



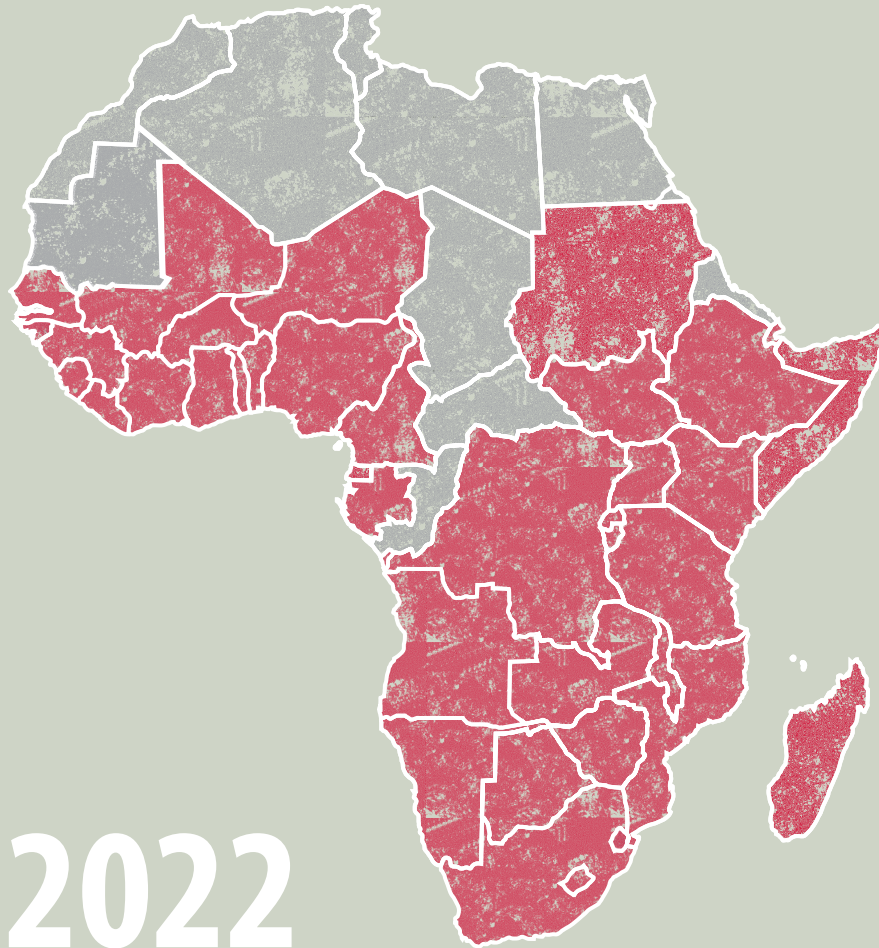
AMREF HEALTH AFRICA UK | 2022

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.





2022

In 2022, Amref Health Africa implemented 193 programmes in 42 countries, provided 110,000 trainings to more than 70,000 health workers, directly supported 31.5 million people and reached 30.4 million people indirectly.

Amref's facilitation of vaccination programmes accounts for 51% of the people directly reached through our programmes in 2022. 15.9 million people were fully vaccinated against COVID-19 through Amref programmes.

Programmes focussed on:



Sexual and reproductive health and rights



Communicable and non-communicable diseases



Neglected tropical diseases



Water, sanitation and hygiene



Maternal and newborn health



Child health and nutrition



Health financing

WELCOME

Dear friends,

Three years have passed since the beginning of the COVID-19 pandemic, leaving an indelible mark on communities and a lasting impact on health care systems - particularly those already weakened by lack of resources. In a year where we celebrated Amref's 65th anniversary, amid these setbacks to progress, we also marked important milestones on the journey towards the vision of health for all in Africa.

I am proud of the work we've done together to ensure that Amref's programmes adapted to changing landscapes, contexts and needs. And I am energised by the stories of change that we are seeing as we work with communities to identify their unique needs and build community-centred programmes to address them.

In Ethiopia, conflict and severe drought are hitting the most vulnerable groups - pregnant mothers and newborns - hardest. Our urgent health assistance programme in Ethiopia's Somali Region provides them and their communities with health, nutrition and WASH support.

In Kenya, ongoing severe drought and political instability are threatening progress made on key health indicators. Our One Health programme recognises the connected issues of human, animal and environmental health to prevent and control disease. In Kenya as well, the integration of WASH in our Alternative Rites of Passage programme to end FGM/C makes the critical link between water access and women's rights.

In Malawi and Uganda, flooding has led to unusually high cholera and malaria outbreaks. Our programmes adapted to address this by providing clean water and sanitation and other disease prevention measures.

As travel restrictions eased worldwide, I and the rest of the UK team have had the enormous privilege of seeing this work in action and hearing about the positive impact Amref is having directly from the communities we work with. These stories of hope and impact are a result of your generous support, strong partnership with, and trust in, Amref Health Africa.

I am just back from the World Health Assembly in Geneva where Amref hosted

several side events. While there, I was struck by the recurring themes: the need to invest in the health workforce; innovation and digital tools; partnerships and cross sector collaboration. The call for a pan-African response to pandemic preparedness was clear, as was also clear the urgency to address our biggest threat: climate change and its impact on health.

Though we have a journey to travel to meet the 2030 Sustainable Development Goals, Amref is uniquely placed to address the setbacks of the last few years and the challenges of today, as set out in our new Global Strategy.

And as we develop our own UK Strategy in line with the Global Strategy, we know that community-centred change is at the heart of a sustainable and durable solution. We are grateful to all of you who place your trust in us to drive this approach.

With best wishes from the whole Amref family.

Camilla Knox-Peebles
Chief executive, Amref Health Africa UK

2022 HIGHLIGHTS

The difference we make together

In **March**, we were delighted to be named Postcode Global Trust Regular Awardee and we received our first tranche of regular funding of £400,000 for 2022/23.

In **February**, Amref Health Africa was selected by the Africa Centres for Disease Control and Prevention (Africa CDC) as a key partner in efforts to set up and manage COVID-19 Vaccination Centres in 24 African countries.



©COVID-19 vaccinator in Kasanda, Uganda © Amref Health Africa Abubakar

In **April**, the **'Who Owns the Story?'** study was published; it found that fundraising appeals led by the people they intend to help can raise more money and be more effective than those created by the charity itself.

We started **Girl Generation** programme implementation to End Female Genital Mutilation/Cutting (FGM/C) in Senegal and continued into a second year in Kenya.

We integrated three **digital health platforms**, in partnership with Cognizant and GSK, to improve the reliability of data to help with decision-making on health, and understanding of health worker performance.

And with flexible funding awarded by Postcode Global Trust, thanks to funds raised by players of People's Postcode Lottery, we started a 12-month programme to increase demand for, and access to, **COVID-19 vaccines in Malawi**.



In **July**, Amref Health Africa turned 65!

In **August**, we marked a Girl Generation programme milestone when Narok County, Kenya adopted the national Anti-FGM policy.



In **November**, we secured Phase 2 funding for the Sports for Health programme in Kenya, to continue support to the 3,000 girls supported in Phase 1, and to extend support to adolescent boys, to understand and claim their sexual and reproductive rights (SRHR) and access vital SRHR, youth and education services.

We raised an incredible

£89,000

towards our Big Give match-fund campaign.

In **December**, Croda Foundation committed funding to incorporate non-communicable disease (NCD) prevention, screening and care services in three existing **mobile clinics** in Kenya.



Amref's work to end **FGM/C** in Kajiado County, Kenya hit the landmark of graduating 1,000 girls through a community-driven-and-led Alternative Rites of Passage (ARP) ceremony.

And in Uganda, two emergency **COVID-19** response programmes trained over 15,000 health workers, reaching over 700,000 community members with COVID-19 prevention advice.



In **September**, the GSK-funded programme to combat tuberculosis (TB) and malaria in Ethiopia and Kenya closed with significant impact outcomes. **97%** of Kenyan and **93%** of Ethiopian health workers trained through the programme can now effectively diagnose and manage TB and malaria compared to **70%** (Kenya) and **63%** (Ethiopia) before the programme began.



SPOTLIGHT: Ethiopia - Health for All in action



Settlement in Afar region, Ethiopia © Amref Health Africa Martha Tadesse



TB is a major cause of maternal mortality especially in HIV-affected women

In 2021, sub-Saharan Africa accounted for 95% of malaria cases and 96% of malaria deaths

Children under 5 accounted for about 80% of all malaria deaths in the region

Pregnant women with malaria are at higher risk of premature delivery and low birth weight affecting both the mother and baby

Pregnant women and people living with HIV are more susceptible to developing severe malaria



For many women and girls in sub-Saharan Africa, the first time they will seek professional medical care is for reproductive, maternal, newborn and child health (RMNCH) services. It is also the time when they are more vulnerable to a range of health issues.

Integrating other essential health services into RMNCH can help to reach women and girls with information to help prevent these issues. Early care and access to treatment services has many benefits for both patient health and health service delivery.

In the Afar region of Ethiopia, Amref Health Africa adopted this integrated approach to bring together three programmes, funded by GSK, USAID and ViiV Healthcare Positive Action. This approach integrated comprehensive antenatal, maternal, newborn and child health services with HIV, TB and malaria screening and care management.

There are close connections between the health messaging and services, and target groups, for HIV, TB and malaria and RMNCH.

Integrating services means earlier diagnosis and treatment, and more effective layering of health worker training, to help keep mothers and children in Afar safe and healthy.



Midwife Hana with patient Astede in Telalak Health Centre, Afar, Ethiopia © Amref Ethiopia

TRAINING HEALTH WORKERS

Hana, Astede's midwife, received training from the integrated programme to advance her skills and knowledge in Basic Emergency Obstetric and Neonatal Care - which is obligatory before then being trained in Prevention of Mother-To-Child Transmission of HIV. With these new skills she's now able to provide continued integrated care to mothers and children in the same unit, who otherwise she would have referred on to other health facilities.

SAVING TIME AND COST FOR MOTHERS

"I am happy today, I get many tests and screenings in today's visit, these helped in knowing my health status and health of my conceived baby with minimum energy and cost," says Astede, a 30-year-old pregnant woman, on her integrated antenatal care visit to Telalak Health Centre in Afar, Ethiopia.

Before integrating services, Astede spent £8 on average to travel for every screening, treatment or check-up. Now one visit replaces several, so she saves time and money, and she's more likely to attend antenatal appointments. Overall, there was an increase in eligible women's attendance from 55 - 60% before programmes, to 75 - 80% after programmes.

SPOTLIGHT: Digital innovation - better data for better healthcare

Sub-Saharan Africa is facing a growing health workforce challenge. By 2030, there is expected to be a gap of six million health workers across all levels of the health workforce.

Amref has been training the health workforce in sub-Saharan Africa for more than six decades. Using in-person training, as well as digital and mobile technologies, Amref reaches health workers with the training content they need to keep them up to date with knowledge and skills.

When COVID-19 hit, it became even more apparent how important digital tools were to reach health workers with critical information to help keep them and the communities that they serve safe. Amref's digital learning platforms Leap and Jibu were used to train 200,000 health workers in 10 countries.

But the pandemic also shone a light on the gaps; while each digital platform was performing well with its individual focus, we were missing an opportunity to learn more from the data held in each individual platform. If the platforms could 'talk' to one another, we could unlock a clear view of how

training content was being delivered to health workers, how health workers were using that new knowledge in their service delivery to communities, and how that was reflected in the household and community-level health data being collected.

Healthcare is time-sensitive, and being able to process large amounts of data in real time is crucial. The integration of these multiple, complex legacy tools into a single digital platform means so much more than just health worker training and collecting data. This level of insight into community activities enables governments, partners and Amref programme teams to anticipate and respond to the realities on the ground. It is about making the services that health workers provide to millions of people across the region better, by ensuring trained health workers are focussing on giving the communities that need the most help, the right sort of help, at the right time.



“Before the dashboard era, accessing data was not easy. It was time consuming because it had to be done manually.”

*Ann-Rita Niambi, Trainer and Helpdesk Support
Amref Health Innovations*

The dashboards are now being rolled out in Kenya and Zambia where they are supporting health workers to use data effectively to refer patients in a timely manner, assisting tutors to improve health worker student participation and share guidelines quickly and efficiently, as well as helping co-ordinators to assess progress of health workers and identify learning needs.

This innovation in data is pushing us forward, towards our vision of lasting health change in Africa.



“The data that I collect at the community level helps to influence the decision-making at the national level on issues of health.”

*John Gachira, Community Health Volunteer,
Dandora Kwa Mbao Unit, Kenya*

“Data is what designs the future, how we plan and how we invest. Data for us is the new gold.”

Andrew Kashoka, ICT Director, Ministry of Health, Zambia

AMREF'S DIGITAL HEALTH PLATFORMS



Leap

An SMS and audio learning platform geared towards lower-end devices for health workers.



Jibu

An online digital learning platform for health workers.



M-Jali

A data collection tool that enables health workers to capture information at the household level such as referrals to national Health Information Systems.

SPOTLIGHT: Africa-led solutions for Africa's health challenges



COVID-19 and other emerging pandemics, climate change, conflicts, cost-of-living and rising rates of non-communicable diseases are threats to Africa's future health. Africa must lead on solutions that address the continent's health challenges through innovation, collaboration and investment.

"We know that climate change and health are intrinsically intertwined, yet they have for decades now been treated as two separate issues... [We all] recognise the importance of engagement in critical dialogues to inform home-grown solutions. We all have a role in making this a reality, and we must take action."

Dr Githinji Gitahi, Group CEO of Amref Health Africa

Africa-led approach for a strong and resilient African health system

This was the strong, unified message from the diverse voices at the Africa Health Agenda International Conference (AHAIC) held in Kigali and co-hosted by Africa CDC, Amref Health Africa and the Government of Rwanda.

Delegates from governments, the private sector and civil society discussed how partnerships, resources and innovations can build a truly African agenda to address the intersections of health, development and, included with a dedicated agenda for the first time at an African health conference, climate.

Collaboration for one African voice

The strongest foundation to build and advance an African agenda is a unified continent-wide voice to advocate for global policy changes which meet the needs of African communities. This must be built on political will, commitment and leadership.

But collaboration is essential not just among political decision-makers. Achieving Universal Health Coverage - where every person has access to the health care services they need, where, when and how they need them, and without experiencing financial hardship - will only be possible with meaningful collaboration between governments, civil society, communities, and financial and technical institutions, and the private sector.

Communities are the key to ensuring that the systems and services are designed to respond to their diverse and unique needs across the continent. Critically, women and young people must be key players in discussions and active designers in solutions. They make up 60% of the African continent's population (UN data, 2019) and their experiences and expertise is vital to inform Africa's response to current and future health crises.

Equitable innovation

Input from people that systems and services are designed for must be at the centre of the design process. Communities' experiences and expertise must inform innovations in how they access and engage with health

services, to make them responsive to each community's unique needs.

Technology can play a large role in this innovation to build affordable and scalable 'bridges' that connect people to the health services they need. Yet without a people-centred design approach, these technological innovations can risk creating more barriers to access services for the people that they are meant to support. An equitable health system needs a foundation in communities' experiences to effectively serve them.

Investment

And investment must also follow that trend to ensure resources are allocated to build health policies and systems based on 'Health for All' principles, which address country-specific, and indeed community-specific, health needs. But without parallel investment in health security, our health systems may not withstand future threats.

Collaboration, innovation and investment, based on country-led plans and with support from partners and funders, can help to bring about lasting health change. AHAIC demonstrated how we all have a role to play and together, we must take action.

SPOTLIGHT: Malawi

Amref Health Africa in Malawi was established in 2012 in response to calls from the Ministry of Health to support its efforts in strengthening primary healthcare in Malawi.

Malawi has some of the highest rates of child marriage and teenage pregnancy in the world and was among the least-vaccinated populations against COVID-19. In 2022, Amref Health Africa implemented two programmes to tackle these issues, which are central to the mission to strengthen the primary level of the health system - the first point of care for most people.



Population:
19.1 million



**% of population
fully vaccinated
against COVID-19
(WHO, May 2023): 21%**



Dance4Life Agents for Change Graduation © Amref Health Africa

Know Your Rights, Dance 4 Change

In Malawi's Mangochi district, 48% of teenage girls (under age 18) become pregnant compared to the national average of 29%. (DHS, 2016)

Early pregnancy and child marriage pose significant risks to young women's physical and mental wellbeing. The COVID-19 pandemic exacerbated these issues, with a 'shadow pandemic' of rising child marriage and early pregnancy rates.

Information about sexual and reproductive rights and how to claim them, and access vital health services, is key to changing this.

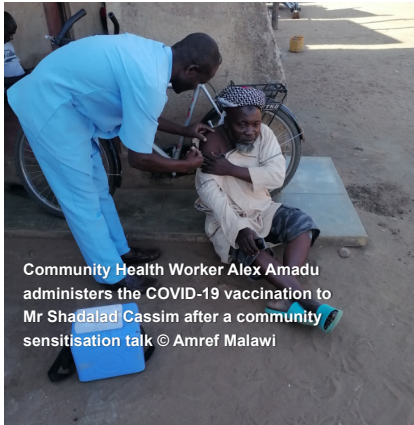
From April 2022, the participatory music and dance programme Dance 4 Change reached 2,411 teenage boys and girls with discussions and fun activities to help them know their rights, break down unequal gender norms, and empower them to build healthy relationships and make responsible decisions.

Vaccine equity

In 2022, just 2.7% of Malawi's population was fully vaccinated against COVID-19 due to limited health infrastructure and access to vaccines, and lack of community demand for vaccination.

Amref Health Africa started implementation of a programme, awarded by Postcode Global Trust, to increase demand for and access to COVID-19 vaccines in three districts: Mangochi, Machinga and Zomba.

It engaged 1,570 frontline health workers and 130 influential community leaders to mobilise their communities to get vaccinated. Alex Amadu was one of those health workers who received COVID-19



Community Health Worker Alex Amadu administers the COVID-19 vaccination to Mr Shadalad Cassim after a community sensitisation talk © Amref Malawi



Group Village Headman Sambamusa Nyuma receives his COVID-19 vaccine © Amref Malawi

training. He says this helped him to dispel myths and misinformation about the vaccines in his community and to run outreach clinics: "Despite the difficult circumstances that my people face to access health services, the people themselves are still willing to...get the vaccine and be protected."

The outreach clinics across the three districts vaccinated 213,318 people. Among them was Group Village Headman Sambamusa Nyuma who ensured he got vaccinated to encourage his village to be vaccinated too, even at a time of great personal loss: "I have to protect myself and my relatives [from COVID-19]. Therefore I ask if I can be [vaccinated first] so that I can rush back and attend the burial of my mom."

Average life expectancy: **64**



Number of doctors per 10,000 people: **2**

Maternal mortality rate: **439 per 100,000 births**

Neo-natal mortality rate: **19.8 per 1,000 births**



% of people married by 18 years old: **42%**

SPOTLIGHT: The Girl Generation: Support to the Africa-Led Movement to end FGM/C

The Girl Generation-Africa-Led Movement is an ambitious five-year programme funded by the UK Government (FCDO) to significantly reduce the rate of female genital mutilation or cutting (FGM/C) by 2025.

The Girl Generation programme will contribute to a significant reduction in the practice of FGM/C in Senegal, Somalia, Kenya and Ethiopia by 2025. It will do this by accelerating positive changes in social attitudes towards ending FGM/C, within a broader vision of a world where girls and women can exercise their power and rights, have expanded choice and agency, and be free from all forms of violence.

A consortium of partners supports this movement with training, funding, technical support and tools. Partners include ActionAid, the Africa Centre for Abandonment of Female Genital Mutilation (ACCAF), Amref Health Africa, Orchid Project, the University of Portsmouth, Population

Council's Data Hub for data and measurement, and consortium lead, Options.

For sustainability, social change processes are driven forward by local agents of change; community facilitators leading dialogues, university lecturers delivering new curricula, teachers running clubs, government actors strengthening policies, and grantee partners delivering innovative initiatives. Girls and young women at the heart of programme design, implementation, and evaluation.



Interventions in the End FGM/C model



Individual level

Girl-centred boys and girls clubs led by local teachers to learn about rights, safety, and forms of violence including FGM/C



Community level

Convening dialogues (between youth, adults, leaders) led by local champions which change beliefs and attitudes.



Community and sub-national level

Working with women's and youth networks, and FGM/C survivors, to strengthen the end FGM/C movement and their leadership.



Sub-national and national level

Supporting priority enabling policies, laws and plans; integrating end FGM/C into key systems eg health education; strengthening accountability.

Amref works to equip local champions of change to lead discussion about gender equality, women and girls' rights and changes in norms and attitudes. And at the sub-national and national level we work to support end FGM/C policy changes and implementation, and integrating end FGM/C into other key systems.

Trained champions as facilitators to lead inter-generational dialogues

Dansen Saruni Reson is Chief of Enosupukia Location in Suswa Division, Narok County, Kenya. As a champion, Chief Reson has gained community buy-in from families, youth, and former cutters to lead the change against FGM/C in his village.

Noitui Ene Ntetia Kaleke, 55, is a reformed circumciser or 'cutter' from Maasai community living in Oloirowua village, Suswa Ward, Narok County. She had been the community cutter for 12 years, but after participating in a community dialogue, she learnt about the negative consequences of FGM/C. She says:

"After taking part in community dialogues and educational campaigns to end cutting of girls, I have come to regret this practice and now I am a dedicated and outspoken Girl Generation-Africa-Led Movement Champion advocating for total eradication of FGM/C in my community."



Chief Dansen Saruni Reson, Chief Enosupukia Location-Narok County, receives tools from a reformed cutter
© Amref Health Africa The Girl Generation

County policy

Narok County has one of the highest FGM/C and child marriages prevalence rates in Kenya. In August 2022, after two years of work with local government and communities, the County launched its Anti-FGM Policy. This is a milestone on the path to change as it ensures there is protection in place for girls; a key component of the policy is the aim to build safe houses for girls at risk of FGM/C, child marriage and other forms of GBV. It also instils a culture of accountability, through robust monitoring and evaluation systems.



Girls from the community in Narok County mark the launch of the Anti-FGM Policy © The Girl Generation

SPOTLIGHT: Water and women's rights

The COVID-19 pandemic and the severe drought, fuelled by climate change, affecting Kenyan regions has set back progress made on ending the practice of FGM/C. Amref is tackling these challenges with a combined Alternative Rites of Passage (ARP) approach, engaging communities in dialogues around water, sanitation and hygiene (WASH) and sexual and reproductive health and rights (SRHR) of teenage girls and women of reproductive age in Kajiado County. The value of water is central to our programme design.



Meet Esther Kikenua Letoire: Alternative Rites of Passage Champion

Esther Kikenua and her husband Douglas are small-scale farmers, keeping livestock and practising subsistence farming on the 15-acre land that Douglas inherited from communal land in Arroi village, Kajiado County.

A masonry tank and pipeline was installed leading to Arroi Primary School, so Esther and Douglas now have access to clean water in their home and are active members of the Water Management Committee. Before, Esther and her daughters would have had to walk 5km to and from the nearest borehole to fetch clean water.

With water now present in the semi-urban community, farmers can keep dairy cows and horticultural crops instead of herding traditional livestock. This means girls are no longer required to walk long distances to fetch water and can instead go to school. When they are at school, designated 'safe spaces' ensure that they have a clean and safe space to manage their periods with

dignity. By keeping girls in school longer, the age of marriage is delayed, reducing the risk of child marriage and teenage pregnancy.

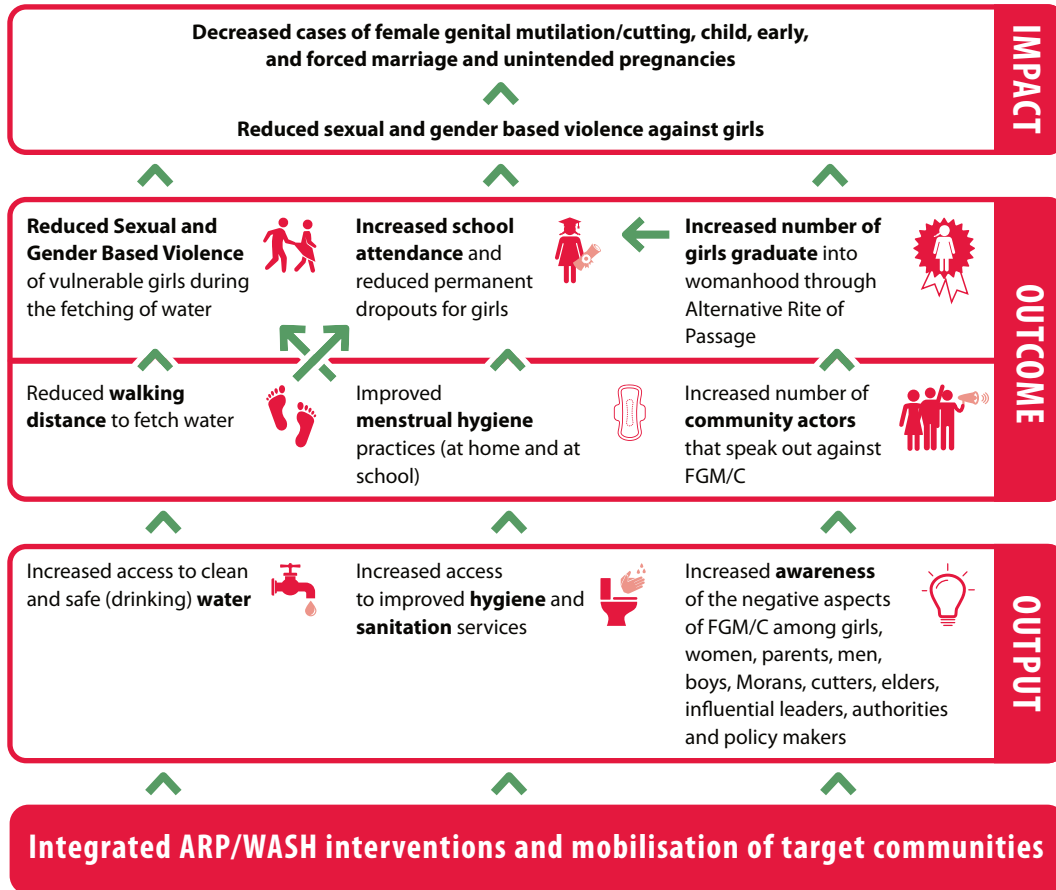
Esther recalls with regret how she underwent FGM as a child, as did her first-born daughter:

"[My father] forced me to be cut and married me off to get three cows to educate my brothers... and without my knowledge, my mother-in-law subjected my first-born daughter to the painful practice."

But a more positive future is in store for Esther's younger daughter: "My little girl in eighth grade was among the graduates of Kilo ARP and won't have to go through the same pain."

Esther is now a champion of ARP and an advocate of women and girls' rights in Arroi. Together with Douglas, she is reaching out to other villages to advocate for an alternative to the harmful cultural practice of FGM/C.

Integrated ARP/WASH learning model



Impact to end FGM/C

Since 2009, **23,930 girls** avoided the cut through ARP in Kajiado, Narok and Samburu Counties, Kenya and parts of Tanzania



Kajiado's integrated ARP/WASH programme has reached **3,000 people** with safe WASH services, prevented **1,250 girls** from undergoing FGM/C and child marriage; trained **95 Community Health Workers** to monitor and track gender-based violence, keeping girls safe



Monica Ernesto, 35, waits with other pregnant women at Longbua Primary Health Care Unit in Maridi, South Sudan. She is a mother of six and is expecting her seventh child. Cuts to UK Aid budgets mean that the centre often has no funds to pay staff or buy medicine to support women in labour. South Sudan has one of the highest maternal mortality rates in the world. Amref works with partners to support mothers with the healthcare they need to stay safe and healthy.

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 2022 Annual Accounts, which can be found in full at www.amrefuk.org

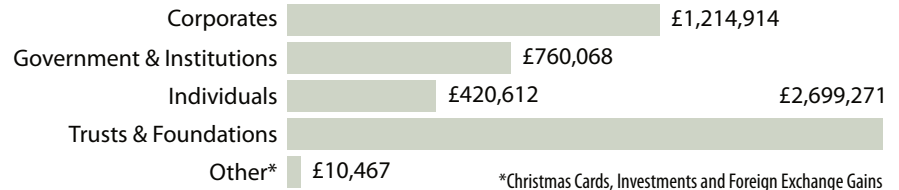
For every £1 spent **89p** goes to our programmes and **11p** on raising the next pound.

NB. These figures appear in our Annual Accounts as “charitable activities” and “raising funds” respectively.

For every **£1** we spend on fundraising, we raise **£10.45**

Total income generated for the year:

£5,105,332



£3,257,116 spent in 2022 to support programmes in sub-Saharan Africa

£2.5m held to support programmes in 2023 and beyond.

CHALLENGES: What we learned in 2022

The ongoing combined impacts of COVID-19 and the cuts to the UK's ODA (Official Development Assistance) budget has created a more uncertain future for the people and communities that we serve.

Amref is continuing its work to sustainably strengthen health systems, advocate for greater investment in the training and support of health workers and facilitate community-led lasting health change in the face of these challenges.

Conflict and political instability

Instability in the political landscape caused challenges to our programmes work in Ethiopia, where the ongoing conflict in the Tigray region continues to affect its neighbouring regions Afar and Amhara. Amref Ethiopia is providing humanitarian support to people affected by the crisis, which was deepened with the drought experienced across the Horn of Africa. An emergency response programme, with the support of GSK, is providing quality nutrition services for children under five, pregnant women and breastfeeding mothers, and

access to safe drinking water, hygiene and sanitation.

National elections in Kenya also caused a delay to programmes, which were addressed by revising the schedule for activities and extending programmes where needed to ensure they reached the communities they serve.

Climate change

Communities that have contributed the least to climate change are the most affected. In 2022, we saw this with the climate change-induced drought, extreme weather events and flooding in Malawi, Uganda, Kenya and Ethiopia.

These all have significant impact on public health, from post-cyclone damage to health facilities and other infrastructure in Malawi, followed by cholera outbreaks, to post-flood malaria outbreaks in Uganda, and the severe consequences of drought in Kenya and Ethiopia - malnutrition in the most vulnerable groups, young children and pregnant or lactating mothers. Amref programmes flexibly

adapted ongoing activities to also address these emerging issues where possible.

Cost-of-Living

Escalating prices, including for food staples and fuel, were an indirect result of the war in Ukraine. These global market forces are affecting people in communities across sub-Saharan Africa, as well as the Amref programme activities designed to reach them with vital support. Programme budgets were adapted to account for these fluctuations, in particular increased travel costs to hard-to-reach communities.

And of course, as a team based in the UK and committed to raising funds to send to our programmes in Africa, the cost-of-living crisis affects the fundraising work we do here at home. People have less money to give to good causes, and polling shows that individual giving to domestic issues far outweighs that to international causes.

We are adapting to ensure we inspire partners and donors - existing and new - with the stories of impact of our work to

bring about community-led, lasting health change.

Our vision for anti-racist change

Everything we do at Amref UK is grounded in our anti-racist values, which we committed to in 2020. To achieve our ambition to be a truly African-led organisation means rooting our anti-racism work in our policies, our structures, our values, and our ways of working. We have worked together as a team, and with an external consultant, to explore these values and how we can better live them. From these workshops, we developed a set of recommendations which set the path forward, forming the basis of the values framework that underpins the new UK Strategy, and included in every Amref UK team member's performance objectives for 2023.

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.



Margaret Kazembe, 40, is from Moliha village in Machinga, Southern Malawi. For years, they had no access to safe water. All of her 6 children have had trachoma and other water-borne diseases from using one dirty water source. Amref's Deliver Life programme drilled a borehole in Moliha so Margaret and her community have direct, sustainable access to safe water. Margaret says: "I am always in my dancing shoes because of the new borehole."



In June 2022, with the support of AstraZeneca, Mastercard Foundation and the Kenyan Ministry of Health, Amref launched a fleet of mobile clinics to bring COVID-19 vaccination services to remote and rural communities in Kenya. Now the clinics also provide vital health services such as screening, diagnosis and treatment for asthma, diabetes and high blood pressure; each clinic reaches more than 150 people per day.

Christine Ondigo, a community health worker © Amref Health Africa / AstraZeneca

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Dr Amanda Caine (Treasurer)

Dr Tinashe Chandauka

Ms Jennifer Chimanga

Mr Simon Hammett

Ms Sue Hunt (stepped down 23

October 2022)

Ms Beverley Jewell

Ms Bridie Layden

Dr Sally Nicholas (joined 18

November 2022)

Corporate Partners

- Alta Semper
- Cognizant
- GSK
- L.A.B. International
- Tokio Marine Kiln
- 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

▪ UK Foreign, Commonwealth and Development Office (FCDO)

Trusts and Foundations

- The A and E Education Trust
- Andor Charitable Trust
- Anonymous Foundation
- Bartlett Family Fund
- B E Rodmell Trust
- The Bower Trust
- Bryan Guinness Charitable Trust
- Comic Relief
- Croda Foundation
- The Cumber Family Charitable Trust
- David Lister Charitable Trust
- The Dischma Charitable Trust
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- The Jusaca Charitable Trust
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- The Lorimer Trust
- Mark Anthony Trust
- Mercury Phoenix Trust
- The National Lottery Community Fund
- Miss K. M. Harbinson Charitable Trust
- Paget Charitable Trust
- Players of People's Postcode Lottery
- Peter Storrs Trust
- P F Charitable Trust
- The Rabelais Trust
- The R G Hills Charitable Trust
- The Rest-Harrow Trust
- Roger Stirk Harbour + Partners Charitable Foundation
- The Schroder Foundation

- Stella Symons Charitable Trust
- The Step Up Fund
- Veta Bailey Charitable Trust
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- People for People
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- 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: Hellen, Margrete, Suzan are midwives in training at
Maridi Institute of Health Sciences, Maridi, South Sudan © Kennedy Musyoka
BACK: Hellen Hadia visits Miriam Joseph and her son Joel in a follow up at home © Kennedy Musyoka