

# 2019

YEAR IN REVIEW



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# ACRONYMS

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 New-born 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 Health 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 Program
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, New-born and Child Health
RMNAYCH	Reproductive, Maternal, Neonatal, Adolescent, Youth and Child Health
RHMT	Regional Health Management Team
REPSSI	Reproductive, Maternal, Neonatal, Adolescent, Youth and Child Health
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
SNNP	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
WIT	Work Improvement Teams
Y-ACT	Youth in Action
YPC	Youth Pre-Conference

Amref at  
**A GLANCE**



**Our Vision**

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.

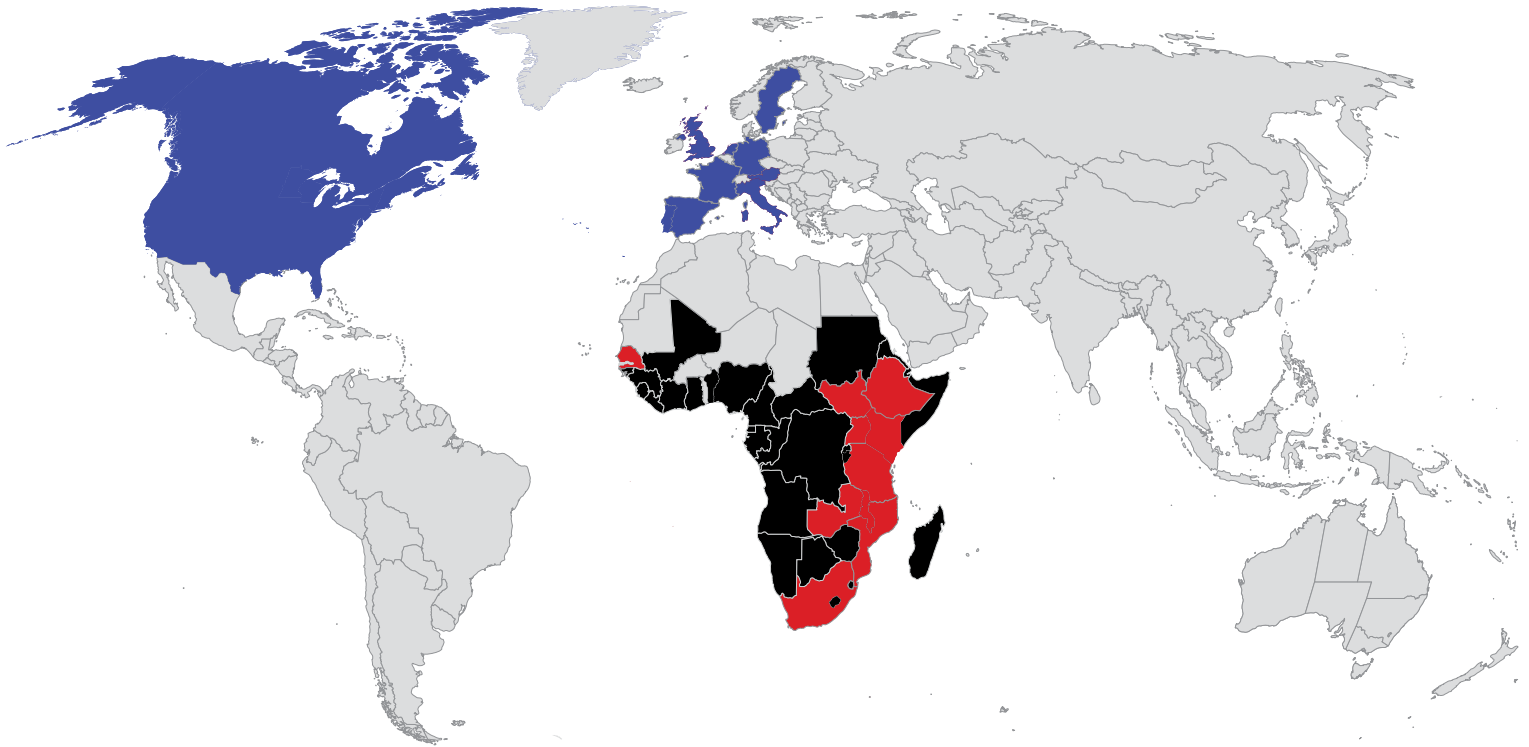


**Our Promise**




- » 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 programme.



## Our GLOBAL PRESENCE



### KEY

-  Physical and Programmatic Presence
-  Programmatic Presence
-  Fundraising Offices

Our CORPORATE STRATEGY





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# FOREWORD

## A Word from the Chair, Amref International Board

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It gives me great pleasure when I look back and reflect on the milestones, we have achieved together during my 6-year term as the Chairman of Amref Health Africa's International Board, and over the past 63 years of the organisation's existence.

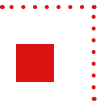
Indeed, we have touched many lives, improved access to health services for communities, worked with governments to strengthen health systems, influenced health policies, and above all, become the largest African-based health development organisation with a programme reach across 35 African countries. This could not have been achieved without the support of our partners, donors and a global team of dedicated staff.

Our strategic focus has been to respond to and address challenges that hinder communities from accessing equitable, quality and affordable health services. Our five-year Corporate Strategy (2018-2022) launched under my leadership continues to guide our operations, as we work towards the achievement of Universal Health Coverage (UHC) in Africa.

In 2019, we announced the new organisational and governance structure stemming from a comprehensive job evaluation and salary benchmarking, which we intend to implement gradually. Some of the newly created posts have already been filled. This new optimal organisational structure is centered on transforming our operations as a further step towards seeking ways to best deliver our mandate as we share resources across the organisation in a 'One Amref' approach.

I am glad to note that in the year under review, the Amref International University (AMIU) marked significant milestones by inaugurating its first Chancellor, His Excellency (HE) Festus Mogae, former President of Botswana, holding its first graduation and kicking-off new academic programmes. These are all major steps towards improving human resources for health, which are the cornerstone of health systems in Africa. With these developments, AMIU is well positioned to deliver on its mission of training health care workers and bridging the skills gap created by a shortage of well-trained health personnel in Africa.





Additionally, the Amref Flying Doctors Board of Directors appointed Stephen Gitau as the new Chief Executive Officer following the retirement of Dr Bettina Vadera. Under his visionary leadership and with the support of the Board and staff, the company, which is one of our subsidiaries, is looking at continued service. Additionally, Amref in Canada appointed a new Chairperson to its Board of Directors – René Beaudoin – and recruited a new Executive Director, Onome Ako. Amref enterprises also recruited a new Chief Executive Officer, Caroline Mbindyo.

On 31 December 2019, I stepped down as the Chairman of Amref’s International Board of Directors, handing over the mantle of leadership to Mr Charles Okeahalam. I have confidence that he will steer Amref Health Africa to even greater heights, advancing our founders’ – Sir Michael Wood, Archibald McIndoe, and Thomas Rees – dreams of increasing sustainable access to healthcare for African communities, and contributing to UHC. My call to you is to accord him the necessary support and together, we will continue to celebrate even greater milestones for the African continent.

**Mr Omari Issa | Chairman, Amref International Board**

## A Word from the Group Chief Executive Officer

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Since 1957, Amref Health Africa has focused on improving access to healthcare for African communities, placing this vision at the core of our programmatic work and complementing it with our contribution to achieving Universal Health Coverage (UHC) in Africa.

I am glad to note that our support towards UHC received a major boost in 2019 following the signing of the 1st Political Declaration on Universal Health Coverage by Heads of State attending the UN High-Level Meeting at the UN General Assembly. The Declaration reaffirms their commitment to achieve UHC in Africa and across the world by 2030, and we believe it will set the stage for countries to improve access to quality health services for their citizens.

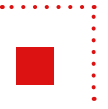
In the same year, we implemented a total of 178 projects, which cumulatively reached over 5.3\* million direct beneficiaries. At the same time, we significantly broadened our reach and deepened our engagement with partners, donors, governments and other important stakeholders. Our dream is to be regarded as the 'partner of choice' by all our stakeholders. This means we must demonstrate evidence in our work, which calls for us to incorporate our cross-cutting themes, especially research in our programmatic work. As you will see, themes including - policy and advocacy, gender, and innovation - were integrated into our work to maximise the impact of our interventions in the communities we serve across Africa.

Undeniably, 2019 was a year of big wins, especially so because we received a general operating support grant from the Bill and Melinda Gates Foundation. The grant will address key areas identified for our organisation to move from fixing mode to growth, including: Culture of Empowerment, Enabling One Amref, Strategy Execution and External Focus for Partnerships, and Thought Leadership. The funding was as a result of a comprehensive Partner Organisational Effectiveness (POE) engagement carried out by Red Associates, an innovation and strategy consultancy. The POE initiative was designed as an opportunity for us to take the time to self-reflect on our growth and determine which capability areas are weaker but critical for performance. This engagement gave us a better grasp on an organisation's goals and purpose, we will explore its mission, aspirations, vision and priorities. Resultantly, we received a first of its kind, US\$2.55M over three years to facilitate us in realising our ambitions, strategy and core capabilities as an organisation.



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*\*Amref is recalibrating our estimation of indirect beneficiaries and will be represented in future Amref reports*



Another big win for us was the positive annual culture scoring results, which indicate that we are making good progress towards creating an enabling organisational culture and establishing Amref as a great place to work. We continue to focus on enhancing psychological safety so that staff have the confidence to speak up, share opinions and suggestions on how we can build a stronger Amref together.

Additionally, it was a rewarding year in that, for the very first time since inception - Amref Health Africa was globally ranked among the top 10 in the annual Employer of Choice survey in Africa. The survey, conducted by The Global Career Company, gave Africans an opportunity to vote for their favourite African and international brands, in an exercise that saw Amref recognised for the opportunities we provide to make a real difference in the society through our work. What a great honour to all of us!

Financially, we have maintained a steady double-digit growth in programme expenditure since 2015 including our projections for FY 2020 which were close to US\$130M. I recognise that we are not immune to the global donor spending cuts, which unfortunately may continue to impact some of our projects and programmes going forward. We are already experiencing this in some of our country programmes like Kenya and Uganda. However, my confidence in our organisation and in all of you continues to thrive. Through our work and the work of our partners, we see more and more governments and institutions in Africa and abroad recognising the importance of investing in indigenous organisations such as ours.

My assurance to you is that, our organisation has weathered many storms in the past, and our long-term commitment to delivering an elevated partner experience and service to the communities we serve is unwavering. I can assure you that we will continue to lead and manage the organisation through the lens of humanity, doing everything we possibly can to continue making the communities we serve proud of our organisation and all we stand for, and to create lasting health change in Africa.

**Dr Githinji Gitahi | Group Chief Executive Officer**

## EXECUTIVE SUMMARY

We are proud of the achievements posted in 2019, many of which can be attributed to the five-year Corporate Strategy we launched in 2018. All the interventions we implemented across Africa fall under the three key pillars of our current strategic plan, which are Human Resources for Health (HRH), Innovative Health Services and Solutions and Investments in Health.

My sincere appreciation to our fundraising offices in Europe and North America, as well as to our programme teams across Africa for playing a key role in making our work a reality. Of note is that this year, we achieved great progress in reporting on our cross-cutting themes that have been incorporated into our programmatic work.

In 2019, Amref Health Africa implemented a total of 178 projects, including those beginning, ongoing and ending in 2019, cumulatively reaching over 5.3\* million direct beneficiaries, touching their lives through a range of health services and solutions. The biggest portfolio was Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) followed by Diseases Control Prevention and Management (DCPM), and Water Sanitation Hygiene and Neglected Tropical Diseases (WASH&NTDs), all under Pillar 2. Here are some summaries:



In **Tanzania**, we executed health interventions through four programmes: RMNCAH, WASH, HRH and Disease Prevention and Control (DPC). The country office also focused on the cross-cutting themes of research, policy and advocacy, gender and partnerships with a footprint in 29 out of 31 regions.



Amref in **Ethiopia** implemented 23 projects focusing on Reproductive, Maternal, Neonatal, Adolescent, Youth and Child Health (RMNAYCH); WASH and DPC, and cross-cutting HRH programme reaching 2.1 million people in 204 districts.



With **Kenya's** intensified efforts to achieve UHC being part of H.E. President Uhuru Kenyatta's Big Four Agenda, Amref in Kenya brought its expertise, knowledge, networks and resources to contribute towards ensuring health for all. Amref in Kenya implemented a total of 33 projects focusing on Health Systems Strengthening (HSS) – 7 projects; HIV/AIDS, TB, Malaria & Non-Communicable Diseases (NCDs) – 5 projects; Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAHN) – 8 projects, WASH and Neglected Tropical Diseases (NTDs) – 10 projects, as well as the USAID-funded Afya Timza and APHIA Plus Imarisha projects.



In **Malawi**, Amref implemented nine projects under WASH (4), Maternal and Child Health (MCH) (2), Adolescent SRHR (2) and HRH (4) programme themes.



Amref in **Zambia** implemented three projects in 2019 - Health Systems Advocacy Project, Closing the Gap between the formal health workers and the community health workers and GSK 20% Reinvestment Initiative. The GSK 20% is complimentary to the Closing the Gap Project, contributing to the reduction of maternal and infant mortality rates in Ndola and Kitwe Districts of Zambia's Copper belt Province.



Amref in **Uganda** operated in 50 districts and implemented 13 projects on RMNCH; strengthening SRHR and capacity building, health systems advocacy partnership, strengthening maternal and child health (*Sanyu Lya Muzadde*) and the USAID regional health integration project to enhance service in South Western Uganda and Lango Region. We also implemented four projects under WASH in Uganda

\*Amref is recalibrating our estimation of indirect beneficiaries and will be represented in future Amref reports



- Replenish Africa Initiative, FINNISH MONDIAL, Total Health Integrated WASH/MNCH in Amuru District and the WASH SDG Alliance.



Amref in **Senegal** implemented programmes in 14 regions focusing on Capacity Building for Human Resources in Health that centered on E-learning solutions for nurses and midwives'; capacity building strengthening the leadership of community actors to promote good health practices; Strengthening Leadership, Management and Governance Capabilities in Health Systems. Another key programmatic area was on delivery of sustainable health solution & services for women and children through Digital health and innovative solutions for safer pregnancy, child survival and nutrition; Access to sexual health services, rights and protection against FGM and GBV; Medico-surgical assistance in areas of difficult access (Focused on ophthalmologic care); Decentralization of screening and early treatment of chronic diseases (hypertension, diabetes and women's cancers)



In 2019, Amref in **South Sudan** intensified the health system strengthening technical assistance to the Ministry of Health (MoH) due to the funding from the health pooled fund. The support to the government included planning and budgeting, hospital management, human resources, Health Management Information System (HMIS), and Supply Chain Management. The HRH team approach introduces reforms through a change management process with close attention to contextualised institutional behavior and ongoing learning-by-doing, as well as building political and institutional commitment to change, with strong local ownership integrated into locally-developed strategic interventions.



Amref in the **Netherlands** successfully supported 54 projects under the three strategic pillars, registering 21,000 women in Kenya onto I-PUSH, a health insurance platform supported through a partnership with PharmAccess and funded by the Dream Fund of the Dutch Postcode Lottery. These women and their families can now access quality health care. Additionally, an Amref Netherlands funded project that aims to end FGM/C in Kenya saw 2,448 girls undergo an Alternative Rite of Passage, allowing them to transition from childhood to adulthood without undergoing the cut. To raise funds to support better health in Africa, Amref in the Netherlands also organised three Africa Classic cycling events in the year under review, which attracted participation of dozens of cyclists mainly from Holland.



With funding from the Government of **Canada** through Global Affairs Canada, Amref in Canada continued to support two multi-year projects focused on improving health in five countries in Africa: Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM), which aims to reach about 1.7 million women, children and men across 20 districts in Ethiopia, Kenya, Malawi and Tanzania, and the Uzazi Uzima (Swahili for 'Safe Deliveries') Project whose aim is to reach 345,000 women and adolescent girls and 330,000 men and adolescent boys in the Simiyu Region of Tanzania. The Canada office also welcomed Amref Health Africa's End Female Genital Mutilation/Cutting (FGM/C) Global Advisor, Nice Nailantei Leng'ete, and hosted several exclusive fundraising events with our donors where Ms Leng'ete featured as the keynote speaker.



Amref in **Italy** promoted 19 projects in five African countries; four in Ethiopia, six in Kenya, seven in South Sudan, one in Uganda and one in Mozambique. The health interventions concentrated on four thematic areas - MNCH; women empowerment and SRH; health worker training; and WASH. The Italy office implemented eight advocacy and sensitisation projects in Europe and Italy, mainly promoting a global citizenship culture.



Amref Health Africa in the **USA** raised over US\$5 million from US Government Agencies including the US Centres for Disease Control (CDC), foundations, corporations and individuals. A series of new and continuing grants were secured including from the CDC to continue with the Lab Strengthening Programme in South Sudan, USAID for the Koota Injena initiative that aims to eradicate FGM/C and child marriage in nomadic communities in Northern Kenya, Bill and Melinda Gates Foundation to build youth advocacy capacity in Kenya through Y-ACT and Comic Relief to increase immunisation among children under two years in Ethiopia. For the fourth year in a row, Amref in the USA was an official charity partner of the TCS New York City Marathon – the largest marathon in the world. Similarly, 2019 marked the USA's fourth annual ArtBall, the biggest fundraising event of the year. Funds raised through these events will support the implementation of various projects in Africa.



Our fundraising office in **Spain** supported 14 projects in 2019: three in Ethiopia - WASH, obstetric surgery, food and nutrition; two in Kenya - Sexual Reproductive Health (SRH) of young people and WASH; four in Tanzania - Waste management (2), WASH (2); four in Senegal - children's health (2), strengthen the health services, m-health about maternal and neonatal health and one in the UE territory in partnership with other European NGOs (among them, Amref in Italy) with a focus on advocacy against hate movements and speeches about migration flows. These projects reached 281,464 beneficiaries - 45% being women (126,854), 37% (104,407) men and 18% (50,203) children.



During 2019 Support through Amref **Germany** focussed especially on Water, Sanitation and Hygiene (WASH) activities in South Sudan and projects targeting Children and their families regarding improved health, nutrition and WASH in Malawi.



During the past year, Amref in the **UK** pursued a tightly-focused programmatic agenda supporting 16 projects in 17 countries, across four thematic areas (MNCH, SRHR, Health Worker Training and WASH) in four key countries (Ethiopia, Kenya, Tanzania and Uganda). The exception to this geographical focus was the long-standing partnership with GSK, which has a 17-country remit. Amref in the UK's aim is to implement a small, strategic portfolio of projects to an extremely high standard, in response to the needs identified as priorities in Africa. 2019 also marked the 31st year of Amref's partnership with GSK, along with the final payment cycle for the GSK-supported programmes under the present agreement. The current programmes are scheduled to end in 2020.



The year under review was an eventful one for our subsidiaries. In addition to inaugurating its first Chancellor, H E Festus Mogae, the former President of Botswana, and holding its first graduation ceremony since transitioning from Amref International Training Centre, **Amref International University (AMIU)**, launched new academic programmes including: BSc Nursing, BSc Midwifery and Reproductive Health, BSc Physiotherapy, Master's in Public Health, and Diploma in Critical Care Nursing. These new programmes add to the existing degree programme offerings in Community Health Practice, Health Systems Management and Development and Health Professions Education. At the same time, AMIU closed the year with 490 students enrolled in various degree and diploma programmes, 211 students registered for various short courses and 5 students on an exchange programme from Groningen University, Netherlands.

After successful completion of a voluntary and exhaustive audit process, **AMREF Flying Doctors** received the 4th re-accreditation from the European Aero-Medical Institute (EURAMI), bringing to 12 the number of years the organisation has held the prestigious certification. EURAMI is a world leader in aeromedical accreditation and only recognises air ambulance services with the very highest medical protocols and aviation records. Moreover, AMREF Flying Doctors became an official training centre of the American Heart Association, a partnership that will see more efficient operations and greater potential for continued growth.

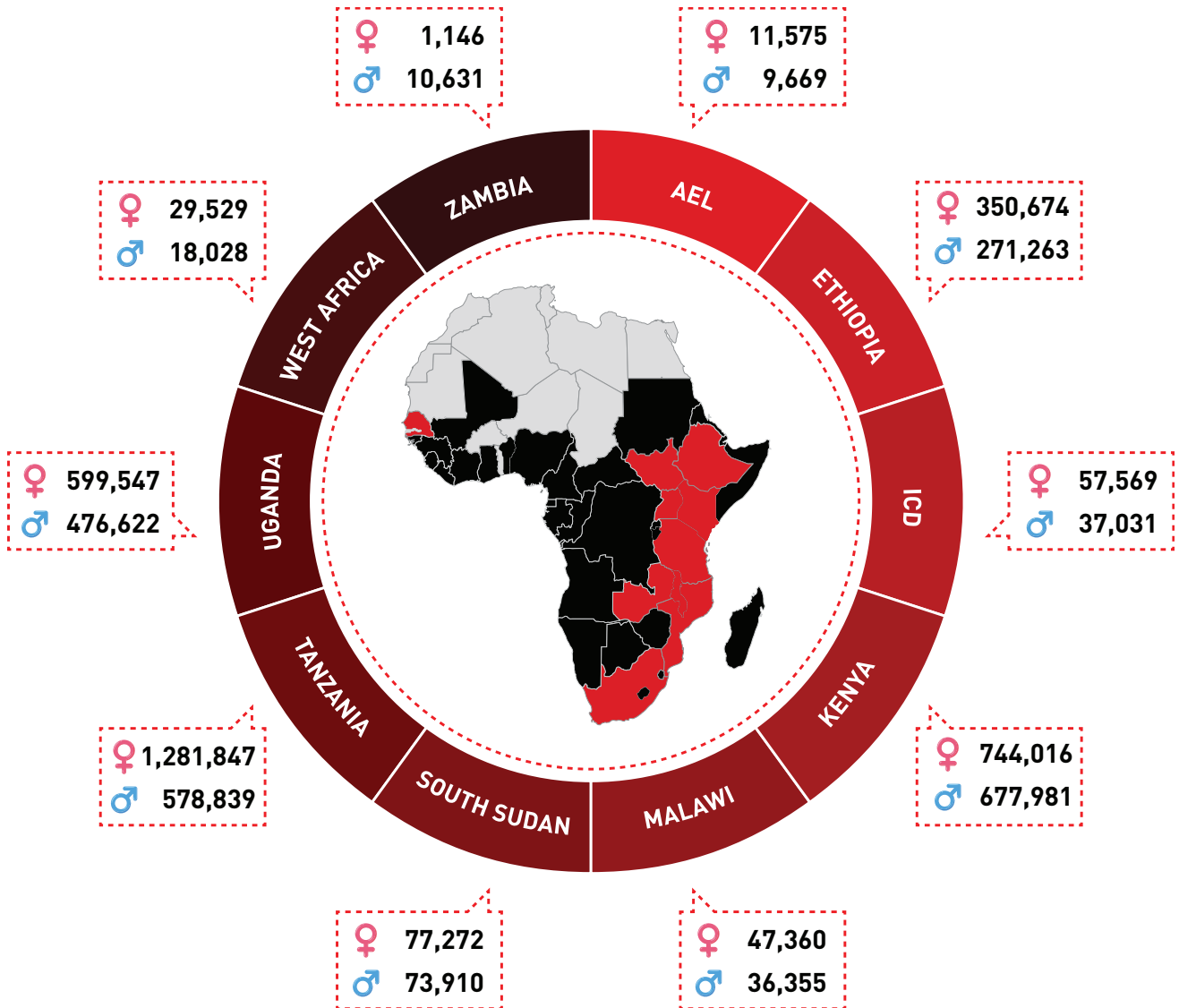
**Amref Enterprises Limited** launched Innovate Now, Africa's first Assistive Technology (AT) Accelerator Programme that will provide advanced business and technical support to over 60 start-ups, 15 of which will be tracked to scale to develop assistive technology innovations, products and services that will help improve the overall wellbeing of persons with disability. Additionally, the Amref Central Laboratory entered the last phase of implementing a Quality Management System (QMS) to conform to the international standard ISO 15189:2012 for medical laboratory quality and competence.

On our m-health applications, which include mJALI and Leap platforms, a total of 285 units were added to use Leap actively in four counties - Bungoma, Kakamega, Meru and Nairobi, while 272 community units in Kakamega Makueni, Meru and Nairobi are using mJALI for various projects. Among the key AEL-led projects implemented in 2019 are the Innovative Partnership for Universal and Sustainable Health Healthcare (iPUSH) and Makueni Partnership for Primary Care (Makueni P4PC).

We recognise that the implementation of these projects requires support from partners, donors and our staff. We appreciate their commitment, funding and in-kind support towards the success of these interventions. We look forward to a close working partnership in the coming years as we strive to bring lasting health change in Africa.

# PROJECT HIGHLIGHTS

## TOTAL DIRECT REACH BY PROJECTS



TOTAL MALE (MEN & BOYS) REACHED	<b>2,180,844</b>
TOTAL FEMALE (WOMEN & GIRLS) REACHED	<b>3,207,015</b>
<b>TOTAL PEOPLE REACHED</b>	<b>5,387,859*</b>

\*Amref is recalibrating our estimation of indirect beneficiaries and will be represented in future Amref reports



## PROGRAMME PERFORMANCE INDICATORS

### Human Resources for Health



- Health workers trained by target achievement

Indicator	Year	Total	Target	%	Contributing Offices
Health Workers Trained	2019	41,791	23,828	175	All

- Health workers trained by sex and cadre

Indicator	Year	Cadre	Men	Women
Health Workers Trained	2019	CHW/CHV	14,901	19,061
		Nurses/ Midwives	145	97
		Other <sup>1</sup>	124	2,811
		Unknown <sup>2</sup>	1,986	2,666

### Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH)



Indicator	Year	Total	Target	%	Contributing Offices
Girls undergoing Alternative Rites of Passage	2019	3,556	2,300	155 <sup>3</sup>	Kenya, Tanzania
People reached through Family Planning	2019	170,690*	16,585	1,029 <sup>4</sup>	Ethiopia, South Sudan, Uganda
Children immunized	2019	248,497	183,212	136	Kenya, Ethiopia, South Sudan, Uganda
Skilled deliveries	2019	194,718	184,046	106	Ethiopia, Uganda, Tanzania, Kenya, Zambia

<sup>1</sup>Includes categories such as health facility managers, etc.

<sup>2</sup>This is where a generic term such as 'health workers' is used in the indicator).

<sup>3</sup>ARP WASH in Kenya and Elimisha in Tanzania have far exceeded stated targets.

<sup>4</sup>Ethiopia's Packard II and REAL Wolaita have very small targets set and have achieved a large number.

<sup>5</sup>Tanzania's Afya Kamilifu project has exceeded its original target extensively.

## Disease Control and Prevention and Management (DCPM)

Sub-theme	Indicator	Year	Total	Target	%	Contributing Offices
HIV/AIDS	People tested	2019	793,173	491,590	161	Kenya, Tanzania, Uganda
	People treated	2019	421,017	49,816	845 <sup>5</sup>	Kenya, Tanzania
	Viral Load	2019	12,441	15,675	7	Kenya, South Sudan
Malaria	People tested	2019	446,315	374,212	119	Kenya
Non-Communicable Diseases	People screened	2019	120,534	176,930	68	ICD, Kenya, Tanzania, Uganda, West Africa

## Water, Sanitation and Health (WASH)

Indicator	Year	Total	Target	%	Contributing Offices
People accessing water facilities	2019	196,421	72,026	273 <sup>7</sup>	Ethiopia, Kenya, Malawi, Tanzania, Uganda
People accessing sanitation facilities	2019	224,380	146,489	153 <sup>8</sup>	Ethiopia, Kenya, Malawi, Uganda, Tanzania
People demonstrating/reporting handwashing behavior	2019	7,658	7,900	97	Kenya, Uganda

<sup>6</sup>Tanzania's Afya Kamilifu project did not set a target to this indicator hence the large achievement figure.

<sup>7</sup>Projects in Ethiopia: SMART, M-WEB and RESULT, and the Deliver Life II project in Malawi have far exceeded their original targets

<sup>8</sup>SMART in Ethiopia, Kajiado WASH and KSHIP in Kenya have far exceeded their targets.



## PILLAR 1: **HUMAN RESOURCES FOR HEALTH**

**H**uman Resources for Health (HRH) is a core building block for an efficient health system in any country. According to the World Health Organisation (WHO), human resources for health range from caregivers (doctors, nurses, clinical officers, pharmacists) to laboratory technicians, managerial personnel and other staff (cleaners, medical records officers, health economists) who do not deliver any services to patients directly but are vital to health systems functioning. Despite their key role in the delivery of public health interventions, Africa still faces HRH challenges such as shortages, capacity and retention of health personnel.

The objective of Amref's Human Resources for Health strategic pillar is to develop and sustain HRH to catalyse the attainment of Universal Health Coverage (UHC), specifically in countries where Amref is implementing projects. Interventions under this pillar aim to increase the skills matrix of mid- and community-level health workers, strengthening Leadership, Management and Governance (LMG) capabilities within health systems, and improving HRH productivity.



Activities under the HRH pillar focused on enhancing skills of Health Care Workers (HCWs), Community Health Workers (CHWs) and other community platforms around Sexual, Reproductive Health (SRH), Maternal and Child Health (MCH), HIV care and treatment, medical specialities, quality improvement and hygiene and sanitation. Out of the 34,535 trainings conducted, 22% benefitted HCWs including CHWs. Part of the training focused on Leadership, Governance and Management and targeted regional and council health management teams.

During the year, Amref in Tanzania continued to work towards increasing the number of frontline workers through the More and Better Midwives, eLearning and Stand Up for African Mothers (SU4AM) projects. Both projects advocated for the deployment of new health workers and retention of existing ones. Amref sensitised nurses and midwifery students on working in underserved areas where they are needed the most and encouraged them to support Local Government Authorities (LGA) on operationalising deployment and retention policies and guidelines. Through efforts to foster volunteerism in addressing HRH needs, we observed a decline of 14% in the HRH gap in the Lake and Western zones. The SU4AM project supported the deployment of 26 nurses and midwives now working in Ruvuma, Lindi, Mtwara, Geita, Shinyanga, Simiyu and Mara, areas notably known for poor maternal and child health outcomes.



**Conducted 34,535 trainings, 22% benefitted HCWs including CHWs**

The *Uzazi Uzima* project in the Simiyu Region of Tanzania strengthened the capacity of health workers through supportive supervision, mentorship, and on-the-job attachment visits in collaboration with local and regional health officials. We trained health workers at community and facility levels with a focus on sexual and reproductive health and rights for young people, women and men.

Those who benefitted were 600 CHWs and 161 facility-level health workers such as nurses, health officers, and midwives who were mentored and supervised on emergency obstetric care and family planning. The project is implemented with financial support from the Government of Canada through Global Affairs Canada.

Tanzania received support to strengthen disease detection capabilities of several districts across the country, through a five-year partnership between Amref in the US and Centres for Disease Control (CDC). With support from Amref in the US, we provided training for 793 CHWs and 178 full-time HCWs reaching 277,451 households and reporting 50,394 cases of priority health conditions, such as possible cases of anthrax, cholera and measles. Amref and local partners incorporated components of WHO's Event-Based Surveillance, which makes it easier to detect unusual activity that would signify a potential outbreak, as a model for community-specific needs. The programme strengthens data collection, recording and analysis, automates a community's response to its public health needs, and helps the community gain a network of people to provide them with health education.



**Trained 793 CHWs & 178 full-time HCWs who reached 277,451 households & reported 50,394 cases of priority health conditions**

In partnership with Azania Bank Ltd, Amref in Tanzania conducted its 2019 Stand Up for African mothers (SU4AM) Charity Walk in Dar es Salaam. Hon Umyy Mwalimu, Minister of Health, Community Development, Gender, Elderly and Children and Hon Hamad Rashid Mohamed, Minister for Health and Social Welfare for Zanzibar attended the walk. Held under the theme 'Wezesha Uwepo wa Wakunga Kwa Uzazi Salama' meaning 'Support the Deployment of Midwives for Safe Delivery,' the walk focused on creating awareness on the importance of having adequate and skilled midwives for safe delivery, engaging the public, corporates, the private sector and other partners to support the deployment of nurse midwives especially in the rural settings. The walk brought together about 2,500 participants from top corporates, diplomats, development partners, government officials, media houses, and the public to support the initiative. Over US\$154,185 (TZShs360million) in cash and pledges, amounting to about 30% of the expected target of US\$429,892 (TZShs 1 billion) for three years (2019-2021) was collected including from Azania Bank Ltd, the main sponsor of the event. The amount raised will be allocated to support the placement of some of the 208 trained nurse-midwives out of the graduated 383 midwives (*sponsored by Amref through SU4AM programme*) now waiting for deployment to provide efficient, modern and quality care to mothers and children in Tanzania.

**2,500 people participated**



**Raised over US\$154,185 from Stand Up for African mothers (SU4AM) Charity Walk**

## COMMUNITY VOICES

### MABEL'S TALE OF SUCCESS: I SAVED A PATIENT'S LIFE THROUGH THE NEW KNOWLEDGE AND SKILLS THAT I ACQUIRED

*With 16 years of experience, 43-year-old Mabel Mfaume Nambwindi, now a registered nurse works as an Assistant Nursing Officer in Tanzania. She shares her experience of taking the e-learning programme by Amref Health Africa.*



*"I started working as an Assistant Nurse, rose to the rank of Public Health Nurse, and I'm currently working as an Assistant Nursing Officer. I joined the e-learning programme instead of a conventional programme due to its fewer entry requirements. Also, I found that I could work and take care of my family while studying. The e-learning programme has enriched my knowledge and skills. Now I can handle complicated cases in midwifery, for example, maternal epilepsy, nasal gastric tube mechanisms, and not being emotional while attending to patients. One day I was called to Chikonji Dispensary to assist a patient who delivered safely but was bleeding profusely. I asked the staff on duty what they had done to help the patient. They told me that they had given her a drip, inserted a catheter, but the patient was still bleeding and was pale. I took a spectrum to examine the patient and discovered that she had three tears in her cervix. To control the bleeding, I used gauze and forceps, and the bleeding stopped. Then we transferred the patient to Sokoine Hospital in Lindi. Upon arrival, the patient was operated on by a doctor. The doctor was impressed by the procedures that I took and said the patient would have otherwise bled to death. I am grateful to Amref and the donor (GSK) for coming up with the e-learning programme since I was able to save a patient's life through the new knowledge and skills that I acquired. My recommendation to Amref and the Ministry of Health is to continue supporting these initiatives by reviewing the entry qualifications, equipping more centres with computers and learning materials, and creating awareness among more health workers so that they can join the programme and upgrade their skills."*



HRH activities targeted to increase the number of skills matrix of mid- and community-level health workers and to strengthen LMG capabilities within Uganda's health system. We trained 2,550 health workers in Basic Emergency Obstetric Care (BEmOC), upgraded nurses from certificates to diplomas, and trained them in Leadership Management and Governance (LMG) and Continuous Professional Development (CPD). This has been part of the 5 years' strategic commitment to train up to 3,890 health workers by 2022. We supported 12 health training institutions in e-learning courses, the upgrading of a total of 148 midwives from certificate to diploma level and 185 health leaders benefited from health governance training via e-learning and mentoring on LMG. Similarly, Amref trained 3,020 CHWs, who have greatly improved and operationalised the referral system. Besides, 2,217 health workers benefited from CDP, and this has improved health workforce performance.

## COMMUNITY VOICES

### AMREF UPGRADES OBSTETRICS CARE IN AMURU DISTRICT

*On visiting health centres in Amuru District, one is welcomed by beaming smiles from both health workers and patients, as they can not hide the pride they have in the new and modern incentives in these facilities.*

*Expectant mothers, adolescents, youth and other groups are now visiting these health centres that Amref in Uganda constructed and upgraded - with the assurance of receiving the best services, unlike before, when they had lost hope in lower-level health centres.*

*Moses Iyereget, an Amref Project Officer supporting a Sexual and Reproductive Health project, explains that they have so far trained several health workers in basic emergency care, obstetrics, nursing and care. "We have managed to train 25 health workers distributed in health centres, mainly with basics in emergency care services, obstetrics to help improve in childbirth, among others," confirms Iyereget. He adds that to bring back communities to health centres, Amref trained health workers in customer care services, where they were taught how to handle patients with kindness and respect. "We focused on improved customer service to instill trust from patients," he says.*

*Although expectant mothers and the youth were among the groups of patients who had completely abandoned these health centres, today it is a different story as they freely interact and seek services. Betty Adyero is a midwife at Labongogali Health Centre 111 in Amuru Sub County. She testifies that work is much easier, especially with the delivery section. "Before Amref came to our rescue, the situation was very sad. For example, we used to deliver mothers using torches for those who went into labour at night. But now, Amref replaced a defective solar battery, and we have power throughout the day and night," says Adyero. She adds: "Due to hardships at this health centre, coupled with the some occasional impolite health workers, many mothers used to run for help from traditional birth attendants, especially those who could not afford transport to the main hospital."*

*Margaret Amono, also a midwife, says she greatly appreciates Amref's support to the health facilities. She reveals that the facility initially had only two rusted delivery beds, poor sanitation facilities and a difficult to access placenta pit located a kilometre away from the facility. "Amref brought us new delivery beds, constructed new pit latrines and trained us in customer care, and now we receive many mothers," asserts Margaret. She adds that the facility*



currently serves a population of approximately 11,000 people. The new developments have helped minimise community deliveries, as midwives can now handle complicated cases like obstructed labour and only make referrals where it is very necessary.

Amref also constructed a new placenta pit, cutting the the kilometre-long journey that forced midwives to store placentas in buckets after night deliveries, a practice that would easily breed dangerous infections. Amono reveals, "Moonlight medical outreaches are yielding a lot of positive outcomes. In a single night, we receive between 400-700 youth from all walks of life." She explains that apart from the shy youth who cannot go to the facility during the day, the night outreach has brought onboard sex workers and male casual labourers. Among the other services offered are the distribution of condoms, testing and treatment of malaria.

## KENYA



The human resource gap in Kenya is much worse across primary health care facilities as a result of human resource shortages, skills-mix imbalances, inadequate distribution, barriers to inter-professional collaboration, inefficient use of resources, poor working conditions, skewed gender distribution and limited availability of health workforce data. To address these challenges, Amref in Kenya has been working to increase the number and skills mix of health workers. A total of 2,550 mid-level and 2,224 community-level health workers were trained in community case management of malaria, laboratory quality management systems, management of patients post-surgery, safe motherhood practices, fistula management, nutrition, customer care and attitude change, the adolescent package of care, family planning and reproductive health among other areas.

Amref in Kenya also strengthened the LMG capacities of leaders at the health facility level through support from Amref's Institute for Capacity Development (ICD). During the period, health facility management committees from 28 health facilities were trained on corporate governance, budgeting and planning processes in Turkana County through the USAID-funded *Afya Timiza* Project. Further, through the UKAid-funded DESIP Project, health executives from Marsabit and Kwale Counties received coaching for County Health Executives to strengthen their capacity in participatory and evidence-based planning, budgeting and decision making for effective health service delivery.

In efforts to prevent industrial action by the health workforce and promote the timely resolution of HCW human resources challenges, Amref works to build relationships with stakeholders,



Trained **2,550** mid- and **2,224** community-level health workers

advocating for more financial allocation to health and participating in related technical working groups and inter-agency coordination committees.

In 2019, the USAID-funded *Afya Timiza* Project supported the Samburu County Health Department to establish the Departmental Human Resource Management Committee (DHRMC) and respective sub-committees, which include training, recruitment and performance management committees.

This provides a forum for discussions with health worker unions and associations to identify issues as they arise and prevent health worker strikes.

## ENHANCING HEALTH WORKFORCE CAPACITY FOR THE MANAGEMENT OF FEMALE GENITAL FISTULA

*Working with the Ministry of Health through the Reproductive and Maternal Health Services Unit (RMHSU) and United Nations Population Fund (UNFPA), Amref Health Africa in Kenya supported the development of the first National Strategic Framework on Female Genital Fistula and the Female Genital Fistula Training Manual for Health Care Workers.*

*Launched by the First Lady H.E Margaret Kenyatta in May 2019 during the West Pokot Beyond Zero Medical Safari, the training manual seeks to streamline management of Female Genital Fistula (FGF) at both training and practice levels thereby increasing the number of competent facilitators in this discipline.*

*The year saw the marking of a major step towards preventing and reducing the backlog of fistula cases in Garissa County with the first-ever fistula training programme for two resident surgeons from Garissa County Referral Hospital. The one-month training held in October 2019 was designed through a partnership between Amref Health Africa in Kenya, International Federation of Gynaecology and Obstetrics (FIGO), Global One, UNFPA, County Government of Garissa and Gynocare Fistula Centre. The course was designed to enable the surgeons to conduct uncomplicated fistula repair surgeries on their own.*

### ZAMBIA



To contribute to the reduction of maternal deaths in Ndola and Kitwe Districts in the Copper Belt Province, Amref in the Netherlands and GSK 20% Reinvestment Initiative funded Closing the Gap between the Community Health Workers and the Facility Project to build the capacity of nurses, midwives, doctors and CHWs in respectful maternity care, which involved encouraging them to improve their attitude towards patients. A total of 180 midwives (10 of them nurse/midwifery tutors from Ndola and Kitwe colleges of nursing), and 160 CHWs were trained, 80 from each district.

The provincial and district health officers were oriented in the Community Health Worker Implementation Strategy to strengthen their capacity to supervise and mentor CHWs in the two districts. The nurses and midwives also received training in Emergency Obstetric and New-born Care (EmONC) to empower them to attend to emergencies.

To ensure the quality of service delivery as per Ministry of Health's Standard Operating Procedures, the project team in conjunction with the Ministry of Health embarked on monthly supportive supervision and mentorship to all nurses and midwives. The existing district and provincial mentors carried out the mentorship using Ministry of Health mentorship tools. While CHW support specifically focused on demand creation for maternal, neonatal and child health services to fight neonatal, child and maternal deaths in the two districts, support for 200 skilled birth attendants concentrated on Maternal, Neonatal and Child Health service delivery.

The project also supported meetings between CHWs and health centre staff to facilitate discussions about MNCH indicators and help close the gap between communities and the formal health sector.



**Trained 180 midwives from Ndola and Kitwe Colleges of Nursing, and 160 CHWs from both districts**



To increase the number and skills mix of health workers, the eLearning project trained and upgraded 62 Nurse Mid-wife Technicians (NMTs) to registered nurses through its partner colleges - Ekwendeni and Malawi College of Health Sciences. Under the Health Systems Advocacy Project, Amref trained district health management teams in leadership, management and governance. The project supported Chitipa District Health Office to submit a HRH recruitment and deployment plan to the Local Assembly Service Committee, which led to granting of authority for the District Health Office to recruit. So far, the project has initiated a process aimed at facilitating the establishment of district-based Technical Working Groups (TWGs) for Community Health in Mangochi, Chitipa and Ntchisi districts by providing necessary technical and financial support. The TWGs will facilitate the implementation of the National Community Health Strategy (2018-2022). Through its eLearning project, Amref capacitated and enabled The Nurses and Midwives Council of Malawi to develop eLearning standards, accreditation, monitoring and evaluation tools to monitor and support the eLearning initiatives.

## SOUTH SUDAN



In 2019, Amref in South Sudan intensified the health system strengthening technical assistance to the Ministry of Health (MoH) due to the funding from the health pooled fund. The support to the government included planning and budgeting, hospital management, human resources, Health Management Information System (HMIS), and Supply Chain Management. The HRH team approach introduces reforms through a change management process with close attention to contextualised institutional behavior and ongoing learning-by-doing, as well as building political and institutional commitment to change, with strong local ownership integrated into locally developed strategic interventions. Amref through Leadership, Governance, Management trained health services managers in 14 health facilities to embed teamwork in services units in collaboration with the MoH and State Ministry of Health (SMoH), respectively. Further support was provided to the Human Resources Directorate to develop and implement job norms for nurses and midwives in public health facilities. The national public service commission has approved these job norms for implementation across the country. Additionally, 69 students graduated with diplomas in midwifery and clinical medicine from the the Maridi Health Science Institute. The Institute is supported by Amref.

## COMMUNITY VOICES

## 1000 GIRLS THRIVE IN SCIENCE EDUCATION IN SOUTH SUDAN

*The grim reality in South Sudan is that an estimated seven girls per ten boys attend primary school and only five girls per ten boys enroll in secondary education according to a report on Education in the Republic of South Sudan conducted by World Bank in 2012. This means completing primary and secondary school for Sudanese women and girls remains a mirage. But amidst these statistics, poor health indicators and low skilled health workers, more than 1,000 girls in Maridi Girls Boarding Secondary School for Science continue to blossom in Africa's newest nation.*

*Given the fragile situation coupled with years of civil wars, many schools like Maridi Girls were left deserted, shut or destroyed, with only infrastructure missing the integral part of a school, students and teachers. Today, the school is a safe haven for many girls, thanks to Amref Health Africa in Italy, which revamped the school in 2013 after the civil war, renewing the girls' hopes for a bright future.*



*“We started from zero. In 2013, we enrolled only 50 students. In 2019, we had 170 students and the number is on a steady increase,” says Mr Bullen Emmanuel Batavuru, the school’s Principal. The school aims at empowering girls, especially those with a science background to become nurses, clinical officers and midwives, thereby ensuring gender equity in the health sector. Mr Batavuru appreciates the impact of training girls and women in the community. “The school has increased the number of girls joining Maridi Health Science Institute to pursue science related courses from 50 to 170,” he confirms.*

*Natabugu Zosia Augustino, a former student of Maridi Girls is now pursuing a Diploma in Midwifery at Maridi Science Institute of Technology. She is set to graduate in 2020 and advises and encourages other girls to take up science courses. “The secondary school molded me to venture in science related courses; it was a steppingstone to my goal. I wanted to be a doctor. The training also taught me agricultural skills and now I have a small garden that I take care of in Maridi Institute,” says Augustino.*

*Apart from academics, the school also equips the students with social and entrepreneurial skills that help them after school. They also have the opportunity to join Debate, Agriculture and Academic clubs. Parents have greatly supported the school. They joined hands and constructed toilets and washing facilities. “Parents pay a little fee for their children. We tell them to invest in education especially for girls. They have trusted us, and that is why they cost share the fees for sustainability,” says the headmaster.*

*The school also conducts weekly health forums to empower girls and talk to our students on Sexual Reproductive Health Rights issues such as teenage pregnancies and early marriages. “In 2013, five girls dropped out of school as a result of early pregnancy. This year, only two girls dropped. As much as the numbers are declining, we are working to ensure that no girl is out of school because of pregnancy,” adds Mr Batavuru. 17-year-old Jane Wote, a senior two student and chairlady of Academic club confirms that she could be wandering in streets if the school did not give her a second chance.*

*“Some of my classmates gave birth and left their children at home, they came and continued to study despite being mothers. If this school was not there, I would be married by now. This school has empowered girls in this community and when they come here, they put effort in education and perform well,” she explains.*

*The school faces a myriad of challenges, among them, lack of laboratory apparatus, books and funds to support development projects. Despite these challenges, the institution continues to empower women and girls to reach higher academic heights.*



Through the Canada-Africa Initiative to address Maternal, Newborn and Child Mortality (CAIA-MNCM) Project, community and facility level health workers in **Ethiopia, Kenya, Malawi** and **Tanzania** received training to increase their skills in emergency care for pregnant women and new-borns, hygiene and sanitation, family planning and nutrition.

A total of 65 CHWs and 256 facility-level health workers, such as nurses, clinicians, health officers and midwives were trained. The project also trained 100 health information technicians, monitoring and evaluation officers and health extension workers on Community Health Information System (CHIS) and District Health Information Systems (DHIS).

The training enabled the participants to learn about different health information data capturing tools, data quality assurance dimensions and techniques, report flow and schedule, and how to integrate the DHIS into monitoring and evaluation. The training sought to improve the overall supportive supervision, data collection, analysis, clinical auditing and reporting of facility-based managers and health workers. The CAIA-MNCM project is being implemented with financial support from the Government of Canada through Global Affairs Canada.

To improve HRH productivity, the project worked to boost the capacity of health workers through mentorship training, supervision visits, and advocacy to improve working conditions. More than 80 health facilities received programme- supported mentorship, supervision, coaching or clinical auditing, and 696 community health workers were provided with quarterly mentorship and supervision visits.

ITALY



**Amref Health Africa in Italy** contributed to improvements in health by strengthening the skills and knowledge of CHWs and community members. More than 1,300 health workers received specific training on nutrition, child and maternal health and infectious diseases.





Aligning with the Government of Ethiopia's health priorities and communities' needs, Amref in Ethiopia worked towards increasing the number and skills mix of mid- and community-level health workers, particularly in developing regions by enhancing access to and quality of training institutions. Part of the health workers training package was the training of about 150 midwives and anesthesiologists for developing regions.

Amref in Ethiopia also provided technical and financial resources for the development of training materials, the procurement of learning tools, and the provision of equipment for skill development laboratories in health science institutions. Moreover, as leadership is essential to the success of human resources management, Amref in Ethiopia invested in strengthening leadership, management and governance capabilities within the health system and creating learning platforms for health managers and practitioners across different regions. The Ethiopia office also engaged in in-service training targeting more than 20,000 practising health officers, nurses, midwives and health extension workers through health centres and health posts, complemented by supportive supervision and mentoring.

A total of 10,292 health care providers (nurses, midwives, public health officers, general practitioners) and 15,437 community health care workers (HEWs and HDAs) were trained.

To strengthen LMG capacities within health systems, 250 health officials were trained on leadership management and governance.

## CASE STUDY

## BUILDING SKILLS TO FILL HEALTH WORKFORCE GAP IN ETHIOPIA

Health workforce development is one of the key pillars of Amref Health Africa's five-year strategic plan. As the shortage of health workers, particularly midwives, is especially acute in the developing regions, Amref Health Africa in Ethiopia has focused its efforts on health systems strengthening in Afar, Benishngul-Gumuz, Gambella and Somali regions. To bridge this gap, we support more than 193 midwifery trainees across these four regions through our GlaxoSmithKline (GSK) Human Resources For Health Project.

For a region with over half a million people, Gambella only has 52 midwives. On average, one midwife covers a population of 10,000, presenting a severe shortage relative to other regions in the country. Previously, there was no midwifery training available in the region, so students had to travel hundreds of kilometres to access training. Amref assisted students from Gambella who wanted to study at the Arbaminch Health Science College in the Southern Nations, Nationalities, and Peoples' Region (SNNPR). However, the drop-out rate was high among them as they returned without completing their studies. Due to the lack of a supportive system, many capable and passionate candidates did not pursue midwifery.

To address this challenge, Amref Health Africa supported the establishment of a midwifery-training programme in 2018, where 60 midwifery students are currently attending a three-year training programme at Gambella Health Science College. The three-year course is a combination of classroom sessions, practical demonstrations and hospital placements. Ayachyol represents tomorrow's midwives. She is currently pursuing the three-year training programme. "I aspire to become a well-trained and skilled midwife who strives to save lives. No matter how far the village I might be assigned to work, I want to be part of the solution of addressing mothers and children's health challenges in my region. I would like to go back and serve the community I have come from," she says.

## INSTITUTE FOR CAPACITY DEVELOPMENT

In 2019, ICD implemented 19 projects covering over 35 countries with a total direct reach of 94,600 beneficiaries. In support of the HRH objective to increase the number and skills mix of mid-level and community-level health workers, ICD trained 9,869 health workers across its different initiatives, and developed, adopted and deployed over 40 courses. ICD supported over 80 training institutions on curriculum review, faculty development, learning materials and student practicum sites. To strengthen LMG capacities within health systems, 5,937 participants were enrolled in the LMG-HSS course for mid-level managers. Cumulatively, 8,070 participants have been enrolled with a course completion rate of 36%. ICD also customised the LMG curriculum for leaders in community health systems where a total of 48 community health service focal persons from 45 counties in Kenya have so far benefitted from the curriculum, which is ready for scale across different countries. To improve HRH productivity, ICD supported five health facilities to be expert practicum/clinical sites in Kenya.

### Namibia & Botswana:

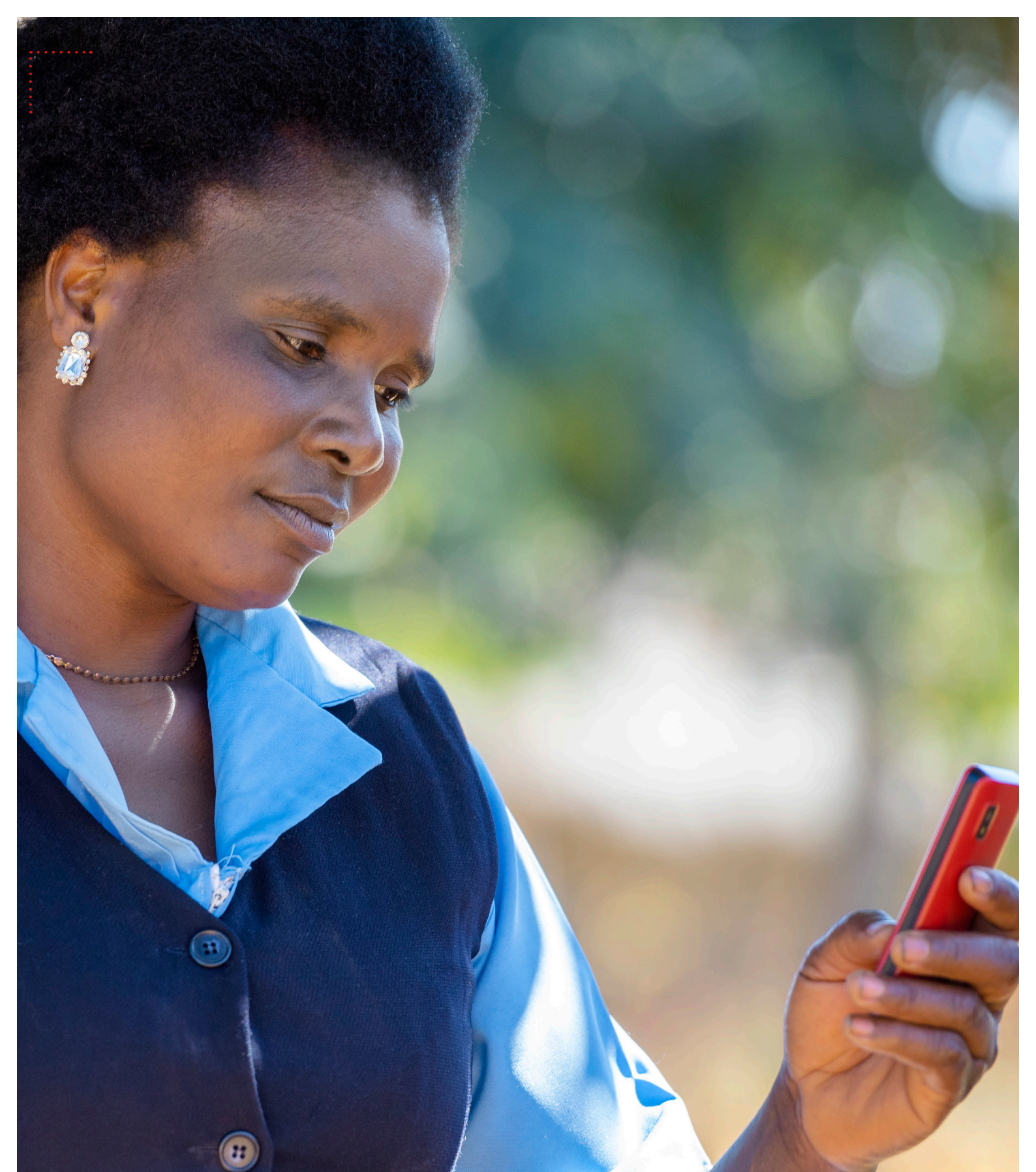
**42,991** people,  
sensitised, **45,470**  
people screened,  
**1,608** referred &  
**3,558** put on  
treatment.

During the year, ICD implemented Non-Communicable Disease (NCD) interventions in **Kenya, Namibia** and **Botswana**. In Namibia and Botswana, 455 health workers and 150 CHWs were trained on NCD diagnosis, management and control. A total of 42,991 people were sensitised, 45,470 people screened, 1,608 referred and 3,558 put on treatment. Both countries developed and finalised NCD strategies that are now used to guide programming. The NCD trainings supported by ICD were the first to be undertaken in Namibia. Further, Amref supported the country to develop the first-ever in-service curriculum by adapting the WHO PEN guidelines, rolling out the training across the country. Interventions in Kenya focused on advocacy through technical working groups (TWGs) and County Health Management Team (CHMT) forums for improved supply chain towards access to NCD medicines and budgetary allocation.

In **South Sudan**, ICD worked with the Amref country programme, the Ministry of Health, as well as stakeholders in Community Health Systems Strengthening (CHSS) to complete a year-long assignment that developed the Boma Health Initiative (BHI) national curriculum targeting the community health workforce. This is a first as the Government of South Sudan works towards standardising community health services. The Boma Health Workers (BHWs) were trained and deployed to offer integrated management of childhood illnesses, health promotion services, and WASH interventions at the community level in Maridi and Ibba Counties. ICD also continued with the implementation of the Partnership for Health Systems Strengthening in Africa (PHSSA), a tripartite joint capacity building programme between the Ministry of Health (MOH) Kenya, Amref Health Africa and Japan International Cooperation Agency (JICA), the donor. The programme implementation is under the auspices of the Africa Health Leadership and Management Network (AHLMN). The project' objectives are to consolidate platforms for stakeholder/ partner coordination; carry out advocacy for government and partners to allocate resources for HRH; develop and implement regional training programmes (ICT enables/ eLearning/ mLearning) in collaboration with partners and Ministries of Health; collaborate with partners to conduct follow-up activities for trained HRH; and periodically revise training programmes and document best practices. In 2019, the project enrolled 5,937 health workers from 58 institutions and 15 Anglophone, Francophone and Lusophone countries to the eLMG-HSS course (compared to 2,133 from 28 institutions and 15 countries the previous year), an abridged version of the course targeting Senior Policy Makers and Hospital Executives was developed and converted to eLearning ready for implementation and 2 MOUs and 8 Letters of Collaboration were signed between ICD and partnering institutions across Africa..

### About ICD

The Institute for Capacity Development (ICD)'s vision is to create a responsive health workforce in sub-Saharan Africa through building the capacity of individuals, institutions and health systems using innovative approaches. ICD endeavours to play an integral role in operationalising Amref's first pillar, which seeks to catalyse HRH to attain UHC in sub-Saharan Africa.



## **PILLAR 2: INNOVATIVE HEALTH SERVICES & SOLUTIONS**

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Innovative health services and solutions are key to achieving sustainable health access for the African communities that Amref Health Africa engages with. In the context of Amref's current strategic plan (2018-2022), this pillar focuses on developing and delivering health services and solutions for improved access to and utilisation of quality health services. Specifically, the pillar aims to innovatively 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..

## MALAWI



Under the WASH theme and in response to Cyclone Idai which affected the Southern Africa region, and the Lower Shire districts of Malawi, the Malawi office implemented an Emergency Response project that ran outreach clinics in Zomba and Chikwawa districts offering family planning, antenatal and clinic services for children under the age of five years. The cyclone affected approximately 840,000 people, at least 60 people died, 577 people were injured, and more than 94,000 people were displaced. Through the Deliver Life II project, Amref Health Africa installed two solar-powered reticulated water systems at Kawinga and Nyambi Health Centres in Machinga District. The facilities were operating without water and guardians were required to fetch water from boreholes, making it difficult for health care workers to conduct procedures such as directly observed therapy, used to treat diseases such as tuberculosis, and to implement infection prevention measures. Amref's intervention has helped to improve the water situation through the installation of piped water into the health facilities. Under the Health Systems Advocacy project, Amref trained district health management teams in Leadership, Management and Governance. The Project has initiated a process aimed at facilitating the establishment of district based Technical Working Groups (TWGs) for Community Health in Mangochi, Chitipa and Ntchisi districts by providing technical and financial support to these districts. The TWGs will facilitate the implementation of the National Community Health Strategy (2018-2022).

## ZAMBIA



The Closing the Gap Project and the GSK project achieved the target of increasing the proportion of CHWs referring women aged between the ages of 25 and 49 years to the facilities (81% against the set target of 80%). Against the 2018 results, the proportion of CHWs referring women aged 15-49 years to health facilities increased from 53% to 81% in 2019. Because of this, we were able to surpass the set target (60%) of women 15-49 years who attended the recommended four antenatal clinics (ANC) during pregnancy, achieving a performance of 80%. There has also been an increase in the proportion of CHWs participating in joint CHW and health centre staff meetings from 50% to 76%. This indicates an increase in engagement between the CHW and facility care workers over the years. Post-training follow-up and mentorship worked well in motivating the health care providers to perform according to Standard Operating Procedures and WHO guidelines supporting the reduction of maternal mortality.

The Health Systems Advocacy Partnership (HSAP) facilitated and supported meetings of four health facilities in Ndola and Kitwe between CHWs, service providers and community members. These meetings acted as a community health accountability platform through which they were able to discuss issues surrounding communities' access to health services, working conditions of CHWs and possible solutions. Through the HSAP Project, Amref in Zambia has also been recognised as a key informant on health issues by policymakers such as the Parliamentary Committee on Health. In 2019, Amref was invited to present a memorandum on the quality of health services in Zambia. Recommendations, especially on Health Worker Migration, formed part of the Committee's report to parliament for discussion and adoption. At the national level, Amref was a key contributor to the National Community Health Strategy, where several recommendations from Amref's CHW campaign have been included. Capacity building of Civil Society Organisations and networks were key highlights for the year, witnessed through increased engagement of CHWs on advocacy issues at the community and facility level. This was supplemented by a media cafe organised by Amref in Zambia, which saw an increase in the number of health stories published in the media.



While Kenya has made great strides in strengthening its health care system with notable improvements in health indicators such as reduced HIV prevalence and increased case finding of people with tuberculosis among others, huge disparities exist across and within counties and special groups resulting in inequities in access and use of health services. This is caused by demand and supply-side barriers in health service delivery, including societal norms, as well as inherent weaknesses in the health system. Amref Health Africa in Kenya has been working to address these disparities and barriers to health services by developing innovative models that contribute to improving access to and utilisation of quality preventive, curative and restorative health services particularly for vulnerable and marginalised communities. In 2019, we delivered on this commitment with a focus on innovations and improving access to reproductive, maternal, newborn, child and adolescent health and nutrition, HIV, TB and malaria, water, sanitation and hygiene, neglected tropical diseases, diagnostic and outreach services.

In an endeavour to sustain the milestones made in sanitation and hygiene improvement from 2015 to date in Kuria West (Migori County), Amref, the Ministry of Health and the Focus Community Group initiated a livelihood poultry project to support over 24,000 people currently living in 59 Open Defecation Free (ODF) villages. The project is designed to help the community move up the sanitation ladder by constructing improved latrines, and prioritises scaling up sanitation and hygiene facilities, economic empowerment through proceeds from the sale of eggs and chicken, and the establishment of functional Community Financial Associations (CFAs) linked to Micro Finance Institutions (MFIs) to promote savings and provide access to loan facilities for business expansion.

Through the Kenya Sanitation and Hygiene Improvement Programme (K-SHIP), the poultry project was piloted in Masaba and Tagare Community Units with a total of 400 birds. Implementing partner Chuodho Women's Group supplied the two community units with poultry feed, drugs and assorted hardware materials for the construction of the poultry houses. To ensure ownership and continued sustainability of the project, the community donated a piece of land to construct the housing unit as their contribution.

Also in Kenya, to scale up service delivery for hard to reach communities, Amref in Spain supported the delivery of clean and sustainable water for the Masaai community in Kajiado County, Kenya, through a project funded by Probitas Foundation. The project aims to promote and support health and development projects in some of the world's most vulnerable communities, and benefitted 3,900 people, all women and children. Similarly, Amref in Spain contributed to improved sexual and reproductive health (SRH) among youth in Dagoretti (Nairobi) with funding from the City Hall of Madrid by working with four health centres which created a "friendly corner" where young people can receive, in a private environment, advise about family planning, contraceptives and sexual health information from peer mentors and from CHW and professional health workers. The project has so far benefitted 47,000 young people.

## COMMUNITY-BASED DISTRIBUTION OF FAMILY PLANNING SERVICES

For Learat Misawa and other residents in Suguta – Samburu East, Kenya – the dry season between September and December signifies the migration period, during which communities travel in search of greener pastures and water for their livestock and food for their children.



“When health services come to us while on transit, utilisation becomes easier. Our spouses do not become angry, calling it a waste of time instead of completing family chores,” explains Learat, the first client to receive family planning services from the trained Community Health Worker (CHW) in her area. “It is convenient to have a CHW who can come to your house to offer such intimate services. It saves a lot of time and resources.” She says. She explains that CHWs are members of the community hence they are not treated with suspicion when they offer services.

Learat is among 25 CHWs and six Community Health Extension Workers (CHEWs) from Lorubae, Nkutu Engiron, Ngilai, Suguta, Longewan and Angata community units in Samburu County, hard to reach areas that are still underserved in terms of access to family planning services. They have been trained as Community-Based Distributors (CBDs) of family planning services by Amref through the USAID-funded Afya Timiza Project.

The three-week training involved intensive classwork and practicals with the supervisors monitoring CBD competency areas of family planning counselling, depot-medroxyprogesterone acetate (DMPA) contraceptive injection, combined oral contraceptives, condom use (female and male), and mini-pill contraceptives. The final week was spent marking participant results to ensure each community health worker community-based distributor (CHW-CBD) had reached at least ten clients and provided DMPA for them to graduate as CBDs.

According to Cecelia Apoo, a CHW and CBD, the uptake of family planning in Suguta has increased because of the CHWs offering the services, counselling and referrals for long term family planning services. Cecelia opines that offering door-to-door family planning services also saves on time for counselling couples since most women prefer to seek permission from their husbands. Community health workers have also been trained to provide counselling child spacing services.

When health services come to us while on transit, utilisation becomes easier. Our spouses do not become angry, calling it a waste of time instead of completing family chores.

-Learat Misawa-



In this period, we directly reached over 3 million people with various health services, with women and girls making up 76% of the beneficiaries. Services provided included preventive and promotive health education through community sensitisation, while specific services like HIV testing and care, and nutritional counselling reached 41% and 36% of all beneficiaries respectively. Other services included disease outbreak case detection, cervical cancer screening, TB notification, sexual reproductive health (SRH) services including family planning, menstrual hygiene and youth-friendly services. We engaged health care workers, in and out of school peers and community health workers who reached 55%, 19% and 15% of all beneficiaries, respectively. Several innovative approaches were implemented during the year under review. For example, through index testing and optimised provider-initiated testing and counselling (PITC) modalities for HIV, we avoided over-testing while increasing positivity yield to 36%, which consequently led to improvement in early initiation to treatment. Additionally, our designated front desk initiative has contributed to surpassing multi-month dispensing, leading to high retention rates. Importantly, our viral load coverage stood at 94% and the suppression rate at 92%.

Under the **WASH** component, sanitation activities were implemented through three main innovative approaches: waste management social enterprise, which through transformative end-of-life waste and faecal sludge management have increased monthly revenue collection for women and vulnerable youth groups by 150%, and accelerated solid waste separation and removal from households by 80%. Sanitation social marketing has seen a total of 1,145 toilets constructed through loans from local financial institutions. Implementation of Community-Led Total Sanitation (CLTS) has increased the number and use of sanitation facilities in Mara and Tanga Regions.

Within the **RMNCH** programme, we supported the Government of Tanzania with the construction of 4 maternity wards, 4 new theatres, and renovation of 8 dispensaries with 6 boreholes or 6 rainwater harvesting facilities for 2 districts in Geita Region under the support of Global Affairs Canada (GAC). These facilities shall be accessible to over 31,000 expected mothers and close to 250,000 people within the catchment population and will result in significantly lowering preventable maternal deaths - currently reported at 32 per year - in the region.

In many of our projects, we have embraced project integration in efforts to avoid duplication and inefficient use of resources. The Global Fund HIV/TB project has integrated HIV Testing Services (HTS) with other services including family planning, cervical cancer screening and access to gender-based violation services. SRH services have been integrated with access to water and sanitation facilities in the ARP/WASH and *Usafi Kwa Afya* projects.

Amref in Tanzania officially launched the Afya Kamilifu, a significant grant aimed at scaling up HIV care and treatment efforts in Tanga region and Zanzibar Islands, joining the global efforts to end the AIDS epidemic by 2030. The five-year project is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the US Centres for Disease Control (CDC) in Tanzania, and is being implemented by Amref Health Africa in partnership with the University of Maryland, Baltimore (UMB) and Tanzania Communication and Development Centre (TCDC). Afya Kamilifu works in close collaboration with, and under the guidance of, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDEGEC), Zanzibar Ministry of Health and President's Office, Regional Authorities and Local Government (PO- RALG).

In this period, Amref Health Africa in Tanzania directly reached over **3 million people** with various **health services**, with **women and girls** making up **76%** of the beneficiaries.

In partnership with the Regional Administrative office in Mwanza, with financial support from the City of Madrid in Spain, we launched a project to improve sanitation for low-income earners in Mwanza. The project seeks to boost health, well-being and income generation for the urban poor communities in Mwanza (specifically Ilemela and Nyamagana District), and focuses on an integrated pro-poor social enterprise of solid waste and faecal sludge management services through mothers and young people with low-income. This will enable them to generate income and economic growth opportunities through entrepreneurship, by producing and selling products from solid waste.



Tanzania was among the focus countries for Amref in the UK's project work. In Mwanza, Amref is empowering women living with obstetric fistula through a three-year project funded by The National Lottery Community Fund. Obstetric fistula is a leading cause of pregnancy-related disability and stigma for women in low-income countries. It often develops during prolonged or obstructed labour. In Tanzania, lack of access to emergency obstetric care increases a woman's chances of developing fistula. Every year, approximately 3,000 Tanzanian women develop the condition, and women and girls suffering from it are often unable to work and are excluded from daily family and community life, driving them into poverty. Although 80-95% of vaginal fistula can be closed surgically, women and girls in Tanzania often either do not know that treatment is possible, do not have the means to afford it, or are unable to reach the health facilities that offer the surgery. There is also a shortage of health staff and surgeons who can perform the surgery.

Further, fistula survivors are often not given opportunities to access psychosocial support, livelihood skills and entrepreneurship training, which would help them reintegrate into their communities. To address these challenges Amref in Tanzania held a three-day capacity development training for partner organisations in Mwanza, including Magu Poverty Focus On Older People Rehabilitation Centre (MAPERECE), a local NGO which is the primary implementer of project activities in the community; Bugando Medical Centre, the provider of surgical interventions to fistula survivors); and the Regional Health Management Team (RHMT), which provides government oversight, ensures quality, adherence to national guidelines and supervises project activities in Mwanza region.

The training focused on providing psychosocial support to fistula survivors and their families, and saw a total of 9 men and women participate in sessions facilitated by psychosocial experts from Regional Psychosocial Support Initiative (REPSII), a technical leader in promoting a holistic approach to child and family safety and well-being and developing strategies for bridging policy, science and practice through the engagement of multiple stakeholders, including governments, civil society, international organizations, communities, private sector, families, children, and caregivers. During the first 6 months of the project, 109 (52 male, 57 female) fistula ambassadors from 3 districts (Buchosa, Kwimba and Misungwi) were trained in basic knowledge of fistula occurrence, prevention and treatment; provision of psychosocial support for fistula survivors and their families. The ambassadors comprise government officials, community health workers, fistula survivors and guardians, religious leaders, traditional healers, and other community resource persons.

Through support from Amref Spain, we developed and deployed business models for bringing innovations and solutions to communities in Tanzania. The Taka Ni Mali (Waste is Wealth) waste management project in Dar es Salaam, funded by Madrid City Hall, aims to improve the population's livelihoods by providing income generation opportunities especially for youth and widows through collection of urban waste. The project has so far benefitted over 53,000 people. Another initiative, SAFI, an urban sanitation model developed to improve the same population in Dar es Salaam benefitted 32,583 local inhabitants, who began to work in the sanitation field through funding from Castilla y León regional government. An additional 42,000 people benefited from social enterprises managing faecal sludge and waste management in urban settlements in Mwanza, through funding from City Hall of Madrid. Amref in Spain further supported the improvement of access to safe water facilities for improved hygiene and elimination of gender-based violence in rural areas of the Serengeti region. This initiative benefitted 12,073 teenagers and young women through funding from Castilla Y León regional government.

## COMMUNITY VOICES

### “PLEASE RESCUE US FROM FGM, LET US GO TO SCHOOL”: MAASAI GIRLS CALL TO THEIR PARENTS

**“We are girls, we are mothers to be, we love our parents, and we would like to become happy mothers in the future”**

*These were the words of a song presented during the Alternative Rite of Passage (ARP) ceremony for young Maasai girls in Handeni and Kilindi-Tanga Region, Tanzania.*

*In the song, the girls expressed their wishes to their parents and thanked Amref for introducing the ARP project. They continued, “Education is the best alternative for us; better than undergoing FGM. Dear parents, please rescue us from such a painful cut and let us go to school. Thank you Amref for training our community on the effects of FGM and introducing the alternative rite of passage. Today, we have transformed into womanhood without being cut, and we are happy.”*

*Through Amrefs' Elimisha Project, 300 young girls in Handeni and Kilindi-Tanga region graduated to womanhood through the Alternative Rite of Passage (ARP), which retains the cultural celebration of a girl's transition to womanhood without undergoing the 'cut' and early/forced marriage. The ceremony was witnessed by Handeni District officials, cultural elders, morans, parents, religious leaders, as well as Amref staff. Amref Health Africa believes and supports the pan- African movement to put to an end to FGM by empowering communities and civil society organisations to take ownership of efforts to end the practice, which is classified as a human rights violation.*

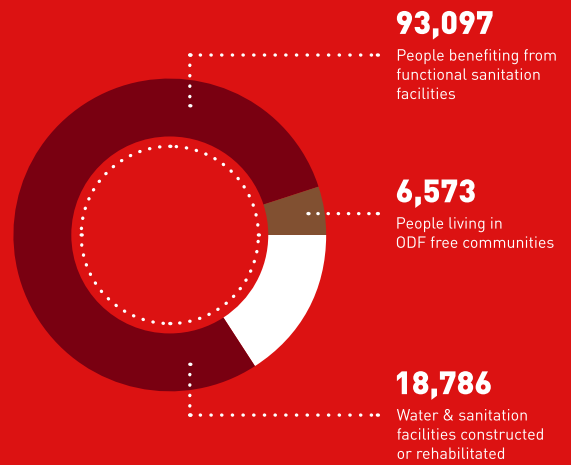




According to WHO, in 2017, the mortality rate attributed to exposure to unsafe WASH services stood at 30 per 100 000 population. Health risks and social determinants indicators in Uganda indicate that: 83% of households use pit latrines (UNHS, 2016/17), 84% of households do not have hand washing facilities, 79.8% of households in Uganda access improved sources of drinking water (UNHS 2016/17) and 20% still practice open defecation.

In 2019, Amref provided access to improved sanitation and hygiene messages for close to 135000 people. We increased demand for health as a human right through Amref Health Africa’s FINISH Mondial approach in Western Uganda. This is a market-driven sanitation promotion model that accelerates access to financing for sanitation and sanitation products for lasting sanitation solutions, which we implemented in Kawempe (Kampala) and through our Integrated WASH and Reproductive, Maternal, Neonatal, Child, Adolescent, and Youth Health (RMNCAYH) project in Amuru district in Northern Uganda.

By December 2019, **Amref Health Africa in Uganda** had worked with communities, district leaders and private entrepreneurs to construct 15,600 latrines in Bunyangabu and Kabalore districts, while 1,799 sanitation facilities were constructed in Agago district. 1,387 sanitation facilities constructed in Amuru and 15 Villages in Agago district were declared ODF. These interventions reduced vulnerability of targeted communities and households to water-and sanitation-related diseases and converted villages from open defecation to open defecation-free.



Uganda is among countries struggling with high maternal mortality rates, at 336/100,000 live births (MoH, 2017). This is partly attributed to a large proportion of pregnant women delivering away from health facilities under the care of non-skilled attendants. WHO and the Ministry of Health recommend that all pregnant women should deliver at health facilities under the care of skilled attendants to reverse this trend. Our Reproductive, Maternal and Newborn Health programmes contributed towards this goal by supporting essential clinical and rehabilitative care for newborns, which saw 236,060 babies delivered by skilled health professionals and 678,383 children under the age of 5 receive vitamin A. A total of 56 health facilities were supported with youth-friendly services for school going children and adolescents between the ages of 6-24 years.



**236,060 babies delivered by a skilled health professional.**  
**678,383 children under the age of five received vitamin A**

In the same year, we adopted a quality improvement approach to increase facility deliveries at Hamurwa Health Centre IV in Rubanda District, after findings revealed that the facility lacked some key Maternal, Newborn and Child Health (MNCH) equipment such as caesarian sets, delivery sets and suction machines among others.

The confidence of the theatre team to conduct a caesarian section was found to be low, leading to most pregnant women in labour being referred to Kabale Regional Referral Hospital for deliveries. To bridge the gap, we provided the facility with caesarian sets, delivery sets, electric and foot pump operated suction machines, penguin suckers, blood pressure machines, foetal dopplers, and clinical thermometers.

Six theatre staff were sent to Kabale Regional Referral Hospital for one week's placement to gain the necessary skills required to perform caesarian sections under the supervision of the consultant Obstetrician and Gynaecologist. As a result, the rate of facility deliveries almost doubled after the training.

To help strengthen health systems, we supported 1,033 health facilities with essential equipment, supplies and technical assistance across 50 districts in Uganda, and distributed the national guidelines on quality improvement to 775 health facilities. We also supported the reviewing, development and dissemination of standard guidelines and SOPs for quality service delivery to health facilities using key sector policies, strategies and approaches and 1026 health facilities benefited. Through our SRHR and Regional Health Integrator to Enhance Services (RHITES) projects, we provided essential health service packages and infection control and safety mechanisms to 1,033 health facilities. Our programmes also strengthened supervision, monitoring and inspection at the district level, where 1,247 Health workers were supported to supervise and mentor lower cadres.

Amref in the UK contributed towards improving maternal, new-born and child health in Nakaseke and Kyankwanzi areas in Uganda. With funding from Comic Relief, this project worked with 650 district and sub-district health management teams and communities to improve the provision and uptake of maternal, newborn and child health services. The project sought to ensure the most remote communities could access immunisation, and village health teams were trained to promote uptake of services and accompany women to appointments.

Outreach sessions with local men and women of reproductive age were held to raise awareness and encourage health-seeking behaviour. Overall, more than 73,000 people directly benefitted from the project, including 6,616 men, 9,702 pregnant women, and 420 frontline health workers. In total, 116,421 people were indirectly reached. As a result of the project, health facility staff now have improved skills and capacity to conduct maternal and child health checks. Through the implementation of community feedback methodologies, Amref Health Africa staff also gained valuable experience that can be applied to other projects to improve service delivery and quality. At the same time, staff in Uganda have strengthened capacity to present findings and embed learning from projects that will help in the sharing and implementation of best practice. District Health Teams' capacity to manage health workers has been increased through mentorship and joint supportive supervision, which will help reduce health worker attrition and improve levels of job satisfaction and retention in the years to come, ensuring sustainability.





The **Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM)** and the Uzazi Uzima projects spearheaded by Amref in Canada played a key role in supporting the objectives under the innovative health services and solutions strategic pillar. Both projects are implemented with financial support from the Government of Canada through Global Affairs Canada.

To increase access to quality promotive, preventive, curative and restorative health services among target populations, the CAIA-MNCM Project provided more than 22,000 copies of educational materials on nutrition to parents, volunteer community health workers and teenagers in **Ethiopia, Kenya, Malawi and Tanzania**. The materials helped to improve knowledge on health issues such as stunting and anaemia among the target population and highlighted the role of adequate nutrition in creating a healthy life. In the 4 countries, 134,637 beneficiaries were informed about better health practices at home and in their communities, including how and when to access services at local health facilities. This community-level mobilisation was achieved through public meetings, small group dialogues, peer-to-peer training, plays, songs, dance and art.

## COMMUNITY VOICES

### MALE CHAMPIONS FOR MATERNAL AND CHILD HEALTH

*Geoffrey Chaganda is a volunteer community change agent for women and children's health and WASH with the Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality, a programme supported by the Government of Canada through Global Affairs Canada.*



*Chaganda is married and lives in Mwanza District in Malawi. He spends his days raising awareness of the six pillars of safe motherhood within his community. These are: family planning; control and management of sexually transmitted infections and HIV/AIDS; obstetric care; post-abortion care; post-natal care; and pre-natal (antenatal) health.*

*"Initially, it was strange for me to stand up at a community meeting and talk about safe motherhood," says Chaganda. "But I've influenced a lot of men in this village to change the way they view safe motherhood issues. Initially, men thought this was a woman's issue, but they now know that safe motherhood is for both men and women."*

Through the Uzazi Uzima Project, 9,208 people in the Simiyu Region of Tanzania took part in outreach services focused on providing family planning.

To increase the utilisation of health services, an estimated 50,000 community members in Simiyu attended public meetings to discuss the health of mothers and children. Discussion topics focused on access to health services at the local facility, health facility deliveries, male involvement in pregnancy and childbirth and gender-based violence.

To further improve the quality of health services the project, in partnership with Ifakara Health Institute and Johns Hopkins University conducted Implementation Strength and Quality of Care field assessments whose purpose was to ascertain the quality of care that expectant mothers in Simiyu Region are receiving.



Amref in the UK supported the implementation of the Sexual and Reproductive Health and Rights (SRHR) Project in the Southern Nations, Nationalities, and Peoples' Region (SNNP) Region.

Ethiopia has a high fertility rate and an unmet need for family planning, especially in rural areas. In the SNNP region, 40% of women use modern contraception, much lower than in urban regions (EDHS, 2016). Teenage pregnancy is common and traditional views and practices discourage young people from discussing their sexual health openly and seeking out services.

This project sought to counter these trends by improving the quality of SRH services in health facilities and stimulating demand for family planning and modern contraception through education and awareness-raising. To improve access to contraception services, the project trained health workers on the provision of long-acting reversible contraceptives (LARCs), provision of youth-friendly services, and better management of family planning supplies and medicines. To stimulate demand, the project provided Comprehensive Sexuality Education to young people in schools. It also supported adolescents and community members to increase their understanding of SRHR, through support for youth clubs, community awareness-raising campaigns and local meetings.



**TRAINED 22 HEALTH WORKERS AT 12 HEALTH CENTRES TO EMPOWER 2,386 WOMEN UNDER 49, AND 1,812 WOMEN LONG-ACTING IMPLANTS.**

Through the project, eight maternity waiting rooms were refurbished, and youth-friendly spaces designed and maintained to promote SRHR services, and a revolving fund for medical equipment, consumable supplies (including LARCs) and medicines established at health facilities, preventing patients from having to be referred to other, distant health facilities.

Laboratory and diagnostic capacity for health facilities, including HIV testing and diagnosis of Sexually Transmitted Infections (STIs), was strengthened. Furthermore, 17 schoolteachers and 500 school children in 6 schools received sexual education. Additionally, an awareness-raising campaign on sexual and reproductive health was held for targeted communities, during which nearly 9,000 people attended thanks to support raised for HIV/AIDS clubs in schools through educational materials and mentorship for young leaders. These efforts are enabling households to be informed and are shaping a positive view of modern family planning options, encouraging more than 6,000 women of reproductive age to use long-acting family planning.

Through Ethiopia's WASH programme, which works to ensure access to resilient WASH systems by creating access to equitable, safe and adequate water supply as well as sustainable and continuously improved sanitation services and hygiene promotion at all levels, a total of 59 improved water schemes and sanitation facilities were constructed in 2019. The programme engaged private and government micro-financing institutions to provide loans to community members seeking to build latrines in their communities.

Amref in Ethiopia also worked to eliminate blinding trachoma, the leading cause of blindness worldwide. With strong political will and commitment, Ethiopia is making significant progress in implementing the SAFE strategy – Surgery for trichiasis patients, Antibiotics to clear infections, Facial cleanliness and Environmental improvement – to eliminate trachoma.

## CHANGING COMMUNITIES' LIVES THROUGH PROVISION OF CLEAN WATER

*Mothers and daughters in Eyeledi kebele, Dewe woreda of the Afar region in Ethiopia carry the burden of collecting water from the river, which is far from their houses, sometimes travelling for up to two hours. Fatuma Dawud, a mother of three, lives in Eyeledi kebele. She, along with her daughters, travels long distances to fetch water from the river every single day, sometimes two to three times a day. Afar is the most arid region of the country and has one of the highest numbers of pastoralists. Communities in Afar live without an adequate supply of water, and the strains of this shortage present the biggest water and sanitation challenge to the community. Young girls drop out from school to fetch water, and the communities, especially children, experience frequent diarrhoea and other communicable diseases that can be prevented through improved access to water and sanitation. Moreover, due to the scarcity of water, communities, occasionally end up in conflict caused by competition for the valuable resource. With the support of the European Union-funded Resilience Building and Creation of Economic Opportunities in Ethiopia Project, the solar-powered Dewe Water Scheme was established and handed over to the communities in Eyeledi kebele. The key objective of the project was to reduce the vulnerability of pastoralist communities to waterborne diseases by providing them with improved quality and access to safe water and sanitation facilities. This water scheme now provides access to clean water to over 3,200 people in the kebele. It has the capacity to provide over 200,000 litres of clean water per day by generating 7 litres per second.*



*Communities' lives have dramatically changed: "We no longer go to the river or travel long distances to fetch unclean water. We now have clean water near our home," Fatuma says. Women and children, in particular, feel the biggest impact. "As a mother, I know the pain of not having water at home, and I know what having it close to home means to my children and me. It is life-changing in many ways. We drink clean water. We wash our children and keep ourselves clean. Our goats and camels drink clean water as well from the water trough built at a closer distance from the pump. Isn't this Allah's blessing?" Beyond improvement in health, providing access to clean water benefits their cattle, which are the primary sources of income for the pastoralist communities, thus improving their livelihoods.*

In close partnership with the Federal Ministry of Health (FMoH) and Regional Health Bureaus (RHB), and building on Amref's strong presence in Afar, Benishangul-Gumuz, Gambella and Somali regions, Amref began implementing components of the SAFE strategy to address existing gaps in the fight against blinding trachoma in 120 woredas across all four regions. Our interventions included engaging and strengthening the capacity of regional and woreda leadership on trachoma elimination; strengthening health systems by focusing on increasing the capacity of the health workforce to implement the SAFE strategy; establishing Primary Eye Care Units to increase access to eye care services at facility-level, and ensuring quality service delivery. In all 4 regions, Amref Health Africa is supporting the Regional Health Bureaus (RHBs) to clear their trichiasis backlog, estimated at 18,700 cases, by training nurses as Integrated Eye Care Workers to conduct surgery at facility-level and through outreach programmes. In Afar and Somali, we have also been engaging in mass drug administration (MDA).

For 3 consecutive years, we have been working in 3 of the most trachoma endemic woredas in Afar, providing a total of 130,949 treatments in 2019. In Somali region, in close partnership with the woreda health offices, we covered all 31 high trachoma endemic woredas. We reached 2.4 million people with Zithromax and Tetracycline Eye Ointment in 2019 in Somali only.

FGM/C advocacy was another significant milestone in 2019. In addition to supporting government efforts to end FGM/C through various projects under our Reproductive, Maternal, New-born, Child, Adolescent and Youth Health (RMNAYCH) programme portfolio, Amref, being a member of the National Alliance to End FGM/C and Child Marriage, partnered with the Ethiopian government and other international organisations and UN agencies to host End FGM/C advocacy forums at the national level. In this regard, Amref has been a leading voice in raising awareness and advocating for the prevention of cross-border FGM/C.

As part of our efforts to improve access to quality health services by creating centres of excellence, we equipped and supported more than 400 health facilities, among them primary health care units, with medicine and medical equipment including mobile ultrasound machines, incubators, and newborn heating stations to be used in 4 developing regions. Diagnostic tools fitted in backpacks to be used by health extension workers and midwives to diagnose and refer people in need of further treatment are among the crucial support elements provided to health facilities in 2019. As a result, health workers who serve communities in Amref intervention districts are more motivated as they have acquired new skills and can conduct early diagnosis and ensure timely management of referral for pregnancy complications thanks to the new technologies in their kits.

Additionally, Amref in the UK and Amref in Ethiopia worked together to implement a photography project that branched off an existing WASH initiative in Addis Ababa. With funding from Comic Relief's Sustainability Fund, residents of two of Addis Ababa's sub-cities were trained in the fundamentals of photography by professional photographer Alexander Aweke. They then went on to document their daily lives with the aim of raising awareness of the challenges they face in accessing clean drinking water and sanitation facilities – and to celebrate the changes taking place thanks to school health clubs, WASH committees and community champions. The photos were displayed at an exhibition hosted by Amref Health Africa in Ethiopia, where participants were able to showcase their work and explain their choices to a broad range of stakeholders including government officials and partner NGOs. Feedback from participants was very positive, and we hope to refine and replicate this model in other countries in the future.



Still in 2019, Amref in Spain conducted an obstetric fistula campaign in Ethiopia that benefited 60 women and saw 25 health workers trained to specialise in the care of fistula patients. The project was funded by Gandarias Foundation, a private and independent institution that seeks to provide social justice and preserve the dignity of those most in need.



Our contribution to Amref's strategy in Ethiopia saw the joint implementation of the Government of Ethiopia's five-year plan, which is aimed at improving the country's healthcare system. Through support from Comic Relief for example, we focused on increasing immunisation coverage for children under two in Ethiopia's Afar region, which has the lowest rates of coverage in the country. Our capacity-building programmes helped train more than 6,000 health workers on how to improve their administration of immunisation services. We also worked with different levels of government to ensure the vaccine supply chain gets to every district and clinic more efficiently. At the individual clinic level, Amref trained engineers to maintain and prevent the breakdown of refrigerators used to store vaccines in rural health clinics. In addition, we utilised on-site training to educate and train health workers to track, record and report health data.

Acknowledging that pastoralist areas have weak health infrastructure and other approaches need to be considered outside of the traditional static, centralized form of a health facility, Amref, together with the Ministry of Health in Ethiopia encouraged the use of immunisation teams to reach children whose families are migratory, and those in harder-to-reach areas. For this effort, Amref has trained community health workers who are already on the frontlines addressing the needs of their community members. The programme is projected to reach an estimated 66,359 infants through mobile outreach and routine immunisation strategies in Afar. An additional 19,767 children from the most remote areas will directly benefit from the immunisation programme through outreach services, and 46,592 surviving infants and their mothers or caretakers will gain access to health education with wider new-born and child health information, including the importance of vaccinations, via mass communication and facility-level health messaging. The programme will also leverage special 'international days', such as International Day of the Child, child health days, religious festivals, and special prayer days to mobilise and encourage immunisation within the community.

## SENEGAL



In **Senegal**, through support from **Amref in Spain**, their work focused on improving quality health services through three projects: The Celed e Kosal II Project, which strengthened access to and the quality of services of maternal, children and neonatal care thanks to the Information and Communication Technology (ICT) services in Kolda, Senegal. Funded by the Region of Madrid, 39,950 women and children under the age of five years benefitted; another project focused on using ICT to improve maternal, children and neonatal health and

was implemented with funding from Viñas Laboratories, where 2,320 persons, all women and children under the age of five years of age benefitted; a project aimed at ensuring access to good quality maternal and neonatal health services through ICT in Kolda, Senegal benefitted 3,450 pregnant women and 3,512 new-born children through funding from Castilla y León regional government; while a similar one benefitted 10,752 children studying in the local schools.



## PILLAR 3: **INVESTMENTS IN HEALTH**

**A**mfref Health Africa contributes to increased investments in health and Universal Health Coverage by developing and implementing sustainable and scalable models to invest in health, increasing financial protection for disadvantaged communities in target countries and advocating for increased investments and financial protection of citizens in Sub-Saharan Africa (SSA).



Our contributions to investments in health in the country aimed to increase awareness of and demand for health as a human right. Amref contributed significantly to the drafting of the health worker migration policy, where presentations of the concept were made to the Human Resources for Health Technical Working Group and later to the Senior Management Team of Ministry of Health, which we have a long-standing partnership with.

Amref led the validation of the policy, a meeting that created a sense of ownership among various stakeholders who promised to give further input into the policy. It is anticipated that once finalised, the policy will curtail erratic health workforce instabilities in Uganda and step up bilateral negotiations in destination countries.

During the period under review, Amref was also part of the Technical Working Group to draft the National Health Insurance Bill in which technical and financial assistance were tendered and played a role in the subsequent national-level consultations to provide further input for the draft bill.

Through the Health Systems Advocacy project, support by the ministry of foreign affairs Netherlands through Amref Netherlands, Amref has been advocating for increased access to FP services.

This is driven by the need to harness the demographic dividend given the country's population structure in which about 76% are persons below 30 years of age and 58% are below the age of 19, leaving a more or less dependant population. As a result of the advocacy efforts, there has been an increase in the allocation for funding to family planning services and promotion. Family planning allocations for the Financial Year 2019/2020 were 14.7bn and another proposed 2.3bn for handling fees.

Amref recognises the role of capturing voices across a section of players and how this ultimately shapes decision making to deliver quality SRH services especially for needy adolescents and young people.

Amref Uganda's HSAP partnership joined the rest of the world at the International Conference on Population and Development (ICPD 25) in Nairobi, Kenya in November 2019, where we organised a side event that was an assimilation of a social accountability platform, demonstrating the call to embrace the use of social accountability in health to hold duty bearers responsible and remind them of all inactions to spur them to respond appropriately.

While attending the ICPD 25 Summit the President of Uganda, H E Yoweri Museveni committed to prioritise universal access to all family planning methods and to reduce unmet needs for family planning to 10% by 2022. In 2017, Uganda revised her original commitment of 2012 to reduce the unmet needs for family planning among adolescents from 30.4% in 2016 to 25% in 2021.

These commitments will contribute to the nation's ambitious goal to increase the modern contraceptive prevalence rate to 50% by 2020. The President also committed to having the country's national sexuality education framework operationalised. The framework seeks to provide formal national direction for age-appropriate and sensitive education in Ugandan schools while upholding the nation's religious and cultural values.

Separately, during the 8th African Population Conference, President Museveni made strong statements that point to the renewal of the country's commitments to implement further interventions that will harness the demographic dividend as a follow up to the ICPD Plan of Action.

## AMURU YOUTH SAVES LIVES BY POOLING WEEKLY SAVINGS TO CATER FOR MEDICAL EMERGENCIES

Amidst the financial challenges biting hard across the country, youth from Pambari Village in Amuru District, Uganda, under the umbrella of the “Onen Chan Youth Group”, are saving as low as less than a dollar each week to help members struggling under the burden of unpaid medical bills.

Benson Ayella, the secretary and facilitator of the group, reveals that they came up with the idea after attending an Amref training on how to save for a better health care system. “In 2019, Amref trained us on saving for health, enabling us to solve some of the health hardships that were facing our village due to lack of money. Members contribute as low as approx. US\$0.27USD (UgSh1000) every week, and are free to borrow money in case of any medical emergency,” says Benson.

Benson and his fellow youth hatched the idea in 2002 when they were living in camps in northern Uganda as Internally Displaced Persons, but they did not know where to begin. Martin Olal, the chairman of the group, explains, “We introduced an Acholi traditional dance called Vola. We would dance to entertain visitors who would give us a few shillings, then use that to pay fees and buy some food. We then formed a small group in Pawel Langetta Camp where we had relocated.” The group almost collapsed when the civil war in the north ended, as families went back to their respective villages, remembers Benson, who was at the time just 10 years old.

“In 2009, we all came back to our villages. Out of 45 members, only 20 came to Pambari Village. Still, we agreed to continue with traditional dancing and save any amount we could, even as we concentrated on farming.”

One of the beneficiaries, 29-year-old Joyce Abaro, testifies how the savings bailed her out when calamity befell her family. “I borrowed (USD\$16) UgSh60,000 from the savings group, which I used to pay for my son’s treatment after he developed pneumonia. I was able to foot the transport cost and clear the bill at Lacor hospital.” Joyce, a resident of Pambari Village, adds, “I also borrowed US\$27 (UgSh100,000) to enable me visit a health facility when I was suffering from malaria. I was able to pay back and continue saving by selling produce from our garden.” Her husband, Geoffrey Odoki, a member of this rural saving group applauds Amref for introducing the idea of saving for health to his village. “At least I am now very sure I can get treatment immediately in case of an emergency, since I will easily get a loan from my group members,” says Geoffrey.

Apart from the assurance of getting quality and immediate health care, saving for health has highly improved the lifestyle of youth in this village and made them more confident when seeking health services. This is unlike before, when many of them feared visiting health centres. As part of its community outreach, Amref encouraged youth to go to health centres to seek medical care, and they can now confidently visit any health facility whenever they need help.

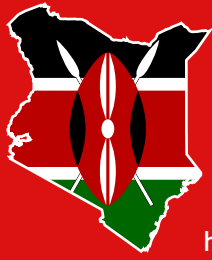
Geoffrey is one of the youth whose self-esteem has greatly improved. “I was very afraid of going for an HIV test, but now am so confident. I tested, and I can comfortably go back and retest whenever I feel like.”

The knowledge and sensitisation these youth get from health centres has greatly promoted hygiene in their homesteads, keeping many diseases at bay. Interestingly, men are now part of antenatal care, as they now know the value of escorting their wives to hospital, which was not the case before Amref encouraged them to get involved.



I was very afraid of going for an HIV test, but now am so confident. I tested, and I can comfortably go back and retest whenever I feel like.

**-Geoffrey Odoki-**



Despite a progressive increase in domestic contributions to health, Kenya is still dependent on donors. At the same time, many households continue to face the catastrophic effects of out-of-pocket expenditure for health. In 2019, Amref worked closely with the national and county governments and other stakeholders to contribute to increased investments in health. This was done by strengthening social accountability mechanisms to increase citizens' ability to hold duty-bearers accountable, providing 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.

In support of the development and implementation of sustainable and scalable models to invest in health, Amref Health Africa in Kenya, through a grant from the Children Investment Fund Foundation (CIFF) supported the Ministry of Health in ensuring that the roll-out of UHC in Kenya is responsive to the needs of children and adolescents. CIFF, Amref and the Ministry of Health convened the first joint UHC coordination workshop to discuss the development and rollout of UHC supported by six UHC sub-committees (Human Resources for Health, Service Delivery, Health Financing, Legal, Communication and Health Information Systems). The grant also supported the development of an explicit health benefits package, a UHC roadmap, NHIF reforms and the national health insurance sessional paper, as well as registration of households across the four UHC pilot counties of Isiolo, Machakos, Kisumu and Nyeri.

Further, to address the increasing health care burden on the residents of Samburu County, Samburu West Constituency Member of Parliament Hon Naisula Lesuda convened several stakeholders, including Amref Health Africa, to deliberate on possible solutions. The team conducted a health insurance coverage household survey to identify and classify households into those who can pay, those who can partially pay and those who cannot pay. Some of the vulnerability criteria used included: households headed by a person with a disability, households with members with chronic illness, households with more than 5 members between the ages of 0 to 21 years, households headed by children and households whose head is aged 60 years and above. The survey findings showed that out-of-pocket expenditure on health drives 5,175 households in Samburu West into a vicious cycle of poverty. 90% of households have no health insurance, and 97% of respondents reported paying for health services out-of-pocket. Half of the respondents revealed they had never heard of NHIF. The findings are to be used to inform policy and county interventions including the need to sustain public sensitisation and targeted outreach services to enrol more into the scheme, as well the need for a multi-sector approach including investment in agriculture, livestock and youth livelihoods is essential to ensuring that communities finance their own health in the long-term.

Amref, through the USAID-funded Afya Timiza activity continues to contribute to creating equitable health access by supporting target facilities to meet the requirements for NHIF accreditation, thus increasing the number of health facilities where communities can access services under NHIF. Amref is also enabling hard-to-reach communities to enrol onto NHIF during Umati and Kimormor outreaches that apply a cross-sector mobile approach to reach nomadic pastoral communities with basic health services throughout the project which ends in 2020.

To ensure that Civil Society Organisations (CSOs) are united and coordinated in the implementation of UHC at local and national levels, and hold the government accountable to its UHC promise, Kenya's Health NGOs Network (HENNET) and Amref Health Africa launched the Social Accountability Platform for Health. Led by HENNET, the platform will map and coordinate activities such as collecting and disseminating resources and tools on social accountability, holding the government accountable, and developing and implementing the platform's roadmap.



To support progressive health policy development and implementation at the county level, Amref supported the review of the Samburu County Health Services Bill, 2019. The bill provides for improved geographical access by establishing health centres in every ward; lays emphasis on primary health care as a key prerequisite for the attainment of UHC; allows for a framework for incentivisation of CHVs; establishes a Quality and Compliance Assurance Unit and provides for the ring-fencing of health sector resources allowing health facilities to plan and budget for revenue generated at the source.

With the support of Amref Health Africa, West Pokot County set out to ring-fence revenues generated by health facilities for use in improving health infrastructure and other essential services towards UHC through the FIF bill. Following a consultative meeting by health stakeholders where the bill was birthed, the bill was tabled to the West Pokot County Assembly and passed unanimously by the members of parliament, and later assented by the Governor, Prof John Lonyangapuo. The landmark bill provides health facilities in West Pokot an opportunity to invest in infrastructure and other service delivery areas including purchasing pharmaceutical and non-pharmaceutical supplies, leading to quality of services.

## CASE STUDY

### CSO SECURES FUNDING FOLLOWING TRAINING THROUGH HEALTH SYSTEM ADVOCACY PARTNERSHIP PROJECT

*“Honestly, I am grateful to Amref and the Health System Advocacy Partnership (HSAP) project in particular. After attending HSAP workshops, formulating advocacy activities and developing M&E framework for proposals has been a much smoother exercise. As a result, I have applied the knowledge I gained, which has won us new funding for two advocacy proposals, one funded by UNWOMEN, and another by Swedish International Development Cooperation Agency (SIDA).”*

*These are the words of Mustapha Isabuda from AGAPE, AIDS Control Programme, a CSO in Shinyanga District Council, Tanzania. He explains that before the training, most of the advocacy proposals he had written to funders were not successful. “I believe this was due to the way I formulated the activities and the M&E framework as I used the regular indicators instead of milestones, which are more appropriate for advocacy interventions,” he says.*

*Funded by the Ministry of Foreign Affairs of the Netherlands, Health System Advocacy Partnership (HSAP) is a 3.5-year project that seeks to improve Sexual and Reproductive Health through Advocacy on 4 WHO health System Building Blocks: Human Resources for Health (HRH), Health Commodities, Health Governance and Health Financing. The Project is being implemented as a partnership between Amref Health Africa, Wemos, Health Action and African Centre for Health and Social Transformation (ACHEST).*

## STRATEGIC PURCHASING AFRICA RESOURCE CENTRE



The Strategic Purchasing Africa Resource Centre (SPARC) is a resource hub aimed at strengthening strategic purchasing capacity in sub-Saharan Africa, currently working directly or indirectly in 11 countries in West, East, Central and South Africa. Our vision is to empower countries with knowledge and practical tools to make access to affordable and quality health care a reality for all.

SPARC is a complementary resource and partner to the many health financing initiatives on the African continent and globally. SPARC is supported by Amref Health Africa as the institutional host and Results for Development (R4D) as the core technical partner funded by the Bill and Melinda Gates Foundation. An advisory committee made up of key global, regional and country stakeholders provides additional input and guidance to SPARC's approach and activities.

SPARC is not just a resource center — it is a movement. SPARC is engaging individuals from stakeholder groups across sub-Saharan Africa to understand, talk about and advocate for strategic purchasing as a way to make better use of limited resources for UHC and to hold decision-makers accountable for effective health spending. We are also working with partners to change how technical assistance is provided — tapping into and deepening regional expertise and building a coaching approach that emphasizes learning by doing.

We are creating a network of regional experts who can support countries to develop practical, home-grown solutions that advance their strategic purchasing objectives. SPARC is built on three pillars to increase capacity in strategic purchasing, support country systems and processes to carry out purchasing functions strategically and add to the knowledge base of what works.

### 2019 achievements

- » Officially launched SPARC at the Africa Health Agenda International Conference in Kigali, Rwanda with over 200 conference participants in attendance.
- » Invested in creating its institutional structure by filling key staff positions and building the broader Results for Development (R4D)/Amref partnership as it transitioned to a more permanent body.
- » Invested in broader partnerships, including a health purchasing progress mapping technical consortium composed of 11 institutions across 10 countries.
- » Engaged 11 different institutions from 10 different African countries to form a strategic health purchasing progress mapping technical consortium.
- » Raised awareness of the Centre and strategic purchasing more broadly through its official launch event and subsequent activities at the Africa Health Agenda International Conference (AHAIC), African Health Economics and Policy Association's (AfHEA) Fifth Biennial Scientific Conference, and African Union Specialised Technical Committee (STC) meeting.
- » Established regional network of 18+ coaches and mentors to support country engagement ("The Force").
- » Garnered interest from a variety of technical and country partners, including ThinkWell, VillageReach, University of Rwanda School of Public Health, as well as Rwanda, Kenya, Zambia, Cote d'Ivoire, and South Africa.
- » Successfully piloted coaching and mentoring approach in Kenya with lessons from implementation being drawn back into orientation modules for new coaches, which will be tested in the near future.

# CROSS-CUTTING THEMES

As outlined in our 2018-2022 Corporate Strategy, we strive to incorporate four cross-cutting themes – **Innovation, Policy and Advocacy, Gender** and **Research** - into our programming to maximise the impact of our interventions on communities.

## INNOVATION

A total of 63 innovations were implemented in the year. Amref in Kenya continued to promote the development and use of innovations that provide solutions to address challenges in the health sector, leveraging on technology and partnerships. In partnership with the Ministry of Health through the National Tuberculosis, Leprosy and Lung Disease Programme (NTLD-Programme), Amref is implementing the Kenya Innovation Challenge TB Fund to find missing Tuberculosis cases in communities.

Funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the project is being implemented through the innovations of nine sub-recipient organisations (*Community Support Platform, Heroes Oasis Counselling Centre, NAIS Healthcare Limited, North Star Alliance, Partnership for a HIV Free Generation, Resources Oriented Development Initiative, KAPTL, Sema Limited and TAC Health Africa*). These innovative approaches are:

- » **Young But Effective** where children are leading the fight against TB by screening themselves and household members.
- » **Ice Cream for I-Screen** that is institutionalising self-screening in Homabay County with users self-screening for TB via a USSD platform with incentives that include: ice cream, mobile phones, airtime and T-shirts to encourage more people to screen for TB.
- » **Arobaini Initiative** that engages inmates in prison and prison staff and their families to screen for TB through TB champions among inmates who identify inmates with signs and symptoms of TB.
- » **Smart TB Biometric System**, a unique identification system used to capture patient screening data, voucher redemption, tracking of samples, testing and treatment referral in the urban settlements of Kajiado County.
- » **Tibika Jikingo** that promotes TB screening by the use of a peer-led model through social networks and centres for mobilisation at identified hotspots.
- » **Closing TB Gap** that promotes TB screening among target populations who often do not receive these services, such as inmates, prison and police staff and their families, and industrial and plantation workers.





- » **TB Self-Screening** where users self-screen for TB using mobile phones on a USSD platform, particularly targeting men in informal settlements and those working in industries and the transport (matatu) sector.
- » **SELT-T** that makes use of an Automated TB Screening Machine (ATSM) similar to the Automated Teller Machine (ATM) stationed at high traffic areas such as Huduma Centres in Nairobi County.
- » **Mobile-Assisted TB Diagnosis**, a 24-hour operated call centre where users call in and get screened for TB and are then linked to diagnostic and treatment services.
- » **TB screening in the matatu industry targeting men in the public transport sector** (drivers, conductors, touts) and those based at the various pick up points using a peer-to-peer TB screening strategy to ensure that the culture of TB screening is mainstreamed among this population.

In addition, through the **Innovate4Life (I4L)** project, five entrepreneurs were introduced into the programme and received support to improve their health solutions and business skills, made relevant connections between innovators and key stakeholders in the health sector and identified opportunities for partnership between Amref and the innovators. The programme combines virtual knowledge-sharing and in-person mentorship to provide health sector- specific support: knowledge, network, and access to funding, and business coaching by an experienced fund management organisation. So far, Innovate for Life has run two editions and worked with 12 innovators. I4L also supported the Wastinnova Innovation that has so far recorded several success milestones to-date. Through the programme, internet visibility increased with several blogs and journalists writing their stories and has managed to achieve the following:

- » One of the top 8 Global Start-ups in Medical Waste Management
- » The best business in Waste Management and Recycling in Zimbabwe
- » 1st Runner for YouthConnektZimbabwe

## CASE STUDY

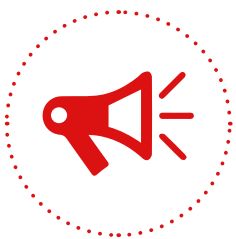
### **SOCCER CLUBS FOR WOMEN'S AND CHILDREN'S HEALTH**

*The Uzazi Uzima project is educating men in the Simiyu Region of Tanzania about women's and children's health through a soccer club. When the project first started in 2017, very few men were attending the regular community meetings on improving health. After discussions with community members, the soccer club emerged as a good avenue to reach men and boys. In Bariadi, the community organised various soccer games. Before each match, different speakers would talk with the men and boys about gender equality and the health of women and children.*

*The soccer league reached about 7,200 participants (5,900 being men and boys) and discussed the importance of men accompanying their women to the health clinics for care before, during and after their pregnancy, family planning, HIV/AIDS and other sexually transmitted infections, and gender equality more broadly. The Uzazi Uzima project receives financial support from the Government of Canada through Global Affairs Canada.*



## POLICY AND ADVOCACY



Amref's advocacy agenda focuses on the development and implementation of relevant policies across the three main pillars of the corporate strategy. We recognise that our contribution to lasting health change is only possible when health programme, innovations, community knowledge, and research results are translated into policies. The advocacy team held a workshop to unpack the Corporate Advocacy Strategy which entailed clarifying the thematic focus areas, fine tuning the results framework and revising target groups allies and strategies. On thematic issues, the human resources for health pillar continues to advance community health workers with a focus on legislative and policy for remuneration and recognition of CHWs; Pillar 2 on promoting innovative health services to improve the health of women and girls focuses on legislative framework for access to FP services, financing for FP products and services and enhancing the voice of the marginalized on FP needs and access. The UHC financing pillar advances lobbying for increased financing for health; creating an enabling environment for sustainable health financing partnerships and promoting social accountability for health finances. Through the HSA project, Amref Health Africa continued to advance its regional level agenda around advocacy for health through a number of initiatives such as:

- » **Validation of Right to Health Index:** The right to health index to be used by the region was validated by CSOs from the five HSA (**Kenya, Uganda, Tanzania, Malawi, Zambia**) countries and it will be adapted to suit country contexts.
- » **Finalisation of the health worker migration tools and protocol to track the migration of nurses and midwives in the region.** The tools were validated by registrars of nurses and midwives from 16 African countries and ECSACON committed to disseminate them.
- » **Mobilisation of CHWs and Ending Female Genital Mutilation/Cutting (FGM/C) Champions.** The CHW and end FGM champions from the 5 HSA countries had a learning and networking meeting where they were empowered to continue with the CHW campaign in their respective countries beyond the end of HSA in December 2020 as the CHW campaign continues to 2022.
- » **Finalisation of the curriculum or training of journalist on health reporting.** The course will be offered by Amref International University.
- » Amref health Africa has been accepted as a member of the **European End FGM Network**.

Amref Health Africa continued to influence the health agenda through various international conferences where Amref staff gave presentations, participated in panel discussions or conducted various forms of workshops or events. Some of the conferences were:

- » PMAC-2020 - UHC 2020 Conference
- » The Global NCD Alliance
- » Women in Development
- » ICP25+
- » The World Economic Forum

## AFRICA HEALTH AGENDA INTERNATIONAL CONFERENCE (AHAIC 2019)



In 2019, in collaboration with the Rwandan Ministry of Health, we co-hosted the 3rd edition of the AHAIC at the Kigali Convention Center in Kigali, Rwanda on March 5-7, 2019. The main conference was preceded by a Youth Pre-conference (March 3-4, 2019) which was attended by more than 350 youth. The youth also established a continental wide movement dubbed “**Youth for UHC**” aimed at creating awareness and driving momentum on the realisation of health rights amongst the youth in Africa. The conference was opened by Dr Diane Gashumba, the Rwandan Minister for Health and Guest of Honour, following a brief video-link message from the WHO Director General for Health, Dr Tedros Adhanom Ghebreyesus. The three-day conference brought together more than 1,800 delegates, among them scientists and researchers, leaders from government, multilateral agencies, the private sector, civil society, development partners, youth, advocates for health, as well as delegates from 49 countries to discuss, debate and share the latest scientific knowledge and evidence for achieving the vision of Universal Health Coverage (UHC) in Africa.

Organised around the theme ‘**2030 Now: Multi-sectoral Action to Achieve Universal Health Coverage in Africa**’ the conference focused on four sub-themes – Access, Quality, Financing and Accountability, with specific objectives to bring together diverse stakeholders to address how Africa can accelerate progress towards UHC, exchange scientific knowledge and best practices on how new research, innovation and political commitments can solve Africa’s health challenges and advance UHC and identify and discuss gaps and challenges in implementing UHC in Africa, as well as share home-grown solutions to address these challenges. Several announcements were issued during the conference:

- » President Paul Kagame received the UHC Presidential Champion award for his relentless political leadership and accountability to advance UHC in Rwanda and serving as an example for the region while Ethiopia’s Minister of Health was also recognised for efforts to strengthen Primary Health Care, receiving the UHC Ministerial Champion award.
- » Amref Health Africa and Results for Development launched the Strategic Purchasing Africa Resource Center (SPARC), a new resource centre to help African countries get more value for money from health spending.
- » The Women in Global Health (WGH) Africa Regional Hub was launched to drive greater gender equity in global health leadership in Africa.

- » Parliamentarians from Ghana, Kenya, Rwanda, Senegal, Tanzania and Zambia launched the 'Kigali UHC Communiqué' committing to advance Universal Health Coverage in their countries, including by strengthening health systems, addressing health inequities, supporting community health and ensuring universal access to immunization.
- » **i-PUSH**, an initiative of Amref Health Africa and PharmAccess Foundation, was launched at the conference with the aim to leverage mobile technology to directly connect women to health care financing, quality health care and information empowerment.
- » The inaugural Excellence in Health Journalism Awards were presented by the Africa Media Network on Health, recognising health champions in the media. The award ceremony honoured journalists who have demonstrated outstanding merit in health reporting and launched a new curriculum for journalist education in health.

AHAIC 2019 was convened through the generous support of **GlaxoSmithKline (GSK), Swiss Agency for Development Cooperation (SDC), Takeda Pharmaceuticals, Philips, General Electric, Access Accelerated, Global Health Strategies, Elsevier, Result for Development (R4D), Amref Flying Doctors, and the Strategic Purchasing Africa Resource Centre (SPARC)** among other partners.

We believe that Health is a right, and we must all ensure that services are universally available, accessible, affordable, acceptable and of quality, and that they are provided without discrimination. There is no one-size-fits-all model for UHC; however, we must strengthen South-South learning and collaboration between countries. For the full AHAIC report, please visit: [www.ahaic.org](http://www.ahaic.org)



In 2019, **Tanzania** influenced allocation and disbursement of family planning budget in three district councils (Shinyanga, Kishapu and Msalala) through targeted advocacy to Council (district) Health Management Teams (CHMTs) during preparations of the Comprehensive Council Health Plans (CCHPs). The programme used the spitfire advocacy approach to develop advocacy asks that resonated with CHMTs emotional, rational and ethical inclinations and in turn Shinyanga DC increased its FP budget by 46%, Kishapu 89% and Msalala 100% from the 2017/18 FP budget.



In **Malawi** the team lobbied the parliamentary committee on health to increase the family planning budget and introduce a separate budget for family planning services and have it protected. The project worked with one of its sub-grantee, White Ribbon Alliance, to achieve this. The Chief Whip of People's Party (one of Major political parties in the country) in Parliament committed to move a motion in the 2020/2021 parliamentary session on the need to introduce a budget-line for family planning services in addition to the family planning commodities budget-line, to increase family planning budget and protect it (ring-fencing). Through its advocacy initiatives and empowering community accountability structures to monitor implementation of community health strategy at local level, the community of Mbalama health Centre in Mangochi district, Malawi, is now able to easily access health care services as a result of the opening of the clinic in January, 2020 which had stayed for over 17 years without being opened after its construction. This was made possible due to pressure put on the DHO by Mbalama community members after being trained, mentored and supported by the Amref team. In February 2019, a mobile network transmitter/booster was installed around Kamene health centre found in a very remote area in Chitipa district, Malawi. This was a result of the district CSO platform advocacy initiatives supported by Amref Health Africa to install the network in this remote area which hugely affected referrals from the health centre to the district hospital.



Zambia continued with the implementation of the Health Systems Strengthening Advocacy Partnership (HSAP) Project, which is part of the Health Systems Advocacy (HSA) Programme implemented in five countries with funding from the Dutch Ministry of Foreign Affairs through Amref Netherlands. Over the past year, the HSAP project recorded several successes. A recommendation by Amref on standardised training and development of the database was included in the CH Strategy Operational Plan (2019-2021) by the community health unit in the Ministry of Health.

Through grassroots advocacy, Amref supported the copperbelt provincial health indaba. This event brought together 45 young people representing youth movements/organisations in their communities to participate in discussions about design and implementation of SRHR investments that respond to the priorities of young people, especially the most vulnerable populations such as adolescent girls and young women, and people living with HIV and disabilities, on the principle of nothing for us without us. The key outcome was the advocacy resolutions that are to be presented to various stakeholders, such as the government in 2020.

The project also facilitated the first-ever training workshop for the Zambia National Association of Persons with Disabilities, which targeted women with disabilities across the country and sought to stir meaningful discussions around access to SRHR and impart skills on how to demand equitable access through advocacy and campaigns. Following the training, women with disabilities have been engaging the health facilities staff in their localities to address issues that hinder them from accessing SRH services. The regulatory bodies of health care workers (The General Nursing Council of Zambia, Health Professional Council of Zambia) and the Ministry of Health adopted the Association of Medical Councils of Africa (AMCOA) tools for reporting on migration and registration of health care workers. Amref was invited by the Parliamentary committee on health to make a presentation on the quality of health services in the public facilities and the recommendations made formed part of the report that was presented to the main house for debate.

In Zambia, CHWs face a myriad of challenges. They have no formal training, there is no supporting legal framework, and they are not fully acknowledged by the health system resulting in inadequate recognition and remuneration both at the facility and national level. In this regard, we helped support the establishment of the CHW platform in the two cities of Ndola and Kitwe in Copper belt. The CHW platform developed a gender-responsive constitution to legitimise their formation driven by the CHW steering committee with financial and technical support from Amref. Following the constitution validation, the platform registered 1,550 community health workers in both cities, allowing them to engage in interface meetings with the health facilities to address issues that affect their operations, such as attitude from facility staff and the availability of job aids. On its part, the steering committee has received skills in advocacy, and gender mainstreaming. The platform has also developed an advocacy strategy to strengthen their advocacy initiatives.

Radio, television, newspapers and various other forms of mass media play a key role in persuading a people to adopt new behaviours and create positive attitudes towards health care and solutions to the health problems. For this to be realised, there is need to capacitate media personalities on health reporting, to ensure the information published is accurate, up to date and relevant to the population. In 2019, Amref in Zambia held a meeting with editors from various media houses for training in health reporting. Besides journalists, the event also drew the participation of health stakeholders and partners who presented their work and health issues they wish covered among them Sexual Reproductive Health, Adolescent Health, Maternal Health, Community Health, Universal Health Coverage, National Health Insurance, Mental Health and Health Worker Migration.

## Youth In Action (Y-ACT) and Advocacy Accelerator

The **Y-ACT** programme provided advocacy resources and supported online engagement with youth advocacy movement of over 3,400 young people and 770 youth advocacy organisations across Kenya. It also created advocacy networks that catalysed the development of youth-focused policies on gender and SRH in four counties in Kenya: Nairobi, Kilifi, Kakamega and Samburu. The programme engaged youth and policymakers to co-create and pilot a scorecard to measure and hold governments accountable for Meaningful Youth Engagement (MYE) in policymaking processes in Kenya.

To boost youth advocacy, over the past two years, the **Advocacy Accelerator** (AAC) has built and proven its proficiency in providing bespoke needs-based organisational training to a variety of institutions from both Anglophone and Francophone Africa. In 2019, the AAC trained 326 advocates as a direct response to the capacity needs expressed by advocates across the region. This included delivering training in asset mapping for the Obama Foundation in Johannesburg, South Africa and developing a feminist advocacy training curriculum for the African Women's Development Fund (AWDF) in Ghana.

In 2019, 161 advocates attended the AAC webinars which are conducted in both English and French. During the year, we engaged 980 advocates through our online platforms. Our online library of advocacy resources has been accessed by 552 visitors, with 480 advocates downloading resources provided..

### About Y-ACT

Youth in Action (Y-ACT) was created in 2017 through support from the Bill and Melinda Gates Foundation through Amref USA. This initiative aims to mentor, support and train youth advocates to influence youth policy in the areas of gender equality and sexual and reproductive health and rights (SRHR) at national and grassroots levels.

Through Y-ACT, we are providing resources and training to youth advocates in Kenya to help them advocate for policies that advance gender equality and increase access to sexual and reproductive health services.

In its first year, participating youth selected three areas to be prioritised through Y-ACT: Comprehensive sexual and reproductive health education, youth-friendly services and information (particularly around SRHR) and girls' education and gender-based violence protection policies.



In 2019, through a survey that was carried out by Y-ACT, young people demanded accelerated action to end teenage pregnancies in Kenya. Y-ACT mobilised stakeholders through a multi-sectoral event to plan for the launch of a national campaign dubbed '**Sauti Sasa - Step Up the Fight to End Teenage Pregnancies.**' Over 90 delegates representing 36 stakeholders took part in the event, which registered over 50% youth participation, representation from the Executive Office of the President, County First Ladies' Association, the Ministries of Health, Education, Gender, Youth and Public Affairs and local celebrities and key influencers. The event presented evidence on best practice interventions in adolescent, sexual and reproductive health and rights (ASRHR) and highlighted those interventions that have not been effective in reducing teenage pregnancies. As a result, an action plan was developed to rally for the highest political commitment from the President of Kenya to end teenage pregnancies. This plan will pave the way for resource mobilisation and allocation to line ministries and the signing of contracts by stakeholders to address teenage pregnancies at the county level and will be pursued by the youth network to ensure accountability. In the same year, Y-ACT mobilised youth advocates virtually through online surveys and social media platforms, engaging them through a virtual event curated to raise awareness of and help end teenage pregnancies



The gender expertise across headquarters and countries enabled progress in Amref's gender mainstreaming and gender related work. Gender is now a defined responsibility area within the technical unit at headquarters. A review of the Amref Health Africa Gender Policy and Guidelines is underway as is developing capability statements for different country contexts based on different interventions.

A Community of Practice for learning, sharing and shaping the gender approach and interventions was formed. Additionally, capacity building of the advocacy staff and partner Civil Society Organisations (CSO's) in Gender Responsive Planning and Main streaming are took place. Some of the ongoing initiatives include:

- » **Ethiopia** is engaging men in maternal and reproductive health, where for a long time, reproductive and maternal health including family planning has been female (*mentioned under section 4.2*)
- » **Kenya** has been advocating for women to have decision making power in budgeting and accessing family planning services and making informed choices
- » **Kenya, Tanzania and Ethiopia** are working with male and female champions in targeted sensitisation campaigns to rally them around the gender inequality and social exclusion issues in ending FGM/C
- » In **South Sudan**, Amref is promoting a holistic survivor centered support services for Gender Based Violence (GBV) survivors through the family protection centre in Yambio State Hospital, Western Equatoria. The family protection centre facilitates access to integrated GBV case management (including clinical management of rape, psychosocial support and legal advice for GBV survivors) all in one place at the health facility. The Yambio State Hospital GBV prevention and response Family Protection Centre (FPC)/One-Stop Centre (OSC) established in 2019 has assisted 113 survivors (87% female). Further, in collaboration with the State Ministry of Health, State Ministry of Education, Gender and Social Welfare and the GBV sub cluster, 26 case workers (17 female) were identified, and trained.

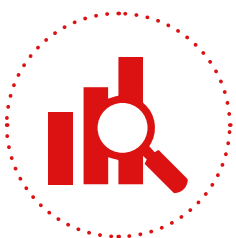
## RESEARCH

Amref is committed to inculcating research into everything we do in order to generate evidence for use, especially in advocating for change that will contribute to improved and lasting health in Africa. In 2019, 35 researches were ongoing. One of the key research initiatives was the **Kenya** impact study of the Alternative Rights of Passage. The study showed that Community-Led ARP led to delays in marriages and childbirth; led to better school retention and completion; reduced teenage pregnancies; and contributed to the decline in FGM/C prevalence.

In **Tanzania**, deployment of CHWs has largely been supported by non-governmental organizations (NGOs) who often determine their incentives. This qualitative study aimed to explore how incentives influence CHW motivation in the provision of family planning services in Msalala and Shinyanga districts. The study reveals that although CHW motivation was related to feelings of accomplishment and respect from the community, financial incentives were found equally important for motivation. While most CHWs received non-financial incentives, CHWs had unequal access to financial incentives. Key informants confirmed that there was no coordination on incentives at district level. Results from this study show that there is a need for better coordination and standardisation of CHW incentives.

The front-line health care workers training project is a 5-year initiative led by Amref Health Africa's **Institute of Capacity Development** in collaboration with Amref Health Africa in **Tanzania** and with support from the GSK. The goal of this project is to contribute to the reduction of maternal and infant mortality rate through increasing the quantity and quality of trained nurses and midwives. This operational research aimed to determine the impact of eLearning project on knowledge, skills, and perceptions among in-service nurses and midwives in Tanzania. The study has shown that the current eLearning framework meets the 8-dimensional eLearning framework (Khan framework); it was also revealed that students had positive perceptions on the information quality, service quality and system quality in transferring knowledge. Furthermore, e-learned nurses and midwives agreed that eLearning program positively increased their knowledge transfer and improved their midwifery skills and competencies. However, the study revealed that mentors and in-charges were moderately satisfied with quality services demonstrated by the e-Learned nurses and midwives to the patients.

The Amref Health Africa in **Malawi** study on the role of Health Surveillance Assistants (HSAs) in provision of family planning services showed that the minimal training of HSAs on provisions of contraceptives leading to them to being in-effective in supporting the contraceptive program at district level. This is compounded by erratic supply of contraceptives and frequent stock outs which results in women forced to change their choices of contraceptive methods.





The low knowledge on contraceptives is worrying especially given that the majority of study participants (women) preferred HSAs to be provider of contraceptives since they trust them. The study also showed that decision making about use and choices for contraceptive use is generally influenced by men. The study has been published in BMC journal for reproductive health. Furthermore, the findings of the study were also presented at the African population conference in Uganda in November 2019.

The Knowledge SUCCESS programme under **ICD** completed a landscape mapping that surfaced knowledge management opportunities in Family Planning and Reproductive Health (FP/RH) in East Africa. The exercise was carried out across 4 countries (**Kenya, Uganda, Tanzania and Rwanda**) and the following gaps were revealed;

- » There are many and varied stakeholders and platforms within the FP/RH space in East Africa which vary in areas of interest, geographic scope, and resources available for FP/RH programming, and operate in silos, limiting the full effectiveness of efforts targeting FP/RH
- » With the large number of actors and resources in the FP/RH space, knowledge and information becomes fragmented and is at times lost, making KM approaches and strategies critical to ensure learning can take place for better decision making
- » There are a number of gaps and subsequent opportunities to better leverage KM in the FP/RH space in East Africa building off existing infrastructure. However, knowledge and the understanding of the value of KM for FP/RH is low in the region.

## OUR SUBSIDIARIES



### AMREF FLYING DOCTORS

The Amref Flying Doctors Board of Directors appointed Stephen Gitau as the new Chief Executive Officer following the retirement of Dr Bettina Vadera. Stephen joined Amref Flying Doctors in 2011 when the company was transitioning from a department of Amref Health Africa to a commercial entity. During this time, he has provided vital support in strategic leadership, while managing the Finance, Human Resources, ICT and Administration – a role he played until he was appointed Chief Executive Officer. Under his visionary leadership and with the support of the Board of Directors and the staff of Amref Flying Doctors, the company is looking at prosperity and growth.

After successful completion of a voluntary and exhaustive audit process, Amref Flying Doctors received the 4th re-accreditation from the European Aero-Medical Institute (EURAMI) bringing to 12 the number of years the organisation has held the prestigious certification since 2007. The re-accreditation covers long-range/intercontinental fixed wing and commercial escort accreditation category endorsements on Adult Critical Care.

EURAMI is a world leader in aeromedical accreditation and only recognises air ambulance services with the very highest medical protocols and aviation records. EURAMI accreditation is just one of many prestigious accreditations held by Amref Flying Doctors,

having been a two-time winner of the prestigious International Travel Insurance Journal (ITIJ) Air Ambulance of the Year Award.

In 2019, Amref Flying Doctors became an official training centre of the American Heart Association. This agreement will see Amref Flying Doctors operate directly under and with the association for more efficient operations and greater potential for continued growth.

The development puts Amref Flying Doctors in a better position to serve its customers, instructors, and the public. When designating its training centres, the American Heart Association looks at a multitude of factors including company history, past and future growth, company stability, operations and more.



## AMREF ENTERPRISES LIMITED

Amref Enterprises (AEL) supports Amref's vision by contributing to the lasting health change in Africa and improving health of communities by partnering with, and empowering, communities, health authorities, Governments and strengthening health systems. Since the establishment of the social enterprise arm of Amref Health Africa, AEL is responsible for delivering sustainable social value through incubation and commercialisation of innovative solutions conceptualised and developed throughout the organisation. AEL is keen to uplift communities in SSA through provision of innovative and sustainable products and solutions for Health Technology Business, UHC and Clinical Services portfolio.

With statistics showing that close to 1 billion people globally do not have access to Assistive Technology (AT) and the gap is likely to double by 2050, Amref Enterprises Limited is investing in AT through Innovate Now, Africa's first Assistive Technology Accelerator Programme. The initiative is part of the AT2030 Programme and is implemented by Amref Enterprises Limited (AEL) and led by the Global Disability Innovation Hub. It will provide advanced business and technical support to over 60 start-ups, 15 of which will be tracked to scale to develop assistive technology innovations, products and services that help improve the overall wellbeing of persons with disabilities. The entrepreneurs will be supported through expert mentorship, user-centred design, user-testing through a network of Live Labs, as well as access to seed funding.

In addition, the Amref Central Laboratory entered the last phase of implementing a Quality Management System (QMS) to conform to the international standard ISO 15189:2012 for medical laboratory quality and competence. With unwavering support and commitment from management, the laboratory has been able to introduce processes that guarantee safety, quality and confidence in its diagnostic and consultancy services. The recommendation for accreditation came after the Amref Central Laboratory underwent conformity assessment to ISO 15189:2012 international standard by Kenya Accreditation Service (KENAS). In terms of capacity building and enhancing health change in Africa, the laboratory successfully trained six Laboratory Professionals from Somalia (supported by WHO Somalia) on sample collection, transportation and handling, and laboratory diagnosis of suspected cases of Cholera.

This effort was highly commended by the WHO. The journey to accreditation began in early 2018 and is expected to be completed in June 2020.

Still under AEL, piloting of the Makueni Partnership for Primary Care (Makueni P4PC) continued at Emali Model Health Centre, Tutini Dispensary and Matiku Dispensary, facilities already recognised as National Hospital Insurance Fund (NHIF) outpatient centres. The project is a partnership between Amref Health Africa, Royal Philips and Makueni County and aims to enhance the county's primary health care system by improving access to high quality primary care in a financially sustainable and scalable way. The project leveraged on m-health application, *mJali*, to enrol more community members onto NHIF. To boost the provision of services, equipment and additional staff were delivered to the facilities.

Following the partnership, service utilisation rose significantly across all three pilot health facilities owing to increased demand for quality health care, and continuity of care rose considerably across all three pilot health facilities as a result of positive change in the health-seeking behaviour of community members. However, NHIF enrolment and retention remains a challenge, moreso in areas where majority of community members work in the informal sector., amplifying the role of Community Health Volunteers as key players in community outreach and the running of a well-functioning and sustainable primary care health system.

AEL continued implementing the five-year (2016-2021) Innovative Partnership for Universal and Sustainable Health Healthcare (iPUSH) Project in Kakamega and Nairobi counties with funding from the Dutch Postcode Lottery. Implemented by Amref Health Africa and the PharmAccess Foundation in collaboration with the Ministry of Health, the two-county governments and NHIF, the project targets women of reproductive age. Leveraging on mobile technology, it focuses on increasing knowledge of maternal and child health as well as empowering low-income communities in Kenya to save for their health expenditure. To date, the project has equipped 2,220 CHVs with tools, skills and knowledge to promote Primary Health Care services. So far, 94,000 households have been on-boarded to digital platforms for monitoring, referrals and subsequent decision making and linked to 76 health facilities enrolled on the quality improvement programme. Also, 10 work improvement teams (WITs) have been trained on continuous improvement of community health services; 35,000 women of reproductive age and approximately 75,000 members of their households have been empowered to access quality health services through the National Hospital Insurance Fund (NHIF).



## AMREF INTERNATIONAL UNIVERSITY

The past year was a historic one for the Amref International University (AMIU). The pan-African university focuses primarily on health sciences training with a commitment to progressively develop innovative programmes catering to the present and future needs of African populations. From the inauguration of the first Chancellor, AMIU's first graduation ceremony, the launch of new programmes, recruitment of students, hiring of academic leaders, participation in sector events, 2019, was indeed a year of great milestones for AMIU. These developments position it well to deliver on the vision and help bridge the health workers gap in Africa through training of health personnel.

Early in the year, the university inaugurated HE Mr Festus Mogae, the third President of Botswana and a Mo Ibrahim prize holder as the first Chancellor to serve in the position for one term of five years. Among other duties, H.E Mogae will confer degrees and award diplomas and certificates during graduation ceremonies. AMIU's premier graduation since transitioning from Amref International Training Centre was held in December 2019. The first cohort of students who completed their programmes in Comprehensive Reproductive Health and Registered Community Health Nursing graduated. During the year, the University completed the design and sculpture of the mace, bringing to completion, the three requisite instruments of authority, the others being the logo and the seal.

In addition to the existing three-degree programmes in Community Health Practice, Health Systems Management and Development and Health Professions Education, 2019 saw the addition of new academic programmes: Diploma Critical Care Nursing, BSc Nursing, BSc Midwifery and Reproductive Health, BSc Physiotherapy and Master's in Public Health. At the same time, the total student population in various degree and diploma programmes was 490; 211 participants of various short courses and five (5) students on an exchange programme from Groningen University, Netherlands.

The University continues to depend on a large proportion of part-time academic staff. However, the number of full-time staff is increasing as the University requires full-time academic leaders for accreditation of programmes by regulators. The University Council appointed Prof Marion Mutugi as its Vice Chancellor

and Prof Anselimo Makokha as Deputy Vice Chancellor in charge of academic affairs. Within the year, the Council also appointed: Deputy Registrar in Charge of Administration, Planning and Development, Deputy Registrar In Charge of Academic Affairs, University Librarian, Dean of Students, academic leaders in public health, health systems, health professions education, physiotherapy and critical care and Communications and Marketing Manager. Several policy documents were developed - Human Resources Policy Manual, Examination Policy, Consultancy Policy, Library Policy and Student Disciplinary Policy - to guide the running of the university.

On thought leadership, the University was actively involved in sector events. This includes the Vice-Chancellors Forum, the Kenya Association of Private Universities (KAPU), the Deputy Vice-Chancellors forum, the University Librarians Forum, the Academic Registrars Forum in addition to activities in various professional bodies. Participation in the forums informed on developments in the university education subsector, learning from peers and provided the opportunity to participate in development and review of regulations and frameworks of interest to AMIU. Moreover, AMIU hosted 100 delegates from 17 countries at the 2nd Inter-professional Education and Collaborative Practice for Africa Conference. The Conference was hosted in Collaboration with WHO collaboration Centre for the Family of International Classifications (WHO – FIC) and SIGMA Theta Tau’s International Tau Lambda At large Chapter; Mr Norbert Boruett of AMIU is the Vice President of the network.

The University was involved in several research activities with various partners, as below:

<b>WHO</b>	<ul style="list-style-type: none"> <li>» Malaria microscopy</li> <li>» Essential Malaria microscopy competence.</li> </ul>
<b>Danone Nutricia and Danone ecosystem</b>	» Kenya Innovative and Sustainable Solutions for Midwives Education and Employment (KISSMEE) Project.
<b>Philips Foundation</b>	» Midwives Ultrasonography
<b>University of Liverpool</b>	<ul style="list-style-type: none"> <li>» Paygo evaluation of energy health and air pollution</li> <li>» Evaluation of the performance of cook pots for efficiency and reduction of air pollution.</li> </ul>
<b>Amref Kenya Country Office</b>	<ul style="list-style-type: none"> <li>» Assessing willingness and ability to pay in rural households: The case of Busia County</li> <li>» Effectiveness of Real-Time Emergent Learning in the improvement of health programmemeing: The case of K-SHIP.</li> <li>» Documenting outcomes of key sanitation and hygiene indicators and constructs in the household behaviour change pathway of sanitation and hygiene intervention in the KSHIP coverage areas</li> <li>» Is “<i>Binti Shujaa</i>” an effective model in improving ANC and SBA uptake among adolescents and teenage girls?</li> <li>» What are the strategies that can be put in place to scale up utilization of reproductive health services among the adolescent and youth in pastoral Turkana and Samburu Counties, Kenya</li> <li>» Feasibility of engaging Community Health Volunteers as agents of Family Planning services uptake at Community Units in Turkana County</li> <li>» Effectiveness of community health workers household mapping of pregnant mothers in the utilisation of antenatal care, skilled birth attendant, and immunization in Turkana County</li> <li>» Effectiveness of “<i>Kimormor</i>” concept on maternal and child health outcomes among pastoral communities Case of Kibish Sub County, Turkana County</li> <li>» Validation of the test results conducted by Community Health Volunteers using Malaria Rapid Diagnostic Kits</li> </ul>

## MY AMIU EXPERIENCE

*"A few years ago, we stepped into the home of Inspiring Lasting Change, the AMIU. We walked through those gates as clean slates waiting to be written on. I believe we have all had both challenges and beautiful moments in this institution and have built meaningful relationships during our time at the university. Above all, I believe that we all have been fully groomed in learning and character and are ready to take whatever life hands to us.*

*I speak for the entire class of 2019 when I say that our experience here has been an unforgettable one. We will remember the serene learning environment, the flexible (and blended) study mode and essential learning resources, including well-equipped skills lab and competency-based training and assessment methodology at AMIU.*

*This class of 2019 will remember the relationships we built, the people we met and the entrepreneurial and professional training we received through practical sessions, which sharpened our technical, research, managerial and leadership skills and prepared us for successful professional careers."*



*A few years ago, we stepped into the home of Inspiring Lasting Change, the AMIU. We walked through those gates as clean slates waiting to be written on.*

**-Walter Owate-**

# OUR LEADERSHIP

## 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. The Board is consciously aware that the gender split in the board is not adequate and is working towards a gender balance in the board.



Omari Issa,  
Chair



Judith Chinkumbi,  
Director



Dr Teshome Gebre,  
Director



Kellen E Kariuki,  
Director



Timothy S Wilson,  
Director



Tjark De Lange,  
Director



Tito Alai,  
Director



Jacques van Dijken,  
Director



Mary Ann Mackenzie,  
Director



Dr Githinji Gitahi,  
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.

**Global Leadership Team:** The GLT is mandated by the Board, under the leadership of the Group Chief Executive Officer, to make implementation decisions regarding strategy, budget, resourcing, priorities, risk management and planning for Amref Health Africa. GLT provides, vision, motivation and inspiration that leads to delivery of strategy and Amref achieving its ambition of lasting health change in Africa

**Our Senior Leadership Team (SLT):** 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.

For more information on the leadership team and roles: [www.amref.org/our-leadership/](http://www.amref.org/our-leadership/)

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Website: www.amref.org/zambia

## OUR PARTNERS

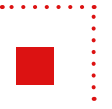
### Grants expenditure by donor FY2019

Donor	Amount	Percentage
GLOBAL FUND	28,527,796	26.5%
USAID	15,602,311	14.5%
CDC	14,450,734	13.4%
Dutch Ministry of Foreign Affairs	7,634,646	7.1%
GSK	3,524,281	3.3%
Global Affairs Canada	3,428,754	3.2%
European Union	2,411,049	2.2%
AMREF ITALY	1,879,412	1.7%
UNFPA	1,555,666	1.4%
Amref Netherlands	1,318,945	1.2%
Coca Cola foundation	1,263,457	1.2%
IRISH AID	1,193,874	1.1%
STERNSTUNDEN	980,000	0.9%
ZWS (a.o)	911,174	0.8%
Health Pool Fund	851,693	0.8%
Bill and Melinda Gates Foundation	790,159	0.7%
UNOPS	758,699	0.7%
Results for Development	738,271	0.7%
Dutch Postcode Lottery	738,131	0.7%
DFID	627,304	0.6%
Hewlett Foundation	614,366	0.6%
Italian agency for development Cooperation	573,143	0.5%
SIGHTSAVERS	564,155	0.5%
Simavi	556,507	0.5%
HDIF	553,021	0.5%
JOHN SNOW INC	538,549	0.5%
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	530,597	0.5%
Italian agency for development corporation	473,441	0.4%
CIFF	449,948	0.4%
Spanish Corporation	440,352	0.4%
Packard	431,361	0.4%
Amref Spain	425,848	0.4%
Nutrition International	409,452	0.4%
Gates Foundation	403,099	0.4%
Amref Italy and Italian agency for development Cooperation	396,165	0.4%
Achmea Foundation	393,609	0.4%
Jochnick Foundation, CZ Foundation (a.o.)	393,168	0.4%



Scottish Government	385,138	0.4%
Amref Nordic	376,133	0.3%
Elsevier Foundation	349,197	0.3%
FMAO Bank / Philips Foundation	343,025	0.3%
Dunea	342,441	0.3%
Agence France Développement	338,570	0.3%
Cartier Phyanthropie	334,909	0.3%
EABL	334,383	0.3%
European Union	333,888	0.3%
End Fund	323,981	0.3%
Aqua4all, Made Blue (a.o.)	316,041	0.3%
GAC	302,541	0.3%
Waldesian Church and Amref It	286,435	0.3%
Lou Cabassou (a.o.)	275,742	0.3%
Takeda Pharmaceuticals	271,875	0.3%
Contribute Foundation (a.o.)	264,973	0.2%
AMREF GERMANY	258,751	0.2%
Johnson & Johnson	258,681	0.2%
JICA	240,088	0.2%
AMREF USA	235,471	0.2%
CCRDA	212,859	0.2%
Comic Relief	210,592	0.2%
FINISH MONDIA	204,028	0.2%
AZ	198,067	0.2%
BMZ	184,632	0.2%
GBSN	182,122	0.2%
CHARITY WATER	175,463	0.2%
UNDP	167,890	0.2%
AMREF HQ	167,104	0.2%
JHIEPAGO	159,108	0.1%
Stichting Mebi (a.o.)	159,014	0.1%
PATH	124,059	0.1%
Bread for the World	122,059	0.1%
UNICEF	115,320	0.1%
Barmherzigkeit	115,294	0.1%
IDRC	105,379	0.1%
Swansea university/inturburns	105,346	0.1%
WHO	98,866	0.1%
Amref France	92,282	0.1%
BMZ/GIZ	89,217	0.1%
Intrahealth International	89,195	0.1%
MADRID CITY COUNCIL/ SPAIN	88,575	0.1%

Swiss FCF	84,357	0.1%
BUSARA Centre	82,653	0.1%
UN WOMEN	76,650	0.1%
John Hopkins University	74,507	0.1%
BMGF	71,392	0.1%
Monaco Government	68,181	0.1%
Philips Foundation	63,644	0.1%
CLUB SANTE AFRIQUE	61,718	0.1%
ENTERPRISE	61,294	0.1%
SAFARICOM	59,516	0.1%
MPESA Foundation	58,161	0.1%
PORTICUS	56,809	0.1%
Stockholm University	47,322	0.0%
SMILETRAIN	40,565	0.0%
FUND RAISING	37,399	0.0%
ELRHA	34,948	0.0%
THE NATIONAL LOTTARY COMMUNITY FUND/ AMREF UK	27,792	0.0%
SISU	23,390	0.0%
GIZ	21,851	0.0%
Malteser International	17,354	0.0%
Amref UK	15,655	0.0%
University of Anterwerp	13,288	0.0%
Maastricht University	10,008	0.0%
BAF	9,307	0.0%
Global Disability Innovation Hub	7,053	0.0%
Nando and Elsa Peretti Foundation	6,854	0.0%
IECD	4,706	0.0%
IOM	1,942	0.0%
Vinas Laboratories	1,395	0.0%
Megagroup	530	0.0%
SWISS FAMILY FOUNDATION AND THE SOUTHERN CHARITABLE TRUST	491	0.0%
WSTF	480	0.0%



# FINANCIAL REPORT

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

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