

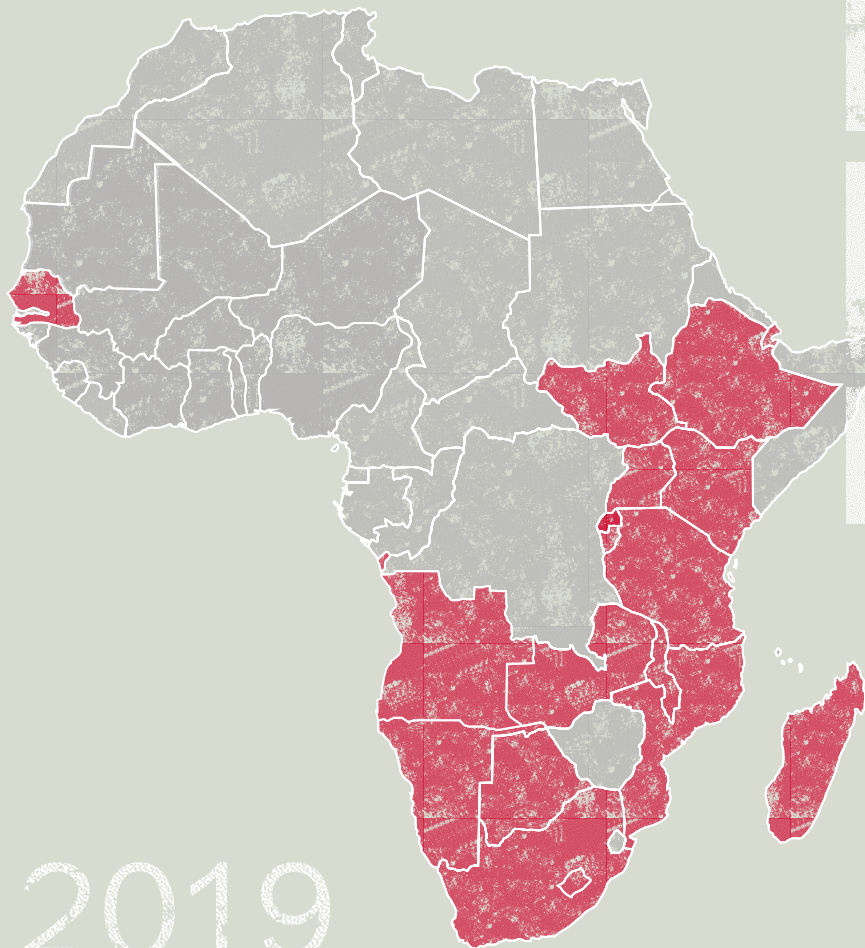


AMREF HEALTH AFRICA UK | 2019

# IMPACT REPORT

SECURING THE RIGHT TO HEALTH





In 2019, Amref Health Africa directly supported **5,387,861** people.

We trained and supported **41,691** health workers.  
Three quarters of them were  
Community Health Workers (CHWs).

In 2019, Amref Health Africa UK  
funded programmes **in 18 countries**.

# WELCOME

Dear friends,

**I write this in the summer of 2020, a little over three months since the WHO declared COVID-19 a global pandemic.**

As soon as Amref Health Africa made the decision to respond to the crisis, we launched an urgent appeal to our UK supporters. You rallied behind us, and your support in those crucial early days meant we were able to act quickly, rolling out a wide-ranging, tailored response in East, West and Southern Africa.

We are so grateful for the trust you placed in us: thank you.

I am so proud of how Amref Health Africa has stepped up to respond to the pandemic. As well as launching new initiatives to support communities affected by COVID-19, we have adapted our existing programmes to ensure they can continue. This has required us to think creatively, deploy our full range of mobile and digital tools, and develop innovative cross-sector partnerships. Throughout, we've maintained our focus on creating sustainable, community-led health change.

**We were able to do all this thanks to our strong financial position, a skilled and committed staff team, and our dedicated supporters.**

As Africa's leading health NGO, Amref Health Africa will be dealing with the ripple effects of COVID-19 for years to come: whether that's stigma surrounding survivors, the consequences of limited access to family planning services, a spike in vaccine-preventable diseases, more women and girls subjected to gender-based violence, or the impact of the diversion of resources to the emergency response on already-stretched health systems.

With your support, we will build on our successes, learn from the challenges we've encountered, and, as always, take the lead from the communities we serve. As the world recovers and rebuilds, let's work together to ensure that most basic human right – the right to health – is a reality for all.

With thanks and best wishes from the whole Amref family.

**Camilla Knox-Peebles**

Chief Executive, Amref Health Africa UK

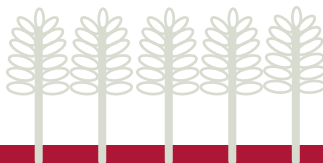
# 2019 HIGHLIGHTS

In **March**, on International Women's Day, we launched our first-ever UK Aid Match campaign, Health in Her Hands. Telling the stories of some of the frontline health workers and grassroots activists we support, the campaign **reached 22 million people in the UK and raised £367,723 ...**

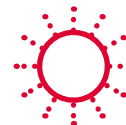


... enabling us, in **December**, to launch an eLearning programme for **mid-career nurses and midwives** in **Uganda**. So far, **498 trainees** have been enrolled.

We secured funding for two new programmes supporting women living with obstetric fistula in **Tanzania** and **Uganda**. Working with partners, we're providing a comprehensive package of care that includes surgery, psychosocial support, livelihoods training, and seed funding so survivors can start their own businesses.



The End-FGM/C Centre of Excellence continued to consolidate lessons learned from our decade of work with practising communities in **Kenya** and **Tanzania**, which has enabled **20,000 girls** to avoid 'the cut' and continue their schooling. In 2019, we extended that work to **Senegal, Uganda, and Ethiopia**, where changes in the political environment and Non-Governmental Organisation (NGO) regulatory laws enabled us to expand our interventions and advocacy addressing gender-based violence, including FGM/C.



Construction began on **A Nice Place, a safe house and leadership academy** for girls in Kajiado County, **Kenya**, who are at risk of FGM/C. Envisioned by Nice Nailantei Leng'ete, who comes from Kajiado, the centre is set to open in late 2020.



# THE DIFFERENCE WE MADE - WITH YOUR SUPPORT

In **August**, Amref Health Africa UK welcomed Camilla Knox-Peebles as our new Chief Executive. Camilla joins Amref with more than 25 years' experience in the humanitarian and international development sphere – along with a passion for the health and rights of women and girls.

In **September**, world leaders at the United Nations General Assembly approved a landmark political declaration on Universal Health Coverage (UHC). This is a significant step towards making UHC a reality – and represents the fruit of years of advocacy by organisations like Amref Health Africa.



In **November**, we had the privilege of welcoming End-FGM/C champion Diram Duba as guest speaker at our annual supporter reception.

*"It's only by talking openly that we will change things for good," she told the audience. "Keep speaking up: the world will eventually listen!"*



We worked with the Ministry of Health in **South Sudan** to develop a national training curriculum for the community health workforce – a first for the world's newest country.

We maintained a close focus on young people, providing youth activists working across Africa with tools and training to amplify their voices. In **Ethiopia**, the Amref Youth Advisory Parliament, established in December 2018, went from strength to strength. The Y-ACT (Youth in Action) network, founded in **Kenya** three years ago, is now one of the fastest-growing youth advocacy networks in the region.

*"As young people represent almost half (46%) of the population we serve, we strongly believe we need to engage them in our programme design, implementation and evaluation, and listen to their input on key issues such as sexual and reproductive health - all while providing them with opportunities for engagement and leadership." – Kenaw Gebreselassie, Communications Manager, Amref Ethiopia*



# OUR CHALLENGES

**2019 was a momentous year for Amref Health Africa UK, and we hope this report reminds you just how much there is to be proud of. Of course, the year wasn't without its challenges, all of which have pushed us to think differently about the way we do things.**

## **The funding environment is shifting**

The COVID-19 crisis has demonstrated, once again, that our UK supporters and partners understand the importance of flexible funding that can be used where it will have the greatest impact.

The wider landscape, however, is changing. Funding for work like Amref's increasingly comes with strict terms and conditions that can limit our ability to innovate, adapt, and respond to unforeseen circumstances.

Government funding is changing, too. The economic impact of COVID-19 is likely to lead to a smaller aid budget. The decision to merge DFID with the FCO\* will have implications for how and where the budget is spent – and the way that spending is overseen.

Amref UK is adapting by diversifying our sources of income, strengthening our relationships with much-valued existing partners, and making new connections.

\* Department for International Development (DFID) and Foreign and Commonwealth Office (FCO)



# WHAT WE ARE LEARNING

## **We can give people more control over the way their stories are told**

We are proud to be the UK arm of Africa's leading health NGO. Everything we do – including the way we talk about our work – is grounded in that identity. In our communications, we make a concerted effort to 'get out of the way': creating space for our African colleagues, and the people we support, to tell their stories.

We know we could be even more proactive about this: and so in 2019, we ran our first participatory photography project. We aim to use this project as a model for many more to come.

## **We're getting better at illustrating our impact**

We are improving the way we collect and collate impact data. The transition to a new system came with a steep learning curve for Programmes staff across the Amref family – but we've emerged better able to monitor and illustrate the difference we are making.

## **Staff turnover remains a challenge**

In 2019, we said goodbye to several much-loved members of the Amref UK team – but we also gained some great new colleagues whose contributions have shaped our strategy for the next four years. In a competitive environment, we continue to review the way our staff are recruited, supported and rewarded for their work. We know that having a broad range of people and perspectives on our team makes for better decisions.

**Amref Health Africa UK is accountable to the people we serve – and to the supporters who place their trust in us. Without you, we simply wouldn't exist.**

**A commitment to reflection and learning is at the heart of our organisational culture. Please don't hesitate to contact us if there's anything you think we could be doing differently or better.**

Pictured: Fistula survivor and champion

**Leni Emmanuel** from Mwanza Region, Tanzania

© Sam Vox

## SPOTLIGHT: COVID-19

At the time of writing, Amref Health Africa is working with communities, governments, and partners from the private and public sectors to respond to the COVID-19 pandemic in East, West, and Southern Africa.



Throughout this report, we've highlighted how we've adapted our existing programmes to ensure the continuity of essential services: look out for the **COVID-19 UPDATE** boxes.



Staff at Amref  
Kibera Community  
Health Centre in  
Nairobi, Kenya

© Kevin Gitonga



**Amref is a member of the Ministry of Health emergency-response task force in eight countries: Ethiopia, Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda, and Zambia. By sharing our technical expertise and leveraging our strong relationships with communities, we contribute to shaping the national COVID-19 strategy and mobilising resources in each country.**

We've focused closely on risk communication and community engagement: it's at this level that small changes in behaviour, prompted by increased awareness, can save lives. In Zambia, we've worked with the Ministry of Health to develop awareness materials for people living with visual or hearing impairments, ensuring no-one is left behind.

In Senegal, we've produced and broadcast video and audio messages (in French and five local languages) via mass media, community radio and television, and social networks.

Our mobile learning platform, Leap, is being used to train

frontline health workers in Ethiopia, Kenya, Malawi, South Africa and Uganda to curb transmission and to trace, test and treat cases of COVID-19.

*"The relevance of Leap has really come to the fore during the pandemic," says Steve Murigi, Amref UK's Head of Programmes. "It doesn't require an internet connection, so health workers can access guidance when they're on the go. If they're unsure of something, they can ask a question through the app and receive an immediate response. This helps them protect themselves and their communities."*

© Maureen Cherongis



*"The information I get from Leap is important because it's connected to Ministry of Health guidelines. I teach my community to wash their hands regularly, and to avoid congested areas and handshakes to prevent spreading coronavirus. Our relationship with the community is very strong and they listen to what we tell them. My role is to reassure them and give them the right information."*

**Margaret Kilonzo**

Community Health Worker,  
Kibera, Nairobi, Kenya

## OUR IMPACT

To date, almost **70,000** Community Health Workers (CHWs) in Kenya have completed COVID-19 training through Leap. All **40,000** of Ethiopia's CHWs (known as Health Extension Workers) are also set to take the course.

We are increasing testing and diagnostic capacity across the continent by training lab technicians and procuring testing kits. The Amref Central Laboratory in Nairobi is conducting testing and analysis of samples.

In **Uganda**, we've worked with the Ministry of Health to craft messaging that lets people know where they can access family planning services and support during lockdown.



## SPOTLIGHT: ENDING FGM/C



### COVID-19 UPDATE

Movement restrictions, falling household incomes, and the closure of schools and safe houses have left more girls vulnerable to FGM/C under COVID-19. Our pan-African champions are finding new ways to reach practising communities, using digital platforms, radio broadcasts, and street and house-to-house outreach to raise awareness of the heightened risk.

**For more than a decade, Amref Health Africa has been working with Maasai communities in Kenya and Tanzania to shield girls and young women from Female Genital Mutilation, or Cutting (FGM/C). For the Maasai, FGM/C is a way of marking the transition from childhood to womanhood – and it's often quickly followed by marriage and pregnancy, usually signifying an end to a girl's education.**

*"Working in partnership with practising communities, Amref Health Africa developed Alternative Rites of Passage (ARP) that retain the socially significant elements of the ritual but remove the physical and psychologically harmful 'cut',"* explains Dr Tammara Esho, Director of Amref Health Africa's End-FGM/C Centre of Excellence. *"Instead, girls (and their male peers) follow a training course where they learn about sexual and reproductive health and rights, gender roles, and life skills. The whole community comes together to celebrate their graduation – and girls are able to transition from girlhood to*

*womanhood and continue with their schooling."*

The ARP approach engages families and communities so that they can make a collective and coordinated choice to abandon the practice of FGM/C. It only works when all the key players are involved: this means the girls themselves, their parents, community leaders, the traditional birth attendants who carry out 'the cut', and the young men destined to be the girls' future husbands.

In 2019, we expanded our end-FGM/C work to Ethiopia, Senegal, and Uganda. *"The reasons FGM/C is practised*

*vary from one community to the next,"* says Dr Esho. *"We cannot simply replicate what has worked elsewhere – so as we did with Maasai communities in Kenya and Tanzania, we started by listening to communities and bringing different groups together for structured, inter-generational dialogue. It's important to first understand what FGM/C means to the community in question. We create the conditions in which people feel comfortable talking about gender equality, bodily autonomy, and sexual and reproductive health - and we go from there."*

## OUR IMPACT

Since 2009, more than **20,000** girls and young women from Maasai communities in Kenya and Tanzania have graduated from ARP ceremonies. An impact study conducted by the Centre of Excellence indicated that the model has significantly contributed to a **24.2%** reduction in FGM/C in Kajiado County, Kenya over the last ten years – and to an increase in schooling of **2.5 years**.

*"Change is only possible when it comes from the community itself."*

**Nice Nailantei Leng'ete** (pictured), Amref Health Africa's End-FGM/C Global Ambassador.





## SPOTLIGHT: ETHIOPIA

**You know that amplifying the voices of the people we support is an important element of Amref Health Africa's mission here in the UK. In 2019, we teamed up with Comic Relief to conduct a pilot participatory photography project inviting communities to tell their stories in their own words.**

From 2015 to 2019, Amref Health Africa ran an ambitious WASH (Water, Sanitation and Hygiene) programme in two of Addis Ababa's sub-cities, Akaki-Kality and Yeka. Both neighbourhoods are densely populated, which puts pressure on the already-sparse sanitation infrastructure. Amref worked with municipal authorities and community leaders to design and install handwashing points and gender-sensitive toilets in strategic locations. WASH committees, composed of volunteers from the communities, are responsible for the ongoing upkeep and maintenance of the infrastructure.

*"Typically, our project staff travel to field sites to collect pictures and stories illustrating the impact of our work," explains Wosen Gezahegn, Amref Ethiopia's WASH Project Manager. "This time, we wanted to give residents the opportunity to raise awareness of the challenges they face in accessing clean drinking water and sanitation facilities – and to show the changes that they themselves are implementing, with our support."*







*"We were very excited as we were trained in an entertaining way. We did one exercise lying down on the floor and another kneeling down . . . Imagine me, an older person, rolling around on the floor taking photos! It was really enjoyable. I had a great time."* – WASH committee member and trainee photographer Mibrak Tsegaye

Picture of Mibrak taken by fellow trainee Desta Hailemichael

Fourteen community members of all ages took part in a three-day, hands-on training session in the fundamentals of photography, practising composition, lighting, and telling a story. Over the next few weeks, the participants used these skills to document their daily lives, culminating in an exhibition in central Addis where the photographers were able to show their work and explain their choices to a broad range of stakeholders including government officials.



## OUR IMPACT

In three years, this project enabled **5,064** girls to have access to private toilets, significantly improving their quality of life and relationship with education. An additional **3,077 community members** now have access to safe, affordable sanitation facilities.

As a direct result of the photo exhibition, Amref Ethiopia has entered into a partnership with Awash, Ethiopia's largest commercial bank. Their first joint venture was the provision of sanitation facilities in ten primary schools: proof of the power of storytelling.

Photographers: Eyerusalem Ashagre, Desta Hailemichael, Esubalew Mekonnen, Kalkidan Melese, Hayat Shewa, Daniel Tirfe

A photograph of a woman and a young child. The woman, Helena Francis Masalu, is smiling broadly and holding the child. The child is laughing and looking down. They are outdoors, with a textured, reddish-brown wall in the background.

## SPOTLIGHT: TANZANIA

*"Before the operation, I had become a laughingstock in the community. People used to point at me due to the smell of urine. My advice to the community is that people should not discriminate and stigmatise those affected by fistula. Instead, they need to support them mentally and socially."*

Fistula survivor **Helena Francis Masalu**, 36,  
Mwanza Region



### COVID-19 UPDATE

Movement restrictions and curfews have meant that fistula repairs have not been possible since the start of the pandemic. However, in both Uganda and Tanzania, CHWs and fistula ambassadors have been busy identifying and registering women for treatment, when this becomes possible again. Their training (conducted in smaller groups with distancing), and the information they provide to households, also includes COVID-19 messaging, to increase awareness of symptoms and preventative measures.

**Obstetric fistula is a leading cause of disability and isolation for women in low-income countries. As 2019 came to a close, Amref UK was six months into a three-year programme providing comprehensive support to women living with the condition in rural and urban Tanzania.**

Fistula is an abnormal opening between a woman's vagina and her urinary tract or rectum, resulting in the constant leakage of urine, faeces, or both. It most often develops during prolonged or obstructed labour. Misconceptions surrounding the causes of fistula are common, and the resulting social stigma means that many women are abandoned by their partners, depriving them of both emotional support and income. Others are confined to their homes and excluded from community and economic life.

In Tanzania, limited access to emergency obstetric care

means that every year some 3,000 women develop a fistula. Although 80 to 95% of fistulae can be closed surgically, many women do not know that treatment is possible, do not have the means to pay for it, or are unable to reach the health facilities that offer the surgery. The country is also experiencing a shortage of health staff and surgeons who have been trained to perform the procedure.

Working with partners, Amref Health Africa is providing a comprehensive package of care to 180 women and girls in Mwanza Region and Dar-es-Salaam who are living with

fistula, including free surgery, psychosocial support (through one-on-one counselling and buddy groups), training in entrepreneurship, and seed funding so they can start up small businesses. Nine hundred family members will receive information and psychosocial support through home visits. We are also working to tackle the stigma by conducting awareness-raising activities at community level. Many of the survivors we support go on to be ambassadors in their communities, seeking out other women with symptoms and encouraging them to seek help.

## OUR IMPACT

To date, **109 fistula ambassadors** (52 men and 57 women) have been trained in basic knowledge of fistula occurrence, prevention and treatment; the provision of psychosocial support for survivors and their families; and safeguarding. The ambassadors include government officials, Community Health Workers, fistula survivors, religious leaders, and traditional healers. The involvement of the whole community is key to breaking down the stigma and misconceptions surrounding fistula.



## SPOTLIGHT: INNOVATION | REACHING THE LAST MILE



### COVID-19 UPDATE

In **Senegal**, we are using digital platforms developed under previous programmes to ensure that expectant women and new mothers living in remote, rural areas can continue to access vital pre- and post-natal care.

In **Uganda**, we have migrated key meetings over to virtual platforms; updated the curriculum to include a new optional course on pandemics; and set up a call centre staffed by mentors and tutors from the eLearning programme, who will provide guidance on COVID-19 to District Health Officers alongside current and past trainees.



**Technology has long been part of Amref Health Africa's efforts to bring high-quality healthcare to remote or marginalised communities.**

Mobile and eLearning programmes are more sustainable, accessible, and scalable than traditional face-to-face formats. What drives us is not innovation for innovation's sake, but finding new, tailored ways to address long-standing problems.

Our growing West Africa hub, based in Dakar, maintains a close focus on eLearning for nurses and midwives in both **Senegal** and **Côte d'Ivoire**. This training contributes to the reduction of maternal, neonatal and infant mortality in both countries.

*"We are convinced that information and communication technology plays an essential role in strengthening public health systems,"* says Dr Bara

Ndiaye, Head of Amref Health Africa's West Africa office in Dakar, Senegal. *"But we're very pragmatic: we only use digital solutions that allow us to reach our goals in a more efficient way. When it comes to innovation, we're not interested in the tool so much as in what it enables us to do."*

Girls.Choice.Future, a sexual and reproductive health programme running in Sédhiou Region, southern Senegal, includes a digital platform enabling girls and young women to access support and advice through their smartphones.

In Uganda, 498 mid-career nurses and midwives are currently enrolled in our eLearning programme. The course – made possible by

supporters of our UK Aid Match campaign, Health in Her Hands – will empower trainees to deliver specialised maternal and child healthcare services, ensuring that women in rural and urban settings can give birth safely and with dignity.

*"I make radio shows: I record interviews on my phone and I broadcast them on the community radio stations. It's all about communication! First you establish a relationship with someone, you talk about other things, and then you begin to talk about more sensitive topics. I can safely say I love it!"*

**Coumba**

16-year-old end-FGM/C activist, Sédhiou Region, Senegal

## OUR IMPACT

In 2019, **1,769 nurses and midwives** in **Côte d'Ivoire** and **585** in Senegal were trained through blended learning – a mix of online training and face-to-face tutorials – under our flagship PRECIS programme.

In **Uganda**, eLearners have consistently performed better than those attending the equivalent face-to-face course: 61% passed with merit, against just 40% of paper-based learners.



*“Working in this period of coronavirus of course my colleagues and I are not feeling well since it’s a new, deadly, highly infectious disease. It is new not only to Uganda but the whole world at large. It came with challenges, but eLearning already equipped me with extra knowledge of handling such crises. I am better than before! In fact I was picked [by the Ministry of Health’s COVID-19 task force] to be trained as a frontline midwife to fight against the virus.”*

**Marion Tumuhimbise**, eLearning graduate (2014), now managing a team of midwives at Bidibidi refugee settlement, Uganda.

Marion is pictured here in spring 2019



# 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 2019 Annual Accounts, which can be found in full at [www.amrefuk.org](http://www.amrefuk.org).

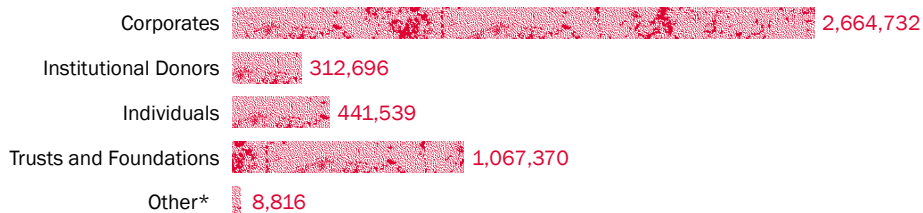
For every £1 spent... **88p** goes to our programmes to create lasting health change in Africa  **12p** goes on raising the next pound

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

For every £1 we spend on fundraising, we raise £8.58  £1 → £8.58

Total income generated for the year:

**£4,495,153**



\*gifts in kind, Christmas cards, investments

Total sent\*\* to projects in Sub-Saharan Africa: **£3,441,266**

\*\*£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.

# OUR AMBITION

We have just developed an ambitious organisational strategy that will take us through to December 2023.

We are aiming for growth: not because we want Amref UK to take up more space, but because we want to increase the reach and impact of our programmes in Africa. Our strategy reflects and addresses the priorities identified by our colleagues in Africa, but is tailored to the UK landscape.

The strategy is structured around **three key objectives**, designed to play to our strengths – and to stretch us:

# 1

Mobilise resources by developing partnerships and engaging supporters

## What does this mean – and how will we do it?

We will diversify our funding streams and expand our network while continuing to develop our much-valued existing relationships. We will support the achievement of all our strategic objectives through effective financial management. Our ambition is that by the end of 2023, an increased number of people in sub-Saharan Africa, the majority women and girls, will have access to quality health services (including training) every year as a result of Amref UK's support.

# 2

Inspire others through our strong stories of impact

## What does this mean – and how will we do it?

Strong and nuanced storytelling will be the bedrock of everything we do. We will provide evidence of the change our work facilitates. We will take every opportunity to amplify African voices and perspectives, using our power to convene to create space for important conversations. We will be creative and confident, producing inspiring content that speaks to a range of audiences whose needs we understand.



# 3

## Drive change through advocacy

### What does this mean – and how will we do it?

This is a new area of focus for Amref Health Africa UK – but it's one where we feel we have real added value. As the UK arm of Africa's leading health NGO, we can ensure African voices and expertise are included in key policy conversations: pushing the needle on the most pressing global health issues.

Currently, we contribute to shared advocacy initiatives through our membership of umbrella organisations and networks. We will continue to do this, whilst also speaking at events and in the media, feeding into research, and sharing evidence of what works with decision-makers in the UK.


Our advocacy will focus on the following themes:

- Ending Female Genital Mutilation or Cutting (FGM/C);
- Human resources for health;
- Mental health;
- Young people and youth activism;
- Ethical representation and storytelling.

Fistula survivor and champion  
**Asteria Mabirika** from Mwanza  
Region, Tanzania © Adrian Mgaya



We look forward to your continued support as we work to make Universal Health Coverage a reality.



*“Our hopes are alive. Despite the challenges, we are coming [to work] every day, hoping that we are going to manage this pandemic and not get to the point where it overwhelms our healthcare system.”*

**Lydia Kuria**

Nurse and Facility Lead, Amref Kibera Community Health Centre

# THANK YOU FOR YOUR SUPPORT

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Hungerford Christmas Fair

People for People

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We are grateful for the gifts,  
donations and in-kind support  
which have helped us increase  
the reach and impact of our  
work in sub-Saharan Africa.





Pictured on front and back covers: **Catherine Aanyu**,  
midwife and eLearning student, Katakwi, Uganda © Sam Vox



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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.

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