



AMREF HEALTH AFRICA UK | 2020

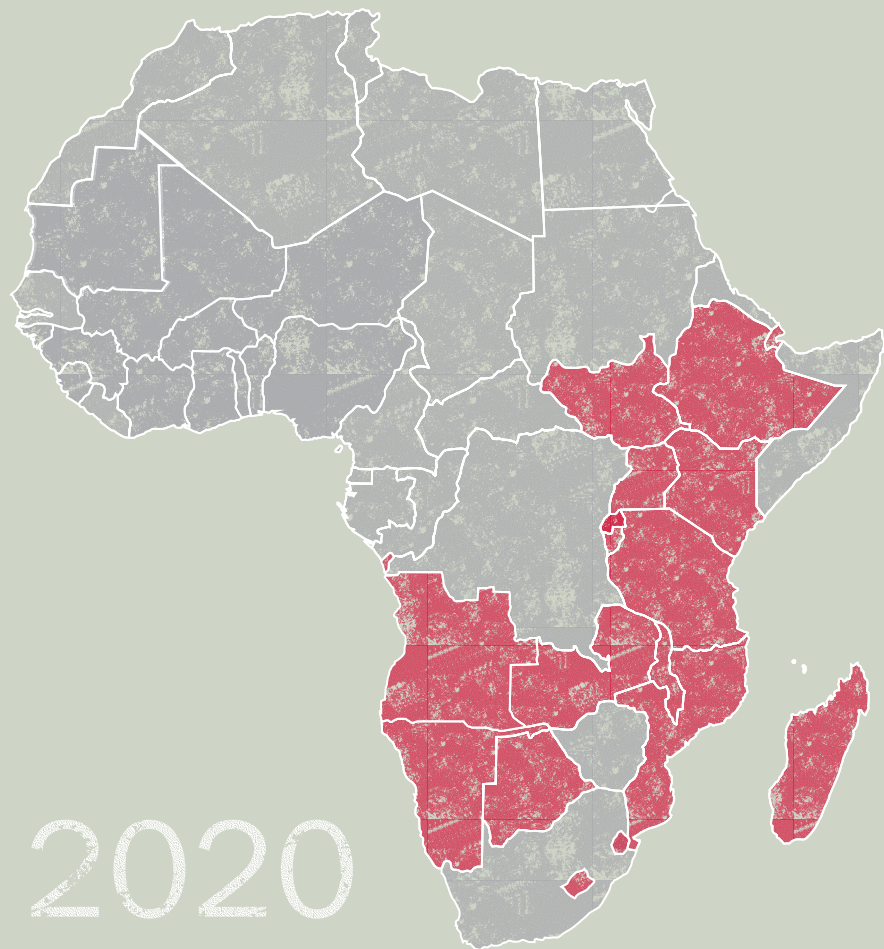
# IMPACT REPORT

SECURING THE RIGHT TO HEALTH



Front and back covers:  
Fatuma Ajeeb, Community  
Health Worker, Kibera,  
Nairobi, Kenya

© Brian Otieno, March 2021



In 2020, Amref Health Africa directly supported **7.8 million** people through our non-COVID-related programming.

We trained **54,457** health workers, of whom **21,447** were Community Health Workers (CHWs).

Through our COVID-19 programming, we directly supported **4.5 million** people and trained **193,353** health workers - including **155,394** CHWs - on COVID-19 prevention and response.

Because COVID-specific activities were built into many of our ongoing programmes, there is some crossover between the number of people reached through each.

# WELCOME

Dear friends,

For Amref Health Africa, as for us all, 2020 was defined by the COVID-19 pandemic. As soon as the scale of the threat became apparent, we reached out to our supporters and partners, launching an urgent appeal that raised more than **£500,000** to fund Amref's COVID-19 response in East, West, and Southern Africa. It is hard for me to put into words how grateful we are for your support and encouragement as we met this daunting challenge, especially in those early days. You will read about the impact of that support in the following pages.

We also wanted to take this opportunity to showcase some of the achievements from what has been an exceptionally difficult year for the whole Amref family. Among these successes, we wanted to draw your attention to the programmes in our portfolio that aren't related to COVID-19: all of which have been affected, to a greater or lesser degree, by COVID-19, but continue to run; and all of which address health challenges that will outlast the pandemic.

Indeed, the impact of the COVID-19 crisis on health systems and services across Africa – on the health workers who staff them

and the people who depend on them – will define our work in the coming years. Progress made towards achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) has stalled, and in many areas – including child immunisation, efforts to combat tuberculosis (TB) and malaria, and work to end FGM/C – that progress has been reversed.

As I'm writing this, in the summer of 2021, Amref is working with partners to ensure a successful continent-wide COVID-19 vaccination campaign. At the current pace, it is estimated that only one person in ten in Africa will be fully vaccinated before the year is out. Africa faces significant challenges related to supply, affordability, access, and acceptance. In many of the countries in which we work, the pandemic is far from over.

We enter 2021 as we left 2020: aware of the challenges ahead and prepared to meet them, yet also cautiously optimistic about what we can achieve together. Until we meet again, take care of yourselves.

**Camilla Knox-Peebles**

Chief Executive, Amref Health Africa UK

# 2020 HIGHLIGHTS

- Our eLearning programme for nurse-midwives in Uganda surpassed all targets. Due to demand, we increased capacity from **300** students to **520**. Most learners found themselves at the forefront of the country's COVID-19 response, and so we updated the course with a module on managing pandemics. The training led to a 16% increase in client satisfaction levels (from 52% to 68%) in the health facilities where the trained health workers were based.

Barbara Namatovu, nurse and eLearning student (L) and Rose Nabatanzi, midwife and eLearning tutor at Nsambay School of Nursing and Midwifery (R), Kampala, Uganda © Esther Mbabazi, July 2020

## THE DIFFERENCE WE MADE - WITH YOUR SUPPORT

## ● Our decades-strong partnership with GSK continues

We worked together to develop an ambitious programme addressing tuberculosis (TB) and malaria in Ethiopia and Kenya, launching in January 2021. The programme builds on learning from the *Frontline Health Worker Partnership* which, over ten years, supported the training of **25,000** health workers – including clinical officers, nurses, midwives, and community volunteers – in **13** countries.

## ● Expanding our Board

In the summer, we welcomed four new Trustees to the Board of Amref Health Africa UK: Dr Tinashe Chandauka, Simon Hammett, Beverley Jewell, and Bridie Layden. All four bring a wealth of expertise to the strategic oversight of the organisation, as well as a passion for Amref's work.



## ● We secured significant funding from the UK government to support the Africa-Led Movement to End FGM/C.

We will implement this work as part of a consortium of partners, all contributing specific skills and expertise. Grassroots activists – FGM/C survivors in particular – will be at the heart of the programme, which takes a firmly girl-centred approach. Community-based activities will be reinforced by advocacy at local, national, regional, and global level, which aims to raise awareness and leverage further funding for this vital work.

## ● Setting our course

We finalised the ambitious organisational strategy that will take us through to the end of 2023. It aims to move the organisation to a position of strength - financially, systemically, and culturally - creating a sound foundation for sustainable future growth. The strategy rests on three, interconnected pillars:

1. Mobilise resources by developing partnerships and engaging supporters;
2. Inspire others through strong stories of impact;
3. Drive change through advocacy.

# ● SPOTLIGHT: OUR COVID-19 RESPONSE



COVID-19 PCR testing at the Amref Laboratory in Nairobi, Kenya  
© Leonardo Mangia, April 2021

**Amref's strength is rooted in our unique identity, our 60+ years of experience, our technical expertise, and the relationships we hold at community, national, regional, and international levels. All of these combined enabled us to take a leading and strategic role in the COVID-19 response in East, West, and Southern Africa.**

In 2020, the global Amref family implemented a total of **206 programmes**. Twenty-seven of these were specific to COVID-19. Forty-five of the non-COVID projects in our portfolio converted existing components or added new activities in response to the pandemic.

Of the rest, most were affected in some way by the pandemic, and activities were adjusted accordingly. In some cases, this meant moving face-to-face training online. Ibrahim Ole Kinwaa is an End-FGM/C Champion trained by Amref in Tanga Region, Tanzania whose work focuses on ending FGM/C and sexual and gender-based violence (SGBV) in his

community. When movement restrictions stopped him from holding his face-to-face community dialogue sessions, he set up his own radio show instead:

*"It was important for us to address all government authorities and local leaders about the issues girls face while schools were closed due to COVID-19," he says.*

In Kenya, Amref conducted a survey of health workers who had completed COVID-19 courses on our flagship Jibu and Leap training platforms to assess changes in their knowledge, attitudes, and practices. Amongst other things the survey revealed that:

**94%** of trained health workers surveyed demonstrated the required skills in detection and management of COVID-19 suspected cases;

**94%** demonstrated the ability to maintain appropriate mental and psychosocial health for self and for others to cope with the pandemic; and

**100%** are implementing Infection Prevention and Control (IPC) practices and standards in facilities.

Moving into 2021, the COVID-19 response will continue to be an important part of Amref's activities, by providing significant support to vaccination initiatives in a range of countries.

## OUR IMPACT

In the year 2020, Amref Health Africa trained a total of **193,353** health workers in COVID-19 detection and prevention methods. Of these, **155,394** were Community Health Workers (CHWs), and **38,141** were facility-based. The vast majority (**111,694**) were trained remotely through Leap. A total of **75,337** health workers and CHWs were also provided with personal protective equipment (PPE).

We increased testing and diagnostic capacity by training additional laboratory technicians, testing a total of **13,531** people for COVID-19 through the Amref Central Laboratory in Nairobi.

A woman with braided hair, wearing a white lab coat and a light blue surgical mask, is looking down at a black smartphone she is holding in her hands. She is standing in front of a window with a view of greenery outside. In the background, there is a bulletin board with some papers pinned to it. The overall setting appears to be a health extension worker's office or a community health center.

## SPOTLIGHT: ETHIOPIA | STOP THE SPREAD

*"Amref is an active and engaged partner of the Ministry of Health in Ethiopia in terms of coordination and cooperation at the national level in COVID-19 governance."*

**Dr Muluken Desta**

Special Advisor to Dr Lia Tadesse,  
Minister of Health, Ethiopia

A Health Extension Worker using Amref's mLearning platform, Leap, as part of Ethiopia's COVID-19 response © Amref Health Africa

**Training frontline health workers in the surveillance, early detection, tracking, and referral of COVID-19 cases remained central to Amref Health Africa's emergency pandemic response throughout 2020. As part of its COVID-19 Preparedness and Response Plan, the Ethiopian government commissioned our innovative mobile-learning platform, Leap, to provide training for Health Extension Workers (HEWs) at the forefront of Ethiopia's fight against the virus.**

Health Extension Workers are the Ethiopian equivalent of Community Health Workers: members of the community who bridge the gap between community members and essential health services in places where there is a professional health worker shortage.

From mid-May 2020, the Ethiopian Ministry of Health began rolling out Leap to train HEWs and their supervisors in the COVID-19 response. Covering four modules, the mobile-phone-based learning course combines interactive SMS and audio training with regular quizzes, equipping HEWs with the knowledge

required to support their communities in preventing and containing infections. Leap is compatible with both smart and basic mobile devices, meaning it can be used in even the most remote regions.

Eriste Simachew, 32 (pictured), is a HEW from the Bahir Dar Zuria district of Ethiopia's Amhara Region, working at a rural health post that serves around 4,000 people from neighbouring villages. *"When COVID arrived, we had to educate our community about its dangers and how to protect themselves, as misconceptions can spread as quickly as the virus itself,"* she says.

Eriste received training through Leap on how to speak to her community about the detection and prevention of COVID-19, making daily household visits to share life-saving information. At the end of each module, she took a test on her knowledge, with the useful advantage of being able to refer back to her training at any time, since the information is always readily available on her mobile phone.

*"I had no idea what to say and how to educate the community about managing the virus. The training package has all the information we need: it empowered me and boosted my confidence."*

## OUR IMPACT

By the end of 2020, Amref Health Africa had trained a total of **37,450** health workers in Ethiopia's COVID-19 response.

**22,061** of them were trained through Leap, with the remaining **15,389** trained through other methods. Of those trained, **34,584** were Health Extension Workers and **1,768** were facility-based staff: demonstrating Amref Health Africa's decision to prioritise community-based health workers whose relationship with their communities make them best-placed to disseminate critical information about the detection and prevention of COVID-19.

# SPOTLIGHT: KENYA | SPORT FOR HEALTH



Taekwondo tournament in Dagoretti, Nairobi, Kenya  
© Khadija Farah, December 2020

**Young people living in Nairobi's informal settlements of Dagoretti and Mukuru wa Njenga face multiple daily health challenges. Not least among them is the risk of sexual exploitation, sexually transmitted infections (STIs), and early or unwanted pregnancy. Access to information on how to best protect and promote their sexual and reproductive health and rights is limited, placing adolescent girls' health, wellbeing, and future at risk.**

Through our *Sport for Health* programme, generously funded by People's Postcode Lottery, The SOL Foundation, and the Clifford Chance Foundation, we have been working to increase access to sexual health services by training young women from the community to become Peer Champions, helping other girls learn more about their sexual health and rights. The Champions receive training as both peer educators and sports coaches, with the chance to coach in one of three sporting disciplines: taekwondo, football, or volleyball. By working together with local sports councils, we established girls-only clubs in which the Champions

can deliver sports coaching alongside educational sessions on sexual and reproductive health and rights (SRHR). The clubs provide a safe space where girls can build their physical fitness and self-esteem while talking openly about the challenges they face in maintaining their sexual and reproductive health.

*"The training from Amref has instilled a lot of confidence in me,"* says Vivianne, a Peer Champion and football coach from the Mukuru wa Njenga informal settlement (pictured right, bottom image, in pink). *"That is why I now have the courage to mentor young girls."*

For Vivianne, the most fulfilling element of her role as a Peer Champion is bonding with the girls, listening to their problems, and helping them to understand how they can solve them:

*"We talk freely about sex, HIV/AIDS, and reproductive health issues such as family planning, and we use real-life stories to encourage the girls and make the sessions fun and enjoyable."*

### **COVID-19 UPDATE**

To reach communities safely we modified the training sessions by practising social distancing, holding the training in smaller groups, and reducing the length of the sessions.

## **OUR IMPACT**

We recognise that in order to **create lasting change**, the whole community must understand and support the initiative. For this reason, the Peer Champions trained through the *Sport for Health* programme also work closely with parents and local leaders to improve knowledge of the issues that are affecting adolescent girls. They hold open discussions with key opinion leaders within the community to ensure they have access to information about child protection, family planning, and sexual health. In 2020, **844 community members** were reached through these dialogue forums.

## SPOTLIGHT: REGIONAL | ENDING FGM/C

All over the world, women and girls have been disproportionately impacted by COVID-19. In particular, factors such as school closures, loss of livelihoods, and economic pressures have resulted in a significant increase in rates of Female Genital Mutilation or Cutting (FGM/C) among practising communities.

After more than a decade of progress in reducing the number of girls and young women subjected to FGM/C, there is no doubt that the pandemic has set the movement back.



Girls preparing for an Alternative Rites of Passage (ARP) ceremony in Kilindi District, Tanga Region, Tanzania

© Adrian Mgaya, October 2020

*“To better understand how COVID-19 is affecting the practice of FGM/C in countries in Africa where Amref Health Africa works, we carried out community-level surveys to hear first-hand from girls, women, civil society organisations, and community leaders about what they have been experiencing and witnessing,” says Dr Tammary Esho, Director of Amref Health Africa’s Centre of Excellence for Ending FGM/C. “In Kenya, 55% of respondents from three counties with high rates of FGM/C said the pandemic led to an increase in the practice. The most common reasons given were school closures and people staying at home for longer, including women and girls at risk.”*

Despite the alarming statistics, grassroots activists across the continent have redoubled

their efforts to keep girls safe from harm under the challenging conditions of



© Adama Cissé

COVID-19. Fatoumata Tamba (pictured), an activist trained by Amref in the Sédhiou Region of Senegal, spoke powerfully on the subject at a webinar marking the International Day of Zero Tolerance for FGM/C in early 2021. “At first, we thought the pandemic would finish after a while,” she says. “But it still hasn’t finished. So, we realised we’d have to find new strategies; new ways of raising awareness.

*Our approach is community-led: we go and speak to people, telling them about the dangers of FGM/C. With the arrival of COVID-19 and the need to respect social distancing, it was difficult to do that. Some cutters took advantage of the situation to cut girls without anyone knowing. Normally, for us, school is an entry point. But there was no school. Instead, we focused on raising awareness through community radio. We conducted meetings through Zoom, and we raised awareness at household level: talking to parents, fathers, telling them about FGM/C and its consequences. We also took advantage of the distribution of materials like hand sanitiser and masks to pass on these same messages. Although the partners and the resources [we used to rely on] were no longer there, we didn’t want to leave the girls.”*

## OUR IMPACT

At Amref, we recognise the cultural significance of FGM/C: a tradition that spans generations in many practising communities. In order to retain the cultural celebration of a girl’s transition to womanhood while keeping them from harm, we worked with Maasai communities in Kenya to develop the **Community-Led Alternative Rite of Passage (CL-ARP)** model, where girls can graduate from a formal ceremony but are not subjected to the physical cut.

A study found that, over 10 years, the CL-ARP model resulted in a **24.2% reduction in FGM/C** in Kajiado County, Kenya.

 **SPOTLIGHT: TANZANIA | UZAZI UZIMA**

**The Simiyu Region of Tanzania is home to 1.6 million people, yet there are just four hospitals and 17 health centres to cater for the whole population. Due to the hospitals' limited capacity, many pregnant women end up delivering their babies at home without medical assistance, leading to high rates of maternal and child mortality.**

Gertrude Mederd Fastori, an out-of-school youth and a peer educator in Mwasamba village, Bariadi District, Simiyu Region, standing in front of a youth-friendly space constructed as part of the project © Adrian Mgaya

Together with Amref Health Africa in Canada, we established a project to reduce the number of maternal and child deaths in Simiyu Region, known in Swahili as “*Uzazi Uzima*”, or “*Safe Deliveries*” in English. The project aims to build the capacity of the local health system to provide quality health services; to empower and educate the communities on their sexual and reproductive health and rights (SRHR); and to encourage increased uptake of those services. In turn, fewer women are giving birth at home without sterile equipment or medical support, and adolescent girls are able to learn about how to keep themselves safe and prioritise their future.

Veronica Masomeke is a 17-year-old student at Chenge Secondary School in Bariadi

District, Simiyu Region. She was trained through the *Uzazi Uzima* project as a peer educator to help other teenagers understand more about their sexual and reproductive health and rights (SRHR). Like many young people in her community, she grew up believing that sexual and reproductive issues were taboo. “*I was not much aware of the sexual and reproductive health and rights education,*” she says. “*In one year, we had between 10 to 15 girls getting pregnant. There were also many cases of early marriages and poor school attendance by girls.*”

Now, she sees a big change. Since becoming a peer educator, she has reached out to more than 300 peers, both in and out of school. Some of the topics that she teaches her peers about include puberty,

menstruation, prevention of teenage pregnancies, family planning, and HIV/AIDS. “*The project has really helped to build girls’ confidence.*”

### COVID-19 UPDATE

We modified some activities to ensure the safety of the communities we reached. As a public health measure, schools were ordered to be closed from March to June 2020, delaying the project’s engagement with peer educators, youth volunteers and youth clubs. Large public gatherings were also prohibited. To mitigate this, the project worked closely with local education authorities to reschedule school-level youth club activities once schools reopened. To prevent large crowds, community-level RMNCAH\* sensitisation activities were conducted as health drives using a vehicle mounted with a PA system.

## OUR IMPACT

By providing training to community and facility-based health workers in Simiyu Region and educating women and men about the importance of seeking antenatal care, the project facilitated an **11%** increase in the number of babies delivered at health centres in one year alone. Sexual and reproductive health education designed for youth also led to **51%** of young people in the project area seeking out health services.

The *Uzazi Uzima* project in Simiyu Region, Tanzania is a partnership between Amref Health Africa, Marie Stopes and the Government of the United Republic of Tanzania, with Deloitte as a service partner. With financial support from the Government of Canada through Global Affairs Canada and from James Percy Foundation, this four-year project aims to reach **2.3 million women, adolescents, children, and men** directly and indirectly.

\*Reproductive, Maternal, Newborn, Child and Adolescent Health

# ● SPOTLIGHT: UGANDA | PIWA MALENG



Anena Proscovia from Apotokitoo Village in Lamogi sub-county, Amuru District, Northern Uganda © Watanda Ambrose

Inset: A borehole constructed as part of the project in Lamogi sub-county, Amuru District, Northern Uganda  
© Watanda Ambrose

**Safe water, sanitation, and hygiene (WASH) are fundamental to good health and wellbeing. Not only are they a prerequisite to health, but safe WASH also contributes to better livelihoods, increased school attendance, and protecting dignity, helping to create resilient communities in healthy living environments.**

In Lamogi sub-county of Amuru District, Northern Uganda, 30% of the population does not have access to a safe water source, placing them at risk of sanitation-related diseases such as cholera, hepatitis E, and malaria. A major challenge faced by the community is the large number of non-functional boreholes: 540 water sources are in place, whilst in 2019, 105 of these were no longer functional. As the primary method for providing clean, safe water at household level as well as for schools and health facilities in Northern Uganda, well-managed boreholes are crucial for preventing the transmission of disease among communities.

Through our *Piwa Maleng*\* project, which began in 2020 and will finish in 2021, we have been working with the community to provide safe and clean water access to the residents of Lamogi sub-county by repairing 32 boreholes and drilling four additional ones. The project uses an integrated, community-led approach to water management: as well as repairing the boreholes, we have also provided training to the community to equip them with the skills, knowledge, and resources they need to ensure the boreholes are properly maintained in the years to come. The project established a Water Committee for each borehole comprising

local residents who oversee and monitor the use and maintenance of the boreholes. To support the communities in using them safely, we conducted community dialogue sessions and house-to-house awareness-raising on health, hygiene and sanitation practices.

### COVID-19 UPDATE

Walter Okella, Lamogi sub-county Chief, says: *“Even during the COVID-19 pandemic, our communities have been able to utilise the available water sources to maintain sanitation and many are now highly vigilant of waterborne diseases.”*

## OUR IMPACT

The *Piwa Maleng* project provided **10,800** people living in Lamogi with safe access to clean water. *“Before Amref helped us to rehabilitate our borehole, collecting water was very bad,”* says Anena Proscovia (pictured). *“We used to walk very long distances looking for clean water for home use and would often miss school. Two of my friends were raped by a man when they went to fetch water from the spring. Now, the source is very close to our homes and all bushes have been cleared away from the surrounding area, meaning the borehole is in open view of the community, reducing the likelihood of sexual assault.”*

\*In Swahili, “*Piwa Maleng*” means “Our Clean Water”. This name was chosen by the community.

*"I feel that my work is very important. Previously, many young people thought that contraceptives were only for married people and that it would make you sterile. By talking to the young people, I can debunk these taboos and explain how they actually work."*

**Amina Wisiki**

Peer educator from Lulanga, southern Malawi


© Jeroen van Loon



# HOW WE USE YOUR DONATIONS

When you make a gift to Amref Health Africa UK, you can be sure that it will be spent to have the greatest possible impact. We take the trust placed in us by our supporters very seriously, and work hard to ensure that every pound we spend, both in Africa and the UK, works hard too.

These financial highlights are taken from our 2020 Annual Accounts, which can be found in full at [www.amrefuk.org](http://www.amrefuk.org).

For every £1 spent... **88p** goes to our programmes  **12p** goes on raising the next pound

NB. These figures appear in our Annual Accounts as "charitable activities" and "fundraising" respectively.

For every £1 we spend on fundraising, we raise **£6.26**  **£1** **£6.26**

Total income generated for the year:

**£2,650,317**

Corporates		£255,250
Institutional Donors		£397,562
Individuals		£383,284
Trusts and Foundations		£1,611,458
Other*		£2,763

\* Christmas cards, investments

Total sent\*\* to projects in sub-Saharan Africa: **£2,587,676**

\*\*£1.8 million in restricted funds were held in the UK at the end of the reporting period on behalf of donors awaiting distribution to Amref HQ in line with agreed milestones.

# WHAT WE LEARNED IN 2020

## ● **The funding landscape remains challenging**

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## ● **Our team is resourceful and resilient – but we need to review the support we provide in a fast-changing context**

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## ● **Advocacy work is important – but we can't prioritise it at the moment**

.....

## ● **COVID-19 will affect our work for years to come**

.....

## ● **We need to invest in our anti-racism work**

Amref Health Africa UK ended 2020 in a strong financial position, having maintained our existing programmes, launched some exciting new initiatives, and retained – in fact, expanded – our talented team. This was the result of careful planning and rigorous financial and risk management – an approach we continue to take in 2021 – coupled with a need for Amref's unique expertise in the COVID-19 response and the steadfast support of our donors and partners.

Still, **we know the next year or two will be challenging**. Simply put, the impact of COVID-19 on all sectors means there is less funding available for the kind of work Amref Health Africa does. Substantial cuts to the UK's ODA (Official Development Assistance) budget – the details of which are still emerging – will have a significant impact on the people and communities we serve.

Against this backdrop, flexible funding is more important than ever: it allows us to be agile, allocating resources where the need is greatest and adapting our activities to an ever-evolving context. We are grateful to the supporters and partners who, particularly in the early days of the pandemic, provided flexible funding that allowed us to kick-start COVID-19 risk mitigation and response activities in Kenya, Uganda, and Ethiopia.

In March 2020, Amref UK pivoted to remote working almost overnight. Building on what we've learned since then, **we are reviewing our policies on flexible working and staff well-being**. Our aim is to enable the team to work in a way that meets their needs whilst supporting the organisation to meet our charitable objectives. In July 2021, we will undertake the mid-term review of our organisational strategy. As part of the process, we'll review the way

our team is structured to ensure we're making the most of the incredible pool of talent we have, as well as supporting team members to grow.

"Driving change through advocacy" is one of the pillars of our organisational strategy. In 2020, we undertook an advocacy scoping exercise led by an external consultant which helped to identify the areas where Amref might make a meaningful contribution. Given the uncertainty of the funding environment, **we have decided to pause the recruitment of a standalone advocacy role** until the completion of the strategy review in mid-2021. In the meantime, we are feeding into shared advocacy initiatives through umbrella organisations such as Action for Global Health and Bond, lending our voice to high-profile cross-sector campaigns like Crack the Crises and the People's Vaccine Alliance, and amplifying the voices of our African colleagues and the communities we serve, ensuring their expertise is recognised and valued.

In many of the countries in which Amref has a presence, the diversion of already-stretched resources to the COVID-19 response has caused an increase in non-COVID-related health problems and deaths. The health workers we support – most of them women – will be dealing with the pandemic's effects for years to come, putting their own physical and mental well-being at risk in the process.

If anything, **the relevance of Amref's mandate – to sustainably strengthen health systems, advocate for greater investment in health workers, and facilitate community-led change – is clearer than ever.**

In 2020, Amref UK committed to integrating anti-racist values into everything we do. We know that to transform this commitment into meaningful, measurable, and sustainable change, **we need to invest time and financial resources into this important piece of work**, which speaks directly to the kind of organisation we aspire to be.

© Esther Mbabazi



**Amref Health Africa UK is accountable to the people we serve – and to our supporters here in the UK, without whom we simply wouldn't exist. Please don't hesitate to contact us if there's anything you think we could be doing differently or better. You will find our details on the back cover.**

*"I used to feel [nervous]. But now I've decided, If I'm scared, how am I going to help other people? So I'm just strong. I mask up, I sanitise [...] I just love working! And I love my community, I love my people. So I continue."*

**Mumbi Malama,**

Community Health Worker (CHW),  
Copperbelt Province, Zambia

Just before this report went to press, we launched *Vaccine Solidarity*, an ambitious campaign aiming to raise £2 million over two years to support the COVID-19 vaccination drive in Africa. CHWs like Mumbi will be at the heart of this work.

**VACCINE  
SOLIDARITY  
WITH AFRICA**



**NO TIME TO WASTE: HELP SAVE LIVES!**

[www.amrefuk.org/VaccineSolidarity](http://www.amrefuk.org/VaccineSolidarity)  
#VaccineSolidarity

Self-portrait courtesy of Mumbi Malama

# THANK YOU FOR YOUR SUPPORT

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Mr Alistair Smith\*\*

\*appointed in August 2020

\*\*resigned in August 2020

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- Apax Foundation
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- Educate Private
- GSK
- Nelson Pharmacies

## Institutions

- Foreign, Commonwealth and Development Office (FCDO)
- The National Lottery Community Fund

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- A & E Education Trust
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- Golden Bottle Trust
- The Grace Trust
- The Fulmer Charitable Trust
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- James Percy Foundation
- Kilpatrick Fraser Charitable Trust

- Thank you to everyone who has supported Amref, including individuals who took part in challenge events, organised a fundraiser, or who left a gift in their will; as well as our volunteers and others who have given their time to support our work. Your support – in all its forms – has helped us increase the reach and impact of our work in sub-Saharan Africa.

- Harbinson Trust
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## Community Partners & Supporters

- African Development Society, University of Reading
- JazzFunkSoul Society Bristol, University of Bristol
- People for People
- Wolfson College Amref Group, University of Oxford

We are especially grateful to the following people who provided match funding for our 2020 Christmas campaign.

- The Chalk Cliff Trust
- Dr Helen Pepper
- The Hermitage Trust



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