



# IMPACT REPORT 2025

Amref Health Africa UK

## **Nyanzala Komanya, Mwanza, Tanzania**

*(Cover image)*

Nyanzala Ndakila Komanya is a small-scale farmer from Mahaha village, Mwanza Region, Tanzania.

In November 2020, Nyanzala spent a full night in labour. Her repeated requests for a doctor to review her were brushed off; "I told [doctors] to check me, but [they] said I wasn't ready yet." But by dawn, Nyanzala's baby had died. A long, complicated labour and C-section too late left Nyanzala's internal tissues worn through leaving an obstetric fistula - a hole - between her bladder and birth canal.

Continuous leakage of urine began the same night. She underwent two unsuccessful surgeries to try and repair the fistula. After weeks of waiting for recovery and repeat visits to the hospital, Nyanzala says the hospital fees, supplies and transport bankrupted the family; "My husband said - we have no money left. I've sold everything at home. How will I take you [to hospital in Mwanza]." Nyanzala was sent to stay with her parents, where she faced deep stigma - "My father refused [to take me to hospital] and said he is going to traditional healers because I am cursed. He said if I went [to hospital] I would die there."

For four years, she counted loss, faced stigma and deepening poverty. She lived with a permanent, uncontrollable stream of urine. She could no longer attend church or work her family's plot; her children had to take on casual labour to get money to buy maize. The household slipped from subsistence to chronic hunger.

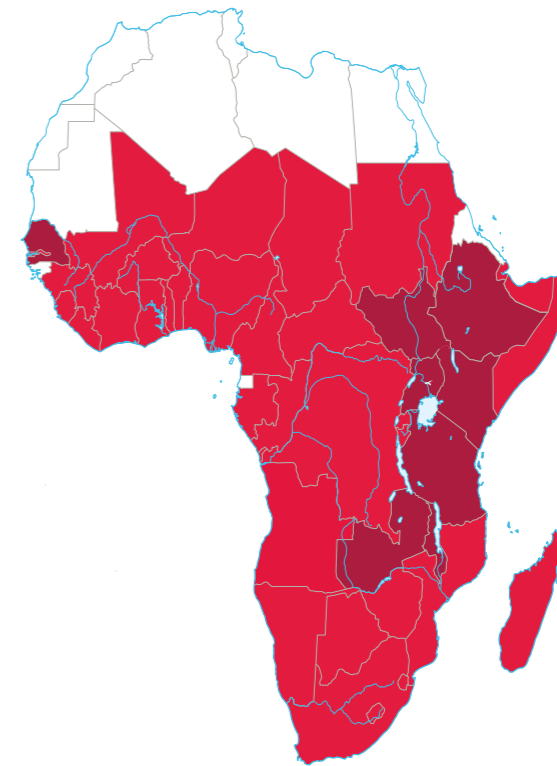
Fistula ambassador Jumanne Charles became aware of Nyanzala's case, and with the support of the Amref team started his outreach to persuade her father to seek care at Bugando Medical Centre where Amref supports women to get free fistula surgery and psycho-social support in recovery. In December 2024 the local women's self-help group Wapendanao Mahaha and an Amref outreach team finally persuaded the family, organised transport and admitted her to Bugando Medical Centre. Six days before Christmas in 2024, surgeons closed the fistula successfully. After 15 days of catheters and careful nursing, she passed urine normally for the first time in four years.

***"Today I'm happy, because I've been healed for free! I'm really, really happy."***

## **Our Impact**

**Amref Health Africa is Africa's leading health NGO. Our headquarters are in Nairobi, Kenya and we work in more than 40 countries to strengthen health systems and improve access to life-saving care, especially for the most vulnerable and marginalised communities.**

**This report includes highlights from the work Amref 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.**



**171**  
programmes

**43**  
African countries

**25,440,696**  
people supported directly



Community Health Workers Josephine Akiru (L) and Fridah Akatorot (R) were both trained by Amref in the SIWA (Sustainable and Inclusive Water Access) project in Turkana, northern Kenya, to ensure that both refugees and the local host community have access to sustainable clean water and safe sanitation facilities.

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## Foreword from the CEO

Dear friends,

In early 2025, the global health sector faced a profound and disorienting shift. Rapid cuts to foreign aid—at a time when need is growing, not shrinking—reshaped the very foundations on which health programmes operate across Africa.

For us at Amref, this turbulence is not abstract. It is felt in clinics where pregnant women miss vital care, in communities where access to life-saving medicines falters, and in fragile health systems already under pressure from climate shocks, conflict, and a rising disease burden. The scale of change has been stark.

And yet, amid this disruption, we are also seeing something powerful emerge. Partners are stepping forward to help ensure that hard-won health gains are not reversed. We are finding innovative ways to deliver life-saving care more effectively.

In Kenya, I once again saw the remarkable impact of Community Health Workers in a primary health centre in Nyeri County.

Through their dedicated efforts in community outreach and Amref's strong collaboration with Nyeri County Hospital, they are bringing critical care closer to people with specialist monthly referral clinics.

In Nyeri, and elsewhere in communities, health centres, and government offices across Africa, people are at the centre of the work to build equitable, sustainable, and climate-resilient health systems. Local leaders, mothers, health workers, young champions of change; these people are making change happen.

There is no denying the uncertainty ahead. But in the stories from people we work with across Africa there is also, unmistakably, hope.

Thank you for your ongoing commitment to building that hope with Amref,

Camilla Knox-Peebles  
Chief executive, Amref UK

Hear from the people who you helped to support - the people making change happen.



Scan with your smartphone's camera to find out more, or visit [amrefuk.org/impact-stories](https://amrefuk.org/impact-stories)

**In 2025, your support helped make this happen**

**Amref teams, governments, health workers and communities together made incredible impact across Africa.**

**123,336**  
health workers trained



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**391,910**  
people provided with clean water access

Provided  
**1,295,024 people**  
with family planning services and shared information on sexual and reproductive health and rights (SRHR) with  
**703,835 community members**



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Screened  
**76,964**  
people for diabetes,  
**345,185**  
for hypertension, and  
**14,611**  
for various types of cancer

**356,883**  
women gave birth with the support of a skilled health worker



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**914,416**  
children fully immunised (at 9 months) and  
**1,424,718**  
children received growth monitoring and nutrition services



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**65,866**

women and girls reached through women's empowerment initiatives



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# 2025 Highlights - the difference we made together

Highlights from our UK-funded programmes, made possible by your generous support.

## Antimicrobial Resistance (AMR)

In Zambia, we supported the national Antimicrobial Resistance Coordinating Committee to operationalise Zambia's National Action Plan. Antimicrobial Stewardship training modules for veterinary professionals are now approved and in active national use. An antimicrobial use behaviour change campaign on youth-led TV and social media reached over 2.7m people.

*Lilian Mwandu is a nurse in Muchinga Province, Zambia. "The most important thing is sensitising the community on how to use mosquito nets properly, how to give Coartem [antimalarial] correctly. Because there's no drug adherence sometimes [leading to increased risk of antimicrobial resistance]."*



## Sport for Health

In Nairobi's Dagoretti and Embakazi settlements, young people - especially girls and young mothers - have limited access to sexual and reproductive health and rights (SRHR) information. Amref collaborated with 44 sports clubs to train 135 coaches and 150 peer champions on SRHR education, mentorship and life skills, and helped 450 teenage mothers with vocational training.

*Esther, a football star who rose through the Sport for Health project says: "Life here comes with dangers. Football has discipline and needs discipline. We may come from challenging backgrounds, but we have talent and determination."*

## Alternative Rites of Passage (ARP)

In Kajiado, Kenya, we supported 1,510 girls through Community-Led ARP, an alternative to Female Genital Mutilation. The Tracking the Girls app registered 5,733 girls and enabled 1,749 targeted follow-ups for those at risk. A 2025 study showed 98% of girls remained FGM-free, 99% protected from child marriage, 98% continued in school.

*Sabina (on the left in the picture) is an end FGM/C champion in Kajiado, Kenya: "Everybody knows how difficult it is to change a tradition, but it is possible. Never underestimate your power to create change. If you want it, start it by yourself."*



## Thank you for your support in 2025

**Cynthia Oning'oi, Amref project officer, Kajiado, Kenya**

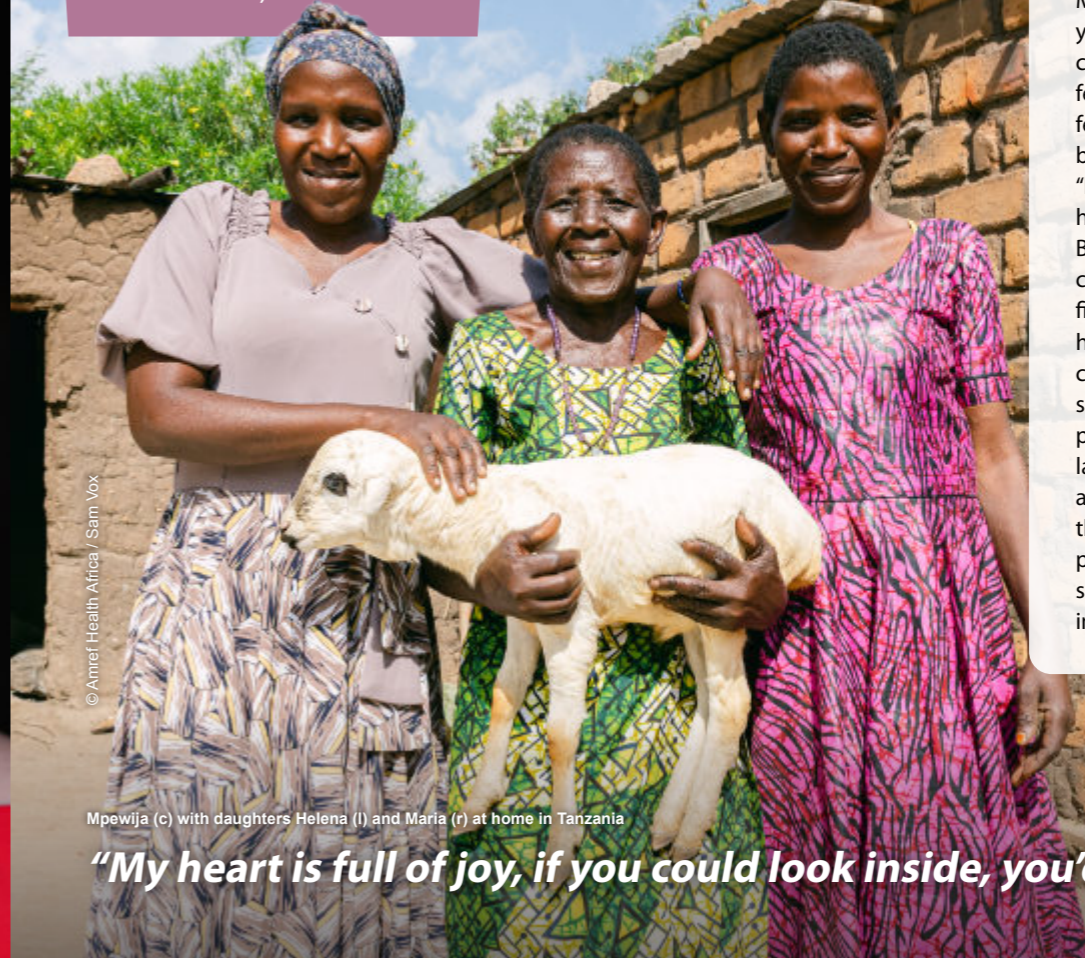
Cynthia Oning'oi is an Amref project officer and advocate against Female Genital Mutilation and Cutting (FGM/C). As a 14-year-old Masai girl, she was forced to undergo FGM/C. Now she dedicates her life to eradicating this abuse and to the fight for equal rights for women.

***"Thank you very much from the bottom of my heart. And I'm saying this as a representation of the many girls that you have reached, as a representation of many girls who are now realising their full potential, as a representation of many girls who are now enjoying their sexuality because they were saved from FGM. I just want to say thank you very much, and thank you for not underestimating what you can do in bringing an end to Female Genital Mutilation."***



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## Mpejiwa Lunyilia Mwanza, Tanzania



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Mpejiwa (c) with daughters Helena (l) and Maria (r) at home in Tanzania

Like Nyanzala pictured on this report's cover, Mpejiwa is a fistula survivor. For nearly 40 years, she lived in isolation. She abandoned church and avoided neighbours. The burden fell on her children, who took over farming, fetching water, and washing soaked bedding. Mpejiwa said she feared this would "last forever," until an outreach team referred her to an Amref-supported surgical camp at Bugando Hospital, Mwanza. Because her case was complex, she was in hospital for five months post-surgery, but she went home healed. "My heart is full of joy, if you could look inside, you'd find pure happiness," she says. Amref's reintegration package provided her with three sheep and a modern latrine; the flock multiplied, and after selling a few animals, she built a small house, while the rest continue to provide income and pride. She says that each time she sees her sheep or visits her clean bathroom, "I feel immense happiness."

***"My heart is full of joy, if you could look inside, you'd find pure happiness,"***



**Gostavia Mpundu**  
Mpika, Zambia

Gostavia is a trained Community Health Worker, supported by Amref, who provides care from his home and administers medicine for community members diagnosed with malaria.

He is the community's frontline safety net. When a caregiver knocks at night with a feverish child, he assesses severity and decides whether the child can be treated immediately or needs referral, so families can act fast to save lives.

***“Early treatment of malaria in children is important because the child is likely to get better in a short time. Vaccinations are helping us reduce malaria cases in children. In a week, I attend to two or three people whereas last rainy season, a whole page could be filled up with names of patients in just one week.”***

## Precious Chipasha and daughter Elizabeth

Mpika, Zambia

Precious has two children, aged two and 10, and she raises them on what she earns from growing vegetables and maize.

Like many families, Precious' has been hit by malaria. In communities like hers, malaria doesn't just threaten children's lives, it drains families' time, income, and stability.

Amref supports Precious' community in Mpika, Zambia by training Community Health Workers. They spot malaria symptoms, give accurate diagnoses, treat mild cases at home, or refer more serious cases to the local health centre.

***“The introduction of Community Health Workers is a very good initiative. Through them, we've been able to learn how to take and administer [antimalarial tablets] as a full course without fail. We are grateful. May they also extend this help to other communities.”***



## Neema Justus Basili Dar-es-Salaam, Tanzania

Innovative approaches to health, environment and livelihoods can transform lives. In Dar-es-Salaam, rapid urbanisation, increased demand for energy, increased health risks including water and sanitation-related diseases, alarming urban poverty among women and young people, have given rise to an innovative circular economy approach to waste management - crucial for both environmental protection and people's health.

A community group originally supported by Amref has now taken on full management of their waste reuse, recycling and recovery enterprise. Amref's original support helped to recruit and train people to collect, sort, process waste and produce briquettes that were sold and contributed to the community group's income.

Now, the group is self-sustaining and has huge ambitions to scale up their work. Neema Justus Basili, secretary of Kagilagila Friends of the Environment group says:

***"Our work is so important. Before we started, that waste scattered around made the environment very dirty...and infectious diseases like cholera were common. So by removing waste, we clean the environment, and also help prevent disease outbreaks."***

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### Over two years the project has:

Reached  
**350,000**  
people with waste management  
and recycling services.

Reduced cases of diarrhoea by  
**11%**  
and cholera cases have  
gone down from  
**102 to zero.**

Helped increase the annual revenue  
of participating groups by  
**700%**  
on average following  
entrepreneurship training.

## Awa Diassy and grandmother Coumba Donna

Sédhiou, Senegal

Awa is in her early 20s but is already a leader. “I am a peer educator at the Kolda Adolescent Counselling Centre; I am the president of the anti-Female Genital Mutilation (FGM/C) youth parliament to combat FGM.” Her grandmother, Coumba, is a respected elder and once a revered ‘cutter’ (an elder who practices FGM/C) in the community. Awa was cut by Coumba when she was young. Their relationship has come full circle. Once they held starkly opposing beliefs on FGM; Coumba that it was an honoured tradition, Awa that it is a girls’ rights violation. Through Amref’s activities in the Girl Generation programme, they have spoken, listened, debated, and finally embraced a shared truth: FGM must end, and the cycle of harm must be broken. Coumba says to her granddaughter: “I haven’t cut any girl since you started raising awareness. I have seen the harm. I have completely abandoned the practice.”



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## Coumba Aw

The Girl Generation programme helps communities end Female Genital Mutilation (or Cutting, FGM/C). Coumba is a young champion who was trained through the programme in Sédhiou, Senegal. She now works to empower young girls in her community to say ‘no’ to the cut of FGM/C, and encourages dialogue between young people and the older generations to help communities end FGM/C.

*“This project is important for the girls and women in my community because it gives them a space which allows them to free themselves from these practices. I feel an immense sense of pride seeing [their] transformation. It reassures us that the work we do—going into the field every day and engaging with the community—is not in vain. Our efforts have a tangible impact.”*

**Vivian and Lawi Musa**  
Magu, Tanzania



***“Your help with the services I received when I was sick has been very special”***



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When Vivian gave birth to her youngest child, labour and birth complications meant that she developed obstetric fistula. “Honestly, it was a very difficult time. It was a huge challenge for my family.” She was referred to Amref’s free treatment programme, which covered surgery, food, transport and other essentials, sparing the family crushing medical debt and letting them focus on rebuilding their lives. “Your help with the services I received when I was sick has been very special,” says Vivian. “We know surgery is very expensive. So with our livelihood back then, I don’t think we could have managed those costs. So we’re very grateful for that help. Because the treatment I received was free. All my other needs were provided for free—even the transport to the health centre.”

With that head start, Vivian and Lawi Musa built and expanded their own tailoring business, creating a steady income that has supported all their children through school and university and enabled them to build their own home and a bright future for their family.

## Fanizo Simenti

Kasungu, Malawi

In Kasungu, central Malawi, outreach clinics delivered integrated family health services to nearly 500,000 people. This included antenatal care for nearly 30,000 women and immunisations for 70,000 children below the age of five. Then, almost overnight in early 2025 US foreign aid funding was cut and the outreaches stopped.

For Simenti, an Amref-trained and supported Community Health Worker, this meant the 4,300 people he was serving had to travel more than 30km to reach the nearest health centre. He says: “[I know that] I have a vital role which [connects] the health centre and the community. We do preventive services, vaccinations and treat under-five children with selected diseases. We are bringing essential health services close to the family.”

Simenti’s love for his community drives him on. When funding is available, he still performs outreach clinics, cycling nearly 60km on every roundtrip with his vaccines box on the back of his bike.

He is now supporting one community at Katenje to crowdfund the build of their own health post, where the district health team will provide them their own refrigerator. That means many more children in the community can get fully vaccinated.



**Alfred Yunan**  
Maridi, South Sudan



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***"I'm walking day to day, from village to village, to see them, to encourage them. This is another way also to help them. This is why I offer myself to work, to visit them."***

Alfred is a dedicated Boma Health Worker (South Sudanese equivalent of a Community Health Worker) who seeks out families affected by the mysterious Nodding Syndrome and connects them with care. Nodding Syndrome is a debilitating neurological disorder that affects children, mostly in South Sudan, Uganda and Tanzania, resulting in seizures and stunted growth. There is no known cause, but Amref is pioneering research and treatment programmes in South Sudan where an estimated 3,000 children have the disorder.

Alfred was trained by Amref in case identification, home visits, supervision, and monitoring, as well as in social inclusion and how to tackle stigma around Nodding Syndrome.

He follows the families of children with Nodding Syndrome, ensuring that they attend their appointments and take their medication, providing encouragement, and supporting their caregivers, on whom Nodding Syndrome also takes a heavy toll.

He is pleased by the impact his work has - but he is also affected by the loss of several patients in recent years. And he says "I'm not happy" when he sees the suffering that Nodding Syndrome causes entire communities.

## Thank you for your support

Jumanne Charles is a Community Health Worker trained in fistula case identification, counselling and referrals. He cycles or walks around homesteads to identify women living with fistula, and to get them surgery and support.

*“My name is Jumanne Charles Mahindi. I’m a community health worker. But my main role is identifying women living with fistula. I received training on fistula, so I understand the condition well. And I’m still actively identifying new fistula cases. I’m truly grateful for the opportunity to learn about fistula. I’ve been able to identify patients, and they’re now doing well. Thank you very much. Once again, thank you so much. I truly appreciate you all.”*



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Thank you to the members of the Mbele Movement:

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- Charles Fitzherbert
- Anne and Ian Kent
- Rebecca and Tristram Mayhew
- Helen Pepper
- Celeste and Eraj Shirvani

- Matthew and Charlotte Vaight
- Elizabeth Wilmshurst
- Sara Emanuel

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- The Hungerford Christmas Fair
- People for People
- Rotary Club of Bexley
- Rotary Club Fleetwood 100 Club
- 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 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 Africa.**



**Amref Health Africa UK**

Canopi  
82 Tanner Street  
London  
SE1 3GN

**[www.amrefuk.org](http://www.amrefuk.org)**  
**[info@amrefuk.org](mailto:info@amrefuk.org)**  
**020 7269 5520**



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FRONT: Nyanzala Komanya — fistula survivor, Magu district, Mwanza, Tanzania  
© Amref Health Africa / Sam Vox  
BACK: Nyanzala Komanya at home with children and grandchildren, Magu district, Mwanza, Tanzania  
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