



Amref At a Glance.

Year 2025





Cover page photo

A trained health worker in Afar reaches rural children during a vaccination campaign to expand immunization coverage

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Women's conference facilitated by a trained member of health development army to promote maternal health, institutional delivery, and awareness of pregnancy danger signs, Kore Kebele, Gursum Woreda, Somali Region

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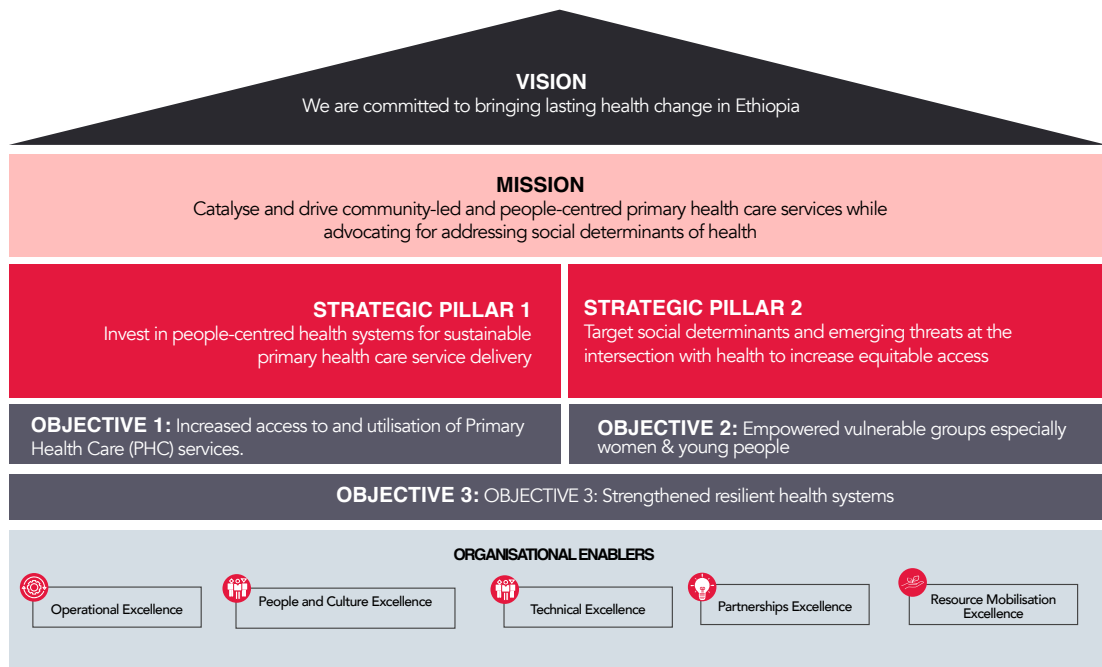
About Amref Health Africa

Amref Health Africa is the largest African-based international health development organization, reaching over 30 million people each year across 35 countries in sub-Saharan Africa. For nearly 70 years, we have worked with communities, governments, and local partners to deliver people-centered, community-led health solutions, supported by sister organizations in Europe and North America. Our subsidiaries include Amref Flying Doctors, Amref Enterprises Limited, and Amref International University.

Guided by our vision of lasting health change in Africa, we strengthen health systems and address the social determinants of health, empowering communities to shape decisions and hold systems accountable for quality, affordable care.

Amref has worked in Ethiopia since the 1960s and has been fully operational since 2002. In partnership with the Government of Ethiopia and communities, we implement a diverse portfolio, with a strong equity focus on women and young people, and on disadvantaged and hard-to-reach communities.

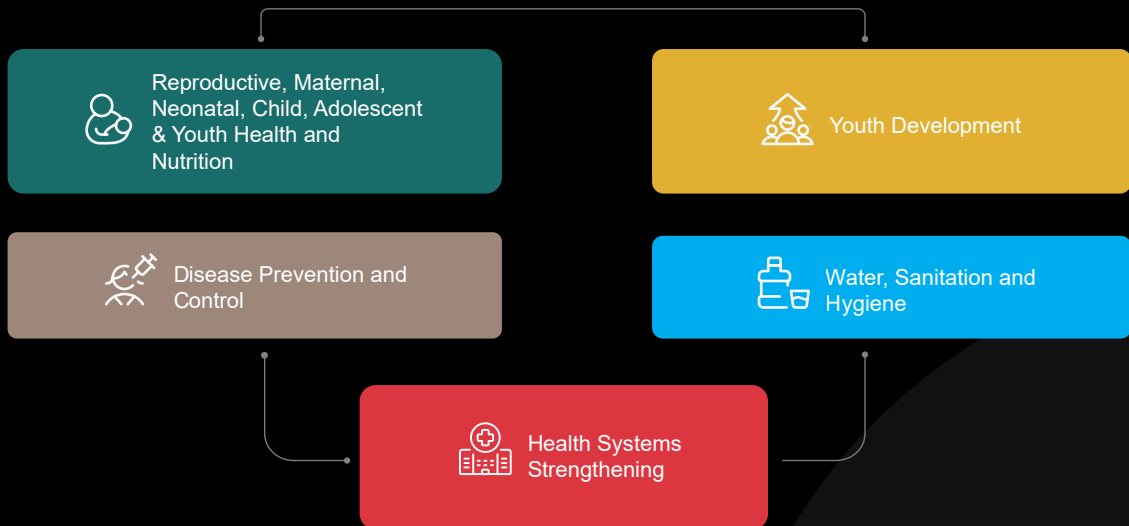
Our Strategy 2023-2030





Isha Mohammed, a mother of six and a co-owner of Mayramaa Meyrem, Hasna, Aysha and friends small shop trade partnership Association in Semera, Afar Region, building a stronger future through Amref's Women and Girls Lead Change for Gender Equality initiative
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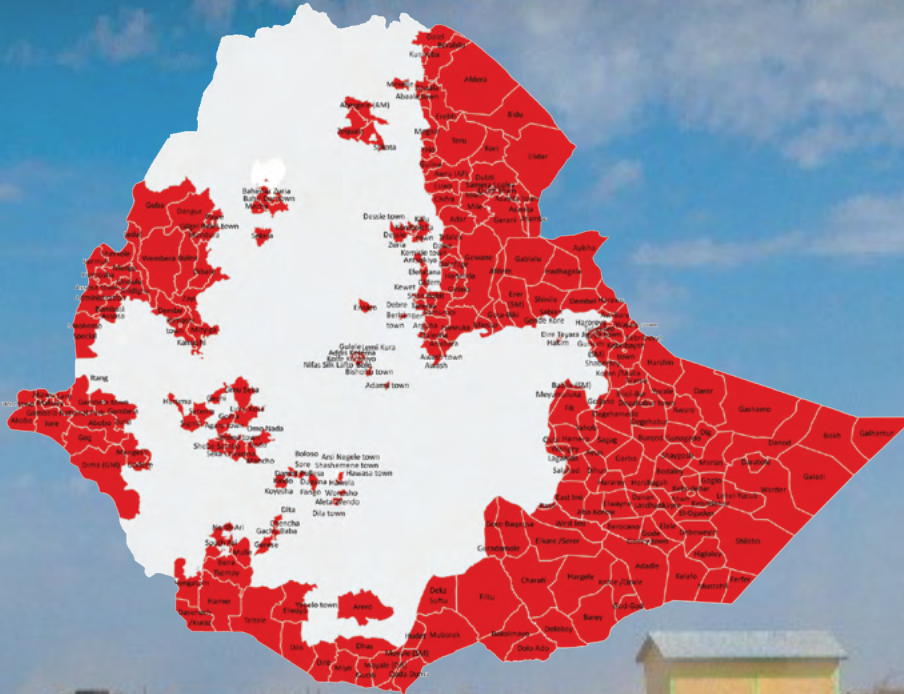
Our Programme Focus Areas



Through an integrated, multi-sectoral approach, we address cross-cutting priorities across these areas. We collaborate with key ministries and regional offices and implement projects in 12 regional states and two city administrations.

Our Geographic Footprint

We implement projects in 12 regional states and two city administrations.



Key Achievements



5.4 million

People reached



366

Districts covered



406

Health centres & hospitals supported



2.5 million

People immunized with support from all our programmes' intervention



1.2 million

Women received family planning services



122,958

People screened and treated for trachoma



195,000+

People accessed safe water supply...



6,374

Health workers trained



3,260

Youth & women trained on business skills



760

Youth/women job opportunities created



105 Infrastructure development (water scheme, youth friendly service corner, maternal & child health blocks, maternity waiting homes, one stop center, rehabilitation of health centres and hospitals)...



OUR STRATEGIC OBJECTIVES



A mother with her newborn in the delivery room at Kombolcha Health Center, where Amref renovated maternal and child health service delivery blocks, provided essential medical equipment, and trained health workers to improve quality care for mothers and newborns
©Amref Health Africa-Ethiopia/Kenaw G.

STRATEGIC OBJECTIVE - ONE

Increased Access to and Utilization of Primary Health Care Services

We work to improve equitable access to quality primary health care (PHC) as a pathway toward achieving Universal Health Coverage (UHC). To achieve this, we prioritize high-impact PHC programmes that drive positive health impact, particularly on women and young people. Key focus areas include reproductive, maternal, newborn, child, adolescent, and youth health and nutrition; water, sanitation and hygiene; disease prevention and control, and mental health. These efforts aim to improve overall health outcomes for our communities. We also prioritize designing integrated service delivery models and initiatives that emphasize quality improvement, leverage technology for more efficient PHC systems, and promote digital inclusion to ensure equitable access for all.

Reproductive, Maternal, Neonatal, Child, Adolescent & Youth Health and Nutrition Programme

Amref Health Africa works to improve reproductive, maternal, neonatal, child, adolescent and youth health and nutrition (RMNCAYH-N) in line with the Government of Ethiopia's priority agenda of meeting health quality and equity challenges. Rooted in a community-led and people-centred primary health care approach, the programme addresses health and well-being across the continuum of care—from reproductive health and pregnancy through childbirth, newborn care, childhood, adolescence, and youth.

Key Achievements 2025

1.2 million

Women received family planning services

192,000

Women received antenatal care four or more times

169,000

Births attended by skilled health workers

204,000

Children fully immunized



A pregnant woman attends prenatal care in Kombolcha, Amhara Region, where Amref delivers maternal and child health interventions
©Amref Health Africa-Ethiopia/Alexander A.



Zahara Ahmed, a health worker at GBV-SRH Service corner, where integrated medical, psychosocial, and legal services are provided to survivors of SGBV, Semera Health Center, Afar

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IMPACT STORIES

From Silence to Support: Strengthening Sexual and Reproductive Health and Gender-Based Violence Services

For many years, survivors of gender-based violence (GBV) and young people in Afar faced multiple barriers to essential sexual and reproductive health (SRH) services. Too often, health facilities lacked trained providers, private consultation spaces, and the most basic equipment. Survivors were left without confidentiality, dignity, or timely care forcing many to suffer in silence or travel long distances in search of help.

Through the Spanish Development Cooperation-funded Women and Girls Lead Change Project, implemented in partnership with the Afar Regional Health Bureau and local administrations, this reality began to shift. Following a needs assessment in Dubti Hospital, Semera Health Center, and Logiya Health Center, the project responded to urgent gaps with practical, life-changing support. One hundred professionals were trained, including health workers on GBV case management, providers on SRH and youth-friendly services, and legal officers on survivor-sensitive justice. Private rooms were renovated, essential equipment supplied, and referral pathways strengthened through Dubti Hospital's One-Stop Center.

The results have been encouraging. In just two years, more than 4,000 young people, most of them girls and young women, accessed youth-friendly SRH services. Around 120 GBV survivors received integrated medical, psychosocial, and legal support through improved referral systems. At Dubti Hospital, survivors now receive confidential, free, 24/7 care closer to compassion and healing.

These changes are about more than infrastructure. They represent restored dignity, safer spaces, and renewed hope for women, girls, and young people across Afar.

Demonstrating What Works: Evidence from Amref's 15 Years of Impact in Ethiopia

Amref Health Africa has worked in Ethiopia to improve health and well-being across the continuum of care, from pre-pregnancy through childhood. In 2025, Amref undertook a systematic review of its reproductive, maternal, newborn, child, adolescent and youth health (RMNCAYH) portfolio implemented between 2010 and 2025. The review examined 36 projects across seven regions and two city administrations to identify what worked, where challenges remained, and which lessons should inform future investment and programming.

Although most projects were implemented for an average of three years and in varied contexts, the evidence shows a consistent pattern of results. Across the portfolio, Amref applied a mix of approaches, including technology, private-sector engagement, task shifting, innovative service delivery models, and strong community participation. These interventions contributed to improvements in antenatal care, skilled birth attendance, postnatal care, family planning, immunization, and adolescent and youth health services.

The findings confirm that Amref's long-term, system-strengthening approach has delivered measurable improvements in health outcomes, service utilization, and equity, including in fragile and conflict-affected settings. Maternal and reproductive health indicators improved significantly, while social and behavior change interventions helped reduce early marriage and female genital mutilation/cutting (FGM/C). Investments in youth programming, human resources for health (HRH) and PHC also strengthened workforce capacity, service quality, and community–facility linkages.

A key lesson from the review is that community engagement makes health systems more resilient. During periods of crisis, community-embedded approaches proved especially effective in protecting essential services and sustaining results.

This evidence reinforces that impact is strongest when interventions are integrated, locally led, and aligned with national priorities. As an African-led institution, Amref is using these findings to sharpen future programming, scale what works, and ensure that donor investments continue to generate lasting, system-wide value.





A young pregnant woman receives a mobile ultrasound service in Dimtu Health Center, Wolaita, where Amref supports health centers to improve maternal and child health outcomes
©Amref Health Africa-Ethiopia/GE video screenshot

In the districts where Amref implements.....

- Antenatal care increased from **68.8%** to **75.8%**.
- Skilled birth attendance from **45.9%** to **69.1%**.
- Postnatal care from **23.1%** to **75.4%**.
- Contraceptive prevalence rose from **44.5%** to **59.2%**, while satisfaction with family planning services increased from **44.7%** to **89.6%**.
- Immunization coverage increased from **24%** at baseline to **47%** at end line.
- Early marriage declined from **48%** to **18%** in intervention areas, and FGM/C prevalence dropped by more than half in multiple regions.



A mother prepares her family's meal in Hamer, South Ethiopia, applying lessons from a cooking demonstration to improve maternal and child nutrition
©AAmref Health Africa-Ethiopia/Samuel A - Negari Communication

| Disease Prevention and Control Programme

Amref Health Africa addresses communicable and non-communicable diseases (NCDs), neglected tropical diseases (NTDs), nutrition, and public health emergencies by strengthening prevention, early detection, treatment, referral, and community-based services.

Our Disease Prevention and Control (DPC) Programme prioritizes high-burden conditions including malaria, HIV and TB; NTDs such as trachoma and helminthiasis; NCDs including cardiovascular diseases, diabetes, injuries and mental health; and emergency priorities such as polio, measles, COVID-19, severe acute malnutrition, maternal and perinatal death surveillance and response. Guided by an integrated approach, our DPC Programme links health promotion, service delivery, and health system strengthening to provide comprehensive, people-centered care, while also advancing emergency preparedness, response, and resilience-building to reduce communities' vulnerability to shocks.





Key Achievements 2025

Immunization Systems Through Data and Local Leadership Strengthened

Amref Health Africa, in partnership with the Ministry of Health and sub-national structures, led one of Ethiopia's largest immunization initiatives across 57 districts in four regions. Using house-to-house digital headcounts, the programme generated real-time data on zero-dose and under-immunized children, enabling more precise targeting and microplanning.

Through an integrated outreach model, Amref delivered multiple vaccines efficiently while identifying barriers to immunization and informing practical, evidence-based solutions. This work also contributed to national strategy development, scale-up planning, and the establishment of the Immunization Impact Hub to strengthen collaboration and learning.

The results were significant: zero-dose cases fell by 80% from baseline, while full child immunization coverage increased by 17%. These achievements demonstrate the value of data-driven, equitable, and scalable approaches to reaching children with life-saving vaccines.



1.9+ million

Children under 5 vaccinated through Saving Lives and Livelihood & Pfizer projects

4,371

People received Trachomatous Trichiasis (TT) Surgery

122,958

People screened and treated for trachoma

Oncology center established with around

70 patients started receiving care and treatment

86

Primary eye care units established/supported

Under the One Health Initiative **1,512** households benefited from animal curative services, **22,500+** animals vaccinated and received curative care

IMPACT STORIES

A Mother's Hope Restored as Conflict-Born Child Receives First Vaccines

In Ethiopia, an estimated 3.9 million children are “zero-dose,” meaning they have never received a single routine vaccine. Many live in remote areas, while others have been cut off from health services by conflict and displacement. For these children, preventable diseases such as measles, polio, and pneumonia remain a daily threat.



A mother getting her child vaccinated during immunization campaign in Tigray
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Three-year-old Philmon Haylome from Hahayle district in Tigray is one of them. Born during the conflict, he missed all his routine vaccinations as health services collapsed. His mother, Kisanet Teklay, feared it was too late. “My child was born during the fighting. Health services had stopped. I thought once a child grew older, he could no longer be vaccinated,” she said.

Through the Saving Lives and Livelihoods Project, implemented by Amref Health Africa in partnership with Africa CDC and funded by the Mastercard Foundation, trained health teams used digital headcount and mobile outreach to reach remote communities like Philmon’s. He was

identified as a zero-dose child and received three life-saving doses, protecting him against seven vaccine-preventable diseases.

Philmon is one of more than 3,000 zero-dose children reached through the project, showing how targeted support can restore hope and protect children’s futures.

When Treatment Comes Home, Hope Returns

Ga'as Ibad, 22, lives in Afar. Cancer has been part of his life for the last five years. At first, he and his family tried everything. They traveled to Dessie, then to Addis Ababa, and even as far as Djibouti, a neighboring country, in search of treatment. When he began treatment in Djibouti, Ga'as was still able to walk. Over time, however, his illness worsened. The cancer spread to his hip and caused a fracture, leaving him unable to walk.

His journey has been exhausting. He traveled every 7 to 15 days for follow-up care, paying whatever his family could afford and holding on to hope even when the results did not change. For years, he and his family struggled financially, physically, and emotionally. His family sacrificed everything they could to keep him alive.

Ga'as is now receiving chemotherapy at the oncology center established by Amref Health Africa at Dubti Hospital, closer to his home. He has gone through rounds of treatment that have begun to improve his condition. Although the journey has not been easy, he is starting to see small signs of progress. One of his legs, which had been completely cold and without movement, has shown slight improvement. He is also now able to urinate without difficulty. These may seem like small changes, but for Ga'as and his family, they represent hope.

He is willing to receive any treatment that can help him fight the disease and reclaim his life. Most importantly, he no longer has to travel long distances, spend money his family does not have, or leave his community to access care.

For Ga'as, receiving treatment near home means everything. It gives patients like him not only a chance to survive, but also a reason to hope again. His hope has now returned.

Amref Health Africa, in partnership with Ethiopia's Ministry of Health, Afar Regional Health Bureau and financial support from the Bristol Myers Squibb Foundation, launched a groundbreaking oncology initiative in the Afar region. The initiative focuses on establishing a cancer treatment and research center at Dubti General Hospital to provide chemotherapy and early detection services. By bringing cancer care closer to local communities, the center aims to improve access to timely diagnosis and treatment, enhance patient outcomes, and increase survival rates.





Community members fetch water from newly constructed water scheme by REACH project, Borena, Oromia Region
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| Water, Sanitation and Hygiene Programme

Since 2004, Amref Health Africa has delivered integrated, community-managed WASH solutions across Ethiopia, reaching pastoralist communities, remote rural areas, and urban slums. Our work focuses on expanding reliable water and sanitation services, improving hygiene practices, and building local capacity so communities can manage and sustain their own systems. By linking WASH with livelihoods and income-generating opportunities, we help families break cycles of illness and poverty. Through climate-resilient, gender-responsive, and inclusive approaches, and in partnership with government, communities, and the private sector, we advance lasting health gains aligned with Ethiopia's priorities and the Sustainable Development Goals.

Through our WASH initiative, we have:

- Increased access to safe, affordable, and adequate water supply.
- Enhanced community sanitation to reduce disease risks.
- Improved hygiene service delivery and strengthen institutional capacity.

Key Achievements 2025

195,000+

People accessed safe water supply

127,000+

People accessed handwashing facilities

150,000+

People accessed (improved) sanitation facilities

32

New water supply, rehabilitation and extension of water sources carried out

35

Inclusive sanitation facilities constructed including eight MHM safe spaces at schools



Schoolgirls drink water and wash their hands at a water point constructed by Amref through the REACH Project at Boro Primary School, Bore Kebele, Jimma — providing students with safe water, improved hygiene, and a healthier learning environment

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IMPACT STORIES

Leading by Example: How Naima Sparked a Sanitation Transformation in Her Community

Naima Kalbi has spent years serving her community as a health extension worker in kacho Tirtira kebele, Limu Kosa Woreda, Jimma Zone. A wife and mother of one, she is known for her dedication to helping families live healthier lives. But when she began promoting improved sanitation in her community, progress was slow.

After receiving training from Amref Health Africa's REACH project on sanitation marketing, and learning about sanitation loans offered through Siinqee Bank, Naima was determined to help families build improved latrine. Yet for an entire year, only two households acted. Poverty, hesitation, and limited trust in the loan system made change difficult.

Rather than give up, Naima decided to lead by example. She took out a sanitation loan herself and built a standard latrine at her own home. Then she went door to door, inviting neighbors to see it and explaining how improved sanitation could protect health, restore dignity, and provide privacy.

Her example changed minds. Within just two months, the number of households using sanitation loans to construct improved latrines rose from 2 to 69. Naima's story shows how local leadership, paired with practical support, can spark lasting change.



Naima Kalbi, a health extension worker, showcases her improved household sanitation facility, built through a sanitation loan and local mason support, inspiring neighboring families to adopt better sanitation practices

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Youth economic empowerment through Amref integrated projects supported vocational training at Debreberhan
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STRATEGIC OBJECTIVE - TWO

Empowered Vulnerable Groups, Especially Women and Young People

We work towards advocating for the social determinants of health and addressing the health-related challenges that intersect with broader social issues. Our aim is to empower women and young people through five key interventions: enhancing livelihoods, mitigating the impact of climate change on health, promoting gender and social inclusion, encouraging positive behavior change, and building the capacity of civil society organizations (CSOs) to support social accountability.

| Women and Youth Development

Under Amref Health Africa's strategic focus on Women and Youth Development, we are committed to enabling young people to lead, influence, and advocate for their own health and development. We maximize youth engagement by positioning young people as equal partners in designing and delivering youth-led and youth-friendly solutions, recognizing that their meaningful participation, ownership, and leadership are essential to improving health outcomes in their communities. At the same time, we recognize that sustainable change also depends on strengthening women's economic empowerment by expanding opportunities for skills, livelihoods, agency, and participation in community development. By investing in both youth leadership and women's economic empowerment, we help build healthier, more inclusive, and more resilient communities where women and young people can thrive and drive lasting change.

Key Achievements - 2025

3,260

Youths and women trained on business and entrepreneurship skills

1,610

Youth (618 females, 14 youth with disabilities) trained on digital solution, of which 42 linked to wage or self-employment opportunities

13,746

Kefeta SACCO member with 1,580 youths launch business with loan received

6,618

Youth trained or participated in advocacy and policy activities

761

Youth and women with job and employment opportunities created

2,063

Survivors of gender-based violence received health care services

IMPACT STORIES

From Standstill to Skills

Yared Mesfin was at a standstill. After completing grade 12, he did not pass the national exam, and financial constraints kept him from pursuing further education.

That changed when he learned about the Amref and Vodafone Foundation supported Digital Youth Inclusion Initiative at the Nifas Silk Youth Center. Through the initiative, Yared gained free access to in-person training in graphic design and videography, alongside online certification courses. For him, this was more than training—it was an opening.

At a time when many youth programmes were disrupted, Amref maintained access to learning platforms already embedded in communities. Youth centers remained operational, digital devices and connectivity were available, and blended learning pathways continued.

With access to tablets, internet, and structured learning, Yared moved from uncertainty to progress. He is now building marketable digital skills and working toward internationally recognized certification—positioning him for internships and employment.



Rebuilding Through Opportunity

Fuad Mohammed began small trading while in eighth grade, buying and selling goods for profit, and the income helped him support himself through a master's degree. Initially, he operated injera (Ethiopian staple soft bread) baking and distribution business and also run a small food café. Through youth mobilization, he joined Kefeta youth SACCO as a coalition member and gained business skills through multiple trainings, including a trainer-of-trainers programme.

After a fire destroyed much of his café, he secured ETB 200,000 loan from the Kefeta Youth SACCO to rebuild his business. The 15-day loan process helped him resume work quickly. He now runs injera and coffee businesses, has opened two coffee shop branches, repays on time, and plans to expand further.

“Joining Kefeta SACCO is a great opportunity for youth, as they not only receive loans but also gain technical knowledge to help them start their own businesses,” Fuad said.



From Vision to Daycare Venture

After earning a degree in Midwifery, Betel pursued Business Management to expand her career prospects. While freelancing, she noticed a major gap: limited access to quality daycare services. Driven by her caring nature and desire to support working families, she created a business plan, conducted a feasibility study, and saved through Kefeta Youth SACCO. Six months later, Betel secured a loan and launched Sister Betel Daycare. Today, the center cares for 25 children and employs three staff. More than a business, it provides safe, nurturing care while helping parents balance work, family, and community life with confidence, hope, and dignity daily.



A young woman runs a daycare business with loan and business training support she received from Kefeta SACCO

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Revitalizing Livelihoods Through Home Gardening

Asi Muga, a mother living in Kaysa Village in Hamer Woreda, has spent much of her life working hard to provide for her family of six. For years, she depended on small-scale farming, and when income fell short, she turned to goat fattening and oxen trading to survive. But a severe drought wiped out everything she had built, leaving her family vulnerable and uncertain about the future.

Although Asi had a small plot of land near her home and access to a nearby water source, she had not seen these as a path forward. That changed when Amref Health Africa's multi-sectoral intervention project in South Omo selected her to join a home gardening group in collaboration with local agriculture offices and kebele leaders.

With training, seeds, and practical support, Asi began preparing land, raising seedlings, and transplanting vegetables such as tomatoes and red onions. In one season alone, she harvested more than two quintals of produce and earned over ETB 12,000.

With that income, she bought goats again and began rebuilding her livelihood. Today, Asi's journey is inspiring others in her community and showing how the right support can help families move from crisis to resilience.



Asi Muga, first from left, with fellow members of her home gardening group, collecting the season's tomato harvest for sale and household consumption

From Graduate to Entrepreneur: A New Beginning for Anbiya and Her Friends

For many young women in Afar, earning a university degree does not guarantee a job or financial independence. Cultural expectations, limited opportunities, and economic hardship often leave educated women with few options. Anbiya Zinabu, a 24-year-old civil engineering graduate, knows this struggle deeply. Married and eight months pregnant, she spent more than a year searching unsuccessfully for work in Dubti.

Her story began to change through the Women and Girls Lead Change for Gender Equality Project, implemented with the Women and Social Affairs Bureau and the Labour and Skill Bureau. When the project announced support for women entrepreneurs, Anbiya joined five other young women to form a business group. After receiving entrepreneurship and life skills training, they identified a simple but powerful opportunity: Dubti had no formal laundry service, despite high demand.

With technical guidance from TVET college experts, the group developed a business plan, secured official registration, and received practical training, start-up equipment, and financial support. Today, they run Dubti's only formal laundry service, providing washing and ironing services to civil servants and daily laborers who struggle with time and water shortages.

Their business is generating income, building confidence, and creating a powerful example for others. For Anbiya and her friends, this is about more than livelihoods, it is about dignity, independence, and hope. They are proving that with the right support, young women can lead businesses, transform their futures, and inspire lasting change in their communities.



Anbiya Zinabu, a lead member of a laundry service provider group in Dubti, Afar, a women empowerment initiative supported by Amref Ethiopia

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Health administrative staff maintain records and management data at Obale Health Center in Deghabur, Somali Region
©Amref Health Africa-Ethiopia/ Kenaw G.

STRATEGIC OBJECTIVE - THREE

Strengthened Resilient Health Systems

To effectively address PHC needs and manage emerging health threats, it is essential to strengthen integrated health systems that support both health and preparedness. Our approach to building more resilient community health systems focuses primarily on three key areas: HRH, health care financing, and leadership, management, and governance (LMG). Additionally, we emphasize the implementation of robust health information systems to support data-driven decision-making and improve system efficiency.

| Health System Strengthening

Amref Health Africa in Ethiopia works to strengthen health systems so that communities can access quality, equitable, and people-centered health services. Our support focuses on the core building blocks of the health system, including primary health care, human resources for health, governance and leadership, health financing, service quality, health information systems, and emergency preparedness.

Working closely with the Ministry of Health, regional health bureaus, health facilities, training institutions, and communities, we help improve the availability, readiness, and use of essential health services, especially for women, children, and underserved populations. This includes building the capacity of health workers, strengthening planning and accountability systems, improving data use for decision-making, promoting more efficient and equitable use of health resources, advocate for improved health care financing and supporting health facilities with practical solutions that enhance service delivery.

Key Achievements

GEOGRAPHIC FOOTPRINTS

366 Districts reached

406 Health centers and hospitals reached

PRIMARY HEALTH CARE LEADERSHIP AND GOVERNANCE

15 District level multisectoral functional coordination established.

Health facilities with good governance index **80%** - rose **3% to 63%**, and high-performing health units rose from **8% to 45%**.

500+ Health staff trained in leadership, management and governance

HUMAN RESOURCE FOR HEALTH

3,371 Health care workers trained

3,003 Health development army members trained

2,559 Village health leaders deployed

HEALTH FACILITY INFRASTRUCTURE

12 Health facilities, youth friendly corners, skill labs & health posts were constructed

27 Maternal and child health rooms renovated for better services delivery

FINANCIAL MANAGEMENT

- Public Financial Management (PFM) Index improved from **37.1** to **95.2**, reflecting strengthened planning, execution, and accountability.
- Reimbursement for exempted services increased from **17.5%** to **94%**, significantly reducing service interruptions.
- Revenue retention and utilisation per Primary Health Care Unit (PHCU) increased from ETB **1.5 million** to ETB **2.7 million**.
- Community Based Health Insurance enrolment rose from **58%** to **74%**, while timely reimbursement improved from **19%** to **94%**.
- Health budget utilisation reached **100%** across all three woredas.

IMPACT STORIES

Bringing Health Care Closer: How Local Investment Strengthened Primary Health Care

Every morning, Abraham Assefa opens the small laboratory at Obale Health Center in Degehabur woreda, preparing for the people who will soon arrive—pregnant women coming for check-ups, mothers carrying newborns, children with fever, and families seeking care close to home. In a community where distance, cost, and uncertainty often delay treatment, every patient who walks through the door is a sign of growing trust.

That trust has more than doubled. Just months ago, the health center saw only 60 to 70 clients a month. Today, it serves more than 160.

For Abraham, this change became possible when the health center received essential laboratory equipment, including a Complete Blood Count machine, along with the training needed to use it well. “Now I can provide reliable, high-quality services,” he says. For pregnant women, the impact is especially important: the machine helps detect anemia early and allows timely referral for urgent care, often without repeating tests at the hospital.

This progress is part of the Improve Primary Health Service Delivery project in Somali Region, where partnership, local cost-sharing, and community support are strengthening primary health care. For families in Obale, that support means faster diagnosis, better maternal care, and lifesaving services closer to home.



Abraham explains how communities benefit from the medical devices in the lab at Obale Health center, Deghabur
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Health administrative staff maintain records and manages client data at Kalu Health Center, Amhara Region
©Amref Health Africa-Ethiopia/Milkiyas A.

Less Time Looking for Files, More Time Caring for People

In hospitals where shelves once overflowed with paper files and patients waited anxiously for their cards to be found, a quiet transformation is now underway. Through the Gates Foundation-funded IHSS Project, Amref Health Africa, in collaboration with the Regional Health Bureaus launched a new electronic medical record (EMR) system in selected hospitals.

With an investment of nearly ETB 50 million, the initiative helps strengthen health systems by providing hospitals with the equipment and support they need: computers, servers, UPS units, networking, staff training, and ongoing technical assistance. More than a technology upgrade, the EMR system enables a shift toward a more responsive, data-driven and patient-centered health service.

At Aleta Wondo General Hospital in Sidama Region, which serves more than 1.1 million people, the impact is already visible. Until recently, the hospital relied entirely on paper records, with nearly 200,000 patient cards stored manually. Retrieving a file could take up to an hour. Cards were often misplaced, clinical notes were incomplete, and care providers had limited access to full patient histories.

Today, those crowded record rooms are giving way to digital efficiency. Patient information can now be retrieved instantly, waiting times have fallen sharply, and providers makes decisions with clearer, more complete data. The hospital has also dramatically reduced its annual printing costs, previously estimated at ETB 5 million. Hospital leadership matched this investment with strong commitment, spending ETB 7.5 million to strengthen internal infrastructure, recruit IT staff, and fully integrate the system across service areas.

“EMR is not just a technology upgrade, it is a service transformation,” Fitsum, the Hospital CEO, said. EMR focal person Yohannes echoed this shift powerfully: “Before EMR, we searched for cards. Now we search for solutions to improve care.”

It is a simple change with profound meaning: less time looking for files, and more time caring for people.



Community members gather to assess health service delivery through the Community Scorecard approach, facilitated by trained local client councils at Kotu Health Center, North Shoa, Amhara Region
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Back on the Road: Women’s Voice Restored a Life-Saving Service

Kotu Health Center in Amhara Region faced a serious problem when its ambulance remained out of service for months due to delayed maintenance. In a setting where distance and transport costs can mean the difference between life and death, the consequences were severe. Thirty-four mothers, along with 18 newborns and children experiencing emergencies such as postpartum hemorrhage, prolonged labor, abortion complications, birth asphyxia, and hypothermia, could not be referred on time. Families were forced to seek costly private transport, while some discontinued care altogether. The burden fell hardest on the poorest households, health workers became discouraged, and community trust in the health system weakened.

Through Amref Health Africa’s Women’s Voice and Local Ownership (WVLO) project, members of the community gained a platform to make their concerns heard. Local client councils were formed and trained in the Community Scorecard (CSC) approach and facilitation skills. These councils organized scoring sessions and facility visits, creating a structured and collective space for citizens to voice concerns, identify priorities, and demand action.

The ambulance issue repeatedly emerged as the community’s top concern. Using the Joint Action Plan process, and with sustained follow-up, the councils engaged health center leaders and pushed the issue to woreda-level authorities. Their persistence turned community concern into government action.

By August 2025, the ambulance was repaired and back in service. This restored timely referrals, reduced family costs, improved staff morale, and rebuilt trust. Kotu’s experience shows that when communities are organized and their voices are heard, social accountability can drive real, life-saving change.

Advancing SDG-3 through Data-driven Pathways

In 2025, Amref Health Africa strengthened its partnership with Ethiopia's Ministry of Health to support the development of the country's 'SDG-3 Acceleration Roadmap', placing evidence and modeling at the heart of national decision-making on maternal and child health. The roadmap offers a practical, data-driven pathway for closing persistent gaps in health outcomes while building a more resilient and equitable health system by 2030.

Working closely with the Ministry and Regional Health Bureaus, Amref developed scenario-based SDG-3 modeling to show where targeted investments could deliver the greatest impact under real system conditions. The analysis translated national data into clear policy options, helping decision-makers prioritize interventions that are both high-impact and feasible within existing primary health care platforms.

The modeling suggests that expanding effective coverage and ensuring women receive timely, high-quality maternal health services could help avert an estimated 4,000 maternal deaths in 2030 alone. These gains depend not only on service availability, but also on strong health systems, including skilled health workers, reliable supplies, functional referral networks, and service readiness.

This work reflects Amref's broader commitment to supporting national leadership with credible evidence, practical tools, and locally grounded solutions that drive lasting impact.





OUR PARTNERSHIPS

Strengthening Local Partnerships and Institutional Capacity

Amref Health Africa in Ethiopia is advancing locally led development by working closely with civil society organizations (CSOs). Over the past financial year, Amref partnered with 14 local CSOs, entrusting them with the management and implementation of programmes valued at approximately USD 1.8 million. This reflects Amref's commitment not only to effective programme delivery, but also to empowering local actors as key drivers of sustainable development.

Through its organizational development and systems strengthening model, Amref has also made deliberate investments in building resilient, well-governed, and high-performing partner organizations. As a result, partners have:

- Strengthened governance and leadership,
- Improved standard operating procedures and management systems,
- Enhanced financial controls and human resource capacity, and
- Reinforced planning, monitoring, evaluation, accountability, and learning (PMEAL), knowledge management, safeguarding, gender equality, and social inclusion systems.
- Strengthened local CSOs capacity through outcome harvesting initiative - an adaptive monitoring, evaluation and learning approach that identifies and verifies observable changes influenced by social actors.

Amref has also expanded strategic engagement with private sector and international partners to enhance programme impact and innovation. Over the past year, six private sector partners managed resources exceeding USD 700,000, reflecting a shift from transactional relationships to more strategic, value-driven collaboration. These partners contributed to programme co-creation and implementation, bringing expertise and shared ownership. At the same time, partnerships with universities and global organizations have brought international exposure, technical expertise, and best practices into programming. Together, these collaborations have strengthened programme design and delivery, promoted cross-learning, and reinforced Amref's commitment to sustainable, high-impact development.

IMPACT STORIES

Local Civil Society Organizations Lead Change when Supported and Equipped

Local CSOs are deeply rooted in the communities they serve, making them trusted voices, first responders, and powerful agents of change. Through the Power to You(th) programme, grassroots CSOs are being strengthened to protect and expand civic space, particularly for young people, while delivering sustainable, community-driven solutions.

One such partner is Dinber Yelesh (Borderless) Charity Association, a local CSO based in the Amhara region. Established in 2006 by 15 committed volunteers, the organization has become a source of hope for vulnerable children, youth, and older people through education support, social welfare initiatives, and substance abuse prevention.

With support from Amref Health Africa's Power to You(th) project, Dinber Yelesh has strengthened its organizational capacity and advocacy skills, enabling it to influence local decision-making and better serve adolescent girls and young women. In Bahir Dar, the organization joined other local CSOs to advocate for action against alcohol and substance-selling kiosks located near schools. Their efforts contributed to a city-level commitment to regulate these spaces, helping create safer environments for students.

Dinber Yelesh also successfully engaged the Bahir Dar City Administration to secure land for a permanent office, strengthening its long-term sustainability. Its story shows that when local CSOs are supported and equipped, they can drive lasting change and build stronger futures for young people and their communities.



RESEARCH CORNER - Our Evidence from Programmes Implementation

In 2025, our teams generated evidence that strengthens programmes, informs policy, and improves health outcomes for communities we serve, reflecting our commitment to evidence-based learning and impact. We invite you to explore and read the full studies to see the insights and innovations shaping our work.

Gender Disparities and Barriers to Access and Use of Essential Health Services in Ethiopia: Designing Primary Health Care Through Gender Lens

This study explored gender barriers to access to and use of MCH services in the primary health care (PHC) setting in Ethiopia. An exploratory qualitative study was conducted in nine districts in Ethiopia.



Assessing the Effects of Menstrual Hygiene, Water, and Sanitation on Girls' Academic Performances in Public Schools, Ethiopia

Using a cross-sectional mixed study design with 912 public schoolgirls, this study examined the relationship between menstrual hygiene management (MHM), WASH services, and girls' academic performance in Ethiopia.



The Role of Family Planning in Enhancing Community Resilience: Insights from Drought-Affected Youths and Women in Ethiopia

With a mixed-method comparative cross-sectional study involving 1,712 participants, this study examined the role of family planning in resilience building among youths and women in drought-affected and food-insecure regions.



Facility Readiness and Experience of Women and Health Care Providers in Receiving and Delivering Obstetric Care in Comprehensive Health Posts in Ethiopia: A Mixed Method Study

This study assessed the readiness of comprehensive health posts (CHPs) to deliver obstetric care and explored the experiences of women and healthcare providers.



Impact of Trachoma Elimination Efforts in Afar Regional State, Ethiopia: Survey Findings from 26 Evaluation Units

Following interventions to eliminate trachoma in Afar, this study reassessed the prevalence of trachomatous trichiasis (TT) and trachomatous inflammation-follicular (TF), and identified factors associated with the disease.



Networks of Care for Optimizing Primary Health Care Service Delivery in Ethiopia: Enhancing Relational Linkages and Care Coordination

This paper describes lessons from the Networks of Care (NoCs) approach implemented by the IPHCSD project to optimize primary health care service delivery in Ethiopia.



Groundwater Suitability Mapping in Jimma and Borena Zones of Ethiopia Using GIS and Remote Sensing Techniques

This study employs GIS, Remote Sensing (RS), and the Analytical Hierarchy Process (AHP) to delineate groundwater potential zones and support sustainable groundwater management strategies.



The Relationship of Climate Change and Malaria Incidence in the Gambella Region, Ethiopia

This study investigates the relationship between climate variables and malaria incidence in Ethiopia's Gambella region, a hotspot for malaria transmission.



Impact of the Health Bazaar Initiative on Sexual and Reproductive Health Service Use in Ethiopia

This study evaluates the effectiveness of the Health Bazaar model in improving access to SRH services in intervention areas compared to non-intervention areas using routine SRH services.



Capacity and Performance of Primary Health Care in Ethiopia: A Novel Mixed Methods Measurement in Low-Income Country

This research assesses the capacity and performance of PHC in Ethiopia using a customized version of the WHO PHC Measurement Framework and Indicators.



Gender and Vaccine Acceptance in Ethiopia: A Mixed-Methods Assessment of Hesitancy, Decision-Making, and Equity

This study examines gendered influences on vaccine hesitancy and acceptance, including caregiver roles, autonomy, and household decision-making, to inform future strategies.



Cost-Effectiveness of Youth-Friendly Health Services in Health Post Settings in Jimma Zone, Ethiopia

This study evaluates the cost-effectiveness of youth-friendly health services implemented in rural health posts in Jimma Zone through HEWs trained to deliver tailored, age-appropriate care.



The State of Youth Sexual and Reproductive Health Problems and Service Utilisation in Major Towns of Ethiopia

The study assesses the prevalence of reproductive health problems among youths in urban Ethiopia, as well as service utilisation and associated factors.





INTEGRITY

—
Demonstrating high ethical standards in all our dealings



THE AFRICAN SPIRIT



UBUNTU

—
Embracing compassion based on our fundamental shared humanity



QUALITY

—
Ensuring excellence is core to our planning and execution

Lasting Health Change in Africa



Adele Ahmed greets her co-workers as she begins her day's duties at Angore Health Center in Gursum Woreda, Somali Region

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