



AMREF HEALTH AFRICA UK | 2023

IMPACT REPORT

SECURING THE RIGHT TO HEALTH

Amref Health Africa is the largest
Africa-based international health
development organisation.

We work to bring about lasting
health change in Africa.





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About Amref Health Africa

Amref Health Africa is the largest Africa-based international health development organisation. We work to bring about lasting health change in Africa.

Our Headquarters are in Nairobi and we work in 35 countries to improve access to healthcare and to help create an environment that is conducive to good health.

We believe that health is a human right and the key to a brighter future.

Our programmes align with our Global Strategy objectives: to increase primary healthcare access for all, and to address the social determinants of health. These are the factors that influence people's health, from

their access to education, to their gender, and their exposure to the impacts of climate change.

We are an African-led organisation supporting African solutions to health challenges, to bring about lasting health change for Africa.

Amref's programmes focus on: child health and nutrition; communicable and noncommunicable diseases; health financing; maternal, newborn health; neglected tropical diseases; sexual and reproductive health and rights; and water and sanitation and hygiene.

Amref Health Africa UK is the Amref Health Africa office in the UK. Our primary purpose

is to raise funds from UK partners and supporters for Amref's community-led health programmes. **In 2023, Amref UK raised around £6.5 million (US\$8.2 million), reaching our income target for the final year of our 2020-2023 strategy. This funded 19 Amref Health Africa programmes in seven African countries.**

Amref UK's strategy 2024-2030 aligns with the priorities identified by our colleagues in Africa but is tailored to the UK context. We are aiming for transformational growth in the UK, to raise £50 million from UK donors—individuals, corporates, institutions and private philanthropies—between 2024 and 2030, to support the work being done to achieve Africa's health transformation.

Our Impact

Everything Amref does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030.

In 2023, Amref implemented
193 programmes in 35 countries.

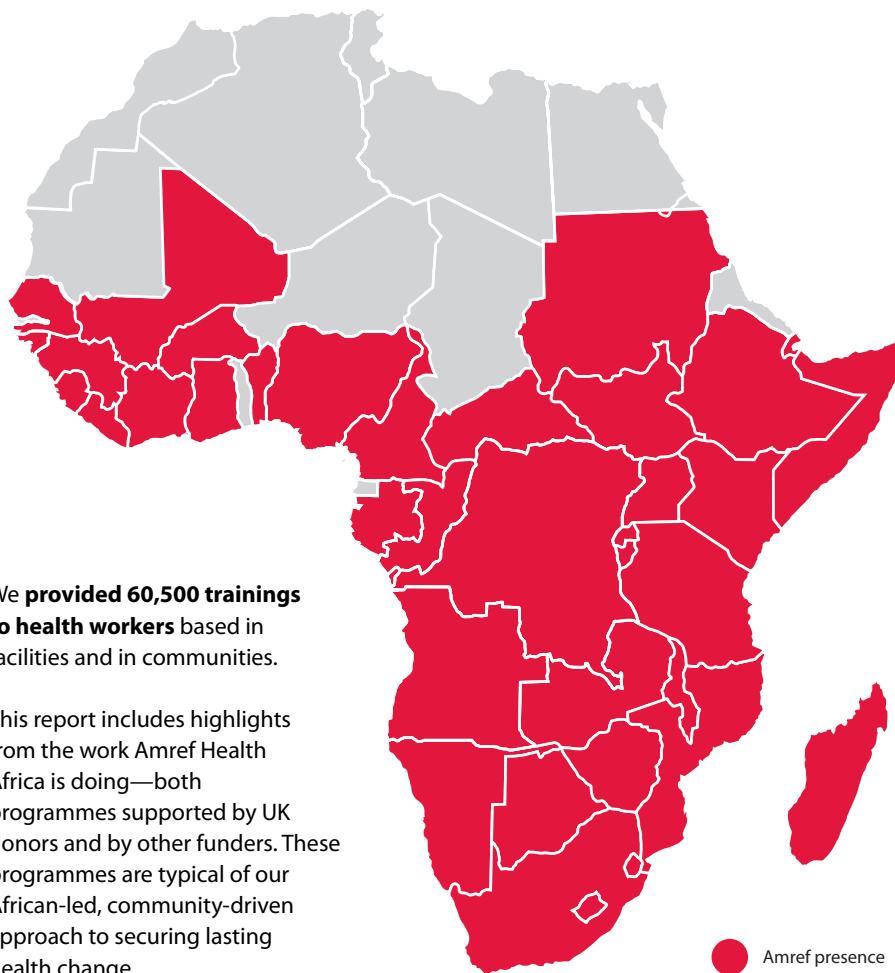
These programmes focussed on strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital health services for some of the continent's most remote and marginalised communities.

These are communities that are the most disadvantaged in the factors that influence their health, from access to education, to gender, and their exposure to the impacts of climate change. Together, these create further barriers to access, and to the delivery of, quality health care.

Our **programmes reached 16.6 million people directly**, a decrease in reach on 2022 levels due to the reduction and/or closure of COVID-19 vaccination programmes.

We **provided 60,500 trainings** to health workers based in facilities and in communities.

This report includes highlights from the work Amref Health Africa is doing—both programmes supported by UK donors and by other funders. These programmes are typical of our African-led, community-driven approach to securing lasting health change.





Samuel Shaban,
Community Health Worker, Tanzania
© Amref Health Africa / Adrian Mgaya

Africa cannot afford healthcare but can afford to finance health

The Abuja Declaration calls on countries to allocate and spend a minimum of 15% of their annual government expenditure on healthcare. This is a clear and measurable target, but it falls short in addressing the broader determinants of population health. Analysis reveals that approximately 60% of that 15% allocation goes to inpatient and outpatient care, medical goods and health system governance and administration. Crucial factors that significantly impact

health outcomes, disease reduction, and cost burdens like water sanitation and nutrition remain costed and accounted for elsewhere.

The GDP of sub-Saharan Africa stands at US\$2 trillion (2024). Since social services like health are paid for largely through taxes, applying a 15% tax-to-GDP ratio puts total tax collections at US\$300bn, and a 15% allocation of these taxes to health would

give us US\$45bn. Dividing this figure by the region's population of 1.2bn in 2024 yields a crude calculation of what may be available on average as Government General Expenditure on health per capita: a meagre US\$37.50!

This starkly contrasts with Europe's situation, with a significantly higher per capita expenditure of US\$2,600.

Given the GDPs of sub-Saharan African countries, it becomes evident that no percentage, let alone the 15% target, can adequately address healthcare needs under the current biomedical approach of waiting for people to get sick and treat them.

The fixation on the 15% benchmark, while crucial as a gauge of government dedication, poses the risk of directing all health advocacy efforts solely towards this proportion of healthcare funding, thereby diverting attention from the actual problem, which is health.

True health is the asset that stems from investments in education, particularly for girls, as well as in good nutrition, access to clean water and sanitation, unpolluted air, and an active lifestyle. However, none of these vital components which are the real building blocks of health—funding critical sectors such as agriculture, water and sanitation, energy, security, and community empowerment—receive adequate funding within the confines of the 15% allocation.

Hospitals in Africa are inundated with children suffering from preventable diseases like diarrheal diseases, pneumonia, and malaria, causing significant care costs. At the

same time, significant healthcare expenses are also directed towards managing maternal and neonatal complications. Additionally, there's a rising burden of admissions for intensive care due to cardiovascular diseases, along with escalating costs associated with renal dialysis units and preventable cancers like cervical cancer.

Despite these pressing challenges, little or no part of the 15% is used to address the causes behind these challenges. This is where Africa must ask ourselves whether even with 15% of total government expenditure allocated to health, those expenditures will ever be affordable, and the answer is clear—not in this generation or the next!

Given this realization, Africa must acknowledge its inability to afford healthcare and shift focus towards investing in health, which proves to be a more economical approach.

This encompasses the core components outlined by the World Health Organization's Health Systems building blocks – such as Service Delivery, Health Products and Technologies, Health Workforce, Health

Information Systems, Health Financing, and Leadership and Governance – and a holistic approach.

This holistic approach involves maintaining healthy populations through disease prevention, health promotion, community awareness and empowerment, universal access to clean water and sanitation, and ensuring good nutrition.

Furthermore, implementing pro-health food policies necessitates safeguarding citizens from harmful foods and beverages. This imperative underscores the need for a new health order, a transformative approach, where planning for health starts with addressing the social and commercial determinants of health.

Dr Githinji Gitahi
Group CEO, Amref Health Africa

Thank you for your support in 2023

Dear friends,

A South Sudanese proverb says we wish two things for our children: the first is roots; the second is wings. This reflects our approach to creating lasting health change in Africa. Our Global Strategy and UK strategy, finalised in 2023, both focus on building strong foundations with people-centred health systems, and to innovate and be bold to transform people's access to healthcare.

I am proud of the way in which the strategy responds to the rapidly changing challenges and contexts where we operate across 35 countries. I am also proud that our values of quality, integrity and ubuntu shine through as the framework for everything that we do.

This is further reflected in the work we undertook through 2023 including: developing our knowledge, understanding and practice of ethical storytelling; learning more about our commitment to becoming an anti-racist organisation and how it touches all aspects of our work here in the UK.

2023 was also the close of the previous four-year strategy period and saw us successfully meeting the income target we had set, ending 2023 at around £6.5m, up close to 50% from 2019. This strategy period saw us through the shock of the COVID-19 pandemic and the realisation of its lasting impact on communities and health systems. Amref worked with governments of ten African countries, taking a leading role in national efforts to stop the COVID-19 spread, and reaching over 30m people with essential health services.

In the UK, we supported this work with our Vaccine Solidarity with Africa campaign which helped us to build existing relationships and forge new ones with supporters who share our values and commitment to global health equity. This partnership approach, along with good stewardship, has deepened our relationship with key partners, resulting in repeat grants to drive greater impact for our programmes.

When I visited colleagues in Malawi, Tanzania and Uganda I saw this impact first hand. In Uganda and Tanzania, we are now in our fifth year of supporting an obstetric fistula survivors programme. I met with the women who have benefited from the obstetric fistula repair surgery and from the psychosocial, and income generation support Amref is providing. They told me how their life has been transformed socially and economically, how much more confident they are and how they are helping other women gain access to surgery. I also met some of the few surgeons who are skilled to perform the surgery and I was humbled by their dedication, their care for the women and the relentlessness of their working day as needs are huge.

In Uganda, I met with 14-year-old Masaba Sadik (pictured here) as he made reusable sanitary pads as part of the school health club activities. He told me how learning about menstrual health has enabled him to better understand the predicament of his sisters, girl cousins, mother and aunts, how

he has shared his knowledge with his family and how they are no longer ashamed to talk about periods.

And in Malawi, I saw how communities on the frontline of the climate crisis are being supported to build their resilience to climate change and all the uncertainty that it brings including ensuring that they are able to feed their families throughout the year and ensuring their children under 5 get the right amount of nutrition to survive and thrive.

In the context of our rapidly changing world, 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 our community-led work and support us generously to do so.

With best wishes from the whole Amref family.

Camilla Knox-Peebles
Chief Executive, Amref Health Africa UK



In conversation at Kebula Primary School, Budaka, Uganda
© Amref Health Africa / Kennedy Musyoka



We celebrated our 35th year of partnership with GSK

We launched an emergency nutrition and WASH response project in Ethiopia, coordinated the expanded rollout of our digital learning platform integration tool with GSK and Cognizant, as well as announcing a new £5m investment in programmes to address the malaria burden in Kenya and Zambia and tackle the Antimicrobial Resistance threat across the region.



We launched a second phase of the Sport for Health project in Nairobi

in April 2023, generously supported by the SOL Foundation and Postcode Global Trust. We have mapped and enrolled close to 3,000 boys and girls into sports clubs and trained 135 sports club coaches and 150 sports club sexual and reproductive health and rights (SRHR) Champions, who provide support to adolescents, linking them to youth-friendly health services.

2023 Highlights – The difference we made together

We completed successful fistula surgeries for 244 women in our fifth year of the Uganda and Tanzania obstetric fistula programme, generously supported by our donor preferring to remain anonymous. The programme also provides psychosocial support for survivors as they reintegrate into their family and social lives, and skills training for small business to ensure survivors have a means of income.



125,000 people in Amuru District, Uganda were reached with SRHR and WASH services

The Piwa Maleng project (Our Clean Water in Acholi) combines interventions in WASH, including drilling and repairing boreholes and solar-powered water systems connected to villages and schools, with training on SRHR to enable girls and women to access water safely and make informed decisions about their sexual and reproductive health.





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The Annual Girls' Symposium supported girls' No to FGM/C journey

One year after their Alternative Rite of Passage (ARP) ceremony, the Annual Girls Symposium brought together 229 girls from Kiloh, Nkatu, and Imaroro villages of Imaroro location, Kajiado, Kenya. The platform created space for reflection on the girls' experiences, including their own end FGM/C advocacy in their families and communities, empowered by the ARP training.



© Amref Health Africa / AstraZeneca

45,000 people in Kenya screened for non-communicable diseases

The Amref mobile clinics programme, which has received funding support from the Croda Foundation, has reached 45,000 people in three non-communicable disease (NCD) 'hotspot' counties with screening services and provided NCD training to 1,717 health workers. The programme plans to expand to include lung cancer screening and HPV vaccination.

Highlights from 2023 for Amref UK and our UK-funded programmes, made possible by your generous support.

The Girl Generation programme, funded by FCDO, saw positive changes in attitudes and beliefs around FGM/C in Kenya and Senegal. In Kenya, the school health clubs activity supported a 13% increase in the proportion of school students showing more positive knowledge that supports end FGM/C. In Senegal, youth engagement activities helped to increase the number of students showing agency around FGM/C by 10%.



© Amref Health Africa/Jacques Manga

The Wolfson Amref Bursary marked 30 years supporting Africa's health workforce

Since 1994, the Bursary programme has funded over 40 students to take Amref's healthcare and medical training courses and now funds student bursaries for the Diploma in Community Health at Amref International University (AMIU). In 2023, the Wolfson Amref Bursary fully funded two Community Health Diploma students.



INVESTING IN PRIMARY HEALTHCARE:

The health systems of the future must be designed around peoples' needs and led by communities.



Students at the Dr Samia Suluhu Primary School in Kwerekwe, Zanzibar. Amref's end TB programmes integrate school outreach to ensure that often minoritised groups are integrated into awareness campaigns, empowering them with the information they need to claim their rights and safeguard their health.

© Amref Health Africa / Sam Vox

The first point of contact for a person with the health system is primary care. This could be at home, or in a facility, or a school. A robust primary healthcare system is designed around the people it serves and their needs, to ensure that they can easily access care where they live, work and play. It also engages the community, educates, and empowers them as creators of health, creating a sustainable, community-led primary health system.

In 2023, we invested in the building blocks of primary healthcare: strengthening community health systems; training the health workforce; facilitating sustainable health financing; supporting health-focussed civil society organisations; and leveraging innovation and technology to enable efficient primary healthcare programming.

The Girl Generation—the Africa-Led Movement to End FGM/C programme aims to shift social attitudes towards ending Female Genital Mutilation / Cutting (FGM/C), and reduce FGM/C rates in Ethiopia, Kenya, Senegal, and Somaliland by 2025. Amref is an implementing partner in the consortium that supports the Girl Generation, funded by FCDO.

Girls like Aissatou (pictured here) are at the heart of programme design, implementation, and evaluation. They, alongside their communities, are setting in motion the social transformation needed to promote and protect the rights of women and girls. The programme aims to learn what works to enable this local mobilisation and scale it at the community and national levels.

Aissatou comes from the Mandinka community where FGM/C is an engrained harmful practice. Her work to end FGM/C in the community as a champion takes her from house to house to give information and counter myths. Amref supported Aissatou with training at the teen advice centre on the consequences of FGM/C, “That’s when I told myself I’m going to get started in this fight so that the youngest girls are not circumcised within our family,” she says.

“The concept of being a youth champion is to

be able to help young girls who do not have the [voice] to speak and also to fight against FGM, child marriage, early pregnancy.”

“In this community we will be able to put an end to FGM and I am sure. Even though fighting FGM It’s not an easy fight, every day we discuss, every day we share. This allows us and our sisters who will become mothers tomorrow not to circumcise their children.”

Kenya

↑13%

Girls and boys in school health clubs showing more positive knowledge that supports end FGM/C

↑16%

Communities showing more egalitarian beliefs and/or positive shifts in social norms about FGM/C after community dialogues

Senegal

↑10%

Students showing positive changes in agency around FGM/C after taking part in youth engagement activities

Senegal



Supporting health-focussed civil society organisations



Aissatou Gadjiogo is a youth champion working with the Girl Generation and president of 9905 Movement, a local movement that supports girls and young people on issues around sexual and reproductive health.
© Amref Health Africa / Jacques Manga

In Uganda, 28% of girls miss school during their periods. A lack of access to menstrual products, inadequate sanitation, and cultural taboos around menstruation, stop them from attending classes. Staying at home impacts their educational progress, and exposes them to other risks to their future such as early pregnancy or early/forced marriage.

Through the Heroes for Gender Transformative Action (Heroes) programme, Amref works with 10–24-year-olds in nine target districts of Uganda to increase access to sexual and reproductive health and rights (SRHR), provide menstrual health and hygiene management, and improve access to water and sanitation facilities. This helps to build their confidence, create social solidarity, foster gender equality and encourage healthy habits.

Saumu and Ibrahim are in Year 7 at Bungana Primary School, Nyamingo District, Uganda. They both take part in the Heroes supported Health Club, where they learn about menstrual hygiene, HIV, and SRHR, and how to make reusable sanitary pads. Ibrahim is proud to be supporting the girls in his life: “I feel happy because I am helping my sisters and I am helping myself, too. I even showed my mother and my sisters how to make the pad. Now, they also can make it.”

932

SRHR education facilitators trained and deployed

505,655

girls, boys and young people enrolled in comprehensive SRHR education

Uganda

Strengthening community health systems



Saumu and Ibrahim show the reusable sanitary pad that they learned to make at their school's Health Club supported by Amref
© Amref Health Africa / Sarah Waiswa

Tuberculosis (TB) is a preventable and usually curable disease. Africa comprises 15% of the world's population, but it accounts for 23% of new TB cases and 31% of TB-related deaths. Progress has been made, but several challenges remain in the efforts to end TB in Africa.

Foremost is early detection to curb community transmission, which is accelerated by poor living conditions and social stigma. Weak or overwhelmed health systems exacerbate these factors; if people cannot access diagnosis or treatment close to home, they must pay to travel to nearby facilities. This pushes them further into poverty, delays diagnosis and puts people around them at greater risk of infection.

Amref's Afya Shirikishi (Integrated Health) programme, uses a community-centred approach to improve TB surveillance, early identification, diagnosis and treatment of people living in low-income communities in Tanzania. Community Health Volunteers (CHVs) and end TB mobile clinics are central to this approach, as they bring detection services directly to people.

When Bi Hawa (pictured here) was unwell, she had a house call from health workers supported through Amref's programme. "I was first educated about TB, and after the results, I received guidance about the treatment

plan...and doctors visited me at home to see my progress."

CHVs like Magreth also make home visits to ensure TB does not spread in the community. Together with other volunteers, she visits homes, markets, and mining sites to ensure the general population is educated about the disease. "I am happy when I identify people with TB since it helps us control the spread of the infection in our community," she says.

Mobile clinics are a one-stop shop for TB detection, diagnosis, and treatment. After a pilot of the Amref mobile end TB clinic in Zanzibar, the government has procured a clinic which will arrive in Zanzibar in August 2024. More training is now needed to ensure the clinic will be adequately staffed to serve the community.

25

**community health volunteers trained
through on-job mentorship**

216,096

**people reached and screened for TB
services to date**

Zanzibar



**Strengthening community
health systems**



Bi Hawa Mohammed Ali at home in Kibweni, Zanzibar
© Amref Health Africa / Sam Vox



The nurse-to-patient ratio in Zambia was 1:1,496,011 in 2022 (WHO data), against the ideal of 1:700. The Zambian Ministry of Health aims to double the health workforce strength by 2025 to strengthen the primary healthcare system and progress towards the goal of universal health coverage.

As part of that drive, the minimum recognised qualification for nurse-midwives to practice was set at Diploma level. This meant that 12,000 nursing certificate holders across the country had to up-skill, potentially taking a large proportion of nurses out of work while they study.

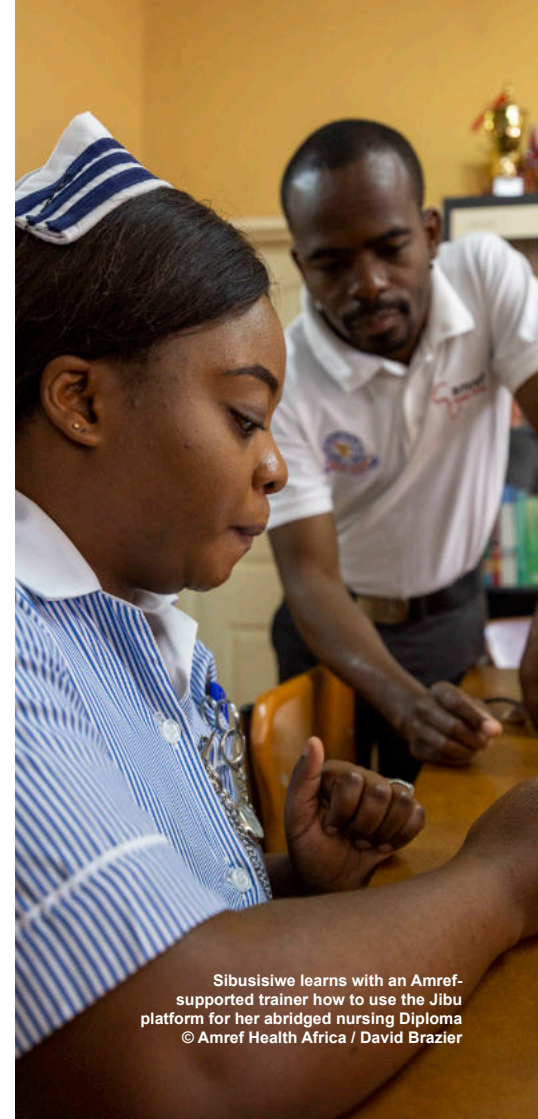
Amref worked with the Nurses and Midwives Council of Zambia to use our Jibu digital learning solution to design, develop and implement a sustainable, blended learning

programme and upskill over 1,200 enrolled nurses to registered Diploma nurses. The digital delivery means that nurses can study as they work, meaning critically needed nurses are not taken out of the health system.

Sibusisiwe Munkonde is one of the Certificate nurses who enrolled in the abridged nursing Diploma. The eLearning course is one year, an accelerated programme delivered through mobile and computer works well for nurses juggling work and family responsibilities: "It's really helping me achieve my dream [as it is] a very fast track for nurses who are qualified enrolled nurses to get through to the other side to be diploma-holders."

723
enrolled nurses

2,000
nurse-midwives upgraded to Diploma
by end 2024



Sibusisiwe learns with an Amref-supported trainer how to use the Jibu platform for her abridged nursing Diploma
© Amref Health Africa / David Brazier



Kenya

Innovation for primary
healthcare

People wait to get vaccinated during a mobile clinic session at Miruka Market in Nyamira County. The mobile clinics aim to improve access to vaccines, other health services and information in hard-to-reach areas in Kenya
© Amref Health Africa / AstraZeneca

Half of Africans still don't get the health services they need.¹ For people living with chronic conditions, including non-communicable diseases (NCDs) like diabetes, asthma, cancers and hypertension, access to screening and regular treatment services is essential to keep healthy. In Kenya, NCDs account for 39% of deaths and 50% of all inpatient hospital admissions annually.

Amref's fleet of mobile clinics provide high-quality NCD healthcare and vaccination services, delivered by trained health workers, direct to last-mile communities in remote areas that traditionally struggle to access healthcare at the facility level. The mobile

clinics are significantly reducing the high burden that conditions such as hypertension and diabetes cause, especially when diagnosed late.

The project and mobile clinics approach has received endorsements from several key leaders including the Governor of Homa Bay County, Kenya. The mobile clinics programme plans to expand to include cancer screening, particularly for lung cancer, and prioritise Human Papilloma Virus (HPV) vaccinations. The mobile clinics model is delivering lasting benefit for communities, families, and individuals.

1,717
health workers trained

21,826
vaccinations administered

45,324
screenings, diagnoses and
treatments for NCDs

¹The State of Universal Health Coverage in Africa – Report of The Africa Health Agenda International Conference Commission, May 2021



Baby Anafi Kazembe, (16 months old) reaches for the camera as his mother Margaret collects water at the borehole in Moliha village, Machinga district, Malawi
© Amref Health Africa / David Brazier

Malawi



Strengthening community
health systems

About 5.6 million people do not have access to safe water sources in Malawi. The lack of access to safe water sources is more pronounced in rural Malawi, and disproportionately affects women and girls.

The responsibility of fetching and carrying of water to households falls to women and girls. This means several hours spent daily walking to and from water sources. It means time spent out of class, meaning girls fall behind. And a lack of clean, safe water puts women and children at particular risk of water, sanitation, and hygiene-related (WASH) diseases such as diarrhoea, cholera, trachoma and dysentery as well as WASH-related complications for menstruating women.

Margaret Kazembe knows these issues all too well. She is a mother of six and a small-scale farmer in Machinga, southern Malawi.

"We had to wake up at 4am only to find a crowd of people already at the water point. Three villages were using the same well. The water was unhygienic because livestock could also use the water," Margaret says.

When her son Anafi (pictured here) was just 6 months old, he had recurring bouts of diarrhoea and trachoma. Margaret knew it was down to the dirty water she was forced to use from a shallow well also used by animals.

Through the Deliver Life project, Amref built a borehole in Margaret's village. Now, she says, they no longer fear disease: "Amref came and helped us with the construction of borehole. Now our lives are happy. Since the coming in of a borehole my child has never got sick again. I am always in my dancing shoes because of the borehole."

Enabled safe water access to

25,725
people

Delivered basic sanitation access to

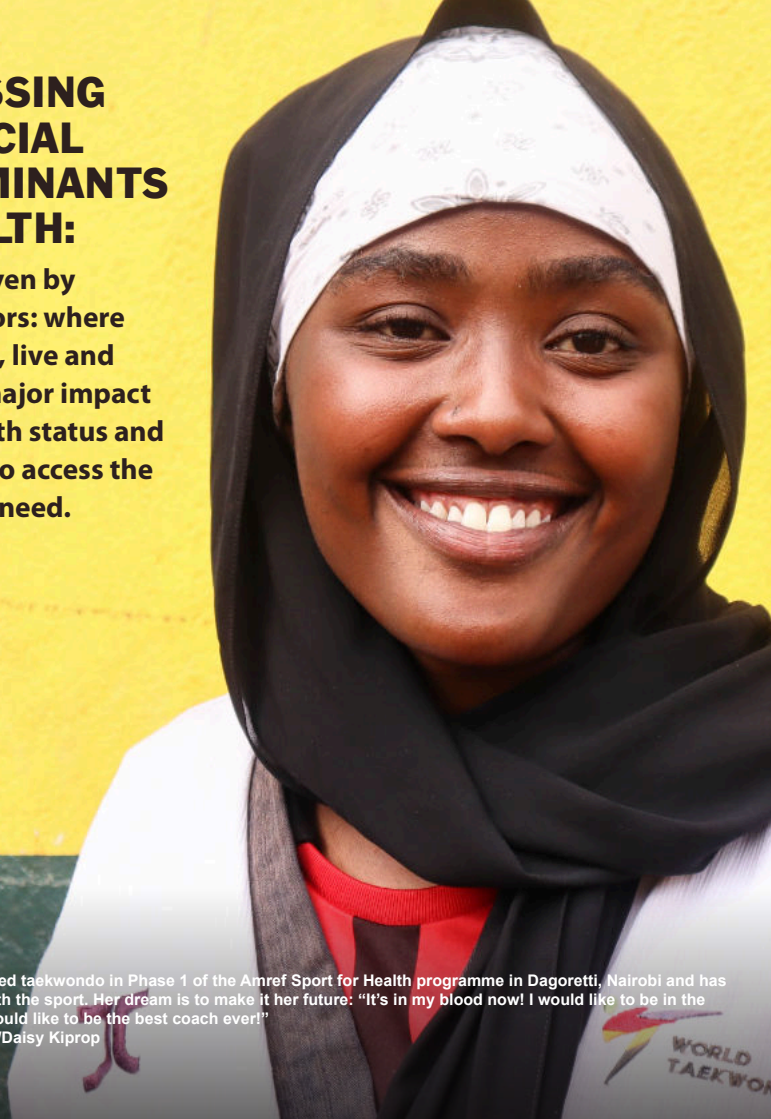
244,361
people

ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH:

Health is driven by societal factors: where you are born, live and work has a major impact on your health status and your ability to access the services you need.

Zahara Saidi, 18, started taekwondo in Phase 1 of the Amref Sport for Health programme in Dagoretti, Nairobi and has since fallen in love with the sport. Her dream is to make it her future: "It's in my blood now! I would like to be in the national team and I would like to be the best coach ever!"

© Amref Health Africa/Daisy Kiprop



Planning for good community and societal health starts with addressing the social and commercial determinants of health. True health is the asset that stems from investments in education, particularly for girls, as well as in good nutrition, access to clean water and sanitation, unpolluted air, and an active lifestyle. Too often, these vital components are missed from health funding.

There's a rising burden of non-communicable diseases—cardiovascular, cancers, diabetes and renal diseases—yet in the face of these pressing challenges, little health financing is allocated to the causes behind these challenges.

In 2023, we invested in programmes and initiatives to address the social determinants that influence equitable access to quality primary health care: education; advocacy for vulnerable groups; climate and health; emerging health threats; youth and urbanisation.



Youth

Uganda



In the Lamogi and Pabbo sub-counties of Amuru District, Northern Uganda, more than 30% of people do not have access to a clean water source close to their homes. Girls and women walk an average of 3km to fetch water, which places them at high risk of sexual and gender-based violence. As a result, teenage pregnancy rates across both sub-counties are the highest in the district.

The Piwa Maleng project (Our Clean Water in Acholi) combines interventions in WASH, including drilling and repairing boreholes and solar-powered water systems connected to villages and schools, with training on SRHR to enable girls and women to access water safely and make informed decisions about their sexual and reproductive health.

Wanen Anyim is a dynamic youth group situated in Abongorwot village in Amuru district. Its members were trained with WASH and SRHR information. With logistical support from Amref, the group has extended

its activities into neighbouring communities to sensitise them on crucial issues such as early marriages, teenage pregnancies, family planning options, and WASH best practices.

Wanen Anyim also operates a Village Savings & Loans Association, a crucial service for young people who often do not meet the eligibility criteria for formal bank loans or credit. Members contribute weekly deposits towards health costs and an emergency fund.

Agnes got support from the group Saving for Health fund when she found out she was pregnant. Collective savings meant her costs to travel to monthly checkups and any other health-related expenses were covered and she gave birth to a healthy baby boy (pictured here together): "Together, we are not just saving for health; we are saving lives and creating a network of support that extends far beyond individual experiences."

Agnes Racheal Aber is the Vice-Chairperson and beneficiary of Wanen Anyim (Let's look to the future in Acholi) youth group, in Amuru District, Uganda
© Amref Health Africa

145,000
people reached with information and improved SRHR and WASH services

28
standpipes constructed in villages and schools



Mpejiwa Lunyiliya with her sheep. After a successful surgery and support to reintegrate into her community after experiencing three decades of social exclusion, Mpejiwa is earning her own income rearing sheep
© Amref Health Africa / Adrian Mgaya

Obstetric fistula is one of the most serious complications that can occur during childbirth. It is a pregnancy-related condition that develops during prolonged or obstructed labour, causing continuous leakage through an abnormal opening between a woman's urinary tract and/or rectum and the vagina (WHO 2018).

It is estimated that fistula affects around two million of the world's poorest young women, with between 50,000 and 100,000 new cases

every year worldwide (WHO, 2018). Without access to urgent medical care, women face debilitating and life-threatening effects including poor mental health, incontinence, infections, and depression. Many women are excluded from family and community life, driving them further into poverty.

Mpejiwa Lunyiliya is 80 years old, and a fistula survivor. During her eighth childbirth she experienced complications and a prolonged labour that couldn't be treated at

Tanzania



Livelihoods

29

women had successful repair surgeries

114

women provided with psychosocial support and livelihoods assistance

250

new fistula champions trained in Geita

her local health facility. For 32 years she lived with this debilitating condition before an Amref-trained fistula ambassador visited her and referred her for a successful surgery. The psychosocial support she received helped her to reintegrate into her family and social life. She was also trained in entrepreneurship skills through the Amref programme, and now keeps sheep to generate a regular income for herself.

Amref International University (AMIU) is shaping the health workforce for Africa's future. It focusses primarily on training, research and extension in health sciences with an emphasis on promotive, preventive, rehabilitative and palliative health, and develops health workers who can transform their communities. "Well trained and fit for purpose, primary healthcare workers have inquisitive minds and involve themselves in research. They apply evidence in what they do. We believe that evidence-based practices transform the health system," says Professor Joachim Osur, Vice-Chancellor.

Faith, 22, completed her Diploma course in Community Health Practice and graduated in July 2023. She was supported through her studies thanks to a scholarship from international partners for students from marginalised communities. "I've learned a lot about community health, but also about communication skills: how to best interact with different kinds of people, in different ages, and explain well the need for health."

Amref International University offers postgraduate, undergraduate, higher diploma, diploma, and certificate programs as well as Continuing Professional Development (CPD) courses that prepare

human resources for health to serve throughout the health system.

"AMIU is a great learning institute. I really like studying at AMIU, because of the combination of theoretical knowledge and practical experiences, but also because of the support AMIU offers to needy students."

Faith has a clear goal in mind for her future, "My dream is to improve community health in the village and area where I come from, which is in Turkana County, Northern Kenya. By learning community health practice now, I am sure I can go there and change the health status of my community in the future."

A new campus is being built outside Nairobi to serve 6000 students

Phase 1 and 2 construction of faculty buildings, library, labs, accommodation, academic block and student centre will be completed in 2025

Kenya

Education



"My dream is to improve community health in my village." Faith is currently doing her diploma in Community Health Practice at Amref International University (AMIU)
© Amref Health Africa / Steve Kagia

15

mobile outreach days a month

8,244

people reached through
monthly mobile clinics

5,752

animals treated by vets on
mobile outreaches

Five consecutive failed rainy seasons in the Horn of Africa has resulted in the worst drought in 40 years. Kenya is one of the epicentres of the climate crisis.

Amref's Human, Environment, Animal and Livelihoods (HEAL) Project uses a One Health approach, recognising the close connection between the health of communities, the animals they herd and their environment.

Public health specialists and veterinarians travel together to remote villages bringing life-saving healthcare to people and the



Kenya

Climate change and health

Community members in North Horr, Marsabit County, Kenya attend a One Health Unit community outreach and mobile clinic
© Amref Health Africa / Tony Wild

animals they rely on. These isolated communities are underserved, with chronic cases of poverty and many families already on the margins of society.

Continuous drought has caused severe water shortages and crop failures, killing animals and leaving families with no source of food or income. As the frequency and intensity of extreme weather and climate events increases, these communities will become more susceptible to malnutrition or disease outbreaks.

Kame Wato, a public health specialist with the One Health Unit explains: "Some places where we conduct community health outreaches are more than 35km from health facilities. So, bringing health services to them is like carrying a whole hospital to those areas." The HEAL team's integrated health interventions bring life-saving healthcare closer to people in isolated communities, helps them to adapt to the effects of climate change, and to re-build their long-term resilience to cope.

**Community dialogues held in
FGM 'hotspots'**

**Pipeline extended to serve 3,000
people in 6 villages, 1 school and
2 churches**

**Naibala sand dam built to serve
2 communities**

Kenya

Climate change and health



Gibson Lebo stands in front of the concrete wall that forms the sand dam barrier at Olgos, Kajiado, Kenya
© Amref Health Africa / Daisy Kiprop

Kajiado has a largely pastoralist Maasai community, where Female Genital Mutilation/Cutting (FGM/C) prevalence is at 78% of women and girls—among the highest in Kenya. Amref has worked with Kajiado's communities since 2009 to help end FGM/C.

The ongoing severe drought has dried up water sources, killed off livestock, and forced women and girls to walk long distances to fetch water. This means they miss school and are at greater risk of sexual violence, and early marriage for the dowry to replace

losses sustained during drought. To get married, they must first undergo FGM/C.

This project uses a model which integrates Alternative Rites of Passage (ARP) to FGM/C, with Sexual Reproductive Health and Rights (SRHR) knowledge and improved access to water, sanitation and hygiene (WASH) services.

This project phase is deepening the support to communities in seven villages in Kajiado. These will include new drought-resistant WASH interventions such as sand dams,

promotion of the community-led ARP ceremony, alternative income-generating activity support to former cutters, and integrated SRHR information and education.

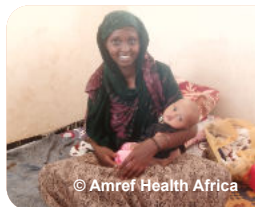
Gibson Lebo is a member of the Water User Management Committee of the Olgos sand dam. He says the sand dam has brought great transformation for his village: "We really feel like we own this project, and we work hard to protect the source. We are patient, we know that we can improve this in the future together."

The ongoing drought crisis due to climate change, compounded by the consequences of conflict, has caused the displacement of more than 1m people in the Somali region of Ethiopia. Most of these Internally Displaced Peoples (IDPs) are women and children.

IDPs' need for lifesaving health assistance is urgent; children under the age of five, pregnant women, and breastfeeding mothers have the most acute needs. The

Emergency Nutrition and WASH response project, in close coordination with the Regional Health Bureau, provides integrated health, nutrition and WASH interventions for these priority groups, and the wider community.

This includes treatment services for severe acute malnutrition, water trucking and water storage tankers to ensure a supply for safe, clean water for communities.



Amina Tahir and baby Nimo Ahmed in the Malnutrition Management Center in Qoalji IDP camp: "I followed the treatment for the last one month. Now the baby's illness is cured and for this help I am very much happy."

Halimo Omer lives in the Awbare IDP camp. "We used to drink dirty river water which wild animals also use. [It was] a great problem that affected our health... thanks to God (Allah) now the safe water is in front of our house...we are feeling healthy now."



Ethiopia



Health in fragile environments



Aisha Abdulahi got entrepreneurship skills training in Awbare IDP camp: "In a short period, I got nice profits from the business, so I covered family expenses, and properly fed my children with vegetables...and I managed to buy a goat."

56

frontline health workers trained on malnutrition management

25

water storage tankers installed to improve access to safe, clean water

109,579

people reached with access to nutrition services and clean, safe water.

Sharon Nakayenga lives in the heart of the Kawempe informal settlement in Kampala, Uganda. When she was 19, Sharon gave birth to her son Abdul. Amref-trained community health volunteer (CHV) Teddy Lutayo supported her with ante and postnatal care. “Teddy has helped me in many ways, like counselling me about breastfeeding my baby, supporting and guiding me on how to care for the baby.”

CHVs like Teddy play a big role in supporting young mothers to access information and services on sexual and reproductive health and antenatal care in communities where access to these services is often limited.

Sharon also received a Kokono crib—a locally-assembled biodegradable plastic crib with mosquito net. “The Kokono crib has helped greatly because I can do my work without worrying about my baby’s safety.”

Sharon says, “I want to thank Amref for giving us Kokono cribs because it has helped my baby, [the] advice I am giving mothers out there, whether they have Kokono or not, should take good care of their babies because a healthy and happy baby is the mothers’ pride.”

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- People for People

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- University of East Anglia Raising and Giving Society
- 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 volunteers who have contributed their time and expertise.

Thank you also to those who have left a gift to Amref in their will, which is a particularly special way to show your support and to invest in lasting health change in Africa.

Your support – in all its forms – has helped us increase the reach and impact of our work in Africa.

YOUR SUPPORT MAKES OUR WORK POSSIBLE

Josephine Katwamba is a Community Health Worker (CHW) in the Chifubu area of Ndola, Zambia. She is married with four children, three of whom are recently graduated from or are studying at university and the youngest is at school. Amref supported Josephine with training through the Closing the Gap programme and Smile campaign, providing information on Respectful Maternity Care and pre-natal care training.

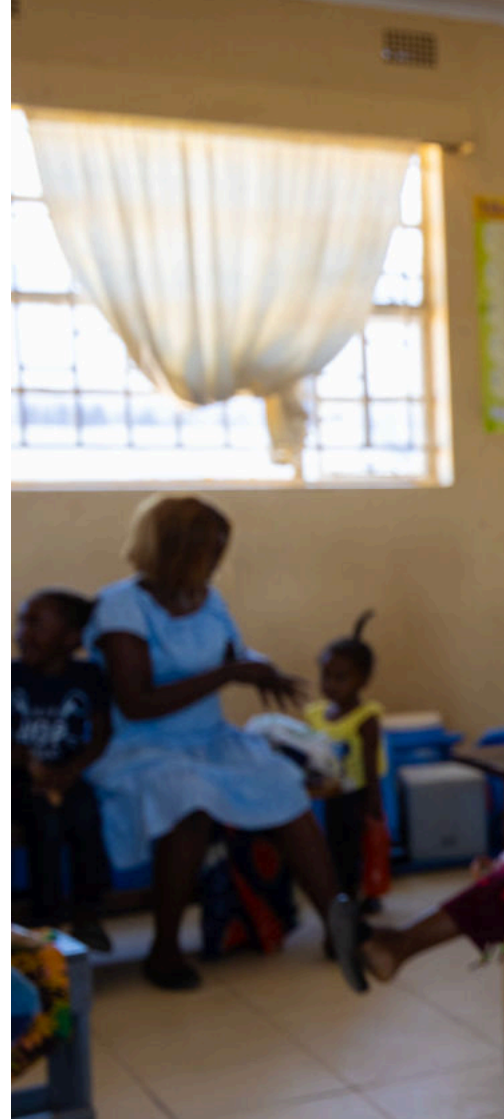
"I am full of joy because of my job as a Community Health Worker at Chipokota Mayamba Clinic," Josephine says. "What is in my heart is the love I have for my community. I don't want my people to suffer, the women and children especially."

Josephine describes her role as "bringing the community and the clinic together [to] fill that gap that is there." She says that community members would feel a large gap between them and the nurses and other facility-based health workers. Community Health

Workers are from the community, but are integrated into the clinic, and so they understand how both sides work - "That's where I am creating the connection," she says.

Before the Amref programme, there was a big problem in the community, says Josephine: "A lot of women used to die in the community. And a lot of women used to give birth at home." By bringing together health workers and CHWs, the Amref programme ensured that CHWs are empowered with training and knowledge to pass to the community, all while being an integral part of the health facility and support to the facility-based health workers. "When Amref came they brought health workers and [CHWs] together and made us one."

"Thank you very much for educating me on how to save lives of mothers and children here in Zambia, thank you. Thank you!"







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FRONT: Salo Ali, 39, with her baby Gumato, crushes maize grains at her home in North Horr, Marsabit, Kenya. She is at the centre of the climate crisis: a 4-year-long drought has ravaged food sources and livelihoods. "We do not even have anything to breastfeed our babies," Salo says.

© Amref Health Africa / Tony Wild

BACK: "We usually have enough water here, but since the rain failed for the last three years, we don't have enough water," Salo says. Salo must trek with her baby son Gumato on her front, her jerrycan on her back, and her 4-year-old Halkano following, to reach the nearest water source.

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