



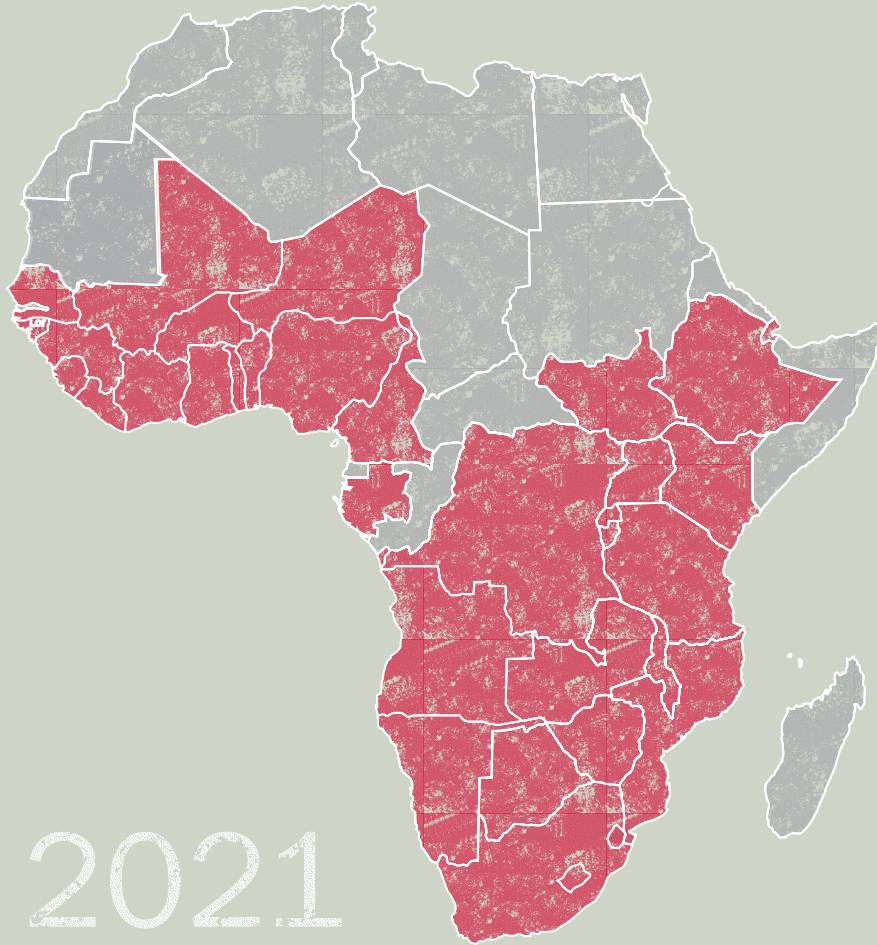
AMREF HEALTH AFRICA UK | 2021

IMPACT REPORT

SECURING THE RIGHT TO HEALTH

Amref Health Africa is the African continent's leading health charity, working with women and girls to secure the right to health and break the cycle of poverty.





In 2021, Amref Health Africa's programmes supported **20.1 million** people across sub-Saharan Africa with health advice, care and access to water and sanitation.

We trained over **100,000** health workers and supported the vaccination of **1.5 million** people against COVID-19.

WELCOME

Dear friends,

I write this having just returned from a visit to Kenya, my first in more than two years. It was such a privilege to reconnect with colleagues, to speak to the courageous change-makers Amref Health Africa supports, and to see the invaluable work that has continued under the most challenging of circumstances. It was truly humbling to see the progress made.

2021 was not an easy year. The people and communities we work with, as well as the whole Amref Health Africa family, continued to feel the effects of the COVID-19 pandemic.

With only 20% of Africa's population fully vaccinated at the time of writing, the pandemic isn't over. COVID-19 is one of many public health emergencies threatening lives, livelihoods, and futures across Africa. And of course, entwined with these, are other challenges: the threat of future pandemics, the climate crisis, and the increase in extreme poverty, after decades of progress.

Facing these challenges has brought into sharp focus the need for Amref Health Africa to evolve and grow. In 2021, we continued to play a leading role in the continent's response to COVID-19, widening our focus to include vaccination. We launched our first-ever Youth and Adolescent Strategy, which recognises the incredible potential of Africa's young people. We began work on our new Global Strategy, which will take us through to 2027. At UK level, we made changes to the way our team is structured to ensure we have the skills and capacity to achieve our ambitions.

There was much to celebrate in 2021, too: exciting programme milestones, increasing evidence that our community-centred approach is working, innovative new partnerships, and global recognition of Amref's power to create sustainable change.

Although our ways of working might change, our vision – of a world where high-quality healthcare is accessible and affordable to all – is a constant.

Nearly three years into my time at Amref, that vision continues to inspire me every day, whether I'm working from home in Oxford, biking into the office in London, meeting Community Health Workers in Kisumu, or talking to young Maasai women who are helping their communities move away from FGM/C.

I am so proud of how Amref Health Africa has addressed the challenges of the past two years – and I am so grateful to everyone who has made that possible. We have always been an organisation that does things differently. We have always forged our own path: but we've never done it alone.

Thank you all for your support.

With best wishes from the whole Amref family.

Camilla Knox-Peebles

Chief Executive, Amref Health Africa UK

2021 HIGHLIGHTS

© Leonardo Mangia



In **June**, we called on our supporters to stand in **Vaccine Solidarity** with Africa, launching an ambitious fundraising campaign in support of our COVID-19 vaccination work.

Thank you to everyone who responded.

Since then, we've been working with existing and new partners to create the conditions for a successful continent-wide vaccination drive: training health workers to administer the vaccine and to manage data, setting up mobile clinics, transporting doses to remote regions, and working at community level to dispel fears and create demand.

Our bold stance on vaccine inequity saw Amref invited to share our expertise with national and international media platforms including Channel 4 News, Sky News, and CNN International – ensuring the voices of the communities we serve were heard by global audiences.

In **January**, we launched our latest shared programme with long-standing partner GSK: an ambitious intervention which aims to improve the prevention, diagnosis, and management of tuberculosis and malaria in **Kenya** and **Ethiopia**.



“Over 700 million people globally still live in extreme poverty. To find solutions, we all benefit from on-the-ground insights and diverse engagement, so we prioritised organisations with local teams, leaders of colour, and a specific focus on empowering women and girls.”

– MacKenzie Scott, June 2021

Also in **June**, Amref Health Africa was among the social justice organisations to receive a transformative gift from philanthropist MacKenzie Scott. The funds will be invested across our portfolio of programmes as well as in building our organisational capacity.

THE DIFFERENCE WE MADE - WITH YOUR SUPPORT

Our relationship with a major anonymous trust went from strength to strength. In **September**, we launched a second phase of the innovative *Piwa Maleng* ("Our Clean Water") programme, which provided **14,700** people in **Uganda** with access to a safe water source close to their homes. Phase II will build on the successes of Phase I, as well as widening its scope to address sexual and gender-based violence.



Also in **September**, Amref Health Africa's Global End-FGM/C Advisor Nice Leng'ete became a published author. The New York Times described her memoir, *'The Girls in the Wild Fig Tree'*, as "elegant", "inspiring", and "important".

In **December**, Amref UK reached a new milestone in our relationship with People's Postcode Lottery, becoming a regular charity partner and being awarded a total of £500,000 to spend in 2022: double the previous year.

£500,000



In **October**, we celebrated a new partnership with ViiV Healthcare Positive Action. Together, we launched a programme aiming to reduce pregnant mother-to-child transmission of HIV in **Afar and Gambella, Ethiopia**.



Throughout 2021, we continued to work with communities across the continent to end female genital mutilation or cutting (FGM/C). Through our Alternative Rites of Passage model, **1,500** girls in Kajiado County, **Kenya** were able to avoid the cut, continue their education, and shape their own futures. In November, we began implementing the ambitious UK government-funded 'Support to the Africa-led Movement to End FGM/C' programme, which will support communities in Kenya and Senegal to achieve their commitments to end FGM/C.

Finally, Amref Health Africa was selected by Gavi, the Vaccine Alliance, to take over from the IFRC as the host of its Civil Society Organisation platform. We are the first organisation located in a lower-middle-income country to take on this role: a real testament to the strength of Amref's work on the ground.

SPOTLIGHT: SUPPORTING FISTULA SURVIVORS



Fistula survivors and ambassadors, **Vaines Deus** (left) from Nantare village and **Penina Lusato** (right) at her home in Buguza village, both in Mwanza Region, Tanzania

FACING AN ISOLATING CONDITION

An estimated two million women around the world are living with fistula, an abnormal opening between a woman's genital tract and her urinary tract or rectum resulting in the leakage of urine, faeces, or both. It is a debilitating condition that has long-term physical and psychological consequences for survivors.

Fistula is most often a result of obstructed labour, but myths and misconceptions about its causes are widespread. In some contexts, it is associated with witchcraft. As a result, women living with fistula are often ostracised by their families and communities, making it hard for them to access medical care and cutting them off from social support structures.

In partnership with the National Lottery Community Fund as well as an anonymous trust, Amref Health Africa is supporting women living with fistula in Tanzania and Uganda. Women are provided with surgery, tailored psychological support, and entrepreneurship training, so that they can start up small businesses. Survivors also have the opportunity to act as ambassadors in their communities, seeking out and supporting other women who might be experiencing symptoms without knowing how to explain them.

So why do we take this holistic approach?

Surgery to repair the fistula is transformative: but it's only one element of the support survivors require. Our approach considers the many aspects of survivors' identities and the multiple roles they play in their families and communities.

It helps them rebuild their lives, their confidence, and their independence. The work of ambassadors has a ripple effect across whole communities, shifting attitudes, combatting stigma, and enabling other women with symptoms to come forward and seek help.

Shaping a different future

Our approach recognises that, although survivors' lives may have been defined by their condition – in some cases for years or even decades – fistula doesn't have to define their futures.

2021 IMPACT

TANZANIA

Ambassadors reached **90 women**, of whom **45 received surgery** through Amref and partners. The remaining **45 women were referred** for treatment through other partners.

UGANDA

We supported **92 women** with fistula surgery.


SOUTH SUDAN

Amref trained health workers from Juba Teaching Hospital on fistula repair and management. As part of this training **45 operations** were conducted with a success rate of **more than 85%**.

◀ **Participatory Photography Project**

The ambassadors attended a workshop led by photographer Sam Vox, during which they learned about the fundamentals of photography and storytelling. They then spent time with some of the survivors they support, documenting the women as they went about their daily lives.

This project was funded by the National Lottery Community Fund as part of their support for Amref Health Africa's fistula work in Tanzania.



Peer educator **Aina Wisiki** from Lulanga, Southern Malawi, talks to teenage girls from her community about contraception

SPOTLIGHT: CHANNELLING THE POWER OF YOUNG PEOPLE

Africa is the world's youngest continent. Almost 60% of its population is under 25.

Africa's young people are an incredible resource – but they encounter barriers when accessing healthcare, including a lack of accurate information about their health and rights. Too often, they are excluded from decision-making: and COVID-19 has only made life harder for them, disrupting their education and limiting their socio-economic prospects.

Despite these challenges, young people across the continent have stepped up to support their communities through the crisis, demonstrating their capacity to imagine and create a fairer future for everyone.

In 2021, Amref Health Africa launched our first dedicated Youth and Adolescent Strategy. We are committed to working for and with young people, putting their needs and voices front and centre in our programme design.

In **Ethiopia**, where 33.8% of the urban population is aged between 15 and 29, we are implementing a \$60 million partnership with USAID called *Kefeta*, which means 'to elevate' in Amharic. Over five years, *Kefeta* will create economic, civic, and social opportunities for **two million young people in 18 of Ethiopia's cities**, amplifying their voices and helping them become a positive force for change.

In **Kenya** and **Malawi**, we are supporting young people to understand and exercise their rights when it comes to sexual and reproductive health – using sports and dance, respectively. Physical activities can build young people's confidence and create opportunities for frank, empowering conversations around sexual health.

2021 saw the completion of our Sport for Health programme, which equipped young people living in Nairobi's informal settlements with reliable information on sexual and reproductive health and rights: all delivered via football, volleyball, and taekwondo. **3,000 young women**, including **358 adolescent mothers**, were supported by the **119 peer champions** Amref had trained.

"The Sport for Health programme personally had a great impact in my life," says Vivian Mbithe, a peer champion and

football coach from Mukuru, Nairobi. *"I was trained on various issues in regards to health that I had no prior knowledge of. I have gained new skills as a peer champion and a trainer and the process has improved my self-esteem."*

Malawi has some of the highest rates of teenage pregnancy and child marriage in the world. **83% of young people** in Mangochi District indicated they were happy with the services offered by our Stand Up for Adolescents project, and **97%** were able to report comprehensive knowledge related to sexual and reproductive health and rights.

Our newly-launched *Dance 4 Change* initiative will deliver a participatory music and dance programme to **6,400 boys and girls** in Mangochi District– building on the successes of *Stand Up for Adolescents* and *Sport for Health*.

SPOTLIGHT: DR GITHINJI GITAHI



"I consider my mother to be the most important public health officer in my life."



MY PUBLIC HEALTH JOURNEY

Dr Githinji Gitahi has been Amref Health Africa's Group Chief Executive since 2015. Under his leadership, Amref has been at the forefront of Africa's COVID-19 response.

Looking back, I can see very clearly what has brought me to where I am today. I didn't set out with a grand plan, but I always had a strong sense of justice and a passion for people.

I was born and raised in Central Province, Kenya, around 170km from Nairobi. I was number eight of nine children. Food was scarce: it wasn't unusual for us to have one meal a day, often boiled maize or green bananas and a cup of tea. My mother breastfed me for a long time, and I believe this is one of the reasons I excelled at school. In fact, I consider my mother to be the most important public health officer in my life.

I studied medicine at university and became a practising clinician, believing this would be the best way to help my community. As time went on, however, I began to realise there was only so much I could do by sitting in the clinic. Week after week, I would see the same people coming to me with the same concerns. I decided to go out and speak to people in

their homes and workplaces, to find out why I was seeing the same patterns over and over again.

As a doctor, you tend to view people in isolation – not as part of a wider ecosystem. The more I encountered people in their everyday lives, the more I understood what needed to change. I realised that when I was treating, for example, a girl who had attempted to get an illegal abortion, it was because she had no access to family planning services and wasn't able to make informed decisions about her reproductive health.

When Amref approached me to be Group CEO, I did not hesitate. I saw an opportunity to address the root causes of the challenges faced by Africa's healthcare systems.

Amref understood that lack of access to healthcare is multidimensional. Low health coverage, scarce resources, limited facilities, lack of financing, insufficient education: they all play a role, and

there is no single quick fix. We knew we had to develop a new model that acknowledges the wider ecosystem and puts communities first.

So, that's the model Amref Health Africa built – and when the COVID-19 pandemic broke out in early 2020, we were ready. Since then, we have worked with communities to tackle misinformation. We have established accessible water and sanitation points to reduce infection rates. We have worked alongside governments and international institutions to ensure health policy is community-centric, and we've brought vaccines to where people live and work.

We are an organisation with communities at its heart, taking the lead from the people who experience these challenges every day.

I like to think the young me would be proud of the work I am doing with Amref. I know my mother is, and I still look to her for inspiration.



SPOTLIGHT: ENDING PREVENTABLE DEATHS

Every year, communicable diseases like tuberculosis (TB) and malaria cause millions of preventable deaths worldwide.

Prior to the pandemic, the African region already bore the greatest burden, with **94% of global malaria deaths** and **more than a quarter of global TB deaths** occurring in the region. With already scarce resources redirected to the COVID-19 response, many countries have seen a

reduction in the availability of routine services, as well as a dip in the number of people seeking care. **In 2020, global malaria deaths rose to 627,000:** the highest level in nearly a decade. Urgent action is required if these worrying trends are to be reversed.

“Most community members associate TB with HIV and that is where the stigma sets in. I tell my community members that TB is curable and can be prevented.”

Monica Akinyi Arega, Community Health Worker,
Siaya County, Kenya

TACKLING TB AND MALARIA IN ETHIOPIA AND KENYA



In 2021, Amref and long-standing partner GSK teamed up to implement an ambitious programme aiming to improve the prevention, diagnosis, and management of TB and malaria in Ethiopia and Kenya where both diseases are widespread. We are doing this by:

- **Training health workers,**
- **Building diagnostic capacity at health facilities,**
- **Increasing community awareness, and**
- **Strengthening data for high-level decision-making.**



ETHIOPIA

The programme is running in two regions, **Afar** and **Somali Region**.
In its first year, we:

TRAINED



201

health workers
in malaria

210

health workers
in TB

88

lab technicians
in lab quality systems

134

community volunteers
on case detection

SUPPORTED QUALITY TESTING IN

25

health facilities

60

community health posts

TESTED MORE THAN

300

people for TB through a mobile screening service



KENYA

The programme is running across **six counties**.
During its first year, we:

TRAINED

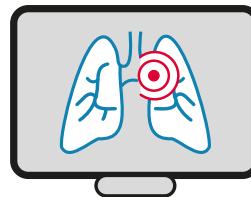
2000

frontline health workers
(using face-to-face
and online learning) in
disease management

327

county-level health
managers in leadership,
management, and
governance

Revised TB and malaria training curriculums
and adapted them for digital platforms



Provided data training
for county-level TB and
malaria coordinators
in order to improve
data use

SPOTLIGHT: WHO OWNS THE STORY?

Patrick's photograph of an older woman (**Ake**) sitting outside her house in Mashimoni, Kibera, Nairobi, Kenya.



Patrick Malachi whose appeal (below) was chosen to send to Amref UK supporters.



IN SEARCH OF NEW ANSWERS

The past two or three years have seen several high-profile instances of UK-based international development charities receiving criticism for the reductive way they depict the people they support.

Public communications produced by INGOs have the power to shape the popular imagination. We can't begin to dismantle stereotypes without acknowledging our role in their formation.

Amref UK supporters know that we have made a public commitment to ethical storytelling and representation. Among other things, this means creating opportunities for the people we support to speak directly to the UK public. We have long believed that UK audiences are ready for new and more nuanced stories.

We had the opportunity to put this assumption to the test when we were approached by researchers Jess Crombie (University of the Arts London) and David Girling (University of East Anglia). They were looking to partner with an INGO on **Who Owns the Story?**, a pioneering project that would live-test audience responses to two fundraising appeals: the same story, told in two ways. The first was a traditional letter, featuring professional photography with a letter from our Chief

Executive, Camilla. The second appeal was conceptualised, written and designed by Patrick Malachi, an experienced Community Health Worker from Kibera, Nairobi, and featured images taken by him. The appeals were sent to Amref supporters in the summer of 2021. Both performed well – but Patrick's letter, which focused on the challenges older people in Kibera face in accessing healthcare, raised more money.

Amref supporters were moved by Patrick's passion for his work, and his desire to tell a story he feels is too often neglected. *"This group of people need special attention,"* he wrote. *"I place a question to humanity: when was the last time you paid a visit to an elderly person in your community? As community members we have a role to play [...] in helping these people live a dignified life."*

"We hope the findings will give other NGOs the courage and confidence to pursue new ways of storytelling," says Katie Greywood, Head of Supporter Engagement

at Amref UK. *"It's not just the end result that matters: if the people we support have more control over the way they're represented, we consider that a success."*

"The best thing is that you are talking directly to the real people," agrees Patrick Malachi. *"They have the best knowledge, the true picture of what they are saying."*

"It is really about trusting that if we hand the power of editorial decision-making and narrative choice to the people living these stories, we won't just be doing something ethically sound, we will also tell more powerful, more interesting and ultimately more effective stories," says Jess Crombie.

Of course, this is only one study, and there is a clear need for more work of this kind. But **Who Owns the Story?** suggests that everyone is ready for a change: that includes committed charity supporters here in the UK and, most importantly, the people driving change in communities around the world.



Community members using a well rehabilitated as part of the *Piwa Maleng* programme

Amuru District, Northern Uganda, lies on a transit route for truck drivers travelling to South Sudan. Its proximity to a busy border crossing meant it was hard-hit by the COVID-19 pandemic. By August 2020, 45% of cases in Uganda had originated in Arua.

Prior to the pandemic, almost a third of people living in Amuru did not have access to safe water, leaving them susceptible to water-related diseases and depriving them of one of the most powerful ways of stopping the spread of COVID-19: hand-washing.

Amref Health Africa's *Piwa Maleng** project, funded by a major anonymous trust, sought to improve access to safe and sustainable water sources for people in Amuru as well as increasing awareness of, and access to, sanitation facilities at household and community level.

BY THE END OF THE PROGRAMME IN AUGUST 2021:



We had **drilled or rehabilitated 49** wells



Allowing **14,700** people

to have access to safe water source close to their homes

The percentage of people with safe water rose from



32% to 98%



Waiting times at wells were significantly reduced: **100% of households had to queue for less than 30 minutes**, compared with **52%** in 2020

While other projects running in Amuru were placed on hold in March 2020, national and district authorities encouraged *Piwa Maleng* to continue, recognising that improved water, sanitation, and hygiene could help reduce COVID-19 infection in the district. Amref was able to adapt and complete our activities, as well as integrating COVID-19 infection prevention and control messaging into community-level awareness-raising.

To ensure the sustainability of these positive changes, community mechanics were trained to operate and repair the wells. In addition, **54** Water Users' Committees were formed to promote hygiene and sanitation best practice. The Committees are comprised of volunteers who are elected by the community to oversee the ownership and maintenance of water sources.

The second phase of the programme, launched in September 2021, will bring water even closer to people's homes by setting up solar-powered systems to direct water from wells to taps in schools and villages. Additionally, the programme will introduce education on sexual and reproductive health and rights to enable girls and women to access water safely and make informed decisions about their bodies.



***Piwa Maleng – a name chosen by the communities involved in the project – means “our clean water” in Acholi.**

Grace Lamunu, 48, is a resident of Luyaguma village and treasurer of the village's Water Users' Committee.

"Under the *Piwa Maleng* project, Amref rehabilitated our village well," she says. "This has saved us the burden of crossing the main road to go down the swamp to collect water from a protected spring" – a task that most often falls to the women of Grace's community.

"The Water Users' Committee meets twice a month to discuss any issues pertaining to our water source. Every household that collects water from this source contributes 1,000 shillings monthly towards the operation and maintenance fund." This means that, if the well breaks down – something that hasn't happened since it was rehabilitated – the community already has money set aside for its repair.

"During rainy seasons, water from the spring well would get contaminated with run-off rainwater: but water from the well is safe for human consumption. We [now] have easy access to enough safe water for drinking, cooking food, and washing. We no longer waste our precious time [going] in search of water – and the most important [thing] is that we are healthy," says Grace.



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 2021 Annual Accounts, which can be found in full at www.amrefuk.org.

For every £1 spent...

84p

goes to our programmes



16p

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 £9.69

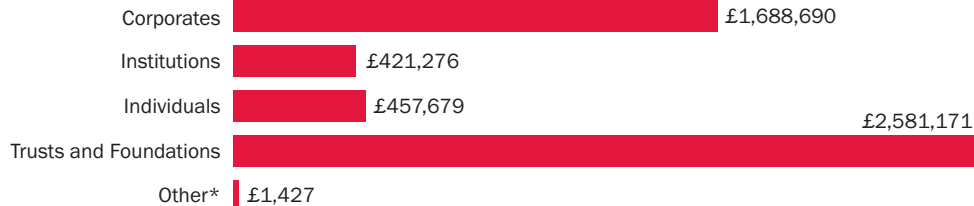
£1



£9.69

Total income generated for the year:

£5,150,243



* Christmas Cards and investments

£3,357,521 spent in 2021 to support programmes in sub-Saharan Africa with a further:

£2,006,447 held to support programmes in 2022 and beyond.

CHALLENGES: WHAT WE LEARNED IN 2021

The ongoing impact of COVID-19

Africa is experiencing what our Group Chief Executive Dr Githinji Gitahi has described as a “dual catastrophe”. While the COVID-19 pandemic continues, other health services – antenatal care, routine child immunisation, the testing and treatment of malaria and tuberculosis, and the prevention of sexual and gender-based violence – are under huge pressure.

We will be dealing with the consequences of these trends for years to come. In fact, COVID-19 has created an increased need for Amref's expertise in building sustainable health systems: an essential step towards preparing for future pandemics.



Vaccine inequity

In 2021, Amref Health Africa led global calls for an end to vaccine inequity. Even as the supply of doses to Africa improved, significant barriers to access remained. At the time of writing, coverage remained extremely low in rural areas, where 70% of the continent's population resides.

This is where Amref comes in. We have used our fleet of aircraft to transport vaccines to remote areas. We are working closely with community leaders to overcome information gaps. We have vaccinated people in barber shops; at social gatherings; outside market stalls. Our teams operate at weekends and late into the evening, meaning people don't have to sacrifice income to visit a clinic.

Living our commitment to anti-racism

In 2020, Amref UK committed to integrating anti-racist values into everything we do. Since then, progress has been slower than anticipated. In late 2021, we secured the services

of a specialist consultant who has accompanied us for the first few months of this journey and helped us to ensure we are giving it the time and resources it deserves. We know this work will never be 'finished'. We will continue to reflect, grow, and adapt, always striving to do and be better.

Continued changes to UK Aid

Cuts to the UK's Official Development Assistance budget had a direct impact

on Amref Health Africa and the communities we serve in 2021. Family planning work in Kenya, health worker training in South Sudan, support for people living with disabilities, end-FGM/C work at regional level: all saw their funding reduced or cut entirely.

Our teams have adjusted their activities and sought alternative sources of funding to plug the gaps: but in every case, the cuts have limited the support we can provide to communities living in challenging circumstances.

Conflict in Ethiopia

The conflict in Ethiopia's Tigray Region affected two neighbouring regions, Afar and Amhara, where Amref is working. More than **2.7 million people** in Afar and Amhara were forced to leave their homes. Some **1,500** health facilities were destroyed, damaged, or looted, and many health professionals were displaced. Amref Ethiopia is providing humanitarian support to people affected by the crisis. The development programmes we are running in Amhara and Afar have been disrupted, and timelines and delivery methods adapted as the context evolves.

A commitment to reflection and learning is at the heart of our organisational culture. 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.



Students at Maridi Girls' Boarding School for Science in South Sudan, which is supported by Amref Health Africa.

THANK YOU FOR YOUR SUPPORT

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Ms Bridie Layden
Ms Jennifer Mbaluto

Corporate Partners

- Clifford Chance Foundation
- Cognizant
- Croda Foundation
- GSK
- ViiV Healthcare Positive Action

Individuals

Thank you to the members of the Mbele Movement and Development Council:

- Patrick Disney
- Charles Fitzherbert
- Simon Hammett
- Helen Pepper

- Celeste Shirvani
- Matthew and Charlotte Vaight
- Elizabeth Wilmshurst

Institutions

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

Trusts & Foundations

- A & E Education Trust
- The Allan & Nesta Ferguson Charitable Trust
- Andor Charitable Trust
- The Ardwick Trust
- Bartleet Family Fund
- The Bower Trust
- Bryan Guinness Charitable Trust
- Comic Relief
- David Lister Charitable Trust
- The Dischma Charitable Trust
- The Gilander Foundation
- The Golden Bottle Trust

- The Fulmer Charitable Trust
- The Headley Trust
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- The Henhurst Charitable Trust
- The Hermitage Trust
- The Honourable M L Astor's 1969 Charity
- The Ian Askew Charitable Trust
- The Jake Memorial Charitable Trust
- James Percy Foundation
- The Jock & Mary Elliot Memorial Trust
- Kilpatrick Fraser Charitable Trust
- The Lord Deedes of Aldington Charitable Trust
- The Lorimer Trust
- Mercury Phoenix Trust
- The N Smith Charitable Settlement
- Miss K. M. Harbinson's Charitable Trust
- The Oakdale Trust
- Pennycress Trust

- Peter Storrs Trust
- People's Postcode Lottery
- P F Charitable Trust
- The Rabelais Trust
- The Rest-Harrow Trust
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- The Schroder Foundation
- The SOL Foundation
- Stella Symons Charitable Trust
- The St Mary's Charity
- The Tula Trust
- Veta Bailey Charitable Trust
- The Waterloo Foundation

Community Partners & Supporters

- The Holy Trinity Church
- The Hungerford Fair
- People for People
- Rotary Club of Windsor St George
- University of East Anglia
- Wolfson College Amref Group, University of Oxford

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



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Front: **Nakayiwa Jane** with her baby,
receiving counselling, immunization for her
baby and family planning service

Back: Community Health Worker, **Patricia**,
demonstrating breastfeeding, Kenya