



2020

YEAR IN REVIEW

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ABBREVIATIONS

AAC	Advocacy Accelerator
ACHEST	African Centre for Health and Social Transformation
AEL	Amref Enterprises Limited
AHAIC	Africa Health Agenda International Conference
AMCOA	Association of Medical Councils of Africa
AMIU	Amref International University
ANC	Antenatal Care
ARP	Alternative Rite of Passage
ASRHR	Adolescent, Sexual and Reproductive Health and Rights
AT	Assistive Technology
ATM	Automated Teller Machine
ATSM	Automated Tuberculosis Screening Machine
AWDF	African Women's Development Fund
BEmOC	Basic Emergency Obstetric Care
BHI	Boma Health Initiative
BHW	Boma Health Workers
CAIA-MNCM	Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality
CBA	Community-Based Association
CBDs	Community-Based Distributors
CCHPs	Comprehensive Council Health Plans
CDC	US Centres for Disease Control and Prevention
CDP	County Integrated Development Plans
CEI	Conferenza Episcopale Italiana/ Italian Episcopal Conference
CIFF	Children's Investment Fund Foundation
CFAs	Community Financial Associations
CHEWs	Community Health Extension Workers
CHIS	Community Health Information System
CHMTs	County Health Management Teams
CHSS	Community Health Systems Strengthening
CLTS	Community-Led Total Sanitation
CPD	Continuous Professional Development
CSOs	Civil Society Organisations

DCPM	Diseases Control Prevention and Management
DCP	Disease Control and Prevention
DESIP	Delivering Sustainable and Equitable Increases in Family Planning
DFID	Department for International Development
DHIS	District Health Information Systems
DHRMC	Departmental Human Resource Management Committee
DHS	Demographic and Health Survey
EURAMI	European Aero-Medical Institute
EmONC	Emergency Obstetric and Newborn Care
FIF	Facility Improvement Fund
FIGO	International Federation of Gynaecology and Obstetrics
FGF	Female Genital Fistula
FGM/C	Female Genital Mutilation/ Cutting
FMoH	Federal Ministry of Health
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
FSMEs	Federation of Ugandan Small and Medium Enterprises
FY	Financial Year
GAC	Global Affairs Canada
GDI	Global Disability Innovation
GSK	GlaxoSmithKline
HCWs	Health Care Workers
HENNET	Health NGOs Network
HEWs	Health Extension Workers
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HRH	Human Resources for Health
HSAP	Health Systems Advocacy Partnership
HSS	Health Systems Strengthening
HTS	HIV Testing Services
ICD	Institute of Capacity Development
iPUSH	Innovative Partnership for Universal and Sustainable Healthcare
ICT	Information Communication Technology
ICPD	International Conference on Population and Development
I4L	Innovate 4 Life

ISO	International Organisation for Standardization
ITIJ	International Travel Insurance Journal
KAPTLD	Kenya Association for the Prevention of Tuberculosis and Lung Disease
KAPU	Kenya Association of Private Universities
KENAS	Kenya Accreditation Service
K-SHIP	Kenya Sanitation and Hygiene Improvement Programme
KMTC	Kenya Medical Training College
KISSMEE	Kenya Innovative and Sustainable Solutions for Midwives Education and Employment
KRM	Kenya Registered Midwife
LGA	Local Government Authorities
LMG	Leadership, Management and Governance
LARCs	Long-Acting Reversible Contraceptives
Makueni P4PC	Makueni Partnership for Primary Care
MCH	Maternal Child Health
M&E	Monitoring and Evaluation
m-Health	Mobile Health
mJali	Mobile Jamii Afya Link
MFIs	Micro Finance Institutions
MNCH	Maternal, New-born and Child Health
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MAPERECE	Magu Poverty Focus on Older People Rehabilitation Centre
MDA	Mass Drug Administration
MYE	Meaningful Youth Engagement
NCDs	Non-Communicable Diseases
NCK	Nursing Council of Kenya
NGOs	Non-Governmental Organisations
NTDS	Neglected Tropical Diseases
NTLD-P	National Tuberculosis, Leprosy and Lung Disease Programme
NHIF	National Health Insurance Fund
NCK	Nursing Council of Kenya
ODF	Open Defecation Free
OPD	Out-Patient Department
PEN	Package of Essential Non-Communicable disease interventions

PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counselling
PMC	Pregnant Mothers Conference
POE	Partner Organisational Effectiveness
PO-RALG	President's Office, Regional Authorities and Local Government
QMS	Quality Management System
RMHSU	Reproductive and Maternal Health Services Unit
RMNCAHN	Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition
RMNCH	Reproductive, Maternal, Newborn and Child Health
RMNAYCH	Reproductive, Maternal, Neonatal, Adolescent, Youth and Child Health
RHMT	Regional Health Management Team
REPSSI	Regional Psychosocial Support Initiatives
RHITES	Regional Health Integration to Enhance Services
RHB	Regional Health Bureaus
R4D	Results for Development
SAFE	Surgery, Antibiotics, Facial Cleanliness and Environmental Improvement
SBA	Skilled Birth Attendance
SDG	Sustainable Development Goal
SIDA	Swedish International Development Agency
SGBV	Sexual and Gender-Based Violence
SU4AM	Stand Up for African Mothers
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Rights
SNRP	Southern Nations, Nationalities, and Peoples' Region
SPARC	Strategic Purchasing Africa Resource Centre
SASN	Sicurezza Alimentare e Sana Nutrizione
SMT	Senior Management Team
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TCDC	Tanzania Communication and Development Centre
TWGs	Technical Working Groups
UHC	Universal Health Coverage

UMB	University of Maryland, Baltimore
UN	United Nations
UNFPA	United Nations Population Fund
UNHS	Uganda National Health Survey
USAID	United States Agency for International Development
USSD	Unstructured Supplementary Service Data
UAF	Urgent Action Fund
WASH	Water, Sanitation and Health
WHO	World Health Organisation
WHO-FIC	World Health Organisation collaboration Centre for the Family of International Classifications

AMREF HEALTH AFRICA AT A GLANCE



Our Vision

Create lasting health change in Africa.



Our Mission

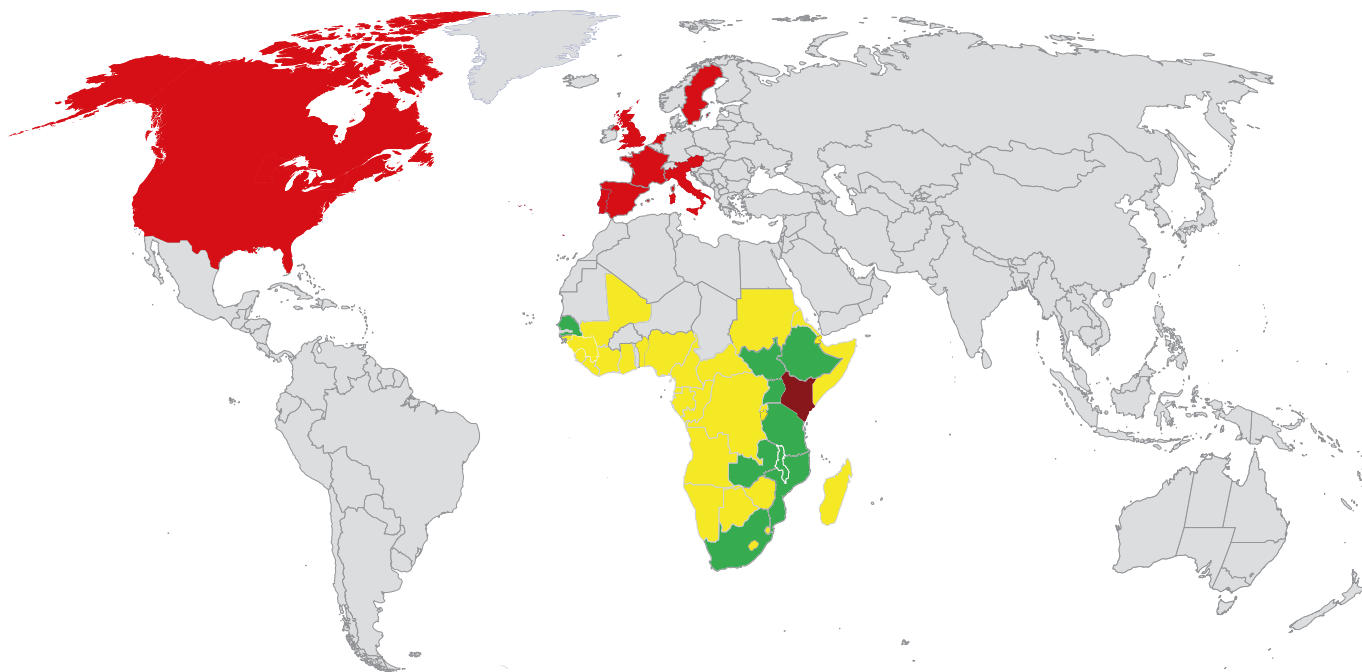
Increase sustainable health access to communities in Africa through solutions in human resources for health, health services delivery and investments in health.





Our Promise

- Improve the lives of disadvantaged people in Africa through better health
- Bridge gaps between communities, health systems and governments
- Be a leading force for advocacy for health system reforms in Africa
- Be a leader in the NGO community, developing and documenting best practices and training programmes.


Our Global Presence



 Physical and Programmatic Presence

 Programmatic Presence

 Fundraising Offices

 Global Headquarters



In January 2020 I joined Amref Health Africa, the largest health development organisation in Africa, as Chairman of the International Board of Directors, taking over from Mr. Omari Issa just as the world was being thrust into the throes of the COVID-19 pandemic.

As a Chairman of the Board, I have witnessed the resilience and commitment to community health strengthening mechanisms throughout the Amref fraternity, including **Amref Flying Doctors, Amref International University, Amref Enterprises Limited** and our various country programmes spread across Africa. It is an honour to have the opportunity to lead this dynamic, community- and people-centred organisation into the future and to oversee the execution of our Corporate Strategy 2018-2022.

Unprecedented in scale, the COVID-19 pandemic presented a global shared struggle against an invisible enemy. It also tested the resilience of our organisation, our financial strength and the communities we work with. Despite the pandemic's disruption, Amref Health Africa found no shortage of new paths to tread and new beginnings to explore.

Guided by our Corporate Strategy we adapted to the use of remote working and digital platforms, including the training of community health workers to continue to meet the needs of communities and control the spread of Coronavirus. We forged new partnerships with multisectoral partners to respond to the pandemic, providing Personal Protective Equipment (PPE) and sanitisers to frontline health workers, disseminating Information Education and Communication materials, installing handwashing stations and unveiling oxygen plants, among others, in response to national efforts to contain the spread of the coronavirus.

Despite its challenges, the past year has strengthened our commitment to become the global leader in developing and implementing sustainable and scalable models to invest in health and increase financial protection for vulnerable communities. What we have achieved is evidence that Amref Health Africa's purpose-led, future-fit business model has the potential to deliver on the promise of ensuring Universal Health Coverage to all.

MESSAGE FROM THE CHAIR, INTERNATIONAL BOARD



“Despite the pandemic’s disruption, Amref Health Africa found no shortage of new paths to tread and new beginnings to explore in the wake of COVID-19.”

During the period under review there have been significant learnings especially in the context of emergency pandemic response. Significant adjustments were needed in ways and modes of working, both programmatically and operationally, and although a challenge at first, our teams were agile and adaptable and turned many challenging circumstances into opportunities to increase funding, to innovate new ways of programme implementation, and deploy novel modes of health service delivery. Most critically, Amref was at the forefront supporting various African Governments in their pandemic response efforts, initiatives whose key learnings have been documented for action in the coming year.

COVID-19 has highlighted the power of solidarity and harnessing partnerships to create resilient communities. This report highlights key milestones and showcases our experience addressing challenges that hinder communities from accessing the equitable, quality and affordable health services required to turn UHC goals into reality – against the backdrop of a global pandemic and its short- and long-term impacts on Africa's health and development outcomes.

Looking ahead, Amref Health Africa will continue to implement our Corporate Strategy and integrate emergency health -response mechanisms – including for COVID-19 – into our already existing programmes.

We have a great opportunity to strengthen relationships with our partners and foster tighter bonds within the communities we operate in, so we must continue to serve as thoughtful collaborators and inspiring agents of health change while fostering Amref's spirit of '*Ubuntu*'.

Mr Charles Okeahalam,
**Chair, Amref Health Africa
International Board of Directors**

MESSAGE FROM THE GROUP CEO



The past year was an extraordinary one. The COVID-19 pandemic affected implementation of our projects to a great extent, nevertheless it provided us with an opportunity to showcase our expertise, skills and capacity in responding to public health emergencies while offering key lessons on integrating COVID-19 response interventions into our community health strengthening programmes and initiatives.

At the onset of the pandemic when governments put in place various lockdown measures and restricted movement to contain the spread of the coronavirus, several of our projects were put on hold for months. While many managed to re-purpose activities based on donor approval and local context to respond to the global health crisis, we went through a series of altering developments often in unfavourable circumstances that required an agile response to ensure continuity of our programmes. We were quick to partner with the **World Health Organization African Region (WHO AFRO)** and **Africa Centres for Disease Control and Prevention (Africa CDC)** as well as governments to be enlisted in the emergency response taskforces of the **Ministries of Health in Ethiopia, Guinea, Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda and Zambia.**

By sharing our technical expertise and leveraging our strong relationships with communities, we continue to shape national strategies on COVID-19 that will influence future health systems strengthening policies. All eyes are now on the development and equitable distribution of COVID-19 vaccines, a critical conversation that we cannot afford to be left out of if we are to ensure that the African continent can rapidly move towards a bright post-pandemic future.

In spite of the hurdles occasioned by the pandemic we still achieved considerable success in the past year. Remarkably, a total of 206 projects were implemented in 2020 with 27 COVID-19-specific ones, reaching 7.8 million people directly and 30.4 million people indirectly.

We also managed to raise substantial funding for new COVID-19 response interventions which enabled us to respond to the pandemic in all our programme countries. Initially, the interventions primarily focused on raising awareness among communities, training of health workers – in particular Community Health Workers (CHWs) – and distribution of PPE.

“*Since the onset of the pandemic, we have been reminded that human interaction and communication are invaluable, and that access to real-time information is critical to Amref’s growth and ability to thrive in a rapidly evolving environment.*”

As the pandemic unfolded, more attention was directed towards ensuring continuity of essential health services. By sharing our technical expertise and leveraging our strong relationships with communities, we continue to shape the national strategies on COVID-19 response across Africa.

Since the onset of the pandemic, we have been reminded that human interaction and communication are invaluable, and that access to real-time information is critical to Amref's growth and ability to thrive in a rapidly evolving environment.

Although we have grown somewhat accustomed to long periods of social distancing, we have all invested in maintaining the personal relations that allow us to collaborate on a shared vision and purpose to ensure no one is left behind in our quest to make a lasting impact in the communities we serve.

I would therefore like to thank our staff, partners, donors and communities for pulling together as one in the spirit of 'ubuntu'. It is indeed remarkable to work alongside a dedicated global team, without whom none of these milestones would have been achieved.

As we move towards 2021, the organisation continues to position itself to address the next phase of the pandemic, which will include engaging in the process of ensuring COVID-19 vaccine country readiness in Africa.

We will also continue to integrate COVID-19 response in our existing programmes and roll out COVID-19-specific initiatives for maximum reach.

Dr Githinji Gitahi,
Group CEO, Amref Health Africa

ExecutiveSUMMARY

In 2020 our implementation offices (business units within corporate programmes and their subsidiaries), joined efforts to respond to the COVID-19 pandemic, to reduce transmission and ultimately save lives. Notably, most corporate performance indicators recorded considerable progress despite the COVID-19 disruptions, which necessitated re-strategizing and reallocation of funds and activities.

During the year, there were a total of 206 projects, and out of these, 27 were COVID-19-specific. Regular projects reached 7.8 million directly and 30.4 million indirectly. Thirty-six percent (36%) of the regular interventions fall under Human Resources for Health (HRH); 26% under Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) programme area; 17% under Water, Sanitation and Hygiene/ Neglected Tropical Diseases (WASH-NTDs); 11% under Disease Control, Prevention and Management (DCPM), and 5% under Health Financing.

This Executive Summary provides an overview of routine and COVID-19-specific projects that were implemented in 2020. Of note is that all activities outlined were aligned to the three main Corporate Strategic pillars: Human Resources for Health, Innovative Health Services and Solutions, and Investments in Health, with a view to contribute to Amref Health Africa's vision of creating lasting health change in Africa.

In **Tanzania**, we focused on four main programs: **RMNCAH, WASH, HRH and DCPM**, with cross cutting themes around Monitoring and Evaluation, Research, Policy and Advocacy, Gender and Partnerships.

With footprints in 29 out of 31 Tanzania regions, the Tanzania Country Office closed the year with 13 projects.

In **Uganda**, we decided to re-program all our projects to ensure set standard operating procedures were met and enable continuation of work in line with the set national guidelines. Programmes were implemented under five categories: **RMNCH and WASH (seven projects each)** and nine COVID-19 specific projects.

In **Kenya** we brought our expertise, knowledge, networks and resources to contribute towards ensuring health for all in line with Kenya's intensified efforts to achieve Universal Health Coverage (UHC) by 2030, which is part of H E President Uhuru Kenyatta's Big Four Agenda. We implemented 33 projects across Kenya's 47 counties aligned to the country's strategic plan.

In **Malawi**, we implemented 13 projects under the HRH and Innovative health solutions pillars. These fell under **WASH (4), Reproductive Maternal and Child & Adolescent Health (5), HRH (4) and DCP (2)**. To enhance efforts in the fight against the COVID-19 pandemic, the Country Office won 2 grants: the **AFENET-AFRICA CDC** project that trained Community Health Volunteers (CHVs) in contact tracing, and the **GAC COVID-19** project, an extension of the **CAIA-MNCH** project, which is training CHVs in risk awareness around COVID-19 through the **LEAP mHealth** platform.

In **Ethiopia** we continued implementing our 5-year strategic plan (2018 to 2022). With 2 strategic pillars (**HRH and Innovative Health Services and Solutions**) guiding our programmatic priorities, several projects implemented reached more than 5 million people in 142 districts, 388 health facilities and more than 20 health science colleges. In collaboration with the Ministry of Health, more than 20,000 health extension workers were trained on COVID-19 response through LEAP.

In **Zambia**, we implemented 9 projects, which reached a total of 41,521 beneficiaries. The main highlight of the year was the recognition of our Country Office as a key partner in supporting the Ministry of Health, specifically in Community Health.

The year saw the Europe and North America (ENA) Country Offices extend their support to our Africa implementation countries in contribution to the achievement of Amref's vision.

Amref USA shifted its programmatic focus to respond to the COVID-19 pandemic in Africa, securing new grants to support in COVID-19 response – including funding from the **Rockefeller Foundation** to provide PPE to health workers; **American Tower Foundation** to support COVID-19 response in Ethiopia, Kenya and Uganda, and **Nommontu Foundation** to support CHW training in Senegal.

More funds to respond to the health crisis were raised through the annual ArtBall event, which, for the first time was held virtually.

Amref UK supported a total of 20 projects in 2020. The Country Office renewed its 30 year-long partnership with GlaxoSmithKline (GSK), and will be implementing a two-year programme addressing TB and malaria in Kenya and Ethiopia.

Amref Canada supported two projects funded by the Government of Canada, through Global Affairs Canada. The *Uzazi Uzima* (Kiswahili for “Safe Deliveries”) project implemented in Simiyu region of Tanzania deployed COVID-19 response activities, such as provision of PPE to health workers, installation of handwashing stations, distribution of soap and hand sanitisers as well as dissemination of pertinent health messages. The **Canada-Africa Initiative to Address Maternal, New-born and Child Mortality (CAIA-MNCM)** specifically focused on responding to COVID-19 in **Ethiopia, Kenya, Malawi and Senegal** through various preventive interventions.

Amref Spain extended support to 13 projects in 4 countries: **Ethiopia, Senegal, Tanzania and Kenya**. The projects were mainly supported by **AECID (Spanish Agency for Cooperation and Development)**, national government partners, corporate organisations and foundations. These projects focused on responding to the COVID-19 pandemic and its effects through training of health workers, strengthening health service delivery with special attention to maternal and child health, ensuring access to clean drinking water and sanitation as well as protection of girls and women against gender-based violence. The total number of direct beneficiaries of the projects was 267,689 people in 2020 across the 4 beneficiary countries.

Likewise, **Amref Italy** supported **18 projects in 5 countries: Uganda (2), Ethiopia (2), Kenya (7), South Sudan (6) and Senegal (1)**, with efforts concentrating on WASH, HRH, SRH, MCH, women empowerment and gender equality. Additional funds were mobilised to support the response to COVID-19 especially in Uganda and Senegal. The Italy Country Office also implemented 12 advocacy and sensitisation projects across Europe, including in Italy itself.

Amref Nordic received support from Norrskan and the Postcode Foundation to support COVID-19-related projects in **Kenya** and **Ethiopia**, and **Jochnick Foundation** to support the **Alternative Rites of Passage (ARP)** project in **Tanzania**.

The Country Office also supported the construction of 'A Nice Place', a shelter for girls in Kenya who are at risk of Female Genital Mutilation/ Cutting (FGM/C) or Early and Forced Marriage (EFM), through the financial support of the Mebi Foundation.

The office also supported the **Health Systems Advocacy (HSA) Partnership**, which advocates for good and affordable health care in key markets including **Kenya, Malawi, Uganda, Tanzania and Zambia**.

Our subsidiaries – Amref Flying Doctors, Amref Health Enterprises and Amref International University continued to support implementation of programmes and posted impressive results despite the COVID-19 challenges.

Amref Flying Doctors (AFD) became an essential link in the COVID-19 response. Other than transporting ill patients, AFD was involved in transporting medical equipment as well as specimens for laboratory testing.

As the only accredited Air Ambulance service provider in the region, AFD partnered with the **Government of Kenya** (through the Ministry of Health) to offer logistical support for the movement of medical personnel and delicate medical equipment to far-flung areas.

The rapid spread of COVID-19 created an increase in demand for movement of COVID-19 cases to treatment centres in the region and beyond,

necessitating investment in Portable Patient Transport Chambers and other related medical equipment such as PPE.

AMIU not only devised strategies for continuity of learning for existing programmes by enhancing its blended learning approach, but the institution also developed courses focused on COVID-19. This resulted in a doubling of student enrolment – from 490 in 2019 to 809 in 2020.

The University also undertook several research studies to inform policy and interventions. Moreover, three new Bachelor of Science (BSc) programmes were approved by the **Commission for University Education (CUE)** in 2020 bringing the total number of BSc programmes to five.

The LEAP platform, deployed by **Amref Enterprises Limited (AEL)**, scaled up implementation in **Uganda, Ethiopia, Rwanda, Zambia and South Africa**, in addition to **Kenya and Malawi**.

With a pool of diverse funding, from **Amref UK, Amref Nordic, Africa Centres for Disease Control (CDC), Beyond Zero, Eisai Pharmaceuticals, and Mastercard Foundation**, LEAP trainings reached nearly 100,000 Community Health Workers.

AEL also provided COVID-19 testing services through their **Amref Central Laboratory (ACL)** in Nairobi, and supported government laboratories to scale-up testing.

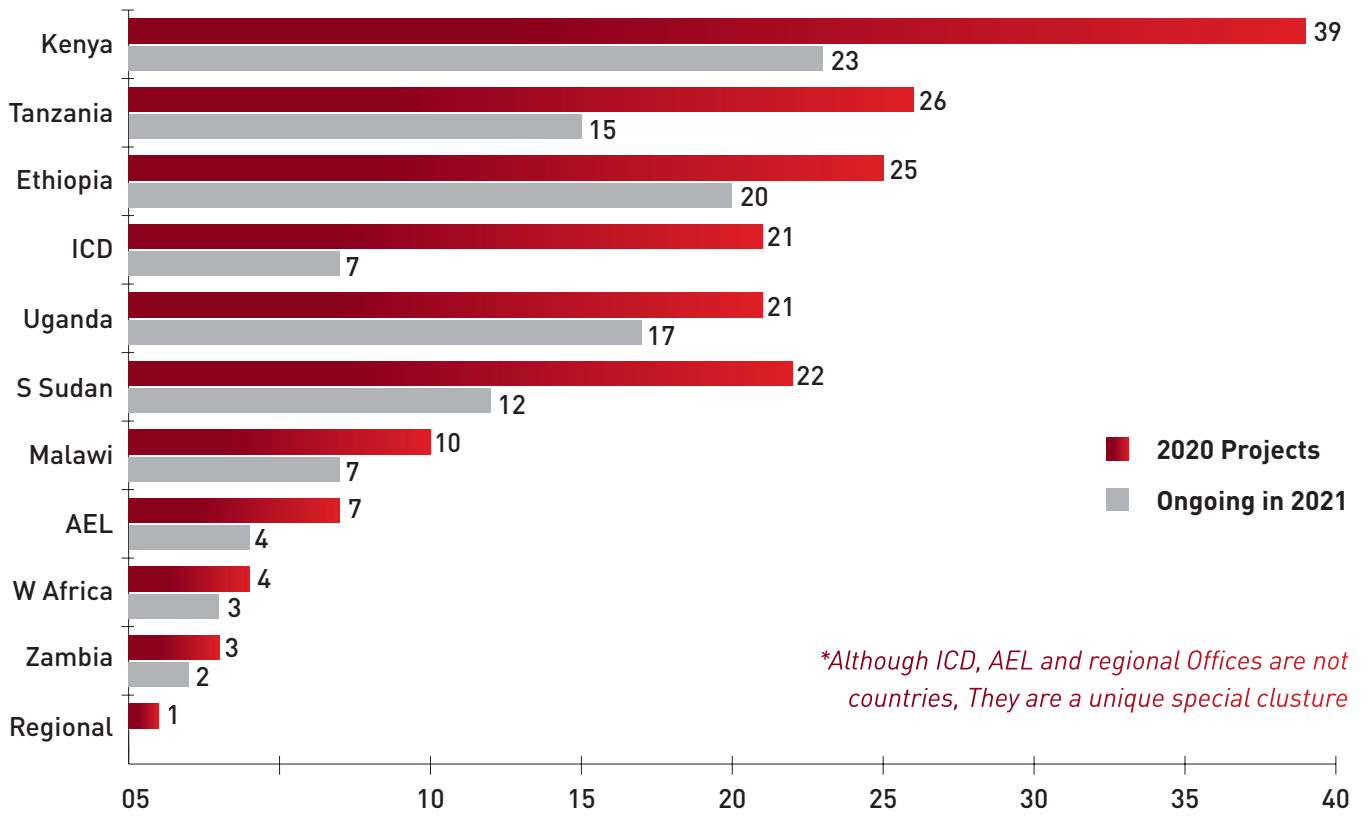
ProjectHIGHLIGHTS



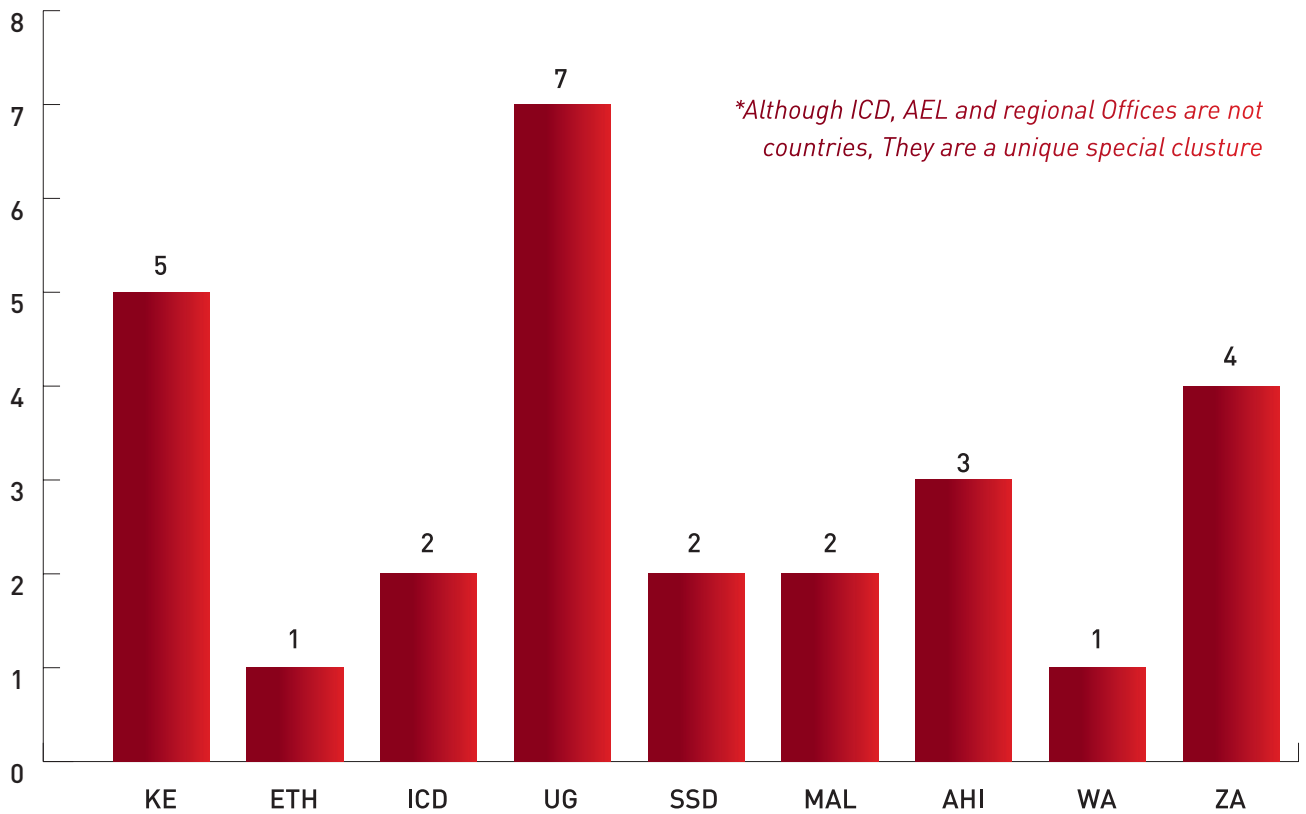
7.8 Million
Direct Beneficiaries Reached



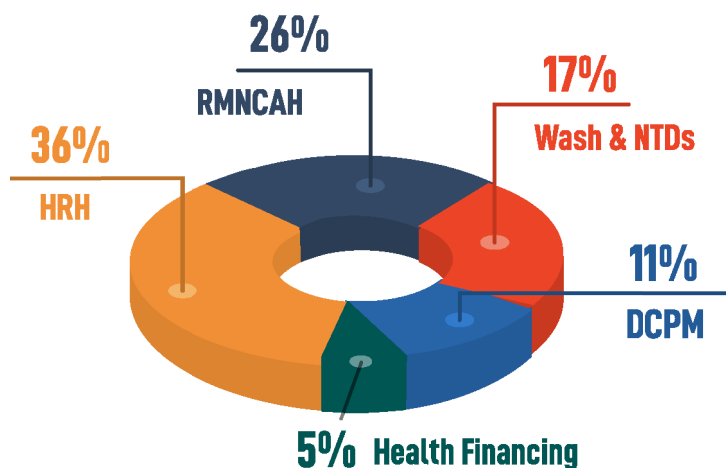
PROJECTS BY COUNTRY OFFICE, 2020



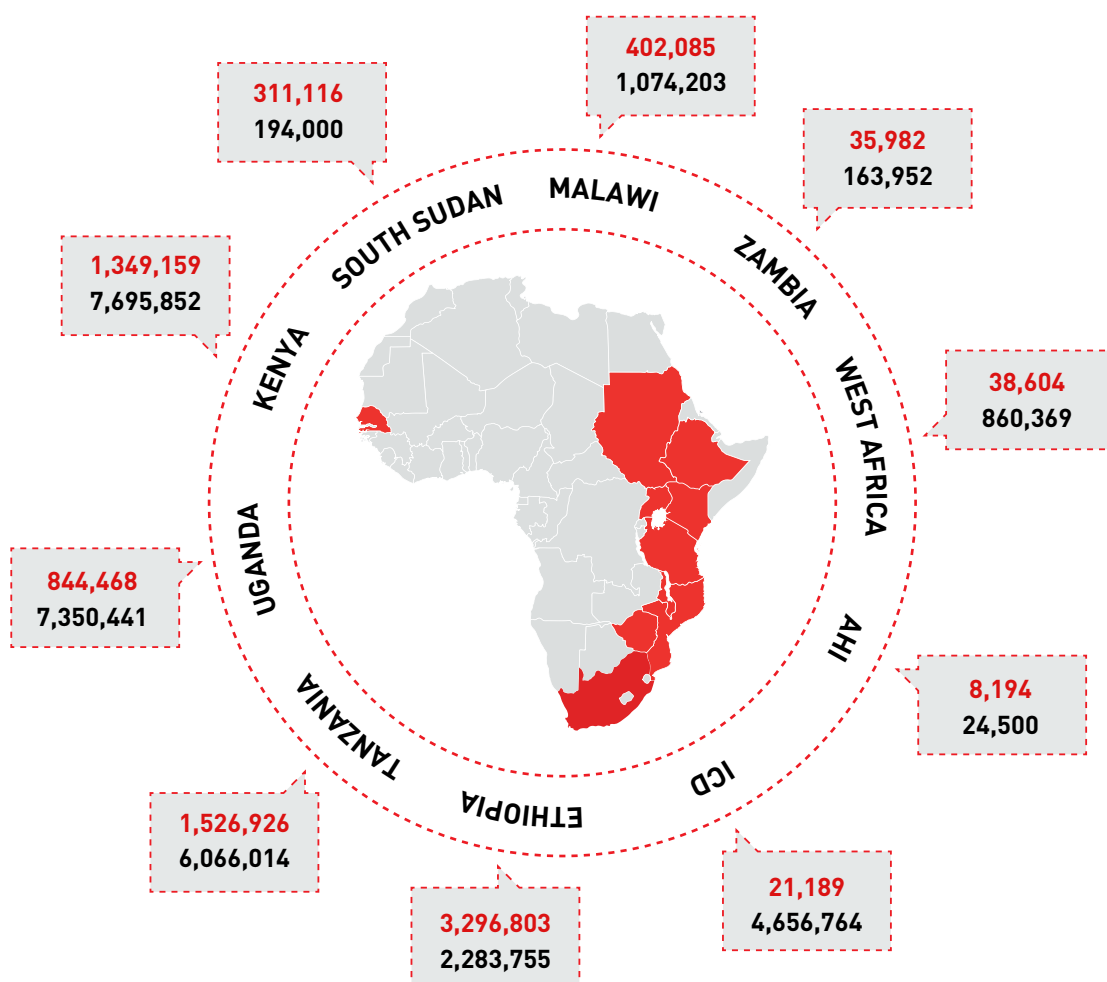
COVID -19 SPECIFIC PROJECTS BY COUNTRY OFFICE, 2020



PROJECTS (REGULAR) BY PROGRAMME AREA, 2020



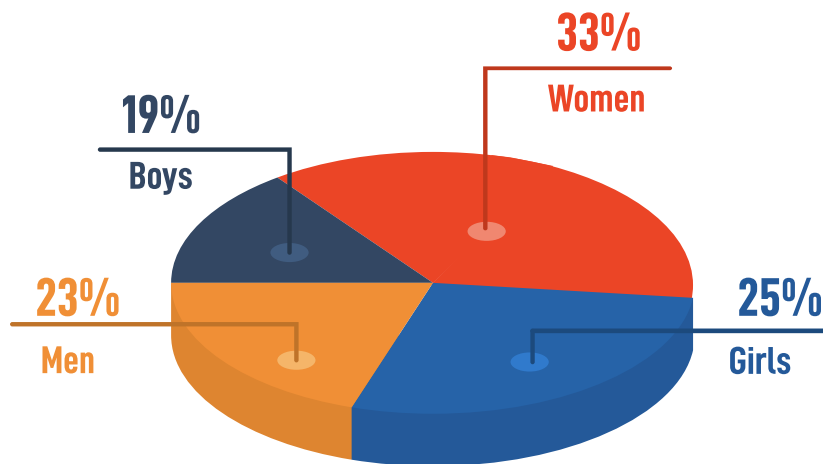
REACH BY COUNTRY OFFICE, 2020



Total Direct Reach **7,834,526**

Total Indirect Reach **30,369,850**

DIRECT REACH BY SEX AND AGE GROUP, 2020 (for regular programmes)



Direct reach includes counts of health workers, community members and other beneficiaries who receive products and services directly through Amref, including beneficiaries who are reached through Amref-supported health workers for specific project activities.

Indirect reach are estimates of catchment areas in which health facilities and other common centres and facilities are supported, the wider potential reach of health workers trained and capacitated, media reaches, mass awareness, household reach of beneficiaries receiving direct products and services and other community-centred interventions that are intended to benefit catchment populations as a whole.

Indirect reach is not an actual count, but merely estimates of potential reach of Amref through its direct beneficiaries.

Estimates use secondary data and population statistics to calculate catchment area, gender and age split and household sizes. All reach presented here has been adjusted for double counting, within and across projects. The intention is to count the beneficiary once, regardless of the number of services received by the individual, in order to accurately reflect the actual number of people reached.

OUR COVID-19 RESPONSE IN AFRICA

Since the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic, Amref Health Africa has been responding to the virus in 10 countries across East, West and Southern Africa. These include Kenya, Tanzania, Uganda, Rwanda, Ethiopia, Zambia, Malawi, South Africa, Senegal and Guinea.

As a partner to the WHO African Regional Office and Africa CDC, Amref was enlisted in the emergency response taskforces of the Ministries of Health in Ethiopia, Guinea, Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda and Zambia. By sharing our technical expertise and leveraging our strong relationships with communities, Amref contributed to shaping the national strategy on COVID-19.

Amref Health Africa's approach to responding to the virus was multilateral, taking on the crisis at all levels. While our long-established, robust relationships at global, regional and national level positioned us to advise on country policy, we remained acutely aware that without community buy-in, actions taken to stop the pandemic would fail. This is why Amref's response was grounded in community engagement and awareness-raising, delivered through a network of Community Health Workers (CHWs).

Guided by three principal objectives, Amref's response focused on preventing transmission, preventing death, and preventing social harm. For Amref, it was important to address both the immediate and the secondary impact of COVID-19, taking into account the potential long-term effects on other structural health system concerns, as well as the wider social and psychological impacts, stifled youth opportunities, and increased rates of gender-based violence (GBV). We focused on;

- » Building Capacity for Health Workers
- » Supporting Work Places to Ensure Continuity of Economic Activities
- » Supporting Flow of Goods and Continuity of Trade between Countries
- » Water, Sanitation, Hygiene-Infection Prevention and Control (WASH-IPC)
- » Service Delivery including COVID-19 Testing
- » Water, Sanitation, Hygiene-Infection Prevention and Control (WASH-IPC)
- » Procurement and distribution of PPE's to health workers
- » COVID-19 Disease Surveillance, Partnerships and Business Development for COVID Programming among other areas.





RESEARCH, ADVOCACY AND POLICY DEVELOPMENT

To gain more insights into the impacts of the coronavirus disease Amref rolled out research studies in various areas including:

- » Knowledge, Attitude and Practices (KAP) surveys on COVID-19 in various population segments, including the youth and people in informal settlements.
- » Effect of COVID-19 on continuity of other health and nutrition services.
- » Health governance in the era of COVID-19.
- » How to effectively use community health workers (CHWs) in the COVID-19 response, among others.

At the same time, we continued to develop policy briefs to support governments to develop home-grown policies and guidelines on COVID-19.

Innovative approaches that integrated messaging on prevention of Gender-Based Violence (GBV), Female Genital Mutilation and Cutting (FGM/C) and child marriage into the COVID-19 advocacy agenda were also introduced and disseminated by CHWs as well as by the youth through various multimedia platforms.

Amref participated in policy development at various levels and was represented by the Group Chief Executive Officer at Africa CDC, while in each country, various staff sat in national, regional and district level COVID-19 response committees where they influenced policies in the areas of risk communication and community engagement, including the need to recognise the crucial role of the CHWs.

In 2020, we set up a [COVID-19 Information Center](#) to enhance access to critical information regarding the coronavirus pandemic. We also developed a comprehensive [social media toolkit](#) with the goal of disseminating contextually relevant information through various social media platforms, which complemented a number of media-focused webinars we developed to enhance journalists' understanding of the pandemic, with the aim of curbing misinformation and disinformation.

In addition, a bi-weekly webinar series dubbed '[The Africa Dialogues: A COVID-19 Response Webinar Series](#)' was established in partnership with Dalberg Advisors aimed at helping the global consulting firm's audience make more informed decisions in times of global health crisis. Over 10 webinars were held with an average of 450 people in attendance at each.

To encourage meaningful youth participation in COVID-19 response efforts, Amref's **Youth in Action (Y-Act)** team provided several opportunities for young people to contribute to health policy decisions.

Youth-led teams were established to work alongside policymakers to co-create long-term solutions to some of the most pressing (health) challenges affecting the youth today.

Y-Act and **AfRika** (youth movement) interventions reached over 10 million young people online through various social media campaigns in the wake of COVID-19.

CAPACITY BUILDING FOR HEALTH WORKERS

Since the outbreak of the COVID-19 pandemic, Amref strengthened capacity of health workers, including CHWs who are key in bridging the gap between the community and the formal health system, to respond to COVID-19. Amref trained a total of 111,694 healthcare workers including 109,683 CHWs and 2,011 facility-based health workers, and distributed personal protective equipment in **Kenya, Guinea, Malawi, Rwanda, Senegal, South Africa, South Sudan, Tanzania, Uganda and Zambia.**

In partnership with **Africa CDC** and through the **Partnership for Accelerated COVID-19 Testing (PACT)**, we rolled out a robust contact tracing exercise across all communities in member states. Considering the novelty of COVID-19, there was no curriculum for training CHWs or health care professionals on the disease. In collaboration with governments, Amref supported the development of curricula for training CHWs and other health care professionals to equip them with the skills required for them to carry out their duties in community education, health promotion, case detection, contact tracing and referrals.

In **Kenya** specifically, Amref worked with the Institute of Curriculum Development to support the Ministry of Health through development and digitisation of four COVID-19 courses created for CHWs and health care professionals. The courses, which included key COVID-19 messaging, were uploaded onto Amref's Leap platform for ease of access, allowing us to reach a vast majority of the CHWs in the country. Similar initiatives were carried out in **Malawi, Uganda, Ethiopia and Zambia**, where the training modules are available in **English, Kiswahili, Amharic, Luganda and Chichewa.**

SUPPORTING WORKPLACES TO ENSURE CONTINUITY OF ECONOMIC ACTIVITY

Amref supported workplaces such as banks, supermarkets and open markets to make them safe for continued economic activity, to mitigate the impact of COVID-19 control measures and the associated economic harm. This support included training on COVID-19 control, setting up of handwashing points and establishing realistic infrastructure for physical distancing.

In early 2020 the **Kenya Bankers' Association**, with a membership of 47 banks, sought Amref Health Africa's expertise to support their preparedness and response efforts. The three-month engagement that began in April 2020 focused on providing information and insights to the leadership and staff within the banking industry in Kenya.

This was done through: i) a series of webinars for the Bank CEOs and staff, ii) curation of learning content deployed through KBA's digital learning platform, iii) creation and deployment (opt-in) for key messages around COVID-19 via Amref's Leap platform, and iv) provision of advisory services with access to a COVID-19 Q&A email service. Over 300 bank staff attended the series of webinars, which were lauded for responding to the industry's concerns and providing mitigation measures to ensure business continuity.



In support of the reopening of the regional economy, **AMREF Flying Doctors** rolled out a COVID-19 preparedness Training of Trainers' (TOTs) for staff working in airports and borders in East African Community states.

Funded by the German Development Agency GiZ, the objective of the training was to enhance the capacity of airport and border personnel in COVID-19 infection, detection, prevention and communication of related risks to travellers.

In addition, **Amref Zambia**, which formed part of the national task force to respond to COVID-19, launched a project dubbed "Nobody is Left Behind", to distribute pandemic information material in braille to 71 institutions including schools and libraries.

Further, in collaboration with the **Ministry of Health in Zambia**, Amref developed and distributed 3,000 Information, Education and Communication (IEC) booklets concerning COVID-19 for the visually impaired.

SUPPORTING FLOW OF GOODS AND CONTINUITY OF TRADE BETWEEN COUNTRIES

COVID-19 disrupted the movement of goods and people between countries, increasing the lack of essential goods needed to sustain economic activities and ensure uninterrupted delivery of health services. To mitigate the impact of these disruptions and prevent the spread of COVID-19 between countries, Amref signed an MOU as a technical partner to support **Trademark East Africa (TMEA)** in unlocking trade across countries by reducing the barriers occasioned by the COVID-19 pandemic.

In this regard, Amref created safe trade corridors at border points targeting both local populations and long-distance truck drivers who ensured the supply of essential commodities across regions.

We also provided support to staff working along the borders through capacity-building to ensure the appropriate use and disposal of PPEs.

MOBILISING AND DISTRIBUTING PPE TO PROTECT HEALTH WORKERS

To protect health workers from infection so they can continue to provide health services safely, Amref mobilised funds and worked with partners and donors to purchase and distribute PPE to CHWs and facility-based health workers.

In **Malawi**, Amref procured and donated PPEs in response to a request from the Ministry of Health to its partners as a critical need for the country's health workers.

In **Kenya**, Amref partnered with The Coca-Cola Foundation to train 50 women (including young mothers) from Dagoretti in Nairobi in [mass production of PPE at the Amref Dagoretti Fashion and Design Centre](#).

The centre produced 20,000 surgical masks and 100 medical gowns per month, with the capacity to increase production based on demand.



WATER, SANITATION, HYGIENE-INFECTION PREVENTION AND CONTROL (WASH-IPC)

Through our Water Sanitation and Hygiene programmes, we implemented a set of WASH-IPC high impact public health interventions against COVID-19, both in communities and at health facilities. Amref developed an innovative **COVID-19 Combination Preventive Approach (CCPA)** that advances interventions focusing on:

- i. promoting hand hygiene (*hand washing or hand sanitization*);
- ii. decontamination and fumigation in high-risk public places;
- iii. infection prevention in health facilities;
- iv. safely managing COVID-19 waste in communities and health care facilities
- v. provision of water and sanitation to ensure continuity of WASH services.

In collaboration with our partners at the [National Business Compact on Coronavirus \(NBCC\)](#), Amref implemented an [innovative behaviour change campaign in Kenya, Uganda and Tanzania](#) targeting 25 million people with sustained hand hygiene behaviour through mass media, digital communication and interpersonal communication.



SERVICE DELIVERY

COVID-19 Testing: To increase COVID-19 testing Amref developed a two-pronged strategy built on the provision of testing services at the Amref Central Laboratory (ACL) in Nairobi and supporting government laboratories to scale-up testing.

In **Kenya**, following approval to support national COVID-19 testing in June 2020, **ACL** supported the Ministry of Health with COVID-19 testing services through private-sector partnerships, allowing ACL to conduct testing for individuals and under contract with private institutions wishing to get their members of staff tested.

In **South Sudan**, Amref supported COVID-19 testing at the **Ministry of Health's National Public Health Laboratory (PHL)** through the provision of technical advisory services, strengthening of laboratory work processes and laboratory information management systems, and co-implementation of COVID-19 testing decentralization.

In **Ethiopia**, we conducted health facility assessments using WHO tools and used the findings to provide training to health workers, develop national guidelines and conduct supportive supervision in 85 health facilities.

Our support included the provision of waste bins (*proper waste segregation and collection at the site of generation*) and hand washing materials, sanitisers, water tankers, disinfectants, face masks and other PPE for health facilities.

AMREF FLYING DOCTORS' SUPPORT TO THE COVID-19 RESPONSE

Amref Flying Doctors (AFD) became an essential link in the COVID-19 response. Other than transporting ill patients during the period under review, AFD became involved in transporting medical equipment as well as specimens for laboratory testing.

In addition to partnering with the Government of Kenya (through the **Ministry of Health**) to offer logistical support for the movement of medical personnel and delicate medical equipment to far-flung areas, AFD invested in Portable Patient Transport Chambers and other related medical equipment such as PPE. Within the first two months of deploying the Isolation Chambers AFD transferred more than 25 critically ill COVID-19 cases.



AMREF INTERNATIONAL UNIVERSITY (AMIU) SCALING UP RESEARCH AND TRAINING IN COVID-19

AMIU not only devised strategies for continuity of learning for existing programmes to enhance its blended learning approach, to the university developed courses focused on COVID-19 and carried out several research studies to inform policy and interventions, including the following:

- a. Effect of COVID-19 on mental health
- b. Domestic, sexual and gender-based violence in Kenya during the COVID-19 pandemic
- c. Effect of COVID 19 on routine maternal and child health services including vaccinations, antenatal and postnatal services
- d. Effect of COVID-19 on routine health clinics/ services for chronic non-communicable diseases including cancer, diabetes, cardiovascular diseases and renal diseases
- e. Effect of COVID-19 on health services for people living with HIV and AIDS
- f. Governance and Ethics in relation to COVID-19
- g. Investigating the use of local remedies in the alleviation of COVID-19 symptoms
- h. Effect of COVID-19 on use of domestic energy.

ProgrammeACTIVITIES

HUMAN RESOURCES FOR HEALTH (HRH)

This pillar focuses on developing and sustaining Human Resources for Health (HRH) to catalyse the attainment of Universal Health Coverage (UHC) in our focus countries in Africa. Our interventions aim at increasing the skills matrix of mid- and community-level health workers, strengthening Leadership, Management and Governance (LMG) capabilities within health systems, and improving HRH productivity.



In 2020, all countries contributed to training health workers, with almost all meeting the targets they had set for the year. Among the three categories, country offices both exceeded targets and under-achieved. In some cases, activities were re-purposed to address the COVID-19 pandemic, and as a result more health workers were trained, and more students enrolled. However, in other cases training had to be cancelled due to the pandemic. Some significant achievements during the year include the following:

TECHNICAL TRAINING, MENTORSHIP AND HEALTH WORKER PERFORMANCE

Amref Ethiopia worked on task shifting by providing ultrasound equipment to midwives and Health Extension Workers (HEWs) with necessary training through its **United States Agency for International Development (USAID)** funded **Transform Health for Developing Regions (THDR)** project and the **Netherlands-funded Ago** project.



Midwives and HEWs played key roles and will continue to be the most appropriate care providers for mothers during pregnancy and delivery. The use of *Vscan* ultrasound by middle-level health workers to improve the quality of antenatal care (ANC) services and outcomes of pregnancies is an initiative that is scalable by the regional state's health bureaux. The use of innovative interventions such as the mobile health service using ultrasound to provide Maternal Newborn and Child Health (MNCH) services showed an increase from 6.4% to 24.8% in skilled deliveries.

Through the eLearning project, which closed out in 2020, **Amref Tanzania** recorded an increase in enrolment from 833 (in 2019) to 1,787, with completion rates increasing from 15% to 65%. Moreover, results from a study on the role of training and mentorship on improved intra-partum care in the Simiyu Region indicated that 57%, 74% and 73% of health workers correctly demonstrated the three qualities of care metrics: respectful communication, assessment for vaginal bleeding and uterus massage after delivery, respectively. However, assessment of vital signs, labour monitoring and use of partographs was low at 20% and 29%, respectively. In only three out of the 13 observed deliveries did women have their vital signs checked during labour. Reasons for low performance among health workers included high attrition rates and ineffectiveness of classroom training, especially when not coupled with on-the-job training and mentorship.





Amref West Africa, through its Programme de Renforcement de Capacite des Infirmiers et des Sages femmes (eLearning programme for nurses and midwives) (PRECIS) project, established improved practices among health workers. In the training programme health workers are expected to submit a thesis upon completion. A new module includes components related to building bonds of trust between patients and the health system.

A significant proportion of PRECIS students enrolled for master's programmes at the end of the course, and former students were recruited as tutors in Amref's new eLearning projects. As observed by a district chief medical officer, as a result of the intervention, there has been some improvement in how health workers plan for and organise their activities, and the quality of services they provide including gender awareness and improved communications.

Amref Uganda implemented an eLearning project geared towards increasing the expertise of nurses and midwives. The project trained mentors and tutors who were charged with conducting support supervision visits to health workers who were attending the various Continuous Professional Development (CPD) courses.



The mentors and tutors trained under the CPD training project demonstrated improved capacity through conducting supportive supervision visits whose effectiveness was determined at 82% on average. The project led to a 16-percentage point increase in client satisfaction levels (from 52% to 68%) in the health facilities where the trained health workers were based. The satisfaction levels were realised in the areas of ANC, maternity and child clinics where the trained health workers were attached.



In **South Sudan**, the WISH Maridi Girl's project ended after 10 years of implementation. The intervention commenced as a result of very few females graduating from the Maridi Health Sciences Institute (MHSI). The school taught seven subjects over a period of four years, in alignment with the South Sudan curriculum. The school has been quite successful in ensuring girls have an opportunity to get an education, which in turn has resulted in a significant drop in pregnancies and early marriages over the years.



Amref Malawi implemented an eLearning programme aimed at upgrading nurse midwife technicians into professional registered nurses. Two institutions have been accredited by the regulatory body and have integrated distance learning into their pre-existing nursing education systems.



In **Kenya**, the **Delivering Equitable and Sustainable Increases in Family Planning (DESIP)** project trained and mentored health workers on Long-Acting and Reversible Contraceptives (LARC) and Health Management Information System (HMIS) tools. As a result, health workers demonstrated competency and confidence in the insertion and removal of LARC on clients. This ensured increased utilisation of family planning job aids during counselling and adherence to family planning guidelines, standards and protocols.

To improve health worker performance, **Amref Kenya** through its *Afya Timiza* project supported the adaptation of the Government Human Resource Information System (GHRIS) in Turkana and Samburu counties as a way of cascading Staff Performance Appraisal Systems (SPAS) to the Sub-County/County Health Management Teams (S/CHMTs) and health facilities. The project further provided stable internet connectivity for continued use of the online SPAS.

Through ICD, the **DESIP project** in Kenya conducted coaching for county executive members. These comprise the County Executive Committee Health Chief Officer, Director and Chair of Health Committees in the nine target counties. The overall purpose is to strengthen the capacity of County Departments of Health (CDOH) for participatory and evidence-based planning, budgeting and decision-making for effective health service delivery. This includes strengthening the CDOH governance structure, support supervision and commitment towards Family Planning/ Reproductive Health (FP/RH) programming at the county level.

To leverage on the critical role that local civil society organisations (CSOs) play in addressing community challenges and accelerating the county's Journey to Self-Reliance, the *Afya Timiza* project undertook a comprehensive assessment of the competitively mapped CSOs using the Amref Organisational Development and Systems Strengthening (ODSS) tool in Turkana and Samburu counties. This led to the engagement of CSOs as local implementing partners by the project. They were later trained on LMG as a way of enhancing their capacity to effectively serve communities in the hard-to-reach areas of Kenya. To promote harmonious industrial relations and avert disruption in service delivery, the *Afya Timiza* project established a Round Table Forum composed of the CDOH and health care worker unions which averted health worker strikes in Samburu and Turkana counties.

The forum appointed a select team that developed an industrial relations framework to guarantee the health worker union that deliberations and decisions made by the forum are binding and recognised by all parties. The engagements led to hiring of additional health workers in Samburu, hence reduction of workload and burnout. In Turkana County, several health workers were promoted and there was a notable improvement in the handling of disciplinary issues by the county leadership.

The Institute of capacity development facilitated health worker capacity development, under the new [platform](#) which had improved user interface (UI) and user experience (UX), in response to the needs identified during a user requirement gathering process. This was aimed at improving ease of access to quality training for health workers across the sub-Saharan Africa region. The platform also has the capability to deploy learning and analytics in a distributed manner, which allows for localisation of learning for increased ownership and uptake. The platform currently has 61 courses and over 40,000 active users.



LABORATORY CAPACITIES

The Regional Laboratory Training Programme provided remote and face-to-face mentorship for participants attending all its short training courses. In 2020 the following courses were provided: Medical Laboratory Practices and Management (MLP&M) course; the **Refresher Training Course in Laboratory Diagnosis of Malaria**; the External Competence Assessment of Malaria Microscopists (ECAMM) which resulted in 13 World Health Organisation (WHO) level 1 microscopists certified; and the Worldwide e-Learning Course on **Malaria Microscopy (WELCOMM)** in which 208 participants were enrolled. A total of 90 were trained through face-to-face workshops (70 males; 20 females). A Practical Laboratory Manual for Health Centres in Eastern Africa was published. In addition, laboratory staff supported the Kenya Ministry of Health to conduct training for the five-yearly Kenya country-wide Malaria Indicator Survey (KMIS).

Health workers reached through COVID-19 interventions

Interventions	Total	Male	Female
Health workers trained through Leap and have completed the course	111,694	34,653	77,041
Community-based health workers	109,683	33,424	76,259
Facility-based health workers	2,011	1,229	782
Health workers trained through other methods and have completed the course	81,659	29,214	52,445
Community-based health workers	45,711	16,885	28,826
Facility-based health workers	35,948	12,329	23,619
TOTAL TRAINED	193,353	63,867	129,486
Health workers supplied with PPEs or other materials	75,337	32,304	43,033
Community-based health workers	43,949	22,380	21,569
Facility-based health workers	31,388	9,924	21,464

LEAP TRAININGS

Through the COVID-19 response, Leap was rolled out in **Zambia, Uganda, Rwanda and Ethiopia** in addition to **Kenya and Malawi**, partly through funding from the Africa Centres for Disease Control (CDC). Malawi enrolled 3,550 Community Health Volunteers (CHVs) on the Leap platform under the **Netherlands Dutch Postcode Lottery Project**.

With the onset of the pandemic, **Malawi** leveraged the existence of Leap and used it to disseminate COVID-19 information to communities through CHVs. With funding from **Africa CDC**, Malawi managed to train 850 volunteers through Leap on COVID-19 prevention and surveillance. The initiative is still expanding as Leap is expected to train 6,000 volunteers from six Amref focus districts on COVID-19 in 2021 through the **Global Affairs Canada (GAC)** COVID-19 response project.

In **Amref Zambia** e- and mLearning were rolled out in 2020 through Leap and Jibu platforms. The trainings offered were on COVID-19 and were approved by the Ministry of Health and by the regulatory body of Nurses and Midwives in Zambia as a CPD course.

In **Amref Ethiopia**, training through Leap was provided for HEWs in five local languages (*Amharic, Oromiffa, Tigrigna, Afari and Somali*). Content also included COVID-19 related messages on how to improve essential health services during the pandemic.

COVID-19 MODULE DEVELOPMENT

Amref West Africa engaged in developing training modules on COVID-19 in collaboration with the community health unit of the Ministry of Health. CHWs from **Senegal and Guinea** were trained on WhatsApp and eCampus through the Jibu application. Additionally, training modules on COVID-19 for health workers (*nurses, midwives, doctors, social workers, specialists*) were developed as part of the Internet Society project in five countries. The project aimed to extend the training of COVID-19 to health workers south of the Sahara.

COVID-19-RELATED SKILLS

An outcome survey was conducted by the Institute of Capacity Development through both Jibu and Leap platforms (in **Kenya**) among the learners who had completed COVID-19 course to assess the changes in health worker knowledge, attitude and practice.

The survey revealed that 94% of health care providers demonstrated the required skills as a result of the training provided in detection and management of COVID-19 suspected cases; 65.1% of the health care providers demonstrated the required skills as a result of the training provided in collection, storage and transportation of COVID-19 specimens for laboratory testing; 94% of the health care providers demonstrated the ability to maintain appropriate mental and psychosocial health for self and for others to cope with the pandemic; and 100% of the health care providers are implementing **Infection Prevention and Control (IPC)** practices and standards in facilities. 83% of the interviewees indicated that they have formed active COVID-19 Rapid Response Teams (RRTs) and communication teams at participating health facilities.

67 participants involved in Training of Trainers (ToTs) workshops were trained on how to conduct RDT for Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV)-2 antigen, after which they supported the **Kenya Ministry of Health** in rolling out 2-week-long courses in the country. This has contributed to the roll-out of SARS-CoV-2 antigen testing across the country.

COVID-19 was a new pandemic in 2020 with no experts in the field. **Amref South Sudan** staff were quickly enrolled in a WHO online training session where they acquired skills for training others. The team rolled out training in a context of increased restrictions for social gatherings and adherence to Standard Operating Procedures (SOPs).

Two approaches were used; **mass training** and **site mentorships**. The mass training for health workers and support staff was done with strict adherence to COVID-19 preventive measures and provision of supplies to ensure adherence to SOPs. CHWs were trained in open spaces on selected topics. These involved budget realignments in order to cover the costs for COVID-19 training. The trainings provided adequate information and skills that improved motivation among the staff.

The trained personnel courageously supported thematic areas of COVID-19 preparedness – surveillance, risk communications, IPC and case management in facilities and in communities.

eLearning Training for Nurses and Midwives in Uganda



Through funding from the then UK Department for International Development (DFID; now the Foreign, Commonwealth & Development Office – FCDO), Amref Health Africa in UK, together with Amref Health Africa in Uganda, delivered eLearning CPD training for more than 500 nurses and midwives in Uganda.

The 12-month programme was initially designed to equip 300 health workers with additional skills and knowledge but high demand saw capacity later increase – with 520 nurses and midwives ultimately graduating from the course.

The course's popularity and high pass rate can be partly attributed to the nature of the training, which takes place online, meaning health workers are not required to temporarily leave their jobs or their families to train for weeks at a time.

Sister Heron Kayaga, a nurse-midwife based at Mengo Hospital in Kampala, Uganda, says: "I have learnt new methods for how to manage a new-born in the first one minute of its life; taking care of a mother during the first few hours of delivery; and for deep cleaning the labour suite. These are the skills I need in my everyday work."

Having launched in December 2019, most of the project's lifespan fell during the COVID-19 crisis of 2020. To accommodate this Amref quickly developed an optional module on managing pandemics, in partnership with the Ugandan Nursing and Midwifery Council (UNMC).

In addition to the new skills developed by nurses and midwives through the project, the final evaluation also identified a significant reduction in maternal and infant mortality rates in the health facilities where staff were enrolled in the eLearning programme.

On average, the maternal mortality rate (MMR) in these facilities declined from 316 per 100,000 to 269 per 100,000. Infant mortality rates (IMR) in the facilities also fell, on average, from 38 per 100,000 to 27 per 100,000.

Several factors usually contribute to these mortality rates, and the programme is likely to have been among the key contributing factors.



“It is clear from the impact data that the students' skills and knowledge both significantly increased as a result of the training. With a pass rate of 90%, they are now ready to take the next steps in their careers.

Andrew Wabwire, Project Manager

LEAP, a convenient way of learning

Meet Sainatu N'dala, a Community Health Volunteer (CHV) from Namwela TA Jalasi in Mangochi District. She was among the first cohorts of Community Health Volunteers to be enrolled on LEAP. The training via LEAP has helped her gain more knowledge on child health. She shares her story:

“Learning through LEAP platform has empowered me with information to educate my community members with confidence. When there was no LEAP, the information I had was scanty as I was trained as a CHV on growth monitoring years back. As such, I had little knowledge in other child health aspects like common childhood illnesses and nutrition. With LEAP, I have been equipped with a lot of information on child health including newborn care, hygiene, growth monitoring, nutrition, immunisation and common illnesses in children like malaria, diarrhoea, pneumonia, eye infections and HIV, their signs and symptoms, prevention and management.

The project has empowered us with knowledge about malaria and how it can be prevented. We engage people, especially expectant mothers and children, on the signs and symptoms of the disease and on the need to seek medication quickly. Since I am now more informed, I have increased the number of households I was reaching out to. The training has boosted my self-esteem and I can easily answer clients' questions comfortably.”



Sainatu N'dala, during one of her home visits

ProgrammeACTIVITIES

INNOVATIVE HEALTH SERVICES AND SOLUTIONS

The Innovative Health Services and Innovations pillar centres on developing and delivering health services and solutions for improved access to and utilisation of quality health services. This pillar aims to increase the use of health services, improve the delivery of quality health services, and increase access to quality, promotive, preventive, curative and restorative health services for women, children, adolescents and youth in our focus countries. Projects under this pillar fall under three programmatic themes: Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH), Water, Sanitation and Hygiene (WASH) and Disease Control Prevention and Management (DCPM).



Indicator	Target	Achieved	Achievement
Girls undergoing Alternative Rites of Passage (ARP)	300	308	103%
People reached through family planning services	388,579	519,838	134%
Children immunised	224,788	303,692	135%
Skilled deliveries	203,300	210,109	103%

Despite the COVID-19 disruptions, almost all country offices have achieved or exceeded their targets. In **Ethiopia** and **South Sudan**, there was increased demand by the government and donor respectively, to create demand and to expand the reach beyond what was initially agreed upon. In the case of **Malawi** and **Uganda**, targets had been underestimated earlier in the year.

For immunisation, **Ethiopia** reached more than the estimated numbers to cater for a measles outbreak in project locations; other reasons for high achievements include demand creation mechanisms, such as those implemented in **South Sudan**, specifically in the case of the primary health care projects funded by the **Health Pooled Fund (HPF)**. However, it is notable that in **Zambia**, only 62% of the target was achieved for skilled deliveries, due to skilled birth attendants being engaged in routine monitoring of COVID-19 patients and also due to myths and misconceptions related to the pandemic that prevented mothers from delivering in the health facilities. Some key highlights of RMNCAH programmes include:

FGM/C



The **Koota Injena** project in **Amref Kenya** prevented FGM/C and CEFM cases through village-to-village campaigns in Samburu and Marsabit counties. They partnered with other Amref projects through the Centre of Excellence to prevent FGM/C and CEFM cases from rising while integrating COVID-19 messaging. In these counties, like all Kenyan regions where FGM/C and CEFM are prevalent, schools have served as a haven for girls, where they can escape family pressure to get cut and married. With schools closed due to the COVID-19 pandemic, many girls in these regions became victims of several forms of gender-based violence (GBV) including FGM/C, CEFM and teen pregnancies. The initiative created awareness in 20 villages.

Influential women, youth and village elders were targeted during the dialogues to ensure continued conversation on harmful traditional practices and monitoring girls' safety in the villages where they live.

The **Amref End FGM/C Centre of Excellence (COE)** documented the organisation's approach to ending FGM/C across different communities with a view to creating uniformity in programme implementation and to guide collaborators and partners who wish to use the same approach. This was achieved through development of a comprehensive toolkit for facilitating structured community dialogues. It consists of an end FGM/C facilitators' manual, an end FGM/C participants' manual and an elaborate module for conducting alternative rites of passage (ARPs). In order to guide the community champions in sensitizing communities, End FGM/C job cards for champions were produced. These are pocket-friendly spiral bound cards with content that can be used by champions during discussions.

FAMILY PLANNING

Through a pioneer project titled, 'Enhancing reproductive health care quality to accelerate the utilisation of family planning services', **Amref Ethiopia** introduced quality health services through multiple change packages to improve reproductive health services at the health post level. The initiative was adopted the **Ethiopian Federal Ministry of Health** quality improvement model dubbed the "6S" (*Standardise, Study, Set, Solve, Sustain and Spread*), a modification of the **Kaizen 5S**. The continuous quality improvement (CQI) activity was conducted in a cyclical process involving setting up standards, family planning service quality interventions, assessment of health posts performance against the set standards and collecting feedback from the community, inspection and supportive supervision. As a result of the Packard project, 94% of the target group knew at least one method of contraceptives; 95% of women used family planning products; and the Modern Contraceptive Prevalence Rate (MCPR) among married women increased from 66% at baseline to 88% at endline, and the use of implants increased from 12% to 45%. Overall client satisfaction towards family planning services was found to be 81% compared to the baseline value of 67%.

Amref Ethiopia also conducted a meta-analysis of 16 RMNCAH project documents and evaluations over the period 2010-2020 which showed that the pooled Contraceptive Prevalence Rate (CPR) during the baseline was 50.02%, and increased to 54.71% during the endline. This was an indication of the impact of the RMNCAH programme in improving the contraceptive prevalence rate. The meta-analysis showed that for ANC service utilisation in which the pooled proportion of ANC attendance rate was 63.13% during the baseline evaluation of selected projects the proportion increased to 74.28% during endline evaluation. Similarly, the pooled proportion of skilled birth attendance during baseline and endline evaluation reports of selected RMNCAH projects also resulted in an increment from 45.94% to 63.02%, and the increment in the rate of postnatal care rose from 23.04% during baseline to 66.41% during the endline evaluation.





Amref Kenya through Afya Timiza and DESIP projects yielded 12,834 Couple Years Protection (CYP) by reaching 15,354 people with family planning Social Behaviour Change Communication (SBCC) messages and commodities. The projects used the Booked in Client approach, progressive defaulter tracing, referrals and use of return dates through CHWs working with health care workers to ensure clients access family planning services.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

One of the pathways in the *Yes I Do project* in **Malawi** was related to strengthening of policies. In one of the communities supported by **Amref Malawi**, bylaws were developed to address the challenges related to the issues of teenage pregnancies and child marriages. According to the government authority, the community managed to reduce child marriages significantly, but is still grappling with teenage pregnancies. The bylaws have now been widely used even beyond the original communities.



However, there were some negative consequences: traditional leaders were responsible for implementing the bylaws, and those who violated the bylaws were fined specific amounts of money. Those who were unable to pay fines were asked to undertake work for the chiefs, resulting in abuse of office. There were also reported concerns that some stakeholders, especially chiefs and policemen, were corrupt and sometimes did not effectively implement the bylaws which had a negative impact on prevention of teenage pregnancies and child marriages.

Amref West Africa worked with the Directorate of Mother and Child Health (DSME) in reducing early pregnancies through educational and sensitization sessions with student and community leaders. Amref West Africa created and rehabilitated youth spaces in health facilities and equipped teenage advice centres. This helped improve access to information (*specifically on contraceptive methods*) and provided quality SRHR services for youth and adolescents. In addition, inter-generational dialogue helped facilitate conversations between adults and youth, thus enhancing knowledge regarding sexual and reproductive health.



Indicators on antenatal and postnatal consultations and family planning users have showed an increase compared to before and after implementation of the *Celal E Kisal* project. An example from the ST-Kundara health facility has shown an increase in the number of full prenatal consultations from 26 before project implementation to 185; the number of family planning users increased from 135 to 161.

In **Amref Malawi**, a *Dance for Life programme* – a sexual and reproductive health rights education intervention targets girls and boys in and out of school, through interactive sessions that use dance, music and theatre to create a safe space for young people to develop the knowledge, skills and confidence needed to protect their health and promote safe sexual choices. This initiative takes adolescents through teaching sessions dubbed Journey for Life; on completion of the set modules, they are allowed to graduate, which is a form of ARP. It is done during a period and for the age group that is ready for initiation.



Through this Journey for Life, adolescents are taught on sexuality and how to deal with the changes taking place in their bodies. This initiative predisposes the adolescent to correct SRHR information for appropriate decision-making.

SKILLED DELIVERIES AND MATERNAL SERVICES



Amref Uganda supported the continuity of essential services such as antenatal care, immunisation of children and access to family planning. This was done by cascading and disseminating service continuity guidelines, training of frontline service providers on SOPs regarding provision of essential services amidst COVID-19 and provision of Personal Protective Equipment (PPEs) to the service providers. Amref Uganda ensured that quality standards in RMNCAH were met by ensuring that the national RMNCAH standards were disseminated in all relevant project and CQI approaches such as the plan, do, study & act (PDSA) model. Specifically, the programme implemented several approaches such as helping mothers survive, helping babies breathe and maternal and perinatal death reviews across maternal health programmes to ensure quality. In one of the programmes where Amref Uganda was a technical lead, correct partograph use improved from 31% to 96% in collaborative sites from April to September 2020.



In **Amref Zambia**, at end of 2020, the Closing the Gap project registered a decrease in maternal mortality by one third in the Copperbelt Province. One of the key contributions of the project was the facility-based training on respectful maternal care that has seen more women delivering in health facilities.



Amref South Sudan supported 34 health facilities (inclusive of one **Comprehensive Emergency Obstetric and Newborn Care (CeMONC)** hospital) through the HPF to provide uninterrupted maternal and child health services including provision of the South Sudan Basic Package for Health and Nutrition (BPHN). SRHR and emergency obstetric services were also provided through both CEmOC and BEmOC centres. Quarterly Quality of Care (QoC) assessments indicated a tremendous improvement in all quality metrics, with majority of the health facilities scoring above the 75th percentile.



In Turkana and Samburu counties in **Kenya**, health facilities, supported by the **Afya Timiza project**, had 80% of deliveries being conducted by skilled birth attendants and almost all (93.5%) of the deliveries were normal. The project ensured that mothers receive postpartum care within 48 hours. To reduce missed opportunities for post-natal care (PNC), the Afya Timiza project, in partnership with local CSOs, continued to promote service integration of PNC into other departments and in-patient wards in the supported health facilities in Turkana and Samburu. At the community level, community mobilisers and CHWs were encouraged to map out newborns and mothers requiring PNC and refer them to the health facilities. Inadequate Chlorhexidine use for cord care and vitamin K in some facilities was identified as a gap in the county.

The project also provided logistical support for redistribution through the SCHMT and sub-county mentors to ease shortages and stock-outs during the year.

The **Canada Africa Initiative to Address Maternal Newborn and Child Mortality (CAIA-MNCM)** project came to an end in early 2020 after four years of implementation. Amref worked in partnership with the ministries of health and local CBOs, to carry out interventions to promote the health of mothers, children, adolescents and youth. The project built the capacity of health workers (in-service and pre-service trainings), provided equipment to health facilities, improved health facility infrastructure through new buildings or renovations, engaged stakeholders to promote a favourable environment, and advanced broad-based community discourse on healthy and high risk RMNCAH behaviour.

As a result, over 3 million people were reached through health-focused activities in 20 communities in **Ethiopia, Kenya, Malawi and Tanzania**. Forty-four (44) health facilities were upgraded with new maternity wards, labour rooms and operation theatres, and over 3,000 health workers trained in various technical areas such as family planning, emergency care for pregnant women, nutrition and others. Overall the programme, through its interventions, helped achieve improved family planning services, service delivery and demand for facility-based deliveries and care-seeking behaviour among targeted mothers.

DISEASE CONTROL PREVENTION AND MANAGEMENT (DCPM)

People tested for diseases

Indicator	Target	Achieved	Achievement
HIV/AIDs	420,096	650,498	155%
Malaria	686,564	133,218	19%
Tuberculosis (TB)	33,816	103,354	306%
Non-Communicable Diseases	29,473	9,137	31%
COVID-19 (Amref Lab/AEL)	N/A	13,151	N/A

The HIV/AIDs figures were primarily attributed to **Tanzania**, where the Global Fund project implemented a Prevention Campaign resulting in many appearing for voluntary testing, thus exceeding the earlier targets set. In addition, the CDC-funded Afya Kamilifu project reached beneficiaries in over 100 health facilities. Other key contributors to this indicator are Ethiopia and Kenya who met about three-quarters of their target. In the case of Malaria, contributed to only by Kenya, a nation-wide stock-out of malaria commodities affected testing and treatment at household level. Testing in two counties of implementation was also affected by a court ruling on task-shifting that barred non-medical laboratory personnel and CHWs from conducting tests. In **Tanzania**, the Tuberculosis (TB) programme reached larger populations through intensified campaigns and extended working hours. This was also supported by empowering TB groups and supporting TB CHW/Vs, traditional healers, sputum fixers and Ex-TB patients' groups in fostering community TB early detection. Delay in the training of health care workers in Tanzania resulted in only a few facilities managing to undertake cancer screening which has contributed to the low achievement in non-communicable diseases.



Examples of key programmatic achievements include the following:



HIV/AIDS: The proportion of index testing to overall Point of Service (POS) cases identified improved tremendously from 3% and 10% in 2019 to 73% and 58% by the end of 2020 in Tanga and Zanzibar respectively, as a result of index testing maximization. Positive yield from overall HIV testing and index testing improved from 1.6% to 10.3% and 8.2% to 28.8%, respectively while paediatric positive yield through index testing services increased from 4% in 2019 to 10% in 2020. Same-day ART initiation maintained >95% for both adult and paediatric while viral load suppression improved to 97% from 95%.

The **Kibera Reach 90 project in Kenya** indicated an overall viral suppression rate of 97% among all eligible clients on ART and 97% among pregnant and breastfeeding women. These successful outcomes were attributed to the support given to the health facilities by Amref which ensured that all clients failing on treatment received prompt interventions to achieve re-suppression, and switched to the next effective regimen as per the national guidelines.



TB: Amref's contribution in the number of notified TB cases (all forms) through community referrals remained above 100% compared to the performance framework target. Extensive testing produced 5% of those tested for TB diagnosed, initiating treatment. Community referrals through traditional healers.

Malaria: To ensure quality implementation of Community Case Management of Malaria (CCMm) in Kenya, the Global Fund Malaria project worked with the Division of National Malaria Programme and other stakeholders to develop policy documents geared towards streamlining malaria case management at the community level. These included Guidelines for Community Case Management of Malaria and Training Curriculum for Community Case Management of Malaria.

Laboratory Programmes: The East African Regional External Quality Assessment Scheme (EA-REQAS) was in the final stages of preparing for the International Organisation for Standardization (ISO) 17043, the international standard for proficiency testing providers. EA-REQAS also reached 75 facilities in six countries (**Burundi, Kenya, Tanzania, Uganda, South Sudan, Somalia**) by the second survey of 2020. The Amref Central Laboratory was also accredited to ISO 15189 standards by Kenya Accreditation Services (KENAS). ISO 15189 specifies standards required for Quality Management Systems (QMS) for the provision of medical laboratory services.



Amref Kenya successfully completed the five-year Sustainable Laboratory Quality Systems (SLQS) project, whose purpose was to provide sustainable, reliable and quality-assured laboratory services; to increase access to testing for surveillance, prevention, treatment and care of HIV/AIDS, TB and related opportunistic infections, and to promote safe blood transfusion practices. The project improved laboratory QMS in 81 health facilities in seven counties, including development of policy guidelines and SOPs, plus training of laboratory staff.

Support also included strengthening of blood transfusion services in 32 facilities. Nine laboratories received ISO accreditation through KENAS as a result of the support provided through this intervention. In addition, the development of County Laboratory Strategic Plans were facilitated based on the WHO health systems strengthening framework.



COVID-19 and essential services: The **Amref Central laboratory** in Nairobi started COVID-19 testing in May 2020 as an accredited testing centre by the Ministry of Health, Kenya. By end of 2020, a total of 13,151 tests had been carried out.



Amref West Africa started deploying a 10-month response focused on Risk Communication and Community Engagement (RCCE), continuum of reproductive, maternal, newborn, and child health care, and community-based surveillance. This included sensitization of community members on risks related to COVID-19 and preventive measures to limit community transmission by community health workers trained through home visits among other support. It is noteworthy that Amref West Africa was the first organisation to integrate CHWs into the COVID-19 response in the region, and significant results have been seen in the drop in the number of daily cases.



Amref Uganda contributed to the national response to COVID-19 by providing assorted PPEs to over 42 sites, including those in refugee camps of West Nile region. In addition, the country office conducted Risk Communication campaigns where communities were sensitized on COVID-19 prevention through radio, drive-by sessions and household education sessions. With support from WHO and Africa CDC, Amref Uganda conducted surveillance and case referrals in Northern Uganda. In collaboration with Trademark East Africa (TMEA), Amref Uganda also sensitized staff manning the five major border points of Uganda with Kenya, Tanzania, Rwanda, South Sudan and the DRC.



Non-communicable diseases (NCDs): In line with the **Senegal** National Strategic Plan for Cancer Control (2015-2020) and based on the cervical cancer management needs identified by the intervention regions, **Amref West Africa** supported the initiative for reduction of cervical cancer incidences in the Kolda region through implementation of the Cellal e Kisal - Cervical Cancer Project. This initiative integrates capacity building of providers, sensitization, management of pre-cancerous lesions and setting up of cryotherapy and screening units in health centres and health posts. The project also integrated an 'early detection of cervical cancer' component. From 2018, based on the recommendations of the evaluation organised with the Division of Non-Communicable Disease Control, Amref organised training sessions for 80 community relays so that they would ensure cervical cancer prevention among women of reproductive age during their activities. In addition, a Regional Coordination Unit was created, in collaboration with the Division of Non-Communicable Diseases Control of the Ministry of Health and Social Action (MSAS), in order to ensure proper deployment of this component, to coordinate interventions, and to ensure capacity building of health personnel in the Kolda region. In 2020, 6,281 pregnant women and 12,148 children under 5 were enrolled and monitored in mHealth applications.



The Johnson & Johnson Oncology Nursing project implemented by **AEL** in Kenya is geared towards building the capacity of health workers, specifically nurses with specialised skills and experience, to provide quality health care to cancer patients. There was an increasing demand for cancer care services, yet the supply was limited; therefore there was a need to have strengthened health care systems in the management of cancer cases in health facilities. It is for this reason that the National Curriculum for Higher Diploma in Oncology with Palliative Care Nursing was developed to scale up the training and competencies of nurses in oncology through a phased and blended approach, where the theory learnt through eLearning platforms and practical work is undertaken face-to-face. The objective was to strengthen the capacity of the health system to ensure quality management of cancer patients.

Blueprint for Success, also implemented by AEL, targeted CHVs and trainers of trainers (TOTs) who were mostly health care workers supervising the health activities of CHVs on the ground for knowledge expansion purposes on NCDs. The trained CHVs were expected to disseminate key messages on cancer to households in villages when conducting routine household visits. In addition, they raised awareness on available cancer screening services at the Meru County Hospice and mass screening events.

WATER, SANITATION AND HYGIENE AND NEGLECTED TROPICAL DISEASE (WASH&NTD)

WASH performance indicators (regular programmes)

Indicator	Target	Achieved	Achievement
Access to water	83,234	101,870	122%
Access to sanitation	523,284	806,098	154%

Reasons for the exemplary performance in both water and sanitation included increased government requests and support for additional coverage (in **Ethiopia**), lower estimation of targets with donors changing requirements during the project (in Malawi) and the pandemic resulting in increased requirement for more coverage of WASH activities (in **Kenya**).

Water and Sanitation: The meta evaluation undertaken in **Amref Ethiopia** based on documentation and evaluation of eight projects from 2010 to 2020 revealed that the pooled proportion of population with proper sanitation facilities in areas of operation increased from 58.37% at the baseline to 68.51% midline and further increased to 86.63% at the endline evaluation. In addition, the pooled percentage of access to water supply over 10 years increased from 56.62% at the baseline to 68.9% during midline and 69.84% during the endline evaluation. In addition, findings from four projects during baseline, midline and endline evaluations revealed the effectiveness of projects in reducing the prevalence of diarrhoea. The prevalence of diarrhoea reduced from 11.11% during baseline to 2.8% during endline.





Amref Malawi provided a WASH package to nine health care facilities to prevent health facility-acquired infections of mothers and newborns. The package comprised improved inclusive female and male latrines, staff latrines, bathrooms, placenta pit, incinerator, ash pit, a sanitary bin for menstrual hygiene and a reticulated solar-powered water supply system. These facilities serviced a population of over 589,500 people, of which 52% were females and 17% were children under five years. A similar intervention in three Early Childhood Development (ECD) centres reached over 200 children through latrines for girls and boys, handwashing facilities and boreholes. Amref Malawi had, in two districts, raised coverage of sanitary facilities from around 50% to 70%.



Hygiene: The WASH programme in **Amref Uganda** conducted mass media campaigns targeting behaviour change in relation to COVID-19 and all other water, sanitation and hygiene-related diseases. This was done through radio and television talk shows, spot messages and digital billboards. Interpersonal communication campaigns were conducted through home improvement campaigns using government-based CHWs/CHVs, health inspectors and health assistants. The programme worked closely with cultural leaders to conduct social marketing for WASH services within their communities; this was geared towards creating behaviour change. The initiative further implemented: sanitation marketing for sustainable access to WASH; and Participatory Hygiene and Sanitation Education (PHASE) to promote WASH in schools, and used community clusters to promote inclusive access to sustainable WASH services.



Funded by the Foreign Commonwealth and Development Office (FCDO) through Unilever, the HBCC project in **Amref Kenya** deployed a three-pronged strategy for behaviour change communication consisting of mass, digital and social media. In partnership with Unilever and other consortium partners, Amref Kenya developed the password campaign **#handfacespace** which was also rolled out in other countries. In addition, the project focused mainly on three key sets of populations: Persons with Disabilities (PwDs), elderly persons and health care workers. These interventions were contextualised, with Trainer of Trainees (ToTs) trained for PwDs and elderly persons and health care workers supported with portable customised hand washing stations. Of note, was the continuous support to hygiene promoters and CHVs to undertake sensitization campaigns on COVID-19 prevention and control.



Amref Uganda's WASH programme promoted economic reuse of solid waste which created 12 small-scale enterprises, each comprising 30 women and/or youth from the informal settlements of Kampala. The sanitation marketing approach created business for 68 masons and youth entrepreneurs. Moreover, the training of local artisans in soap-making and fabrication of hand washing facilities in response to the COVID-19 pandemic resulted in 30 youth from the West Nile region starting small-scale enterprises in soap-making and metal fabrication. Approximately 3.9 million people were reached through WASH interventions targeted as part of COVID-19 prevention across the organisation.



Integrated WASH: **Amref Uganda**'s integrated project (*specifically the Total Health project implemented in the Amuru district*) implemented WASH activities geared towards improving RMNCAH services. The project installed running water, constructed bath shelters, latrines, renovated maternity wards and provided medical supplies to six health facilities. At the community level, RMNCAH messages were integrated into Community-Led Total Sanitation (CLTS) activities, mothers were educated on improved hygiene within their homes, and immunisation and cord care for those with babies to avoid sepsis. The project also promoted saving for health and WASH by encouraging community members to form Village Savings and Loan Associations (VSLAs) where they pool resources. As a result of the integrated interventions, the project registered an increase of 78% ANC 4 uptake compared to last year, a 58% increase in skilled health care deliver and a 67% reduction in diarrhoea incidences in the targeted communities.



Neglected Tropical Diseases (NTDs): In **Amref South Sudan**, interventions in onchocerciasis included biannual mass drug administration of ivermectin to increase the treatment coverage in order to accelerate elimination of onchocerciasis with reduction in its associated disabilities (*Nodding Syndrome Disease, Blindness*). In addition, vector control intervention (slash and clear) were implemented in Maridi, Western Equatorial to reduce the population of blackflies (*vector for transmission*), and hence reduction in transmission of onchocerciasis. The Trachoma Prevalence survey was initiated and completed in 11 out of the targeted 26 counties in anticipation of implementation of Surgery, Antibiotics, Facial Hygiene and Environmental Improvement (SAFE) Strategy. The remaining 15 counties will be completed in 2021.



Funded by **Deworming Innovation Fund (DIF) through the End Fund**, **Amref Kenya** launched a 5-year programme which targeting the elimination of schistosomiasis and soil-transmitted helminths reaching about 5 million people in four counties of western Kenya. The project will support the Ministry of Health to implement 'breaking the transmission' strategy whose main activities include; (i) mass drug administration; (ii) advocacy, communication and social mobilisation; (iii) two-way integration of WASH & NTDs; (iv) intensify systems for improved surveillance; (v) resource mobilisation and financial sustainability. In collaboration with the Ministry of Health, this project will lead in testing novel methods of data collection and the use of geo-spatial intelligence to advance targeted interventions and treatment.



Through the FCDO-funded NTD programme, ASCEND, **Amref South Sudan** was awarded a short-term contract to support the development of an integrated WASH & NTD framework for the country. This provided an opportunity for Amref to provide thought leadership in attaining the long-term ambition of integrating WASH and NTD interventions as per the WHO guidelines.

Amref Delivers PPE in Ethiopia

As COVID-19 ravaged the world in 2020, shortages of Personal Protective Equipment (PPE) risked the lives of frontline health workers.

At the Debrebirhan Health Centre in Ethiopia, health workers were provided with disposable facemasks and bottles of hand sanitisers, thanks to a COVID-19 response project that was funded by the Government of Canada through Global Affairs Canada.

The health centre received medical masks, liquid hand sanitiser, medical waste disposal bins, eye goggles and handwashing soap. The essential supplies helped to fill critical gaps in health care service, and ensure the safety of health care workers.

"We are now able to provide all our health workers and supporting staff with face masks needed on a daily basis. We have in our stocks sufficient bottles of hand sanitiser, which we can use for several months. We have put the sanitizers in each room of the health centre for health workers and clients to use.

We are all able to take the necessary precautions to prevent and control the spread of COVID-19, thanks to Amref Health Africa," said Mekonnen Aytenfisu, Head of Debrebirhan Health Centre.



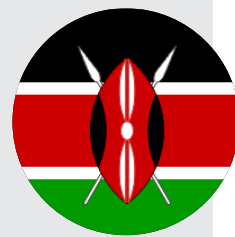
Idhelo's Story: Early Marriage and Obstetric Fistula Robbed me of my Teen Years

When she was 16 years old, Idhelo Muhumed from Tana River got married. Early marriages are still the norm in her community.

After the wedding, she soon became pregnant. "During the pregnancy, I never attended antenatal clinics since there was no nearby facility and nobody ever told me I needed to attend," she says.

She carried the pregnancy to term: "She was pregnant for 10 months... the baby died while in the womb but she did not know," underlines her cousin. Idhelo delivered the baby at home with the help of her mother. She labored for 3 days before the baby was finally born. "The baby was already dead and I was in a lot of pain" exclaims Idhelo.

"After the delivery, I realised that I could not control my urine and I started to suffer an excruciating abdominal pain." Accompanied by her mother, she went to Hola County Referral Hospital, about 40km away from their home, Idhelo was diagnosed with sepsis and fistula. Due to lack of capacity, the hospital could only treat the sepsis but not the fistula. After months of terrible suffering, Idhelo went to Garissa County Referral Hospital and finally, thanks to a "Fistula Camp" organised by Amref, she got the medical attention she needed.



*I am not leaking anymore!
I am grateful to the
doctors and Amref for the
treatment.*



I now own a business, thanks to Amref!



20-year-old Tatu Juma dropped out of school at an early age. She could not complete her secondary education due to economic hardship. She shares her experience of how Amref's Timiza Malengo project changed her life.

"I used to stay with my grandmother who didn't have much to offer to support my education progression. I was therefore forced to drop out of school and started working as a domestic worker. Determined to excel in life, I didn't let my situation shatter my dreams. I actively engaged myself in various income generating activities until I became a beneficiary of the Timiza Malengo project implemented by TAYOA.

Since I joined the Project in 2018, my life has significantly changed. I received health education and got an opportunity for entrepreneurship training which has immensely strengthened my skills and enabled me to smoothly run my business of selling sunflower oil. I acknowledge the support of TZS 240,000 seed capital provided by Amref in partnership with TASAF. My business is promising. For the first time, I made a profit of TZS 36,000. As a beneficiary I have also received parenting training at Singida region, which has provided me with parenting knowledge, information on STDS and how to stay safe from HIV/AIDS."



Tatu has managed to reach over 50 youth in her village, informing and educating them on STDs, early pregnancy, family planning, and HIV/AIDS.

ProgrammeACTIVITIES

INVESTMENTS IN HEALTH

This pillar contributes to increased investments in health and UHC by developing and implementing sustainable and scalable models to invest in health, increase financial protection for disadvantaged communities in target countries and advocate for increased investments and financial protection of citizens in Sub-Saharan Africa (SSA).



Projects that have health financing components are 5% (15 projects) of the total Amref portfolio.

Indicator	Target
AEL	3
Kenya	5
Malawi	1
Tanzania	1
Uganda	1
Zambia	1
ICD	3



In **Tanzania**, the Health System Advocacy project continued its engagements in family planning, leading to a six-fold increase in the family planning budget within the 2020/21 budget. Further, as part of community empowerment through income generating activities under sanitation marketing, 9,397 people including adolescent girls, young women and other vulnerable groups were reached.



As part of its efforts to achieve the WASH Sustainable Development Goals (SDG) - 'Leveraging resources for achieving universal and equitable access to safe and affordable drinking water for all by 2030', **Amref Ethiopia** continued to leverage local resources as one of its strategies to help sustain its projects' outcomes and achieve water and sanitation goals. Through successive lobby and advocacy sessions, ETB10 million (US\$22,739) was already being covered by the local government and communities in 2020, while Amref Health Africa provided the remaining amount of ETB 13 million (US\$ 29,866) through our **WASH SDG project**.

While **Kenya** is still dependent on donors despite a progressive increase in domestic contributions to health, Amref continued to work closely with the national and county governments and other stakeholders to contribute to increased investments in health in 2020. This was done by strengthening social accountability mechanisms to increase citizens' ability to hold duty-bearers accountable, support towards financial protection for marginalised communities, specifically youth, women and children, as well as increasing revenue generation for public health facilities by enacting County Facility Improvement Fund (FIF) bills.

To prevent individuals and households from falling into poverty because of catastrophic medical expenses while protecting and improving the health status of populations, **AFYA TIMIZA** continued to support implementation of the tripartite engagement framework where **National Hospital Insurance Fund (NHIF)** and County Department of Health work jointly to scale up health insurance uptake and accreditation of local health facilities.

Further, through the **USAID-funded AFYA TIMIZA project**, **Amref Kenya** initiated a Results Based Financing (RBF) programme to improve coverage and quality of health services through a results-focused and motivated health workforce, in order to attain the health-related SDGs. The main objective of the RBF programme was to increase delivery and utilisation of high impact maternal and child health interventions and to improve the quality of care at primary health facilities in the participating counties and health facilities. The positive results of the pilot programme, which was co-created with the target counties—led to Turkana County committing US\$350,000 to roll out the programme in all health facilities in the County.

Amref Uganda ran an advocacy programme in collaboration with partners, which contributed to the increase of the reproductive, maternal, child and adolescent health RMNCAH budget from UGSH 8 billion (US\$2.2million) to UGSH 16 billion (US\$4.4 million). A Sexuality Education framework created by Amref to complement efforts to equip young people with information about their sexuality, empower them with the knowledge to make healthy choices about their sexual and reproductive health and utilise life skills in developing values was also approved. Amref, as a member of the RMNCAH coalition strongly influenced the agenda in the national dialogue on SRHR for young people.

Further, **Amref Uganda** played a central role in bringing youth and young people to the discussion platforms of UHC2030, and in the period under review supported the registration of over 500 young people onto the Pan African movement - **Youth4UHC2030**.

Through the **Health Systems Advocacy (HSA) partnership**, Amref advocated for the approval of the National Health Insurance Scheme that will see Ugandan citizens access care at a highly subsidised fee. The bill was passed by parliament, marking part of the key advocacy agenda items achieved under this programme.



Strategic Purchasing Africa Resource Center (SPARC)

Amref's work at the **Strategic Purchasing Africa Resource Centre (SPARC)** aims to strengthen strategic health purchasing (SHP) capacity in Sub-Saharan Africa by connecting existing regional expertise and matching it with country demand to make better use of resources for health. In a year characterised by programme interruptions due to the COVID-19 pandemic, SPARC demonstrated remarkable resilience and ability to speedily adapt, promote its objectives and serve as a resource hub for SHP amid an unprecedented situation. The COVID-19 pandemic presented an opportunity for SPARC to leverage its pool of expertise to build the capacity of country governments on how to respond to the global health crisis decisively, while also ensuring continuity of other essential health services that could be crowded out as attention and resources were diverted to the pandemic response.




As a key highlight for the year, SPARC pooled its thought partners – **11 technical partners in 10 countries and network of 70 regional experts, to crowdsource SHP questions, issues, and concerns for policy makers.** These questions formed the basis of SPARC's monthly themed topics for virtual engagements, and the focus of the ongoing work by SPARC's regional network of coaches to develop a repository of answers for COVID-19 Frequently Asked Questions (FAQs). The repository/ Knowledge Hub, was aimed at raising awareness of and addressing Strategic Health Purchasing (SHP) questions and documents context-specific approaches for developing and executing successful SHP strategies during health system shocks like the COVID-19 pandemic, served as a resource for policy makers. In addition SPARC, in collaboration with Amref's **Institute of Curriculum Development (ICD), AMIU** and **ThinkWell**, rolled out the Universal Health Coverage (UHC) Strategic Health Purchasing (SHP) course in 2020.

Other SPARC activities in 2020 were as follows:

COUNTRY ENGAGEMENTS

In the year under review, SPARC was invited by four countries (**Burkina Faso, Democratic Republic of Congo, Kenya and Rwanda**) to support a variety of activities as a practical means of utilising innovative SHP approaches in their health system reforms. SPARC provided this support, leveraging its functional approach to SHP as those critical decisions that must be taken by purchasers about what to buy, who to buy from and how to pay. SPARC also discovered a niche role in country engagements, serving as a neutral facilitator to align different stakeholders behind a shared vision of SHP. Every country engagement involved a scoping visit to help countries articulate their demands, identify resources for implementation, align partners and define a roadmap. Specifically, SPARC made progress in the engaged countries as follows:



The **Ministry of Health in Burkina Faso** sought **SPARC's** support to develop a holistic vision of SHP for UHC and a roadmap to align SHP functions in the country's schemes (*especially **Gratuite and Performance-Based Financing - PBF***) with the holistic vision. SPARC also supported the restructure and redirection of donor funds towards government priorities.

The **Ministry of Health in Rwanda**, the **University of Rwanda** and **SPARC** signed a Memorandum of Understanding (MoU) to promote capacity development for SHP in the country. In the same year, SPARC facilitated a joint work planning session in-country for the parties to the MoU and **Rwanda Social Security Board (RSSB)** to align on priority SHP activities and key SHP reforms in the country.





SPARC received and supported a request from the **Chief Administrative Secretary, Ministry of Health in Kenya**, to support the review of the Health Financing Strategy (2016-2030) and recommend a roadmap for further UHC reforms.

An additional request from **Kenya Health Federation** to support provider purchaser engagement was received and, when fully implemented, will increase stakeholder alignment to deliver on the country's UHC plan.

On the invitation of the **DRC presidency**, **SPARC** conducted a 3-day scoping visit in Kinshasa.

Together with other key stakeholders, we helped identify critical areas of need for UHC reforms and core foundational issues that needed to be addressed before reforms could begin.



Although countries were forced to shift their focus to the pandemic response and travel restrictions changed SPARC's country engagement plans, the demand for SPARC's approach continued to grow due to a combination of progress made on scoping visits and SPARC's advocacy for efficient utilisation of limited resources.



COACHING AND MENTORING APPROACH

The coaching approach was central to SPARC's country engagements, keeping with SPARC's mandate to provide context-specific support for country processes. The coaching approach meant embracing new ways of working, different from the past approaches to technical assistance that were mainly donor-driven, short-term with minimal country- input. This new way of working involved mobilising a regional cadre of experts with technical and complementary non-technical (soft) skills to support countries on their journeys of change.

Increased awareness of SPARC's coaching approach led to over 500% growth in the number of African experts (**The Force**) registered on SPARC's roster and increased attendance at SPARC's monthly coaching community meetings.

To build capacity for the soft (non-technical) skills needed to actualise this, SPARC collaborated with **Results for Development (R4D)**, the **African Collaborative for Health Financing Solutions**, and the **Health Systems Strengthening Accelerator**, with additional support from **Amref Health Africa's e-campus** team, to develop and launch virtual/e-learning orientation modules for the coaching approach. This orientation course is a four-part series featuring coaches sharing the principles, strategies and tips for supporting country processes utilising soft skills.



KNOWLEDGE MANAGEMENT AND LEARNING

SPARC's work with its technical consortium partners was critical to progress in the knowledge management and learning pillar. SPARC partnered with 11 Africa-based Anglophone and Francophone institutions from 10 countries (**Benin, Burkina Faso, Cameroon, Ghana, Kenya, Nigeria, Rwanda, Tanzania, Uganda, South Africa**) – including academic institutions, think tanks, and policy analysis institutions – to develop adaptable products, processes and knowledge to advance SHP implementation across Sub-Saharan Africa. This group, collectively known as the Technical Consortium, worked with SPARC to jointly develop the SHP measurement framework and initiate the mapping of SHP functions, capacities, governance arrangements and health system results based on the SHP measurement framework.

In 2020, the technical partners completed a baseline description of health purchasing arrangements in nine countries using the developed framework. They convened in Benin with policymakers from their countries to share learnings from the activity.

The output from this activity catalysed discussions between technical partners and their policymakers about what works and in what situations. This first activity led to critical policy recommendations that are sparking conversations and reforms in several countries. Still, it could not conclusively show the line of sight between strengthened purchasing functions and better health system outcomes. The second activity was launched to address this and synthesise evidence on the link between improvements in SHP functions and better service delivery, improved levers for SHP and better health system results. SPARC also partnered with **KEMRI Wellcome Trust** to systematically review evidence on whether and how PBF supports a move towards system-wide SHP reforms. All these evidence generation activities led to the development of key policy documents and briefs with planned dissemination in 2021.



RAISING AWARENESS OF SHP

SPARC's primary approach to supporting countries during the pandemic focused on capturing lessons learned from their responses, providing a platform for experience sharing and packaging knowledge products from these to support future pandemic planning. SPARC turned to its thought partners – the technical consortium and The Force, to crowdsource SHP questions, issues and concerns for policymakers as they all strove to mount effective pandemic responses. These questions were the basis of monthly virtual engagements and the focus of the project by The Force Community to develop a repository of answers for COVID-19 Frequently Asked Questions. These engagements helped strengthen the case for SHP as countries experienced economic headwinds while confronting the urgent need to spend more on healthcare. In all, seven African countries participated in the virtual engagements, discussing their responses to the pandemic. SPARC leveraged the technical consortium and the Force Community for these events. They served as panellists to discuss topics that ranged from 'maintaining primary healthcare services during the pandemic' to 'the use of data and communications for pandemic response'. The lessons that emerged from the conversations were eye-openers for many and will continue to support policy formulation for healthcare funding and spending during and even after the pandemic.

CommunityVOICES

Strengthening Health System through Advocacy

Reproductive health before and after pregnancy is a proven low-cost, best-buy intervention that saves lives and contributes significantly to the economic development and social transformation of a country. In view of this, Amref Health Africa in Tanzania through the HSA project worked with multiple stakeholders at national, regional and district levels to advocate for improved reproductive health by focusing on health financing, health governance, health commodities and HRH. Through these interventions a number of achievements were recorded as expounded by the Kishapu District Medical Officer (DMO) below.

"We really appreciate the collaboration that we have had with Amref since the inception of the HSA project in 2017. Through reproductive health budget analysis and subsequent advocacy that Amref/HSA has been doing each financial year, there has been a notable increase in the budget. Notably, we have been able to allocate funds from our own district sources such as NHIF and CHF TIKA. Based on this, the budget has increased from TZSHS 4.8 million (US\$2,000) in FY 2015/16 to TZSH 26.7 million (US\$11,195) in FY 2019/20. While the 2015/16 budget was solely from basket funding and other partner contributions, 52% of the 2019/20 budget came from the district's own resources. Although the project ended in October 2020, we believe this strong foundation that we have built will be sustainable," said Dr Shani Josephat, Kishapu District Medical Officer (DMO).



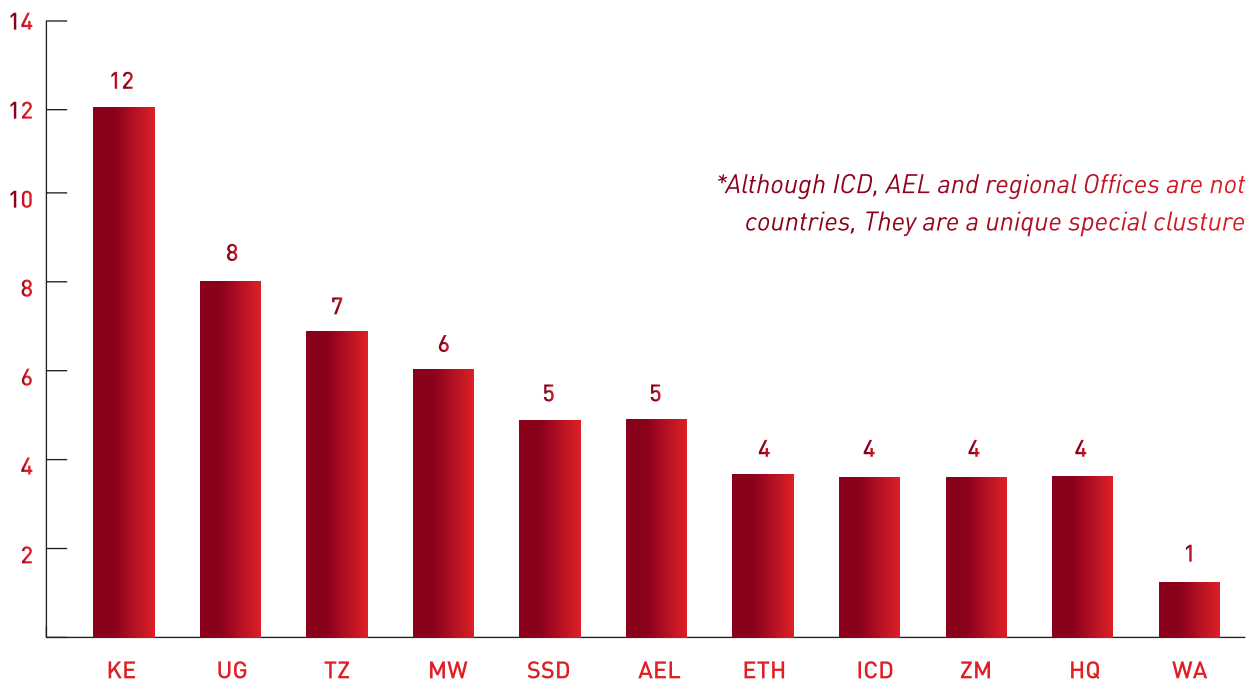
Crosscutting THEMES

POLICY AND ADVOCACY

Amref Health Africa's contribution to achieving the 2030 Agenda for Sustainable Development and creating lasting health change is only possible when its health programmes, innovations, community knowledge and research results are translated into policies.



A total of 67 advocacy activities were implemented in projects in 2020.



Advocacy initiatives used youth parliaments, incubation of media, collaboration of CSOs and forming networks and coalitions, using courts to advocate for change, policy statements, global campaigns, sub-granting and integration of programmes as various approaches to advocate for key issues in health. Amref engaged extensively in thought leadership at continental and global level, and is increasingly being requested to organise and lead dialogue fora in Africa and beyond, and to contribute to panel discussions and presentations in numerous conferences and events.

Health Workers and Facilities: Amref developed the Africanized Model Legislation of CHWs which was shared with African Union (AU) and East Africa Legislation Assembly (EALA) for their buy-in. This was the first of its kind and countries are expected to use it as a model to develop their own CHW legislations. Malawi, for instance, had commenced development of such legislation and Tanzania used it to develop a CHW policy that is already in use by the government. Zambia has used the model legislation to develop a national strategy with the involvement of the community through CHWs. Amref further identified CHW champions, and trained them on advocacy in community level engagement, as well as national accountability mechanisms. This equipped them with the skills to advocate for their remuneration, recognition and continued support for CHWs.

Amref successfully initiated a regional network known as the Africa Health Accountability Platform (AHAP) for partners working at regional and national level to strengthen accountability in health. AHAP links national, regional and global accountability movements for improved health outcomes of the people in Africa, and operates through country chapters made up of strong and unified CSOs. AHAP focuses on community engagement, CHWs and health finance, and holds countries accountable for allocating and spending funds. Its members comprise health and SRHR organisations with specific thematic expertise. AHAP stems from the fact that Africa and individual African countries have ratified a number of treaties on health and improved wellbeing for their people at global and regional level.

At country level, nations have committed to a number of health policies, financing mechanisms and programmes to reflect regional and global commitments, such as the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs), the Abuja Declaration, the Africa Health Strategy, the Protocol to the African Charter on Human and People's Rights, the Maputo Plan of Action (MPoA), the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and the Africa Union Charter.

Through the HSAP project, Amref was recognised as a critical advocate for Human Resources for Health and supported advocacy around health worker migration together with regional regulatory bodies such as the Association of Medical Councils of Africa (AMCOA) and the East, Central and Southern Africa College of Nursing (ECSACON). This led to the development of a HWM Protocol and tools for data collection that was approved by both AMCOA and ECSACON. These protocols for doctors and nurses sought to improve their data collection and welfare, and AMCOA has made it an annual standing agenda for countries to report on progress of migration of health workers. As a result, Zambia, for instance, rolled out data collection tools and analysed the data which allowed all relevant stakeholders to establish trends and in turn advise policy makers and generate policy briefs.

In August 2020, the Community Health Unit in **Amref Zambia** adopted the CHV Database as a national tool for mapping CHVs and has since been included in the Ministry of Health's Human Resource Information System. Furthermore, CHWs were invited to participate in the 2020 planning cycle in their facilities, following their interface meetings with the health facility staff about their non-participation and lack of recognition.

Consultative engagements in Kenya on sustainable approaches for community health services were held with key stakeholders. Attention was drawn to the deployment of i-PUSH innovations in the county (implemented by **AEL**) which support data collection, learning and savings on health costs. Various county executives expressed interest in adopting M-Jali for data collection and reporting by CHWs, including using the platform to identify financially vulnerable households for the National Hospital Insurance Fund (NHIF) scheme.

Amref Kenya, through the Afya Timiza project, supported the Samburu CDOH to work with the County Assembly and CHV groups to review the Community Health Services (CHS) Bill of 2020. The project

supported a multi-sectoral stakeholder review of the bill involving the County Assembly Health and Budget Committees, Department of Health Leadership, County Assembly Legal Officers and other partners. As at the end of the year, the bill was in the final approval stages and once passed will guide management and help in provision of services at community level, as well as ensure recognition and remuneration of CHVs by the County Government.

The **Uzazi Salama project** in Kenya's Samburu County implemented by ICD advocated for allocation and ring-fencing of ambulance maintenance through finalisation of the Ambulance Policy/Bill. Owing to the gap in a strong legal framework for ambulance administration and management, the project supported revision of the current policy. This initiative co-created a framework for assessment and evaluation of the policy with the county. The assessment's target population included the county health leadership, transport officers, sub-county medical officers of health, health facility in-charges, CHVs and community beneficiaries, among others. The policy is meant to streamline management of ambulances in the county and improve efficiency of referrals. Finalisation of the policy has been transitioned to the county, and this has been reflected in the next County Annual Workplan and Budget (2021/2022).

RMNCAH: In order to avail financial resources to health facilities and avert disruption of health services due to delay of funds from the exchequer, **Amref Kenya**, through the Afya Timiza project, provided technical and logistical support for finalisation and signing into law of the Turkana County Health Services Administration Bill. This bill ring-fences funds collected from health facilities to be ploughed back to the health system to strengthen services and ensure continuity of quality FP/RMNCAH and nutrition services.

CEFM and FGM/C: On 16 December 2020, Parliamentarians for Global Action, in collaboration with Girls Not Brides Kenya, hosted by Amref and members of GNB's National Partnership in Kenya, organised a webinar for Kenyan parliamentarians to discuss the need to address harmful practices, such as CEFM and FGM/C in the context of COVID-19. The purpose of the webinar was to learn about the current state of harmful practices in Kenya in the context of the pandemic, and to build political will among parliamentarians to revitalise and update the National Strategy to End CEFM. Parliamentarians from Uganda and Zimbabwe shared their experiences and lessons learned in preparing a National Action Plan to end CEFM. Amref and Girls Not Brides Kenya called upon the Government of Kenya to urgently enact a Child Marriage Policy that criminalizes child marriages distinctly and enforces Kenya's regional and international commitments on ending child, early and forced marriages.

Amref, as an interested party, provided evidence advancing health and human rights against a petition by Dr. Tatu Kamau challenging the constitutionality and validity of the Kenya Prohibition of FGM Act 2011, which sought to legalise FGM/C on the grounds that the ban goes against cultural rights and that adult women should be allowed to do what they want with their bodies. Amref therefore wrote a statement welcoming the judgment of the High Court of Kenya in the case of Dr. Tatu Kamau v Attorney General et al. in the Constitutional Petition No 244 of 2019, as a major step in the campaign movement to end FGM/C, which is an internationally-condemned harmful practice.

Health Financing: Amref Kenya, through the Afya Timiza project, supported the development and operationalisation of the county results-based financing (RBF) manual. This was done by facilitating a co-creation process involving the Health Facility Management Committees (HFMCs) and the County Department of Health. The aim was to enhance a coordinated and well-structured approach for counties to implement RBF programmes in the health sector.

Amref Malawi, through HSAP, was part of the team that advocated for and contributed to the increment of funding to the Family Planning Commodities Budget Line in the 2020/21 National Budget. On 14 October 2020 Malawi's parliament approved the national budget with an increased budget allocation for family planning commodities from the proposed Malawian Kwacha 75 million (approx. US\$ 95,000) to Malawian Kwacha 200 million (approx. US\$ 250,000). This came after a series of consultations with civil society, parliamentarians, ministers and other relevant stakeholders which Amref also supported through HSAP.

Youth Advocacy: The #YouthPowerHub: Amref, in partnership with the United Nations Population Fund (UNFPA) Eastern and Southern Africa regional office through **Y-ACT Youth in Action** and African Youth and Adolescents Network (AfriYAN) partnered with youth-led organisations in 13 countries in Africa, to launch the first pan-African digital social accountability and advocacy hub, focusing on the pillars of Education, Engagement & Collective Action/Mobilisation. The digital platform, which has a chat-bot, a resource hub for sexual and reproductive health and rights, and a tracking tool for the International Conference on Population Development (ICPD)+25 commitments is designed to meet the current needs of the youth and foster youth-led accountability for the ICPD+25 commitments during this pandemic period and beyond.

Y-ACT, Youth in Action implemented an innovative three-pronged capacity strengthening approach for youth-led organisations in four regions of Kenya, focusing on advocacy capacity, organisational development and monitoring, evaluation and learning (MEL). The teams trained a total of 50 youth advocates in Kenya, conducted baseline and midline capacity assessments, provided mentorship and tracked progress in each capacity area, while tailoring capacity strengthening approaches to meet each youth-led organisation's unique needs. The midline assessment revealed significant advances by youth advocates in advocacy implementation, organisational development and MEL.

Amref West Africa saw the strengthening of the regional multi-stakeholder and multi-sector coalition for the prevention of FGM and promotion of advocacy initiatives by 25 CSOs, and the establishment of a Youth Parliament made up of 150 young champions. Amref's interventions have also enabled the involvement of CHWs in the response to COVID-19 in Senegal and their deployment to the field. Until then, home visits had been prohibited.

Advocacy Accelerator (AAC) hosted by Amref: The AAC hosted a successful three-part Funding and the Practice of Advocacy in Africa series commencing in 2020 and continuing into 2021. The first webinar discussed COVID-19 and Funding for Advocacy in Africa: Realities, Challenges, Innovations and Opportunities. This was moderated by UAF-Africa with participation from the Open Society Foundation Africa, UHA and the AAC. Donors shared their experiences on challenges, opportunities and realities. They noted how their observations had led to adaptations in order to better serve their advocacy constituents.

The second of the three-part series was Funding and the Practice of Advocacy in Africa: **Building Resilience in Advocacy: Exploring Philanthropy in Africa as an Alternative Funding Base**. This second webinar ocused on exploring African philanthropic organisations as sustainable funding alternatives for advocacy funding on the continent was moderated by the Centre on African Philanthropy and Social Investment (CAPSI). Panellists comprised representatives from leading African donor organisations including Trust Africa, Kenya Community Development Foundation and Aspire Coronation Trust (ACT) Foundation.

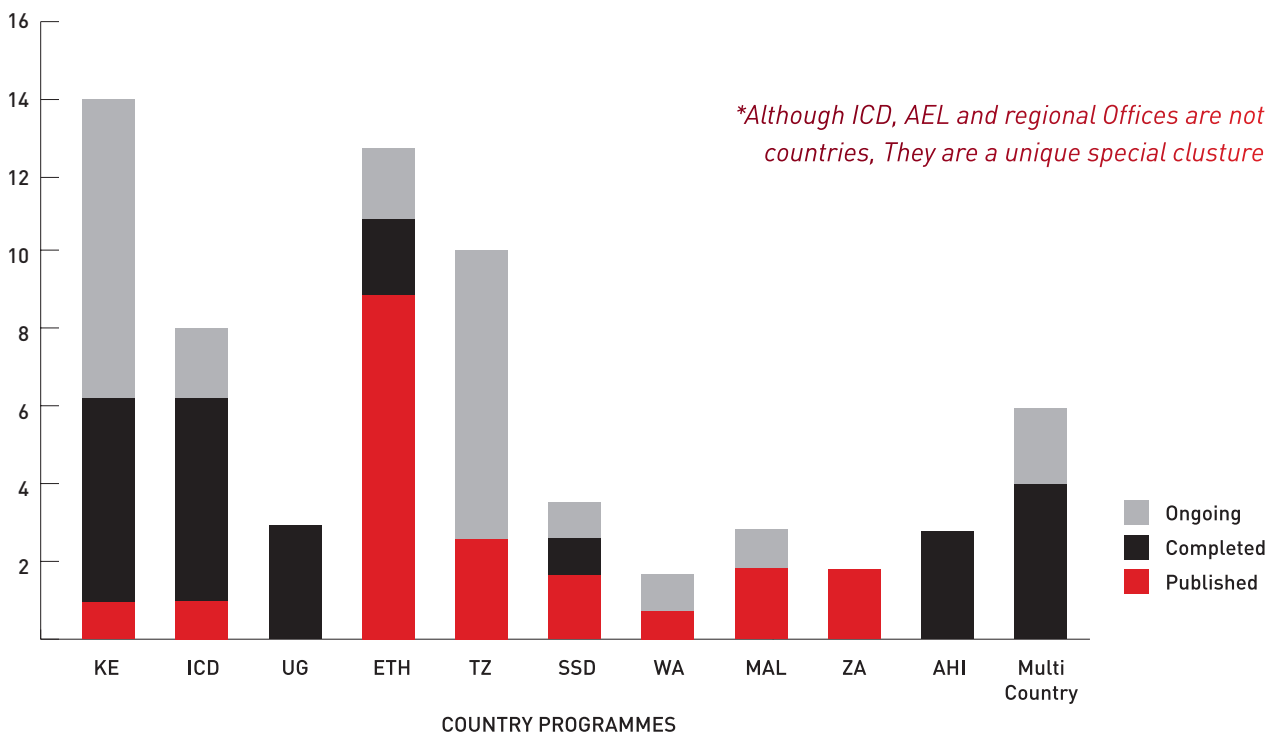
As part of Flagship advocacy training courses, AAC implemented a virtual Africa-wide Campaign Accelerator training course in collaboration with Mobilisation Lab (MobLab). The course blended high-performing campaign strategy tools with proven methods inspired by design thinking. Participants were drawn from seven countries and support proffered to grassroots organisations that have struggled to access resources for advocacy capacity strengthening. The AAC also extended support to two participants from Amref, in line with AAC's commitment to support advocacy capacity strengthening within the organisation.



Crosscutting THEMES

RESEARCH AND INNOVATIONS

In 2020, a total of 68 research activities were published (17), completed (31) or ongoing (20).



Research and Innovations CoP: To enable efficient coordination and implementation of the research and innovation agenda across all countries, Amref formed a Research and Innovations Community of Practice (CoP) composed of focal persons from all countries and directorates. The CoP peer reviews protocols and findings and discussed research activities and best practices that are being undertaken across the organisation. Some achievements of the CoP include: 1) Finalisation of the Amref Health Africa Research Strategy (2021-2022) complete with annual research priorities from all countries and directorates; 2) Development of a rapid results initiative on COVID-19-related research, most of them funded by HQ. A full list of peer-reviewed articles is presented in Annex B.

Highlights of some of the research activities are presented below.

CHW capacity: A study aimed at assessing CHWs' preparedness to support health system response to prevention and management of COVID-19 and associated gender-based violence was conducted. The findings of this research indicated that the pandemic escalated GBV and resulted in disruptions in health systems, thus necessitating increased involvement of CHWs in prevention and management

measures. Although there were specific differences in social, economic and policy environments in **Kenya, Senegal** and **Uganda**, the impacts of the COVID-19 pandemic including the GBV-associated effects were felt across the three countries. There was convergence of roles, responsibilities and relevance of CHWs across the countries. The effectiveness and efficiency of this cadre of workers in response to the pandemic and the associated GBV effects were required in addressing the challenges and support needs identified.

LMG: The **GlaxoSmithKline (GSK)**-funded HRH project conducted operations research on the effectiveness of LMG capacity on improvement of health outcomes in four counties (Nyeri, Nairobi, Kakamega, Kilifi) in **Kenya**. From the results of the assessment the LMG intervention did improve competencies of the health providers. It is hoped that this will enhance service delivery and improve outcomes. From the interviews, it was evident that the capacity of the health workers on various key aspects of leadership had improved after the training. Results of the assessment also indicated that majority of the beneficiaries' competencies in the area of leadership, management and governance has greatly improved with all the participants showing a positive change in the rating of their competencies. All the participants interviewed felt that the training was relevant to the health sector as the areas studied contributed to improving not only service delivery, but also how they view their clients.

Advocacy: AAC launched *The Impact of COVID-19 on Advocacy in Africa – A Report on how COVID-19 has affected Advocacy work in Africa and what it means for Advocates, Technical Assistance Providers (TAs) and Funding Organisations*. This report illustrated that advocacy stakeholders had been facing unprecedented change and assumptions on availability, access and interest of advocates had to be quickly done away with. AAC quickly identified the need to support the African advocacy ecosystem with data to help them understand what was happening on the ground, and also for provision of solutions for the present and future. AAC's contribution was to highlight the importance of local advocacy and to communicate the resilience factors for the advocacy sector across virtual platforms.

This AAC study was unique in that it focused solely on advocacy in Africa and complemented reports by CIVICUS (global) and by Epic Africa (*Africa – general state of civil society*). Additionally, the report provided clear calls to action for donors now and in the future, to respond to the shrinking space for civil society and shifts in the advocacy ecosystem. The evidence reflected the need for support to advocacy organisations, networks and individuals in implementation of their advocacy agendas in this rapidly shifting world. An important vehicle was via customised and sustained advocacy capacity strengthening (ACS), particularly to support advocates adapt to new innovations such as using online digital platforms. AAC is using the report to inform its programming.

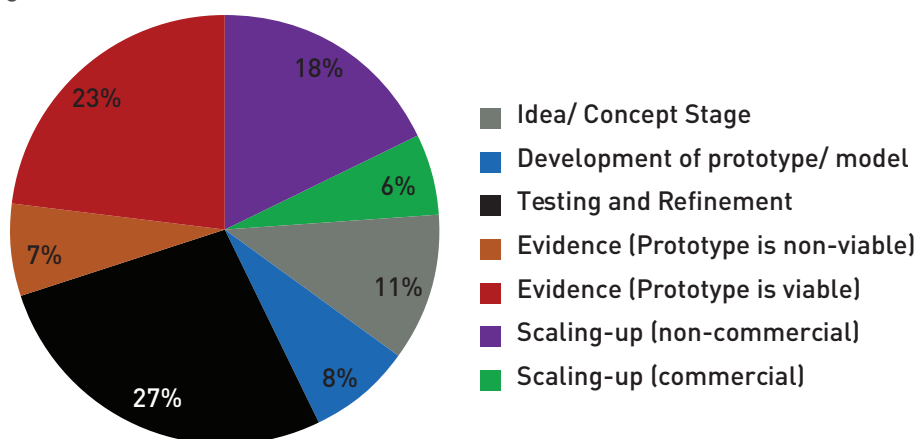
Maternal, Newborn and Child Health: In collaboration with the Partnership for Maternal, Newborn and Child Health (PMNCH), a study was conducted on *Lived Experiences of Women, Children and Adolescents in the Wake of COVID-19*. As a result, 7 advocacy asks, targeting governments, were developed on a global level. Soon after the launch of the global report by PMNCH, structured approaches will be put in place with various national governments among the 43 countries that participated in the study to execute the advocacy asks, as follows:

- a. Maintain essential sexual, reproductive, maternal, newborn, child and adolescent health services, products and information;
- b. Address gender inequality, including gender-based violence, and ensure the safety and security of women and adolescent girls in integrated response and recovery plans;
- c. Increase attention to the mental health needs of those, especially women and adolescents, who have been severely affected by the pandemic;
- d. Adopt and scale up social and economic relief measures that are gender-responsive and reduce inequities;
- e. Address adolescents' needs for education and vocational training;
- f. Address the digital divide within countries and between genders; and
- g. Collect and report disaggregated data (*by age, sex, income, disability, geography*), and gender statistics.

FGM/C: The End FGM/C CoE conducted a study to look at the effect of COVID-19 on FGM/C and CEFM; it was a multi-country study that took place in **Kenya, Ethiopia, Uganda** and **Senegal**. Some of the findings indicated that the COVID-19 pandemic has had varied effects on FGM/C and CEFM across the four focus countries. Kenya witnessed an increase in both FGM/C and CEFM cases, while in Uganda, the pandemic contributed to a minimal increase in FGM/C cases but a significant increase in CEFM cases. The pandemic had limited impact on FGM/C and CEFM in **Ethiopia** and **Senegal**. Closure of schools for longer periods, economic losses and people staying at home for longer periods were some of the reasons for the increase in FGM/C and CEFM in Kenya and CEFM in Uganda. Across the four countries, it was clear that the COVID-19 pandemic had a negative impact on implementation of interventions by the various sectors that are responsible for preventing and responding to FGM/C and CEFM. This called for innovative approaches in intervening in the various communities to ensure that women and girls at risk of FGM/C and CEFM or in need of services were reached during the pandemic. Alternative approaches such as the use of emergency call centres, radio talk shows and the use of local champions as part of risk communication are already being implemented. Evidence on how effective these alternative approaches are in preventing and responding to FGM/C and CEFM amid COVID-19 is required. End FGM/C Centre of Excellence launched the findings for Kenya on 10 December 2020 at a press conference.

Amref Tanzania's research on the role of community leadership and ownership in the eradication of FGM revealed that in regions of Tanga where the exercise was conducted, there was a marked reduction in the number of incidents. However, sporadic activities still continue secretly without the usual public celebrations. Key factors that influenced the results include the involvement of community leaders who were custodians of the culture and educating girls and women.

There were a total of **85** innovations in 2020, **38** of which will be continuing into 2021. Below is the breakdown by stages



The **FINISH** project in **Kenya** effectively began its operations in the counties of Embu, Meru, Tharaka Nithi, Kitui, Homabay and Nakuru. A total of 17,881 improved sanitation toilets were constructed against the backdrop of the existing COVID-19 pandemic. Out of the global SaniTech hackathons, the project was implementing two new innovations: "Toilet in a Box" where the components are precast and packaged, thus enabling easier transportation and installation and lowering associated costs; 'Vertiver grass systems' which are organic toilets with Vertiver grass planted on the side to help absorb water. This resulted in reduced rates of toilets filling up, thus enabling longevity and minimising costs associated with emptying, transportation and treatment.

The **Innovate Now** project provided advanced user-centred design, business and technical support to over 40 start-ups to develop assistive technology innovations, products and services in Kenya. Innovate Now was launched in June 2019 and is funded by FCDO and led by the Global Disability Innovation Hub (GDI Hub). It is implemented by **Amref Enterprises Limited (AEL)** in Kenya.

The programme trained a total of 15 start-ups with a combined investment value of over US\$ 5 million in a growing assistive technology world whose value exceeds US\$ 20 billion. The cohort had a 53.3% female founder representation on delivery of both hardware and software solutions for PwDs. A few examples of the start-ups supported include:

- a. [Linncell Technologies](#) won the initial grant of UK£ 20,000 is running a 100% solar-powered workshop, and recycles electronic waste and scrap to build electric wheelchairs for the rural terrain.
- b. [Hope Tech](#) designed a smart cane that uses echolocation to identify obstacles. It has sold over 1,000 units, thus disrupting the way persons without sight move.
- c. [Syna Consultancy](#) designed the UTULAV toilet. This is a portable toilet designed to improve lives and eliminate the indignity suffered by the elderly, sick and the physically challenged when it comes to sanitation.
- d. [Hali Halisi](#) supported institutions like the Judiciary in sign language interpretation during the COVID-19 pandemic.
- e. [Lugha Ishara](#) partnered with **Gertrudes Children's Hospital** and hosted the first ever sign language Christmas cantata.

Crosscutting THEMES

GENDER AND INCLUSION

Amref Health Africa considers gender and inclusion an integral part of health interventions – not an additional or separate activity, but within our programmes. To address gender inequalities, we continue to invest in capacity strengthening to ensure gender equality and equity, which are a vital component of inclusive health systems.

Gender and inclusivity were fully integrated into HSAP strategies for capacity development and advocacy. Activities implemented under this strategy included capacity development for CSOs, CBOs, communities and health stewards to increase their awareness on human rights and rights violations, as well as advocacy to empower them to include issues on gender discrimination and exclusion in their advocacy activities, plus making use of data on rights violations and findings from policy analysis.

Gender mainstreaming efforts were made depending on the context, including: gender mainstreaming training for all partners, directly inviting men and women to meetings to promote women's participation, targeting female parliamentarians like the women's caucus in parliament to ensure women's advocacy needs were taken on board, ensuring community health structures included women and young people, supporting women to take leadership positions in these structures, and involving women in conducting policy audits.

As an example, **Amref South Sudan** provided gender-sensitive services across its interventions. In the **Health Pooled Fund** project, a Gender & Social Inclusion Advisor was brought on board to ensure all aspects of the projects were aligned to gender and social inclusion. Latrines in health facilities were segregated; entry access to health facilities were ramped to ensure ease of access for the disabled; women were mandatorily made part of health facility management committees, either serving as chairs or co-chairs, in all the 34 facilities supported. In other projects, the number of women in community groups were formed based on gender participation; water point committees are trained with women representative as mandatory membership.

Internally within Amref a training curriculum on **Integrating Gender Equality and Inclusivity in Health Systems** was developed to introduce the basic concepts of gender, gender analysis and gender planning, and to strengthen the capacity of health and development workers to increase awareness and reduce gender bias.

In an effort to amplify and implement gender mainstreaming within the organisation, **Amref Ethiopia** published the Gender Inequality and SRH Status of Young and Older Women in the Afar Region report, which outlined the challenges experienced by women seeking to enjoy their sexual and reproductive health rights. The report sought to explore the gender dynamics and inequalities that contribute to low reproductive health service utilization and high negative sexual and reproductive health outcome indicators.

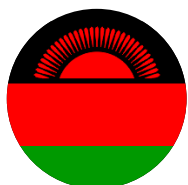
The conclusion from the report was that women are the most disadvantaged groups within society, the report is expected to guide further research and contribute to policy changes and interventions on SRH status of the country.

Amref also collaborated with Fair Share, signing a commitment to gather and share data on women in leadership.



YOUTH INITIATIVES

Amref Health Africa's youth initiatives continued to mentor, support, and increase the capacity of young advocates to influence youth policy and resource priorities in the areas of gender equality and Sexual and Reproductive Health and Rights (SRHR) at national, sub-national, and grassroots levels across Africa.



Amref Health Africa in Malawi, through the Yes I Do Project, intensified its efforts to work with young community-based distribution agents to ensure youth access to contraceptives while social distancing directives were still in effect during the COVID-19 pandemic.



Amref Health Africa in South Sudan worked with 22 community-based organizations for and with youth on matters of Sexual and Reproductive Health and Rights (SRHR), Gender Based Violence (GBV) and HIV/AIDS prevention in 2 of its project sites: Maridi and Yambio in Western Equatorial State.



In **West Africa**, Amref put in place several strategies to inform, train and sensitise adolescents and young people on COVID-19 prevention measures and coping with the effects of the pandemic. The sensitisation was organized in various municipalities and surrounding areas to enable young people protect themselves.



Amref Health Africa in Tanzania conducted youth mobilisation activities on COVID-19 awareness, prevention and protection, with some of the project interventions integrating COVID-19 response with ongoing youth activities.



In **Ethiopia**, Amref's Youth Advisory Parliament (AYAP) launched its COVID-19 response through community outreach initiatives to sensitise populations in the nine sub-cities in Addis Ababa. AYAP's COVID-19 response countered the negative impacts of the pandemic with the community outreach and expanded digital awareness creation through a virtual learning platform for rural and semi-urban youth across different regions.



Amref Health Africa in Uganda provided thought leadership on matters relevant to adolescents and youth at country and regional level through digital campaigns and webinars, including one on addressing Sexual and Gender-Based Violence (SGBV) – dubbed “**No More Violence**” campaign.

Youth in Action (Y-ACT) and **AfRika** launched various social media campaigns in the wake of COVID-19. Mass activation enabled Amref to reach youth with messaging on COVID-19, promote positive behaviour to reduce the spread of the virus and launched calls to action on issues such as increased cases of sexual and gender-based violence among the youth. The team also launched a **youth-focused COVID-19 info site** that provided up to date information on webinars, employment and funding opportunities, advocacy and communication campaigns and protection services in Kenya.

One such campaign was *Sauti Sasa* whose first phase ran between September 2019 and February 2020. The campaign employed a multi-sectoral approach to address the root causes of teen pregnancy in Kenya, making bold calls for political and community leaders to commit to address the issue and enhance access to adolescent and youth friendly SRHR information, services and protection. The online campaign engaged 650 youth, who shared their perspectives on solutions and actions for leaders and other members of society to take in reducing teenage pregnancy.

The campaign achieved progress in the first three bold calls (refer to text box) in phase one. As a result of advocacy efforts by youth-serving organisations and the International Conference on Population Development (ICPD)25 technical team in Kenya, His Excellency The President of Kenya, Uhuru Kenyatta, committed to eliminate teenage pregnancy, new adolescent and youth HIV/AIDS infections and ensure universal access to quality, friendly, reproductive health information and services for adolescents and youth in Kenya.

Additionally, with a seed grant of US\$10,766 from **Urgent Action Fund**, Y-ACT held the first ever youth-led county dialogue forum on teenage pregnancies in Kakamega and Bungoma (western Kenya), where local engaged local political leaders were engaged to champion the cause. These forums led to bold commitments by the Governor, Senators, Members of the County Assemblies and the Deputy Commissioners from the counties.

Sauti Sasa – Bold calls

Bold Call 1: H.E. President Uhuru Kenyatta commits to ending teen pregnancies at ICPD +25

Bold Call 2: A revolution of youth voices demanding accelerated multi-sectoral action towards ending teenage pregnancy in Kenya.

Bold Call 3: Social contracts between county governments and communities on ending teenage pregnancy are signed.

Bold Call 4: Establish a robust referral system for access to adolescent and youth friendly SRHR information, services and SGBV protection systems at grassroots level.

Bold Call 5: At least 80% of all Sauti Sasa Challenge Declarations by leaders are fulfilled.



Our SUBSIDIARIES

AMREF ENTERPRISES LIMITED

An integral component of the Amref fraternity, Amref Enterprises Limited (AEL) seeks to grow organically across the Sub-Saharan Africa through generation of new viable ideas and business opportunities guided by the Amref Health Africa strategy, market demand and customer-centricity, prioritisation of health development efforts as well as attracting and retaining the best talent.



During the period under review, **AEL** scaled up implementation of the **LEAP** platform in Uganda, Ethiopia, Rwanda, Zambia and South Africa, in addition to Kenya and Malawi.

Specifically, **AEL** partnered with several of the implementation offices and support services to develop various courses on key health topics. In Kenya, the LEAP platform was used to deploy four WASH m-Learning modules converted from the National WASH Community Health Workers Technical Curriculum; Amref Kenya's Organisational Development and Systems Strengthening (ODSS) course to address LMG challenges in Micro, Small and Medium Enterprises (MSMEs), Civil Society Organisations (CSO) and Community-Based Organisations (CBOs); the Amref HR team, and an on-boarding course with all human resources policies.

These modules were digitised and made available to health workers via the mobile learning platform. LEAP training sessions under AEL were a key highlight in COVID-19 response interventions.

Over 100,000 CHWs trained on COVID-19 response through LEAP



These trainings were funded by **Amref Health Africa in UK, Amref Health Africa in the Netherlands**, Africa Centres for Disease Control and Prevention (Africa CDC), Beyond Zero, Eisai Pharmaceuticals and Mastercard Foundation.

During the year under review, the **Nairobi Hospital's Cicely McDonnell College of Health Sciences** launched its **Nursing Oncology Course**. The National Curriculum for the Higher Diploma in Oncology with Palliative Care Nursing was developed to scale up the training and competencies of nurses in oncology to strengthen the capacity of the health system and ensure quality management of cancer patients.

The development and approval of the blended learning curriculum was made possible by **Johnson and Johnson, Amref Health Africa, Nursing Council of Kenya** and our Partner institutions – **The Nairobi Hospital, Kenyatta National Hospital and Moi Teaching and Referral Hospital**.

In the same year, the **County Government of Meru** signed a Memorandum of Understanding with **AEL** to roll out a UHC programme that will see over 20,000 vulnerable households benefit from enrolment to the **National Hospital Insurance Fund (NHIF)** scheme, with fully paid premiums.

The MoU, which involves deployment of mobile solutions to facilitate community health reporting, is a blueprint that will also aid in combating Non-Communicable Diseases (NCDs) in Meru.

Through the partnership, the County Government received 1,000 blood pressure machines to be used by Community Health Volunteers (CHVs) at the grassroots units to enable them collect data to help identify health challenges within the community.

To enhance our virtual health care services, the **Amref Medical Centre (AMC)** partnered with **MYDAWA**, an online pharmacy offering a range of pharmaceutical and wellness products. The partnership allowed the clinic to order and deliver medication to clients through virtual consultation services.

Once the medication is delivered, a pharmacist provide clients with the required medication counselling, ensuring they were advised on the safe and appropriate use of the drugs.

At same time, **AMC** is leveraging technology to connect patients to care through *TIBU Health*, a platform designed to provide quality outpatient care to Africa's urban populations. This engagement provided home vaccination services to clients referred to AMC through *TIBU Health*, which was supporting off-site sample collection for clients requesting COVID-19 tests at the **Amref Central Laboratory**.

The service required a minimum of 10 individuals at the preferred sample collection location. Partnering with *TIBU Health* enabled **AMC** to provide off-site sample collection to over 80 clients by November 2020.

Our SUBSIDIARIES

AMREF FLYING DOCTORS (AFD)

Amref Flying Doctors (AFD), the leading Air Ambulance service provider has experienced increased pressure to transfer patients to suitable medical facilities since reporting of the first COVID-19 case in Eastern Africa in March 2020. Despite the COVID-19 disruptions, AFD has proved to be resilient and proactive, promptly adapting to the new realities presented by the pandemic. During the year under review, AFD maintained the frontline position in supporting the region's response including medical transfers and COVID-19 preparedness trainings.

Specifically, **AFD** acquired two Portable Isolation Chambers (PICs) as a direct response to the COVID-19 pandemic, driven by the increasing need to transfer patients between medical facilities in the region and beyond by air ambulance. The PICs promoted health safety and ensured minimal exposure to medical and air crew as well as members of the public. All AFD staff were trained on their use, allowing them to carry out over 50 COVID-19 medical evacuations out of 623 patient transfers within the African continent. The Flying Doctors also repatriated patients to the UK, Europe, Middle East and Asia.

About the Portable Isolation Chamber

The portable isolation chamber is an innovative medical isolation and transportation system designed for optimal safety during patient loading and transport. The unit is a single patient isolator made of cleanable materials. It is easily assembled for use, fully transportable and is compatible with leading ambulance-stretcher systems. It is compatible with most mechanical ventilator circuits. The equipment meets all requirements for full environmental protection from cross-contamination. Easy access to the patient enables advanced care and treatment. The design allows the provision of most intensive care treatments and emergency procedures. The unit is reusable with compact storage when not in use. Only 30 minutes are needed to prepare and load the patient into the Portable Isolation Chamber. The patient can stay inside as long as necessary as the air is circulated through special filters – meaning that both short and long-distance transfers are possible.

PIC services were covered under the National Hospital Insurance Fund (NHIF) contract for Emergency Air Evacuation Services in the event of a medical evacuation, and were available to all AFD clients including the disciplined forces, civil servants and public secondary school students (*registered under the National Education Information System*).



AFD renewed its contract during the period under review to cover approximately 800,000 people. There were no work-acquired COVID-19 cases among staff due to proper training, use of state-of-the-art equipment and adherence to operating procedures. Additionally, AFD forged partnerships with the **Government of Kenya** through the **Ministry of Health** and the National COVID-19 Coordinating team and was contacted to deliver urgently needed, delicate medical supplies to hard-to-reach areas such as Mandera County to support the fight against COVID-19.

The Flying Doctors also rolled out a [COVID-19 Preparedness Training](#) to support the gradual reopening of regional economies following months of closure. The training was designed to equip businesses to ensure their staff were well prepared to handle crowds while understanding the risks of COVID-19. As a result,

demand was created for Amref's established training services and as such, AFD began implementing training for the **Civil Aviation Safety & Security Oversight Agency**, funded by the **German Government**. In 2020 we trained over 300 personnel across the 8 international airports in the East Africa Community.

623 patient transfers within Africa were made by Amref Flying Doctors



AFD also developed robust screening and testing policies as well as operating procedures for safe transport of both COVID-19 and non-COVID-19 patients. During the year in review, 3 isolation units were installed, with an additional one planned for the next financial year. Furthermore, AFD implemented routine staff COVID-19 testing on a voluntary walk-in basis, working closely with the **Amref Central laboratory**.

CommunityVOICES



Double COVID-19 Patient Evacuation from Comoros

Amref Flying Doctors (AFD) received a unique request from one of its assistance partners for a COVID-19 transfer of a mother and her four-year-old child from Comoros Island. This was the first time AFD performed a double COVID-19 evacuation after the outbreak. Being a unique case, the AFD Medical Director, Dr. Joseph Lelo, convened a virtual meeting with the medical team and management to strategize on how to proceed with the evacuation. After establishing all the security parameters necessary to ensure the safe evacuation of both patients, the team unanimously agreed on the use of the Pilatus PC-12 aircraft due to its large cargo door, which allowed easy loading and offloading of patients using the isolation unit. The medical team then safely fitted two Portable Isolation Chambers in preparation for the mission, leaving enough capacity to accommodate three medical personnel. In the early hours of August 20, 2020, the team departed for Comoros from Wilson Airport in Nairobi, Kenya.

On arrival, the weather was chilly and forecasters predicted a gradual drop in temperatures as the day unfolded. The team needed to move quickly to ensure the patients were in stable condition and safely in the chambers before the temperatures dropped. While the medical team attended to the patients, the pilots ensured that the aircraft was set for the return flight. Not long after the team took off, the child began crying due to discomfort and a desire to be near his mother. Following clearance from the Medical Director the team – who were in full protective gear throughout the flight – transferred the child from his isolation chamber and secured him in a chair close to his mother, allowing for a smoother transfer once the child was comfortable and asleep. For the duration of the flight, the medical team took precautionary measures to ensure the two patients were stable, while maintaining air-to-ground communication with the Operations and Emergency Centre. Upon landing in Nairobi, the team was met by the Advanced Life Support Ground Ambulance, which was on standby to transport the patients safely to a hospital in Nairobi for admission and treatment.



Our SUBSIDIARIES

AMREF INTERNATIONAL UNIVERSITY (AMIU)

The COVID-19 pandemic, and the subsequent control measures put in place by the Government of Kenya, posed unprecedented challenges to uninterrupted delivery of learning at the Amref International University (AMIU). Following the outbreak of the disease in March 2020 in Kenya, AMIU suspended face-to-face operations but effectively remained operational during the year under review.



AMIU successfully pioneered and conducted virtual registration and orientation for first-year students during the April 2020 intake, becoming one of the few universities in Kenya that sustained learning programmes through open and distance learning curriculum delivery modes.

As of October 2020, AMIU had enrolled 942 students (373 males and 569 females) in 16 courses. The highest enrolment was in **BSc in Nursing in partnership with the University of Nairobi (UoN)** (20%), followed by the Diploma in Community Health Nursing (14%). 293 students also enrolled in short-term courses, with a large proportion undertaking distance learning courses. Some of the short-term course topics included COVID-19, monitoring and evaluation, health communication and journalism, among others.

AMIU Training and Research Plans

School	Courses developed and launched	Courses under development	Courses awaiting development
School of Medical	4		11
School of Public Health	8	3	8

Health workers reached through COVID-19 interventions

Interventions	Total	Male	Female
Health workers trained through LEAP and have completed the course.	78,078	21,904	56,174
Community-based health workers	77,835	21,735	56,100
Facility-based health workers	243	169	74
Health workers trained through other methods	21,975	10,332	11,643
Community-based health workers trained through other methods	14,174	6,727	7,447
Facility-based health workers trained through other methods	7,801	3,605	4,196
Health workers supplied with PPE or other material <i>(Count one person only once)</i>	38,000	19,644	18,356
Community based health workers	31,374	16,528	14,846
Facility based health workers	6,626	3,116	3,510

In curriculum development, three new BSc programmes were approved by the **Commission of University Education** in 2020. These were **BSc Nursing, BSc Midwifery and Reproductive Health and BSc Physiotherapy, and the first students enrolled in April 2020**. These brought the number of BSc programmes at AMIU to five, in addition to the already existing BSc Community Health and BSc Health Systems and Management. A new diploma course – **Advanced Diploma in Mental Health** – was also added to the university’s course offering, bringing the total number of degree and diploma courses at AMIU to 13.

The university also organised **pedagogical training** for academic staff (*full-time and part-time lecturers*) to enhance their lecture delivery and examination setting skills, in addition to introducing the **MyLOFT (Library on Finger Tips)** App for e-Content needs, allowing users to access AMIU e-Library resources remotely.

In response to the increased demand for remote learning solutions for students, AMIU acquired the **Kenya Education Network Trust (KENET) Moodle platform** (a learning management system) and trained faculty members on its use and application.

CommunityVOICES

I felt at home the moment I set foot at AMIU

“As an international student I felt at home the moment I set foot at AMIU, having been attracted by the warm and compelling learning environment at the university. The interactive and flexible learning mode has made it possible for me to progress my studies remotely during the COVID-19 pandemic. I will be graduating in 2021. I relish my time at this great institution where I was granted vast opportunities that have positively defined me: I served in the Students Council, participated in the Work Study Programme and most notably was a beneficiary of the Vice Chancellor’s scholarship fund. I have had impactful and life changing interactions that have influenced and strengthened my resolve to inspiring lasting change wherever my profession leads me.”



Tertioury Herald Nyarugwe (Zimbabwe) | BSc Health Systems Management & Development

OurLEADERSHIP

OUR INTERNATIONAL BOARD

Amref Health Africa is governed by a Board of Directors (the "International Board") comprising of members from a wide range of backgrounds, bringing a great wealth of wisdom, insight and experience to the organisation. Amref Health Africa has established offices in various countries within and outside of Africa in connection with achieving its objectives ("Country Offices").

The Amref Health Africa Country Offices in Europe and North America which are established as separate legal entities have separate Boards of Directors ("National Boards"), while Country Offices established within Africa are governed through advisory bodies ("Advisory Councils").

The Board is at the core of the organisation's system of corporate governance and is ultimately accountable and responsible for the performance and affairs of the organisation. The primary role of the International Board is to provide policy guidance, financial oversight, strategic orientation and leadership to Amref Health Africa. It is also expected to support the Management of Amref Health Africa in fulfilling its vision and implementation of the Strategic Plan.



Charles **OKEAHALAM**,
Chair



Judith **CHINKUMBI**,
Director



Timothy S **WILSON**,
Director



Kellen E **KARIUKI**,
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Dr Teshome **GEBRE**,
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Tjark R C de **LANGE**,
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Tito **ALAI**,
Director



Jacques van **DIJKEN**,
Director



Mary Ann **MacKenzie**,
Director



Eunice **MATHU**,
Director



Liam **FISHER-JONES**,
Director



Dr Githinji **GITAHU**,
Ex-Officio Member

In carrying out its mandate, the Board is supported by several internal committees. These include:

Human Resources, Nominations and Governance Committee (HRNGC)

The purpose of the Human Resources, Nominations and Governance Committee is to assist the Board in fulfilling its director nomination and corporate governance development responsibilities. The HRNGC also advises the International Board and the Group Chief Executive Officer on policies and strategic issues with regard to the management of the human resources of One Amref.

Health Programmes Committee (HPC)

The Health Programmes Committee has a major role given the nature of Amref Health Africa's standing as a leading public health organisation. It advises the Group Chief Executive Officer and International Board on strategic and policy issues with regard to health development.

Audit, Risk and Compliance Committee (ARC)

The main purpose of the Committee is to assist the International Board in fulfilling its responsibility relative to the compliance of Amref Health Africa Headquarters and Country Offices with all International Board approved/ endorsed Corporate Policies/ Agreements and Procedures. This includes, inter alia, compliance with international accounting standards financial management procedures and reporting requirements; and the management of other risks (governance, general management, operational, human resource, reputational).

Finance and Investment Committee (FIC)

The Finance and Investment Committee provides oversight over Amref Health Africa's financial planning and management. The FIC also assists the Board in setting the investment policy to be adopted for Amref Health Africa's funds and reviews, evaluates and approves investment projects and operational expenditure relating to Amref Health Africa's business as planned.

Fundraising and Communications Committee (FRANCC)

The Fundraising and Communications Committee's role is to support the mission, goals, and programmes of Amref Health Africa by reviewing and monitoring the organisation's annual fundraising strategy, targets and budgets. This Committee also monitors Amref Health Africa's communication strategy, budget and execution and makes appropriate recommendations to the International Board.

Our Group and Senior Leadership Team

Amref Health Africa by design has attracted the largest collection of international development professionals and technical experts in the globe tasked with the responsibility spearheading Amref's accomplishment of its objectives. This global team is responsible for planning, organising, leading and controlling the efforts of organisational members, making use of organisational resources to achieve the stated organisational goals and objectives.

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FinancialREPORT

Please click [HERE](#) to access the report.

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