



# 2018

YEAR IN REVIEW





**Creating Lasting Health Change in Africa**

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## ACRONYMS & ABBREVIATIONS

AHAIC	Africa Health Agenda International Conference	C-LMG	Community Leadership, Management and Governance
AHBS	Africa Health Business Symposium	CPD	Continuous Professional Development
AMC	Amref Medical Centre	CSO	Civil Society Organisation
AMIU	Amref International University	CURAFA	Cure and Afya
ANC	Antenatal Care	DHE	Department of Higher Education
ARP	Alternative Rite of Passage	DHIS	District Health Information System
ASRH	Adolescent, Sexual and Reproductive Health	FBO	Faith Based Organisation
BEmOC	Basic Emergency Obstetric Care	FGM/C	Female Genital Mutilation/Cutting
CAIA-MNCN	Canada Africa Initiative to Address Maternal, New-born and Child Mortality	FMO	Netherlands Development Finance Company
CSR	Corporate Social Responsibility	FP	Family Planning
CBO	Community Based Organisation	GDPR	General Data Protection Regulation
CBS	Community Based Surveillance	GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
CDN	Canadian Dollar	GSK	GlaxoSmithKline
CEFM	Child Early and Forced Marriage	HCW	Health Care Worker
CEO	Chief Executive Officer	H.E	His Excellency
CHEWs	Community Health Extension Workers	HDIF	Human Development Innovation Fund
CHVs	Community Health Volunteers	HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
CHWs	Community Health Workers	HMTs	Health Management Teams

HRH	Human Resources for Health	·	LMA	Leadership, Management and Advocacy
HSAP	Health Systems Advocacy Partnership	·	LMG	Leadership, Management and Governance
HTI	Health Training Institution	·	LMS	Learning Management System
HUMC	Health Unit Management Committee	·	MDI	Management Development Institute
ICD	Institute of Capacity Development	·	MNCH	Maternal and Child Health
ICM	International Council of Midwives	·	MoH	Ministry of Health
ICT	Information Communication Technology	·	MSAS	Ministry of Health and Social Action
IEB	Independent Examination Board	·	MYE	Meaningful Youth Engagement
IDF	International Diabetes Federation	·	NCDs	Non Communicable Diseases
IFC	International Finance Corporation	·	NCK	Nursing Council of Kenya
i-PUSH	Innovative Partnership for Universal Sustainable Healthcare	·	NGO	Non-Governmental Organisation
ITIJ	International Travel & Health Insurance Journal	·	NHIF	National Hospital Insurance Fund
JFY	JICA Financial Year	·	NTIF	Nutrition Leverage and Influence for Transformation
JICA	Japan International Cooperation Agency	·	NMs	Nurses and Midwives
KISSMEE	Kenya Innovative and Sustainable Solutions for Midwifery Education and Employment	·	NYC	New York City
KQMH	Kenya Quality Model for Health	·	ODF	Open Defecation Free
KYPA	Kenya Young Parliamentarians	·	ODSS	Organisational Development and Systems Strengthening
LCD	Liquid Crystal Display	·	OECD	Organization for Economic Cooperation and Development
LGAs	Local Government Authorities (LGAs)	·	OOP	Out-of-pocket
		·	OPD	Out Patient Department

PEPFAR	President's emergency plan for AIDS Relief	:	TCS	Tata Consultancy Services
PPP	Public Private Partnerships	:	THE	Total Health Expenditure
QI	Quality Improvement	:	TV	Television
RGIL	Reading Glasses for Improved Livelihoods	:	UHC	Universal Health Coverage
RMCH	Reproductive, Maternal, Neonatal and Child Health	:	UK	United Kingdom
RTCs	Regional Training Centres	:	UMCU	University Medical Centre Utrecht
RMNCAH	Reproductive, Maternal, New-born, Child and Adolescent Health	:	UN	United Nations
RTz	Rural Tanzania	:	UNFPA	United Nations Population Fund
SDG	Sustainable Development Goal	:	UNGA	UN General Assembly
SEK	Swedish Krona	:	USA	United States of America
SU4AM	Stand Up for African Mothers	:	USAID	United States Agency for International Development
SPARC	Strategic Purchasing Africa Resource Centre	:	US\$	United States Dollar
SRHR	Sexual and Reproductive Health and Rights	:	VHTs	Village Health Teams
SSA	Sub Saharan Africa	:	WASH	Water Sanitation and Hygiene
STIs	Sexually Transmitted Diseases	:	WHO	World Health Organisation
SWM	Solid Waste Management	:	WRA	Women of Reproductive Age
TB	Tuberculosis	:	Y-ACT	Youth in Action Network



# AMREF HEALTH AFRICA 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.

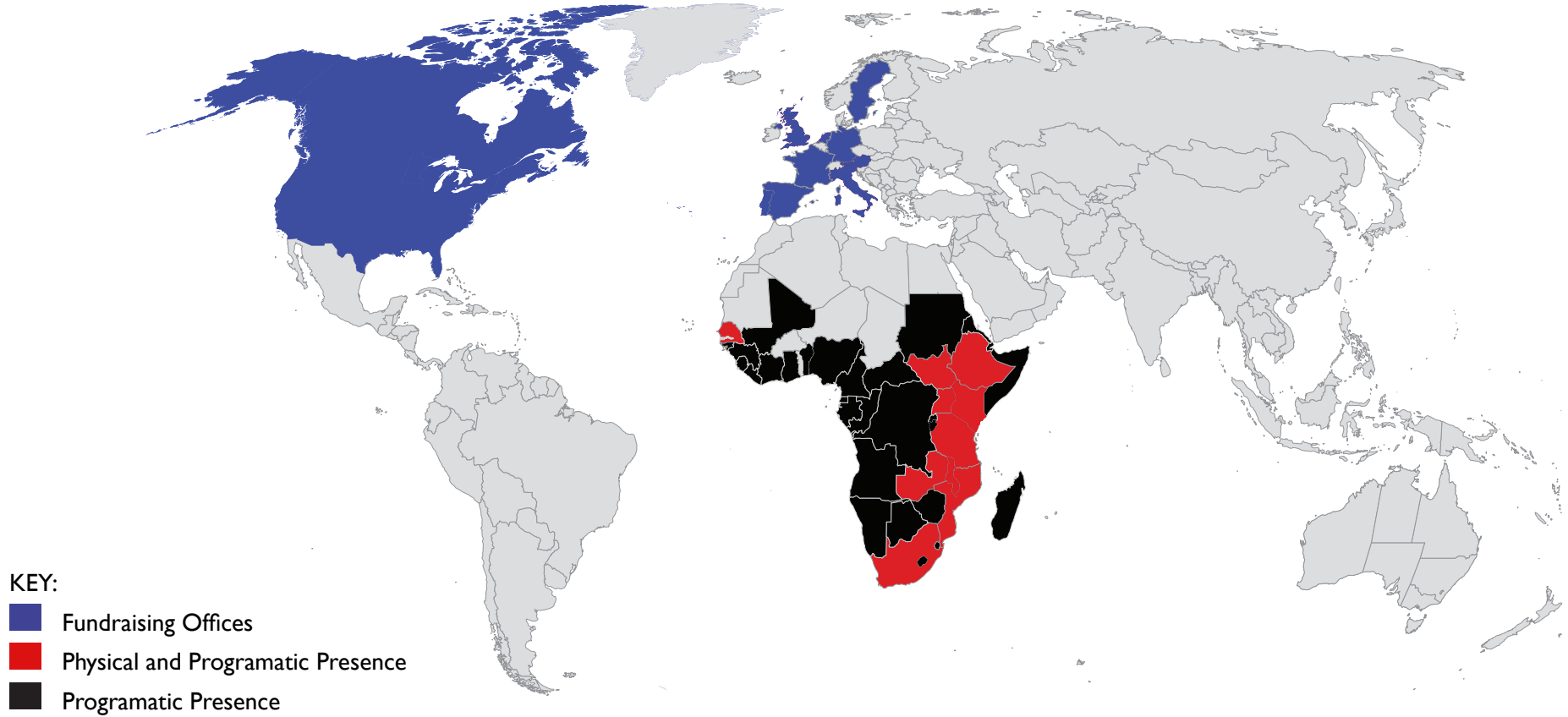
## Our Promise

- 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 programmes.

## Our Corporate Strategy



# Our Global Presence



- KEY:**
- Fundraising Offices
  - Physical and Programmatic Presence
  - Programmatic Presence

# FOREWORD

## Message from the **Chairman, International Board of Directors, Mr Omari Issa**

In 2013, I took over the position of the Chairman of Amref Health Africa's International Board of Directors from my predecessor, Dr Noerine Kaleeba, a time when the organisation was undergoing transformation to deliver a proficient and internationally representative structure.

The new board - comprising of representatives from national boards of Amref offices in the North and the South, and independent members - had been in place for just a year. Though new, we were all ready for the task ahead of us - to spearhead operations and activities of Amref and carry forward the vision of our founders in order to improve health of Africa's disadvantaged communities.

With the board having made significant progress in harmonising Amref's governance structure, we were in consensus that we needed to embrace new ways of operation – including a private sector approach, and broadening our sources of funding beyond traditional donors. Six years later, we continue to reap fruits of the transformational strategy that we adopted then. As the largest international health development organisation in Africa, Amref Health Africa boasts of a sustainable and growing funding base of over US\$100 million per annum and diverse partnerships with health stakeholders including private sector players, who contribute immensely towards to achievement of our vision of creating lasting health change in African communities.

Our strategic focus areas appropriately respond and address challenges faced by communities and health systems. Under my leadership, Amref Health Africa launched its 2018-2022 Corporate Strategy in 2018, which promotes the achievement of Universal Health Coverage (UHC) in our target countries by addressing challenges that hinder communities from accessing equitable, quality and affordable health services.



**“As the largest international health development organisation in Africa, Amref Health Africa boasts of a sustainable and growing funding base of over US\$100 million per annum and diverse partnerships with health stakeholders including private sector players, who contribute immensely towards to achievement of our vision of creating lasting health change in African communities.”**

Three cross-cutting themes - policy and advocacy, gender, research and innovation - have been incorporated into our project design and new corporate strategy, which has three strategic pillars - Human Resources for Health (HRH), Innovative Health Services and Solutions and Investing in Health.

Driven by our goal to deliver sustainable health access, since 2017, we have taken a leading role in the Universal Health Coverage discussion. We have been organising the Africa Health Agenda International Conference (AHAIC) every two years, a testimony that we have African communities at heart and want to change their lives through improved health coverage. This also demonstrates our commitment to inspire governments to prioritise healthcare in their national strategies. Through such conferences, Amref will continue to bring diverse stakeholders in one platform to share and understand health challenges in Africa, identify opportunities to collaborate and be part of conversations that help influence policymakers and donor priorities to advance UHC in Africa.

We have also achieved a major milestone receiving a Letter of Interim Authority from the Government of Kenya to run Amref International University, an institution focused on health sciences training and especially middle level health professionals such as nurses and midwives, public and community health and health system specialists.

I believe we are heading towards the right direction. The number of our beneficiaries keeps increasing annually. The number of the health workers that we train is also rising. We strive to deliver tangible impact on communities, and I am glad that I have been at the helm of one of the largest international health NGOs, spearheading its operations for six years. In 2019, my tenure as the Chairman comes to an end and I will hand over the mantle to the new Chairperson who will propel Amref to great success for the next coming years. I am certain that Amref will continue transforming lives of African communities, who are the centre of our work, and whom we have supported since 1957.

Together we can improve and change lives, together we can reform health systems, together we can achieve UHC, and together we can create lasting health change in Africa.



A word from the **Group Chief Executive Officer, Dr Githinji Gitahi**

**A**mref Health Africa remains committed to its bold vision of creating lasting health change in African communities by increasing access to sustainable health through solutions in human resources for health, health service delivery and investments in health, all geared towards a big ambition – Universal Health Coverage (UHC).

As leading champions of UHC in Africa, we strive to achieve and sustain our impact in African communities through implementation of our 2018-2022 Corporate Strategy – our key highlight for 2018 – which undoubtedly mirror our distinguished position as the leading Africa based international health development organisation.

Launched in 2018, the strategy demonstrates our commitment to UHC, to ensure individuals and communities - who are at the centre of our programmatic work - access the essential and quality health services they need without suffering financial hardship. We are glad that our integrated programmes reached a total of 15,267,875 people and trained 71,522 people during the past year.

In recent years, the concept of UHC has gained momentum among governments, civil society, the private sector and donors, across Africa and around the world. We are witnessing more countries recognise the importance of health in sustainable development and are committed to achieving “health for all” both as a fundamental human right and a cornerstone for social and economic development. The renewed focus on health particularly primary health care and the growing momentum around UHC is a first and critical step towards providing quality, affordable, health care for all. Aside from the apparent benefits of having a healthier population, UHC improves how health care is delivered and financed, so that it is more accessible, more equitable and more effective.

Our Corporate Strategy takes into consideration, among others, the unique health challenges that Africa faces and builds on our over 60 years of experience working with African communities. It also recognises the changing social-economic environment, shifting demographics and changing disease patterns, which call for the need to do things differently for impact.

“

**Amref Health Africa remains committed to its bold vision of creating lasting health change in African communities.**

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Our target to reach 100 million people in Sub-Saharan Africa over the next five years banks on partnerships with stakeholders, donors and African communities – who have all continued to support our work. On behalf of Amref, I would like to recognise and appreciate the generous support and contribution of all of our partners towards our vision.

Certainly, realisation of UHC in Africa will require political will, committed resources and coordinated action among stakeholders. In the changing health landscape, private sector players, foundations, civil society organisations and bilateral and multilateral donors agencies have a role to play. We will continue partnering with such partners, private sector, communities, particularly, ministries of health/governments to integrate health agendas into their national plans. This is key in supporting mobilisation of adequate resources to ensure equitable population coverage and the provision of quality primary health care by strengthening the health service delivery system, guaranteeing that health services are accessible to all (especially poor and vulnerable individuals) and increasing financial protection.

In 2019, Amref's resources will be channelled towards sustaining gains achieved through UHC and implementation of our Corporate Strategy with a strategic focus on three cross cutting themes - policy and advocacy, gender, research and innovation. We will also increase our focus on entrepreneurial and sustainability approaches while taking bold steps to increase efficiency and effectiveness in our core mission work with the communities and providing value for money.

As described in the pages following, Amref Health Africa's programme activities and subsidiary' work in 2018 were extensive, varied and impactful. We look forward to continued partnerships in order to uplift lives of African communities and make UHC a reality.

I wish to thank all our partners, communities and staff across Africa, Europe and North America as well as our International Board for continuous believe in our vision of lasting health change in Africa and its bold implementation converting promise into action.

# EXECUTIVE SUMMARY

I am delighted to present to you the Amref Health Africa Year In Review 2018. We are proud of the achievements posted by our programmes and subsidiaries, particularly, the positive impact that we continue to record on lives of communities in various parts of the Continent.

Activities under Amref's core pillars – Human Resources for Health (HRH), Innovative Health Services and Solutions, Investing in Health – and our Subsidiaries - Amref Enterprises Limited (AEL), Amref International University (AMIU) and Amref Flying Doctors – were all geared towards our vision of creating lasting health change in African communities.

Through our various programmes, we are glad to report that we reached a total of 15,267,875 people, and trained 71,522 health workers in 2018, a clear demonstration of our commitment to improve access of health services by all.

In 2018, activities under the Human Resources for Health pillar saw an increase in the number of skills matrix of health workers, strengthened Leadership, Management and Governance (LMG) capabilities within health systems, and improved HRH productivity.

In Kenya, Community Health Workers (CHWs) were trained using diverse approaches, including digital technologies. In Ethiopia, Amref enhanced competencies of health workers through its Reproductive, Maternal, Neonatal and Child Health (RMNCH) Programme, creating stronger health systems at the regional and national level. In Uganda, efforts to address the health workers gap saw the implementation of projects spread across, and aligned to UHC, research and advocacy. In Tanzania, there were key projects aimed at building skills for CHWs to bridge the gap between communities and health care systems. Mozambique focused on training of mid-wives. In Malawi, Amref improved the reproductive health of women, improved the health of children under-five and adolescents and trained health workers through eLearning.

In Kenya, Amref UK's GSK funded NCDs project built prevention and management skills of health workers in counties where NCD prevalence is high. Additionally, through funding from USAID, Amref USA implemented an anti-Female Genital Mutilation (FGM) and Child, Early and Forced Marriages (CEFM) project in Kenya and provided scholarships to nurse-midwife students. In South Africa, GSK's funded NCDs Project strengthened skills of managers of regional training centres in two provinces.

In terms of health systems advocacy, Amref complemented government's efforts through the formal launch of the Health Systems Advocacy Partnership (HSAP) in Kenya, Malawi, Uganda and Zambia. With the sole mandate to strengthen HRH, the Amref Institute Capacity of Development (ICD) recorded tremendous growth to forge a new identity separate from its primary role as a training centre. ICD's key

projects for 2018 were Advocacy Accelerator, E-campus, Innovate for Life Fund, and Youth in Action (Y-ACT).

During the year, Amref developed and delivered innovative health services and solutions that were geared towards creating awareness for obstetric fistula, advancing health policies for sustainable service delivery, improving water access for sustainable development, management and control of communicable diseases, health systems strengthening and reducing illness and death.

Amref Ethiopia and Amref UK focussed on improving water and sanitation in Ethiopia. Amref Uganda delivered a significant number of projects spread across, and aligned to Maternal and Child Health, HIV/AIDS, Tuberculosis (TB), Malaria, Water, Sanitation and Hygiene (WASH), health systems strengthening, capacity building for health workers, and research and advocacy themes. Also in Uganda, Amref implemented the Integrated Management of New-born and Childhood Illness/ Reaching Every Child Quality Improvement (IMNCI/Rec-Q) and built capacity of health workers to improve management and control of communicable childhood diseases.

Amref UK pursued a tightly-focused programmatic agenda directing efforts on four thematic project areas (Maternal, New-born and Child Health; Sexual and Reproductive Health and Rights; Health Worker Training; and WASH) projects that were supported by GlaxoSmithKline (GSK). Also in partnership with GSK and Human Development Innovation Fund, Amref UK deployed the Amref-developed Smartphone App mVaccination in Tanzania, a project aimed at reducing morbidity and mortality caused by vaccine-preventable diseases in children. In the spirit of exploring technological solutions that will accelerate UHC, Amref Health Africa organised the first meeting of Digital Health in Africa in West Africa. On its part, Amref Germany contributed to humanitarian crisis response in South Sudan. In Kenya, Amref partnered with the First Lady's Beyond Zero Campaign, to launch the innovative integrated Medical Safari to boost health care among rural communities. In partnership with GIZ Health Sector Programme, Amref supported the institutionalisation of the Kenya Quality Model for Health (KQMH), a systems approach to promote quality health care through training and mentorship of health care workers.

In Malawi, Amref in consortium with other organisations implemented the Trachoma Elimination Project, which ensured health facilities had running water and an operational full package of sanitary facilities.

Contributing to the investments in health pillar of our strategic plan, Amref Kenya supported the Government to develop a health financing strategic plan to guide the country towards UHC and supported six counties on budget advocacy for increased allocation and utilisation of funds in the health sector. Kenya also worked with partners and civil society to enhance the voice of citizens for improved access to health services and financial protection.

Amref Uganda created enabling investments in health by focusing on health advocacy agenda towards increased contribution to investments in health.

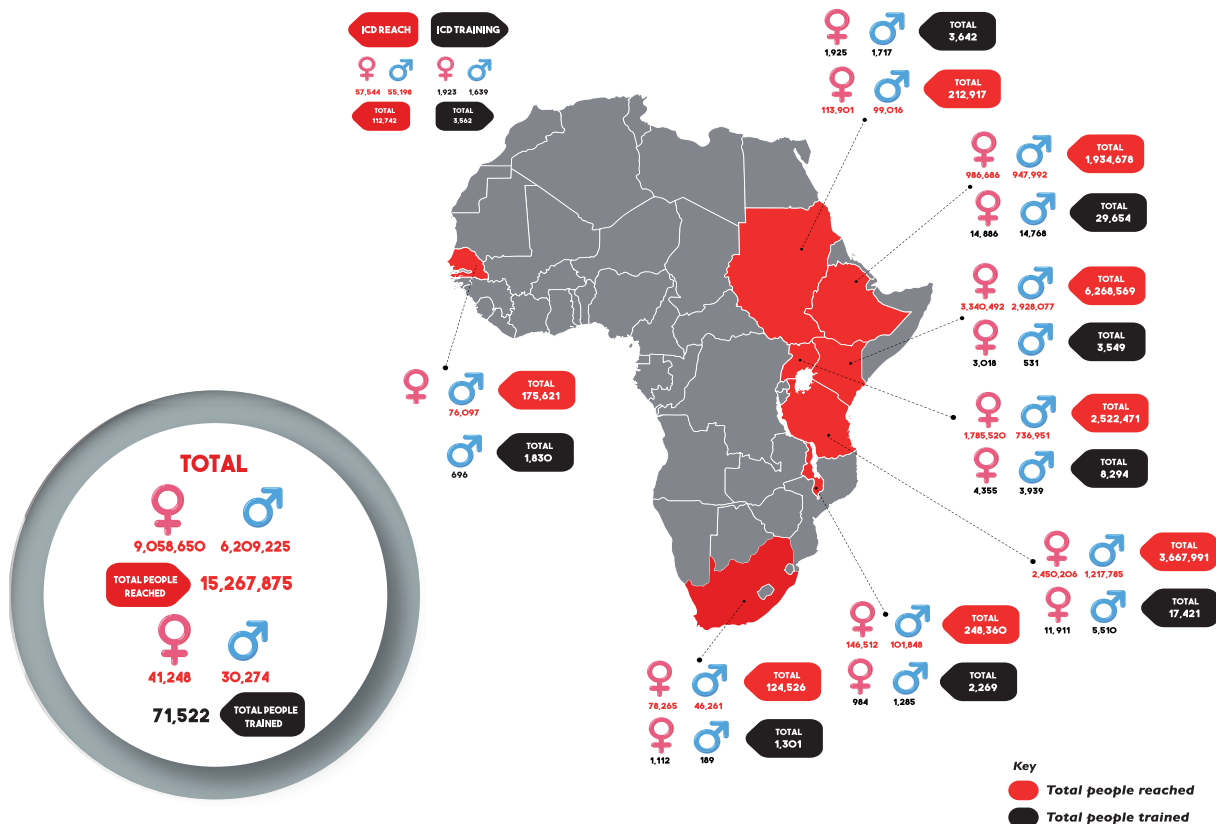
Amref UK partnered with communities in more than 30 countries to secure the right to health and break the cycle of poverty through Maternal & Child Health, Sexual & Reproductive Health & Rights, Water, Sanitation & Hygiene and Training Health Workers projects. To support its activities, Amref UK secured funding from James Percy Foundation, the Postcode African Trust, and Waterloo Foundation, Medicor Foundation and Allen & Nesta Ferguson Charitable Trusts, which will fund a range of projects, including Sexual and Reproductive Health and Rights (SRHR) work in Tanzania, SRHR work in Ethiopia and Malawi, FGM/C work in Kenya, and Mother and Child Health (MNCH) and WASH work in Uganda. Amref Nordic developed methods for creating synergies by synchronising and centralising strategies and processes for cost-effective fundraising activities throughout Amref. On its part, Amref USA raised funds to support the Strengthening Laboratory and Blood Transfusion Services in South Sudan under the President's Emergency Plan for AIDS Relief (PEPFAR) and HRH 2030, which trains health workers to prevent maternal and child deaths, expand access to family planning, control HIV/AIDS, and protect communities from infectious diseases. Major fundraising events for Amref USA were the annual ArtBall and Tata Consultancy Services (TCS) New York City (NYC) Marathon. During 2018, Amref Health Africa Italy supported 15 projects in 5 African countries.

Year 2018 was transformational for our three subsidiaries. As the social enterprise arm of Amref Health Africa, Amref Enterprises Limited (AEL) launched several projects and products aimed at generating income to fund our projects. Key among AEL's achievements was the launch of Cure and Afya (CURAFA) project, which adopted a multi-level approach to establish community care centres to make primary health care available to the underserved low income population. In response to the challenge of inadequate human resources in the health care, Amref International University (AMIU) entered into partnerships with key institutions in 2018 that will help strengthen the capacity and quality of the health workforce in Africa. Through these partnerships, AMIU will build capacity of health workers by equipping graduates and middle-level health care workers with knowledge and skills for operative implementation of the UHC 2030 Agenda.

Lastly, Amref Flying Doctors introduced an enhanced Maisha Annual cover, known as Maisha Diamond that includes post-evacuation hospitalisation benefit and repatriation option to South Africa. Maisha covers eight countries in the Eastern Africa region.

Indeed, we are appreciative of the support that we have received from our partners that has enabled us implement our planned activities for the year and contribute to our vision. In 2019, our resources will be channelled towards implementing our Corporate Strategy and executing specific projects under the cross cutting themes - policy and advocacy, gender, research and innovation.

# OUR REACH IN 2018



## RECOGNITIONS

Amref Health Africa (global) and the Amref Health Africa office in Spain received the Princess of Asturias Award for International Cooperation in Oviedo, Spain at a ceremony officiated by the King of Spain Felipe VI.

The Award is the most important prize in the country (*the Spanish counterpart of the Nobel Prize but at national level*).

Former winners of this category are important international personalities and institutions, such as Al Gore, WHO, International Space Station, Graça Machel and Nelson Mandela.

The prize was a sculpture of the famous Spanish sculptor Joan Miró and €50,000 for Amref.





# HUMAN RESOURCES FOR HEALTH

**H**uman Resources for Health (HRH) has long been recognised as the cornerstone of the health sector that produces, delivers and manage services. Despite World Health Organisation's (WHO) recommendation of a norm of 21.7 doctors per 100,000 population and 228 nurses per 100,000 population, Africa continues to face HRH challenges including shortages, capacity and retention of health workers. Anchored on our 2018-2022 Corporate Strategy, the Human Resources for Health strategic objective aims to develop and sustain HRH to catalyse the attainment of Universal Health Coverage (UHC) in Amref Health Africa's target countries. Activities under this pillar aim at increasing the number of skills matrix of mid-level and community level health workers, strengthening Leadership, Management and Governance (LMG) capabilities within health systems, and improving HRH productivity.

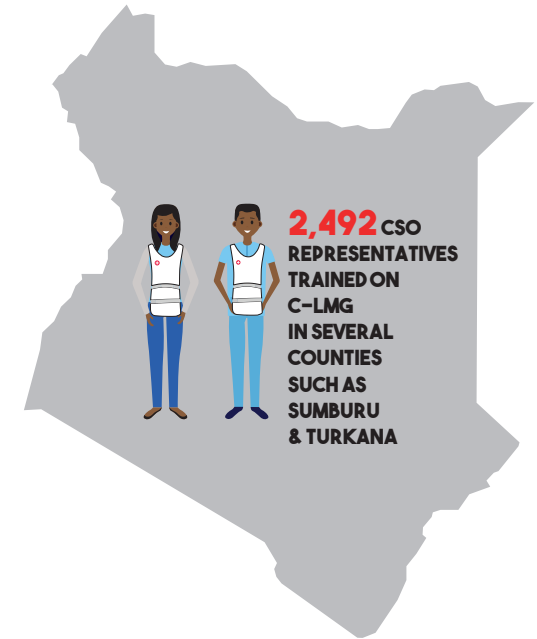


**Kenya:** Investments in HRH in Kenya focused on building capacities of health workers, prevention, management and control of Non Communicable Diseases (NCDs) and strengthening of LMG policies within health systems. Amref partnered with County Governments to increase the skills-mix and numbers of health workers, which saw training of 30,725 mid-level health workers and 885 community-level health workers (Community Health Extension Workers - CHEWs and Community Health Workers - CHWs) across Kenya's 47 counties. The training enhanced the skills of in-service and community-level health service providers in health service delivery, financing, information management systems, sexual and reproductive health and rights, education on Alternative Rites Of Passage (ARP), Female Genital Mutilation/Cutting (FGM/C), Child Early and Forced Marriages (CEFM) and enhancement of child protection.

During the same year, Amref Kenya built on decades of experience working within CSOs space and launched the Community Leadership, Management and Governance (C-LMG) flagship initiative. This approach played a critical role in the health ecosystem in delivery of health services through contribution to enhanced health care by providing affordable services in response to community needs, lobbying for equity and adoption of pro-poor health policies and acting as an intermediary between communities and government, among others. Employing Organisational Development and Systems Strengthening (ODSS) model, the initiative enhanced the capacity of local organisations to design, execute, monitor and evaluate the effect of their interventions. A total of 2,492 CSO representatives from several counties in Kenya such as Samburu and Turkana received C-LMG training and 13,612 community health workers were engaged by Amref projects through this initiative.

In recognition of the threat posed by Non-Communicable Diseases (NCDs) to sustainable development, Amref Kenya implemented Glaxo Smith Kline's funded' NCDs project that is managed by Amref UK. Supporting the prevention, management and control of NCDs to help reverse disease burden of Asthma and Diabetes and reduce associated morbidity and mortality, the project focused on building NCDs prevention and management skills of mid-level health workers and CHWs in counties where the diseases' prevalence is high. With a view to making potentially life-saving skills as widely available as possible, Amref used both eLearning and face-to-face training, supporting the integration of childhood Asthma and Diabetes into community health service provision at both health facilities and at the household level.

As a result of the training, health workers operating in both rural and urban settings provided over 3.7 million people with information and services through community outreach, household visits, community screening and service delivery at health facilities. By the end of the project, the percentage of health workers with improved NCD management skills had increased from 40% to 95%, the proportion of health facilities with appropriate equipment and commodities for managing Diabetes increased from 48% to 74%, while the percentage of community members seeking screening for Diabetes and Asthma rose significantly, a shift in behaviour that suggests that the project impact will be felt for years to come.



**Uganda:** In Uganda, Amref Health Africa continued to prioritise HRH development as one of the key strategic focus areas, equipping 10,368 health workers with LMG capacity for HRH. In 2018, Amref Uganda's eLearning programme trained 25 priority health professionals.

In addition, 80 health workers at management level had their skills in leadership management strengthened, 4,149 gained from improved health workforce performance through Continuous Professional Development (CPD) and 1,322 CHWs were also trained in operationalising referral system, which led to about 4,763 clients referred to health facilities by Village Health Teams (VHTs)/CHWs in Uganda.

Under institutional capacity building, Amref Uganda successfully trained leaders from 16 health training institutions through innovative e-health solutions enabling these institutions to undertake eLearning courses to strengthen their capacity in delivering LMG. Following the initiative, Amref Uganda witnessed an increased number and improved competency of health workforce of midwives. With 303 trained midwives, it meant that 1,280,000 expectant mothers could potentially access improved maternal health services across Uganda annually. Since we launched eLearning in Uganda in 2012, nearly 400 nurses and midwives have graduated from the course.

To bridge the health workers gap and save lives lost at childbirth, Amref UK extended funding to support training of midwives in Uganda through partnership with Glaxo Smith Kline (GSK), where Amref conducted eLearning courses for health workers. The eLearning initiative allowed midwives to study at their pace with minimal disruption while taking into account their work schedules.

**Ethiopia:** In 2018, Amref made tremendous progress in achieving its objectives in Ethiopia to increase the competency of 25,000 health care workers, including community health workers, who are key towards sharing relevant health knowledge, skills, and tools with communities to save lives and safeguard a healthy population. In terms of capacity building, Amref Health Africa provided training support to 13,776 health workers in Ethiopia. In the Pre-Service programme, we trained 249, of which 127 graduated and 122 enrolled. Regarding the training of community health workers, Amref trained 16,903 health extension workers and members of development.



CLOSE TO **5,000** CLIENTS  
WERE REFERRED TO HEALTH  
FACILITIES BY **1,322** TRAINED  
VILLAGE HEALTH TEAMS AND  
COMMUNITY HEALTH WORKERS  
IN UGANDA

**Tanzania:** In Tanzania, Amref's work complemented the government's efforts to provide quality health care to citizens as outlined in Tanzania's Health Sector Strategic Plan's (2015-2020).

Key projects aimed at building skills for CHWs to bridge the gap between communities and health care systems. Under the Global Health Security Agenda Project, Amref trained Health Care Workers (HCWs) and CHWs to detect and report epidemic-prone diseases. The project implemented in Arusha, Kilimanjaro, Kagera, Kigoma, Katavi and Mbeya regions reached 669 CHWs and trained 132 HCWs on Community Based Surveillance (CBS) and how to collect, organise, analyse and report data on weekly and monthly basis. A total of 144,428 households were visited by CHWs in their villages. Of the cases detected, 76.8% were reported to the health facility by CHWs.

In collaboration with the Government of Tanzania, Amref implemented the Mafunzo Project, More and Better Midwives, Stand Up for African Mothers (SU4AM), e-Learning and Jenga Uwezo Projects to upgrade and enhance the skills and capacities of health care providers. The project was undertaken with a number of stakeholders including those from the private sector, and community health workers and trained 383 needy Nurses and Midwives (NMs) students under scholarship and bonding retention model where 312 NMs graduated and 135 NMs were employed.

**Mozambique:** In Mozambique, the Amref Nurses and Midwives Capacity Building Project targeted reduction of maternal and under-five mortality rates by increasing access to quality healthcare. The project improved the capacity of 90 nurses/ midwives to manage priority MNCH issues and strengthened the capacity of 30 tutors from four training institutes to offer quality Basic Emergency Obstetric Care (BEmOC) training for students.

**Malawi:** In 2018, Amref started implementing the 2018-2022 Strategic Plan for Malawi, which focuses on improving reproductive health of women, improving health of children under-five and adolescents, capacity building and training of health workers through eLearning, Trachoma elimination (WASH programme) and health systems advocacy. To upgrade the qualifications and knowledge base of HRH, Amref pursued eLearning initiatives to accelerate the upgrading of Malawi's Nurses and Midwives Project, which finally enrolled students. Piloted at Ekwendeni College of Health Sciences and the Malawi College of Health Sciences (Blantyre Campus), the project enrolled 89 students and offered opportunities to nurse-technicians to upgrade their qualifications while they are working, thus minimising disruptions.

**South Africa:** Amref Health Africa South Africa implemented the GSK funded NCDs Project with the aim of enhancing the prevention, management and control of Obesity, Hypertension and Diabetes at the community and health facility levels in Gauteng and Limpopo Provinces. The project strengthened regional training centres in the two provinces to sustainably address human resources for health challenges both in terms of numbers and skills development for prevention, management

and control of the target NCDs.

The project trained 139 leaders and managers from 20 Regional Training Centres (RTC) in LMG.

Amref conducted in-service training courses for 878 professional health workers in the two provinces; exceeding the target by 698.

A further 1,353 community health workers/ health promoters were also reached to improve their knowledge on NCDs in the two provinces.



The training module of the Health Promotion Officers Course on Public & Community Health Support was converted into eLearning with technical assistance from the Amref Institute of Capacity Development (ICD). In 2018, Amref registered as a Training Service Provider by the Independent Examination Board (IEB), the governmental agency responsible for the final examinations of the Health Promotion Officers learners. Amref is already registered with the Department of Higher Education (DHE) in order to comply with the regulations and procedures of the regulatory authorities in South Africa.

Amref Health Africa implemented a nutrition project in Ethiopia, Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda and Zambia in partnership with Nutrition International through Nutrition Leverage and Influence for Transformation (NLIFT) and Government of Canada through Global Affairs Canada to ensure that vulnerable populations reached through our programmes have access to nutrition interventions. The project involved systematic integration of nutrition into Amref Health Africa's programmes and countries; improved access to nutrition interventions for adolescent girls, women of reproductive age and children; and increased demand for and uptake of nutrition interventions by adolescent girls, women of reproductive age and children. As a result of the interventions, up to 10 million people benefited including adolescent girls, women of reproductive age, children and health workers both directly and indirectly. The project runs till 2019.

In terms of strengthening health systems, Amref launched and implemented the Health Systems Advocacy Partnership (HSAP) Project in Kenya, Malawi, Uganda and Zambia. The project supported the Ministry of Health in Malawi to disseminate Health Sector Strategic Plan II and the National Community Strategy, and to develop and print role clarity guidelines for CHWs, guidelines for health centre management committees and community centre action groups. Additionally, the project supported CSOs and CBOs in Malawi to advocate and lobby for increased number of HRH in rural areas. It also facilitated the formation of the African Media Network for Health (*Malawi Chapter*) and built capacity of journalists to report on HRH and sexual and reproductive health issues.



## Amref Institute of Capacity Development

With the sole mandate to strengthen HRH, ICD implemented activities and developed capacities of individuals, institutions and health systems through innovative approaches for improved health service delivery. In 2018, ICD recorded tremendous growth to forge a new identity separate from its primary role as a training centre. The Institute enhanced its visibility through an improved communications plan, launched targeted training to boost the capacity of its staff, enhanced existing networks and built new partnerships as well as increased efficiency of processes within Amref Health Africa. The year highlighted key contributions by ICD in catalysing HRH to attain UHC in Amref's target countries. As envisioned by the spirit of 'Ubuntu', a core value of Amref Health Africa alongside integrity and respect, the critical milestones achieved were made possible by the relentless team effort by 43 dedicated staff across 17 countries in Africa managing 16 lead projects serving populations in urban, rural and marginalised areas.

ICD's key projects for 2018 were Advocacy Accelerator, E-campus, Innovate for Life Fund, and Youth in Action (Y-ACT).

**Advocacy Accelerator:** In its second year since inception, the Advocacy Accelerator Project amplified its engagements in undertaking effective advocacy on policy and resource priorities focusing on Gender Equality and Sexual and Reproductive Health and Rights (SRHR) across Africa.

The programme reached over 350 advocates through in-person events, with almost one-quarter being youth, and over 250 advocates through a series of webinars in an effort to strengthen the capacity of the African advocates.

### e-Campus

ICD developed the e-Campus Learning Management System (LMS) based on a user-centred design for internal and external audience. The platform is currently in use in Kenya, Malawi and Tanzania, as well as in countries implementing the LMG course.

**Innovate for Life Fund:** Following the launch of Innovate for Life Fund that supports African entrepreneurs to develop innovative, sustainable and scalable solutions for a healthy Africa, the fund mapped out and on-boarded six most innovative entrepreneurs to take part in its 2018 Annual Accelerator Programme.

The entrepreneurs were coached, mentored and skilled to be investor-ready.

*The Innovate for Life Fund has proven how critical an African health tech accelerator is, bridging a very real gap between brilliant ideas and investors in Africa. The 2018 cohort of entrepreneurs will further stimulate tech-driven health solutions for and by Africans.*

*Ylann Schemm, Director of the Elsevier Foundation and founding partner of Innovate for Life Fund.*

**Youth in Action:** In 2018, Y-ACT trained 84 youth advocates from 51 youth-led organisations. With over 3,000 youth advocates and 750 youth-led organisations from across 44 counties already registered to the online portal, Y-ACT has become one of the largest youth advocacy network in Kenya. Following the trainings, the advocates achieved significant success in influencing policy on sexual and reproductive health, and rights and gender issues in counties.

Y-ACT successfully advocated for inclusion of priority interventions in the Kenya National Youth Development Policy, and for the Nairobi County Government to develop an Adolescent, Sexual and Reproductive Health (ASRH) policy framework.

Y-ACT also supported documentation of elements of Meaningful Youth Engagement (MYE), which resulted in the development of minimum standards and a scorecard, which were implemented in the pilot phase across Nairobi, Kakamega, Kilifi, Samburu and Marsabit counties.

As a direct result of these efforts, the Nairobi County Government created a technical working group, half of which was comprised of young adults, which then developed the County ASRH Policy.



**Leadership, Management and Advocacy:** The Leadership, Management and Advocacy (LMA) Programme subscribed a total of 43 surgical, anaesthetic, obstetric and trauma care providers who were equipped with leadership, management and advocacy capability to enhance efficiency and effectiveness of Public, Private and NGO stakeholders and institutions in the surgical health sub-sector. The programme improved the quality and increased access to surgical services in Kenya.

**Management Development Institute:** The Management Development Institute (MDI) Program is a result based management course designed to assist African ministries of health in implementing their particular national health priorities. The course enhanced leadership and management skills of leaders of organisations that are devoted to delivering health care services to underserved populations across 40 countries in Africa with 1,632 trained leaders and managers.

**HRH Kenya Deans Forum:** In 2018, ICD convened the 2<sup>nd</sup> HRH Deans Forum that was graced by four Vice Chancellors and one Deputy Vice Chancellor from various universities. The forum showcased sustained efforts of improving the quality of medical education in faculty and curricula development, learning environment, accreditation journey of health facilities to become expert clinical practicum sites for strengthening training in HIV, RMNCAH and other priority health services.

**GSK-NCDs/ID Project:** This project expanded its profile by launching first eLearning & mLearning on NCDs in Kakamega, Kilifi, Nairobi and Nyeri counties with 894 eLearners and 1170 mLearners.

**Advocacy for HRH:** Amref Canada was honoured to welcome Amref Health Africa's Global End FGM/C Advisor and Ambassador, Nice Nailantei Leng'ete to Canada in October 2018 to share her experience about avoiding Female Genital Mutilation/Cutting (FGM/C) and encouraging more than 17,000 girls in Kenya and Tanzania to do the same.

Based in Kenya, she works with communities to end the practice of FGM/C, child marriage and other harmful practices. TIME Magazine named her to as among the 100 most influential people in the world in 2018 because of her life-changing work.

Through special events that Amref Canada held with Nice during her visit, our community of Canadian supporters contributed US\$45,000 CDN for better health for girls in Africa.

Additionally, Nice was invited to Berlin and was awarded the Annemarie-Madison Prize for her outstanding commitment to fight Female Genital Mutilation.

The transformational work of Amref Health Africa Germany was recognised and the organisation was invited to the "Citizens Festival of the German Federal President" in Berlin.



# COMMUNITY VOICES

## Married off at 14, Community Health Worker Returns to Primary School at 22



Marisa in Class

*She looks youthful in her neatly dressed school outfit, but she is 22 and already a mother of three.*

*Marisa Lenaitorono, a Community Health Worker (CHW) is in class three at Nkopeliani Primary School in Samburu County. The young woman was 14 when she dropped out of school.*

*“I was forced to undergo FGM and then married off to a man the age of my father. Not because I was in love with the man, but because of my tradition dictated so. I had no voice to say no,” she narrates.*

*Faced with hard reality of motherhood at a tender age, Marisa’s dream of acquiring education and later becoming a doctor was in shambles. At some point she says she wanted to return to school, but her husband wouldn’t allow her.*

*The year 2014 was a turning point in her life after she joined a community health unit in her village that was supported by Amref Health Africa’s Uzazi Salama Project. The project exposed her to m-learning (Leap) innovation (integrated mobile platform which provides avenue to train health workers through text and audio messages).*

*Despite being illiterate, Marisa had the passion and determination to complete her trainings aided by the platform.*

*“I was passionate about helping my community live healthy lives. Unfortunately, I didn’t have sufficient reading and writing skills. I was relying on my friends to help, but this wasn’t reliable as sometimes they didn’t have time to listen to me,” she says.*

*With the little support she received, the young woman managed to cover a number of topics including, maternal, child and reproductive health issues and antenatal care. Additionally, being passionate about saving lives, she also learnt how to take care of pregnant mothers and children under five.*

It is on this backdrop of being able to learn through mobile that Marisa's quest and final resolution to return to school at her age began. And this shocked many. Being a hardworking and actively involved in the community health affairs, she was chosen by her community to take care of 24 households in her village.

After suffering for a long time in her marriage, Marisa saw this as a new opportunity knocking her doors. The M-learning platform has a wide range of topics drawn from the national community health worker curriculum.

Today, the sky is the limit for the young woman, a resident of Nkopiliani village Loosuk Sub-location. She understands the importance of learning and believes through education, she has capacity to scale up her CHW work.

Malisa hopes that she can set an example for both young and old people in her community and also her fellow CHWs.

This is a true story of a girl who has proven that it's never too late to chase your dreams.

**I was forced to undergo FGM and then married off to a man the age of my father. Not because I was in love with the man, but because of my tradition dictated so. I had no voice to say no.**





# INNOVATIVE HEALTH SERVICES AND SOLUTIONS

Although many African countries have made considerable progress in strengthening health care systems, there are huge disparities in the availability of the essential health packages, health facilities and health workers resulting in inequities in service use among communities. Innovative health services and solutions are key to achieving sustainable health access for the African communities that Amref Health Africa supports. As a key pillar of our work, the innovative health services and solutions strategic objective focuses on developing and delivering health services and solutions for improved access to and utilisation of quality preventive, curative and restorative health services. Specifically, this pillar aims to increase use of health services, innovatively improve quality health service, and increase access to quality promotive, preventive and curative and restorative health services among women, children, adolescents and youth.

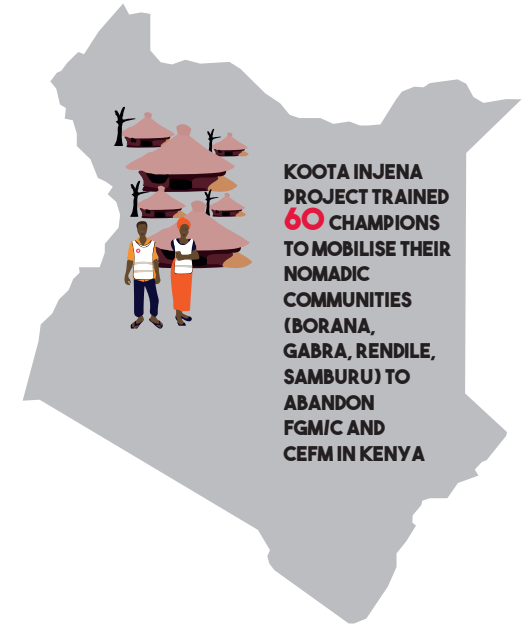


**Kenya:** Amref Kenya leveraged on government's policies, opportunities and partnerships to influence policy through development of innovative models that contribute to improved access to and utilisation of quality preventive, curative and restorative health services. Amref demonstrated its commitment to promote access and utilisation of health services and solutions by targeting the remote, hard-to-reach and other underserved communities reaching 6,268,570 people in 2018. Through innovative community-based participatory approaches such as 'Kimormor' (a cross-sector approach to reach nomadic pastoral communities in Turkana) and mobile outreach to remote communities, Amref mobilised and encouraged communities to seek health services so as to achieve reliable and sustainable

healthy lifestyles and behaviour change. Through support from CHWs, we facilitated access to life-saving health services at household level. In contribution to the achievement of the UHC goal, Amref Kenya partnered with the First Lady's Beyond Zero Campaign to launch the innovative integrated Medical Safari, an initiative that aims to boost health care among rural communities. In this partnership, Amref's increased awareness about obstetric fistula and provided reconstructive surgery for women living with the condition. Obstetric fistula continues to afflict the most impoverished women and girls in the developing world, mainly those in rural and remote areas.

In partnership with GIZ Health Sector Programme, Amref Kenya supported the institutionalisation of the Kenya Quality Model for Health (KQMH), a systems approach to promote quality health care through training and mentorship of HCWs. In 2018, over 120 health workers from county and sub-county health facilities in Nairobi, Kwale, Kisumu and Vihiga counties were sensitised, reaching over 38 public, private and faith-based health facilities. The health workers were charged with ensuring quality improvement structures were formed and supported at the facility.

Although FGM and CEFM were outlawed in Kenya in 2001, some nomadic communities covertly continue with the practices. Amref USA extended support to the Koota Injena Programme in Kenya whose goal was to engage clan elders to ensure abandonment of these practices was upheld and was community-led. Funded by USAID, 'Koota Injena' ("Come, Let Us Talk" in Borana language) targeted and engaged semi-nomadic clans (Borana, Gabra, Rendille and Samburu) that continue to practice FGM/C and CEFM and worked with them to change their attitudes about the practices and the value that girls bring to their communities. The project helped the nomadic clans reach collective agreement to take up new norms and values that support the safety, rights, and empowerment of girls. Through the project, Amref identifies and trains influential people in the community to be Community Champions and facilitates dialogue between different generations and helps their peers, family and friends re-envision how girls are treated, why their rights should be respected and why they should be supported to finish their education.



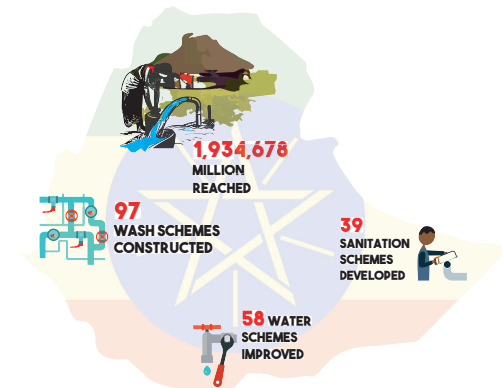
The project also established a scholarship programme to support girls living in communities where there is a high prevalence of FGM and CEFM to continue with their secondary education and to become anti-FGM ambassadors.

The project identified and trained 60 champions to mobilise their nomadic communities to abandon FGM/C and CEFM, reached 99 top-level clan elders through meetings organised by champions, reached 646 middle-level clan elders, 662 women, 122 female and 136 male youth during monthly clan meetings facilitated by champions and provided 119 students (110 girls and nine boys) with either one-or two-year scholarships to pay for their secondary school fees.

The project also worked directly with the government to strengthen the existing Kenyan structures for child rights protection, anti-FGM/C, and anti-CEFM law. Amref Kenya, through the Institute of Capacity Building (ICB) implemented the Uzazi Salama Project, which focused on improving maternal and neonatal health in Samburu County, Kenya. The project concluded its Phase II (2015-2018) increasing access to quality health services by over 200,000 people. The number of fully immunised children increased from 4,193 in 2015 to 13,752 in 2018. Additionally, the number of pregnant women attending 4 ANC visits increased to 8,282 in 2018 from 3,210 in 2015, while the percentage of skilled deliveries increased by 23.5% as at the end of 2018.

**Ethiopia:** Amref made tremendous progress in achieving its objectives in Ethiopia to reach 1.7 million communities through different programme services. As part of its efforts to achieve the WASH SDGs – ‘Leveraging resources for achieving universal and equitable access to safe and affordable drinking water for all by 2030’, Amref Ethiopia concentrated on the WASH project reaching nearly 2 million (1,934,678 million) in 2018 (52% being females). Amref ensured access to, and the utilisation of basic and improved WASH services by creating safe and adequate water supplies, improving sanitation and hygiene services, and institutional capacity development, which targeted communities, schools, and health facilities. The year saw 97 WASH schemes constructed, 58 water schemes improved and 39 sanitation schemes improved and developed for project beneficiaries.

Still in Ethiopia, Amref UK worked with Comic Relief to improve water and sanitation - and by extension, health - in the country’s capital, Addis Ababa. Our work targeted two sub-cities (administrative divisions) of Akaki-Kality and Yeka,



where we built four school-based and seven communal-based sanitation facilities in 2018, bringing to 24 the number of sanitation facilities constructed since the project started, and reaching a total of 8,141 community members.

A mid-term evaluation showed that over 70% of households in the sub-cities had access to an improved latrine facility, a significant increase from 17% when the project started. Consequently, 96% of households had access to a safe water source within a 15-minute walk.

Crucially, the incidence of diseases associated with poor hygiene and sanitation fell; our household survey showed a 12% reduction in the prevalence of diarrheal disease among children under-five.

Now in its third year of implementation, the Ethiopia WASH Project sponsored by Amref UK has so far directly benefited 9,593 community members whilst 2,091 frontline workers have received training and support.

**Uganda:** Amref Uganda delivered a significant number of projects spread across, and aligned to maternal and child health, HIV/AIDs, Tuberculosis (TB) and Malaria, WASH, health systems strengthening, capacity building for HWs, and research and advocacy themes. These were implemented in six regions and 57 districts and a total of 15 projects were executed with support of 105 staff members. To improve management of childhood illnesses, Amref implemented the Integrated Management of New-born and Childhood Illness/Reaching Every Child Quality Improvement (IMNCI/Rec-Q) and built capacity of health workers. In the same year, Amref Uganda set up 58 youth friendly service centres at health facilities for school going children and adolescents between the ages of 6-24 years. The integrated innovation provided essential clinical and rehabilitative care to 192,333 babies delivered by skilled health professionals and managed to control and prevent communicable diseases by vaccinating those under-five. This approach saw reduction in Out Patient Department (OPD) attendance, clinical malaria, pneumonia and diarrhoea in targeted facilities. Diphtheria-Tetanus-Pertussis (DPT-3) coverage and Antenatal Clinic (ANC) 4<sup>th</sup> visit attendance improved. Also, through a joint interim Health Unit Management Committee (HUMC) created by Amref Uganda, there was improved uptake of medical consultation in refugee settings in Aura.

Our WASH programme in Uganda increased access to clean, safe water and environment through construction and rehabilitation of 754 water and sanitation facilities. We also improved the latrines coverage by 4,000, increasing access to safe water by 8,750 people and improved sanitation to 18,477.

Through the FINNISH Mondial Project in Western Uganda, Amref achieved significant changes at beneficiary's level; latrine

coverage increased from 23% to 72% in 27 villages of Lamogi, Amuru, Pabbo and Atiak Sub-counties. These villages have been turned into model villages of Open Defecation Free (ODF).

Uganda's effort also renovated and improved WASH initiatives in targeted health facilities in Amur District resulting in increased utilisation of MNCH services by mothers and children.

Due to availability of running water in targeted facilities, cleanliness improved within maternity wards and hand washing practices among health workers were upheld contributing to the reduction in Neonatal Sepsis.

Recognising the key role that women play in sustainable development, Amref in Uganda participated in the 'What Women Want' Uganda Chapter Campaign that

was launched in April during the International Maternal Health and Rights Day. A total of over 92,000 women and girls participated and gave their voices in ensuring quality, equitable health and well-being is elevated through different platforms and forums to reach the decision making tables at district, national and global levels.

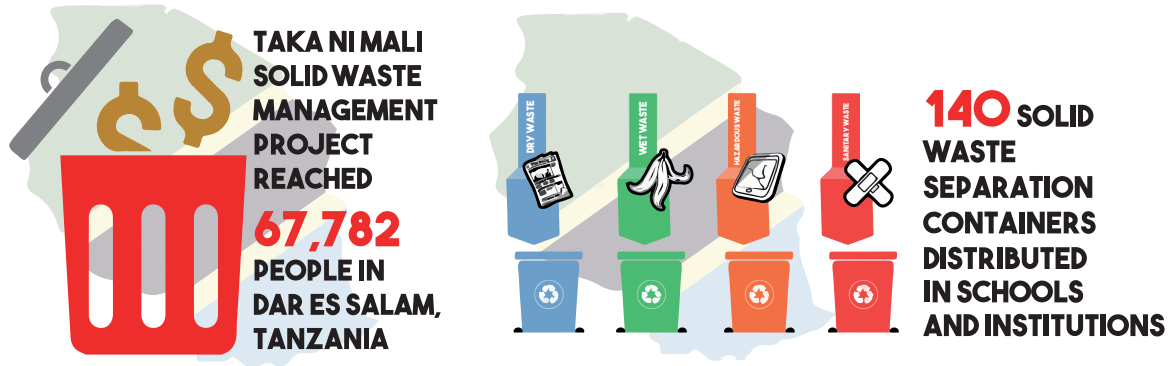
**Tanzania:** With research showing that technological innovations can significantly improve health care delivery systems including early detection of illnesses, Amref UK deployed the Amref-developed Smartphone App mVacciNation in Tanzania, a project aimed at reducing morbidity and mortality caused by vaccine-preventable diseases in children. The App., developed in partnership with the Human Development Innovation Fund (HDIF) and GSK allows health workers to capture individual records of vaccinated children and record vaccine temperatures and stock levels. It collects real-time synchronised data, sends reminder to parents/caregivers on next vaccination visit, informs immunisation officers of stock levels, and alerts technicians for cold chain maintenance. This bridges the gap in service provision to regions that are out-of-reach and strengthens the health system thereby increasing immunisation coverage. Since the introduction of the mVaccination in 2016, Amref has used the mobile platform to train 100 HCWs from 50 facilities across Tanzania resulting in registration of 121,224 children and caregivers, 402,922 immunisations per antigen, 23,857 stock updates captured, 30,297 temperature updates submitted, and SMS reminders sent to 60,612 registered caregivers.

Our Taka ni Mali Solid Waste Management (SWM) Project aimed at improving the health and livelihoods of the population in Ilala Municipality of Dar es Salaam, Tanzania through an integrated management of urban solid waste and use of CHWs for household waste management. A total of 982 people were directly reached on the SWM awareness and 66,800 (*equivalent to 20% of the population*) indirectly, and 140 solid waste separation containers distributed in schools and institutions.



**mVacciNation** – Boresha Chanjo is a mobile health technology solution that complement VIMS and other technology solutions being implemented in Tanzania by addressing informational bottlenecks that prevent facilities closest to the population from consistently delivering immunisations.

The project aim is to reduce morbidity and mortality caused by vaccine preventable diseases in children by decreasing immunisation regimen dropout rates in the Geita and Sinyanga Regions of Northern of Tanzania.



With the support of the Government of Canada through Global Affairs Canada, the four-year Uzazi Uzima (Kiswahili for ‘Safe Deliveries’) Project saw 2,356 clients receive integrated family planning (FP) services, which included counselling and provision of a range of FP methods, 7,430 clients reached with FP services generating a total of 29,223 Couple-Year Protection (CYPs) thus reducing the risk of unintended pregnancies and maternal deaths and approximately 7,000 community members were reached through the Uzazi Uzima Champions Soccer League. So far, 348,567 women/adolescent girls and 334,515 men/adolescent boys in 6 district councils in the region of Simiyu have been directly reached.

**Malawi:** Through the Trachoma Elimination Project in Malawi, Amref in consortium with other organisations achieved the goal of eliminating blinding Trachoma ahead of time in 2018. The project attained its target to have five health facilities with running water, and five health facilities with an operational full package of sanitary facilities (*latrines, bath shelter for pregnant and postnatal women, incinerator placenta pit and ash pits*). Further, at the close of 2018, four out of the targeted 10 villages had been provided with boreholes, and six more boreholes were under construction. The project, alongside the Deliver Life I Project is expected to wind up in March 2019. Also in Malawi, the LEAP project, a mHealth platform designed in Africa for Africa, which empowers health workers with knowledge to transform the health outcomes of the communities they serve,

was implemented by Amref Netherlands through funding from the Dutch Lottery Postcode.

**South Sudan:** In 2018, Amref Health Africa Germany significantly contributed to Amref’s response to the humanitarian crisis in South Sudan that saw many people displaced and threatened health wise due to poor nutrition and hygiene, and outbreak of diseases such as Cholera. This project benefited refugees as well as the host communities. Amref carried out activities that were aligned to the local necessities in the project areas, which were mainly prevention of disease outbreaks like cholera. In all our projects in South Sudan, WASH was an important component. During the year under review, Amref Germany supported twelve projects in South Sudan, Uganda, Tanzania, Kenya and Senegal with WASH activities.

**West Africa:** In the spirit of exploring national strategies and technological solutions that will accelerate UHC, Amref Health Africa organised the first meeting of Digital Health in Africa in 2018 in West Africa. This initiative, which mobilised policy makers, national and international experts, digital solutions stakeholders and users of e-health applications, was a powerful moment of exchange and production of ideas for digital health. The meeting provided a platform for exchange of experiences and a coordination framework for actors and partners involved in the development and deployment of digital solutions in favour of UHC. In this respect, ICT was presented as an opportunity to address the constraints of access to care and the use of quality services.

In 2018, Amref promoted the use of digital technology in accessing health care by communities' especially Cellal e Kisal and telemedicine suitcase, which linked health structures to communities and improved coordination of care and quality of services. Launched in 2015, the Digital Health and Innovative Solutions for Safer Pregnancy, Child Survival and Nutrition: Cellal e Kisal, deploys a digital device composed of 3 elements: a mobile application used by community relays to link with health facilities (collection and transfer of health data, recall of appointments for pre/post antenatal consultations for pregnant women/growth monitoring/vaccination for children under 5); an e-health platform for health workers (connected to the mobile application) allowing them to follow digitised medical files and access to eLearning content, both on tablet/ computer and a telemedicine suitcase deployed for the realisation of sharp examinations in remote areas (ultrasound, electrocardiogram etc.).

Likewise, the use of telemedicine suitcase and its mobile ultrasound system made it possible to consult 735 pregnant women who were too isolated to access antenatal consultations in a facility, and to take charge of risky pregnancies through telemedicine (*detachments, threats of miscarriage, twin pregnancies, etc.*) which, without screening, would have been fatal for the mothers and their children.

Between 2016 and 2018, 9,899 pregnant women and 67,662 children aged zero to five years were registered and followed up. The health professionals involved testified to the concrete effect noted in their structure on the indicators tracked

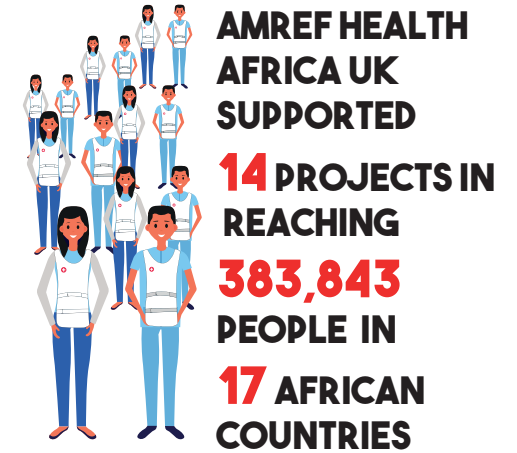
by the Ministry of Health and Social Action (MSAS), particularly the completion rate of prenatal consultations and the rate of assisted deliveries. The highest performance was recorded at Medina Yoro Foulah, the most isolated of the 3 departments that make up the Kolda region - demonstrating the interest generated by the device in remote areas.

**Amref Health Africa UK** pursued a tightly-focused programmatic agenda in 2018 concentrating efforts on four thematic project areas (maternal, new-born and child health; sexual and reproductive health and rights; health worker training; and WASH), that were implemented in Africa. Throughout 2017/2018, GSK continued to support our health system strengthening interventions through the training of frontline health workers in 17 countries, namely, Angola, Burundi, Botswana, Djibouti, Ethiopia, Kenya, Lesotho, Madagascar,

Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda and Zambia. The trained health workers address an array of health challenges including infectious diseases, NCDs, sexual and reproductive health and maternal and child health. At the end of 2018, Amref and GSK partnered to develop an advocacy-based programme to scale up the use of chlorhexidine in Kenya, a WHO approved antiseptic gel, which can be used to stop umbilical cord infections in new-born babies thereby reducing neonatal sepsis and death. Through 14 projects in 17 countries, Amref and GSK reached 383,843 people, this included women, children and health workers.

In another development, in recognition of Amref Health Africa's overriding vision, **Amref in Canada** provided programme oversight and management, raised funds and engaged Canadians on African health issues in 2018. To improve health care and access to services that are essential for the survival of women, adolescents' girls and their children, the Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA) Project was implemented in Ethiopia (Afar and Amhara regions), Kenya (Nyanza region), Malawi (Southern and Central regions), Tanzania (Geita region). In total, the project covered 20 districts all of which have unique health challenges that require a range of approaches.

The project was funded by Amref Health Africa in partnership with the Centre for Global Child Health at The Hospital for Sick Children (SickKids) in Toronto, Christian Children's Fund of Canada and WaterAid Canada. Reaching 1.7 million people with a focus on women, new-borns, children and adolescents, the project's financial support of US\$24.9 million (CDN) came from the Government of Canada (85% of the total project budget). Amref Health Africa in Canada is currently fundraising for the remaining \$1.8 million (CDN) to complete the project.



# COMMUNITY VOICES

## Creating Equitable Access to Health Services through Innovative Approaches - Kimormor Outreach

**A**tir Erot, 32, is a mother of 12 children. Her four month old baby and 12<sup>th</sup> child has been having a persistent three-week cough and the paste she was given by the traditional healer to apply on her body for cleansing and in turn cure the baby has not worked.



She did not want to lose her child like her neighbour whose four children succumbed to pneumonia and diarrhoea. Pneumonia, malaria and diarrhoea are the leading causes of death among children under the age of five years in rural areas.

She therefore decided to heed the community health volunteer's advice to seek health services at the Kimormor Outreach. Atir is all too familiar with the outcomes of childhood illness, having lost three of her children to childhood diseases in the past.

Her last born baby has just received treatment for pneumonia at the Kimormor Outreach.

Kimormor, a Turkana word translating to 'all under one roof,' is an innovative cross-sector mobile approach to reach nomadic pastoral communities with essential primary health care, animal health and social development services. Services offered at the Outreaches include antenatal and postnatal care, short term family planning, immunisation and nutrition screening services, civil and NHIF registration, food and supplement distribution, cash transfers for vulnerable populations, among other services.

Through funding from USAID, Afya Timiza collaborates with the County Government of Turkana to build the capacity of community health volunteers on how to actively identify and effectively refer cases for treatment through integrated community case management (iCCM) training.

At the Kimormor Outreach, children are immunised and referrals made for serious cases. In the last year, 780 children from hard-to-reach communities were fully immunised through the Kimormor Outreach.

**Kimormor is an innovative cross-sector mobile approach to reach nomadic pastoral communities with essential primary health care, animal health and social development services.**

## My Pain Has Gone: Ending Obstetric Fistula through Case Identification

**A**lem Sifab, 16, lives in Kalala Worda, Wollo, Amhara Regional State. She was pregnant and expecting a healthy baby. When the time came for her to deliver, her labour lasted several days.

Finally she was taken to a health centre, and gave birth to a stillborn baby. As a result of a difficult and prolonged labour, Alem developed obstetric fistula. She began to leak urine.

During Amref Health Africa fistula identification campaign conducted in collaboration with Bahir Dar Hamlin Fistula Centre and South Wollo Zone health offices, she was identified as one of fistula cases in her area.

Alem described the situation in her own words: “I was a 12 years old girl when I got married. I gave birth to my first child at the age of 16. I underwent and endured prolonged labour, which took three days. My labour showed no progress. I was then taken to a nearby health centre but it was late. I finally gave birth to a stillborn baby, which did not survive. I later recognised I began to leak my urine. I learnt from health care providers that it was the prolong labour that caused this. I was advised to go to Addis Ababa to get better treatment. I couldn’t manage to travel to Addis Ababa due to family and financial issues.

What I would do is nothing, but longing for just a day some miracle to happen. I suffered from this tragedy for almost 8 months until one day a Health Extension Worker, who knew my situation came to my house with good news. It was the brightest day in my life. This

health worker told me that there is an organisation called Amref Health Africa, which provides outreach services to those who suffer from obstetric fistula. She gave me details saying, “Amref Health Africa would arrange everything to help you get treatment, including your transport cost. Your responsibility is to get ready to go to Kelela health facility where this service is offered to patients like you.”

Not long after hearing this news, Alem was able to attend the first screening at Kelela Health Centre and travel to Bahir Dar Fistula Centre where she received the treatment, which involved surgery.

Amref Health Africa made all the necessary arrangement and paid for her transportation to Bahir Dar. Her surgery went well and her injury has gone. Alem is grateful that the pain she went through has now gone.

“Thanks to Amref Health Africa and the Government, I am now free from the burden of obstetric fistula and associated social problems; I can attend any family and community gathering without fear and embarrassment as I do not leak urine anymore,” Alem said with smile on her faces.

Alem is receiving training from the rehabilitation centre she is in.

“The centre provides me with training based on my interest and I have already chosen a business area I would like to engage in. I hope that I will get the skills I need and start my own business after I get back home,” she said.

Alem promised to share with her community the dire experience she went through as well as how she has benefited from Amref Health Africa’s Fistula Identification and Treatment Programme. She also vowed to support others in connecting themselves to the treatment centre and get the support she has obtained.



**Amref would arrange everything to help you get treatment, including your transport cost. Your responsibility is to get ready to go to Kelela health facility where this service is given to patients like you.**



# INVESTMENTS IN HEALTH

Approximately 1.3 billion people worldwide lack access to adequate health care due to weak health care financing systems leading households to incur high financial burden. Out-Of-Pocket (OOP) spending accounts for over 60% of Total Health Expenditure (THE) in many developing countries (OECD, 2016).

Amref Health Africa contributes to increased investments in health to achieve UHC by developing and implementing sustainable and scalable models to invest in health, increase financial protection for disadvantaged communities in target countries in order to reduce OOP expenditure and advocate for increased investments and financial protection of citizens in Sub Saharan Africa (SSA).

To contribute to Amref's vision of lasting health change in Africa and improving health of communities, Amref forged partnerships with various organisations to boost access to health services; empower, communities, health authorities, Governments and strengthen health systems. Through Amref Enterprises Limited (AEL), Amref Health Africa launched projects and products aimed at generating income to fund our humanitarian activities. Among these projects were the Cure and Afya (CURAFA), Makueni Partnership for Primary Care (Makueni P4PC) and the Reading Glasses for Improved Livelihoods (RgiL) Project.

The CURAFA Project was launched in 2018 courtesy of a partnership between MERCK Pharmaceuticals and Amref Health Africa with a goal of addressing the gap in health care awareness, availability, accessibility and affordability for the underserved population. The project adopted a multi-level approach to establish community care centres, each managed by a Pharmaceutical Technologist and a Nurse to make primary health care available to the underserved low income population.

Amref Health Africa, Royal Philips and Makueni County initiated a Public Private Partnership (PPP) which enhanced the County's primary health care system to improve access to high quality primary care by Makueni County residents in a financially sustainable and scalable way. The Makueni Partnership for Primary Care (Makueni P4PC) was piloted in Emali Model Health Centre, Tutini Dispensary and Matiku Dispensary.

These facilities were upgraded: stocked with drugs, equipped with technology equipment and accredited as National Hospital Insurance Fund (NHIF) outpatient centres. The project trained 60 CHVs who mapped 24,000 households and 20 registered groups for recruitment of household members onto NHIF. Leveraging on mHealth innovations such as Leap and M-Jali and community Radio, the project advocated for the adoption of NHIF medical card. Also, 12 health providers were trained on supplies forecasting as well as Kenya Quality Model for Health (KQMH). To create awareness of eye-related problems in Kenya, Amref Health Africa through AEL established the Reading Glasses for Improved Livelihoods (RgiL) Project in 2018 courtesy of a partnership between Amref Health Africa and Vision Spring. Targeting mainly people aged 35 years and above from low- and middle-income backgrounds, the key objectives were to avail near-vision glasses at an affordable price in line with the government's Big Four Agenda.



**Kenya:** Amref Kenya supported Homa Bay, Kajiado, Samburu, Siaya, Turkana and West Pokot counties on budget advocacy for increased allocation and utilisation of funds in the health sector, supporting government's efforts to create a health financing strategic plan in 2009. Following Amref's intervention, the counties reported an increase in resources for health that included allocation for CHW stipends as well as increased budget for provision of family planning commodities.

In 2018, Amref Kenya took its social accountability efforts a notch higher with the development of a social accountability framework and two-year social accountability execution plan. This effort saw Amref contribute to the achievement of UHC by working with partners to enhance the voice of citizens for improved access to health services and financial protection. This was realised through partnerships with civil society that put citizens at the centre, mobilising youth and community health workers, which ensured that the voices of vulnerable and marginalised populations were amplified. Amref also engaged expertise in social and technological innovation, which expanded the reach of social accountability efforts.

**Some of our Funding partners include:**



**Amref UK:** Amref UK partnered with communities in more than 30 countries to secure the right to health and break the cycle of poverty through maternal & child health, sexual & reproductive health & rights, Water, Sanitation and Hygiene (WASH) and training health workers projects.

Year 2017/18 saw a stable period of growth for the UK fundraising team, which succeeded in raising a total of GB£596,347 unrestricted funds and GB£429,276 restricted funds. The most significant growth came from Trusts and Foundations, with GB£1.48 million pledged in 2017/18 (some of this for the years ahead), compared to GB£60,000 in the previous year. Three major six-figure grants were secured from new partners - James Percy Foundation, the Postcode African Trust and Waterloo Foundation, and two from former partners, Medicor Foundation and Allen & Nesta Ferguson Charitable Trusts.

These grants will support a range of projects, including Sexual and Reproductive Health and Rights (SRHR) work in Tanzania, SRHR work in Ethiopia and Malawi, FGM/C work in Kenya, and Mother and Child Health (MNCH) and WASH work in Uganda.

Other major achievements include the highest ever total for the City of London School Charity Partnership (just over GB£70,000) and securing UK Aid Match (*an initiative of the UK Government's Department for International Development*) for 2019, which will help generate significant restricted and unrestricted funds. All donations made by the public before June 7, 2019 will be matched by the UK government, up to a possible total of GB£2 million. Public donations to the 'Health in Her Hands' Campaign will support work across Amref UK's portfolio, while match funding from the UK government will support the training of nurses and midwives in Uganda.

The UK team also continued to invest in new and improved systems and processes, ensuring we continue to provide an enjoyable and engaging experience for supporters. Indeed, individual giving generated the most income during the reporting period, totalling GB£429,604.

Thirty years on, Amref UK's unique relationship with GSK continues to endure. GSK contributed GB£2.2 million to Amref Health Africa UK's income during the reporting period. In 2017/18, Amref UK continued to partner with GSK to train health workers across the continent.

Through the Health Worker Training Programme, previously known as the 20% Reinvestment Initiative, we continued to work in 13 low-income countries in Eastern and Southern Africa. The past year saw a considerable shift in GSK's strategy which led to a change in the way GSK operates in emerging markets, including most African countries.

As a result, GSK will have less physical presence in these markets and a much more impact-oriented global health programming strategy.



**Amref Nordic:** In line with the new 5-year strategy of Amref Health Africa, Amref Nordic's activities in 2018 focused on building and expanding the fundraising activities in the Nordic region. Working in close collaboration with the global fundraising development office, we progressed in developing methods for creating synergies by synchronising and centralising strategies and processes for cost-effective fundraising activities throughout Amref. At the same time, the process for recruiting and maintaining private donor fundraising through direct mailings was optimised during the year. To diversify our income flows, we approached institutional donors, family trusts and business foundations, including submitting a proposal to the Postcode Lottery. As a part of expanding fundraising into other Nordic countries, we employed direct mailing as a strategy to reach private donors in Norway and Sweden.

The focus for Amref Nordic during 2018 was to raise unrestricted funds for Amref Health Africa, which were then disbursed to programmes such as Outreach in Kenya, Uganda and Tanzania, WASH-programmes in Ethiopia and Uganda, as well as FGM in Kilindi, Zanzibar, and other programmes focusing on girls' and women's health such as child and maternity care and midwife training. A research project was carried out by a group of volunteers during the summer of 2018, and results showed that Swedish International Development Cooperation Agency (SIDA) contributed more than SEK 300 million to Amref's operations in Africa over the past 20 years.

Amref Nordic raised funds through telemarketing and newsletters, which were distributed to existing donors and conducted the so-called "Walking for Water" in collaboration with 600 students and teachers at the International English School in Årsta, Stockholm, Grade 4-8.

**Amref USA** raised a total of over US\$5million through fundraising from US Government Agencies, foundations, corporations and individuals, and supported eight programmes including the Strengthening Laboratory and Blood Transfusion Services project in South Sudan under the President's Emergency Plan for AIDS Relief (PEPFAR) and HRH 2030, which trains health workers to prevent maternal and child deaths, expand access to family planning, control HIV/AIDS, and protect communities from infectious diseases.

In 2018, Amref USA held its annual ArtBall, a Gala event that celebrates African art and music and provides its guests with opportunities to learn more about the work that Amref Health Africa does. ArtBall 2018 was attended by over 750 guests and raised US\$300,000 through the art auction, ticket sales and other contributions. For the fifth year in a row, Amref Health Africa USA was an official charity partner of the TCS New York City (NYC) Marathon in 2018, the largest major marathon in the world. Over 52,000 runners participated in 2018. Our small but powerful team of seven runners, including American actress Megalyn Echikunwoke all finished the race with great times and raised over US\$54,000 in total. Over the last four years, our runners have collectively raised over US\$178,000 to support our work on the ground.



**Amref Health Africa in Italy** supported 15 projects in 5 African countries - Ethiopia (3), South Sudan (5), Uganda (1), Mozambique (1) and Kenya (5). Eight of these were mainly focused on sensitisation activities and education.

**Amref Health Africa in Uganda** created enabling investments in health by focusing on health advocacy agenda towards achieving UHC.

Through the Health Systems Advocacy Programme, Amref Uganda collaborated with African Centre for Global Health Transformation, Coalition for Health Promotion and Social Development, White Ribbon Alliance, PATH-Uganda, United Nations Population Fund (UNFPA), the Netherlands Embassy, the Swedish Embassy, Reach Out and Community-Based Organisations like Kabale Women in Development, Hope After Rape in Serere, BIDs Foundation in Dhokolo, Diocese of Muhabura-Kisoro, Pentecostal

Assemblies of God-Soroti and Gloford in Lira to create a pathway to health for all by organising primary health care through the family medicine approach, which enables teams of health professionals to practice and provide health care nearer the communities they serve.

This approach required presence of a working linkage and referral systems of the smallest unit in a community which is the family. Through this collaboration, we have continued to front and advocate for recognition and remuneration of village health team members who are the bridge builder to health equality.

### **Key outcomes at National level**

- Budget for reproductive health was increased from UgSh8bn (US\$ 2.4m) to UgSh16bn (US\$ 4.2m).
- Approval of Sexuality Education Framework that sought to complement efforts to equip young people with information about sexuality to make healthy choices about their sexual and reproductive health and utilise life-skills in developing values. Amref under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) coalition strongly influenced this agenda, in the National Dialogue on SRHR for young people.
- Increased engagement of policy makers in policy dialogues; Members of Parliament through sectoral committees, The Uganda Parliamentary Forum on Quality Health Services delivery, Uganda Women Parliamentarians' Association, the Health Services and budget committees.

### **Key outcomes at District Level**

- Role of the District Advocacy Working Groups in influencing district budgeting processes saw inclusion of FP funds and capital funds in the district budget framework papers across the six project districts.
- Districts of Kabale, Lira, Dokolo and Kisoro improved leadership and involvement in ensuring that family planning service standards were met. This was evident in the way the districts and sub-county leaders participated and engaged to streamline FP financing and service delivery.
- Improved functionality of Health Unit Management Committees (HUMCs) in health facility governance that further improved service monitoring and supervision at facility level.

# OUR SUBSIDIARIES

## 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.



AEL's key 2018 projects are detailed as follows:

**Strategic Purchasing Africa Resource Centre:** Following a highly competitive partner selection process, Amref Health Africa was chosen to host Strategic Purchasing Africa Resource Centre (SPARC). SPARC is a new initiative aimed at strengthening strategic health purchasing in Africa to get more value for money from health spending on health services and medicines on behalf of populations. SPARC co-delivered WHO strategic purchasing high level course in Rwanda; developed draft Country Engagement, Coaching & Mentoring and Knowledge Management strategies; mobilised initial cohort of experts (The Force); engaged with Amref International University (AMIU) to co-develop capacity building initiatives on Strategic Purchasing and initiated plans for its official launch at the 2019 Africa Health Agenda International Conference (AHAIC 2019).

**Amref Medical Centre:** Amref Medical Centre (AMC) introduced a wellness campaign in 2018 where staff visited the Centre for a wellness check. AMC received NHIF accreditation allowing both staff and members of the public to select it as their preferred outpatient centre.

**Other initiatives:** In 2018, Innovative Partnership for Universal Sustainable Healthcare (i-PUSH) continued with implementation of the second phase in Nairobi and Kakamega counties, Kenya with support from the Dutch Postcode Lottery. The project aims to achieve: better RMNCH outcomes for women and their children; improved utilisation, access, quality and health seeking behaviour of RMNCH services. The Innovative Partnership for Universal Sustainable Healthcare (i-PUSH) sensitised 81 Community Health Assistants and 69 Sub-County Health Management Team (HMT) members on mHealth innovations.

Through i-PUSH, 2,220 CHVs were trained on 11 RMNCH-related topics through Leap, and on data collection using m-Jali and registering Women of Reproductive Age (WRA) on m-TIBA platform (Safaricom), which has reached over 57,000 with health services. Amref supported Sub-County Health Management Team to participate in National Technical Working Groups supporting Kenya's UHC roadmap.

AEL undertook content development and conversion initiatives for Leap; a mHealth learning platform. This saw six new topics being fully converted to mobile learning, 12 developed for conversion, eight reviewed, one developed on key messages, one introductory script developed, and two curricula developed for face-to-face training in conjunction with Ministry of Health (MoH).

The topics comprised of UHC, Cancer for CHVs, Stakeholder Engagement, Community Health Insurance, Health Financing, Chikungunya Key Messages, Inuka Modules, Cleft Lip and Palate, Mental Health, Cancer for Primary Health Care Providers and Organisation Development & Systems Strengthening. The team also conducted training on mHealth innovations courtesy of various projects within Amref Health Africa and in partnership with other organisations.

This saw a total of 4,637 CHVs and HCWs trained on various health topics through Leap and a total of 3,943 CHVs on m-Jali. Through m-Jali, a total of 794,209 households (reaching over 2 million) were mapped by CHVs in various initiatives, including NHIF registration, community demographics and socio-economic indicators, screening for Non-Communicable Diseases (Hypertension and Diabetes) and disease surveillance.

## Key activities

- Transform Africa Summit 2018, May 7 – 10, Rwanda
- eLearning Africa 2018, September 26 – 28, Rwanda
- Africa Health Business Symposium (AHBS) 2018, September, South Africa
- UN General Assembly (UNGA) 2018, September, USA
- International Conference on Urban Health 2018, November 26 – 30, Uganda
- The team also participated as peer reviewers for AHAIC 2019 and also got approvals for two abstracts submitted to AHAIC 2019!
- Sensitised 81 Community Health Assistants & 69 Sub County Health Management Team members on mHealth innovations
- Registered 24,758 Households on m-Jali platform
- Reached 57,399 people with health services.

## Amref International University

Amref International University (AMIU) programmes contribute to capacity building of health workers by equipping graduates and middle-level health care workers with knowledge and skills for operative implementation of UHC2030 Agenda. With courses and programmes aligned to Amref Health Africa's HRH strategic objective, AMIU plans to train over 3,500 highly skilled health workers over the next 5 years who will help provide solutions to the existing and emerging health challenges in Africa.

AMIU is an accredited institution of higher learning focused on training in health sciences. The University tagline 'Inspiring Lasting Health Change' embodies the vision of Amref Health Africa, affirming the brand philosophy and core values. Through our training, AMIU graduates acquire necessary experience and knowledge to address the challenges faced in the delivery of health care, which is key in reducing child mortality rates as well as linking families to essential services and equipping them with information and skills to prevent disease, promote good nutrition, sanitation and hygiene.



## Key partnerships

In 2018, AMIU signed a five year contract with St. Mary's Hospital to establish a training partnership for Diploma and Degree (BSc. Nursing and BSc. Midwifery) Programmes, and the Julius Centre Global Health and Elevate Health, which are part of University Medical Centre Utrecht (UMCU) and Maastricht University. The objective of these agreements was to explore and initiate opportunities to collaborate and share expertise with the aim of creating mutually beneficial outcomes. Under the arrangements, St. Mary's Hospital will offer clinical placements opportunities for student nurses and midwives being trained at AMIU. The students will also benefit opportunities to undertake health professional training, health system research and actively seek potential areas for co-operation to facilitate holistic education for AMIU students through internships. On the other hand, AMIU and the University Medical Centre Utrecht (UMCU) and Maastricht University have agreed to promote innovations in health care technology and capacity building in health sciences including promoting online health care courses, alignment of educational content, co-creation and expansion of programmes, development of the Amref E-campus among other initiatives.

## Health Systems Strengthening

Amref in partnership with the Ministry of Health (MOH) Kenya and the Japan International Cooperation Agency (JICA) commenced the implementation of a five-year (2016-2021) regional project on Partnership Health System Strengthening in Africa (PHSSA) through the development and implementation of a generic curriculum on Leadership, Management and Governance (LMG) in Africa. The 2018/19 JICA Financial Year (JFY) was largely successful with 99% budget utilisation representing 88% planned activity coverage that saw several activities planned and executed. Some of these activities are: LMG-HSS curriculum and training materials were reviewed and updated (*training will be delivered on an eLearning platform for middle-level managers and senior policy makers during the project implementation period*); Advocacy for LMG-HSS Course was scaled up for increased government resource allocation in support of eLMG-HSS training, developed a functional online platform to

facilitate networking and knowledge sharing on eLMG-HSS among practitioners and training institutions; LMG-HSS training graduates were followed up plans and feedback reports generated; and best practices and lessons learnt in implementing eLMG-HSS training programme were documented.

### **Community Health and Health Systems Management**

AMIU commenced its maiden degree programme in Community Health Practice, and introduced a BSc. in Health Systems Management and Development to ensure that current and future health systems managers are professionally prepared. The development of the degree courses was informed by the experience and intellect of Amref Health Africa, which is renowned with over 60 years of quality and innovative community health interventions, training and education. Shortage of trained community health practitioners continues to hamper delivery of health services in SSA region.

### **Contribution to maternal and child health**

AMIU contributed towards maternal and child health through the implementation of the Kenya Innovative and Sustainable Solutions for Midwifery Education and Employment (KISSMEE) Project, a model social enterprise intervention geared towards improving maternal, new-born and infant health indicators within the first 1000 days of life while transforming the social-economic lives of unemployed and underemployed midwives. The project is funded by Danone Nutricia and Danone Ecosystem. The goal of the project is to empower perinatal educators and mid-wives under the Tunza Mama brand with a three-month entrepreneurship skills training to enable them start businesses. In 2018, training was conducted in two pilot counties (Nairobi and Kisii) in Kenya reaching 190 students.

### **Nursing Class Graduation**

In October 2018, the March 2016 Nursing Class graduated. The cohort also passed the National Licensing Examinations administered by National Nursing Council of Kenya (NCK). Over the last 10 years, AMIU has been recording consistent good results.

### **Key Milestones during the 2018/19 JFY**

- eLMG Course uptake from 209 participants in April 2018 to 2,133 participants by end of 2018.
- 11 new countries visited, and all are currently implementing the eLMG-HSS course for mid-level managers;
- 28 institutions engaged with all institutions expressing interest to take up the eLMG-HSS course for mid-level managers;
- Curriculum development process for senior policymakers at very advanced stage; and
- 20 eMentors engaged during the 3-month eMentorship pilot programme for the English eLMG-HSS course

## Amref Flying Doctors

Amref Flying Doctors work and services fits within the Innovative Health Services and Solutions pillar of Amref's Health Africa's Corporate Strategy. As a subsidiary of Amref Health Africa, we are dedicated to Amref's work and offer a wide range of services in line with its vision and goals. This include medical services, medical assistance services, and Emergency Life Support skills training, where surplus generated by AMREF Flying Doctors supports Amref humanitarian's work to transform lives of African communities. Through our Air Ambulance Scheme, AMREF Flying Doctors aims at providing quality and affordable medical evacuation services throughout the Eastern Africa region. With a dedicated fleet of short-and long range air ambulance aircraft operating from Wilson Airport, Nairobi, and highly skilled staff, we evacuate and repatriate up to 1,000 patients annually from remote and critical areas to destinations as far as Europe, Asia and the Far East. This vital service is supported by our 24hr Operations & Emergency Control Centre as well as a fleet of Advanced Life Support Ground Ambulances.



In 2018, AMREF Flying Doctors introduced an enhanced Maisha Annual cover, known as Maisha Diamond that includes post-evacuation hospitalisation benefit and repatriation option to South Africa (if the required specialised treatment is not available in Nairobi). Maisha covers eight countries in the Eastern Africa region, including: Kenya, Uganda, Tanzania, Rwanda, Burundi, Zanzibar, Ethiopia and South Sudan – all clustered into four cover regions. Maisha Air Ambulance Cover, the flagship medical evacuation product from Amref Flying Doctors is the region's first and only professional direct air ambulance subscription.

Maisha (meaning, life, in Swahili) offers different levels of cover – targeting individuals, families, small groups and corporates – determined by the area of coverage. In addition, Maisha offers options of short-term covers designed for the tourism industry. Maisha Tourist and Maisha Tourist Scheme B are a thirty-day cover for clients who are not keen on the twelve-month cover.



The **Amref Flying Doctors in Netherlands** carried out various activities in 2018 that are summarised below.

- **January:** Through the contributions of generous travellers at Schiphol Airport and through fundraising campaigns by Schiphol employees, we financed education of 1,000 health care providers in Africa.
- **February:** Dutch TV host Caroline Tensen offered us a cheque of almost €2 million for our Malawi Guardians Project. With this extra support from the Dutch Postcode Lottery, we will be able to finance the training of 5,000 CHWs (*including 1,500 new CHWs*) in Malawi via mobile platform Leap.
- **March:** 4,400 students raised more than €126,621 for our work in Ethiopia around World Water Day. Just like in previous years, Aqua for All added 80% on top of this, bringing the total proceeds of Walking for Water to €227,918.
- **April:** Our international anti-FGM/C Ambassador Nice Leng'ete was named in the Time 100, the list of the 100 Most Influential People in the world.
- **May:** Complied with the new European Privacy Law: the General Data Protection Regulation (GDPR).
- **June:** Through intensive lobbying within the HSA Partnership by Amref in Uganda, the Ugandan government doubled the budget for reproductive health from €1,897,385 to €3,794,769.
- **July:** Together with Philips (Foundation), Dutch Development Bank, FMO and the Government of Makueni County (Kenya), we joined forces to ensure good health care for 20,000 people.

We trained local health care providers and provided information. Philips is responsible for the infrastructure and medical equipment of hospitals and the local government is responsible for policy, regulation and quality management. FMO offers legal and business knowledge.

- **August:** Neelie Kroes, member of our Committee of Recommendation, visited the Maasai tribe in Loitokitok where 300 girls took part in an Alternative Rite of Passage. They'll grow up without being circumcised.
- **September:** For the six selected entrepreneurs in the Innovate for Life Fund, we organised two "intensive weeks" in which the entrepreneurs got the opportunity to pitch their innovations at the International Finance Corporation (IFC) and the Kenyan Ministry of Health.
- **October:** Participants of the two Africa Classic Tanzania Editions raised a record amount of sponsor money of €1,010,110. The even more intense Uganda Challenge yielded another €508,884 earlier in 2018.
- **November:** Cynthia Oning'oi from Kenya - circumcised at the age of 12 against the will of her parents - gave an unparalleled speech at TEDx Schiphol. She spoke about her life story and work to banish the tradition.
- **December:** Our Goodwill Ambassador Saskia Noort was introduced to our work in Kenya. The Alternative Rite of Passage made an impression on her: *"A lot is happening here and the majority is positive. They themselves are fighting very hard against female circumcision."*

# OUR LEADERSHIP

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## 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.



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-Official Member**

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

### **Human Resources, Nominations and Governance Committee (HRNGC)**

The purpose of the Human Resources, Nominations and Governance Committee is to assist the Board in fulfilling its director nomination and corporate governance development responsibilities.

The HRNGC also advises the International Board and the Group Chief Executive Officer on policies and strategic issues with regard to the management of the human resources of One Amref.

### **Health Programmes Committee (HPC)**

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

### **Audit, Risk and Compliance Committee (ARC)**

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

### **Finance and Investment Committee (FIC)**

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

### **Fundraising and Communications Committee (FRANCC)**

The Fundraising and Communications Committee's role is to support the mission, goals, and programmes of Amref Health Africa by reviewing and monitoring the organisation's annual fundraising strategy, targets and budgets.

This Committee also monitors Amref Health Africa's communication strategy, budget and execution and makes appropriate recommendations to the International Board.

### **Our 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.

# OUR GLOBAL OFFICES

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# OUR PARTNERS

## Grants expenditure by donor FY2018

S.No	Donor	Amount US\$'000	Percentage
1	Global Fund	19,432	20.00
2	USAID	17,103	18.00
3	CDC	8,774	9.00
4	Dutch Ministry of Foreign Affairs	7,193	7.00
5	Global Affairs Canada	5,628	6.00
6	GSK	3,540	4.00
7	Amref Netherlands	2,756	3.00
8	European Union	2,551	3.00
9	Amref Italy	1,792	2.00
10	UNFPA	1,427	1.00
11	UNOPS	1,417	1.00
12	GIZ	1,124	1.00
13	COCA COLA	1,103	1.00
14	World Bank	1,091	1.00

S.No	Donor	Amount US\$'000	Percentage
15	Gates Foundation	908	1.00
16	Hewlett Foundation	899	1.00
17	Dutch Postcode Lottery	859	1.00
18	Comic relief	847	1.00
19	Sight Savers	839	1.00
20	Nutrition International	832	1.00
21	Safaricom & Mpesa Foundation	802	1.00
22	Italian Agency for Development Cooperation	764	1.00
23	UNICEF	661	1.00
24	JSI	656	1.00
25	Stichting ondersteuningsfonds zorg, welzijn and sport	642	1.00
26	UK AID	601	1.00
27	Aqua for all	563	1.00
28	Health Pool Fund	546	1.00

S.No	Donor	Amount US\$'000	Percentage
29	FMO Bank	506	1.00
30	ASTRAZENECA	500	1.00
31	DFID	472	0.00
32	PHARMACIENS SANS FRONTIERES GERMANY	465	0.00
33	JICA	460	0.00
34	IRISH AID	445	0.00
35	HDIF	327	0.00
36	Spanish Corporation/AESID	327	0.00
37	JHIEPAGO	323	0.00
38	UN WOMEN	314	0.00
39	CARTIER	309	0.00
40	Dutch Ministry of Trade & Development Cooperation	301	0.00
41	AMREF SPAIN	297	0.00
42	Johnson & Johnson	287	0.00
43	Coca-Cola	285	0.00
44	Queen Elizabeth Jubilee Foundation	273	0.00
45	Danone	265	0.00
46	BMZ	227	0.00
47	PACKARD	220	0.00

S.No	Donor	Amount US\$'000	Percentage
48	NANDO PERETTI FOUNDATION	213	0.00
49	Porticus	185	0.00
50	Bread for the World - German	174	0.00
51	Elsevier Foundation	169	0.00
52	UNDP	163	0.00
53	SENMINES	155	0.00
54	TAKEDA	155	0.00
55	Achmea Foundation	153	0.00
56	FONDATION ORANGE FRANCE	149	0.00
57	Old grants	148	0.00
58	STERNSTUNDEN	139	0.00
59	R4D	127	0.00
60	AMREF UK	125	0.00
61	Comic relief-USA	124	0.00
62	CIFF	115	0.00
63	IDRC	111	0.00
64	PATH	111	0.00
65	AICS	110	0.00
66	EC	107	0.00

S.No	Donor	Amount US\$'000	Percentage
67	IOM	105	0.00
68	FINISH MONDIAL	102	0.00
69	STRAVROS ET CSA	100	0.00
70	Amref Germany	97	0.00
71	END Fund	86	0.00
72	Amref USA	82	0.00
73	DCI	81	0.00
74	Hivos & Busara Centre	62	0.00
75	TBL/SBL	58	0.00
76	BMS	57	0.00
77	The Grand Challenge Canada	50	0.00
78	DHL	47	0.00
79	ENTERPRISE	43	0.00
80	MANI	42	0.00
81	Intur burn	40	0.00
82	WHO	39	0.00
83	Amref Austria	38	0.00
84	Childfund International	34	0.00
85	University of Antwerpen	31	0.00

S.No	Donor	Amount US\$'000	Percentage
86	Global Good Fund IVL	29	0.00
87	Princess Charlene of Monaco Foundation	29	0.00
88	Child Doctor	29	0.00
89	Philips	24	0.00
90	FCF	24	0.00
91	Monaco Government	20	0.00
92	Philips	20	0.00
93	Malteser International	20	0.00
94	Madrid City Council	18	0.00
95	MSF	18	0.00
96	Ministry of Devolution Kenya	18	0.00
97	CCRDA	15	0.00
98	PAI	13	0.00
99	Smile Train	12	0.00
100	Kaves	11	0.00
101	EABL	3	0.00
102	Euro Money	3	0.00
103	UNILEVER	1	0.00
<b>Total grants</b>		<b>96,187</b>	<b>93.00</b>

# 2018 FINANCIAL REPORT

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

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