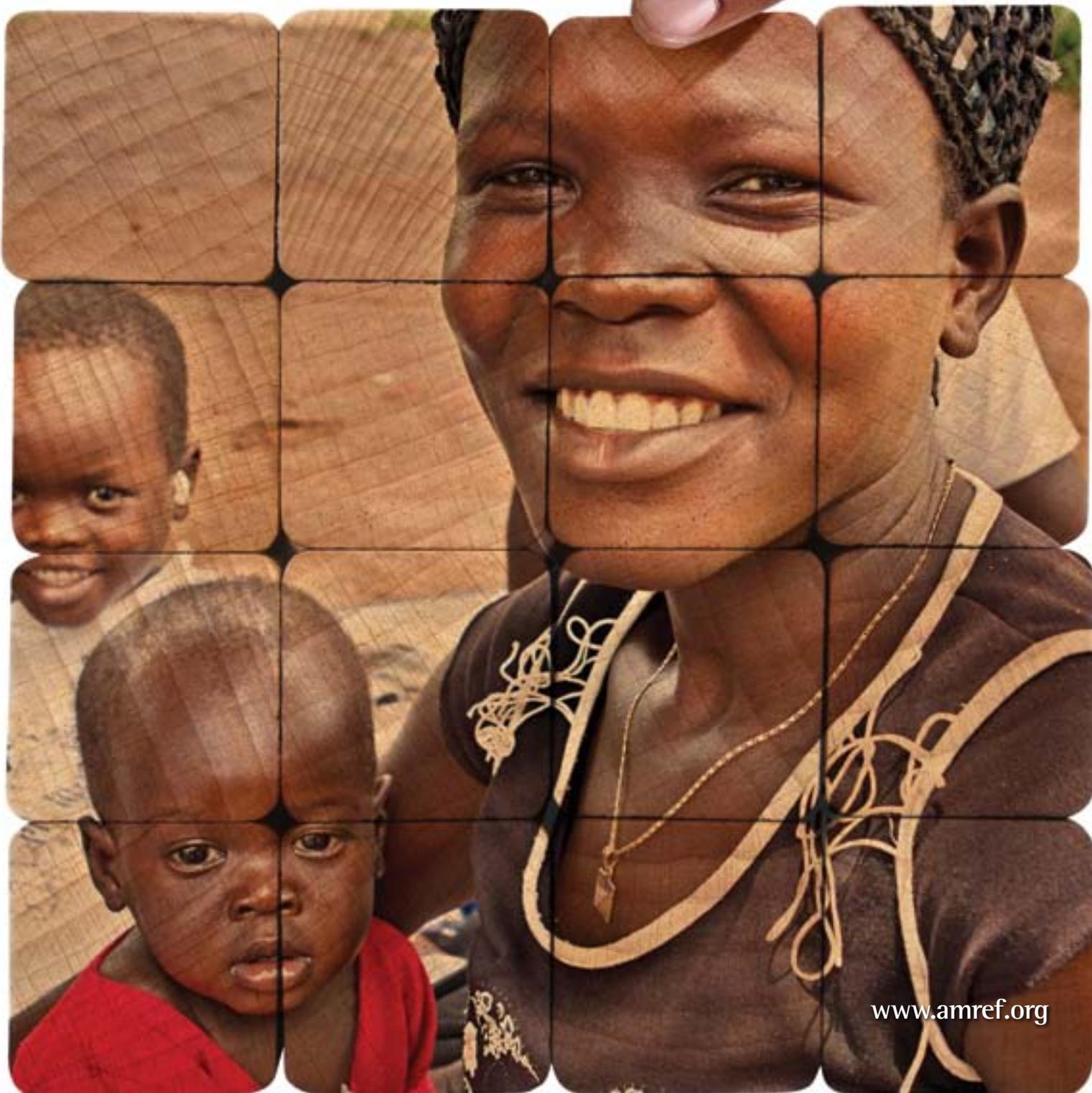

Our goal in 2012 was to strengthen the health system to improve the lives of women and children. And this is how we achieved it. The **AMREF** 2012 Annual Report.



www.amref.org

Contents

1 | Messages from AMREF

About AMREF	6
Message from the Chair	8
Message from the Director General	10

2 | Strategic Directions in Action

South Sudan	14
Tanzania	18
Ethiopia	22
Kenya	26
Uganda	30
South Africa	34

Stand Up For Mothers 38

3 | Country Highlights

Austria	42
Canada	43
Ethiopia	44
FDSA	45
France	46
Germany	47
Italy	48
Kenya	49
Netherlands	50
South Africa	51
South Sudan	52
Spain	53
Sweden	54
Tanzania	55
Uganda	56
United Kingdom	57
USA	58
West Africa	59

4 | Programme Highlights

AMREF Flying Doctors	62
Capacity Building	63
Communications	64
Fundraising and Partnerships	65
Health Programme Development	66
HR and Administration	70
Programme Management	70
Operations	70

5 | Financials

Annual Expenditure	74
Distribution of Expenditure	75

6 | The AMREF Team

AMREF Senior Management Team	78
AMREF International Board	79
AMREF Contacts	80
AMREF Donors	84
Credits	91



1

Messages from AMREF

The real freedom is responsibility, the real safeguard, that of reaching for the ideal

*Sir Michael Wood | AMREF founder
Quote from 'No Turning Back'*



Transforming Communities from Within



About AMREF



AMREF's vision is for lasting health change in Africa. We want to see communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty.

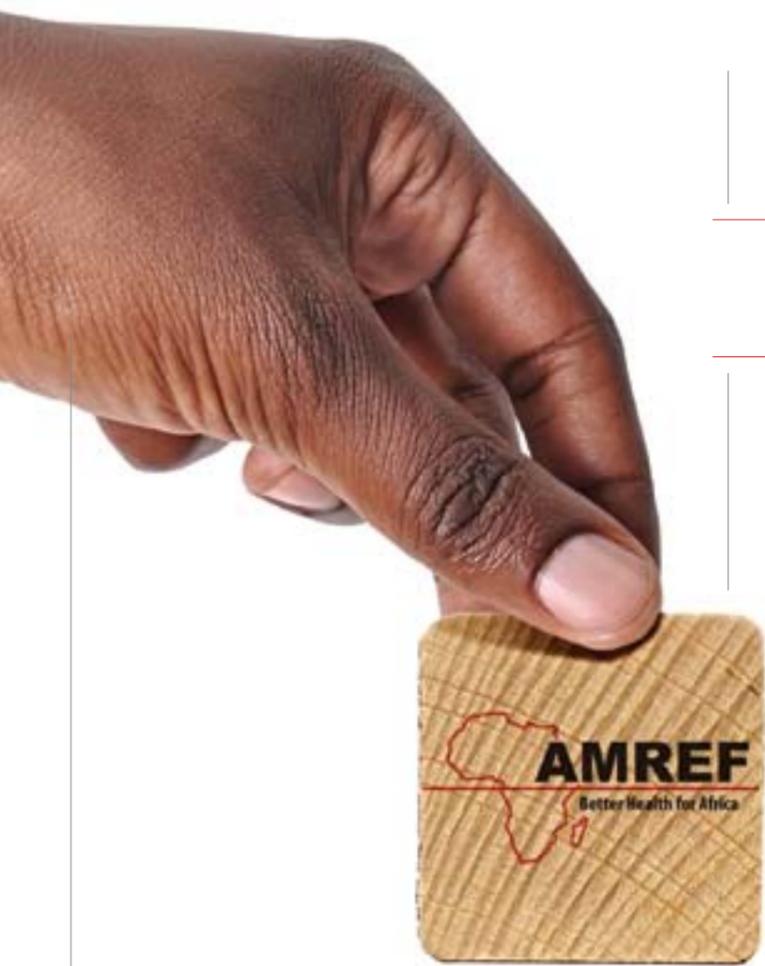
AMREF believes that the power for lasting transformation of Africa's health lies within its communities. AMREF works side by side with individuals in communities to help them build the knowledge, skills and means to transform their own health.

AMREF Business Plan 2011-2014 focuses on improving the health of women and children in Africa communities, while engaging and involving men to ensure the acceptance and success of all AMREF initiatives.

AMREF's Strategic Directions

1. Making pregnancy safe and expanding reproductive health
2. Reducing morbidity and mortality among children
3. Scaling up HIV, TB and malaria responses
4. Prevention and control of diseases related to water, sanitation and hygiene
5. Increasing access by disadvantaged communities to quality medical, surgical and diagnostic services
6. Developing a strong research and innovation base to contribute to health improvement in Africa
7. Creating a strong, unified, global AMREF





Message from the Chair



AMREF's focus continues to be on communities, on transforming the lives of men, women and children effectively and sustainably

As interim chair, I have stepped into the shoes of a diligent and wise leader, Dr Pascoal Mocumbi, whose tenure as Chairman of the AMREF International Board came to an end in September 2012. On his watch, AMREF made enormous strides forward, with significant and far-reaching accomplishments. We achieved, at last, the One AMREF dream, where all AMREF offices in Africa, North America and Europe now operate in a more focused and synchronised manner, with all activities guided by a corporate Business Plan.

Furthermore, AMREF now has a new centralised governance structure with representatives from the national boards of five AMREF offices in the North and five in the South, as well as five independent members. The new Board held its first meeting in Kampala in October 2012, marking a major milestone in AMREF's progress towards becoming the leading global authority on African health.

It was also under Dr Mocumbi's guidance that AMREF expanded its geographical reach by establishing a hub in Senegal for West and Francophone Africa, and turned the South African office into a hub for the southern Africa region. The two hubs and AMREF's other programmes on the continent have grown steadily in the past year, both in reach and impact. More than ever, AMREF is now better positioned to accomplish its vision. I am honoured to be at the helm of such a dynamic organisation as we continue to seek ways to improve the health of the most vulnerable communities on this continent.

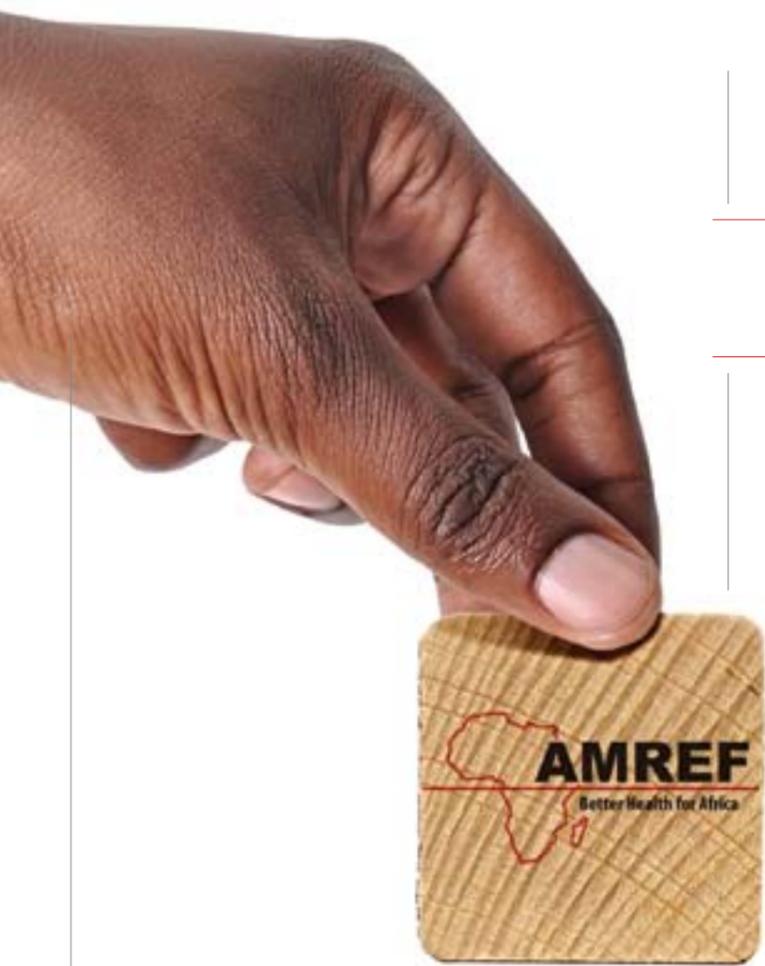
Development efforts in Africa must be centred on communities if they are to be successful. AMREF's focus continues to be on communities, on transforming the lives of men, women and children effectively and sustainably. In this Annual Report,

you will read stories of how AMREF has helped to change the lives of thousands of people across the continent by building their skills and knowledge, and by strengthening community and health systems. This we have accomplished through valuable partnerships with the communities themselves, with governments, and with partners and donors.

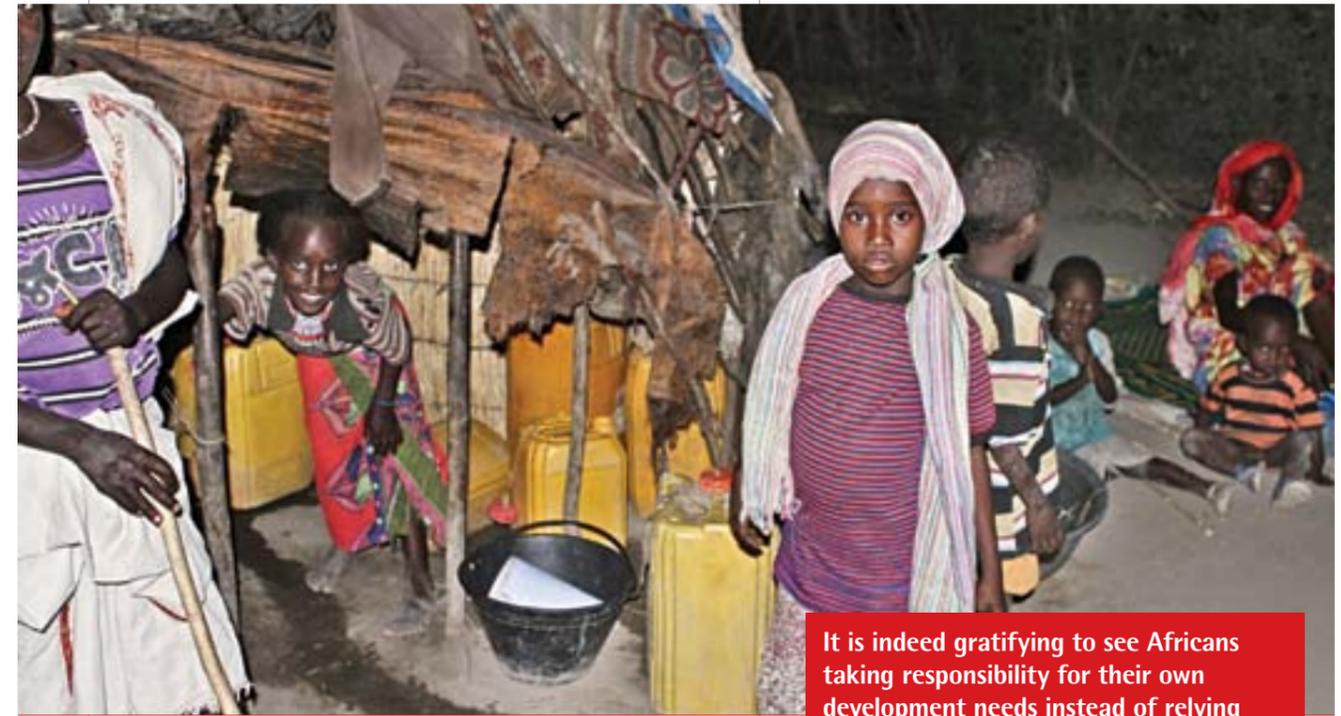
But while we are encouraged by our accomplishments so far, we are acutely aware of the fact that a lot more can be done through effective partnerships. As an African non-governmental organisation with its roots and activities based on this continent, AMREF now calls on African governments to embrace it as their own home-grown solution to health and development challenges, and to help strengthen its institutional capacity. I am convinced that the only way that we will be able to make headway towards meeting the Millennium Development Goals and achieving lasting health change in Africa is by strengthening the partnership between civil society and governments.

Noerine Kaleeba PhD





Message from the Director General



It is indeed gratifying to see Africans taking responsibility for their own development needs instead of relying solely on outside support

While 2012 was a challenging one for AMREF in view of the unfavourable global economic climate, it was also a very fulfilling year. Despite the fact that changing donor priorities affected availability of institutional funding for AMREF's core functions, we made significant progress on the ground in the areas where we tasked ourselves to perform. In fact, AMREF's budget grew from US\$59 million in Africa in 2010 to more than US\$100 million in the current financial year. The Business Plan 2011-2012 has successfully been implemented for a year now, with important progress in reaching communities, particularly women and children in poor and marginalised areas. Meanwhile, the new South African and West African hubs continued to expand as health programmes reached more people.

Through our programmes and projects, AMREF reaches thousands of people every year. The momentum and growing scope of this crucial work must be maintained even in the face of uncertain donor funding. To make itself more financially self-sustaining, AMREF has decided to venture into non-profit businesses to fund its activities. The first commercial venture, AMREF Flying Doctors, managed in its first year to hugely increase its client base and demand for its services. AMREF is now looking to establish a business enterprise in another area of the organisation's expertise – laboratory services, with a feasibility study currently underway for the proposed venture. At the same time, AMREF is keen to diversify its fundraising to emerging economies like China and Brazil, and to the Middle East.

The international Stand Up for African Mothers campaign is going through its second year. In the past year, the campaign was launched in most countries where AMREF works, helping to raise awareness of the maternal health crisis in Africa and the urgent need to train midwives to save the lives of mothers and children. Funds raised are already being used to train midwives in several countries, including Ethiopia, Kenya and

South Sudan. Encouragingly, the campaign continued to receive substantial support from Africans on the continent and in the diaspora. It is indeed gratifying to see Africans taking responsibility for their own development needs instead of relying solely on outside support.

During the past year, relationships were established with several new institutional donors, including AUSAID and NORAD. I am deeply grateful to all our donors, new and old, for their support, which is a demonstration of confidence in the way AMREF works, ensuring accountability and value for money with tangible results – improved health of African communities. Indeed, AMREF's work and influence led to international recognition and strengthened the organisation's position as a leader in African health issues. For instance in April, AMREF received the World Federation of Public Health Associations 2012 Organisational Award for outstanding achievements in and contributions to the field of public health. AMREF was also appointed to lead one of the committees on the UN Commission on Life-Saving Commodities for Women and Children, coordinating a number of partners for accountability and performance.

I wish to thank AMREF's staff, management and Board for their hard work, dedication and commitment which have helped to improve the health of thousands of people across the continent, and particularly women and children. I look forward to leading this remarkable organisation to even bigger achievements in the coming year.

Dr Teguest Guerma



2

Strategic Directions in Action

The community is learning to take care of its own health problems. It is the humble beginning of the revolution in health care which the world so eagerly awaits

*Sir Michael Wood | AMREF founder
Quote from 'No Turning Back'*





South Sudan

Equipping Midwives to Save the Lives of Mothers



The nation of South Sudan faces enormous challenges as it strives to recover from decades of civil war and help its people to rebuild their lives. It is no easy task, considering that South Sudan has some of the worst health indices in the world, including the highest maternal mortality rate of 2,054 for every 100,000 women. Because of poor infrastructure, inadequate health facilities and a dire shortage of skilled health workers, the country's estimated 12 million people have very poor access to health care.

To help the country build its health workforce, AMREF opened the Maridi National Health Training Institute (NHTI) in 1998, at the height of the civil war, and has supported the school ever since. It began by training Clinical Officers, who have become the 'doctors' in the communities where they work. Then in 2006, the school started training community midwives at the request of the Government of South Sudan. Following a recent decision by the Government to phase out community midwives, the NHTI is training Enrolled and Registered Midwives.

There are currently 26 students studying to become Registered Midwives (three-year course), and 20 to become Enrolled Midwives (two-and-a-half-year course). Both cadres will graduate in 2014. Since 2006, the school has graduated 101 Community Midwives, who are all working within the country. This is only a tiny fraction of the 3,500 more midwives that need to be trained for the country. Indeed, the need for trained health workers is so high that NHTI students are booked by potential employers, both private and public, even before they finish their courses.

In view of the country's poor maternal and child health indicators, the NHTI places great emphasis on midwifery training. Clinical Officers are also trained in maternal health care, while all courses have been designed to suit the context of South Sudan to make them effective while ensuring quality in service delivery. The school uses problem-based learning: students are encouraged to solve problems that are typical of the environments in which they will be working. So, while they do learn theory in class, a large part of the course involves practice sessions in health facilities and in the community. This way, the students are able to help the community as they learn by teaching women about safe motherhood, identifying problems during pregnancy and providing general health education.

Challenges

- It is difficult for the school to get the proper calibre of students for the courses. Few people went to school during the war, therefore levels of education are low.
- It is particularly difficult to get girls with basic education. Only 25% of students in the Maridi NHTI are female.
- Tutors were not oriented on the Government's new curriculum for Enrolled and Registered Nurses. As a result, gaps are emerging which the school is looking for ways of addressing as it progresses with the training.
- Because few women go to health centres for antenatal care and delivery, midwifery students sometimes do not have enough women to care for during their practical sessions.
- The NHTI began training Public Health Officers in October 2008, but the course has been suspended due to lack of funds.



The situation in Equatorial State, where Maridi falls, is critical as far as maternal mortality is concerned. Many mothers deliver at home because of the shortage of skilled health workers. Moreover few of the peripheral health facilities have room for examination of the mothers and delivery. AMREF is doing a great job training midwives, but they are not enough. For example, the Maridi Hospital has only three community midwives trained by AMREF. We need many more in all health facilities in order to serve our people well. There are also no qualified personnel to tutor the midwives when they go to the hospital for practicals – the people they find are the Traditional Birth Attendants and Maternal and Child Health workers.

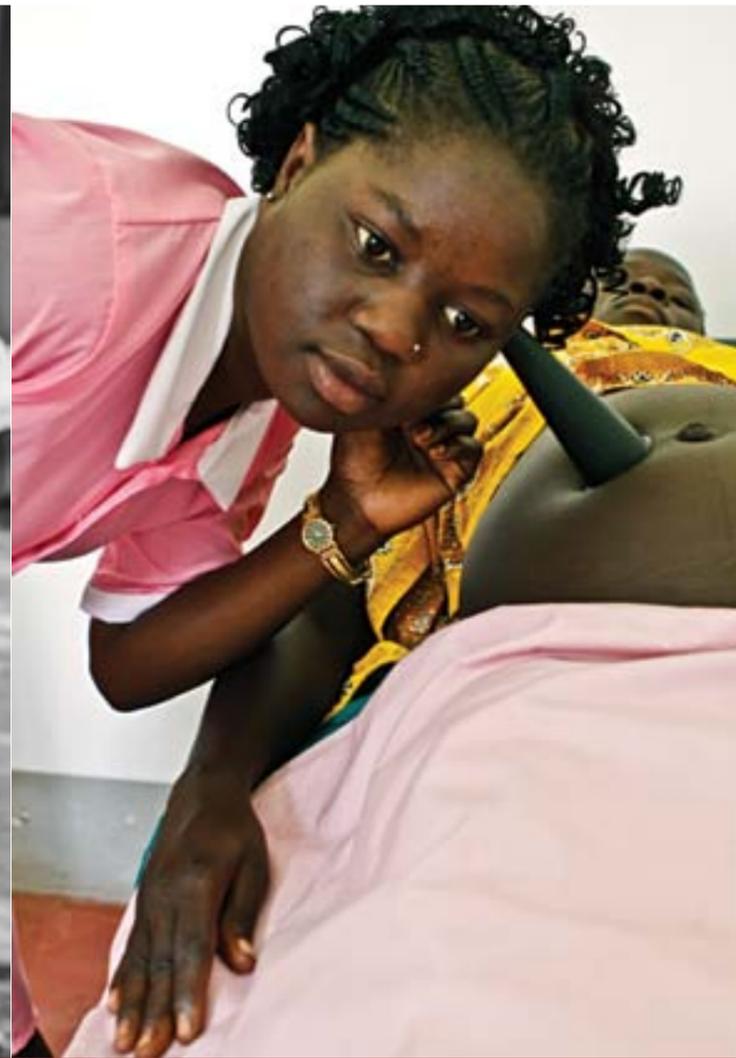
I myself am a graduate of the Maridi National Health Training Institute. I was in the first class of Clinical Officers who graduated in 2001. AMREF has helped to improve the lives of the Maridi community and others where the graduates are working. But we need more trained health workers – many, many more.



Hosea Dima Enosa, Maridi County Health Director

Midwives – Too Few of a Good Thing

My name is Lydia Najua. I have five children but I also had three miscarriages. Because I live near the Maridi Hospital, I delivered all my children there. When I come to the hospital, I am happy to find midwives, because they know what to do if something goes wrong. If there is too much bleeding, the midwives know how to stop it. When I had the three miscarriages, I came to the hospital, and they really helped me. If it was not for them, I would surely have died.



The Project At A Glance

342  

The number of Clinical Officers, to have graduated from Maridi NHTI so far - 289 male and 53 female. The school has also graduated **101** Community Midwives (29 male and 72 female) and **15** Public Health Officers (12 male and 3 female)

198 

The number of students at the school, although it has a capacity to train 288 students. This is due to lack of funds

South Sudan's maternal mortality is **2,054** per 100,000, the highest in the world

Infant Mortality Rate is estimated at **102** deaths per 1,000 live births

Stunting in children under five is estimated at **25%**

297,708 

The approximate population Maridi Hospital serves

3 

The number of doctors at the Maridi Hospital

3 

The number of community midwives at the Maridi Hospital

There is a big difference between a person who is trained to deliver babies and the traditional birth attendants. When you deliver at home, the traditional birth attendant will not know what to do if the mother is bleeding too much, or if the baby is not breathing. They can't help. But a trained midwife will give the baby oxygen and the baby will live.

The problem is that when a woman comes to the hospital in labour, sometimes there is no midwife, so if she is lucky she will be helped by the attendant. Or there can be one midwife attending to several mothers at the same time. She cannot be everywhere at the same time, so the mothers suffer. When women think about this, they prefer to have their babies at home with the help of the traditional birth attendants. There should be more midwives in the hospital so that women can come to have their babies here.

Students are encouraged to solve problems that are typical of the environments in which they will be working

Donors

Funding through AMREF Italy
 Funding through AMREF Spain
 Funding through AMREF Netherlands
 Funding through AMREF France
 Funding through AMREF Germany
 UNFPA
 Non-governmental organisations - DOR, Goal, Across

Partners

Ministry of Health
 Local Authorities
 Action Africa Help International



Tanzania

Protecting Children from HIV Before They are Born



Mother-to-child transmission is the second most common cause of HIV transmission in Tanzania. Without intervention, a third of HIV-positive women would transfer the infection to their babies. Although 80 per cent of health facilities in Tanzania have services for prevention of mother-to-child transmission (PMTCT) of HIV, many challenges limit effective usage: the health care system is severely under-resourced, many facilities are inaccessible to a large proportion of the population living in rural areas, and there is limited awareness and understanding of services for pregnant women. Besides, stigma regarding HIV persists.

While up to 95 per cent of women in Tanzania attend antenatal clinic at least once during pregnancy and are tested for HIV, only 51 per cent of deliveries take place in health facilities, increasing the risk of paediatric HIV. In 2010, AMREF launched the Watoto Salama (Safe Children) project to increase use of quality PMTCT services using community structures alongside formal ones. The project covers five districts in Dar-es-Salaam, Iringa and Ruvuma Districts, which were selected because of high HIV prevalence, remoteness or inaccessibility of government health services.

Mother Support Groups are a key component of the project. The groups are made up of HIV-positive pregnant mothers, infected mothers with babies less than two years old, and their spouses. Members are encouraged by health workers to join the groups after they test positive. The support group members meet at the health facility to discuss issues like how to live as discordant couples, disclosure, stigma, family planning and legal matters. Nutritionists from the government provide advice and demonstrations of how to prepare foods to boost the health of members and their families.

Each group has a maximum of 40 people, three of whom are trained to educate the rest on issues relating to HIV as well as income-generating activities. The leaders use mobile phones to provide psycho-social support to members, to remind them to take their HIV medication and about clinic days. They also work closely with Community Owned Resource Persons and Village Health Committees to ensure that members and their families get the support they need to stay healthy.

The effect of the programme is that mother-to-child transmission in Makete District decreased from 21 per cent in 2010 to 13.9 per cent in 2011. HIV counselling and testing in the project areas stands at 98 per cent, with 95 per cent of pregnant HIV-positive women taking prophylaxis. So effective has the project been that the donor has decided to fund another for adolescent sexual and reproductive health and HIV in the same area for two years.

Challenges

- Interruption of HIV testing services due to shortage of test kits, which often do not arrive on time, are never enough, and are sometimes incomplete.
- Receiving results may take up to three months due to logistical hurdles. From the health centre, they have to go to the district, regional and then referral hospitals before being taken back to the health centre through the same process.



Makete District has a very high HIV prevalence. In fact, it accounts for more deaths in the district than any other illnesses. Though the prevalence is high, it has fallen from 16.9 per cent to 15.6 per cent as a result of improved PMTCT and Provider-Initiated Testing and Counselling, in which AMREF's involvement has been instrumental.

There is also a notable reduction in stigma as many women are willing to be tested and are increasingly accompanied by men. The Government has also noted changing sexual behaviour. Many men and women are avoiding multiple partners while incidents of sex for money are on the decline. The work that AMREF has done in the community through Mother Support Groups and Community Owned Resource Persons has had a big impact. AMREF is so important that if district officials want implementation of health projects in the community to succeed, they have to include AMREF.

Dr Boniface Sanga – Ag District Medical Officer, Makete District

Supporting Mothers, Saving Children

“Kuishi na virusi vya ukimwi haimanishi utakuwa leo au kesho. Zingatia ushauri toka kwa wataalam ili utimize ndoto zako.” (Having HIV does not mean you will die tomorrow. Heed professional advice and live to realise your dreams)

This is the message on a signboard at the entrance of Ujuni dispensary in Makete District, in the Tanzania's mountainous Iringa Region. It is here that the members of the Kitulo Mother Support Group meet twice a month. Started in December 2011, the group has 39 members – 16 men and 23 women, who have a total of 26 children. Onesmo Msigwa, 37, joined the group in June of 2011. When his wife, Bestina, first got pregnant in 2002, she was diagnosed with HIV. Onesmo went into denial and did not want anyone else to know. The couple



The Project At A Glance

5.7% 

The HIV prevalence in Tanzania: 4.7% among males, 6.3% among females, 6.9% among pregnant women

HIV prevalence is 13.5% in Iringa, 10.5% in Dar es Salaam and 6.9% in Ruvuma

In Makete, the number of HIV-positive pregnant women fell from 11.3% in 2010 to 8.7% in 2011



Mother-to-child transmission in Makete District decreased from 21% in 2010 to 13.9% in 2011

33% 

Maternal deaths in Makete that were attributed to HIV and AIDS in 2011

Cumulatively, 983,629 PLHIV in Tanzania were enrolled for care by December 2011, 7.9% of whom were children below 15 years

5 out of 96 deaths of children under 5 were caused by HIV/AIDS. Pneumonia accounted for 38 per cent of these deaths



An HIV-positive child who is not breastfed is 5 times likely to die from malnutrition than HIV

90% 

Male participation in Ruvuma, where community participation is strong

lost their first baby, a boy, when he was seven months old, and their second, a girl, at five months old. When Bestina got pregnant a third time, the hospital insisted that she bring her husband along for testing. A sceptical Onesmo was told that if he and Bestina followed the advice they were given at the hospital, their children would be born without HIV. Though unconvinced that they could have a healthy baby, he agreed to take the test.

Onesmo could not believe it when his results came back negative. He insisted on a repeat, but they were still negative. The doctor explained that they were a discordant couple and advised him not to stigmatise or discriminate against his wife. But when he informed his relatives of their status, his sisters beat his wife up, accusing her of wanting to kill their brother, while his parents insisted that he marry another woman. The woman they identified refused to take an HIV test, so Onesmo decided to heed the doctor's advice and take care of his wife and their son, Yohana.

Yohana is now one year and three months old and has tested negative, which Onesmo credits to the Watoto Salama project. "AMREF brought education to us and we are grateful. My case

became the example for others to follow. People wanted to see if the child would survive, and he did." Before AMREF came, he says, it was normal for children to die. "We have less children dying these days. We even have less adults dying." Through the Mother Support Group, Onesmo encourages others to get tested to avoid complications and have peace of mind. "I am happy when people listen to me and heed my advice."

AMREF brought education to us... my case became the example for others to follow

Donor
UNICEF

Partners

Ministry of Health and Social Welfare, Government of Tanzania
USAID

Community leaders

Support Makete to Self-Support (SUMASESU) Kituro Radio FM

Joint Prevention Team, Iringa

Regional and District Authorities

Regional clusters of the National Council for People Living with HIV/AIDS (NACOPHA)

Religious leaders and local NGOs, particularly PLHIV networks



Ethiopia

Using Pictures to Fight Malaria in Rural Households



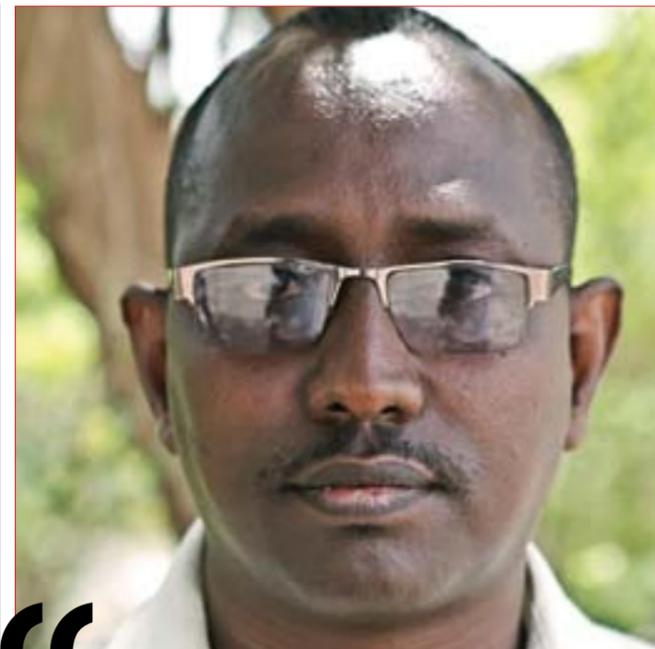
The vast and arid Afar National Regional State is one of the poorest, hottest and driest regions in Ethiopia. It is home to mainly pastoralist communities that are often on the move in search of pasture and water. Malaria is a major health problem here, endemic to all 32 woredas (districts) throughout the year. AMREF is working in 11 of those districts, using community-based malaria prevention and control activities to help the people of Afar improve their health and prevent unnecessary illness and death.

To effectively bring health change to even the remotest communities, AMREF works with over 415 Mother Coordinators recruited from the kebeles (villages). The women are nominated by their communities and given one week of basic training by AMREF in malaria prevention and control. Upon graduation, each is given a bag containing a set of pictures and an umbrella – her toolkit. The Mother Coordinators visit at least 30 households every month. They teach fellow villagers about how malaria is transmitted, how to prevent it and why protection of pregnant women and children is vital, since they are most vulnerable to malaria. Sick people are referred to health facilities for treatment. The Mother Coordinators also monitor malaria activities in the community, including the number of people who fall ill, those who receive treatment, and the use of nets by households. This information is given to AMREF and district health offices monthly for use in monitoring trends and planning for services.

So effective is the programme that it has been picked up by the Government in other areas outside AMREF's programme reach

AMREF has further provided technical support and medical equipment to health facilities to improve the quality of services. Health workers have been given standard guidelines for treatment of malaria, and laboratory technicians equipped with skills in proper malaria diagnosis. In addition, AMREF has trained health professionals in various health facilities, as well as 200 health extension workers, in the use of rapid diagnostic test kits, which are especially useful in serving remote communities.

In the face of a critical shortage of health workers in Ethiopia, and Afar in particular, working with Mother Coordinators has proved very effective in reaching even the remotest communities and successfully encouraging change in health behaviour. People are now aware of how to protect themselves from malaria, and those who fall ill seek treatment early. As a result, the number of deaths due to malaria has significantly decreased in the areas where the Mother Coordinators are working. Nor have there been any malaria epidemics as in the past. So effective is the programme that it has been picked up by the Government in other woredas outside AMREF's programme area.



Afar Region has enormous challenges. It is disadvantaged economically and in terms of infrastructure. Literacy is low, infant and maternal mortality are high and the predominantly pastoralist communities are extremely vulnerable to disease. Moreover, this is the hottest place on earth; few health workers are willing to work in such harsh conditions. NGOs come and go, but only AMREF is willing to go to the remotest places to reach the people. Now AMREF is helping us to train health workers from our community who understand our people and will not leave. AMREF is a true partner – it is not for nothing that it has received national recognition and awards from the Government.

Mohammed Ahmed, Deputy Head of the Regional Health Bureau, Afar National Bureau

Challenges

- Afar has very few health workers. Those who are posted to the region do not stay long due to harsh environmental conditions. There is only one surgeon in the whole region.
- Due to budgetary constraints, the region is faced with drug shortages in health facilities.
- Harmful traditional practices, taboos and beliefs make it difficult to change attitudes and behaviour among the Afar communities.
- The region does not have large reservoirs of water; the small pools of water provide breeding grounds for mosquitoes
- The polygamous nature of Afari communities means that there are often not enough nets for the whole family.



The Project At A Glance

676 

The maternal mortality in Ethiopia per 100,000, while child mortality is 123 per 1,000 live births

300,000

The number of nets that were distributed in the project areas between 2005 and 2011

In 2011, 50,000 bednets were distributed in zones 3 and 5, based on government requests

772 

The number of Health Extension Workers that AMREF has trained

415 

The number of Mother Coordinators that have been trained

200 

The number of Health Extension Workers that have been trained in use of Rapid Diagnostic Tests

The Difference Between Day and Night

Enaina Mohammed lives in Bedulale kebele (village) in Awash Woreda, and she has been a Mother Coordinator for the past seven years.

At the home of Hussein Ibrahim, Enaina sits on a grass mat, a series of pictures in front of her. She explains how malaria is transmitted to a keen audience made up of Hussein, two of her children, and a visiting neighbour. She uses a series of pictures to illustrate her lesson – how malaria is transmitted, how to use a mosquito net, why children and pregnant women must be protected, the importance of seeking treatment early, and of keeping their surroundings clean and free from stagnant water.

There are five Mother Coordinators in this kebele. “Each of us reaches 30 households a month,” says Enaina. “When I go to a homestead, I teach women about malaria, but I also tell them about family planning and prevention of HIV. In addition I speak about the harmful effects of female genital mutilation and other harmful cultural practices in our community. If a member of the household is suspected to have malaria, I alert

the Health Extension Worker in my area who arranges for them to get treatment.”

When the lesson is over, Enaina enters Hussein’s stick-and-grass hut. There are two wooden beds inside, both covered with pale green insecticide-treated mosquito nets. Enaina inspects the nets, making sure they cover the beds properly and have no holes.

Does she feel that she has helped to make a difference in her work as a Mother Coordinator? “The day and the night cannot be the same,” she declares. “There is a big difference in our community. People do not die from malaria now the way they used to.”

Donors

Global Fund to fight Tuberculosis, HIV and Malaria,
Republic of Spain
Republic of Germany

Partners

Regional and District Health Bureaus



Kenya



Where Going to the Toilet is Now Fashionable



For the Maasai community in Kajiado Central and Mashuru districts of Kenya's Rift Valley Province, the use of toilets is fast becoming 'the thing to do'. Traditionally, the Maasai do not use toilets and many practise open defecation, creating significant public health hazards.

Kajiado Central and Mashuru are classified as arid and semi-arid areas, with a population of about 174,000 pastoralist Maasai and 1.4 million domestic animals, mainly cattle and goats. The two districts have many health challenges, including poor maternal and child health, prevalence of diseases related to poor sanitation and hygiene, and low access to safe drinking water. In addition, women and children, particularly girls, have to cover long distances in search of water, usually from unsafe sources, and have limited time for other activities, including education.

AMREF has a long history of implementing WASH (Water, Sanitation and Hygiene) projects in Kajiado. However in 2011, AMREF changed track from the previous 'hardware-driven supply approach' to one that is community-based and focuses on creating demand for sanitation and behaviour change. Known as Community-Led Total Sanitation (CLTS), the approach was approved by Kenya's Ministry of Public Health and Sanitation for improvement of sanitation coverage in the country and included in its national strategy.

CLTS is based on stimulating a collective sense of disgust, shame and fear among community members as they confront the crude reality of open defecation and its negative effects on the entire community. This becomes the 'trigger' for a communal decision to take action to stop open defecation and instead build and use toilets.

After a triggering session, a community (usually a village) is tasked with developing a 'work plan' with a projected date when it will become 'Open Defecation-Free' (ODF). The motivation gradually becomes so great that communities build their own latrines, often within a matter of months. 'Natural leaders' or CLTS champions identified during the triggering process greatly contribute to the achievement of ODF status.

So far, four villages have attained ODF status and many others have been triggered. As a result of community education on sanitation, construction and use of toilets and hand washing facilities is greatly evident in villages across the two districts. Of their own volition, many Maasais have constructed toilets out of mud, some in the shape of traditional manyattas, as a first step towards addressing hygiene and sanitation within the homestead. Some of the toilets have grass-thatched roofs which are subsequently replaced with iron sheets by the community as they upgrade their latrines.

Challenges

- Cultural restrictions on sharing of sanitation facilities between adults and children, men and women and in-laws have caused slow scale-up of sanitation coverage.
- Building of sanitation facilities is considered a waste of resources by nomadic households, particularly if they expect to move when drought strikes.



Community-Led Total Sanitation has great potential for contributing towards achievement of the Millennium Development Goals. This is both directly relating to water and sanitation and indirectly through the knock-on effect of improved sanitation in combating diseases like diarrhoea, improving maternal health and reducing child mortality. The Government is committed to CLTS because it has the potential to transform people's behaviour and scale up sanitation coverage much faster than other approaches used in the past.

Mr James Malusha, District Public Health Officer for Kajiado Central and Mashuru Districts

The Toilet Ambassadors of Kajiado

In Intinyika Village, nothing about how they tackle sanitation and human waste disposal is small. Coming from a time when open defecation was all the community knew, the village is now recipient of an Open Defecation Free (ODF) certificate.

The ODF certification and behaviour change did not come easy, explains resident Josephine Kalempu.

"It all began at a meeting called by the Public Health Office and AMREF in January 2012. As usual, we heard about toilet use, cleanliness and hand washing, yet using the bushes is all we knew and even though waterborne diseases were common, we considered them part of life."

But that meeting was different, she says. Something that the visiting team demonstrated caught their attention.

"A loaf of bread and a piece of meat were placed on a table for everyone to see and a piece of excreta was placed next to the food, instantly attracting a huge number of houseflies that flew onto the faeces and then crawled on the food."



The Project At A Glance

4 

The number of villages that have been declared Open Defecation - Free (ODF)

18 

The number of villages that have claimed ODF status, which will be verified

30,985 

The number of community members that have been 'triggered'

40 

The number of CLTS facilitators trained (mostly Public Health Officers)

140 

The number of Natural Leaders that have been trained

Water coverage in Kajiado Central and Mashuru is only 41 per cent, compared with the national rural average of 49 per cent

Sanitation coverage is equally low, at 28 per cent, against a national rural average of 52 per cent

CLTS has been included in Kajiado Central and Mashuru district health plans

The Public Health Officer then asked someone from the crowd to eat the meat and the bread. Nobody dared to. When he explained that when we defecate in the open, the flies that come about our homesteads contaminate our food in the same manner, the message sunk home. We understood that this was the reason why we had suffered from diarrhoeal diseases and other stomach infections. We were faced with two very clear choices – to continue defecating in the bushes and keep falling sick, or change our behaviour and construct and use toilets. The choice was ours.”

That was the turning point for Josephine and other members of her community. Now dubbed Natural Leaders, they decided to build toilets in their homesteads using locally available materials - mud, dried cow dung, sticks, bricks, dry grass and iron sheets.

After receiving training from AMREF, the Natural Leaders or 'toilet ambassadors' set out to teach their community how to construct simple toilets.

Today, every last homestead in Josephine's village has a pit latrine and a leaky tin used to wash hands after toilet use.

The Natural Leaders have spread their wings to the neighbouring village of Esokuta, where they have facilitated the construction of 67 toilets, with only six more to go before the entire village is certified ODF.



We were faced with two very clear choices... to keep falling sick, or change our behaviour and construct and use toilets. The choice was ours

Donors

Dutch Ministry of Foreign Services

Partners

- Ministry of Public Health and Sanitation, Kenya
- Dutch WASH Alliance
- Kenya WASH Alliance
- Sahelian Solutions - SASOL
- World Agro-forestry Centre - ICRAF
- Practical Action
- Network for Water and Sanitation - NETWAS
- NOSIM Women Organisation
- Neighbours Initiative Alliance - NIA
- Kenya Water and Sanitation CSOs Network - KEWASNET



Uganda

Boosting Diagnostics to Improve Uganda's Health System



The importance of quality diagnostics in the provision of effective health services cannot be overstated. AMREF began providing technical laboratory services in Uganda in 1995. A national needs assessment study revealed, however, that there were major gaps in the country's laboratory system. A majority (60 per cent) of laboratory workers were semi-skilled, being mainly microscopists who were trained on the job. In the health training schools, most of those teaching laboratory courses had not been trained as tutors.

Health facilities seldom had specific rooms for tests, instead using makeshift lab tables often set up in corridors, with no running water, worktops or refrigeration facilities. As a result, clinicians had little confidence in laboratory results, and preferred to give treatment based on clinical diagnosis. Weak national coordination at the Central Public Health Laboratories only made the situation worse, with no system to enforce standards and quality of services.

We have been able to develop a National Strategic Plan... one of the few African countries to have one, thanks to AMREF's support

Based on these findings, AMREF set up the Laboratory Services Strengthening Programme to improve the quality of diagnostic services in Primary Health Care Units across the country. From an original 54 districts in 2004, the programme had covered 81 districts by 2010, with a total of 1,526 functional laboratories. AMREF sponsored 15 laboratory trainers for a basic health tutorship course and improved quality of training in 12 medical laboratory training schools through provision of solar inverters, water tanks, computers, reference books and essential laboratory equipment and reagents. To these improved schools AMREF sponsored 247 microscopists to train as laboratory assistants and 82 laboratory assistants to upgrade to laboratory technicians.

In the health facilities across the country, the programme helped to improve laboratory infrastructure, including providing equipment for HIV testing, and reference books for staff. In addition, 500 clinicians, 300 laboratory staff and 300 counsellors were trained. To strengthen national coordination and quality assurance, AMREF seconded two laboratory technologists to the Government's Central Public Health Lab and provided motorcycles for 40 District Lab Focal Persons to facilitate supervision of laboratory services in health facilities.



The working relation between the Government of Uganda and AMREF dates way back to 1994, when together we created a National Health Policy. Now we have created a National Laboratory Policy, one of the few in Africa. Based on this, we have been able to develop a National Strategic Plan for Health Laboratory Services, again one of the few African countries to have one, thanks to AMREF's support. Even though the programme ended in 2010, it is a sustainable model that the Government should maintain because it is significantly beneficial to our people. Services to women and children in particular have greatly improved because they are able to get proper diagnosis for common causes of illness and death like HIV, malaria, tuberculosis and intestinal worms.

Guma Gaspard, Senior Laboratory Technical Advisor, Central Public Health Laboratories, Ministry of Health

Challenges

- Only 21 of the 40 targetted laboratories were renovated during the programme period due to inadequacy of funds. A huge gap therefore still remains.
- Some laboratory students trained in the programme were not absorbed by the districts as had been agreed due to limited Government budgetary allocations
- Attrition rate of laboratory and other health workers is high because of poor Government remuneration. The country has only 37 per cent of laboratory workers needed.
- Some parts of the country are difficult to access, therefore supervision for quality assurance of labs is difficult.



We Came from Nothing to Something

Ongom Patrick, Laboratory Technician, Pajule Health Centre in Pader District, Northern Uganda

“When I came here 12 years ago, I was working in a tiny room with only a monocular microscope that was very tedious to use. This was made harder by the fact that there was no electricity, so I struggled to use natural light to view specimens through the single lens. My reagents and records were crammed into the little space around me as there was no store, which was bad for tests like tuberculosis that require specimens to be handled in a separate room. There was no running water in the room, nor was there a refrigerator.

AMREF’s Laboratory Programme has made a tremendous difference to the quality of services we provide here. I now operate from a stand-alone building. I have much more space to work in, plus a separate wash-up area with running water, and a store. I have a binocular microscope and solar power for lighting and refrigeration. In addition, AMREF trained me and other hospital staff on HIV counselling, testing and treatment.

They provided equipment for testing blood parameters, so we no longer send patients all the way to Kitgum for these services.

Most of the tests I do are for malaria. I test on average 50 people every day and sometimes as many as 100, mostly women and children. I also test all pregnant women for HIV as required by the Government, as well as for anaemia and sexually transmitted illnesses. It is a lot of work. I was working alone, but now two other lab technicians trained with AMREF’s support have been posted here. We are definitely able to serve our clients better. Looking back, we have come from almost nothing to something. Even if AMREF were to leave today, the impact will continue to be felt because we have the infrastructure, the equipment and skilled staff.”

Donor

United States President’s Emergency Plan for AIDS Relief (PEPFAR)

Partners

Ministry of Health, Uganda
Centres for Disease Control

The Project At A Glance

1,526 

The number of functional laboratory units in the country in 2012, compared with 500 mostly non-functional units in 2004

12

The number of medical laboratory schools upgraded through improvement of infrastructure, provision of training materials and training of tutors

600 

The number of laboratory personnel every year that medical schools produce, compared with 40 before the Programme

Laboratory training manuals developed by AMREF are now being used by Health Schools

The Uganda Medical Laboratory Technology Association selected AMREF Uganda as the **first** winner of the Khadil Award of Excellence in Medical Laboratory Services

21 The number of Health Centre IV laboratories were rehabilitated. In addition, 154 health unit laboratories received supplementary equipment and 256 health unit laboratories received reference text books and Standard Operating Procedures

247 

The number of Microscopists that were trained and upgraded to Laboratory Assistants. In addition, **82** Laboratory Assistants were upgraded to Laboratory Technicians, while **15** Laboratory Trainers were sponsored for a health tutorship course

1,000 

The number of copies of Standard Operating Procedures for preparation of HIV, TB, Malarial and Syphilis quality control materials that were developed and distributed to health units



South Africa

A Non-traditional Approach to Traditional Healing



The unique role of Traditional Health Practitioners (THPs) in the lives of many South Africans cannot be underestimated. This is particularly so considering that when they fall ill, 60 per cent of South Africans seek the help of traditional healers (locally known as sangomas), who live within the communities and are always available.

To address the gap in health service delivery to communities caused mainly by a shortage of health workers, AMREF trains community health workers, including traditional healers, and works towards their integration into the formal health system. This ensures that health services reach the most marginalised and vulnerable, particularly children and women, as well as young people and men in poor rural and urban settings.

The UMkhanyakude Traditional Healers Project in South Africa's KwaZulu Natal Province is part of a three-year multi-country 'Building the Capacity of Community Health Workers Programme' in response to specific health challenges faced by marginalised communities in Kenya, South Africa, Tanzania and Uganda. Between September 2011 and September 2012, 460 registered sangomas went through a 40-day course that included counselling skills and a wide range of expertise related to HIV and TB prevention, care and support of people who are infected, and linkages between STIs and HIV. They were taught how to recognise common childhood infections and the importance of making referrals. They also learnt project and financial management as well as leadership skills.

After the training, the sangomas are now able to identify the illnesses that target children under five years and are referring them straight to the clinics for immunisation without trying to treat them first. Pregnant women are also referred for HIV testing and antenatal clinics as early as possible. Clients suspected to have HIV or TB are sent to the clinics and are able to start treatment early. The traditional healers follow them up to ensure that they take their medicine as required.

The impact of the project has been impressive. Antenatal care attendance is now the highest in the province, while the number of women on ART's has greatly increased. As a result, there are fewer cases of children being born with HIV. Cooperation between the Traditional Healers and the Department of Health has helped to improve health services for the communities. For instance, a two-day summit for the THPs discussed the Provincial HIV/AIDS, STIs and TB Strategic Plan for 2012-2016. Their contributions were acknowledged and are being included in the implementation plans of the district.

So effective is the Project that the Office of the Premier for KwaZulu Natal Province has acknowledged AMREF's work with Traditional Healers in improving health of communities. Consequently, the Department of Health has asked AMREF to consider extending the project to six more districts in the province.

Challenges

- The capacity of the two project staff is stretched to limits given the huge size of the district (150kms from South to North). This requires a lot of travel limiting the intensity of follow up support to trained THPs.
- Although the project had initially planned to work with 485 THPs, only 460 were trained because of Government



We cannot function without traditional health practitioners in our district, because most people go first to them before they go to a hospital. It is therefore important for the sangomas to understand the diseases we are dealing with, like HIV and TB.

AMREF's work has made it easier for the Department of Health to communicate with the traditional healers. Patients no longer hide the fact that they have gone to the sangomas first because they can see that we are working together. Because of this good relationship, many HIV-positive women are using ARVs and are on the prevention-of-mother-to-child transmission programme. There is also notable increase in early attendance of antenatal clinics. We got an award as the district with the best antenatal care attendance.

We appreciate the work that AMREF is doing. Still, there is a lot to be done, especially with the youth, who are the mothers of tomorrow.



Princess Makhosazana Themba, UMkhanyakude District Manager - Department of Health Laboratories

requirements that only THPs who are formally registered with their associations can participate.

- Literacy level – more than 60% of the THPs cannot read and write, therefore record-keeping is a challenge that the project is grappling to solve.
- Some THPs do not have toilets in their homes for waste disposal, exposing their families to illness. Emphasis is placed on sanitation and hygiene during household visits by community care givers.
- There is a growing number of THPs, yet AMREF cannot train all of them due to budget limitations.



My eyes were opened, and now I can see

“My name is Nompumelelo Mthembu, I was trained by AMREF in 2006, but I had been practising as a traditional healer and traditional birth attendant since 1987. I specialise in female clients because women have a lot of health problems. I have helped a lot of women to give birth. I advise pregnant clients to go for antenatal check-ups regularly, and those who have HIV to use Nevirapin so that they can have healthy babies.

If a woman comes to me in labour at night, I assist her and then in the morning I take both the baby and the mother to the hospital so that they can be examined and for the baby to be immunised. The nurses at the clinic are very happy when I do this, and they always refer the patients back to me so that I can monitor their progress. I teach the women about nutrition and how to breastfeed their babies properly.

Some of the clients that I send to the hospital for HIV tests refuse to bring me the results. But I encourage them to do so

because if they are positive, then we can walk the treatment journey together. I read their CD4 count reports, and encourage them to take their ARVs until the CD4 count rises. I only give them my medicine when their strength has returned.

Before the training with AMREF, I did not have too many clients, and those that I got I kept to myself. I would not refer them even when I could not help them. But now we work hand in hand with the Department of Health. I refer clients to Jozini or Ophondweni clinics, or to the Mosvold Hospital, and they refer them back to me. I am even called to meetings at the hospital, and I sit down and discuss issues with doctors. They listen to me and I listen to them. We have a good relationship.

Because of this, I have got many more clients than I used to because they trust me more. I have also become better at my work. I keep my medicines neatly, I use gloves and clean instruments to handle my clients and I have a lot more knowledge. I even give condoms to my clients. The training opened my eyes to many things that I did not know.”

Donor

Canadian International Development Agency

Partners

Office of the Premier, KwaZulu Natal Province
 UMkhanyakude District Municipality and five Local Municipalities
 Provincial and District Departments of Health
 Traditional Health Practitioners Association

The Project At A Glance

40.9% 

HIV prevalence in UMkhanyakude District, compared with the national average of 17.8 per cent

Transmission rate of HIV in UMkhanyakude fell from 8 per cent in 2008 to 3 per cent in 2012

460

The number of Traditional Health Practitioners that were trained (75 per cent female, 25 per cent male) and given tools to refer patients to health facilities and registers to help them report to the Department of Health

150 

The number of caregivers from the community-based organisations trained in the same areas as the Traditional Healers

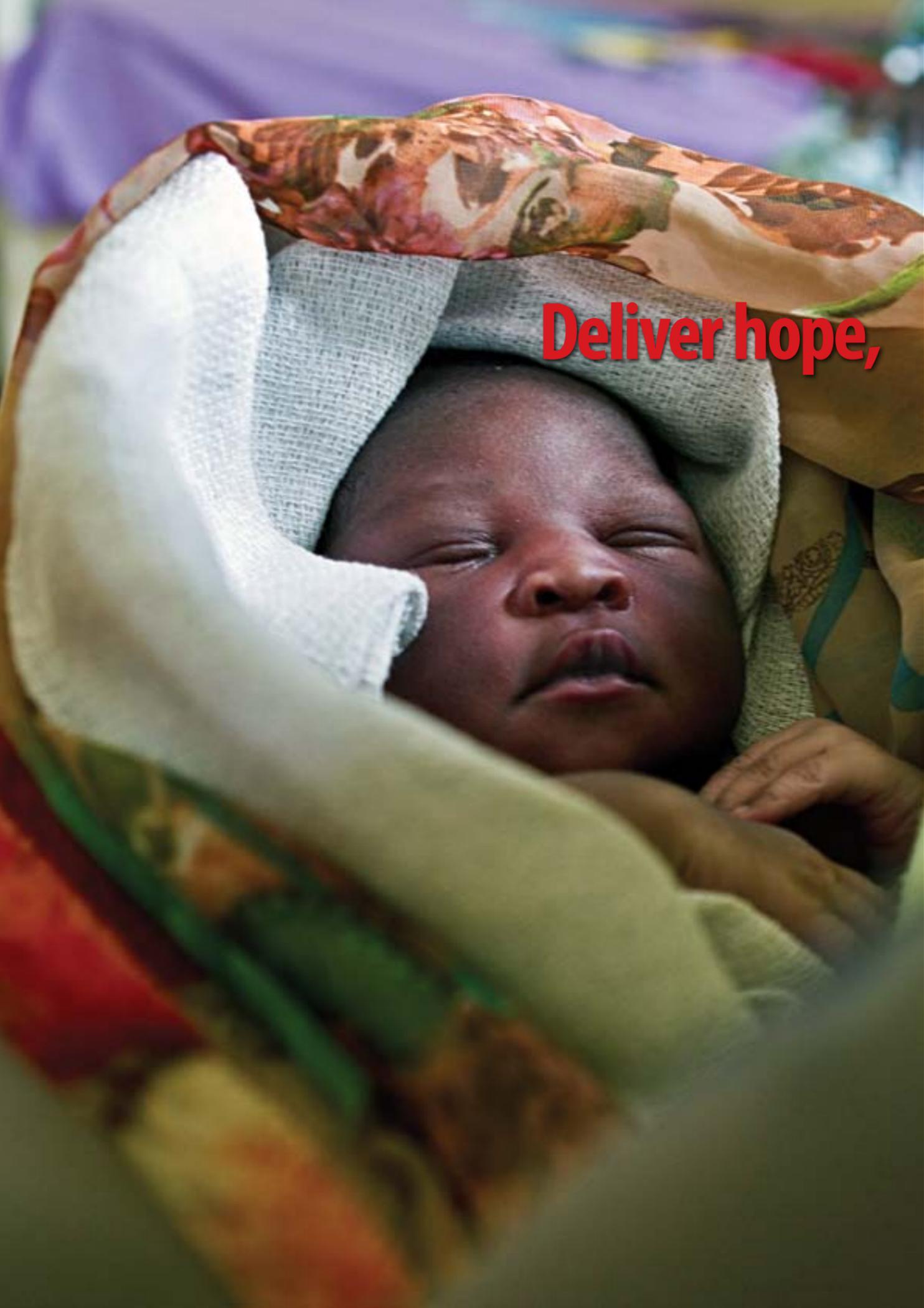
68/1,000 

The maternal mortality in UMkhanyakude District. One hospital in the district recorded no maternal deaths in 2011/2012

90% 

Deliveries in UMkhanyakude District that take place in hospital

Antenatal care attendance before 20 weeks increased from 20 per cent in 2010 to **51 per cent** in 2012



Deliver hope,

train a midwife

Maternal mortality remains a heavy burden in sub-Saharan Africa where:

- In 2010, about 162 000 women died during pregnancy and childbirth, representing 56 per cent of the global total
- Women face an adult lifetime risk of 1 in 39 of dying from pregnancy or childbirth related causes, compared with a low risk of 1 in 3,800 for developed countries
- Over 80 per cent of these deaths are as a result of complications that could be taken care of in facilities with basic emergency obstetric care services

One trained midwife can care for 500 mothers every year, and safely deliver 100 babies. AMREF wants to train 15,000 midwives by 2015.

Log on to www.standupforafricanmothers.com and see how you can help.



www.standupforafricanmothers.com



3

Country Highlights

If we find a solution to Africa's health problems, all other problems will shrivel to insignificance

*Sir Michael Wood | AMREF founder
Quote from 'No Turning Back'*



Austria



1-3. Happy scenes from the Salzburg AMREF Marathon and Days of Dialogue

4. AMREF Austria chair Dr Walter Schmidjell was honoured for 20 years of dedicated voluntary work at the Black & White Charity event

In April, AMREF Austria presented the Stand Up for African Mothers campaign to the Austrian Midwife Congress. Discussions were held with the chair of the Salzburg Midwife Association about future cooperation.

The annual AMREF Days of Dialogue took place in May. AMREF Austria organised several events including lectures, a book presentation, a movie evening and concerts. The idea behind Days of Dialogue is to connect Austrian and African cultures for better mutual understanding.

The first ever AMREF Kids Challenge Race also took place in May. More than 250 children participated and ran for AMREF and African mothers. They were supported by Kenyan athletes Risper Kimayio, James Maregu and veteran Patrick Sang. Isaac Macharia, a former winner of the Salzburg AMREF Marathon, and current World Marathon Record Holder Patrick Makau graced the event with their presence as AMREF goodwill ambassadors.

The highlight of the Days of Dialogue and the 20th Anniversary of AMREF Austria was the Black & White Charity event, attended by the Kenyan Ambassador HE Yatani Ukur, the Deputy Governor of Salzburg Mag. David Brenner, and the Austrian Ambassadors for the Stand Up for African Mothers campaign Iris Strubegger and Fritz Egger. Renowned Austrian singer and songwriter Barbara Zanetti presented a song that she composed exclusively for the campaign.

AMREF Austria was especially honoured by the presence of the late Kenyan Minister for Internal Security, Prof George Saitoti, who was a good friend and supporter of AMREF Austria over the years.

In cooperation with TV producer Prof Lothar Riedl and students from the Salzburg Film Academy, AMREF Austria created a 30-second TV spot featuring Iris Strubegger, which was aired by the main Austrian broadcaster ORF in September. A radio spot was aired at the same time, with both spot being produced pro bono.

In October a team from AMREF Austria, sponsored by Palfinger, shot a TV documentary in Kenya on AMREF's work, including the Flying Doctors, the Clinical Outreach Programme and the Lomidat slaughterhouse. Those on the trip included Austrian actor and singer Klaus Eberhartinger Austrian Press Agency journalist Susanne Kregssamer and TV cameraman and producer Marius Holzer.

Canada



These Canadian women raised more than \$14,000 in support of African mothers and their babies

AMREF Canada launched the Stand Up for African Mothers campaign at the annual African Marketplace Gala in May 2012, raising more than CND\$100,000 and elevating AMREF's profile with potential donors. Called *MAMATOTO*, which means 'MOTHERBABY' in Swahili, the gala celebrated the special bond between mother and baby embodied in AMREF's efforts to provide much needed access to skilled care for both mother and child before, during and after delivery. The evening featured a dinner donated by some of Toronto's top chefs, and a video welcome address from the campaign's patron Graça Machel Mandela. The Resolutionaires entertained with lively Zimbabwean music, while singer Denise Pelley wowed the audience with jazz standards.

In September 2012, four Canadian women trekked 222km along the El Camino Norte trail in Spain and raised more than \$14,000 to support the Stand Up for African Mothers Campaign, through which AMREF aims to train 15,000 midwives by 2015. Led by AMREF Canada Board member Jette James, the women set themselves a goal of raising \$10,000 but surpassed that before they even began their journey.

AMREF Canada's partnership with the Canadian International Development Agency (CIDA) to train 2,000 community health workers in Kenya, South Africa, Tanzania and Uganda is making great progress. Launched in March 2011, the project accomplished a lot within its first year: trained 844 community

health workers (Kenya – 200, South Africa – 408, Tanzania – 68 and Uganda – 168); organised more than 100 community discussions and reached more than 35,000 individuals with information on promoting good health and managing common illnesses; facilitated more than 6,000 household visits by community health workers, leading to more than 5,400 individual referrals to health facilities for treatment; and, contributed to noticeable reductions in cases of malaria and acute diarrhoea. This project is undertaken with CDN \$2.3m from the Government of Canada provided through the CIDA.



Dr Florence Temu, HE Ismael Ali Siro, Dr Teguest Guerma and Dr Meseret Yetubie at the launch of the Stand Up for African Mothers campaign in Ethiopia

In January 2012, AMREF Ethiopia launched the AMREF Business Plan 2011-2014 in Addis Ababa, at an event presided over by Dr Shewa Minale Yohannes, Director of Medical Services in Ethiopia's Federal Ministry of Health. The event was attended by partners from Government, non-governmental organisations, civil society and the academia.

In February, AMREF Ethiopia launched a Maternal Neonatal and Child Health Project in South Omo and a Prevention of Mother-to-Child Transmission Project in Addis Ababa. The projects are funded by CIDA and VIIV Health Care UK respectively.

In April 2012, AMREF Ethiopia welcomed their new Country Director, Dr Florence Temu, who was promoted from Deputy Country Director in Tanzania.

In July 2012, Dr Florence Temu made an appeal to a bankers' meeting in London for support in an initiative to eliminate blinding trachoma in Ethiopia's South Omo Zone, a joint venture with ORBIS International.

In August 2012, H E Mr Greg Dorey, British Ambassador to Ethiopia and Permanent Representative to the African Union, visited AMREF Ethiopia offices and later Kechene area in Gullele Sub-City of Addis Ababa, where AMREF's Water, Sanitation and Hygiene Project is being implemented. AMREF'S four-in one WASH model is popular in Kechene, as it provides WASH services in one setting for informal urban communities.

AMREF Ethiopia officially launched the Stand Up for African Mothers campaign in the country on November 15, 2012. The President of the Federal Region State of Afar, H E Ismael Ali Siro was the guest speaker at the event, which was hosted by AMREF Director General Dr Teguest Guerma alongside AMREF Ethiopia Country Director Dr Florence Temu.

followed by a panel discussion on task shifting in Ethiopia and the role of AMREF and other partners in training of HEWs.

The South Omo Water for Life Project, the EC Integrated Project and the Afar Maternal Health Projects were inaugurated in November and December 2012 respectively.

Gerard Strahan, Director, Euromoney Institutional Investor PLC, visited the Kechene WATSAN project. AMREF was chosen by Euromoney as one of the charities to support in 2011 and 2012, with a specific focus on water and sanitation in Kechene. His visit has resulted in a strengthened partnership between AMREF Ethiopia and Euromoney.

Ethiopia Diageo representative, Johnnie Lloyd, announced a donation of £20,000 pounds for the Kechene Water and Sanitation Project.

AMREF Ethiopia received several awards and certificates during the year. These included a Certificate of Appreciation from South Ethiopia Peoples' Development Association; an award from the Benna-Tsemay District for its contribution to the health sector; a certificate for Best Performing NGO from Afar Regional Health Bureau; a USAID/PEPFAR Best Performance Award for the Geneva Global Project; a Certificate from Addis Ababa Gullele Sub City Woreda Five and Hidassie School, and a certificate from the Surgical Society of Ethiopia.



The year 2012 was the 41st year since the inception of the Flying Doctor Society of Africa (FDSA). Whilst celebrating the achievement of having raised, cumulatively, Kshs1 billion for AMREF's Outreach Programme, the Society is determined to continue raising funds to improve the health of vulnerable communities.

One area that FDSA is passionate about is AMREF's Vesico-Vaginal Fistula outreach programme. The Society will be enhancing its efforts to fundraise for more free medical camps for women suffering from obstetric fistula. This has been made possible through local fundraising efforts as well as a grant of US\$52,000 from the Dave and Rickards Foundation in Australia.

FDSA now has a new independent website - www.flyingdoctorsafrica.org - in line with its growth and marketing strategy. The site has a slew of novel functionalities, including a fully integrated e-commerce module that members can use to purchase membership via credit card and even mobile money.

The Society entered into a number of strategic partnerships over the year, including one with Equity Bank Limited, where members can deposit their membership subscriptions as well as purchase membership at any Equity Bank branch across the region. Equity is one of Africa's fastest growing banks, and has hundreds of branches across East Africa. Other new partnerships were established with like-minded organisations such as Go Places and various new tour operators within East Africa.



1. Ambassadors of the Stand up for African Mothers campaign at the AMREF France Annual Gala
 2. AMREF France and Italy teams at the launch
 3. Esther Madudu in a French maternity ward

In 2012, AMREF France started a series of conferences dedicated to the role of the private sector in improving health in Africa. Many leading French companies attended the first conference, held in Paris under the patronage of the United Nations Secretary on Innovative Finance for Development.

The second conference was held in Senegal within the framework of the official launch of the AMREF's programmes in West Africa. Members of 'Health Africa Club' met with leaders of Senegalese companies to discuss African public health issues and creation of partnerships.

The face of AMREF's Stand Up for African Mothers, midwife Esther Madudu, toured France in June 2012 as part of a series to promote the campaign. She visited the maternity wing of Port Royal Hospital, and gave a press conference at the biggest and oldest French midwives' school. She also shared her experiences with French midwives and students in discussions that were full of emotion. Esther was invited by the French Government's Ministry of Foreign Affairs to launch her appeal for the Stand up for African Mothers campaign in front of 150 people from NGOs, institutions, government, and civil society. She was supported by French ambassadors of the campaign, including Zazie, Béatrice Schönberg and Caterina Murino.

Other activities included a billboard campaign in partnership with JCDecaux, a dedicated TV show on Canal + Afrique, and the broadcasting of a TV spot on several channels.

The year ended with a gala dedicated to the Stand Up for African Mothers campaign at the Pavillon Cambon Capucines with 350 guests attending, including representatives of African governments.



In February/March, AMREF Germany's Goodwill ambassador for the Stand Up for African Mothers campaign, Ms Dana Schweiger, undertook a project visit to Magadi and Kajiado in Kenya. She was accompanied by a TV crew which documented the maternal health situation and AMREF's activities to support African mothers.

In July Dr Goswin von Mallinckrodt hosted the traditional AMREF Flying Doctors Golf-Cup in support of Flying Doctors/ Clinical Outreach.

AMREF Germany officially opened its Berlin office. Hans-Jürgen Beerfeltz, State Secretary at the Federal Ministry of Economic Cooperation and Development (BMZ), gave the opening speech to representatives from government, NGOs and other key stakeholders, and welcomed AMREF to Germany's capital.

In September AMREF Germany presented the work of AMREF Flying Doctors and the Clinical Outreach programme at the International Aerospace Exhibition in Berlin. TV actor Harald Krassnitzer, Goodwill ambassador for the Outreach Programme, received a cheque of Euro150,000, donated by Sternstunden e.V. to support Outreach activities.

AMREF Germany presented the Stand Up for African Mothers campaign at the congress of the German Society of Gynaecologists and Obstetricians in October. A panel discussion was held on maternal health issues in Africa, bringing together some of Germany's leading maternal health experts, as well as Dana Schweiger and Marcel Schweiger, legendary German sports commentator and AMREF Germany Board member.

1. AMREF Germany's Stand Up for African Mothers Goodwill Ambassador Ms Dana Schweiger accompanies Peter Mutonga, a male midwife from Pakase in Magadi County, on a home visit to an expectant mother
 2. Dana chats with community health workers in Entasopia, Magadi
 3. State secretary Hans-Jürgen Beerfeltz (right) and Dr Goswin von Mallinckrodt, Chairman of AMREF Germany at the opening of AMREF's Berlin office

AMREF Germany is proud to have found funding through Sternstunden e.V. and Knorr Bremse Global Care e.V. in support of Integrated Nutrition Projects in Samburu, Turkana and Kitui, turning emergency activities into sustainable, income-generating water and nutrition projects in semi-arid areas. A TV crew from the BR (Bavarian Broadcasting) visited Samburu to document the project's progress.

AMREF Germany was delighted to welcome Mr Günter Nooke, Personal Africa advisor to Angela Merkel, Chancellor of Germany, to the AMREF Germany Board.



Presentation of the Stand up for African Mothers campaign at the Information Office of the European Parliament in Rome

AMREF Italy ran a campaign called 'Personale sanitario per tutti' between March and June 2012, aimed at promoting the implementation in Italy of WHO's Global Code of Conduct on the International Recruitment of Health Workers.

It focused on the shortage of health workers in Italy, on the rights of health workers migrating to Italy from both EU and non-EU countries and on the impact of their migration on health systems of origin, including African health systems.

AMREF Italy worked together with several other stakeholders to produce a Manifesto related to the obligation by the Italian State and health system to implement the Code. (The Manifesto is available at www.manifestopersonalesanitario.it/wp-content/uploads/2012/05/manifesto_inglese.pdf). More than 80 organisations subscribed to the Manifesto and it received ample attention in specialised media.

In May, consultations were held between relevant ministries, health authorities, organisations of health professionals, NGOs and a WHO representative to discuss steps for implementation of the Code in Italy. This institutional dialogue has gained commitment on health workforce strengthening from the ministries involved.

At the same time, in a period of severe health budget cuts, it has so far proved difficult to engage regional health authorities, who are the real budget holders in Italy's decentralised system.

Attention to the issue will be part of the next phase of the campaign, an initiative dubbed 'Health Workers for All and All for Health Workers', a partnership bringing together civil society actors from eight EU countries in close alignment with WHO, and supported by a European Commission grant. In the next three years, it is expected that there will be an exchange of data, tools, good practices and understanding, leading to dialogue and further agreements at the EU level.

As part of the Sakharov Prize 2012 initiatives, organised by the European Parliament between 12 and 16 November, AMREF presented the global Stand Up for African Mothers campaign at the Information Office of the European Parliament in Rome.

In recognition of the central role played by African women in the development process, AMREF selected five female Italian writers to write about women in African communities. The five writers - Concita de Gregorio, Claudia de Lillo (alias Elasti), Lidia Ravera, Clara Serini and Paola Soriga visited AMREF projects in Tanzania, Kenya, Ethiopia and Uganda in order to get in contact with local communities, understand their social issues and present a feminine portrait of the continent. The stories were published in leading Italian newspapers and magazines.



1. AMREF Kenya Country Director Dr Lennie Bazira Kyomuhangi receives the Innovation Award for the Kajiado Boma model. 2. Villagers celebrate a milestone in sanitation

Award

The Kajiado Boma Maternal Health Delivery Model received an award for 'Most Promising Health Market Innovation' from the Institute of Health Policy, Management and Research. The model is an innovative approach to delivering Maternal, Newborn and Child Health services to nomadic communities.

Global Alliance

The Kenya WASH Alliance, a five-year consortium funded by the Dutch Government to implement WASH interventions in Kajiado County, held round table discussions in the Netherlands in October to discuss improvements in the multi-stakeholder approach to WASH programming. The meeting brought together the alliance coordinators from the North, where AMREF is one of the partners, with those from the South comprised of nations in Africa and Asia to discuss quality improvements in multi stakeholder approach in WASH programming.

New Projects

- 'Mama na Mtoto wa Afrika' (Comic Relief-funded) Maternal, Neonatal and Child Health Project in Makeni County
- Sexual Reproductive and Health Rights in Hard-to-Reach Areas in Kenya Project (DANIDA-funded) in Wajir, Marsabit, Isiolo, Samburu and Turkana counties
- Improved Care and Nutrition for Women during Pregnancy Project (Micronutrient Initiative funded) in Kakamega Central, Mumias and Matungu districts
- APHIAplus IMARISHA (USAID-funded) Project in Turkana, Marsabit, Mandera, Wajir, Isiolo, Samburu, Garissa and Tana River Counties. AMREF is the lead partner working with FHI360, Catholic Relief Services, Land O'Lakes, University of Maryland and BroadReach International

- Turkana (Nawuontos) Integrated Nutrition Project funded by Rotary International
- Samburu and Turkana Integrated Nutrition Project funded by Sternstunden Radio Day
- The Kenya Country Office received additional funding of US\$6m, bringing the total funded budget to US\$26.9m from a board-approved budget of US\$20.9m.

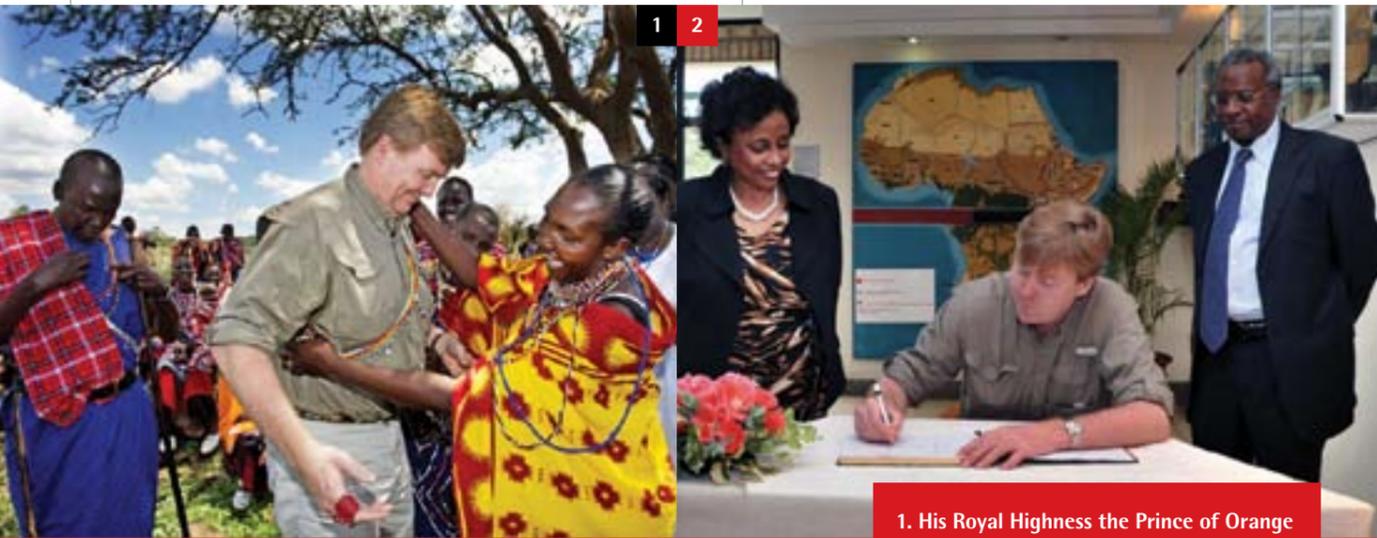
Drought Response Project

AMREF Kenya concluded its drought response intervention programme that began in August 2011 and ended in July 2012, covering Nairobi, Makeni, Kitui, Wajir, Lamu, Malindi, Samburu, Turkana and Kajiado counties. A total of US\$5.8m was raised, benefitting 2,900,157 people directly and indirectly (1,363,074 male and 1,537,083 female) with increased access to health services, clean water, improved sanitation and hygiene, and improved nutrition.

The response created integrated health and nutrition pilot projects in Samburu, Turkana and Kitui counties with support from Rotary International and AMREF Germany in partnership with Farm Africa.

Knowledge Products

AMREF Kenya has developed the second series of Personal Hygiene and Sanitation Education (PHASE) Health Learning Materials for Informal Settlements (flash cards and charts). AMREF Kenya also spearheaded development of a Quality Policy Manual for Medical Laboratory Services in Kenya that was launched and disseminated by the Ministries of Health.



1. His Royal Highness the Prince of Orange Willem-Alexander is adorned with Maasai beads during a field visit to Loitokitok

2. His Royal Highness Willem-Alexander signs the visitors' book at AMREF Headquarters as Dr Teguest Guerma and Dr Peter Ngatia look on

The year began with the granting of Euros1.7 million from the Dutch Postcode Lottery for the mLearning Programme in Kenya, Tanzania and Uganda. AMREF is working on the programme with Rutgers WPF, one of AMREF's alliance partners on sexual and reproductive health and rights. Launched in August, the programme will enable nurses and midwives to use their mobile phones to build their careers and keep up to date with the latest medical knowledge.

In 2010, AMREF Netherlands wrote its strategic plan 2010-2015: *Taking AMREF in the Netherlands to the next level*. The strategy is built on AMREF's global strategy, with a country-specific context. From the mid-term review, it is expected that there will be continued growth in income in the coming years, though at a slower pace than previously. Fortunately for 2012, AMREF Netherlands still expected to grow according to its objectives, especially in the area of private donor fundraising. Private donors form a stable base of income and awareness-raising. In mid-2012 AMREF Netherlands broke through the boundary of 60,000 donors.

The year 2012 was also a special one for the inhabitants of the Hague, the international city for peace and justice. In one year, many people, companies, schools and the municipality itself worked together to raise funds for AMREF South Sudan: to ensure that 25 young men and women can become doctors, and to renovate the paediatric ward in the training hospital in Maridi. Through many special initiatives, a total of Euro 200,000 was raised.

AMREF Netherlands values its business partners and one way to keep them involved is through the newly formed Business Club. The club is a special initiative of VvAA, Mediq and AMREF Netherlands, where corporate leaders share personal knowledge and network to contribute to better health in Africa. At the moment there are nine members – directors, CEOs and chairmen – representing a broad cross-section of the

Dutch business sector. Members also contribute financially to a programme for maternal and child health in Samburu, Kenya.

AMREF Netherlands is increasingly seeking involvement of large companies in its work. A joint workshop was held to find ways in which AMREF and Unilever can work together. AMREF Netherlands is also a key partner in three public-private partnership initiatives, two on water, sanitation and hygiene, and one on food security.



Country Director Peninah Ocholla at the launch of the Stand up for African Mothers campaign in South Africa

The Stand Up for African Mothers campaign was launched in South Africa on September 11 in Johannesburg. In attendance was Dr Aaron Motsoaledi, the Minister of Health, and Ms Rachel Toku-Appiah, the Executive Director of the Graca Machel Trust. Proceeds from the fundraising dinner were directed towards improving the health of mothers and children in Vhembe District, Limpopo.

During the year, the HIV Counselling and Testing-Tuberculosis (HCT-TB) project that was being funded by CDC/PEPFAR came to a close. The Adolescent Sexual and Reproductive Health Project (Whizzkids) also closed down.

A new comprehensive School Health Project targeting 12,000 high school learners was launched in Limpopo Province. Meanwhile, a PHASE Project was officially launched in North-West Province in September 2012.

Beginning October 2012, the South Africa Country Office was officially turned into a Regional Hub for Southern Africa, with Mozambique, Malawi and South Africa being the field offices in Phase 1 of expanding into the region.

Country Director Peninah Ocholla retired in October. She was replaced by Dr Connie Maiwase Zulu Osborne.

South Sudan



The Maridi National Health Training Institute started training Enrolled Midwives and Registered Midwives

South Sudan turned one year on July 9, 2012, the anniversary of the country's independence. The decades of war in South Sudan virtually led to the collapse of the entire health system, as evidenced by the poor health outcome indicators of the country, which are among the worst globally. It is notable that Neglected Tropical Diseases that have been virtually eliminated in most parts of the world are still endemic in South Sudan.

Insecurity is still a continuing concern and has numerous causes and consequences. The country is characterised by large numbers of displaced people, food insecurity, disruption of social services and high levels of poverty. Only 27 per cent of the adult population is literate. Less than half of all primary school-age children are in school (51 per cent of boys and 37 per cent of girls).

Highlights for 2012 include:

The year began on a very sad note, with the demise in January of South Sudan Country Director Dr Alemayehu Seifu, who was killed by unknown people in Juba. Dr Alemayehu had worked in the country for only a year and had already made a mark among AMREF staff, Government and other partners with his dedicated and practical leadership. His death was a devastating blow for South Sudan, his home country of Ethiopia, and the entire AMREF family. He is greatly missed.

The Maridi National Health Training Institute started training Enrolled Midwives and Registered Midwives. A total of 104 students were recruited for the midwifery courses, as well as for Clinical Officer training. The institute developed a strategic plan for 2012-2017. A baseline study to assess the institute's

capacity to conduct competent training for health workers was done. The school was also able to acquire a 51-seater bus through funds from the Netherlands.

The maternity ward at Maridi Hospital was successfully constructed, funded by AMREF Germany. Expansion of the paediatrics ward is ongoing, funded by AMREF Netherlands, while the Outpatients Department and Laboratory were equipped with funds from the American Schools and Hospitals Association.

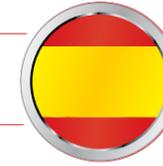
The Women in School for Health (WISH) project began with renovation and construction of a secondary school in Maridi. The first group of students will report to the school in February 2013. The aim of the school is to train more girls in sciences so that they can later join careers in health, particularly in support of maternal health. The WISH project is funded by AMREF Italy.

The Outreach Programme launched its first mission to South Sudan on July 6. A capacity assessment of state hospitals was conducted to facilitate surgical camps in Torit, Yei, Bor, Bentiu, Kwajok and Wau

AMREF supported 3,220 internally displaced people and returnees with food and non-food items in Terekeka and Aweil counties.

In September, AMREF South Sudan received a new Country Director, Dr George Bhoka, who was previously working with UNICEF Uganda as HIV/AIDS Specialist and Programme Officer.

Spain



1. 2. Esther Madudu was well received during her visit to Spain 3. Recognition by the Mutua Madrileña Foundation 4. Launch of Africa Wine

In January 2012, Ferrovial renewed its support for AMREF following the signing of a new agreement with AMREF Spain for building of water infrastructure in Tanzania.

February arrived with exciting news of AMREF's recognition by the Mutua Madrileña Assurance Group, through the Mutua Madrileña Foundation, for AMREF's work in the humanitarian crisis that rocked the Horn of Africa in 2011. AMREF was one of only four foundations that received the recognition. The event attracted significant media attention.

Also in February, the University of Alcalá (School of Medicine) hosted an AMREF conference, 'Workfield: África', in the framework of the Third Tropical Medicine and International Health Forum. More than 400 students attended the meeting.

AMREF Spain's presence in the academic world was reinforced by a presentation at the Pontifical University of Salamanca of AMREF's project to reduce water-related diseases in Samburu (Kenya).

AMREF Spain Chairman Alfonso Villalonga also gave a talk about AMREF Flying Doctors at the International Patients Repatriation Meeting in Madrid.

In May, AMREF Spain met with Mrs María Teresa Fernández de la Vega, former Vice-President of the Spanish Government and current Chairman of the Mujeres por África (Womenfor Africa)

Foundation and discussed future common activities in Spain to support AMREF's work in Africa.

With the support of Goodwill Ambassador Manuel Campo Vidal, and the owner of the Zarraguilla Wineries, Mr Venancio Andrés, AMREF Spain launched AFRICA Wine, a fundraising initiative that earns AMREF a percentage of profits from every bottle sold.

In June, AMREF Spain hosted Esther Madudu at the launch of the Stand Up for African Mothers campaign in Madrid. She participated in several public events and press conferences and also attended a special private dinner with some of the most influential women in Spanish society.



- 1 and 3. Meeting Rev. Desmond Tutu
- 2. Models display maternity wear designed for AMREF
- 4. The new AMREF Sweden website



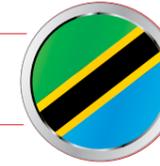
In one of the most exciting activities during the year, AMREF Sweden, in collaboration with Edelman, ran a campaign named 'Dress up for African Mothers', in which 10 of the most successful Swedish fashion designers created and donated maternity dresses for display at a special fashion show during the Mercedes Benz Fashion Week in August. The dresses were then sold at a net-auction by one of the most prestigious auction houses in Sweden. The campaign resulted in 39 articles and more than 60 social media posts, reaching approximately four million people.

AMREF Sweden participated in 'Leadership for Human Rights', an event organised by the Swedish Postcode Lottery in May. Invited speakers were Archbishop Desmond Tutu, UN Deputy Secretary General Jan Eliasson and Board Member of the Robert F. Kennedy Centre for Justice and Human Rights Sean Penn. AMREF participants at the event were Chairperson Helena Bonnier and Board Member Ritva Jansson.

During the year, AMREF Sweden strengthened collaboration with the Swedish East Africa Chamber of Commerce, a meeting place for Swedish companies working in East Africa.

AMREF Sweden facilitated a donation from Swedish PostkodStiftelsen to AMREF Uganda for a one-year water, sanitation and hygiene project in Wakiso District.

The AMREF Sweden website was improved and relaunched, drawing positive reviews from other Swedish NGOs.



- 1. Dr Lucy Nkya launches AMREF's Business Plan. With her are Advisory Council member Dr Eva Hawa Sinare and AMREF Tanzania Country Director Dr Festus Ilako
- 2. Mama Salma Kikwete launches the Stand Up for African Mothers campaign in Tanzania

Stand Up for African Mothers

Mama Salma Kikwete, the First Lady of Tanzania, was the chief guest at the launch of AMREF's Stand Up for African Mothers Campaign in Tanzania. The event was held in May at the Mnazi Mmoja grounds in Dar es Salaam.

Business Plan Launch

In February, AMREF Tanzania launched the October 2011-September 2014 Business Plan. Advisory Council Chairperson and Deputy Minister for Health Dr Lucy Nkya urged AMREF Tanzania to embrace public-private partnerships if it is to achieve the Millennium Development Goals by 2015, and help bring lasting health change in the country.

Other Highlights

President Jakaya Kikwete was among national leaders who visited AMREF's booth during the commemoration of the country's 50th independence anniversary. He commended the organisation for its interventions across Tanzania. A jovial President Kikwete shook hands with AMREF staff, saying, "I know AMREF, you are doing a very good job."

In April 2012, Dr Florence Temu, who had served as Deputy Country Director in Tanzania since 2008, was appointed Country Director for Ethiopia. Dr Teguest Guerma promoted Dr Temu in recognition of her hard work, commitment, dedication and exemplary service to the people of Tanzania and AMREF as a whole. The new Deputy Country Director is Dr Rita Noronha.

AMREF Tanzania was awarded the National Award for Environmental Management (NAEM) 2011 for using solar-powered generators in its water and sanitation projects in Mkuranga, Serengeti and Mtwara. Apart from being environmental friendly, these projects provide water that is affordable, thus increasing the number of people accessing safe and clean water.

In June 2012, AMREF launched Uzazi Uzima, a Maternal, and Newborn and Child Health project funded by CIDA.

AMREF Tanzania, in collaboration with Sony Corporation and the Global Fund to Fight AIDS, Tuberculosis and Malaria, screened six public shows to raise awareness about prevention of HIV and AIDS and care of patients in the country.

The Minister for Health and Social Welfare, Dr Hadji Mponda, officiated at the event at Mwembe Yanga Grounds in Dar es Salaam, where 2,482 people (1,682 males and 800 females) were tested for HIV.

AMREF Tanzania held its first Annual Technical Meeting themed 'Achieving MDGs Through Research and Public Health Innovations' in October 2011 at Nashera Hotel in Morogoro. The meeting brought together AMREF Tanzania staff and stakeholders to share knowledge and experiences needed to create positive change in the health sector in Africa.

Uganda



1 2
4 3

1. Esther Madudu gives a mosquito net to the mother of a new born baby 2. Deputy Speaker Hon Jacob Olanya, during the Safe Motherhood Day celebrations 3. First Lady of Uganda with the AMREF team at the launch of the Stand Up for African Mothers campaign 4. Free HIV testing services to mark the Golden Jubilee Independence Day celebrations

The Stand Up for African Mothers campaign was officially launched in Uganda by the First Lady of the Republic of Uganda and Minister for Karamoja Affairs, Mama Janet Museveni, at a dinner she hosted at State House, Entebbe. The event was attended by government officials, diplomats, representatives from corporate, donor and partner organisations, AMREF Board members and AMREF staff.

AMREF Uganda hosted the AMREF Board meeting at the Munyonyo Resort, with a total of 65 delegates from across the globe. The week-long event incorporated field visits to four project sites.

AMREF Uganda won the Saving Lives at Birth Grand Challenge for Development. Being one of 15 winners out of a field of 65, AMREF's winning application of saving mothers and babies with reliable solar power is a joint project with We Care Solar and the White Ribbon Alliance. The project will provide solar suitcases to 200 Health Centres across Uganda, allowing health workers to provide life-saving interventions 24 hours a day.

Esther Madudu, who is the face of the Stand Up for African Mothers campaign, won a REAL award, which recognises frontline health care workers around the world for their life-saving work.

AMREF Uganda hosted a luncheon for the 3rd Standing Committee of the Inter-Parliamentary Union (IPU) in honour of

the 126th IPU meeting and the Stand Up for African Mothers campaign at the Serena Hotel, Kampala. The luncheon was aimed at engaging and partnering with the committee in championing maternal health issues in Africa. In attendance were IPU delegates, Members of Parliament, UNFPA, UNMC, Office of the First Lady, White Ribbon Alliance and AMREF.

AMREF Uganda's Upgrading of Nurses and Midwives eLearning Pilot Project commenced in April 2012. To date there is a total enrolment of 73 students in the four pilot nurse training schools, all upgrading certificate midwives to Registered Midwives. A total of 57 eMentors and eTutors have been trained.

The Scale-up of Comprehensive HIV/AIDS Prevention Project provided safe male circumcision to 68,534 clients. The high numbers were due to increased outreaches and committed health workers. AMREF is contributing to over 60 per cent of safe male circumcisions among the CDC implementing partners in Uganda.

In August, AMREF Uganda was pleased to receive a new Country Director, Mr Abenet Berhanu.

United Kingdom



1. African Drumming Workshop at a Family Fun Day at the Goodwood Estate, home of AMREF UK's President the Duke of Richmond and Gordon 2. Interim Chair of AMREF International Board, Dr Noerine Kaleeba hosts a World Aids Day Unity event in London 3. Her Excellency Joan Rwabyomere, Ugandan High Commissioner in London, Dr Teguest Guerma and Samara Hammond Stand Up for African Mothers at the UK launch event in London



2 3
1

AMREF UK was delighted to welcome Samara Hammond as Chief Executive Officer in May 2012. Samara has had a long career in health sector management, her most recent before joining AMREF being Associate Director of Public Health in the National Health Service in London. She also has a long history with AMREF, having served two terms as a member of the AMREF UK board.

On May 23, 2012 AMREF UK hosted an official Stand Up for African Mothers campaign launch at One Aldwych, a central London hotel. As part of AMREF UK's African Diaspora engagement strategy, attendees were predominantly prominent members of African society in London, and the event was hosted jointly by AMREF Director General Dr Teguest Guerma and Her Excellency Joan Rwabyomere, High Commissioner for Uganda to the UK, in her capacity as chair of the Women in Diplomatic Service Association.

AMREF UK launched a brand new website which has been a success, with time on site and clicks per visitor steadily increasing within weeks of the launch. With improved functionality and enhanced opportunity for user interaction, the new site is an effective tool for online communication and fundraising.

In June, an African-themed family day and sponsored walk in the beautiful grounds of the Goodwood Estate in South-East England raised money and AMREF's profile, with over 150 guests and walkers taking part.

As London hosted the 2012 Olympic Games, AMREF UK was honoured to be the only charity present at Africa Village, Africa's cultural hub, during the Games. The UK team maximised the opportunity to promote the Stand Up for African Mothers campaign. Approximately 1,500 people signed the petition to nominate Esther Madudu for the Nobel Peace Prize.

Amongst the corporate highlights in 2012 was recognition of the success and innovation of the Malaria, AIDS and TB (MAT) Project in Uganda, sponsored by leading UK pharmaceutical company AstraZeneca. In the districts covered by the project - Luwero and Kiboga - malaria deaths in hospital declined by half between 2007 and 2011 and new TB cases dropped by 10 per cent. The project was nominated in the Overseas Project category of the Business Charity Awards and secured AstraZeneca a Community Investment Award.



1. Joyce Mullins-Jackson and Marcia McBroom at the US launch of Stand Up for Africa Mothers

2. Osas Ighodaro, Carol Jenkins and Sioux Greux at the launch

Once again AMREF USA was proud to receive Charity Navigator's four-star rating for the eighth year in a row. Awarded for sound fiscal management and commitment to accountability and transparency, the four-star rating is only bestowed upon one per cent of the over 5,000 organisations audited.

Stand Up for African Mothers, AMREF's global campaign to train 15,000 midwives to reduce maternal mortality in Africa was launched in July to the African Diaspora in New York. The event also touched Diaspora communities elsewhere in the United States via live streaming over the internet.

AMREF USA is a co-founder of the Frontline Health Workers Coalition, launched in January. The Coalition is a dynamic and influential group of 30-plus non-governmental organisations working together to urge greater and more strategic US government investment in frontline health workers in the developing world. It succeeded in introducing House Resolution 734 calling for recognition of the need for frontline health workers along with increased US leadership on this issue.

The Barr Foundation's international arm, Barr Global, provided a grant for a three-year Health Extension Worker (HEW) training programme to address the critical shortage of qualified health care workers in Ethiopia by training an additional 2,000 HEWs. The Buck Foundation, another new partner for AMREF USA, also provided funds for this programme.

AMREF USA received a new grant in 2012 from the President's Emergency Fund for AIDS Relief through the Centres for Disease Control and Prevention (CDC) for a five-year project to expand a comprehensive and integrated package of HIV prevention interventions and services in high prevalence districts.

This is an ongoing series of projects to improve sanitation, hygiene and access to water which continues to extend into additional areas of Kechene slum in Addis Ababa, Ethiopia as additional funding becomes available. Along with other AMREF offices, Boeing in the US is an important funding partner for this programme.

AMREF was honoured to participate in 19th International AIDS Conference in Washington DC, held for the first time in the US in over 20 years. Dr Teguest Guerma chaired a plenary session while Research Lead Dr Josephat Nyagero gave an oral presentation. Both Nyagero and HIV/AIDS and TB Programme Lead Dr Abebe Abera presented posters. AMREF's exhibition booth at the conference drew hundreds of visitors, who received information about AMREF's work and the Stand Up for African Mothers campaign.



1. Dr Teguest Guerma and Dr Placido Cardoso sign an MoU during the launch of AMREF West Africa

2. Patients being treated for cataract during an outreach activity in Kolda

Established in Senegal in 2011, AMREF West Africa was officially launched in June 2012 with the Secretary General of the Senegalese Ministry of Health, representing the Minister of Health, as guest of honour. AMREF Director General Dr Teguest Guerma and the Director General of the West Africa Health Organisation (WAHO), Dr Placido Cardoso, were present at the event, which was also attended by many donor representatives, technical partners, UN agencies and non-governmental organisations. AMREF representatives included the Head of the Programme Management Unit and the president of the West Africa Advisory Council, as well as teams from AMREF France and AMREF Spain. One of major activities during the event was the signing of a Memorandum of Understanding between AMREF and WAHO.

So far, the main programmes in implementation in 2012 are Clinical Outreach, Telemedicine, School Health for Child Survival and eLearning.

The Outreach Programme was implemented in seven regions of Senegal. The objective is to treat people living with fistulas, cataracts and harelips through surgical camps held periodically in field hospitals. Four surgical camps were held, during which 367 consultations were done. A total of 220 patients were treated for cataracts and 17 women for obstetrical fistulas.

Activities in the telemedicine programme included a workshop to define the content of the telemedicine platform with stakeholders, development of the platform and training of users in four regional hospitals.

The School Health for Child Survival programme began in August in two schools, where AMREF is supporting the building of infrastructure for water storage and toilet blocks.

Pupils are given information to encourage behaviour change and avoid common water-related diseases. Thirty schools are targeted over the next two years.

The regional eLearning programme aims to strengthen the capacity of nurses and midwives in Senegal and other countries in West Africa. A maturity assessment and blueprint have already been done in collaboration with Accenture. The first cycle of training will begin after finalisation of the curricula with international partners and integration of the platform. Some countries such as Côte d'Ivoire, Burkina Faso and Guinea are well positioned to join the programme in the near future.



4

Programme Highlights

Clean water, clean food, clean bodies,
clean houses - these are the real
assets which Africa needs

*Sir Michael Wood | AMREF founder
Quote from 'No Turning Back'*





AMREF Flying Doctors (AFD) is East Africa's leading air evacuation service and operates where others do not – landing on rough airstrips in remote areas to retrieve critical patients, evacuating mass casualties from conflict zones like Mogadishu and providing helicopter rescues from Mt Kenya and Kilimanjaro.

AMREF Flying Doctors uses a dedicated fleet of aircraft, from Cessna Caravans and Beechcraft King Airs to Cessna Citation Bravo Jets. Air ambulance services are provided in Kenya, neighbouring countries and beyond by private air ambulance or commercial airline with a medical escort.

Incorporation

In August 2011, AMREF Flying Doctors became a commercial not-for-profit company, wholly owned by AMREF, to help the organisation meet its financial and fundraising obligations. The incorporation provides the business structure that AFD needs to develop and expand successfully without losing its competitive edge.

Air Ambulance of the Year

In November 2011, AMREF Flying Doctors was thrilled to be awarded the International Travel Insurance Journal's 2011 Air Ambulance Provider of the Year Award. Voting for the annual awards is done by more than 50,000 readers of the Journal

and other stakeholders within the international industry, representing the global travel and medical insurance industry, air ambulance providers and underwriters to assistance companies.

Launch of Maisha Annual Air Ambulance Scheme

The year 2012 saw AMREF Flying Doctors launch its new evacuation scheme known as Maisha, aimed at providing quality and affordable medical evacuation services throughout the eastern Africa region. The scheme targets individual and corporate annual subscribers and covers Kenya, Tanzania, Uganda, Rwanda, Burundi, Zanzibar, South Sudan and Ethiopia.

New Advanced Life Support Ground Ambulance

In September, AMREF Flying Doctors unveiled a new state-of-the-art Advanced Life Support Ground Ambulance to boost its road ambulance and airport/hospital transfer services. AFD is among the first institutions in the region to purchase the sophisticated Mercedes Sprinter 315 CDI, whose interior is big enough to accommodate a medical team of two as well as a stretcher for the patient. The ambulance has been built with sufficient height for standing and plenty of space for drugs and emergency equipment. The delivery of this ambulance marks an important step in AFD's ongoing expansion to meet the ever-increasing demand for our services.



The Directorate of Capacity Building seeks to enhance the organisational and technical capacity of health systems, communities and civil society organisations in Africa to improve access to and quality of care. The Directorate focuses on building the skills and numbers of health workers, including nurses, doctors, midwives, clinical officers and community health workers. It also facilitates AMREF's organisational and institutional development, as well as strengthening of community systems.

In the course of the year, over 1,700 health and development workers from 35 countries in Africa received training in various certificate, diploma and degree courses at the AMREF International Training Centre in Nairobi, placing AMREF at the same level with many medium-sized universities in Africa.

AMREF has revolutionised the way health workers are trained in Africa. The AMREF International Training Centre continued to be a model for using innovation in Information and Communication Technology to help meet the continent's critical shortage of health workers. Using eLearning, for example, AMREF was able to triple enrolment of students. For instance the Diploma in Community Health, which over its 25 years of existence never registered more than 25 students annually, had over 100 students in 2012. The AMREF Virtual Training School had an enrolment of 438 students by December 2012. Furthermore, in partnership with the University of Nairobi, AMREF enrolled the first batch of 94 students for a Bachelor of Science in Nursing course – all to be trained through eLearning and mobile learning (mLearning). AMREF also partnered with Accenture to develop a clear and articulate strategy for mLearning as well as a business mLearning model to train health workers across sub-Saharan Africa and generate income for AMREF.

A movement for advocacy and implementation of Leadership, Management and Governance training in health is slowly gaining currency through the Africa Health Leadership and Management Network, which has a membership of 36 training institutions from Africa, North America and Europe, and which is currently hosted and chaired by AMREF. In 2012, together with partners – JICA and the Ministries of Health in Kenya – AMREF developed and implemented a 10-module Leadership, Management and Governance training programme for the health sector in Africa. The programme is being implemented in three language regions – Francophone, Lusophone and Anglophone.

AMREF advanced its role in advocacy for Human Resources for Health when it was selected, together with IntraHealth to form the secretariat of the Health Workforce Advocacy Initiative (HWAI) – the advocacy wing of the WHO's Global Health Workforce Alliance. Through this secretariat, AMREF provides the managerial, logistical and support services needed to revitalise HWAI and to advance the Human Resources for Health policy agenda.

AMREF is partnering with GSK in the GSK's 20% Re-Investment Initiative programme to develop and strengthen the capacity of mid-level and community health workers in 15 Eastern and Southern African countries. One of the major achievements in 2012 was provision of technical training as well as Leadership, Management and Governance expertise in health science colleges in Ethiopia.

training.amref.org

Communications



AMREF recognises that communications is at the heart of successful development. The Communications Directorate is therefore central in positioning AMREF as an authority on achieving lasting health change in Africa through transformation of communities. It shapes perceptions about AMREF and increases the organisation's reputation through the use of diverse and creative communications tools and channels, awareness events, working with media and other activities that increase AMREF's visibility. The Communications Directorate services its internal audiences – directorates, programmes and country offices – through prompt, proactive and proficient communications to enhance AMREF's overall objectives.

In 2012, the Directorate provided significant support to the launch of the Stand Up for African Mothers campaign globally. AMREF offices in Tanzania, UK, Canada, Sweden, France, Spain, USA, South Africa, Ethiopia, Italy and the UK launched the campaign at events graced by dignitaries, including the First Ladies of Tanzania and Uganda, campaign ambassadors and supporters.

The Directorate is central to production of global communications materials for use by AMREF offices. In 2012, several new publications were developed. To promote AMREF and increase its visibility, the Directorate also produced public relations merchandise including branded bags for ladies, laptop bags; kikoyis (shawls), USB wristbands and T-shirts.

To position AMREF as the to-go-to organisation in health development in Africa and showcase its work and impact, the Directorate set up comprehensive and targeted exhibitions in several high profile global health forums. These included the International AIDS Conference in Washington DC, USA; the 13th World Congress on Public Health in Addis Ababa, Ethiopia, where AMREF was awarded the World Federation of Public Health Associations 2012 Organisational Award; and the 126th International Parliamentary Union meeting in Kampala, Uganda. Hundreds of publications were disseminated, with the booths providing a successful outlet for publicity and visibility for the organisation, and for networking for further collaboration.

A global Communications Strategy was developed and approved by the AMREF Board. The strategy will contribute towards developing a stronger and more unified AMREF to enable the delivery of our health priorities by strengthening external and internal communications.



Fundraising and Partnerships

Over the last 55 years, AMREF has raised most of its funding from bilateral donors, but as Europe and North America experience turbulent financial environments, with low growth rates predicted for years to come, Africa is being viewed, along with India, China and other emerging economies, as offering opportunities for fundraising. A burgeoning middle class of high net worth individuals within AMREF's reach, in addition to more stable political conditions, are factors that mark out Africa in particular as fertile ground for wealth creation and, in turn, philanthropic opportunity.

Giving for charity has always been a practice in Africa at family level. Over the last couple of years, however, methods employed for engaging public and corporate funding have become better defined, with many African countries even adopting tax exemption policies.

AMREF plans to use its strong presence in Africa to tap into the continent's giving community in a more structured way for lasting solutions to the myriad health challenges facing African people. The objective of the organisation's African fundraising strategy is to pool funds from partners, stakeholders, well-wishers, and the general public to support AMREF's institutional capacity.

To do this, AMREF hopes to learn from the expertise of corporate organisations, while providing a platform for the private sector to engage in and support meaningful development work.

One such avenue is through AMREF's international Stand Up for African Mothers campaign, which has been launched in countries in Africa, North America and Europe and aims to train 15,000 midwives by 2015.

In Kenya, the launch was held at a fundraising gala dinner in March that attracted the support of 14 corporate organisations, including Chase Bank Kenya, which signed a three-year partnership with AMREF in support for the campaign. The campaign has received growing support from the media, governments, public organisations and private individuals.

Another successful fundraising event in 2012 was the Kenya Classic Cycling tour, organised by AMREF Netherlands with logistical coordination from AMREF Headquarters. The 2012 edition saw 69 Dutch cyclists travel 380 km in six days over vast savannah and through remote villages in areas where AMREF works, enabling them to interact with the beneficiaries.

Health Programme Development



Advocacy

AMREF continued to prioritise advocacy in the period under review as the main way to ensure lasting health change in African communities, with a focus on Human Resources for Health (HRH), Maternal Neonatal and Child Health, and resource mobilisation and allocation.

Development partners and partner agencies participated in AMREF's first HRH symposium, which showcased AMREF's position on critical HRH issues of global interest.

AMREF's position in HRH advocacy was acknowledged by its selection to host the WHO's Global Health Workforce Alliance Initiative secretariat, in collaboration with IntraHealth. AMREF was also invited to support development of HRH advocacy at the African Platform level and to participate in planning of the 3rd Global Forum on HRH in November 2013.

AMREF Italy was chosen as a partner in the European Union-funded 'Health Workers for All and All for Health Workers' project to advocate implementation of WHO's code of conduct in recruitment of health workers in Europe.

Resource mobilisation and allocation: Since most governments have decided to cut foreign aid to mitigate the effects of the global economic downturn, AMREF offices in the Netherlands, USA, Italy and Canada joined networks to mobilise parliamentary support for increases in foreign aid budgets and to ensure continued support from the private sector.

Clinical and Diagnostics Programme



AMREF's Clinical and Diagnostics Programme seeks to strengthen health facility services in order to increase access by disadvantaged communities, especially in remote and underserved areas of Africa, to quality medical, surgical and

diagnostic services. Below are some major achievements in 2012:

- A new Specialist Outreach Programme was officially launched by the Ministry of Health, South Sudan, covering 14 regional or large district hospitals. As part of the programme, a Vesico-Vaginal Fistula (VVF) camp supported by UNFPA was held in Wau in November, with 80 patients reviewed and 57 operations conducted.
- The Eastern, Central and Southern African Health Community published a resolution stating that participation in External Quality Assessment is an essential requirement for clinical laboratories. This position follows recommendations by AMREF, which coordinates the East African Regional External Quality Assessment Scheme on behalf of the Ministries of Health of the region.
- A National Laboratory Needs Assessment and first draft of the National Policy for Health Laboratory Services was prepared for the Ministry of Health of the Republic of Mauritius. This was a consultancy supported by the World Health Organisation Regional Office for Africa.
- Refresher Training in Laboratory Diagnosis of Malaria followed by an External Competency Assessment in Malaria Microscopy was conducted for the first time in Botswana at the request of the Ministry of Health and supported by WHO AFRO.
- A Community-Based Disease Surveillance Project is being piloted in Kenya and Uganda.

Clinical Outreach Programme

The AMREF Clinical Outreach Programme was established in 1957 to take essential medical and surgical services to remote district level hospitals. The regional programme has six inter-related projects in eight countries in eastern Africa – DR Congo, Ethiopia, Kenya, Rwanda, Somaliland, South Sudan, Tanzania and Uganda. The South Sudan Project began in 2012 and is expected to grow to full capacity in 2013.

The Programme uses light AMREF aircraft to fly medical specialists to hospitals on established 'circuits'. Specialists in 25 different areas of specialisation are deployed based on requests from the hospitals and they include general surgeons, gynaecologists, reconstructive surgeons, urologists, ophthalmologist and medical engineers.

In the current reporting period, 2011/2012, project activities covered over 150 hospitals, providing 7,000 major operations, 27,033 consultations, 1,358 joint ward rounds and a number of training workshops. University Teaching Hospitals provide

Specific Outreach achievements as per category of service (October 2011 – September 2012)

Category of Service Provided	Specialist Outreach	Surgical Outreach	VVF & Safe Motherhood	Leprosy/ Reconstructive Outreach	Total Quantity of Service Provided
Operations performed	4,839	232	416	1,513	7,000
Consultations provided	23,492	566	855	2,120	27,033
Joint ward rounds	1,090	28	145	95	1,358
Number of doctors trained	1,222	94	119	116	1,551
Number of nurses and COs trained	5,817	187	76	200	6,280
Number of laboratory staff trained	1,338	-	-	-	1,338
Number of support staff trained	4,060	-	30	34	4,124
Hours of formal training provided	431	71	41	42	585
Hours of informal training provided	2,681	348	607	847	4,483
Number of hospitals visited	114	34	21	43	212
Outreach flights made	118	2	-	-	120

about 300 specialists as volunteers to the Programme annually; the Outreach Programme has only three surgeons on full-time basis.

The Programme continues to operate in remote areas where communication is poor and there is no access to specialist medical and surgical services. However, the Programme has expanded its role and now provides specialised health care and advice to individual patients in eastern Africa. In addition, the Programme accommodates surgeons in training, who accompany selected specialists on outreach missions to gain practical experience and in this way supports capacity building initiatives.

Telemedicine Project

The objective of the project is to examine potential for use of communication technology to help in provision of outreach services, such as medical consultations, diagnostic services and supervision to rural and remote hospitals in East Africa. After a successful pilot phase, the telemedicine services have been scaled up and integrated with specialist reconstructive outreach projects. The Outreach Programme has partnered with Computer Aid International to provide equipment (computers, printers, digital cameras, scanners, UPS units and mobile phones) required to connect a total of 40 hospitals in East Africa.

Zuba Box Installation

A 'Zuba Box' donated by ASE Consultants through Computer Aid International was installed at the Kakuma Mission Hospital in northern Kenya. A total of 15 staff at the hospital received

basic training on telemedicine, eLearning and internet/email services. The Zuba Box is a refurbished 20ft container, with 10 computers connected to a central server powered by solar. The solar power charges a series of batteries whose power is converted to electricity to run the computers. The server can be stocked with resources to give health practitioners access to an electronic library of medical books and is used mostly by resident and visiting doctors, laboratory technicians, nurses, radiologists and other professionals within the hospital. Fully charged Zuba Box batteries can last up to eight hours with no sunshine, and can therefore be used at night in areas with no electricity.

HIV and TB

During the reporting period, AMREF had 31 projects dealing with HIV and AIDS prevention, treatment and support and five TB projects working in early case detection and treatment. The total budget for the two programmes is about 31 per cent of AMREF's total budget. The following progress was recorded across AMREF:

The AMREF HIV/AIDS and TB Strategy 2012 to 2016 was finalised.

AMREF and WHO developed a model of integrating TB/HIV into existing Maternal, Neonatal and Child Health Services in the Afar Region of Ethiopia. AMREF and WHO are working further on integration mode to include Kenya, Tanzania, Uganda and South Africa.

The ART Knowledge Hub at AMREF HQ signed an MOU with AIDS Inland Church (AIC), South AIDS Knowledge Hub and Enhancing Care Foundation to expand the framework of regional cooperation, and to develop mutually beneficial programmes, projects and activities for HIV/AIDS prevention, care and treatment.

AMREF Uganda initiated a partnership with Catholic Relief Service to work on early case detection and management of TB.

In August, AMREF Tanzania was appointed to chair the national Care and Treatment Thematic sub-committee and to lead the National Consultative Process to Engage NGOs in TB – an initiative of the WHO and the Government's National TB and Leprosy Programme.

AMREF participated in the International AIDS Conference held in Washington DC in July. AMREF made an oral presentation on Behaviour Change and Associated Factors among Female Sex Workers in Kenya, and three poster presentations.

A short course curriculum on Comprehensive HIV/AIDS Prevention, Treatment, Care and Support was developed in collaboration with the Directorate of Capacity Building.

AMREF statements on World TB Day and World AIDS Day were publicised in various countries where AMREF has offices and published on AMREF's website.

Malaria



Partnerships were strengthened with major actors, including WHO, Roll Back Malaria, Novartis, Sanofi and the American Society of Tropical Medicine and Hygiene.

AMREF held an Integrated Community Case Management (iCCM) gap analysis workshop in collaboration with UNICEF for nine priority countries in the Eastern and Southern Africa Region. The aim was to review in the iCCM situation in the

region and identify programme bottlenecks and funding gaps in order to develop common fundraising strategies.

AMREF released a statement on malaria in pregnancy on World Malaria Day in April that was published on the Roll Back Malaria website.

AMREF's Directorate of Capacity Building and the Malaria Unit revised the Malaria Short Course curriculum. Those trained during the year included doctors, laboratory technologists, programmes and projects managers from Ethiopia (1), India (1), Lesotho (6), Kenya (2), Nigeria (1) and Uganda (1).

AMREF malaria focal persons in Kenya, Uganda and Ethiopia were trained on Malaria Control Planning and Management. In collaboration with WHO, two AMREF staff participated in a six-week international training course on malaria control management in Ethiopia.

International Meetings

- 13th World Public Health Congress, Addis Ababa (Ethiopia) in April 2012. Poster presentation on **Pharmacovigilance of antimalarial drugs in resource-poor countries**
- 11th International National Malaria Control Programme Best Practice Sharing Workshop, Addis Ababa (Ethiopia) in June 2012. Oral presentation on **AMREF's community-based malaria interventions**
- 11th Pan African National Malaria Control Programmes meeting in October 2012 in Dakar. Oral presentation on **Scaling up of home-based management of malaria using rapid diagnostic tests and ACTs**

- Four abstracts from Headquarters, Uganda, Ethiopia and Senegal submitted to the American Society for Tropical Medicine and Hygiene Congress in November 2012 were accepted for poster presentation.

Publications

- Sylla Thiam, Rumishael Shoo, Jane Carter: **Are insecticide-treated bednets failing? *The Lancet Infectious Diseases*, vol 12, 2012: 512-513**
- Sylla Thiam, Julie Thwing, Ibrahima Diallo and al. **Scale-up of home-based management of malaria based on rapid diagnostic tests and artemisinin-based combination therapy in a resource-poor country: results in Senegal. *Malaria Journal* 2012, 11:334**

Reproductive and Child Health

It is estimated that current AMREF country and regional (multi-country) reproductive and child health projects reach well over five million children and women annually in the Eastern Africa region. Key results achieved by these programmes include rapid increases in immunisation coverage (e.g. over 85% in Shinyanga, Tanzania), increased skilled delivery leading to reduction in maternal death (e.g. over 70 per cent in northern

Uganda), and rapid increases in uptake of family planning. Regional projects are funded by the EU, DANIDA and AUSAID.

Major new interventions in the areas of Maternal, Neonatal and Child Health (MNCH) and Sexual Reproductive Health and Rights (SRHR) during the year included the Northern Arid Lands (NAL) programme in Kenya; the CIDA-funded MNCH programme in Simiyu Region, Tanzania; as well as smaller EU-funded projects in Makindu and Samburu districts in Kenya.

The Reproductive and Child Health Programme continued to play a key role in advocacy for women and children's health through the Every Woman, Every Child platform. AMREF's first year progress report was included in the UN Secretary General's report in September 2012 by the World Health Organisation's Partnership for Maternal and Child Health.

In June, the Programme represented AMREF in the high-level Child Survival 'Call to Action' event convened by the UN and the US Government, Ethiopia and India in Washington DC at which the objective of reducing child mortality to 20 per 1,000 by 2035 was introduced and discussed. AMREF signed the pledge committing to this global objective in the civil society chapter.

The RCH Programme also represented AMREF in the working group for the recommendations of the UN Commission on Life-saving Commodities in several implementation planning meetings held during the year. AMREF's Director General is a member of the Commission. AMREF is a leader of the working group on one of the recommendations on Performance and Accountability, and is a participating agency in the Oral Rehydration Salts and Zinc commodity working groups.

The Capacity Development Project for Gender Mainstreaming in AMREF, supported by PSO through AMREF Netherlands, led to the development of actions by AMREF's Senior Management Team to make the Business Plan more gender-responsive.

Publications

- A book arising out of the Nomadic Youth Reproductive Health Programme - **Understanding nomadic realities - case studies on sexual and reproductive health and rights in Eastern Africa** was finalised and published with the Royal Tropical Institute Amsterdam.
- A Sexuality Training Manual, Training Curriculum and Facilitators Guide were developed, reviewed and adopted for training in May 2012.

Water, Sanitation and Hygiene

Although sanitation has been hailed as "the most important medical advance since 1840", progress in water and sanitation has been mixed and over 2.5 billion people, most of them in sub-Saharan Africa and South Asia - lack access to basic sanitation. The world is not on track to meet the 2015 Millennium Development Goal (MDG) for sanitation. For the

drinking water MDG, progress is better, but the situation is still critical in many regions. Meanwhile, in the slums of cities such as Addis Ababa, Dar es Salaam, Juba, Kampala and Nairobi the daily reality is an extended struggle to find water, a place to defecate and a convenient location to dump or burn one's rubbish.

The AMREF WASH programme continues to expand as a whole but due to reduction in finances and new business the portfolio has shrunk in the last one year. A number of projects especially in Tanzania and Uganda came to an end and few new projects were started. In 2012 AMREF supported WASH activities in all seven countries where AMREF has offices with a total of 24 projects. By financial measures the AMREF WASH programme contributed 11 per cent of the total AMREF investment in health programming in 2012.



A WASH Strategy elaborating how WASH programming will be implemented was developed and approved by the AMREF Board. The WASH programme seeks to create supportive environments for lasting health change in poor communities by delivering high-impact integrated water supply, sanitation, and hygiene interventions.

The AMREF WASH programme is soundly country-focused and has taken a comprehensive approach to WASH programming, building on the compelling evidence that integrating promotion of hand and face washing with soap, sanitation marketing and household water treatment and safe storage - alongside other low-cost, high-impact health interventions - are critical for ensuring child survival and lasting health change.

Research and Publications

AMREF's Business Plan 2011-2014 commits to addressing the research agenda and making the organisation the leading source of health knowledge in Africa. A Research Strategy was drafted in 2012 using a consultative process to guide generation of evidence from AMREF's work in communities

through integration of research into programming. A total of 83 AMREF staff were trained in various research skills.

AMREF signed Memoranda of Understanding with the Canadian Coalition for Global Health Research and with the Pan African Medical Journal, while joint research proposals were developed with the WHO and University of British Columbia, among other partners.

There was an increase in the dissemination of research outputs, with 70 oral/scientific and 19 poster presentations made during the first Biennial AMREF Programme Meeting held at AMREF Headquarters in April. From the meeting, 16 manuscripts were submitted to the Pan African Medical Journal for publication as a special supplement.

In addition, the following articles and book were published during the year:

1. Thiam, S., Shoo, R., Carter, J.: **Are insecticide treated bed nets failing.** *The Lancet Infectious Diseases*, Vol 12, 2012: 512-513 - A correspondence letter
2. Thiam, S., Thwing, J., Diallo, I., Fall, F.B., Diouf, M.B., Perry, R., Diop, M., Diouf, M.L., Cisse, M.M., Diaw, M.M., Thior, M. **Scale-up of home-based management of malaria based on rapid diagnostic tests and artemisinin-based combination therapy in a resource-poor country: results in Senegal.** *Malaria Journal* Sept 2012, 11:334
3. Khisa W., Wakasiaka S., Kageka F., Omoni G.: **Contraception knowledge and practice among fistula patients at referral centres in Kenya.** *International Journal of Gynaecology and Obstetrics*. 118 (2012), 220 - 222.
4. Oyerinde K., Harding Y., Amara P., Garbrah-Aidoo N., Kanu R., Oulare M., Shoo R., Daoh K: **A Qualitative Evaluation of the Choice of Traditional Birth Attendants for Maternity Care in 2008 Sierra Leone: Implications for Universal Skilled Attendance at Delivery.** *Maternal Child Health J.* DOI 10.1007/s10995-012-1061-4 _ Springer
5. Nyagero, J. M.; Gakure, R.; Keraka, M.; Mwangi, M., Wanzala, P.: **The background, social support and behavioural characteristics associated with health insurance coverage among the older population in Kisii County, Kenya,** *Afr J Health Sci.* 2012; 22:201-213, July 2012
6. Wakoli, A. B., Etyyang, G A, Lakati, A. S.: **Undernutrition of orphans and vulnerable children: A comparison of cash transfer beneficiaries and non-beneficiaries in Korogocho Slums, Nairobi,** *East African Journal of Public Health*, Vol 9, (3), pp 132-138 Sept 2012
7. Ndedda C., Wamae, A., Ndirangu, M., Wamalwa, W., Wangalwa, G., Watako, P., Mbiti, E.: **Effects of Selected Socio-Demographic Characteristics of Community Health Workers on Performance of Home Visits during Pregnancy: A Cross-Sectional Study in Busia District, Kenya,** *Global Journal of Health Science*, Vol. 4 (5) Aug 2012
8. Nyagero, J. M., Gakuru, R., Keraka, K., Wanzala, P.: **Health insurance education strategies for increasing the health insurance coverage among older population - a quasi experimental study in rural Kenya,** *The Pan African Medical Journal.* 2012;12:9, May 2012

9. Bates, I., Carter, J.: **Haematology in under-resourced laboratories,** *Dacie and Lewis Practical Haematology*, 2012

10. Nanjala, M.; Wamalwa, D.: **Determinants of Male Partner Involvement in Promoting Deliveries by Skilled Attendants in Busia, Kenya,** *Global Journal of Health Science*, Vol. 4 (2) March, 2012

11. Ergano, K., Getachew, M., Seyum, D., Negash, K.: **Determinants of community-based maternal health care service utilisation in South Omo pastoral areas of Ethiopia,** *Journal of Medicine and Medical Sciences*, Vol. 3 (2) 112-121 Feb. 2012

12. Khisa W., Mutiso, S., Mwangi J. W., Quresh, Z., Beard J., Venkat P.: **Depression among women with obstetric fistula in Kenya.** *International Journal of Gynaecology Obstetrics*, Oct. 2011 Vol. 115 Pg 31-33

13. Khisa W., Mutiso, S., Mwangi J. W. **Demographic and medical profiles of patients with obstetric fistula in Kenyatta National Hospital, Kenya.** *International Journal of Obstetric Trauma*, Oct. 2011 Vol. 1 No. 1

14. Ojaka, D., Okoth, E., Wangila, S., Ndirangu, M., Mwangi, N., Ilako, F. **Making aid effective at the community level: the AMREF experience** *Development in Practice* Vol 21 pg 1-7

15. Ojaka, D., Yamo, E., Collymore, Y., Ba-Nguz, A., Bingham, A. **Perceptions of malaria and vaccines in Kenya** Vol 7 (10), 1096-1099; October 2011; Landes Bioscience

Book authored by AMREF team:

Maro, Z. G., Nguura, P.N., Umer, J. Y., Gitimu, A.M., Haile, F. S., Kawai, D., Leshore L. C., Lukumay, G. S., Malagi, H. E., Mekonnen, M. A., Yalew, K. N., Mason, H., Joris van Oppenraaij, Woutine van Beek (2012) **Understanding Nomadic Realities: case studies on sexual and reproductive health and rights in Eastern Africa.** Edited by Anke van der Kwaak, Gerard Baltissen, G., David Plummer, Kristina Ferris, and John Nduba. AMREF/KIT 2012 Amsterdam

HR and Administration



AMREF's Directorate of Human Resources is a support function that provides human resource management and administration services across the organisation through a team of staff spread between the Headquarters in Nairobi and the Country Offices.

Among the major accomplishments during the year 2012, was the development of a unifying policy document that

defines general principles and standards for managing human resources across AMREF.

A Global Security Policy was also developed based on security needs assessments in a cross-section of countries.

Programme Management



Programme Development, Reporting and Donor Relations

The Programme Management Unit continued coordination and harmonisation of Programme Development across AMREF offices and gave technical and coordination stewardship in over 26 regional and country-specific applications. A number of templates and tools were developed to help AMREF staff write quality proposals and better handle the proposal writing process.

Over the same period, the Unit carried out a trend analysis of the success rate for proposal writing in the organisation, highlighting strengths and areas requiring improvement.

The Unit is also responsible for AMREF's Institutional Partnership and External Relations function. One of the key activities within this portfolio was the conducting of an institution-wide reporting survey that will support improved reporting, both internally but more importantly, to donors.

In June, AMREF held its second annual review meeting for donors and stakeholders. The meeting provided a forum for

stakeholders to review and provide inputs into AMREF's work in 2011-2012. Participants included major bilateral and multilateral donors, research institutions, civil society organisations and corporate partners. The meeting resulted in AusAID initiating dialogue and negotiations for AMREF institutional support.

Monitoring and Evaluation

Several initiatives were launched to enhance AMREF's evidence base for Africa's health development through Monitoring and Evaluation. These include the AMREF Programme Database for knowledge management and reporting across programmes and countries and the Results-based Annual Workplan & Budget (RAWB connecting AMREF's activities directly to the Business Plan.

The initiatives built on AMREF's Results-based Management approach to health programming and provide metrics for the Business Plan.

Operations



The Operations Unit, which consists of Finance and Information Communications Technology (ICT), had several major achievements during the year 2011-12.

With respect to ICT, AMREF's financial reporting system was upgraded to make it accessible on the web. Virtualisation was introduced to reduce hardware requirements across the AMREF Africa network, a process that is expected to result in substantial cost-saving. AMREF'S Disaster Recovery and Business Continuity Plan was updated. Training was carried out on upgrading to Windows 8 in AMREF offices in Africa. Similarly, Intranet software was upgraded to Version 2010, increasing its flexibility and functionality.

With regard to Finance, AMREF began the year with a budget deficit which had substantially reduced by the end of the year. Finance continues to be the most regularly reported function in AMREF. Hundreds of donor reports were prepared across the organisation while more than 20 project audits were undertaken.





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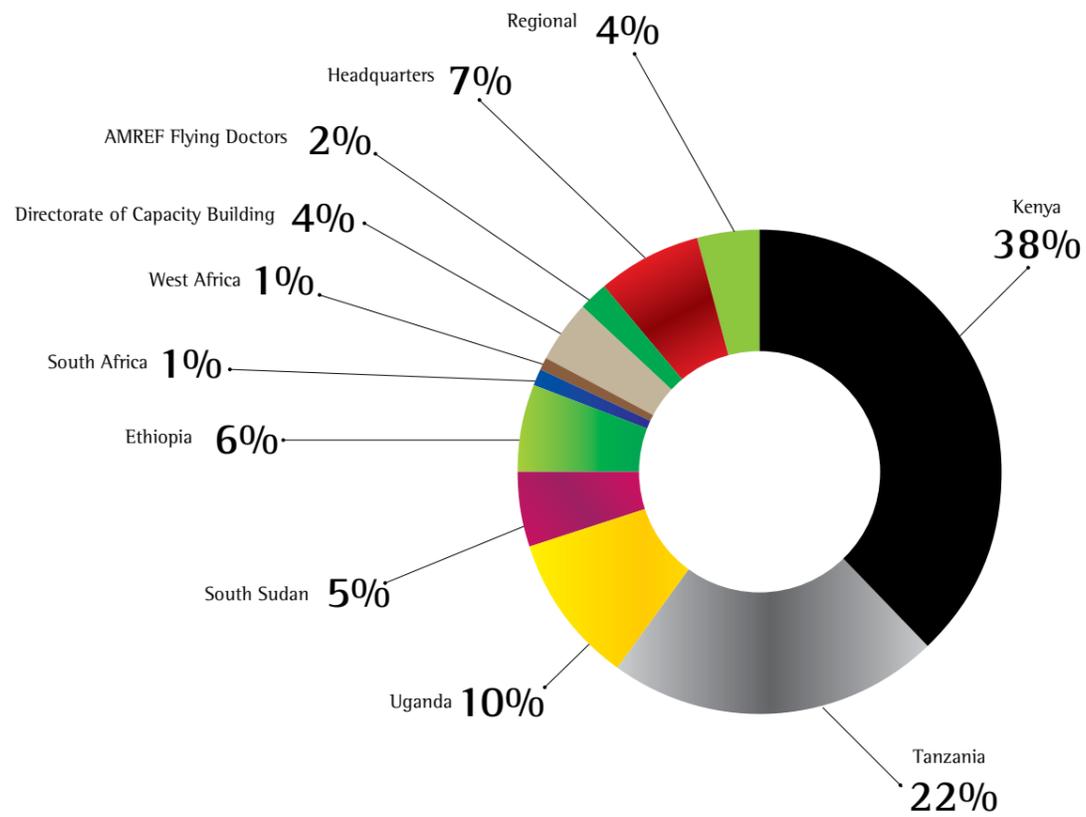
Financials

We have to hand back to the individual most of the responsibility for his own health, to show him he can safeguard that precious asset of health

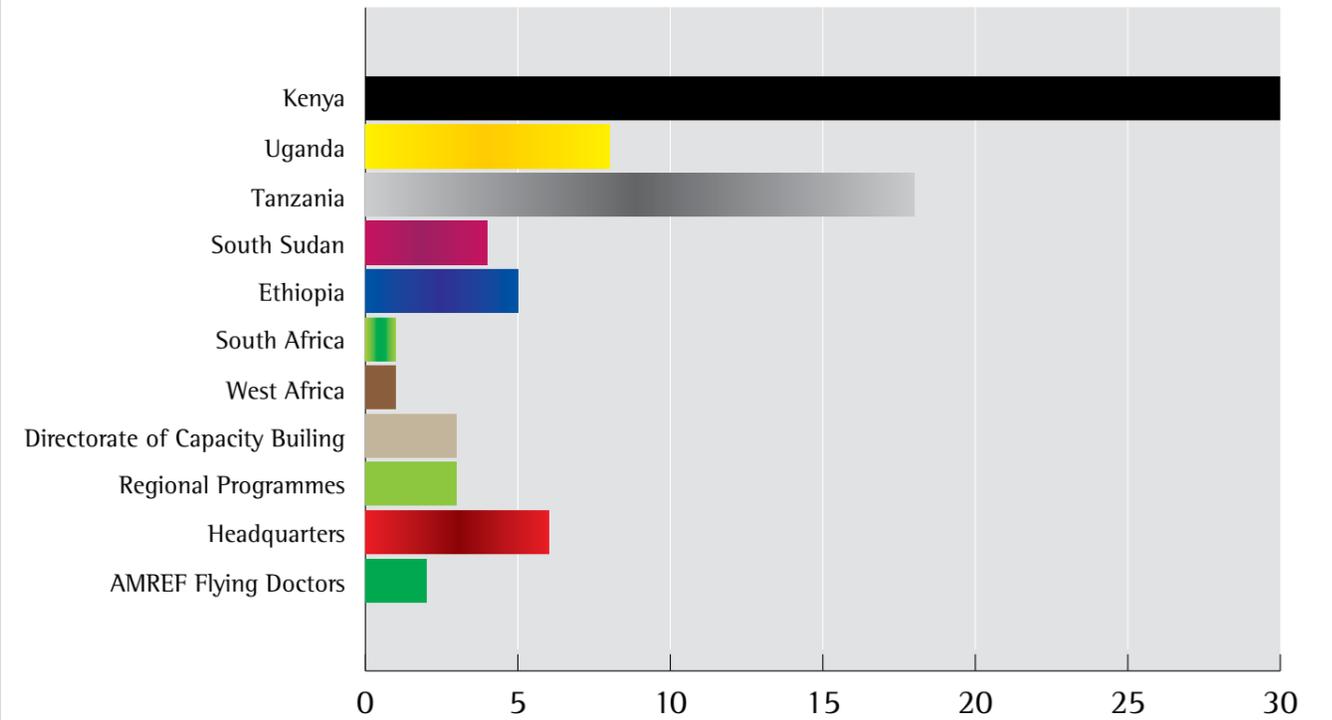
*Sir Michael Wood | AMREF founder
Quote from 'No Turning Back'*



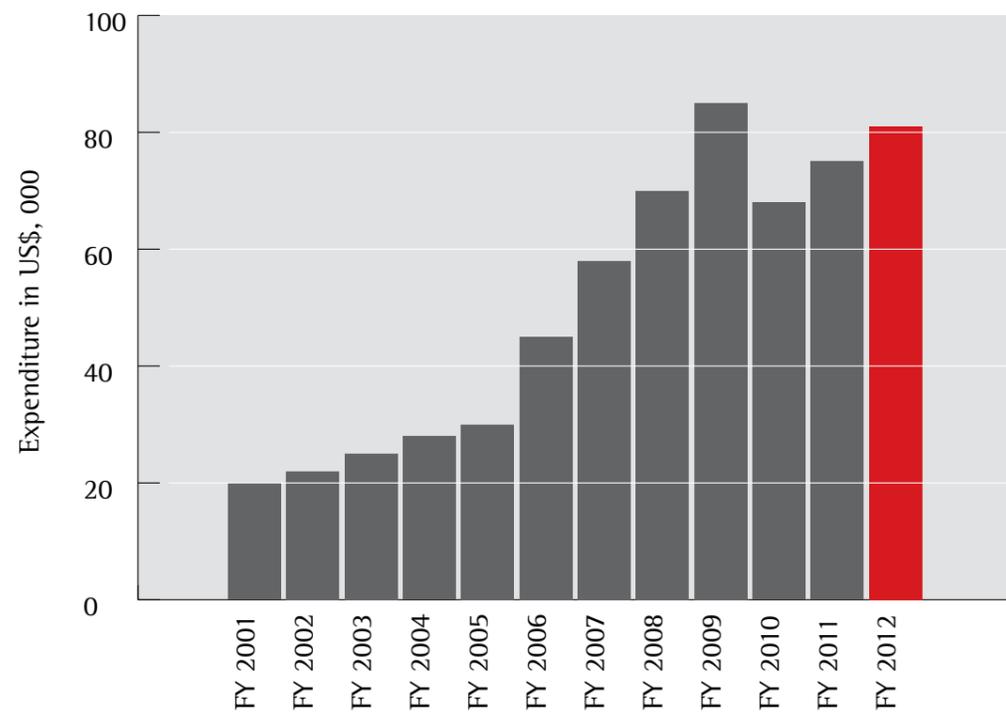
Annual Expenditure by Activity 2011 - 2012



Distribution of Expenditure 2011 - 2012



Annual Expenditure 2001 - 2012





6

The AMREF Team

We can diminish the unnecessary suffering which is such a sorry stigma in these days of plenty, technological brilliance and rapid communication

*Sir Michael Wood | AMREF founder
Quote from 'No Turning Back'*



AMREF Senior Management Team



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Jenny Panow	Director, Operations
Wanjiru Ruhanga	Director of Communications
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Dr Jane Carter	Technical Director, Clinical and Diagnostics Programme
Dr Abebe Aberra	Lead, HIV/AIDS and TB Programme
Dr Sylla Thiam	Lead, Malaria Programme
Austin Beebe	Lead, Water and Sanitation Programme
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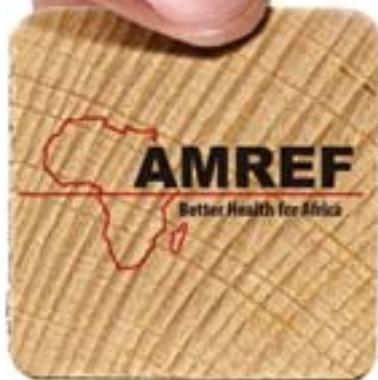
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