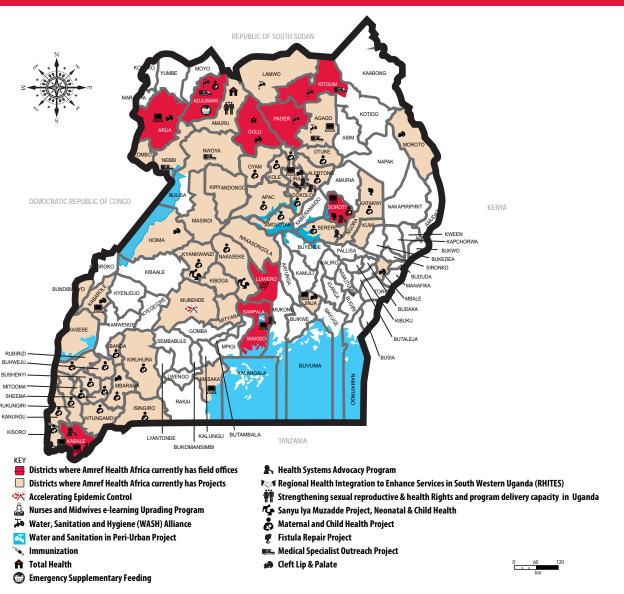






Amref Health Africa in Uganda Programme 2017 - 2019



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List of **ACRONYMS**

AIMS Amref Information Management System

AHAIC Africa Health Agenda International Conference

CDC Center for Diseases Control CHW Community Health Workers

CPD Continuous Professional Development

ERP Enterprise Resource Planning

FINISH Financial Inclusion in Sanitation Health HUW Human Immuno-Deficiency Virus Health Sector Development Plan

Johnson and Johnson

ICT Information and Communication Technology
LMG Leadership Management and Governance

M&E Monitoring & Evaluation

MEL Monitoring Evaluation and Learning

MOH Ministry of Health

MSOP Medical Specialized Outreach Program

NCD Non-Communicable Diseases
NGO Non-Governmental Organization

ODF Open Defecation Free
PHC Primary Health Care
QI Quality Improvement
RAIN Replenish Africa Initiative

RHITES Regional Health Integration to Enhance Services

RMNCAYH Reproductive, Maternal, New-born, Child, Adolescent and Youth Health

SDG Sustainable Development Goal

SO Strategic Objectives

SRHR Sexual Reproductive Health

TB Tuberculosis

UHC Universal Health Coverage
UNHS Uganda National Health Survey

USAID United States of America Aid for International Development

USD United States Dollars
VHT Village Health Team

VMMC Voluntary Medical Male Circumcision

WASH Water, Sanitation and Hygiene WHO World Health Organization

OVERVIEW OF AMREF HEALTH AFRICA

OVERVIEW:

Amref Health Africa is the leading health development international Non-Governmental Organization (NGO) with headquarter in Nairobi, Kenya and with strong regional presence across 35 African countries that are supported by five country offices namely; Ethiopia, Kenya, South Sudan, Tanzania and Uganda, and two regional hubs in South Africa and Senegal in West Africa. The organization has a total workforce of more than 1,140 staff. Amref is proud of over 60 years of experience in health development for Africa, capacity building and health systems strengthening.

OUR CORPORATE VISION:

OUR MISSION STATEMENT:

Lasting health change in Africa

To increase sustainable health access for communities in Africa through solutions in human resources for health, health service delivery, and investments in health.

OUR MANIFESTO

Our values have been the guiding principles and foundation for the implementation of the Country strategy, a guide to Amref Health Africa's conduct, activities and goals.

- We are Truly African and connected in the spirit of Ubuntu and committed to lasting health change.
- We are a part of the Global team joining forces and ideas to make a healthy Africa a reality.
- We are deeply rooted in communities and know how African health care works, embracing innovations and tradition.
- Every day we partner with communities in Africa, because their health is our happiness

Amref HEALTH AFRICA IN UGANDA

Amref Health Africa in Uganda, operates in 50 districts, and is implementing 13 projects worth USD 4,013,748.million.

Amref PROGRAM FOCUS

We implement programs focused on;

- Maternal and Child health
- HIV, TB and Malaria
- Water, Sanitation and Hygiene
- Health systems strengthening
- Capacity building for health workers
- Research and Advocacy for lasting

COUNTRY DIRECTOR'S MESSAGE Amref Health Africa in Uganda

ABENET LEYKUN BERHANU



Amref continues to invest in health as part of our deeply held belief that it is the most relevant way to counter today's harsh health realities and inspire new visions for Uganda, we aim to accumulate knowledge, networks and independent voices generated through health initiatives.

I present to you Amref Health Africa in Uganda's annual review for 2019 under the theme: "Better Health Change is our Collective Responsibility."

In the review, we share our accomplishments in 2019 which have contributed towards agenda 2030 of Universal Health Coverage for all.

We continues to implement programs that reflect a vision of strengthened health systems that are more primary and community—based where we are placing greater focus on health promotion, disease prevention and tackling the social determinants of health; as we continue to provide high—quality, person centered services that are accessible to all.

2019 has been a year of strategic positioning, forging new partnerships and taking bold steps in business development and innovation.

Most notably, we are able to demonstrate our reach within the **50** districts in Uganda where we are implementing projects. In 2019, we reached a total of **2,787,888** beneficiaries in Amref priority programs.

In the same year, Amref Health Africa in Uganda intensified resource mobilization to grow and sustain the program portfolios on health systems strengthening, capacity building and advocacy for better health and SRHR.

In partnership with the government of Uganda, institutional donors, foundations and corporate partners, Amref Uganda executed integrated health interventions to create demand eneficiaries with due emphasis to urban poor and rural marginalized women, adolescents and children under five years of age.

I recognize and appreciate that without the strong support and drive of all those who have contributed towards our vision and mission all our health initiative would not have been possible. Our staff are our greatest resource, and I'm proud to say we have a team committed to working together for the success of Amref Health Africa and the nation. Allow me to thank Amref Uganda Advisory Council Chairperson, Professor George B. Kirya, and all the members of our Advisory Council for their incredible contributions to Amref Health Africa in Uganda, their service, tenacity and dedication to Amref Health Africa vision and mission. Lastly, I would like to thank all of our partners, stakeholders and Donors for their commitment to Amref Health Africa in Uganda and the people of Uganda.

It is my sincere hope that after reading this annual report you will appreciate and have the need to act towards supporting Amref Health Africa's work. Together, we bring lasting health change to communities by building a better, professional, strong and sustainable health system today and for the future.

Nice reading!



UGANDA - HEALTH CONTEXTUAL ISSUES

The goal of Uganda's HSDP is to accelerate movement towards Universal Health Coverage with essential health and related services needed for the promotion of a healthy and productive life. The purpose is to increase access to all people to essential and good quality health services without making them suffer financial hardship.

While the health sector in Uganda has registered good progress in a number of health indicators, there are still huge gaps in the sector including; huge burden of preventable diseases, disease outbreaks, inadequate staffing, inadequate funding for PHC activities among others as indicated by the statistics;

| Health Financing | 0 Total national budget allocation to the heallth secotr is only 6.7% | 67% | Low |
|--------------------------------------|--|----------------------|--------|
| Health Service coverage | o High Malaria cases per 1,000 persons at 293 | 293 | High |
| | o Under-five Vitamin A coverage | 35.30% | Low |
| | o Antenatal Care four visits | 38% | Low |
| | o Health facility deliveries | 60% | Low |
| | o Maternal mortality ratio per 100 000 live births | 343 | High |
| | o Percent of population accessing healthcare within a 5Km radius (UNHS, 2016/17) | 86% | |
| Quality of Care | o Maternal deaths among 100,000 health facility delivery | 104 | High |
| | o Maternal death from Hemorrhage disorders | 48.50% | High |
| | o Maternal death from hypertensive disorders | 12.50% | High |
| Health Risks and Social Determinants | o Percent of households that used pit latrines (UNHS, 2016/17) | 83% | |
| | o Percent of households that do not have hand washing facilities | 84% | Poor |
| | o Percent of households with access to improved sources of drinking water (UNHS 2016/17) | 79.80% | Medium |
| | o Population that practice open defecation | 20% | High |
| Human Resources for | o The health sector staffing is at 74% | 74% | Low |
| Health | o Health workers per 1,000 population in Uganda is 0.4 below the WHO threshold of 2.5 | 0.4 below the WHO | Poor |
| | o Number of deliveries per year conducted by Midwife in Uganda | 2.5 thresh- old | Poor |
| | | 350-500 | |
| | | compared | |
| | | to 175 WHO | |
| | | standards | |

Uganda Fact Sheets of Health Statistics, 2018



OVER-VIEW OF AMREF HEALTH AFRICA IN UGANDA STRATEGIC FOCUS

Amref Health Africa in Uganda developed a five-year strategy 2018 to 2022 that came into effect in February 2018. The strategy focuses on three themes namely; the development and sustainability of human resources for health (HRH) to catalyze the attainment of universal health coverage. Improved access to, and utilization of quality preventive, curative and restorative health services.

Contributing to increased investments in health to achieve the universal health coverage by 2030.

2018-2022 Strategic Focus and Outcomes

Amref Health Africa in Uganda has operated in 50 districts and implemented 13 projects for the year 2019. Our Budget for the year 2019 was USD 4,013,748 supported by 95 workforce. 3 projects closed in September 2019 thus we closed the year with 10 active projects.

Amref Health Africa in Uganda's program Focus;

In 2019 we implemented programs under five categories. Under Reproductive Maternal, Neonatal, Child, Adolescent Health we implemented 5 projects.

- Strengthening SRHR and capacity building in Uganda
- 2 Health Systems Advocacy partnership
- 3 Strengthening Maternal and child health in Uganda (Sanyu Lya Muzadde)
- USAID Regional Health integration to enhance Services in South Western Uganda
- USAID Regional Health integration to enhance services in Lango Region.

Amref Health Africa has also implemented the

- Medical Specialist Outreach program in northern Uganda.
- 2 Emergency Nutrition care for Refugees and host communities in Arua and Adjumani.

Water, Sanitation and Hygiene program we implemented four projects indicated below in

central, Northern and Western Uganda;

- 1 Replenish Africa Initiative project
- 2 FINNISH MODEL project
- Total Health integrated WASH/MNCH in Amuru District
- 4 WASH SDG Alliance



| Amref Uganda Results Areas | Uganda HSDP Service Areas (2015/16-2019/20) | Amref Uganda performance Indicators | 2019 Achievemen |
|---|---|---|-----------------|
| Leadership, Management & Governance capacit | ty | | |
| Developing Human Resources for Health | Production of priority health professionals | Health workers trained (e-learning) | 148 |
| | Strengthening health governance Improving health workforce performance | Health workers Leadership trained in LMG Health workers trained in CPD | 158 |
| Trained & retain CHWs | Operationalizing referral system | Community Health Workers (CHW) trained | 3,020 |
| | | Clients referred to health facilities by VHTs/CHWs | 408 |
| Capacity of Health Training Institutions | Innovative e-health solutions | Health Training Institutions capacity built in eLearning courses | 12 |
| Innovative, Health services and Solutions | | | |
| Health services improvement | People served through various health interventions | Women, Children, young adults and men | 2,787,888 |
| | Medicines & health supplies | Health facilities provided with essential equipment, supplies, technical assistance | 1,033 |
| | Strengthen supervision, monitoring & inspection | Health workers trained in support supervision, mentorship & coaching | 0 |
| | | Health workers supervised and mentored | 1,247 |
| | Renovate & consolidate health infrastructure | Health facilities constructed/ renovated | 0 |
| | Health facility quality of care program | Health facilities supplied with national guidelines QI | |
| | | Health personnel trained in QI | 0 |
| | Review, develop and disseminate standards, guidelines & SOPs for quality service delivery | Health facilities using key sector policies, strategies & approaches | 1,026 |
| | Essential health service package | Amref supported Health facilities providing essential services | 1,033 |
| | | Health Facilities with infection control & safety mechanisms | 1,026 |
| Reproductive, Maternal & Newborn Health | Essential clinical & rehabilitative care | Babies delivered by a skilled health professional | 236,060 |
| | Communicable disease prevention & control | Under 5 children vaccinated against measles | 75,286 |
| | | Under 5 children who received Vitamin A from USG-supported programs | 678,383 |
| | School age & adolescent health (6-24 years of life) | Health Facilities with youth-friendly services | 53 |
| Access to clean, safe water & environment | Safe water | Water and sanitation facilities constructed or rehabilitated | 0 |
| | Latrine coverage | Latrines and sanitation facilities constructed | 18,786 |
| | Environmental health & sanitation | People who gained access to safe water | 0 |
| | | People who gained access to improved sanitation | 93,097 |
| | | People living in ODF free communities | 6,563 |



INTRODUCTION

Amref Health Africa in Uganda's five-year strategic plan 2018-2022 describes its short-, medium- and long-term objectives that contribute towards achieving UHC in Uganda by 2030. The strategy is built on the principle of collective action towards achieving equitable accelerated improvements in health.

This report is a consolidation of 2019 Amref Health Africa in Uganda Country office performance and progress towards achievement of its five years organizational strategic goals and objectives including changes recorded in the lives of target beneficiaries, and Amref Health Africa's contributions towards the achievement of Uganda MOH -Health Sector Development Plan (HSDP 2016/17-2020).

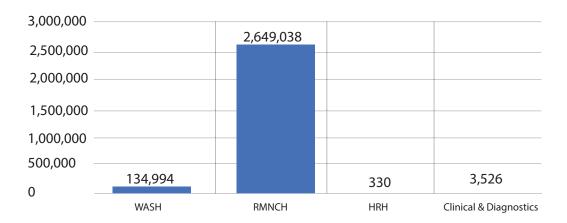
Community Access & Utilization of Health Services

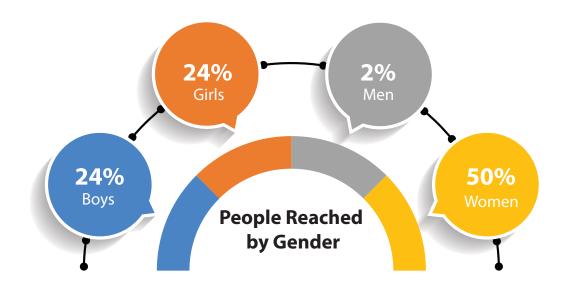
In 2019 Amref Health Africa in Uganda reached a total of 2,787,888 people (48% children, 50% women and 2% men). These were reached with services in curative and preventive health interventions.

| 2,787,888 | 48% | 50% | |
|----------------|----------|-------|--|
| People Reached | Children | Women | |

Amref Health Africa in Uganda delivers health services to improve community access to and utilization of health services using a program approach under; a) Reproductive maternal new-born, Child and Adolescent Health and nutrition (RMNCAH), b) Water Sanitation and Hygiene (WASH); c) HIV/AIDS/Tuberculosis/Malaria; Medical Services Outreach Programme (MSOP) and d) Strengthening human resources for Health (HRH).

Graph 1.0 People reached with Health interventions in 2019





PILLAR 1: DEVELOPING HUMAN RESOURCES FOR HEALTH



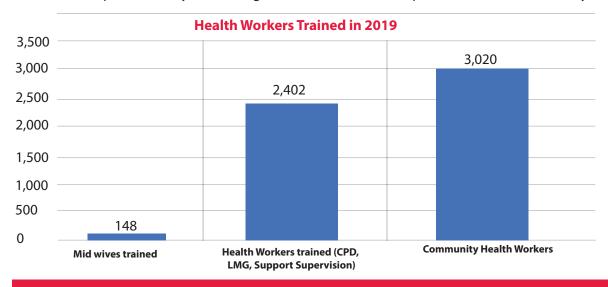
Outcome 1. Number of trained and skilled health workers including CHWs in Uganda increased by 3,890 by 2022.

Under Pillar one we have achieved the following outcomes; Leadership, Management and Governance capacity building we were able to support the production of priority health professions through training of Health Workers using the e-learning method and a total of 148 midwives upgraded from Certificate level to Diploma level, we strengthened health governance by training and mentoring health worker leadership in LMG, 185 leaders in health benefited from our training. Health workers have also benefited from CDP and this has improved health workforce performance.

Amref has also trained and supported in retaining community health workers who have greatly improved and operationalized the referral system. **3,020** Community health workers were trained. We also undertook Capacity health training through innovative e-health solutions this was done by supporting **12** health training institutions capacity built in e-learning courses.

The quantity and quality of health workers is critical in achieving SDG-3 goals of ensuring healthy lives and promotion of well-being for all ages, and in achieving MOH objective of production of priority health professionals in the country given that Uganda is faced with a critical shortage of health workers. Uganda's current staffing level stands at only **74**% with health workers per **1,000** population of **0.4** which is below the WHO threshold of **2.5**.

In 2019 Amref Health Africa in Uganda trained **2,550** health workers in BeMoc, upgraded nurses from certificate to Diplomaand trained them in Leadership Management and Governance (LMG) and CPD. This has been part of the **5** years' strategic commitment to train up to **3,890** health workers by **2022**.



The **148** midwives trained by Amref including those that upgraded from certificates to diploma improved competency, the community health workers were equipped with better knowledge on sanitation and Hygiene, immunisation, ANC and client referral.

STRENGTHENING LEADERSHIP, MANAGEMENT & GOVERNANCE IN HEALTH SYSTEMS

To institutionalize the capacity of HRH in Leadership, Management and Governance Amref Health Africa in Uganda worked with and built capacity of 31 Health training institutions to offer training in LMG and eLearning.









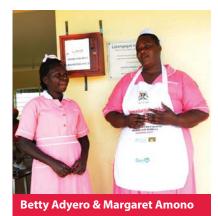
Our training in LMG is triggering inspired leadership in the health system with sound management; consistent, transparent governance capabilities and skills in; effective planning and resource allocation and improved quality of service delivery.







AMREF UPGRADES OBSTETRICS CARE IN AMURU DISTRICT



Expectant mothers, adolescents and youths are now flooding health centers in Amuru District, due to the assurance of receiving the best services, unlike before, when they had lost hope in lower health centers.

This was after Amref Health Africa constructed and upgraded eight health center and also trained 25 health workers, in basic emergency obstetrics care (B-EMOC). All these initiatives have attracted the communities back to health centers.

Amref also focused on customer care service training for health workers, to improve relationship, kindness and respect of patients. Betty Adyero is an enrolled midwife at Labongogali HCIII, in Amuru sub-county. She testifies that work is much easier, especially with the delivery section.

Before the renovations by Amref, we used to deliver mothers using torches during labour at night, but now AMREF replaced the broken solar battery, we now have power throughout the day and night" says Adyero. She adds that "due to hardships and effects that come along with work load at this health center, many mothers used to prefer Traditional Birth Attendants, especially those who couldn't afford transport to the main hospital,"

Margaret Amono another enrolled midwife at the same facility, greatly appreciates AMREF and reveals that the facility initially had only two rusted delivery beds, and grappled with a filled latrine, not mentioning the placenta pit which was a kilometer away from the facility.

"AMREF has since brought two new delivery beds, constructed for new pit latrines, and trained us in customer care and now we receive many mothers, "narrates Margaret

In Amuru District now community deliveries have been minimized, midwives handle complicated cases like obstructed labour and only make referrals where it is very necessary. The new placenta pit which is just a few meters from the labour suite, saved midwives from trekking a long distance, after night deliveries, or even be forced to keep placentas in the buckets which would easily breed dangerous infections.

The renovated facility currently serves a catchment area of 11,000 people.

Other innovative ways of reaching more youth that was initiated by Amref in the district are the moonlight medical outreaches which are yielding a lot of positive outcomes. In a single night, we receive between 400-700 youths from all walks of life and commercial sex workers and men who would never come to the facilities during day time.



PILLAR 2: INNOVATIVE HEALTH SERVICES AND SOLUTIONS

Outcome 2.

A total of **7.5** million Women, children, adolescents, youth and men reached curative, preventive and promotive primary health care services by the end of **2022**.

In 2019 Amref Health Africa in programs that contributed to health services improvement and through these programs we were able to reach and serve **2,787,888** people through various health interventions. These included women, children, young adults

REPRODUCTIVE, MATERNAL, NEW-BORN, CHILD & ADOLESCENT HEALTH

Improving quality of health services

To improve health care services and health outcomes; Amref Health Africa in Uganda implemented interventions aimed at ensuring that; health care is safe, effective, timely, efficient, equitable and people-centered. One of the successful intervention was Using a quality improvement approach to boost quality facility delivers Consequently;

| Table 2: Achievements | | Indicators | |
|------------------------------|--------|---|--|
| | 1,033 | Health facilities provided with essential equipment, supplies and technical assistance (South Western Uganda 775 , Amuru 7 , Lango region 245 , Arua 2 , Adjumani 1 , Nebbi 1 ,Kitugm 1 , and Agago Kalongo Hospital1) | |
| | 1,033 | Health facilities supported to provide essential services (South Western Uganda 775 , Lango region 245 , Amuru 7 , Arua 2 , Nebbi 1 , Adjumani 1 Kitgum 1 , Agago Kalongo Hospital) | |
| O | 64 | Health facilities renovated (4 Amuru district, 60 South Western Uganda) | |
| Ä | 1,247 | Health workers from 10,33 targeted health facilities were supervised and mentored | |
| ÎÌ | 4 | Health facilities received capacity building to provide youth and adolescents (10 – 24 years) friendly services. | |
| 236,060 | | Babies delivered by skilled health professionals with Amref support across the 57 targeted districts in Uganda | |
| <> | 75,286 | Under 5 children vaccinated against measles | |

PILLAR 2: RMNCAH PROGRAM OUTCOMES

Through our RMNCAH interventions; we recorded a reduction in childhood disease burden: OPD attendance increased from **597,646** in 2018 to **1,258,715** in 2019 (110% increase), the increase is attributed to the scale up of RMNCH services in Lango Region, thus leading to 1020 Amref supported Health facilities in 775 South Western and 245 in Lango region. Through our Reproductive, Maternal and New-born Health programs we have used a quality improvement approach to improve facility deliveries at different health centers especially in the Southwest under the RHITES SW program, the SRHR and Total Health projects. A total of 236,060 babies were delivered by skilled health service providers. ANC 4th visit attendance improved from 56% to 59% by the end of 2019 in South Western Uganda.

To improve uptake of medical consultation in refugee settings in Arua, Amref Health created a joint interim HUMC in Ofua **4** and **5**, and in Omugo. This increased demand for uptake of health services and medical consultations from **3,043** to **40,280**.

We also supported **1,033** health facilities with essential equipment, supplies and technical assistance across the **50** districts. Our programs strengthened supervision, monitoring and inspection at district level and **1,247** Health workers were supported to supervise and mentor lower cadres.

Among the Health services improvement activities, we undertook we supported health facilities with a program of quality of care and we also supplied the national guidelines on quality improvement to **775** health facilities. We also supported the reviewing, development and dissemination of standard guidelines and SOPs for quality service delivered to health facilities using key sector policies, strategies and approaches and **1,026** health facilities benefited. Through our SRHR and RHITES projects we provided essential health service packages and infection control and safety mechanisms to **1,033** health facilities.

We supported and contributed towards essential clinical and rehabilitative care of babies and **236,060** babies were delivered by skilled health professionals and **678,383** under **5** children received vitamin A and USG- supported programs. We supported **56** health facilities with youth friendly services this was for school age and adolescents between the ages of **6 -24** years.

Use of Digital solutions have been undertaken in the Capacity building program including use of virtual spaces for training and creation of a one stop center for information using the http://amrefelearning.ug and this space also includes CP courses. Data collection by our M&E team using KOBO collect for real time collection of data to inform health programing decisions across projects.





USING QUALITY IMPROVEMENT APPROACH TO IMPROVE FACILITY DELIVERIES AT HAMURWA HCIV IN RUBANDA DISTRICT

Globally, reduction of maternal and newborn mortality remains a high priority in the sustainable development targets as an unfinished Millennium Development Goal Agenda. In **2013**, **0.3** million women died as a result of pregnancy related causes. Uganda is among those countries struggling with high maternal mortality rates at **336/100,000** live births (**MOH,2017**). This is partly attributed to a large proportion of Pregnant women delivering outside the health facilities under the care of non-skilled attendants. To reverse this trend of maternal mortality, the World Health Organization (WHO) and Uganda Ministry of Health recommend that all pregnant women should deliver at health facilities under the care of skilled attendants.

Data analysis for the period of Jan-march 2018 to Oct-Dec 2018 showed that Hamurwa HCIV in Ruban da district in South west Uganda had a declining trend of facility deliveries and yet it has a full time Medical Officer resident at the facility with six (6) Midwives. A root cause analysis was conducted to find out the causes of this poor performance. The findings revealed that the facility lacked some key MNCH equipment such as caesarian sets, delivery sets, suction machines among others and the confidence of the theatre team to conduct caesarian section was found to be low leading to most pregnant women in labor being referred to Kabale regional referral hospital for deliveries.

The interventions undertaken were; the health facility was provided with key MNCH equipment like Caesarian sets, delivery sets, electric and foot pump operated suction machines, penguin suckers, blood pressure machines, foetal dopplers, and clinical thermometers and six (6) theatre staff were facilitated and sent to Kabale regional referral hospital for a one week's placement in Jan-March 2019 quarter in the month of February to gain the necessary skills and knowledge of performing cesarean section under the supervision of the consultant Obstetrician and Gynecologist in order to regain their confidence. The results of the interventions are summarized in figure 1 and 2

Figure 1: Cesarean sections performed by Hamurwa HCIV

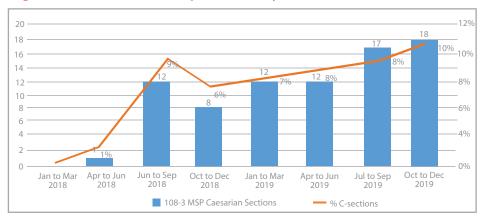
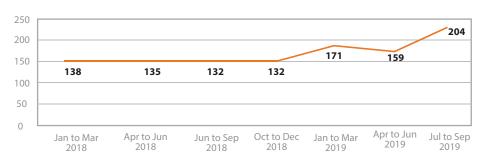


Figure 2: Number of facility deliveries conducted by skilled birth attendants



Conclusion: Routine data analysis and timely interventions are key to improving facility deliveries **Reference:** Ministry of Health. (2017). Maternal and Perinatal death surveillance and response guidelines. Kampala



Under the Water, Sanitation and Hygiene program through different projects and innovations we increased the latrine coverage by **18,786** people. People who gained access to improved sanitation were **93,097** whereas people who are now living in Open defecation free communities are **6,563**.

| Conference | In 2019, Amref supported 134,994 people to gain access to improved sanitation and hygiene messages. We increase demand for health as a human right through the Amref Health Africa's FINISH Mondial approach in Western Uganda, A market driven sanitation promotion model that accelerates access to financing for sanitation and sanitation products for lasting sanitation solutions in Kawempe (Kampala) and through our Integrated WASH and RMNCAYH project in Amuru district in Northern Uganda | |
|---|--|---------|
| | Water and sanitation facilities constructed or rehabilitated | 18,786³ |
| 4 | People benefiting from functional sanitation facilities | 93,097 |
| | People living in ODF free communities | 6,563 |

- By December 2019, Amref Health Africa in Uganda worked with communities, district leaders and private entrepreneurs constructed 15,600 latrines in Bunyangabu and Kabalore districts.
- **1,799** sanitation facilities were constructed in Agago district. **1,387** sanitation facilities constructed in Amuru
- 15 Villages in Agago district were declared ODF.

The above interventions reduced vulnerability of targeted communities and households to water-and sanitation-related diseases and converted villages from open defecation to open defecation-free.

WASH Program Outcomes

Over **134,994** (Male **57,916**, Female **77,078**) people received improved sanitation through our customer centered marketing approach and flood resistant waterborne technology latrines. Our "Customer centered sanitation marketing approach and water borne technology latrines; Aqua privy, Pour flush, and Sewer connect and segmented approach that are flood resistant, odorless and fly free was a breakthrough in addressing urban sanitation in a slum setting. It combined construction work with hygiene promotion (proper latrine use, maintenance, hand washing with soap at critical times and safe food handling).



Through our FINISH Mondial project in Western Uganda; we supported construction of **15,600** latrines and hygiene sensitization to the population from Bunyangabu and Kabarole Districts now used improved latrines and have been transitioned to open defecation free communities.



The number of refugees in Northern Uganda continued to grow due to recurrent conflicts and civil wars in The DRC, and South Sudan. Many refugees survive in deplorable conditions and are faced with multiple challenges including; food shortages and hunger. Women and children are among the most vulnerable and affected populations. Many refugee and host community children do not go to school because of hunger. With support from Sternstunden and Amref Health Africa in Germany;

We fed over **13,256** children from **13** primary schools (class 1 – class 4) these benefitted from a hot meal of nutritious porridge daily while at school. This improved concentration levels of children, attendance and academic performance of children in the supported schools.

Each of the **13** target schools was supported to establish and maintain a school demonstration garden. The gardens acted as learning centers for children, teachers and parents on how to grow highly nutritious diverse foods such as Iron-rich beans, tomatoes, onions, oranges, mangoes, among others on small pieces of land.

- The **03** new schools on the program received an assortment of garden tools and irrigation equipment (Hoes, WheelBarrows, Plastic Water tanks, Jerry cans, and Watering cans)
- Grafted orange and mango seedlings as well as a range of vegetable seeds such as tomatoes, cabbage, Sukuma Wiki, and egg plants were distributed in the schools.

Program Outcomes

In Arua with funding from the Italian Cooperation and Tavola Valdese Office in Italy, Amref Health Africa ensured health care for the south Sudanese refugee population and the host community project in Rhino camp settlement in Arua district. The RISE project activities implemented by Amref Health Africa in Uganda in partnership with AVSI. The project supported health care services at ofua **4/5** Health cancer serving **3** villages of Ofua, Ofua and Omugo **6**.

Improved quality of healthcare

From the household Questionnaires administered to **522** people within the catchment area of Ofua **4/5** health facility, **67.9%** compared to **53%** at baseline rated the quality of health services offered by Ofua **4/5** health facility as either good, or very good, or Excellent (**14.9%** increment from baseline).

Maternity service:

During the end term evaluation **3** variables were used to assess and determine the quality of maternity services at Ofua **4/5** Health center. The variables assessed included; ANC-Maternity services, Vaccination-Maternity services, and maternal nutrition-Maternity services. (Maximum points-**6**, Good situation (**6** points), somewhat satisfactory situation (**5** points), and serious situation (points less than **5**). From the findings, the Maximum points scored by Ofua **4/5** Health center under quality of maternity services was 6 points compared to **3** points at baseline (increment of **3** points), indicating a good situation compared to the serious situation registered at baseline.

Reduced maternal death

A variable was used to assess and determine the level of maternal death at Ofua 4/5 Health center. The variables assessed were maternal deaths in the PHC Village. The variable had a total highest score of 2. The standard overall rating of the level of maternal death based on the scores of the variable was as follows (Maximum points-2, Good situation (2 points), and serious situation (0). From the findings, the Maximum points scored by Ofua 4/5 Health center under level of maternal death was 2 points, indicating Good situation.

Skilled and knowledgeable health personnel

A total of **140** patients of Ofua 4/5 health facilities were interviewed, the findings indicated that **87.1%** of the patients compared to **58%** at baseline rated the expertise of the medical personnel at Ofua 4/5 health facility as either good, very good, or excellent. There was an increment of **21.1%** from the baseline.

Improved health management information system

The quality of record keeping/management information system considering records of patient visits, availability of stock card or log books for Medicine, and availability of stock card or log books for Consumables (e.g. syringes, bandages). From the findings, the Maximum points scored was **8** points compared to **6** points at baseline (increment of 2 points), indicating Good situation.

Increased knowledge in health due to community health and nutrition sensitization.

The household interviews done targeting **522** people within the area of coverage of the health facility at least **35.4%** compared to **18%** at baseline reported to have participated or received nutrition awareness outreach activities offered by AMREF/or Ofua 4/5 health center 'They were able to mention some of the topics covered during the session.

The health care services were more accessible through the outreaches

However, **98.3%** of the people compared to **25%** at baseline rated the quality of the outreach activities as good, very good, or excellent. **66.5%** of the people compared to **7%** at baseline are very satisfied with the outreach activities received. This therefore shows a remarkable improvement in terms of linkages between the facility and the targeted communities.

Program outcomes

There has been a general increase in primary school attendance in the supported schools in 2019. The district Education office attributed this increased school attendance in the project life of **2** years to the effect of school feeding in refugees and host communities.

Academic performance improved in the **13**Amref targeted schools in Adjumani district.
Increased school attendance rose. Head teachers attributed the improvement to improved concentration levels of children during lessons, reduced absenteeism levels as well as improved retention of children at school (**98%** in 2019 compared to **95%** in 2018) as a result of the school feeding.



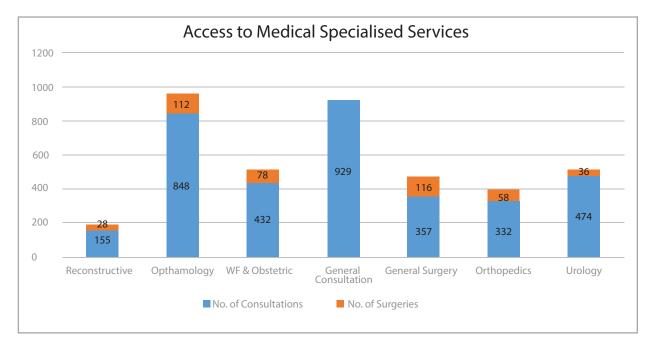
PILLAR 3: INVESTMENT IN HEALTH

Outcome 3. A total of **30,000** people protected from catastrophic financial burden through a community health insurance scheme.

- **SO3.1** Develop and implement sustainable and scalable models, to invest in health.
- **SO3.2** Increase financial protection for disadvantaged communities in target countries by 2022 to reduce Out-of Pocket payment.
- **SO3.3** Advocacy for increased investments and financial protection of citizens in Uganda by 2022.

Medical Specialized Outreach Programme

The cost of accessing professional medical services to the poor is unthinkable, many of them die due to failure to afford. Our Medical Services Outreaches Programme to Kitgum, Anaka, Kalongo and Nebbi hospitals served **1,996** people and conducted **466** surgeries.



- A total **3,526** clients accessed essential quality specialized medical services that include; VVF & obstetric, Eye Health, orthopedics, urology, general surgery and general consultations. **52%** of the patients that sought services of the physician had Non Communicable Diseases (NCD).
- **365** health professionals trained on job through CME

SAVED FROM THE PAIN OF ISOLATION AND REJECTION DUE TO OBSTETRIC FISTULA

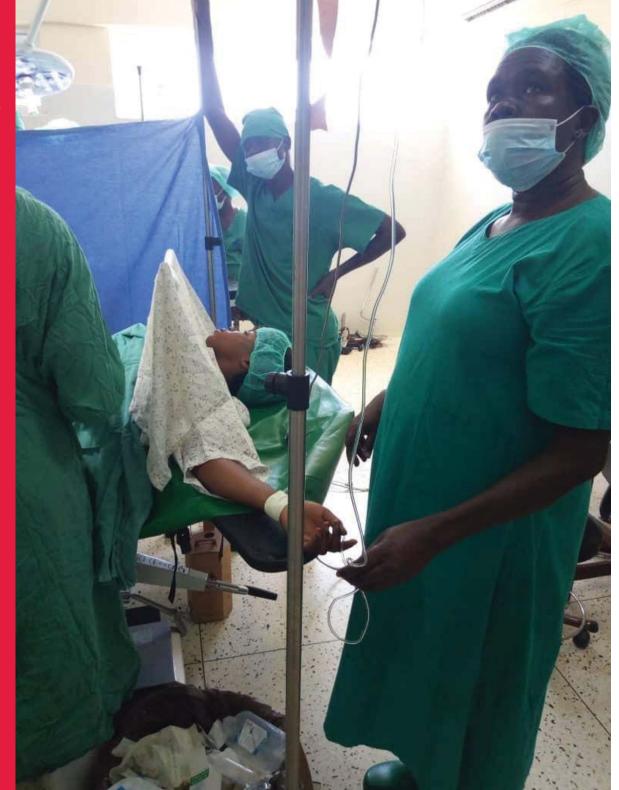
Through a long standing partnership with the Ministry of Health. Mary Aceng is a 20-year-old Southern Sudan Refugee living in Magniir Country, Palutaka Sub-county, Pilyech Village Lamwo District in Northern Uganda. Acing delivered a child five years ago before the Civil war in South Sudan broke out. She was supported by a Local woman in her Village in South Sudan. After delivery she realized that she was continuously passing Urine to the extent of having to block the flow by padding herself. Her husband could not understand the situation so he re-allocated to another village fearing that his wife had a strange disease. Mary's family disowned her, thinking she is cursed and will bring a bad omen to the family.

One day in February 2019, as she was doing her house chores she had a radio in the back ground, there was a conversation on radio by the local leaders in Lamwo District and Amref Health Africa, about a condition that sounded more like what Mary was going through. Mary took note of the number that was shared during the program.

Mary, told her mother about the radio program and together they called the number, Mary was invited to the Anaka hospital, checked and scheduled for surgery. She was told that she is suffering from Obstetric Fistula. She underwent corrective surgery and no cost since the cost was already covered by Amref Health Africa.

Mary had a successful surgery, she healed and today she is a very proud member of her community. She has been well received and fully integrated back in the community. Her Family accepted her back and she is now hoping to start a small business to support her child.

Mary, was able to go back to hospital for review and the Health worker confirmed she has fully recovered.





The fact that budget allocation has been decreasing over the years, in 2019 Amref worked to promote private sector investments in health while advocating for increased government spending in health care as a means of achieving universal health coverage. Through Projects like Health Systems Advocacy, with funding from the Dutch Ministry of Foreign Affairs, Amref championed advocacy initiatives in the districts of; Soroti, Serere, Dokolo, Lira, Kabale and Kisoro and at National levels with the objectives of; engaging government of Uganda to adopt and implement effective policies on HRH and SRH commodities that meet international standards and reflect local priorities. Amref Engaged stakeholder in policy dialogues to realize adequate HRH and access to SRH commodities in Uganda. Built capacity of CSO, multi-stakeholder networks, community structures and health stewards to advocate for SRH commodities and adequate HRH.

MAJOR POLICY AND ADVOCACY ENGAGEMENTS

Amref Health Africa led the Drafting of the health worker migration policy; presentations of the concept were made to the HRH TWG and later to the SMT of the Ministry of Health where buy in to proceed with developing a draft health worker policy. It is anticipated that the policy when finalized will curtail erratic health workforce instabilities within the source country and will step up bilateral negotiations in destination countries. The Amref team led the validation of the draft Health Workers Migration policy. This meeting discussed important issues that further informed the consultant's draft policy document. It also created a sense of ownership among the different stakeholders who promised to give further input into the policy. Key among the stakeholders is the ownership and leadership by the commissioner human resources and the health policy analyst at the Ministry of Health.

National Health Insurance Bill; Amref was part of the TWG to draft the NHIS Bill in which technical and financial assistance were tendered. Proceeded to be part of the subsequent national level consultations to input into the draft bill.

Family Planning Budget Advocacy Group engagements; this has always been the mandate of the National Population Council and FP like-minded CSOs to influence budgetary allocation for FP commodities. This is driven by the need to harness the demographic dividend given the country's population structure; about 76% are persons below 30 years of age and 58% are below the age of 19 that leaves more or less a dependent population. This left FP allocation for the Financial Year 2019/2020 at 14.7bn and another proposed 2.3bn for handling fees.

National stakeholders intergenerational dialogue on adolescent and young people's SRHR services; Amref recognises the role of capturing voices across a section of players and how this ultimately shapes decision making. Amref Health Africa created spaces and platforms through national and community level dialogues, representatives of the community members (including women and youth) and decision-makers have engaged in a participatory conversation that aimed towards reaching a common understanding and a workable solution for health or SRHR problems (although health is not the only topic that used to be discussed)

Lira district advocacy health group holding a meeting with the district leadership supported by Amref



Seven intergenerational dialogues have been held in 2019 where each participating district held one each and one was held at national level. During the international dialogue Youth came up communications of issues they would like to see implemented to enable them enjoy their health rights. These communications were compiled and presented to Members of Parliament and also at National and international conference. These communications brought out SRHR issues. Religious and traditional leaders took part in the intergenerational dialogues

We collaborated with CSOs, CBOs, and networks that are directly connected to a specific community and included these communities in the design and implementation of their advocacy work. We continue to support the capacity of these CSOs and networks in the use of locally applicable social accountability methods that engage communities to identify challenges and demand improvements in the local health system from duty bearers.

Through our capacity building component, CBOs/C-SOs have been supported to empower community members on their right to health and information of the local government regarding issues affecting their lives. This has built the confidence of communities on how to interact with officials and formulate demands.

Lead a national level stakeholder engagement with medical professional bodies; MOH, MOGLSD, and Labor exporting companies that discussed "The impact of Health workers' migration on service delivery and harmonized the regulation of health worker migration.

Amref participated in a meeting for the Network of African Parliamentarians for the committees of Health that deliberated on building capacity of African policy makers for improved reproductive Health.

We also contributed towards discussions during the 8th African Population conference where the President of Uganda renewed the country's commitment to further implement interventions that will harness the demographic dividends in addition to follow up of the ICPD Plan of Action (PoA). In one of the sessions on Women, Children and Adolescent that was by largely attended by MPs on the committee of Health and selected CSOs.

Delegations committed to improve funding and the policy environment for the MCH sub sector and further highlighted the role of various players that have to consistently address service delivery bottleneck which had been a major challenge in Uganda.

The HSAP partnership joined the rest of the world at the ICDP25 in Nairobi. Amref–Uganda organized a side event, that was an assimilation of social accountability platform. It demonstrated a call to embrace the use of Social accountability in Health to hold duty bearers responsible, to take action to improved health services. as it seeks to remind them on all actions for them to respond appropriately.

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Program Outcomes

National level

- 1. Contributed to the development of the National training curriculum of CHWs and Resource manuals for 500 CHWs and tutors
- 2. Support to the development of two policies 1. The health workers' migration policy, the National health insurance scheme and the CHW's strategy 2019

District Level

- 3. Due to the efforts of District Advocacy Working Groups in influencing district budgeting processes, there was inclusion of FP funds and capital funds in the district budget frame work papers across six (06) project districts (Lira, Dokolo, Kabale, Kisoro, Oyam, Kisoro)
- 4. District of Kabale, Lira, Dokolo and Kisoro improved leadership and involvement in ensuring that family planning service standards are met. This was evident in the way districts and sub counties leaders participated and engaged to streamline FP financing and service delivery.
- 5. Improved functionality of Health Unit Management Committees (HUMCs) in health facility governance was reported. This further improved service monitoring and supervision at facility level.
- 6. The demand and pressure by district health advocacy initiatives team on government led to increased country wide recruitment of additional health workers to address the staffing gap.

SPOTLIGHT: AMURU YOUTH SAVE LIVES BY PULLING 1,000/= WEEKLY FOR MEDICAL EMERGENCIES



Amidst the financial challenges biting hard across the country, youths from Pambari village, Atiak Sub County located in Amuru district, are not folding their hands waiting to be submerged in poverty. These youths under their group called "Onen Chan Youth Group", are saving as low as 1000/= each week, and this has helped many out of danger, especially with medical bills.

Benson Ayella who is the secretary and facilitator of this group reveals that, they came up with this approach after being trained by AMREF, on how to save for a better health care system in their village.

" In 2019 AMREF trained us free of charge on how we can save for health, with an aim of solving health hardships which were facing our village due to lack of money,".

Ayella adds that this saving where youths contribute as low as 1,000/= each week targeted solving emergency health issues, and indeed it is adequately meeting its purpose

"Members contribute as low as 1,000/= every week, and any member is free to borrow money in case of any medical emergency,"

A 29 year old Joyce Abaro is one of the beneficiaries, who testifies having been bailed out when calamity be fell her family.

She confirms "The savings group borrowed me 60,000/= which I used in treating my son who had developed pneumonia. I was able to foot transport and cleared the treatment bill at Lacor hospital," Abaro who is a resident of Pambari village adds that I equally borrowed 100,000/= and I treated myself from malaria,".

She was able to pay back and continue saving by selling produce from her garden. Her husband too, is a member in this rural saving group.

Geoffrey Odoki equally applauds AMREF for introducing saving for health village bag.

"At least am now very sure I can get treatment immediately in case of an emergency since I will easily get a loan from my group members,"

Odoki who only survives on farming also resides in Pambari village. However, these youths hatched the saving idea way back in 2002, when they were little children living in camps as Internally Displaced Persons but they did not know how to start.

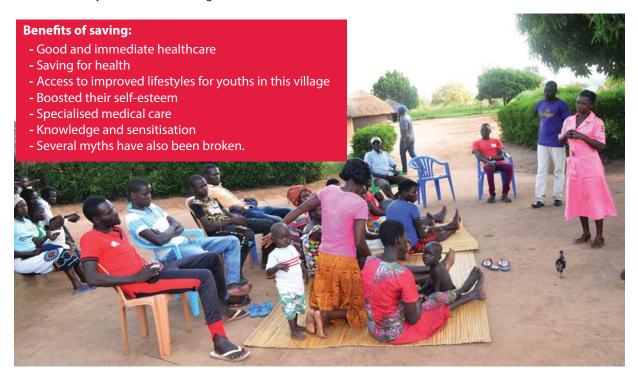
Martin Olal is the chairman of this saving group. He explains that "we introduced an Acholi traditional dance called Vola, where we would dance for visitors and they give us a few shillings, which we used to pay fees, and buy some food,"

He adds, "this is when we formed a small group in Pawel Langetta camp where we had relocated,"

Ayella the facilitator of the group who was by then just 10 years laments, the group almost collapsed when the Kony war ended, and families went back to their respective villages. "In 2009, we all came back to our villages."

Out of 45 members only 20 came to Pambari village, but we agreed to continue with traditional dancing and save any minimum we could, as we also concentrated on farming,"

Men are part of antenatal care, as they have known the value of escorting their wives to hospital, which was not the case before AMREF encouraged them to be part of child baring. Some women use their savings for health to treat their family members including husbands.





BOLD STEPS FOR INSTITUTIONAL STRENGTHENING

Strengthening our Institutional Capacity has been our focus to help us deliver on the promises we stated in the Amref Health Africa in Uganda corporate Strategy. And to maximize our program impacts on the target beneficiaries. In 2019 our bold steps focused on the following five areas;



GROWING THE PEOPLE (HUMAN RESOURCES)

Our Bold Steps to realize the **2018 -2022** strategy we have intentionally undertaken the following steps
People: We bring on-board high quality staff, build the capacity of our senior and mid-level managers to deliver high quality performance and implementation. Our Human Resource is our greatest assets, to this end we have provided on job mentoring programs and built capacity of **30** program staff in research and proposal development through a partnership with Makerere University school of public health. The organization also focused on building the capacity of staff internally through different trainings to enable them meet the organisational demand but also acquire knowledge in different areas including Program Management and M&E for none M&E staff.



OUALITY MANAGEMENT AND ASSURANCE

Quality: Implement total quality management and assurance in the whole organization through monitoring, Evaluation and Learning, Institutionalizing continuous quality improvement within Amref Health Africa and externally to beneficiaries has been our organizational commitment. In 2019 the focus was on building organizational capacity to demonstrate Impact, effectiveness and efficiency through an integrated results-based monitoring, evaluation and learning (MEL) at four levels; Corporate initiatives, Country, Programs and Projects. Consequently the following were achieved;

- Amref developed its Global Monitoring and Evaluation Framework that harmonizes indicators, approaches and methodologies of tracking and reporting high level outputs and outcomes.
- Trained 40 program & project staff in tracking and reporting against corporate indicators using the MEL framework.
- A highbred Amref Information Management Systems (AIMS) was developed to aggregate, store data and report on Corporate and country strategic plan performance.
- A comprehensive review of the country of program's strategic plan after one year of implementation aligned to our big 5 ambitions.
- Special Recognition to Amref Health Africa by Britam insurance Company for professionalism as a trusted client.



FINANCE, INVESTMENTS & RESOURCE MOBILIZATION

In 2019, the finance systems and performance further improved. This was possible due to upgraded finance systems that improved fund disbursement and financial reporting. The monthly and quarterly performance review meetings between field offices and Country office, improved tracking and management of financial outgoings in 2019.

In addition it offered a good opportunity for continuous mentorship to program and finance staff. One of our top priorities at Amref Health Africa is to be a trusted strategic partner, maximizing our financial resources for the well-being of community that we serve. This goal is achieved through proven excellence in financial management with a strong sense of responsibility and risk mitigation.



To maintain and further improve these standards in 2019, we successfully implemented the following strategic enhancements:

To grow the country annual budget; we diversified our resource base and improved fund management and accountability processes. Reduction of administrative costs - In 2019, we streamlined administrative costs by reducing fixed costs for travel, workshops, telephone and eliminating or combining multiple staff positions i.e. Encouraging staff to use ZOOM to reduce incurring travel cost and time spent.

Whistle blower's policy – Amref Health Africa now has an alert and reporting system where staff and partners can report anonymously any potential breach of process or liability issues. This is an important part of our accountability framework.

Internal and external audits were conducted for all projects (100%) as planned. Internal audits were conducted by HQ internal auditors.

Annual external audit conducted by Ernst and Young. All the audits received 'satisfactory' ratings without major findings and risks. Fully achieved 100% implementation of an Enterprise Resource Planning (ERP). In 2019, all financial and administrative transactions by staff were done online and paper work reduced.

Improved financial reporting: In 2019, Amref Health Africa implemented the new Enterprise Resource Planning (ERP) "Navision". It is a secure tool for storing, organizing, and sharing information from virtually any device. This allowed us to move to a modern financial management structure, ranging from physical management (paper and signatures) to digital processes and permissions. This is expected to mitigate risks and reduce potentials for fraud including conflict of interest.



ORGANIZATIONAL AGILITY; Information and Communication Technology

To achieve a culture of speed and efficiency, and implement continuous business engineering, in 2019, an end-to-end enterprise resource planning (ERP) system to improve efficiency and effectiveness was fully implemented. We are currently Implementing the cultural change program for agility and ensured efficient systems and processes to date we have fully rolled out the Enterprise Resource Planning; Effective Management systems demand reliable, accurate and timely data for decision-making.

In 2019, Amref health Africa in Uganda rolled out the full use of ERP system for real-time data capture and reporting across the organization for all the departments (Human Resource, Procurement and administration, Finance and programs to facilitate management to manage procurement process, financial process and Reports, payroll processing and human resource management on real time.

Use of technology for Virtual meetings a cost effective measure: Amref in Uganda introduced the use of technology for Virtual meetings through Zoom technology thus enabling field staff meet virtually with their respective teams at country office and this has reduced on travel costs for the various projects



Business Development and GROWING PARTNERSHIP

Amref Health Africa in Uganda believes in building a strong network of partnerships and alliances as one key strategies in delivering on health outcomes. We are in alliance and partnership with over **20** organizations; WASH Alliance, Sexual Reproductive Health Alliance and the Civil Society Coalitions in Uganda. In 2019 we brought on board new partners who are willing to walk with us in achieving UHC for Uganda in addition to the current ones. These include; Project Hope, Path international, Enterprise Uganda, Engender Health, JSI and EGPAF.

Financial resources: We are committed to grow the annual budget by diversifying the resource base, including social enterprises and partnerships with corporates. Our business development in 2019 focused on; broadening Amref Health Africa in Uganda fund base through; building and strengthening sustainable partnerships with current and prospective donors, improving human resource capacity for resource mobilisation, and positioning Amref Health Africa well for strategic Business opportunities. In 2019;

- Amref Health Africa in Uganda secured funding for 5 new projects that will be implemented starting in 2020; Through Amref UK we secured funding for a project that will seek to save women affected by fistula in Northern Region.
- An E-learning project with funding from DFID and Amref UK to improved Midwifery skills.

 SanDigs a two year innovation and research project that will develop a consumer end application for sanitation services.
- Improving access to safe and sustainable water sources, hygiene and sanitation awareness raising in Lamogi sub- country Amuru District in Northern Uganda.
- Improving livelihoods and living conditions through plastic recycling in Kawempe division.





Visibility and Communication

Visibility: We have Improved impact measurement, documentation and sharing of best practices and strengthening public relations and sale of the Amref brand in Uganda.

In 2019 Amref focused its visibility and communications at; promoting its brand, communicating its works to partners and stakeholders, getting prospective partners and Donors on board in the journey towards attainment of Universal Health Coverage in Uganda.



Africa classic Uganda Challenge fundraising event took place from the 21st to the 29th of June 2019 and the event hosted 59 Dutch cyclists from the Netherlands. This event was in collaboration with Amref Flying Doctors in the Netherlands. A total of 415.972.39 Euro was raised (www.africaclassic.nl/uganda-challenge-2019#tab=updates

Amref Health Africa participated in the 1st ever Health promotion and disease prevention conference health on November 11th, 2019. Under the theme "investing in health promotion and disease prevention to achieve universal health coverage. The event our Group CEO was the keynote speaker and among the many points he shared under his title "The Great Escape" he called upon the government of Uganda to put in place a fund on health promotion where taxes can be deposited towards the promotion of healthy lifestyles.



- Amref Health Africa through the Health systems Advocacy project in Uganda contributed and participated in the 2nd National Stakeholders Dialogue on Adolescent Health 2019 which took place on the **23rd** and **24th** of June **2019**. The Dialogue was conducted under the theme: "Access to holistic healthcare services: The need for multi-sectoral collaboration in popularizing the UHC agenda to reach and or engage adolescents". Adolescents and youth participated and generated ideas and experiences to inform a national strategic direction in the adolescent health programming for Uganda. The Main outcome of the dialogue was the Adolescent communiqué that was later presented at the National world population celebration event that was held in Adjumani District.
- Amref Health Africa's continuous support to the Ministry of Health saw us contribute financially and participated in the national symposium for "Multi-sectoral stakeholders' renewed commitment towards HPV vaccination coverage on the **24th** of April **2019**. The HPV vaccine is aimed at preventing girls from contracting cervical cancer. Amref Health Africa was among the organisations openly appreciated for their role in improving the quality and access to better health services through different interventions across the country.
- On invitation by the Ministry of Health, the Petroleum Authority of Uganda and the Uganda Healthcare Federation, Amref Health Africa participated in a field tour to understand health issues in the oil and gas sector within the operations areas in the Albertine Graben and the districts traversed by the export pipeline. Following the field tour Amref was invited to participate in the National symposium on opportunities for the Health sector and a special call was made to all participating organizations to register on the National supplier database which is a prerequisite to supply the petroleum industry and this covers supplying medical Emergency Evacuations.
- Listen Up, Uganda! Using Social Accountability for SRHR: Amref Health Africa in Uganda led a gallery session at the ICPD25 conference in Nairobi Kenya. November 12th, 2019. At the session which was led by the Country Director as the Keynote speaker, I saw Amref Health Africa under the Health Systems Advocacy program undertake an assimilation of an actual social accountability platform. In his keynote speech the Country Director, Abenet Berhanu, informed participants that Social Accountability is a process by which citizens can hold politicians and policy makers accountable for the services they provide. This enables communities to address corruption, increase trust in public servants and governments and become key players in setting agendas for policy processes and health systems.



The session applied the tools of social accountability to access SRHR, drawing from the example of a social accountability program in Kabale Uganda that is supported by Amref Health Africa through the Health Systems Advocacy program. The aim of the session was to empower participants, who engaged in a mock citizen hearing, to actively address policy issues in their own communities. It focused in particular on how power and inequality impact access to health services for vulnerable communities, and how to counteract these dynamics.



- 1. Youth for UHC campaign: positioning youth to be part of the UHC discussions at national, regional and global level. 300 youth in Uganda signed up to join the Youth for UHC Pan African movement.
- 2. We also took part in the 16 days of Activism to stop Sexual Gender Based violence. We held twitter engagements, facebook posts and project level

During the year we shared several Amref Health Africa best and promising practices at different high level international conferences and meetings (Table 3);

| Name of Conference/meeting | Title of Abstract by Uganda Country Office | Country |
|---------------------------------------|---|----------|
| 1. Africa Health Agenda conference | 18 oral presentations and 22 posters on our programs | Rwanda |
| 2. ICPD 25 conference | Assimilation presentation of social accountability approach (best practice) | Kenya |
| 3. National Family planning symposium | Family planning | Uganda |
| 4. FGM/C regional meeting | FGM/C end within the generation | Ethiopia |

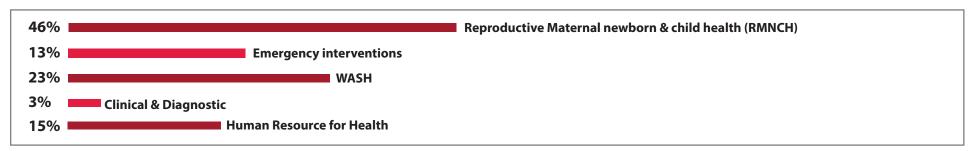


THANK YOU TO ALL OUR DONORS



Amref Health Africa in Uganda appreciates the support of all our Donors for the contribution they made in the lives of people living in Uganda through funding of our projects. This was significant in achieving the program objectives in 2019.

The investment funded



Acknowledgement goes to all our donors listed below;

GlaxoSmithKline Comic Relief International USAID Italian Cooperation Finnish Mondial Coca Cola Sternstunden

Coca Cola Foundation and Dutch Ministry of Foreign Affairs

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