



Seed
GLOBAL HEALTH



2024 – 2025

Annual Report

Health Workers Save Lives

✦ *Sister Bridget Kabure, a midwife and preceptor at Matero Level One Hospital in Zambia, brings leadership and high-quality, respectful care to the hospital's maternity ward.*

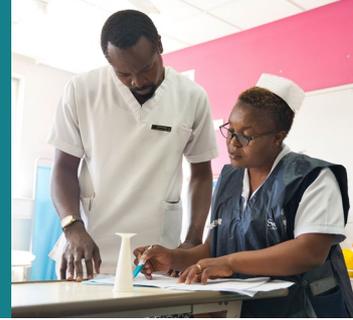




Contents

Overview	3
Seed Global Health by the Numbers.....	4
2030 Strategy.....	5
Theory of Change	7
Malawi: A Story of Comprehensive Primary Care.....	9
Uganda: Equipping Providers for Every Crisis.....	16
Sierra Leone: Midwives Make Safe Motherhood a Reality	25
Zambia: Anchoring Primary Care at Scale	31
Advocacy and Policy: Elevating Country-Led, Resilient Health Systems	38
Financials at a Glance	40
Our Partners	41
Our Team: Our People are Drivers of Sustainable Change	42
From Seed Leadership.....	43

Overnight, Essential Health Services Were Shuttered



✧ *Sister Bridget and Moono, maternity ward preceptors at Matero Level One Hospital, review a patient's chart to align on meeting her care needs.*

In 2025, the global health landscape entered a period of profound change. Major U.S. government foreign aid programs ended, and several European donors also significantly reduced foreign assistance. These shifts upended the health ecosystem—and revealed a pressing need to reimagine how we build and sustain health systems for the future.

The human cost of inaction cannot be ignored. Each year, 5 million people in low- and middle-income countries die from poor-quality care. Another 3.6 million die from lack of access to care. Behind every number is a person—a family, a future. And the truth remains: Health is the foundation of everything we hold dear—our families, communities, economies, and our security.

Among a rapidly evolving landscape, the urgency of Seed Global Health's mission has never been clearer—and our commitment is stronger than ever. We continue to stand with our long-term national partners in Malawi, Sierra Leone, Uganda, and Zambia to equip health workers with the skills they need to deliver high-quality care where it is needed most.

Health workers save lives. They are the heart of the health system, the first responders in crises, and the trusted caregivers who ensure that communities not only survive, but thrive. At Seed, we believe that investing in health workers is the most powerful way to build responsive, resilient health systems and improve lives.

This past year, Seed brought new partnerships into the fold, doubled down on strengthening national expertise, and continued to pave the way for long-term, nationally-led, and sustainable health workforce transformation. Together with our partners, we celebrated hard-won reductions in maternal deaths in some of the most challenging environments.

Health workers are the key to a healthier, more equitable world. When we invest in them, we invest in life itself.

Seed's Vision & Mission

Our vision is a **just, equitable, and healthy world.**

Our mission is to **expand access to quality care and improve health outcomes for all.**

We achieve our mission by partnering deeply to strengthen the health systems in the countries where we work, with a special focus on strengthening the professional health workforce.

In FY2025

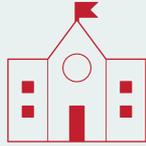


Seed Global Health's Fiscal Year is April 2024 – March 2025



18

partnerships



13

academic training institutions



32

academic training programs



31

clinical training sites

878

graduates from Seed-supported academic programs



557

Midwifery



240

Medicine



81

Nursing

3,714

health workers trained, mentored, or taught by Seed educators



25

educators* placed; 75% of whom are from Africa



76 million

estimated population served by our partner sites



* Seed nurse, midwife, and physician educators work with their local counterparts and institutions to help meet critical needs identified by our partners. Together, they advance health professionals' education in the classroom and clinical setting and enhance their ability to deliver services effectively and sustainably where needed the most.

The First Chapter of Seed Global Health's 2030 Strategy Unfolds



✦ *Sister Zainab Turay, a midwife at Makeni Regional Hospital in Sierra Leone, counsels pregnant women on the importance of antenatal care.*

Resilient, responsive health systems require sufficient well-trained, well-equipped, and well-supported health workers. When this critical need is met, better health is within everyone's reach.

Meeting this need is complex. It takes time—and demands buy-in and engagement across a broad ecosystem. Since 2012, Seed has committed that time and more, partnering with governments, health professional schools, hospitals, and clinics to educate and support more than 45,000 nurses, midwives, and doctors. Working side by side with counterparts at every level of the health system, we have driven day-to-day improvements and long-term transformation alike.

The ripple effect of Seed's efforts is profound: High-quality care has reached millions of people across seven countries. Each trained health worker represents greater stability and security for their community, new potential for their country's economic growth, and a healthier future.

Seed's 2030 Strategic Plan reaffirms our deep commitment to supporting country-led solutions that strengthen the health workforce. Upon this foundation, we forged an organizational theory of change: Three interlinked pathways—education, practice, and policy—illustrate how we support health workers to provide better care.



Education

Nurturing Self-Sustaining, Quality Professional Education Programs

To address the shortage of skilled and specialized health workers, Seed partners with health professional schools to strengthen the quality, sustainability, and growth of accredited educational programs. Nursing, midwifery, and medical students engage with evidence-based teaching, obtaining mentorship and hands-on practice in clinical learning environments that enable them to deliver high-quality, person-centered care.



Practice

Strengthening Healthcare Service Delivery in Health Facilities

To overcome the challenges of providing high-quality care in under-resourced facilities, Seed partners with district, regional, and central hospitals, primary care facilities, and clinics to strengthen healthcare delivery systems and in-service training in health facilities. Our approach creates enabling environments where positive leadership and management, skilled staff, and adequate resources allow health workers to elevate the quality of care in their facilities.



Policy

Advocating for Investments in Health Workforce Systems and Governance

To create sustainable health systems, Seed advocates for health workforce policies and investment that create conducive environments for training, supporting, absorbing, distributing, and retaining public sector health workers. We do the long-term work of shaping health systems that can respond to evolving national and global challenges—such as pandemics and extreme weather events—positioning the health workforce to lead and adapt in the face of such threats.

Covering primary care, emergency medicine, reproductive, maternal, newborn, and child health (RMNCH), and mental health, Seed programs reflect the priorities and needs of our Ministry of Health, health facility, and educational institution partners.

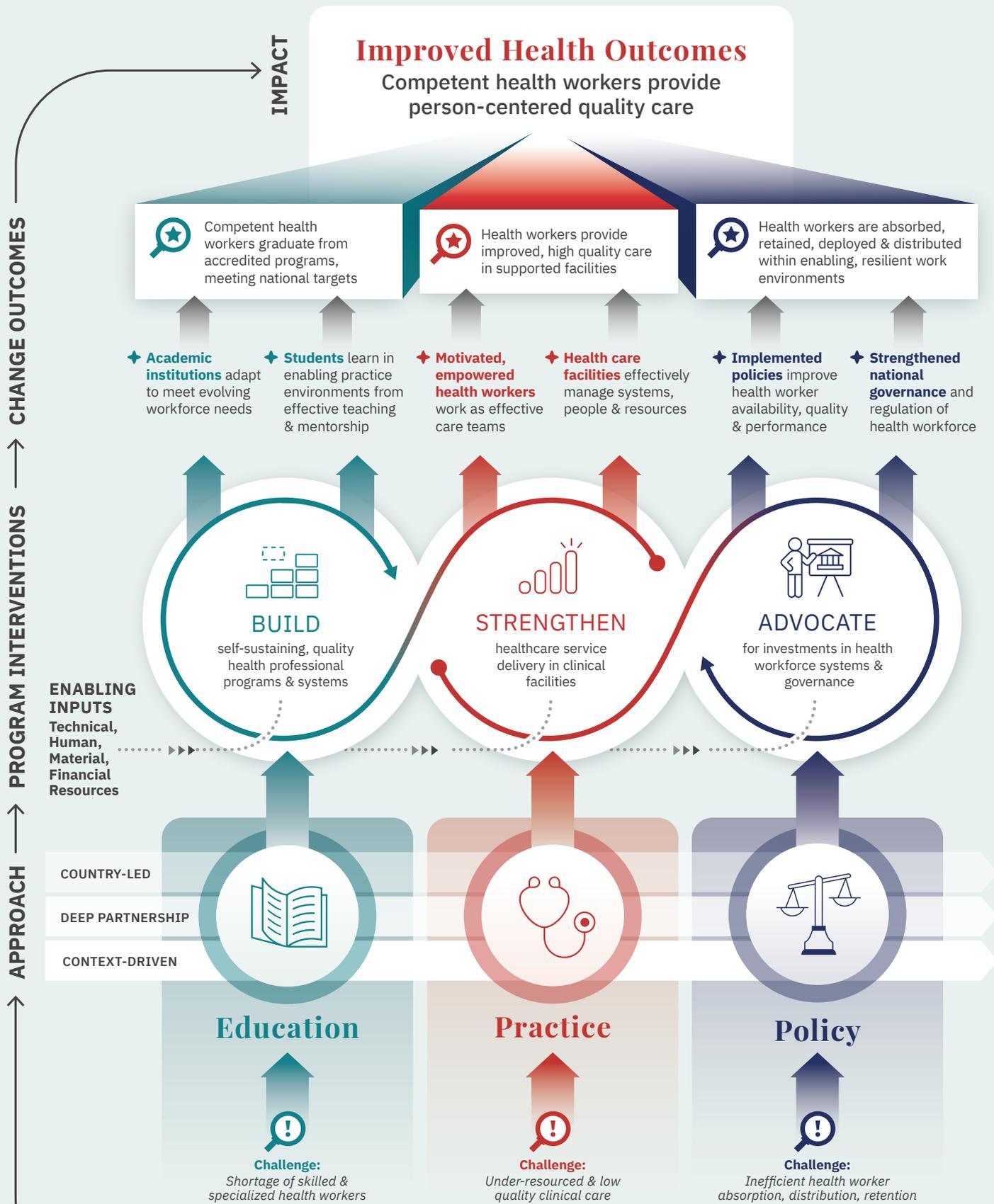


✦ *Midwifery students at Lusaka College of Nursing in Zambia attend a lecture. After class, these nurses/midwives in training will put their learning to use by supporting hands-on patient care on the midwifery ward, supported by Seed's preceptors.*

Architecting a Broader Ripple Effect

While Seed strengthens health systems through the three pathways, long-term outcomes beyond our direct control remain vital to our vision for the future. These outcomes highlight the broader impact of our work, shaped by the ecosystem in which we operate.

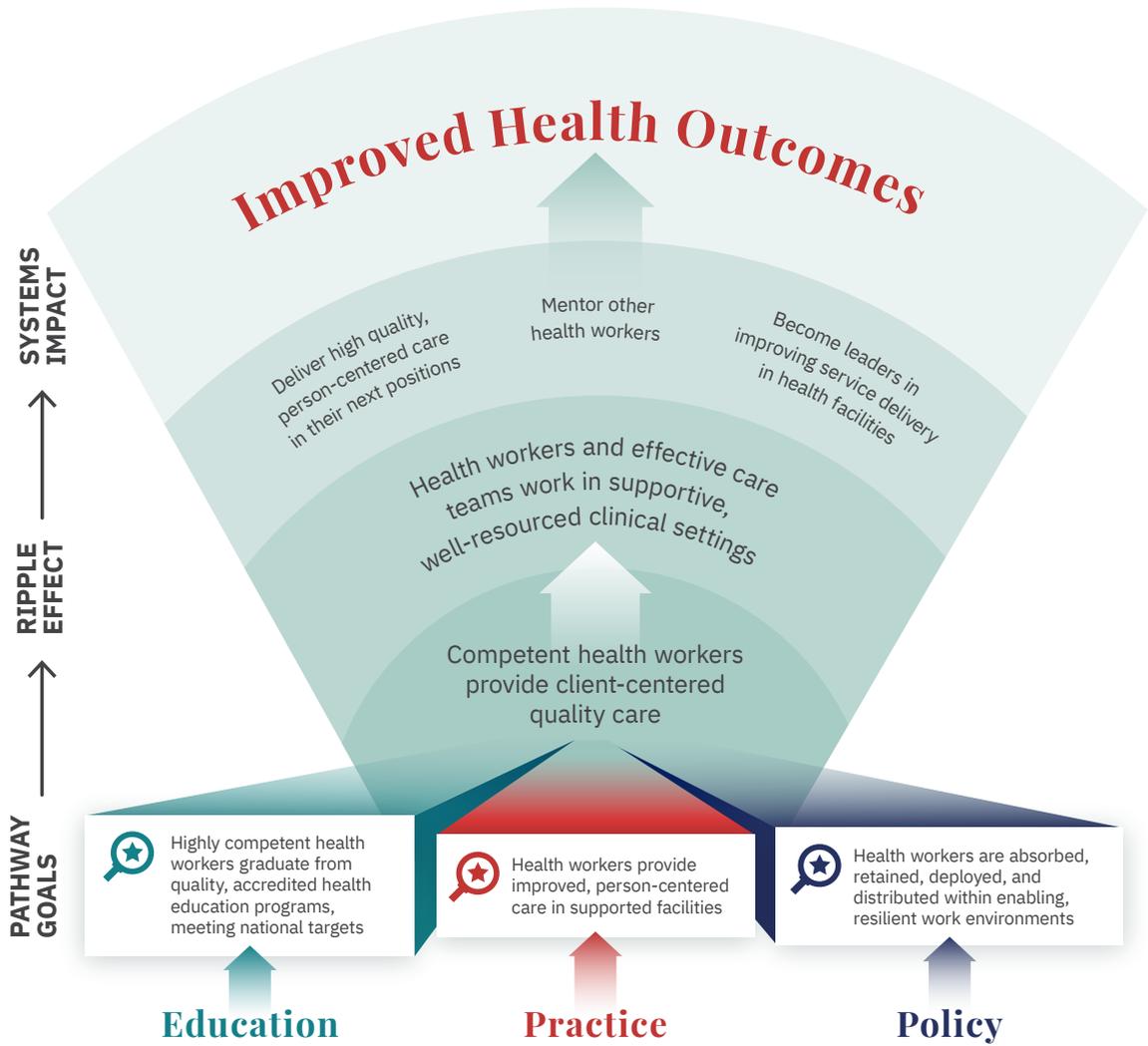
As the world faces mounting health risks from climate-related disasters, geopolitical instability, and public health emergencies, the need for skilled health workers has never been more urgent. Seed's response? We will remain steadfast in building the health workforce of the future and continue to advance the health workforce as a global priority.



Theory of Change

Data Analytics Drive Our Implementation

Anchored in our Theory of Change, this year, Seed launched a next-generation monitoring, evaluation, and learning system that does more than collect information—it drives transformation. By capturing insights across our three pillars, we can more rapidly close education, practice, and policy gaps, doubling down on the most effective interventions. With adaptive management fueled by these analytics, Seed can increase the impact of our investments, saving more lives.



Malawi

A Story of Comprehensive Primary Care

Malawi's population faces profound healthcare challenges. As a predominantly rural country, access to quality healthcare remains limited. However, through strategic partnerships and dedicated efforts to build a sustainable health workforce, Seed plays a pivotal role in transforming the country's health system.

✦ *Dr. Sandie, a pediatrician (middle), tends to an infant in the neonatal intensive care unit at Kamuzu Central Hospital as Dr. Gloria (a registrar) and Peter (a nursing officer) observe.*



Health in Malawi: A Snapshot

Total population (2025)ⁱ

20.7 million

Maternal mortality ratio (2023)ⁱⁱ

225 per 100,000 live births

Infant mortality rate (2024)ⁱⁱⁱ

35 per 1,000 live births

Total fertility rate (2024)ⁱⁱⁱ

3.7 children per woman

Number of doctors (2022)^{iv}

0.5 per 10,000 people

Number of nurses and midwives (2022)^{iv}

5.1 per 10,000 people

ⁱ <https://cms.nsomalawi.mw/api/download/262/Population-Projections-2018-2050.pdf>

ⁱⁱ <https://iris.who.int/bitstream/handle/10665/381012/9789240108462-eng.pdf>

ⁱⁱⁱ <https://cms.nsomalawi.mw/api/download/487/2024-MDHS-KIR--Final.pdf>

^{iv} <https://apps.who.int/nhwportal/>

Malawi Partnership Map



University Partner



Clinical Partners

Academic Training Programs & Degrees

- Bachelor of Science, Clinical Medicine (Mental Health)
- Bachelor of Science, Psychiatric Nursing

Population Served

3.1 million

Academic Training Programs & Degrees

- Bachelor of Science, Nursing
- Bachelor of Science, Midwifery
- Master of Science, Midwifery
- Bachelor of Science, Nursing & Midwifery
- Master of Science, Pediatric Critical Care Nursing
- Bachelor of Science, Obstetrics & Gynecology
- Master of Medicine, Obstetrics & Gynecology
- Bachelor of Science, Pediatrics & Child Health
- Master of Medicine, Pediatrics & Child Health
- Bachelor of Medicine, Bachelor of Surgery
- Master of Medicine, Family Medicine

Population Served (immediate*)

12.4 million

*Entire country (20.7 million) for complex referrals





✦ *Maternity Ward Incharge, Dalitsolanga Sokosa, senior nursing and midwifery officer, speaks to a pregnant woman in the labor ward at Limbe Health Center.*

Leading the Charge to Integrate Primary Care Services

Malawi has a bold vision for achieving universal health coverage: One that integrates fragmented care-seeking pathways to maximize health services use, enhance early disease detection, and improve the efficiency, acceptability, and quality of services. Developing such integrated pathways is a pivotal focus for Seed Global Health in Malawi, an effort that will ripple across the country as primary care services are scaled based on our approach.



Pilot testing the best approach. Seed had the honor of being invited by the Ministry of Health to undertake pivotal research that will serve as a blueprint for rolling out primary care services across the country. This past year, Seed supported consolidating separate clinical protocols into two pathways for clinicians to use: One pathway for chronic diseases, and one for MNCH, laying the foundation for clinicians to provide holistic, patient-centered care. Seed elicited expertise from local leadership, coordinators, and facility teams across Rumphi and Nkhosakota districts, together crafting care pathways across primary care facilities. Proposed protocols were refined by national-level health ministry staff, nongovernmental organizations, and clinical experts who brought the lens of providing care for different diseases, clinical arrangements, and geographies.

Building the Primary Care Health Workforce

To ensure maximal impact of the new integrated care protocols, Seed outfitted pilot facilities with basic equipment and supplies required to effectively provide integrated primary care, such as integrated screening registers, blood pressure machines, and glucometers with sticks. Seed trained health workers and district staff to accurately collect data for screening, case finding, and long-term care purposes. Now, every district health facility in Rumphi and Nkhosakota uses these screening pathways, and over 8,000 patients have received integrated care. Initial reports indicate improved early detection and treatment for hypertension and tuberculosis, as well as increased patient satisfaction.

Expanding clinical reach. Seed is laying the foundation to add another teaching site, at Neno District Hospital, to the family medicine program. A facility readiness assessment helped us develop a roadmap for the types of support the hospital will need moving forward. Each new teaching site brings the promise of enrolling more students into the family medicine program, while expanding access to high-quality, primary health care deeper into communities across Malawi. Seed's partnership with Kamuzu University of Health Sciences is key to developing the family medicine workforce that can deliver on this new approach.



✦ *Bachelor of Medicine, Bachelor of Surgery (MBBS) IV students during orientation at the start of their clinical rotation at Mangochi district hospital led by Dr. Prosper Lutara (Family Medicine Lecturer).*

Mental Health: Addressing the Silent Crisis



An estimated 15-20% of Malawians are affected by mental health challenges, including depression, anxiety, and post-traumatic stress disorder. The shortage of trained mental health professionals makes it difficult for individuals to receive timely and appropriate care. Despite this, the Government of Malawi has prioritized mental health as one of its key focus areas.

In response, Seed helped review the curriculum being used for mental health in St. John of God College of Health Sciences, strengthening the quality of the program. Through our partnership with Kamuzu University of Health Sciences, Seed co-developed a mental health mentorship program, which has proved vital in strengthening clinical capabilities for treating patients with mental health needs, and improving mental health outcomes across the country.

Seed a Key Partner in Shaping Malawi Health System and Priorities

Malawi's 2023-2030 Health Sector Strategic Plan III focuses on addressing health workforce challenges, integrating fragmented care pathways, and effectively responding to pandemics and climate effects on health. Seed is a key player in its execution, supporting the government to:

- ✦ Shape national strategy through the National Human Resources for Health technical working group. Seed's work supports decisions on optimizing the health workforce and integrating in-service training for health workers.
- ✦ Test which integrated care pathways serve patient primary care needs best, as described above. The results of Seed's pilot will inform how patients access all services, all days of the week, at a single primary healthcare facility moving forward.
- ✦ Define national quality of care strategies, engaging in the safe motherhood technical working group and task force to review maternal health protocols, shaping improved patient care.

Extending mental health services into communities. In Rumphi, Karonga, and Nkhata-Bay, Seed expanded access to mental health care by partnering with district health management teams. Working at the district level—where resource decisions are made—Seed helped ensure that mental health services are prioritized. These efforts have increased awareness and shifted local health systems to treat mental health as an essential part of care. To extend our reach to rural areas, the partnership trains primary healthcare workers from hard-to-reach health facilities, improving their knowledge and skills in assessing, managing, and referring mental health clients.

Additionally, Seed supported integrated outreach clinics in health centers in the northern region. District-based staff mentored and supported community-level mental health staff to provide care for patients whom the health center staff had challenges managing on their own. Such outreach clinics increase access to specialized care that patients would otherwise have to travel to receive.

Finally, Seed is helping increase the availability of essential psychotropic medications and ensuring that trained mental health providers are deployed where they are needed most. Seed also supports accurate documentation of mental health cases and the integration of mental health services into routine outreach clinics. Through this work, Seed aims to reduce stigma, strengthen service delivery, and ensure more people receive the care they need.

RMNCH: Midwives Lead the Charge

Seed’s support of midwifery-led wards represents a sea change in promoting respectful, responsive maternity care while addressing the country’s gaps in human resources for health. Our partnership at Limbe Health Center uses this approach to ensure high-quality care during childbirth.



Replicating Seed’s Midwifery Model of Care

Seed’s success supporting the first-of-its-kind midwifery-led ward at Limbe Health Center has drawn national attention. As a result, a national consortium will enable our team to scale this model to four new clinical sites, expanding Seed’s reach and promoting respectful, responsive maternity care to high-volume, high-need facilities.

✦ *Limbe Health Center Maternity Ward Incharge, Dalitsolanga Sokosa, a senior nursing and midwifery officer, is leading improvements in patient care.*

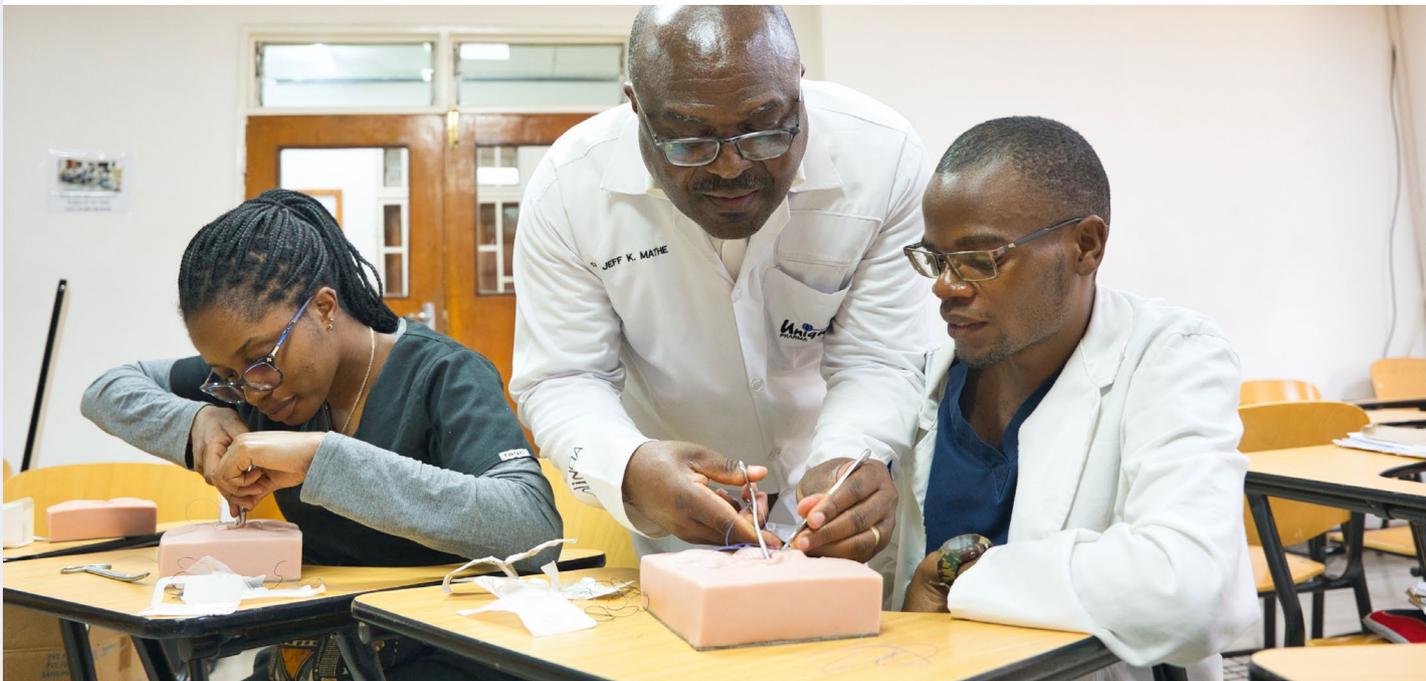
To enhance midwifery student clinical training and support continuous professional development for staff, Seed uses skills labs. In 2024-2025, Seed equipped Kamuzu University of Health Sciences with state-of-the-art equipment such as birthing simulator, episiotomy and suturing trainer, reproductive implant arm, and gynecologic skills trainer. Combined with training and education, skills labs provide the opportunity for educators and trainees alike to hone their skills.

In the lab and beyond, midwives and faculty master crucial skills such as performing ultrasounds to identify normal and abnormal findings; caring for sick newborns and infants; and routinely undertaking maternal near miss and death reviews in an effort to improve quality of care. This training is critical in equipping midwives to manage the most complicated births safely. Seed preceptors also work with clinical instructors to improve their teaching skills. This approach strengthens patient care at midwifery-led wards while supporting faculty to develop knowledge and skills that support student learning.

To provide quality care, frontline midwives need the right tools. Recognizing this, Seed has supported midwives and faculty with essential midwifery kits to enhance their clinical practice. Each kit includes a fetal stethoscope, tape measure, nurse's watch, gestational wheel, hand sanitizer, stethoscope, and a compact carrier bag—ensuring midwives are well-equipped to deliver maternal care consistent with the standards to which they were trained.

Meanwhile, at Queen Elizabeth Central Hospital, Seed's partnership improved maternal and newborn care by using quality improvement teams—teams that use a systematic process to carry out service delivery improvements. Each month, teams review their progress across quality improvement efforts, which range from improving how to assess women in the fourth stage of labor to reducing waiting times in the antenatal clinic. These efforts improve patient care and lead to better health outcomes.

In 2024, nurses and nurse-midwives working in Seed-supported health facilities helped safely deliver nearly 100,000 babies. Every life conveys a story of trust, skill, and care.



◇ Dr. Jeff Mathe, Seed educator (middle) demonstrates how to suture a tear to OB/GYN students during a skills session at Queen Elizabeth Central Hospital. Well-equipped skills labs allow students to build proficiency in crucial obstetric, neonatal, and infant care skills.

Safeguarding Women's Reproductive Health

With unsafe abortions contributing to 18% of maternal deaths in Malawi, reproductive health services can be a matter of life or death. Malawi's restrictive abortion laws—which permit abortion only to save a woman's life—result in severe complications and even death. Seed is advocating for safe abortion while strengthening post-abortion care services to reduce the negative health impacts of these unsafe procedures. Additionally, the Kamuzu University of Health Sciences partnership supports increased access to long-acting, reversible contraceptives such as implants and intrauterine devices. Lasting five to 12 years, long-acting contraceptives protect women from unwanted pregnancies, sparing them unsafe abortion procedures. Seed has been training healthcare providers at hospitals and health centers to provide contraceptive methods postpartum, reaching women where they are and supporting healthy timing and spacing of pregnancies.

Case Study

Malawi's Rapid Vulnerability and Adaptation Assessment

Rising temperatures and the growing frequency of natural disasters are fueling a double burden of disease. This dynamic forces countries like Malawi to confront infectious diseases while also grappling with increased rates of noncommunicable diseases. Under-resourced health systems throughout Africa are straining under this heavy burden. Around the world, one in four deaths are a result of preventable environmental causes.

Fortunately, powerful tools can support countries to incorporate climate-smart interventions and policies into their health strategies, such as the World Health Organization Vulnerability and Adaptation Assessment (VAA). Implementation, however, requires significant time, financial, and human resources. To make this critical tool more accessible, Seed is supporting the design and implementation of a rapid VAA (rVAA) that adapts the tool into a shorter and more affordable option, which the Ministry of Health will use to inform the country's next Health National Adaptation Plan. This approach will demonstrate the value of using a lower-cost model on a more frequent basis to understand climate-related gaps and opportunities in a country's health workforce.

In collaboration with the Ministry of Health, the World Health Organization Malawi, and the Rockefeller Foundation, Seed is working hand-in-hand with the national Health and Climate Change Core Team, providing guidance and oversight on how health and climate change strategies are implemented. National expertise will prioritize the most essential rVAA elements and identify the data needed to accelerate the process. Seed is identifying champions across the Ministry of Health to fully connect the rVAA results with broader Health Sector Strategy Plan efforts; as well as broad dissemination opportunities to share and discuss the report, its findings, and recommended adaptation strategies for health system resilience in Malawi and beyond from which to learn.

Looking to the Future

Strengthening Malawi's Health System

Seed's ongoing commitment ensures that health workers in Malawi are equipped to face the challenges of today and tomorrow. Moving forward, Seed will increase the number of trained family medicine specialists, scale mental health training, and expand the reach of midwifery-led models of care. Combined, these initiatives will continue to build a high-quality health workforce capable of saving lives and improving health outcomes across Malawi. With continued investment, Seed is helping build a resilient health system for generations to come.



✦ A newborn in the Ethel Mutharika nursery at Kamuzu Central Hospital in Malawi.

Uganda

Equipping Providers for Every Crisis

In 2024 and early 2025, Seed’s partnerships in Uganda addressed complex challenges, including a national Ebola outbreak, the critical need for quality emergency medical services, and preventable maternal and newborn deaths. Collaborating with national universities, regional referral hospitals, and the Ministry of Health, Seed trained more than 7,000 health workers—including 882 clinicians and students through in-person programs. These efforts spanned the nation, from Kampala to Katakwi, building a pipeline of health professionals equipped to deliver life-saving care.

↳ *Makerere University Emergency Medicine and Emergency Nursing students extend lifesaving care closer to the community during an outreach session in one of the informal settlements near Mulago National Referral Hospital.*



Health in Uganda: A Snapshot

Total population (2024) ⁱ 45.9 million	Number of doctors (2022) ⁱⁱⁱ 1.9 per 10,000 people
Maternal mortality ratio (2022) ⁱⁱ 189 per 100,000 live births	Number of nurses (2022) ⁱⁱⁱ 15.7 per 10,000 people
Infant mortality rate (2022) ⁱⁱ 36 per 1,000 live births	Number of midwives (2022) ⁱⁱⁱ 7.0 per 10,000 people
Total fertility rate (2022) ⁱⁱ 5.2 children per woman	

ⁱ <https://www.ubos.org/wp-content/uploads/2024/12/National-Population-and-Housing-Census-2024-Final-Report-Volume-1-Main.pdf>

ⁱⁱ <https://www.ubos.org/uganda-demographic-and-health-survey-2022-main-report/>

ⁱⁱⁱ <https://apps.who.int/nhwportal/>

Uganda Partnership Map

 **University Partner**

 **Clinical Partners**

Academic Training Programs & Degrees

- Bachelor of Science, Midwifery

Population Served
3.5 million

Academic Training Programs & Degrees

- Bachelor of Science, Midwifery
- Master of Science, Midwifery

Population Served
2.5 million

Arua Regional Referral Hospital

 **Muni University**

 **Lira University**

Lira Regional Referral Hospital

Mulago National Referral Hospital

Mbale Regional Hospital

 **Busitema University**

Mbarara Regional Referral Hospital

 **Mbarara University**

 **Makerere University**

Academic Training Programs & Degrees

- Bachelor of Science, Nursing
- Master of Medicine, Pediatrics & Child Health
- Bachelor of Medicine, Bachelor of Surgery

Population Served
4 million

Academic Training Programs & Degrees

- Master of Medicine, Emergency Medicine

Population Served
4 million

Academic Training Programs & Degrees

- Master of Medicine, Emergency Medicine
- Bachelor of Science, Emergency Nursing
- Fellowship of Perinatal & Neonatal Medicine
- Postgraduate Diploma, Neonatal Nursing

Population Served (immediate*)
3 million

*Entire country (45.9 million) for complex referrals



✦ *Dr. Doreen Okong Alaleit (in dark blue scrubs) providing guidance to Emergency Medicine residents from Makerere University during a simulation at Mulago National Referral Hospital.*

Building Uganda's Emergency Medicine Workforce



Emergency medicine in Uganda has historically faced significant challenges, with systemic gaps in equipment, training, and coordination of care. Since 2018, Seed has partnered with Makerere and Mbarara universities to launch the country's first postgraduate programs in emergency medicine—a breakthrough that professionalized the field and brought emergency care to the forefront of national health planning. Today, the emergency medicine department at Mbarara University of Science and Technology has a full faculty. Three faculty salaries are paid using tuition revenues, and all have been trained by Seed. This new department translates into a stronger workforce—and lives saved across Uganda's health system. Seed provided essential equipment to Mbarara Regional Referral Hospital, including patient monitors, trolleys, beds, and oxygen concentrators, to address a critical need for advanced tools that improve emergency care.

Seed trained 19 rapid emergency and critical care training (ReACT) teams that provide multidisciplinary, skilled care at hospitals across Uganda. The goal is to have a ReACT team at every hospital in Uganda. Serving severe and complex cases, ReACT teams strengthen response to emergencies from road traffic accidents to natural disasters. With Seed's support, ReACT teams are undergoing additional training to possess the skills and competencies needed to respond to infectious disease emergencies and mass casualty events. Of note, these teams were instrumental in managing Uganda's January 2025 Ebola outbreak, underscoring the critical role of first-line emergency responders in controlling rapid spread of disease during outbreaks.

ReACT Teams Strengthen Uganda's Emergency Health System

In 2024, ReACT teams supported more than 1,500 emergency cases responding to traumatic injuries, obstetric emergencies, and more. ReACT's scalable, multidisciplinary model helps hospitals respond and stabilize patients faster, saving lives. Its success has sparked interest to replicate Seed's approach in other regions, demonstrating ReACT's critical role in strengthening emergency systems.

Prepared for Any Emergency: Uganda's Ebola Experience

Uganda declared an Ebola outbreak in January 2025. With no Ebola vaccine available for the strain fueling this outbreak, protecting the scarce health workforce from infection was paramount. In response, Seed promptly mobilized essential surveillance and educational efforts. We donated emergency personal protective equipment to frontline hospitals and launched a nationwide training series on infection prevention and control, outbreak surveillance, and case management. Over 1,100 health workers learned about case identification, triage protocols, and ambulance decontamination. Seed's partnerships at Mulago, Mbarara, Mbale, and Lira hospitals facilitated physical simulation-based Ebola training for emergency medicine residents and midwives, preparing health workers to manage highly infectious diseases in low-resource, high-pressure settings.



✧ Health workers in Uganda receive infection prevention and control training to reduce their risk of contracting Ebola.

Across Mbarara, Mbale, and Kampala districts, Seed's Ebola awareness campaign fanned out across communities, reaching thousands. We distributed over 7,000 posters with information about the disease, its transmission, symptoms, and prevention measures, using visual imagery and clear language to effectively communicate crucial health messages.

Beyond Ebola, Seed engaged in broader preparedness efforts, working with the Ministry of Health on a Mass Gathering Management Framework and piloting emergency medical records rollouts to improve patient tracking and reporting. Day by day, Uganda is putting in the work to improve the health system's ability to provide a rapid and robust response for outbreaks and emergencies lurking just around the corner.



✧ Irene Atuhairwe, Uganda country director, accepts an award from the Uganda Ministry of Health appreciating Seed's dedication, and recognizing our significant contribution toward building a climate-resilient health system.

Africa's First Health National Adaptation Plan to Combat Climate Change

Climate change is speeding the pace at which countries across Africa must respond to outbreaks, including zoonotic disease outbreaks such as Ebola. To respond to this urgent need, in 2024, Seed joined the Ministry of Health and other partners to launch Uganda's Climate Change Health National Adaptation Plan 2025-2030, which addresses the significant threat climate change poses to public health. Uganda is the first country in Africa to develop such a plan. This past year, Uganda recognized Seed with an award of appreciation for our support in building a climate-resilient health system.

Technology in Action: Equipping Providers to Save Lives



The ECHO Tele-Mentorship Program is Seed's Force Multiplier

Uganda's emergency medicine Extension for Community Healthcare Outcomes (ECHO) program has grown substantially, demonstrating a hunger for continuous learning and the value of Seed's support. Biweekly, Seed and the Ministry of Health's Emergency Medical Services team use the ECHO videoconferencing platform to teach health workers about a wide range of emergency medicine topics. A mix of simulations, expert demonstrations, and case presentations teaches participants essential clinical and leadership skills in emergencies. Using telemedicine allows Seed to reach health workers in rural areas that would otherwise rarely receive training. This approach also works: Health workers from every one of the 148 districts in Uganda have participated in an ECHO session, averaging 500 participants per session. Sometimes, entire hospital departments patch into ECHO sessions to learn together.

This fiscal year, ECHO reached 7,374 unique participants. The most attended sessions included infection prevention and control, severe malaria treatment, pre-eclampsia in pregnancy, children's pneumonia, poisoning, and diabetic emergencies. By linking ECHO topics with key health issues prevalent in communities, Seed ensures fresh, relevant, content that supports the health system's ability to save lives—from first responders to highly trained clinicians in the surgical theater.

Point of Care Ultrasound (POCUS)

To improve training of emergency medicine residents, Seed provided a portable bedside POCUS to the Makerere residency program. This equipment will enable students to develop proficiency in focused assessment with sonography for trauma—a rapid, non-invasive ultrasound technique used in trauma patients to determine if more detailed imaging or surgical intervention is needed. POCUS facilitates faster diagnosis and treatment, enhancing quality of care. While POCUS training is cutting-edge in U.S. medical education, it is rare in sub-Saharan Africa—precisely where it has enormous potential to directly improve patient outcomes.

Strengthening the Health Data Ecosystem

From the bedside to the national budget, data are crucial to understanding health system needs and planning appropriate investments. Seed supported the rollout of the electronic medical records system in MNCH wards at Mbale, Lira, and Arua regional referral hospitals; and the accident and emergency department at Mbarara hospital. We trained over 200 health workers to use this system, improving clinical management and patient care alike.



About Project ECHO

The ECHO model is a virtual training and mentorship platform that connects health workers with expert teams through regular video sessions. Using case-based learning, ECHO builds knowledge and capacity—especially in remote or under-resourced areas—so health workers can deliver high-quality care where they live and work.

Selected ECHO Topics

- Environmental emergencies
- Drowning/near drowning
- Orthopedic emergencies
- Acute rheumatic fever
- Adult cholera and typhoid
- Rabies, tetanus, and botulism
- Viral hemorrhagic fevers
- Coagulopathies
- Oncologic emergencies
- Severe anemia
- Sickle cell disease
- Chronic kidney disease
- Sexual violence
- Malnutrition
- Diabetic emergencies
- Ebola virus disease surveillance
- Preeclampsia



✦ The emergency response team of Katakwi General Hospital checking their equipment on the hospital veranda.

Strong data systems are also necessary for effective hospital administration. To that end, Seed supported Ministry of Health staff to train nearly 300 users at Lira Regional Referral Hospital—from pharmacy stores staff to records officers and clinicians—on the electronic patient management system. Seed’s support of Uganda’s data ecosystem and its use in making clinical, administrative, governance, and financing decisions improves patient care and efficient use of resources.

Emergency medicine in Uganda has cut injury and trauma mortality by half compared to two decades ago.



✦ Dr. Doreen represents the future of emergency medicine in Uganda. As a Seed educator, she will shape the next generation of student doctors who will save lives for years to come.

Motherhood Provides Emergency Medicine Doctor Profound Clarity about Her Life’s Purpose

“Holding my newborn son for the first time, I had a deeper appreciation for life and the role of health workers in sustaining it. In that moment, I truly knew why I had become a doctor—I wanted to save lives,” said Dr. Doreen Okong Alaleit.

As of 2025, 20 emergency medicine physicians have graduated from Uganda’s two emergency medicine specialist programs. Among them is Doreen, who leads the resuscitation team at Mulago National Referral Hospital in Kampala and serves as president of the Emergency Care Association of Uganda. Her dedication exemplifies the new wave of leaders emerging in Uganda’s emergency medicine landscape.

Doreen is helping to build a resilient Ugandan health system, one capable of meeting present and future needs alike. As a Seed educator, she is strengthening Uganda’s emergency medicine degree programs to equip health workers with the skills and knowledge to provide high-quality care. As a woman in emergency medicine, Doreen has broken barriers in her field and is seen as a role model for other women who want to pursue this intense specialty.

Reproductive, Maternal, Newborn, and Child Health



Uganda's maternal and newborn mortality rates remain stubbornly high. In response, Seed has made significant investments in pre-service midwifery education, clinical mentorship, and in-service training to build a larger and more highly skilled pipeline of RMNCH providers. This year, Seed continues to support the Master of Midwifery degree program at Lira University, providing yet another avenue to remedy Uganda's highly skilled health workforce gap.

Preceptors build clinical skills. To ensure quality teaching and mentorship across our Busitema, Lira, and Muni partnerships, Seed assessed 115 nurses, midwives, and doctors on their ability to manage and teach about maternal, newborn, and child emergency conditions. From this group, Seed selected a skilled group to serve as preceptors, training them to nurture future cadres of life-saving health providers. Seed delivered refresher trainings in emergency obstetric care, hosted grand rounds on postpartum hemorrhage and preeclampsia management, and facilitated team building between university faculty and hospital clinicians to align patient care goals. This hard work paid off: In 2024, the Ministry of Health deemed Mbale Regional Referral Hospital the top-performing hospital in the country in improving maternal and newborn outcomes.



✦ *Emmanuel, a Master of Midwifery student at Lira University, educates pregnant women and new mothers about breastfeeding, nutrition, and their well-being during a community outreach event in Obutowelo village, Lira district.*

Bringing Health Services to People. In a powerful example of community outreach, Seed midwives and faculty from Lira University partnered with the local district government to organize a women's health camp in the Lango subregion and in Tadam village. These camps raised awareness about postpartum hemorrhage, preeclampsia, and the health and well-being of women. Over 250 health workers provided nutrition assessments, antenatal care, cervical and breast cancer screening, family planning services, obstetrics and gynecology consultations, and HIV testing—reaching thousands.

Deepening Seed's Reach in Newborn Care

Seed assisted Makerere University to launch Uganda's two new neonatology fellowship programs. These fellowships equip pediatricians with the skills to care for newborns as a sub-specialty. Such programs offer pathways for nurses, midwives, and pediatricians to gain specialized expertise in newborn care—a crucial need as newborn deaths account for nearly two-thirds of infant deaths. To save these fragile new lives, the government of Uganda has committed to expanding its neonatal intensive care unit infrastructure.



✦ *Dr. Winnifred, Seed midwifery educator at Lira University, with a baby during a community outreach in rural Lira District.*

Seed was called upon to help shape the future of neonatal care in Uganda by advancing new neonatology and neonatal nursing programs at Makerere University—programs that had been stalled by accreditation delays. Without this critical step, the first cohort of graduates risked entering the health workforce without clear career pathways, despite the urgent need for these highly specialized professionals.

Seed's team stepped in to break through the barriers, unlocking the accreditation process and partnering with Makerere to design and strengthen robust training and mentorship programs. At the same time, Seed worked hand-in-hand with the Ministry of Health to ensure graduates have defined placement opportunities, so their expertise reaches the hospitals and communities that need it most.

Investing in Policy Change

While patient care ultimately saves lives, the enabling environment and health system stewardship can enable—or impede—such care. Seed supports national policies and guidelines for human resources for health, emergency medicine, RMNCH, and resilient health systems. Seed recognizes that policy is essential for education, training, and practice to lead to lasting change.

Seed supported the Ministry of Health's first National Stakeholder Engagement on Human Resources for Health in December 2024, defining strategic workforce priorities for next decade. Moving forward, this will influence crucial governance and financing decisions in support of Uganda's health workforce. In addition, Seed contributed to a national workshop that harmonized job descriptions for all health worker cadres in the country, including emergency physicians and nurses, and mapped out a human resources for health labor market analysis.

Finally, high-level Ministry of Health officials requested Seed engagement to create additional specialized workforce cadres in critical and cardiac care. Seed looks forward to supporting these and other needs as our partnerships and programs evolve alongside government priorities.

Uganda Recognizes Seed's Contributions to Safe Motherhood

In October 2024, Seed Global Health received the award for Outstanding Contribution to Safe Motherhood in Health Workforce Capacity Building at Uganda's Safe Motherhood Conference. This accolade underscores Seed's commitment to strengthening the health workforce and ensuring health professionals have the knowledge, skills, and tools to deliver life-saving care.

Case Study

Emergency and Critical Care Services Report

In 2024, Seed was proud to support the first-of-its-kind, comprehensive research study on Uganda’s emergency medicine services. Ugandan researchers blanketed 33 districts across the country, collecting data from 74 national and regional referral hospitals and health centers to assess the state of emergency care. Of the 134,000 cases analyzed, trauma, injuries, and infections were the primary reasons people sought emergency care. Despite infrastructure improvements, frequent stock-outs of essential emergency medicines, absence of pain medications, and inadequate functional blood storage equipment remain concerns.

Training needs also remain: Between 9% and 44% of medical staff in Health Center IVs were deployed full-time in emergency care—yet only one-third of health workers had basic emergency care training. Furthermore, fewer than half of staff in general hospitals and fewer than three-fourths in regional referral hospitals had such training. In intensive care units, only 34% of staff had critical care training.

Today, Uganda’s Ministry of Health is using the report findings to expand training, ensure procurement of essential supplies, and enhance emergency response systems. Seed’s education and training pathways are key to this effort, growing the emergency medicine workforce one qualified provider at a time.

Looking to the Future

Capitalizing on Gathering Momentum

Uganda’s health system stands at a crossroads: Growing population needs, rising rates of chronic and infectious diseases, and limited infrastructure are placing enormous pressure on health workers and facilities. Yet there is also tremendous momentum. Seed is proud to be part of Uganda’s health transformation journey—training the country’s first emergency physicians, launching cutting-edge neonatal programs, and strengthening midwifery care.



✦ Deputy executive director for Mulago National Referral Hospital, Dr. John Sekabira, receives a delivery of health commodities from Seed country director Irene Atuhairwe and Seed educators Dr. Mary Ellen Lyon and Dr. Doreen Okong Alaleit.

Sierra Leone

Midwives Make Safe Motherhood a Reality

No woman should fear for her life when giving birth. Yet from 2000-2010, Sierra Leone was the second riskiest place in the world for women to deliver their babies. With commitment from the highest levels of government to change this reality—and Seed’s unrelenting focus on equipping midwives to tackle the primary drivers of maternal deaths—Sierra Leone has turned the page on this chapter. **Globally, Sierra Leone has had one of the fastest declines of maternal deaths.** Seed’s focus on training, mentoring, and empowering health workers has contributed to these hard-won gains.

✦ *A midwifery student practices listening for a fetal heartbeat, an essential part of providing skilled antenatal care, in the skills lab in the School of Midwifery Makeni.*



Health in Sierra Leone: A Snapshot

Total population (2025)ⁱ

8.8 million

Maternal mortality ratio (2023)ⁱⁱ

354 per 100,000 live births

Infant mortality rate (2023)ⁱⁱⁱ

56 per 1,000 live births

Total fertility rate (2024)^{iv}

3.8 children per woman

Number of doctors (2022)^v

1.3 per 10,000 people

Number of nurses (2022)^v

8.9 per 10,000 people

Number of midwives (2022)^v

2.7 per 10,000 people

ⁱ <https://population.un.org/dataportal/home>

ⁱⁱ <https://iris.who.int/bitstream/handle/10665/381012/9789240108462-eng.pdf>

ⁱⁱⁱ <https://childmortality.org/wp-content/uploads/2025/03/UNIGME-2024-Child-Mortality-Report.pdf>

^{iv} <https://www.prb.org/international/indicator/fertility/table>

^v <https://apps.who.int/nhwportal>

Sierra Leone Partnership Map



University Partner



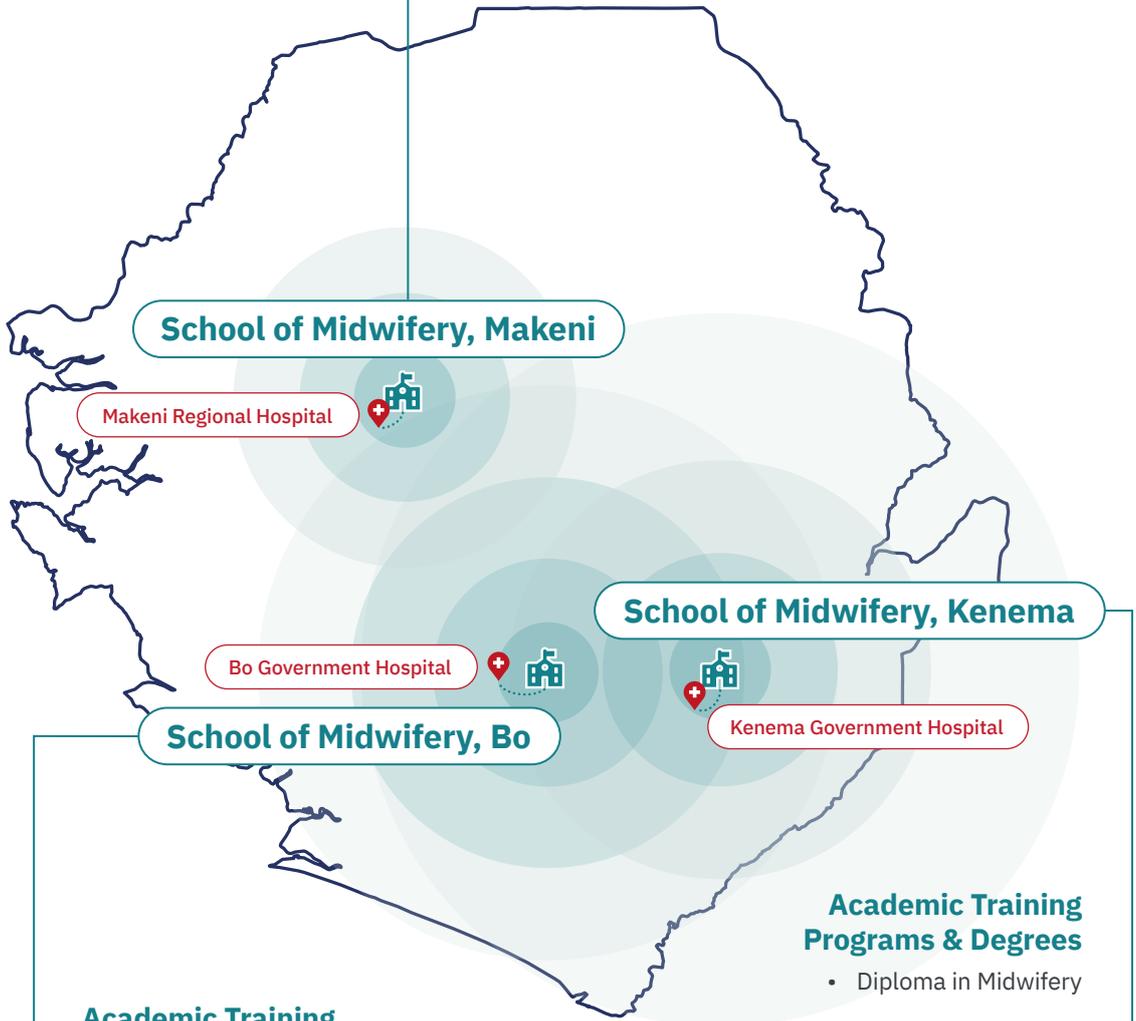
Clinical Partners

Academic Training Programs & Degrees

- Diploma in Midwifery
- Bachelor of Science, Midwifery

Population Served

387,000



School of Midwifery, Makeni

Makeni Regional Hospital

School of Midwifery, Kenema

Bo Government Hospital

Kenema Government Hospital

School of Midwifery, Bo

Academic Training Programs & Degrees

- Diploma in Midwifery

Population Served

772,000

Academic Training Programs & Degrees

- Diploma in Midwifery
- Bachelor of Science, Midwifery

Population Served

711,000



✦ *Sister Fatmata Doba, an instructor at the School of Midwifery Bo, demonstrates to students how to use Leopold maneuvers to assess fetal presentation.*

Saving Lives through Midwifery Training

Through our work with the schools of midwifery in Makeni, Bo, and Kenema, Seed is creating a sustainable workforce that can provide skilled midwifery care throughout Sierra Leone. With our training, Seed is equipping midwives-to-be with the skills and resources they need to provide life-saving care.



At Makeni Regional Hospital, Seed educators have been instrumental in training midwives on essential care practices, including respectful maternal care and postpartum hemorrhage management. This ensures that women receive not only clinical care but also the dignity and respect they deserve during childbirth. Person-centered care—an enduring focus of Seed’s efforts in Sierra Leone—has resulted in better maternal outcomes and more satisfied patients.

For example, Makeni, the largest city in northern Sierra Leone, accounts for roughly 44% of all maternal deaths nationwide. Seed serves as the sole nonprofit partner in the maternity unit of Makeni Regional Hospital, where we have seen a sustained decline in maternal deaths. Between January and December 2024, the hospital recorded 19 maternal deaths, nearly two-thirds fewer than in 2021, just before Seed began its support. We celebrate such achievements—even as we acknowledge that lasting progress is complex and will require persistence, time, and continued partnership.

Progress Meeting Sierra Leone’s Ambitious Midwifery Targets

In 2024, 159 midwifery graduates completed their training across Seed’s three partner schools. These graduates are now poised to enter the workforce as midwifery leaders, delivering critical maternal and newborn care in hospitals, health centers, and rural clinics across the country.

Preceptors Build Clinical Excellence in Midwifery

A central component of Seed’s work in Sierra Leone is our preceptor program. Launched in 2022, it has made a significant difference in the quality of nurse and midwife clinical training. Preceptors are experienced midwives and nurses who are trained to mentor and guide new students during their clinical rounds. These preceptors are essential in fostering a new generation of midwives who will go on to provide critical care across maternity wards.

Seed has worked tirelessly to improve the quality of preceptor training and the quantity of student midwives reached with preceptor mentorship across Sierra Leone. In 2024, Seed implemented a training-of-trainers program to enhance preceptors’ ability to train and support future preceptors. Using rigorous endline assessments to ensure preceptors are fluent in the requisite skills, each hospital now has 10 qualified preceptor trainers to support educators with teaching and training.

To complement clinical efforts, Seed developed a training package for the one-year long preceptorship training course. In April 2025, the Sierra Leone Nursing and Midwifery Council accredited Seed’s preceptorship program. Now, all midwifery schools in Sierra Leone can use this curriculum to train additional cohorts of preceptors—a seminal milestone. In addition, the Ministry of Health’s chief nursing and midwifery officer will work with the human resources for health directorate to integrate the recognition of preceptors for promotions in career pathways.

In Makeni, ten preceptors led training sessions on vital signs, estimated blood loss, and post-partum hemorrhage management. Makeni also selected four preceptor to become e-learning content developers, linking the content from Seed partnerships to midwifery students who will use the e-learning materials. Meanwhile, Kenema saw a second preceptor cohort begin this past year. Starting with a baseline assessment of International Confederation of Midwives competencies, preceptors started learning about the program, trauma recognition and management, and then reviewed their competency assessment.

Fast-tracking qualified midwives. A direct entry midwifery program is an accelerated training pathway that prepares students right out of high school to become fully qualified midwives, enabling faster integration of skilled providers into Sierra Leone’s health system. A novel approach championed by Seed, we were instrumental in identifying and filling gaps that affect the quality of education at the School of Midwifery Bo, during a curriculum review of the direct entry midwifery program. Leading the stakeholder consultation process, including with the Sierra Leone Nursing and Midwifery Council and the Directorate of Nursing and Midwifery Services, Seed supported the refinement of the curriculum to ensure evidence-based care.

Celebrating the Launch of a New Midwifery School.

Recognizing the success of Seed’s partnerships in Makeni and Bo, our government partners asked Seed to expand midwifery training to the eastern region. In 2024, a new school of midwifery opened in Kenema, with 52 students



As of 2024, Seed has trained more than 100 preceptors in Sierra Leone—each one equipped to save lives.

Seed’s Community Relationships

When families have been affected—or know someone who has been affected—by a maternal death, they recognize the value of Seed’s efforts to improve midwifery care. This is reflected in how Seed is received by the communities we serve.

In partnership sites, the faculty, senior hospital management teams, and local authorities, including paramount chiefs, district council chairmen, and religious leaders, warmly embrace and welcome Seed educators. When educators are officially welcomed to their sites, this event is covered by local media, allowing households to learn how the country is prioritizing maternal and newborn health—and how Seed is integral to that effort.

enrolled in the first midwifery class. These students were the first enrollees in Sierra Leone’s new national midwifery direct entry program. The school is the country’s fourth midwifery school to focus on the direct entry midwifery program for students. Seed has partnered with the Ministry of Health to upgrade the design of the national curriculum and provided faculty to teach the students.

Demonstrating commitment to reducing preventable maternal and newborn deaths from the highest level of government, Dr. Julius Maada Wonie Bio, president of the Republic of Sierra Leone, officially opened the new school. Seed is honored to have been present, and to be a part of this partnership. Seed educators have been busy supporting the faculty in developing policies for the school from admissions to exam regulations, as well as job descriptions for key personnel.



✦ Sister Chisomo (Seed educator) demonstrating neonatal resuscitation to midwifery students in the skills lab at School of Midwifery Bo.

Introducing Life-Saving Innovations

As part of routine practices to reduce the risk of postpartum hemorrhage such as active management of the third state of labor, Seed supported the introduction of heat-stable carbetocin at Makeni Regional Hospital. Using medication that does not require refrigeration (unlike its predecessor, oxytocin) improves treatment outcomes for postpartum bleeding. With postpartum hemorrhage the primary cause of maternal deaths in Sierra Leone, Seed’s investment in new technologies plays a crucial role in improving maternal survival.

Reproductive Health: Advocating for Safe Motherhood

Seed’s work in reproductive health is directly tied to national efforts to improve access to healthcare for women and children. In 2024, Sierra Leone’s deputy minister of health led the charge in urging Parliament to pass the Safe Motherhood and Reproductive Healthcare Bill. This critical piece of legislation aims to provide free healthcare to pregnant women, lactating mothers, and children under five. It includes provisions for prenatal care, safe delivery, and postnatal support—all of which are vital to reducing preventable maternal and child deaths. Seed has actively advocated for this bill that includes provisions for the safe termination of pregnancies under specific conditions. This is particularly important in a country where unsafe abortions are among the leading causes of maternal death. While the bill faces some resistance, Seed remains committed to supporting efforts that improve women’s reproductive health—and save lives.

Sierra Leone Holds Inaugural Meeting on Climate and Health

In 2024, Seed joined the inaugural meeting of Sierra Leone’s first technical working group on climate change and health—a critical step as the country confronts the growing health threats posed by a changing climate. To guide this national effort, the Ministry of Health has established a climate and health unit charged with identifying vulnerabilities and building resilience across the health system. As a member of the capacity-building sub-committee, Seed contributes its expertise in workforce strengthening to ensure Sierra Leone’s health sector is equipped to protect communities from the impacts of climate change—today and in the years ahead.

Case Study

Filling Crucial Infrastructure and Commodity Gaps

Teaching, training, and mentorship can only go so far: There is a need for basic infrastructure to enable lifesaving care. Seed's targeted investments in essential supplies help narrow this gap.

Electricity. A solar power project at Bo Government Hospital has been commissioned, now supplying 70% of the facility's energy needs. Plans are underway to expand coverage to 100%, ensuring that critical units—such as the maternity ward—have uninterrupted, 24-hour electricity to support safe, reliable care.

Better referrals. In an emergency, every minute counts. To address communication gaps around referrals and feedback mechanisms that have been affecting our partnerships in Makeni and Bo, Seed donated 40 closed user group phones, 20 for each partnership. Seed is using the phones in a pilot study to determine their effectiveness in improving communication and reducing high referral rates from certain facilities, some of which are unwarranted.

Equipped for success. Seed donated start-up kits to all 2024 midwifery graduates, including artery forceps, scissors, needle holders, blood pressure cuffs, stethoscopes, nurse timers, and fetal stethoscopes. Seed also presented gifts to each preceptor, comprising of a retractable tape measure to measure fundal heights, a double-headed teaching stethoscope, and a preceptor bag.

Looking to the Future

Strengthening Health Systems for Future Generations

In 2025, Seed will scale midwifery education, expand the preceptorship program, and advocate for critical healthcare policies like the Safe Motherhood and Reproductive Healthcare Bill. Aligned with our 2030 strategic goals, Seed aims to train thousands more midwives and increase the number of skilled health workers providing life-saving care nationwide. Through sustained investment, Seed is helping build a resilient health system that ensures every woman has access to safe, quality care and her children inherit a healthier future.



✧ *Sister Antoinette with other nurses document patient care in women's charts in room 5 at Bo Government Hospital. Accurate clinical records facilitate effective communication and coordination of maternal care.*

Zambia

Anchoring Primary Care at Scale

Access to holistic healthcare services poses a challenge to many Zambians. Family medicine is emerging as an essential response to expand access to primary health care. Meanwhile, midwives remain steadfast on the frontlines, preventing maternal and newborn deaths across the country. Seed Global Health is proud to stand alongside Zambian partners to strengthen the long-term resilience of the country's health workforce while integrating climate resilience into our broader health system strengthening efforts.

✦ *Dr. Winnie Mukelabai a fourth-year family medicine doctor and chief resident leads a patient examination at Chilenje Level One Hospital, as other family medicine residents observe and learn.*



Health in Zambia: A Snapshot

Total population (2025)ⁱ

21.9 million

Maternal mortality ratio (2023)ⁱⁱ

85 per 100,000 live births

Infant mortality rate (2023)ⁱⁱⁱ

31 per 1,000 live births

Total fertility rate (2024)^{iv}

4.1 children per woman

Number of doctors (2022)^v

3.2 per 10,000 people

Number of nurses (2022)^v

24.8 per 10,000 people

Number of midwives (2022)^v

4.6 per 10,000 people

ⁱ <https://population.un.org/dataportal/home>

ⁱⁱ <https://iris.who.int/bitstream/handle/10665/381012/9789240108462-eng.pdf>

ⁱⁱⁱ <https://childmortality.org/wp-content/uploads/2025/03/UNIGME-2024-Child-Mortality-Report.pdf>

^{iv} <https://www.prb.org/international/indicator/fertility/table>

^v <https://apps.who.int/nhwportal>

Zambia Partnership Map

 University Partner

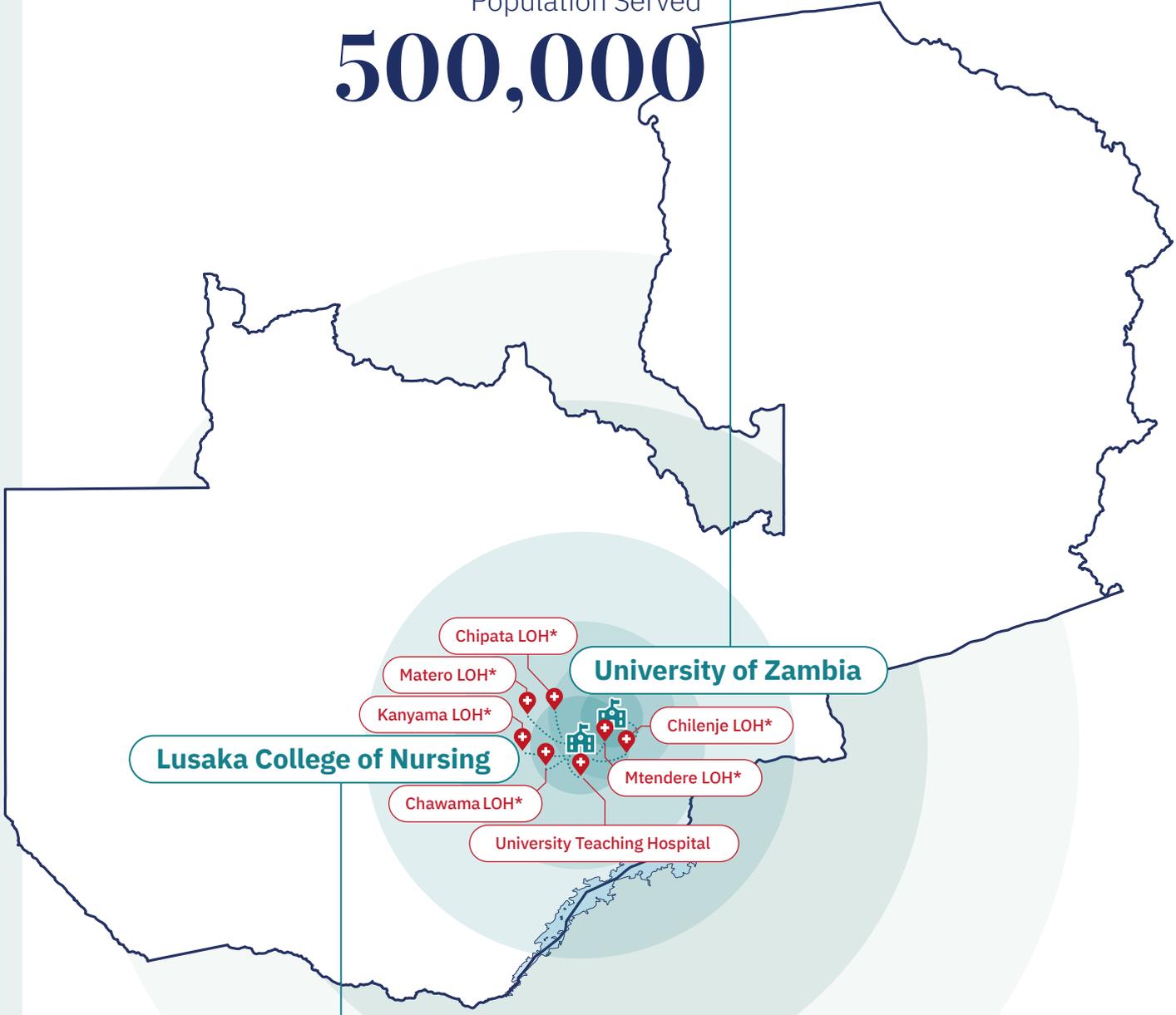
 Clinical Partners

Academic Training Programs & Degrees

- Master of Medicine, Family Medicine

Population Served

500,000



Academic Training Programs & Degrees

- Diploma in Midwifery

Population Served

3.5 million

*LOH = Level One Hospital



✧ Family medicine doctors on their way to the pediatric unit at Chilenje Level One Hospital. From left: Dr. Radiance (Seed educator), Dr. Winnie (chief resident), Dr. Chisenga, Dr. Malama (rear), Dr. Wangwa, and Dr. Eric (Seed educator).

Family Medicine Gains Momentum

The Government of Zambia recognizes that family medicine can play a critical role in providing comprehensive care across communities: Training family medicine physicians is a versatile investment, as they can treat more than 70% of conditions that cause patients to seek care at a health clinic or a district hospital. Seed is bringing this transformative vision to life by partnering with the University of Zambia to build a family medicine specialty from the ground up.



In 2021, there were only two family medicine students enrolled in the program. Today, over 35 family medicine doctors have been trained through our partnership with the University of Zambia. The sharp increase in enrollment is a result of the program's growing recognition. Dr. Evaristo Kunka, himself a graduate of the family medicine program and now a teacher of family medicine, shared that family medicine is no longer seen as an afterthought in Zambia but as a necessary part of the health system. "Family medicine is not just an idea anymore. It's an implemented solution, growing across Southern Africa," he said.

This partnership includes support for faculty, curriculum development, and clinical placements, significantly expanding the program. Family physicians trained at University of Zambia with Seed support are now a force multiplier for strengthening the country's health system. With more physicians in training, Seed is working with the government to place family medicine doctors in every level one hospital in Lusaka, with the goal of rapidly scaling to rural areas throughout the country. With only three doctors serving every 10,000 Zambians, each new family medicine doctor will make a lasting impact on patient care.

A pathway for expanded access to care. The surge in family medicine enrollment underscores health workers' view of the specialty as the strongest avenue for providing holistic, patient-centered care in the community as close to the patients as possible. It is also a testament to the quality of teaching at Seed-supported sites. Seed is meeting this moment by scaling the family medicine program experience, expanding rotation sites, and including a 4-week rotation for fourth year students in a rural health facility. In addition to expanding their clinical skills by working in a different environment and seeing a broader range of cases, placing students in rural areas supports equity by expanding access to care for people who historically have limited access to care. As the program grows, so, too, will its impact.

This past year, for the first time, Seed implemented a rigorous Objective Structured Clinical Examination as part of the fourth-year student evaluation. With significantly increased student size, having a standardized, fair, and accurate way to assess clinical competence—as well as identify areas that require additional work and practice, including curriculum strengths and weaknesses—will allow the program to assess whether students are achieving the required clinical skills as they move towards residency.

Seed’s Ripple Effect: Family Medicine Leadership

Dr. Mpundu Makasa, the very first graduate of the family medicine program at the University of Zambia, has secured a prestigious visiting lectureship at the University of Bergen and was appointed to a two-year term as head of the Department of Community and Family Medicine at The University of Zambia School of Public Health. Dr. Makasa’s exceptional achievements will shape the futures of many family medicine students across Zambia, expanding access to life-saving care.

Anchoring family medicine throughout the ecosystem. Strong professional medical associations play a significant role in ensuring quality and professionalism in their fields through accreditation. They also provide continuing medical education, support providers throughout their careers, and can be powerful patient advocates. To nurture this potential for family medicine, Seed Global Health helped establish the Association of Family Physicians of Zambia.

This past year, with support from Seed, the Association held its first annual meeting, electing officers and setting priorities for its function and growth. Further demonstrating Seed’s ripple effect, the newly elected president is a graduate of the University of Zambia’s family medicine program. Now 35 members strong, the Association leads family medicine advocacy activities, complementing Seed’s country strategy. Seed will collaborate closely with the Association in the coming years, positioning them to anchor the profession’s work well into the future.



✦ *Constance Ntambo, a lecturer at Lusaka College of Nursing and Midwifery in Zambia, teaches the next generation of midwives about evidence-based maternity care during class. In clinic, she will mentor this new generation in providing hands-on, lifesaving care.*

Spotlight on Sustainability

Seven family medicine senior residents and recent graduates were given part-time teaching positions at the University of Zambia. The university has created two full-time faculty positions—staffed by two of the first graduates of the University of Zambia’s family medicine master’s degree program—and has appointed an additional five part-time faculty members.

This is an incredibly promising step toward the program becoming self-sustaining. It demonstrates the value of University of Zambia’s family medicine program and is a win for Seed’s advocacy efforts within the university.

Retired but “Not Tired:” **Zambian Midwives Are a Powerful Force for Saving Lives at Birth**



Seed’s partnership with the Lusaka College of Nursing and Midwifery has been pivotal in expanding midwifery education—as well as improving the quality of the education and clinical skills of its graduates. Midwives are being trained not only in essential clinical skills but also in leadership, ensuring that they are capable of leading teams in some of Zambia’s most underserved areas. In Seed-supported facilities such as Chipata Level One Hospital—where just 20 midwives manage more than 850 deliveries each month—strong clinical leadership can mean the difference between life and death.

Zambian midwives teaching preceptors. Seed’s midwifery partnership is piloting the approach of training and supporting retired, highly skilled Zambian midwives as drivers of change. We select midwives with extensive experience navigating the country’s challenges, adherence to clinical practice guidelines, and deep knowledge of the national context. In doing so, Seed strengthens their ability to teach, train, and mentor the next generation of life-saving midwives as preceptors.

Seed’s midwifery clinical instructors also use the Objective Structured Clinical Examination to evaluate preceptors in a standardized and objective manner, testing for essential skills such as infection prevention and control; managing normal and complicated deliveries; and neonatal resuscitation. This ensures preceptor capabilities and also identifies where additional training and support may be needed to ensure preceptors are capable of executing high-quality training and mentoring in their clinical sites.

Additionally, Seed continues to support midwifery education through e-learning sessions, which offer virtual mentorship and continuous learning for midwives and other health workers. Seed’s low dose, high frequency training model has preceptors leading weekly sessions to address critical service delivery gaps. This includes the use of tools to help healthcare professionals detect early signs of complications and ensure timely intervention, such as pregnancy-induced hypertension and its management; management of premature labor; and prolonged sick-to-skin contact as remarkably effective low-tech care for preterm and low birthweight babies.

Influencing national decisions. Seed’s clinical education advisor has been appointed to a Ministry of Health technical team responsible for allocating precious government funds across healthcare cadres. With the need so great, each type of provider allocated against an open position is an exercise in careful cost-benefit analysis. Seed sees it as a tremendous success that in 2024, 850 of the 4,000 available positions were approved for sorely needed midwives who will be deployed in health posts and delivery centers, including 50 midwifery tutors and lecturers.

In addition, Seed has two representatives on the Ministry of Health Human Resources for Health technical working group: one addressing recruitment and retention; the other tackling



✦ *Kanga Mbewe, a preceptor at Matero Level One Hospital, guides midwifery students through a neonatal resuscitation procedure using a manikin. Students practice clinical skills on manikins before working directly with newborns.*

performance management. Together with other experts, Seed will support the working group to develop evidence-based strategies for planning, managing, recruiting, retaining, training, and professionally developing health workers; and provide guidance and recommendations on human resources for health policies, regulations, and financing.

Recognizing our role in ensuring high-quality midwifery care, the Ministry of Health invited Seed staff to participate in the review of the national clinical guidelines for the management of postpartum hemorrhage. Seed helped align the guidelines to World Health Organization, International Federation of Gynaecology and Obstetrics, and International Confederation of Midwives standards. Ultimately, these changes will enable midwives to make quicker and more appropriate clinical decisions, reducing maternal deaths.



✦ Sister Rhoda teaches midwifery students how to use a non-pneumatic anti-shock garment that can stabilize a woman experiencing postpartum hemorrhage.

Spotlight on Leadership: Rhoda Amafumba

A Midwifery Training Officer for Seed, Rhoda has practiced midwifery for over 30 years—and exemplifies the profound impact that experienced health workers can have on the next generation of professionals. “The things that [Seed is] doing for us will go a long way in improving the outcomes of care,” said Rhoda.

Seed’s investments in midwifery education include providing essential equipment such as delivery beds, blood pressure monitors, and newborn care tools. At Matero hospital, one of Zambia’s busiest health facilities, the limited number of delivery beds has often forced women to deliver on the floor due to overcrowding in the labor ward. “Sometimes you’ll find that we are trying...but we are not able to do what we are trained to do because we don’t have the right equipment or space,” said Rhoda.

In response, Seed provided Matero hospital with five new delivery beds, 50 reusable metal delivery sets, and five metal storage cabinets. With laboring women lacking privacy, Seed donated screens in the spirit of promoting respectful maternity care. These donations are not just about equipment—they represent a commitment to dignified, safe, and effective maternal care as women birth the next generation.

✦ Midwifery preceptors and Seed clinical instructors (in light blue print scrubs) at Matero Level One Hospital in Zambia.



Case Study

Intersection of Climate and Policy: Building a Resilient Health System

Climate change is felt daily in Zambia, across families and the health system alike. A 2023 cholera outbreak—exacerbated by extreme weather conditions—resulted in over 20,000 cases and more than 700 deaths. Seed is part of a broad effort to combat climate-related health crises, where we underscore the importance of integrating climate resilience into health policies and programs.

The frequency and intensity of extreme weather events have far-reaching consequences for public health: They exacerbate malnutrition, infectious disease spread, and further curtail limited access to healthcare in affected regions. In September 2024, Seed helped launch a climate and health roadmap that outlines steps to address the health risks associated with climate change—from disease outbreaks to the strain on health facilities. The represents a crucial step forward to ensure the health system can respond to climate change threats and health emergencies alike.

Seed is supporting the Zambian government to build a resilient health workforce who can respond to these climate-induced health challenges. We have integrated core competencies into family medicine and midwifery curricula to strengthen providers' capacity to manage cholera, malaria, and diarrheal diseases. The curricula also prepare providers to mitigate the impacts of extreme heat on vulnerable groups—including children, the elderly, and pregnant women—and to manage the health consequences of air pollution. As it is often the poorest who are least able to adopt practices to mitigate harms from climate change, Seed is also addressing health inequities through this work.

Looking to the Future

Ensuring Quality Healthcare for All

The Ministry of Health and Seed have set ambitious goals: Graduate 25 family medicine doctors by 2030, deploy 100 midwifery preceptors to mentor new midwives, and reduce preventable maternal and newborn deaths by 20%. **“It’s not just about increasing the number of health workers; it’s about ensuring they are of the highest quality—workers we would trust with our own families,”** said Dr. Bassim Birkland, Seed’s director of clinical practice and education. Additionally, Seed’s work on climate resilience will continue to grow in importance as Zambia faces the increasing threats posed by climate change. Seed’s efforts to equip health workers with the knowledge and tools to adapt to these challenges are an essential part of the country’s long-term health strategy—and to ensuring quality care for all.



✦ *Seed Global Health was represented at COP29 in November 2024 in Baku, Azerbaijan by Dr. Bassim Birkland, director of clinical practice and education and Tom Fairchild, director of advocacy and media. Pictured with Ministry of Health COP29 representatives from Malawi, Uganda, and Zambia, they advocated for increased investment in the health workforce as a critical strategy for building climate resilience.*

Advocacy and Policy

Elevating Country-Led, Resilient Health Systems



Seed continues to play an impactful role on the global stage, advocating for health workforce investments, strengthened health systems, and supporting country-led health reforms. This year, our team held public events, workshops, and presentations at dozens of global forums, from the sidelines of the United Nations General Assembly (UNGA) to the World Health Assembly and the Conference of Parties 29 (COP29). Throughout, Seed convened political and health system leaders, health workers, and changemakers to amplify our clarion call.

One of the few global health NGOs present at COP29, Seed underscored the urgent need for increased flexible financing to develop adaptive and resilient health systems. In collaboration with the Zambian Ministry of Health, Seed hosted high-level meetings and presentations on building climate-resilient health systems, highlighting strategic plans to guide much-needed investments.

In 2024, the Seed team published over 130 media articles, interviews, and op-eds and secured coverage in top-tier media outlets including the Guardian, Newsweek, BBC News, BBC World Service, Associated Press, Politico, Fortune, France 24, Al Arabiya, Chicago Tribune, Fast Company, and Boston Globe, among many others.

Our “Health Workers Save Lives” campaign, conducted in collaboration with the Frontline Health Workers Coalition and many partners, also helped drive interest and investment in the health workforce this year, reaching over one million people. The campaign featured [a short film](#) about our work, created in partnership with NBCUniversal, launched on the sidelines of the UNGA.



✦ VIDEO - [Seed Global Health: Health Workers Save Lives](#)

Across Africa, Seed and partners have been present at country and regional events, sharing expertise to shape policymaker, educator, and advocate thinking on how to support resilient health systems. From the Africa Conference of Emergency Medicine to the International Confederation of Midwives regional conference, Seed and our partners led discussions, presented posters, and gave presentations on the value, reach, and results from our partnerships—from improving health workforce training to addressing the effects of climate change on health—even exploring the intersection of climate change, artificial intelligence, and healthcare. At the Advancing Medical Education in Africa Conference, Seed joined leaders of medical schools across Africa to share their experiences in improving health worker training for others to adopt across the continent.

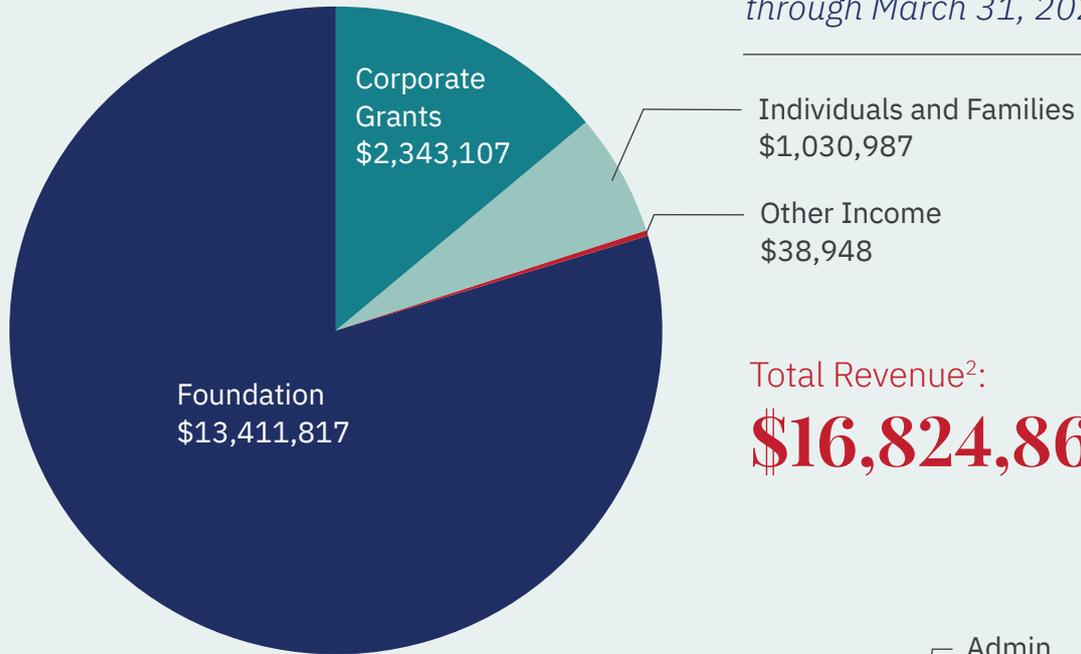
In Zambia, Uganda, Sierra Leone, and Malawi, Seed’s partnerships have embedded our expertise and DNA into numerous national tools: health and climate adaptation plans; human resources for health strategies; and emergency, critical care, and safe motherhood roadmaps and protocols. Each document represents Seed’s abiding commitment to make high-quality healthcare within reach for every last person, living true to our vision of a just, equitable, and healthy world.

Financials at a Glance

As a philanthropically-funded, mission-driven organization, Seed Global Health is committed to transparency and accountability. We are a 501(c)3 nonprofit, EIN 45-3064098 with a 4/4 Charity Navigator rating. Below, please find our estimated revenue and expenditures for fiscal year 2025 and our latest audited financials and 990s [here](#).¹

FY25 Revenue (USD)

through March 31, 2025



Total Revenue²:

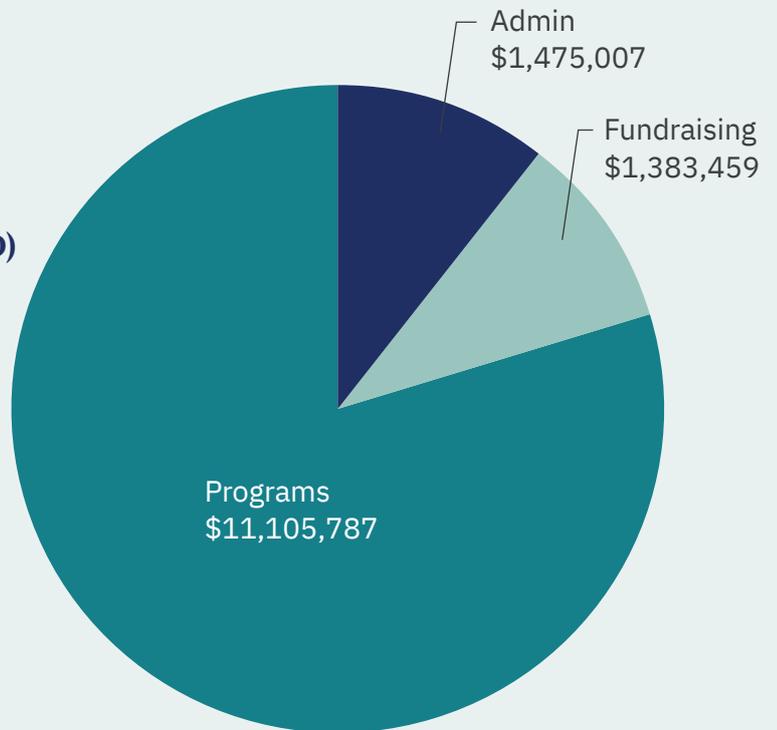
\$16,824,860

FY25 Expenditures (USD)

through March 31, 2025

Total Expenditures:

\$13,964,253



¹ The FY25 figures provided in the charts are provisional and will be finalized at the time of Seed's FY25 annual audit in 2026.

² In accordance with GAAP standards for nonprofits, the full value of a multi-year award is recognized in the year it is awarded. As a result, in some years the annual revenue may appear lower than expenses, as Seed is utilizing funding from a previous year's revenue to fund its annual expense budget.

Thank You

for your generous support

Individual and Family Supporters

- Deborah Ashner
- Peter and Mary Barrett
- Michael and Barbara Eisenson
- Michael and Linda Frieze
- Tamar and Ken Frieze
- John and Ann Hall
- John F. Kerry
- Joel Lamstein
- Harry Chen and Anne D. Lezak
- Heidi Lidtke
- Kate Lubin and Glen Sutton
- Wellsprings Family Foundation

Program Partners

- Association of Family Physicians of Zambia
- Busitema University
- GAIA Global Health
- Kamuzu University of Health Sciences
- Lira University
- Lusaka College of Nursing and Midwifery
- Makerere University
- Massachusetts General Hospital
- Mbale School of Clinical Officers
- Mbarara University of Science and Technology
- Mercy James Centre for Paediatric Surgery and Intensive Care at the Queen Elizabeth Central Hospital
- Midwives Association Zambia
- Ministry of Health and Sanitation, Sierra Leone
- Ministry of Health of Malawi
- Ministry of Health of Uganda
- Ministry of Health of Zambia
- Mulago National Referral Hospital
- Muni University
- Nurses & Midwives Council Malawi
- Saint John of God Hospitaller Services
- School of Midwifery Bo
- School of Midwifery Kenema
- School of Midwifery Makeni
- The University of Zambia

Philanthropic Partners

- Abbott Fund
- Anonymous (2)
- Bancel Philanthropies
- Bank of America
- The Charles Engelhard Foundation
- Chest Foundation
- CRI Foundation
- Drue and HJ Heinz II Charitable Trusts
- The ELMA Foundation
- Equinox Foundation
- Fundacion Faro Verde
- Gates Foundation
- Godley Family Foundation
- Heinz Family Foundation
- International Organization for Migration (UN)
- IZUMI Foundation
- Moderna Foundation
- Pfizer
- Risk Pool Fund
- The Rockefeller Foundation
- Schooner Foundation
- Takeda Pharmaceuticals
- Three Cairns Group
- Wagner Foundation
- The Wyss Medical Foundation

Our People are Drivers of Sustainable Change

Seed's growth is evident with our staff. In the last fiscal year, Seed hired nine new staff members across our global and country teams, covering strategic global functions and in-country operational support. In alignment with our 2030 strategy, we are pleased to have brought staff on board to strengthen our critical policy pathway and Monitoring, Evaluation, and Learning platform. Our 68 staff are based across 10 countries, three-fourths of which are low- and middle-income countries. This underscores Seed's strong in-country presence, commitment to local implementation, and decentralized, country-led operating model.

Advisory Board Members

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- **Esther Krofah**, *Executive Vice President, Health at Milken Institute*
- **Fola May, MD, PhD, MPhil**, *Associate Professor of Medicine, Director of the May Laboratory, Director of Quality Improvement in Gastroenterology, and Associate Director of the Center for Health Equity at UCLA*
- **Alaa Murabit, PhD**, *Managing Partner, Sustainable Growth, 500 Global*
- **Ben Pyne**, *Independent Strategic Advisor*
- **Cynthia Ryan**, *Director of the Schooner Africa Fund*
- **Tracy Shaffer**, *President of Talent Strategies*
- **Aaron Williams**, *Senior Advisor Emeritus, RTI International; Former Director of the Peace Corps*

Board of Trustees

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- **Amy Walburn**, *International Development Consultant*
- **Kara Weiss, MFA**, *Executive Director, Child Relief International*

It has been a year of extraordinary impact for Seed. Our work has become even more important as we find ourselves in a stark new global health landscape. With USAID's collapse and reduced foreign assistance funding more broadly across G7 countries, Seed's partners and our health ecosystem have been severely compromised. Health clinics have been forced to close their doors. Health workers have lost their jobs. Medicines have run out. The result? People cannot access life-saving care.

As one of the few organizations not reliant on U.S. government funding, Seed is uniquely positioned to continue providing steady, dependable support to our partners during this unprecedented upheaval. With the contraction of global health resources, we are seizing this moment to be even more intentional, channeling our energy where it can drive the greatest impact: efficiently, deliberately, and strategically. Seed's ethos and model are built for resilience—and designed for this moment.

Seed continues to evolve, better supporting our programs while accelerating our impact. In June 2024, Seed launched its new [six-year strategic plan](#), a country-led initiative informed by our national partners that will guide this period of growth. Accompanying this plan, we inaugurated a robust new system for impact measurement that tracks a set of global indicators. This will allow Seed to better evaluate our impact across our full program and country portfolio.

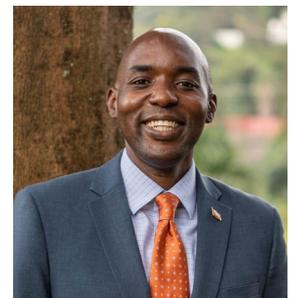
This year we also designed and rolled out a new market- and equity-driven compensation and benefits model for staff, launched an organization-wide risk management framework, and finalized our theory of change. Our executive team welcomed new [Chief Program and Innovation Officer Martin Msukwa](#). Meanwhile, our country teams expanded their staff and footprint alike. The majority of Seed team's is now based in Africa, an important development for our future as we align our structure with our values—equity, local expertise, and the belief that those closest to the challenges should lead the solutions.

As visibility and awareness of our work grows, we have been fortunate to kickstart new philanthropic partnerships. These include the Gates Foundation, the Rockefeller Foundation, the International Organization on Migration, and others, diversifying and expanding our support. We are profoundly grateful to our partners for their trust at this critical juncture. Because of your support, programs continue, health education advances, and essential health services reach the communities that need them most. Whether confronting historic disease outbreaks, mobilizing critical resources, or championing investment in national health plans, Seed acts with urgency, conviction, and compassion.

Seed has not stood still. Every day, we deepen our trusted partnerships to navigate threats and seize tomorrow's opportunities. Together, we are not only safeguarding health systems—we are driving their transformation. Seed is shaping a new, country-led era of what is possible: building stronger, more equitable health systems that leave no one behind.



Vanessa Kerry, MD, MSc
CEO and Co-Founder



Andrew C. Musoke, MSc
Chief Operating Officer



Onward,
Vanessa and Andrew



Seed
GLOBAL HEALTH

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P.O. Box 30111, Capital City, Lilongwe 3

Sierra Leone

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Uganda

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United States

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Zambia

Zambia Plot 15584/1 Katimamulilo Road,
Sunshare Tower, 8th Floor Suite 804, Lusaka

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