population. The villagers report that now with two classrooms, a teacher's office, a teacher's quarters, and a toilet facility, they require only two more classrooms in order for the Tanzanian government to officially register and assign the school qualified teachers. There is no dispensary or other community building in the village, meaning the installment of a school will also create a place for the community to gather as well provide a space whereby CACHA might hold a medical mission in the village with their Nansio Hospital partners.

Our hope is that the village children will be encouraged to continue their education longer than they might have been able to originally, and therefore improve their quality of life in the future.

#### Shirati Hospital Infrastructure Mission

During the autumn season of 2016, fifteen CACHA volunteers spent a total of 353 days in Shirati, Tanzania. Eight projects were undertaken at the hospital, the Bishop Kisare Secondary Technical School and the Diocese, as well as the many projects supported in the community by the Help the Children of Tanzania Fund working with the HIV/Palliative Care program and local Women's Initiative groups.

Many of the projects that had been completed in 2016 were ongoing since 2009. This year, CACHA aided in building an Intensive Care Unit at the Shirati Hospital, which included renovating and completing the foundation, floor, walls and roof supports before the volunteers departed. The roof was completed by December first, leaving plumbing, electrical work, windows, ceilings, floor tiles, plastering, and painting to be finished in December, as well. A new water-treatment system was also implemented, which will allow hospital staff and patients to easily access clean drinking water from Lake Victoria. Nearby villagers will also be able to purchase surplus water for their own use.

A pharmacy computer system was also installed to provide the staff with a good inventory and receipting system. English and health classes were taught to women and children while three

Ontario nurses mentored students at the School of Nursing, which was supported by local Women's Initiative Groups through the funding of income generating projects, improved education, living conditions, and the healthcare of poor and HIV/Palliative care clients in the local villages.

In the future, CACHA hopes to renovate one of the hospital's storage buildings into a new medical laboratory, as the expanding hospital services require new space to diversify testing and student training capabilities. Computer enhancements and hands-on training are also goals we hope to attain within our next visit to help implement hospital-wide ADT, diagnostic, medication and financial systems. We are also looking for teachers to teach subjects such as welding, tailoring, and carpentry at the Kisare Technical Secondary School.

## Help the Children of Tanzania Project

The Help the Children of Tanzania fund improved the quality of life for the poorest of the Shirati villagers (who were determined through vigourous consideration). The improvement of living conditions was achieved through a variety of programs that saw to the addition of new housing, new furnishing, new food and water resources, etc. Many of this year's Help the Children of Tanzania accomplishments can be attributed to the continual HIV/Palliative Care program visits to the village and the setting up Women's Initiative activities.

The children's education was also improved by providing uniforms to support them going

Back to school. Other smaller projects that were supported including chicken farming and the support of disabled patients entering the workforce through the upstart of their own small businesses.

In 2017, plans with CACHA's local colleagues are well underway to establish income generating activities for more Women's Initiative Groups in the Shirati region by purchasing grinding mills, sewing machines, and chickens. The regular paying of school fees at the School of Nursing for disadvantaged students is also another goal we hope to work towards continually.

# Tegemeo Orphan and Vulnerable Children Project and Children Living with HIV/AIDS Program

The Tegemeo Orphan and Vulnerable Children program has been ongoing since 2007. The goal of the program is to provide support/resources to local orphans in the Kilema area, as well as to the most vulnerable children and youth of the villages in the foothills of Mount Kilimanjaro. The

program provides school fees, school supplies, uniforms, emotional support, food, clothing, and medication when needed. The Children Living with HIV/AIDS (CLWHA) have a peer support group that meet monthly. For many of the CLWHA, the diagnosis of HIV/AIDS can cause many of these youth to be shunned by their peers and relatives. Providing a safe, open environment for them to communicate with those in the same position is drastically important to the improvement and maintenance of their overall mental health

In 2016, the office was relocated from Marangu to Kilema, giving more children the opportunity to attend the weekly activity days, and as of March 2017, we have supported 68 youth within their various levels of education. School fees for students in public schools are now paid by the government, however, the responsibility for all school supplies and uniforms, as well as food, falls on the parents/caregivers. In many cases, these adults are unable to provide the basics.

Over the course of this year, CACHA Tanzania has undergone many changes, one of which being





the addition of a new board comprised of mostly Tanzanians. We trust that this will ensure that the program continues to flourish.

CACHA would like to personally thank Steven and Caroline Truelove for their ongoing support of the program. Their annual trek to the Kilema region is always welcomed, and this year Steven and his students provided the OVC children with much needed school supplies and a sense of belonging. The children/youth learn that they are not forgotten, and that people from around the world want to make a difference in their lives.

### Imani Vocational Training Centre

Imani Vocational Training Centre is a Tanzanian-based school that provides vocational training to financially challenged students, including students who may have physical or intellectual disabilities. CACHA's relationship with Imani VTC began in 2008, when we collaborated on implementing a drip irrigation system. This income-generating project opened the door to a wide variety of

others, including interlocking brick production, as well as pig and chicken raising. These improvements continue to help the school independently meet its ongoing costs. CACHA's collaboration with the school is focused on making strategic investments in Imani's infrastructure that will enable the school to become more financially independent in the years to come.

In 2016, our efforts were primarily focused on emerging technologies that could further benefit the output of the school's various food and income-generating activities. We successfully worked with Imani's welding program to build "rocket stoves", which reduce the amount of wood required for cooking while simultaneously reducing emissions. We also built an enclosure for our black soldier fly composting project, which will allow Imani to generate protein-rich chicken feed directly from pig manure. Much of the major infrastructure for the food and income projects already exists; the ongoing challenge remains to increase the productivity and efficiency of the individual projects and the system as a whole.

We were able to move the above projects forward thanks in large part to our on-going partnership with the University of Sherbrooke. This year four environmental studies students spent 3 months at Imani to help implement the above projects. In addition to their fine work at Imani, the positive impact of their participation will no doubt be felt back in Sherbrooke as they share their experiences with their classmates. In addition to the four students, volunteers Peter Morrin and Ted Dawson once again spent an extended period of time at Imani coordinating this work with our Tanzanian partners.

#### Kilema Support Fund Tuition Project

In 2016, the Kilema Support Fund Tuition Project (KSF) continued its work at Kilimanjaro, Tanzania, supporting orphaned and vulnerable students living in poverty to pursue their educational goals and dreams. This past year the project funded 14 students to proceed in every level of schooling from primary to university, as well as having provided students and schools with continued access to computers and technology equipment.

To audit our success, our project monitors student-directed outcomes such as course work completion, academic advancement, and balance of funding between male and female students. We are more than happy to report that 24 students met the necessary criteria and were able to move on to their next level of education!

In the 2017 school year, KSF plans to organize a follow-up volunteer visit to Kilimanjaro to provide support for the scholarship program, visits to homes and schools, technology support

and teaching, and cultural visits. We are also always considering new ways to expand our support base and encourage fundraising. This will continue throughout the next year, with our goal to raise \$10,000.

### Pamoja Tunaweza Women's Center

During the 2016 year, the Pamoja Tunaweza Women's Centre created health equity from the community level upwards, from our base in Moshi, Tanzania, to resource limited communities across Kilimanjaro and Tanzania. After having been founded in 2007 through a collaboration with CACHA and KWIECO (Kilimanjaro Women Information Exchange and Consultancy Organization), PTWC has evolved from a temporary women's shelter to a health and research center dedicated to treating local women and children below the poverty line.

Through the completion of an innovative study that greatly improved cervical cancer screening programs through the use of smartphones, Dr. Karen Yeates and her colleague Dr. Ophira Ginsburg established a Canadian non-profit called WEMA: Women's health Equity through Mobile Approaches. WEMA Inc. in turn partnered with Pamoja Tunaweza who took on the role as an implementing partner, and the program has now scaled in 3 regions in Tanzania and trained over 75 cervical cancer screening providers at more than 45 sites. As of December 2016, these cancer screening providers have screened and treated more than 20,000 women in Tanzania.

In 2017, Pamoja plans to develop a collaboration with a local microcredit health insurance scheme for low income earners. This

collaboration will focus on Pamoja's expertise in health programs for non-communicable diseases. Pamoja will be providing access to health services for chronic diseases for the health insurance scheme clients through its local health clinic. On a larger scale, this collaboration will also include innovative programs in health education utilizing Pamoja's SMS platform to educate patients about hypertension, diabetes, stroke prevention, cervical cancer, and breast cancer.

One of the top priorities in Tanzania is to improve access to reproductive health services for adolescent women, especially those who have not finished their education or live in vulnerable family situations. Additionally, in a country where women lack access to safe abortion services, the result is that many unsafe pregnancies are carried to term, or can result in the suffering or death of young women from complications of unsafe abortions. Pamoja Tunaweza has been strategically planning to find funding to develop and launch "The Dada Program" to improve access to better reproductive health services in this group. This is to be accomplished through using existing models for reproductive health education to train peer-to-peer educators in rural lower Moshi communities. These peer educators (called 'Dadas') will be trained to connect with young women at risk, and engage them in a confidential and personalized program of education in sexual health, contraceptive choice, access to contraception, access to testing and treatment for sexually transmitted infections, and counseling to reduce early marriage and gender inequality.

## Nataka Kusoma "I Want to Learn" **Program**

The Nataka Kusoma "I Want to Learn" scholarship program started in 2011 in partnership with CACHA to provide vulnerable girls in Tanzania with the opportunity to complete secondary school. With funds having been provided by a dedicated group of mother-daughters in Kingston, Ontario, the students have been tracked and supported by Pamoja Tunaweza. In 2016, two girls successfully graduated from secondary school. One will be starting university to become a pharmacist, while the other is waiting for school placement, hoping to pursue nursing studies. Two girls have also been able to continue their secondary school learning thanks to the scholarship program, while others have been sent to vocational training after non-completion of their secondary school studies.



#### Shirati Diocese Infrastructure Project

Historically, our efforts for the Shirati Diocese Infrastructure projects have consisted of multiple tasks. We have been assisting with the ongoing build at the Mennonite Diocese Bishop Kisare Technical School. The school, now in operation with several classrooms, has a multi-year build plan that we will continue to monitor.

CACHA has also been involved in building a new style of mud hut with extended corrugated metal sheeting for the roof, the new huts having been built at the direction of the Diocese's Director of Community Services for some of the neediest parishioners. Through working closely with the Director of Community Services at the Mennonite Diocese, we have additionally been able to encourage the digging of shallow cisterns and providing funding to line them with a rugged waterproof liner. These cisterns are also covered with wooden supports and metal sheeting to reduce evaporation and prevent animals and children from falling in. The water gathered from the rainy season is used for irrigating gardens during the dry season, giving the families the opportunity to grow nutritious food all throughout the year. Materials and some professional labour for both projects are financed by funds generated by the participants of the Project through CACHA, though most of the labour is shared with Project Team members and family/friends of the recipients.

Throughout the next year, CACHA hopes to build stronger relationships with our Shirati friends and to continue working as equals, as these relationships are important to allow our

continual aid and learning from our connections in Tanzania.

### Dr. Asha-Rose Migiro Girls Secondary School

Construction of the Dr. Asha-Rose Migiro Girls Secondary School in Mwanga, Tanzania began in 2008 with two classrooms funded by the local Tanzania Women's Organization. In 2009, two Canadians (David and Debby Beatty) in association with CACHA, began making generous annual donations to the project. The Beatty donations, with the assistance of, and augmented by contributions from Mwanga District Council, as well as the parents and the Government of Tanzania, have been used to continue construction of essential elements of the school. These include a furnished dormitory, housing for the Matron and teachers, and a library/computer laboratory. Enrollment has increased from 80 young women in 2008 to 283 in 2016.

The combination of upgraded infrastructure and teaching methods over the years has resulted in significant improvement in student performance in the Tanzanian National Examinations. This success can be attributed in large part to the leadership of the Headmistress Ms. Flaviana Safari, who not only administers the day-to-day activities of the teachers and students, but manages and oversees the construction activities with technical support from the District Engineer and local government. Strong partnerships have allowed for the achievement of overall sustainability for this project.

## **UGANDA**



#### Country Background - Uganda

Uganda is a landlocked country in East Africa, Even before its achieved independence in 1962. it was and continues to be a country that relies mostly on its agricultural industry to thrive. Its health and political stability have risen drastically over the past few decades, though its expansive borders are often inadequately policed, allowing for a robust flow of illicit trade and immigration. CACHA continues to provide quality healthcare and financial support to the poorest communities of Uganda through not only treatment, but the education of youth to promote a healthy and prosperous future.

## Agnes Zabali Boys and Girls Club of Kamengo

Located in Kamengo, Uganda, the Agnes Zabali Boys and Girls Club is an ongoing project that

aims to support emerging young leaders through promoting academic achievement and innovation as well as raising awareness about HIV/AIDS. The Boys and Girls club works to improve the economic and health status of underprivileged children through local and international collaboration. The program regularly strives to improve the community center's facilities, which provide things such as a children's playground, temporary shelter, and community meeting place.

The past year has been quite busy at the AZGBC. In 2016 alone, the program saw two students achieve degrees and diplomas, with 155 others currently still enrolled in school. A business development workshop for senior youth was established as a capacity building initiative, and a basketball court was built with support from Courts for Kids and an equal private family donation. In March of 2017, the Canada Africa Community Health Alliance Medical Mission was

held, making this its 9th annual reoccurrence. 18 CACHA volunteers were able to see and treat 3,376 patients in just nine clinical days. CACHA volunteers were also able to hold a much needed health care discussion at the local secondary school, and were involved in capacity building initiatives for local healthcare workers. Those who have benefitted from the early days of the AZGBC now have the skills and education to take the program to the next level.

The role of the AZBGC Ottawa Committee will

begin to shift from fundraising to mentoring and capacity building. The focus for the next year will be to find funding to build this capacity through writing grant applications to major foundations, and possibly seeking crowd funding. The objective is to leverage what funds we do have to ensure they support future growth and development of the AZBGC. Post-secondary support will be reviewed, and priority will be given to education/skills training programs that contain instructive content that will be needed to support the proposed improvements.





# **BOARD OF DIRECTORS AND STAFF**

### **Executive Committee**

Dr. Don Kilby - President

Christopher Fisher - Vice President and Treasurer

Cathy Cleary - Secretary

## **Board of Directors**

Nini Cohen

Roger Leclair

David Beking

**David Sachs** 

Jon Rathwell

Jennifer Clow

## Staff

Barbara Humick - Executive Director Canada

Irene Abusheikh - Executive Director Tanzania

Princess Étane - Missions Coordinator

Noreen Mubarik - Finance Coordinator

Balkiran Romana - Social Media Coordinator







## **PARTNERS**

Agnes Zabali Boys & Girls club of Kamengo, Uganda

Bénin Ministry of Culture

Bénin Ministry of Health

Cégep de Saint-Laurent

Genesee Valley Central School, New York

Ggoli Health Centre, Uganda

Interagency Coalition on AIDS and Development

Kilema Support Group

Imani Vocational Training Center, Tanzania

Mwanga Secondary Girls School, Tanzania

Nansio District Hospital and Ukerewe District Council, Tanzania

Ottawa Hospital

Bridge Street United Church Foundation

Pamoja Women's Center

Pharmacists without Borders, Canada

Shirati Diocese Secondary Technical School, Tanzania

Shirati KMT Hospital, Tanzania

Simanjiro District Council, Tanzania

Snowy Owl Aids Foundation

The Lake Victoria Children, Tanzania

Tumaini Health Centre, Tanzania

Uniglobe Premiere Travel Group

University of Ottawa Health Services

University of Ottawa

Volunteers in Mission for Children in Care, Tanzania

Elementary Teacher's Foundation of Ontario

The Million Dollar Round Table Foundation

