



2021

Our Year in Review

Amref Health Africa in Uganda
Annual Report

www.amref.org/uganda/



COVID-19 Vaccination Record Assistants supported by Amref Health Africa to improve the quality of data capturing to support strategic decisions at the national level regarding uptake of COVID- 19 vaccines.

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Meet our Senior Management Team & Advisory Council

Thanks to all our Donors and Supporters.

Letter from the Chair Resilience against All Odds

It has been almost two very challenging years for the world and Africa was not any different. In 2020 March, when our government announced the first Covid -19 victim we were all over whelmed with worry and fear.

The Predictions of doom and tragedy were so real for we were all unsure and unprepared for what lay ahead.

However as I look back at 2021, I note that we faired quite well and we are indeed a resilient continent. Our African fight against the pandemic has resulted in innovative approaches that perhaps could pave the road to a new era in Africa and beyond.

COVID-19 did expose new vulnerabilities in Health, social infrastructure and governance systems. During the two years of the pandemic there was genuine concern about the health workers' capacity to contain the spread of the virus , Urban slums were particularly vulnerable with many of us predicting a catastrophe for our communities. Our government set up stringent standard operating procedures; Organizations like Amref Health Africa rolled their sleeves and got their hands dirty to save lives.

In a very short time, Amref Health Africa in Uganda reprogrammed to integrate prevention, control and management of COVID-19 in all their health programs. To this end, they managed to raise almost 2 million dollars to support government's fight against the Pandemic.

Amref Health Africa's Leadership sought guidance from the Council as they rolled out various projects and road map to support government contain the spread of COVID-19. The opportunity for the coming years is to execute on our potential for innovations in health while ensuring that as many people as possible have access to quality , timely , affordable health care, with the intention of contributing toward Universal Health Coverage.

Our stable financial growth this year is a testimony that we have survived against all odds and will continue pursuing our business growth keenly. The continued support and guidance from the Amref

Health Africa Global family has stimulated and inspired the work we are doing to enhance and diversify our business dimensions. We hope to add an Amref Health Africa venture to supplement our program work.

I would like to also thank the former Chairperson to the Advisory Council Prof. George Bernard Kirya, as well as the Advisory Council members.

Eng. Samuel Mutono and Dr. Jessica Sabiiti Nsungwa who stepped down from the Advisory council in 2021, for their significant contributions to Amref Health Africa.

On behalf of the Advisory Council members, I would like to offer my sincere thanks to all Amref Health Africa employees for their dedication and contribution to the good operational and strategic progress in 2021; to the Country Manager Dr. Patrick Kagurusi and his team for their leadership and to our shareholders and other stakeholders for continued support.

Elizabeth Ekirapa Kiracho
Chair of the Advisory Council



Letter from the Country Manager

Positive progress, new and great learnings

Dear Reader,

During 2021, we exceeded expectations – growing our business, serving more communities, and expanding our pipeline for long-term success. However, we also had a few setbacks due to the landfall of COVID-19 that led to the loss of one of our staff members. The Late Mr. Yakuot Isabirye- May his soul continue resting in Peace.

Our organization's strong performance against the backdrop of continued disruption caused by the pandemic would not have been possible without the resilience and collaborative spirit shown by colleagues across the organization and our many partners.

Despite the disruption of the Pandemic, we are happy to report that we implemented 23 projects in 2021, reaching 2,970,591 beneficiaries (87%) Vs targeted 3,410,564 beneficiaries. Our program site coverage was in 72 districts. The total country direct program budget for 2021 was \$5,378,027 million. 2021 opened up Amref Health Africa in Uganda to new donors and strategic partners. Four (4) proposals were awarded funds during this reporting period totaling almost \$1,550,000USD.

This achievement was driven by our portfolio growth in Emergency projects and the Heroes for Gender Transformative Action Program, which added nine new districts to our program Portfolio. These projects have strategically positioned us as a strong force and contributor to emergency response, Sexual Reproductive Health, and Rights in the Country.

We continue to strengthen our research component and in 2021 our RMNCAH program participated in three studies which were submitted to BMC public health and the Journal of Primary Care and Community Health. One was published below is the link. <https://www.researchsquare.com/article/rs-690662/latest.pdf> If you also missed our World contraception day statement that we jointly put out as one Amref here is the link.

Whilst we continue to focus on our core; Reproductive, Maternal Child and Adolescent Health (RMNCAH), Water, Sanitation and Hygiene (WASH), Health systems strengthening, Capacity building for health workers as well as cross cutting interventions including gender, research and

advocacy. We acknowledge that the advent of covid19 underscored the high-unmet needs among youth, women and young people due to the initial challenges of access to care and health commodities like Family Planning methods due to the high burden to health workers and the national supply chain. To this we quickly established a contingency plan in which we reprogramed our interventions to include covid19 response interventions in line with the national covid19 response plan that was revised in 2021 to cater for the revolving pandemic challenges. Our contribution, which was worth over 1.9 million US dollars in 2021 was contributed to 1) Leadership, Coordination, Stewardship and Oversight; 2) Surveillance and contact tracing; 3) Infection prevention and control; 4) Logistics & supplies; 5) Risk communication; 6) Community Engagement; 7) Research and Innovation and 8) Continuity of Essential Services.

Importantly we continue to focus on our program work but also putting a lot of value to our human resource that makes all our successes possible. We have made it possible and easy for all our staff to access quality trainings through a partnership with Harvard manage Mentor. 2022 is a year that we will drive innovation, which requires creativity. The services we provided could not have been possible without the leadership of the line Ministries (Health, Water, Education, and Trade), Departments and Districts of implementation, the health workers in health facilities as well as the community health workers including Village Health Teams (VHT) members, sanitation monitors and water source committees were great resources in the delivery of interventions.

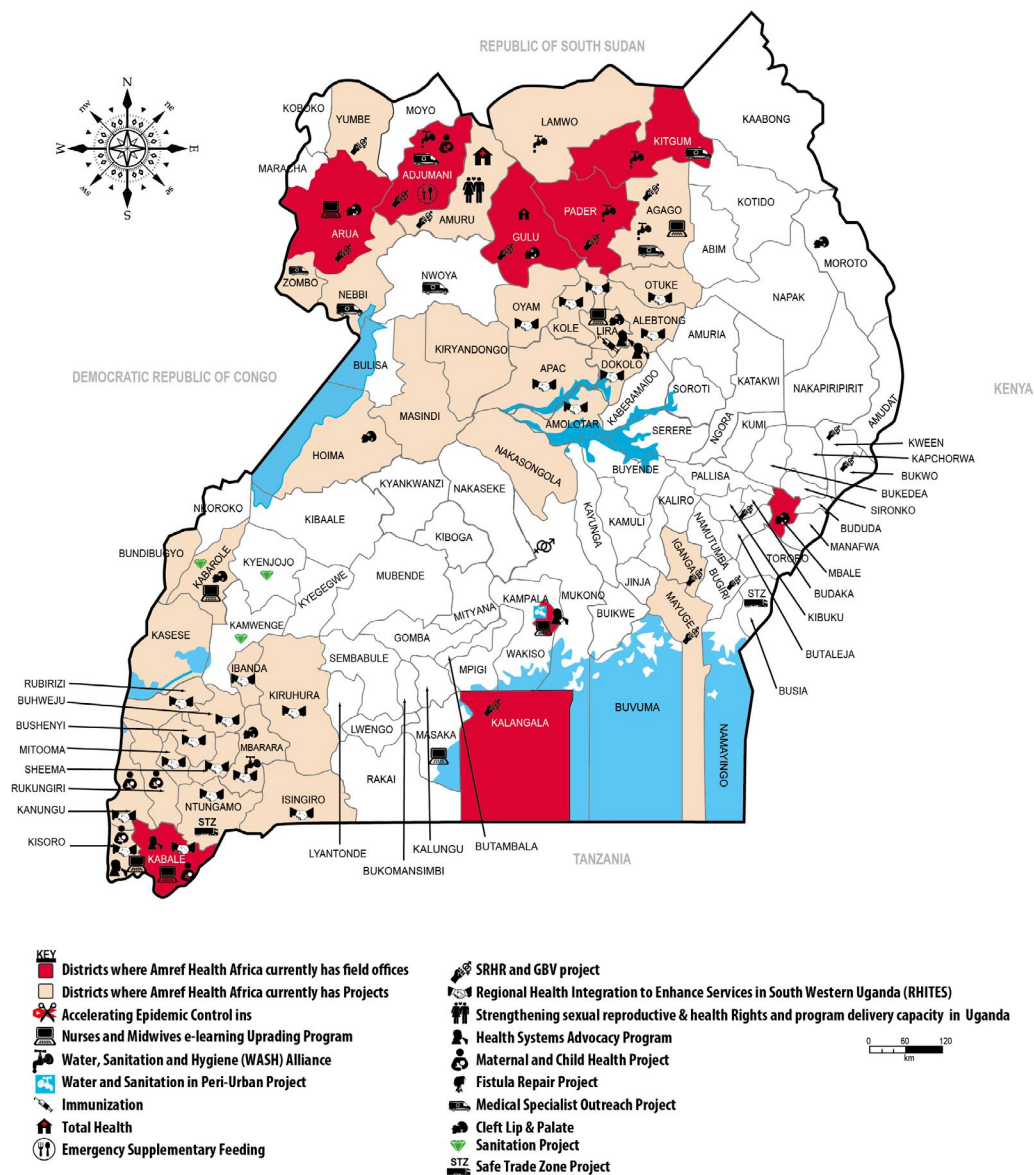
Similarly, I thank all our donors and all my colleagues around the globe for their hard work and commitment during another demanding year as well as the Advisory Council board and all our stakeholders for their continued support.

Dr Patrick Kagurusi
Secretary to the Advisory Council



Amref Health Africa in Uganda at a Glance

Amref Implementation Sites and Project Offices 2020 - 2021



Our Corporate Vision

Lasting Health Change in Africa

Our Pillars

To increase sustainable health access to communities in Africa through solutions in Human Resources for health, health service delivery and investments in health.

Our Core Values

- » **INTEGRITY**
Demonstrating high ethical standards in all our dealings.
- » **QUALITY**
Ensuring excellence is core to our planning and execution.
- » **UBUNTU**
Embracing compassion based on our fundamental shared humanity.

Our Five Bold Steps to be Vibrant, Resourceful and Connected

- » **PEOPLE**
Make people our most valued asset
- » **FINANCIAL RESOURCES**
Triple our income
- » **VISIBILITY**
Scale-up Amref's presence on the global map
- » **QUALITY**
Total quality management
- » **AGILITY**
Establish fit-for-purpose structures, systems, and processes.

Our Mission

Amref Health Africa's mandate in Uganda is to contribute towards Uganda's achievement of its development goals as outlined in the Uganda vision 2040 and National Development Plan while aligning with Amref Health Africa's Corporate and country strategy.

Program Profile

10

Field Offices across the Country

23

Ongoing projects in 2021

72

beneficiary districts in Uganda

96

Staff members receiving support for the Program's Human Resources

2,970,591

beneficiaries reached
(87% of a targeted 3,410,564 beneficiaries)

\$5,378,027

Total direct program budget

Amref Program Focus



Maternal, Newborn and Child Health (MNCH)



Water, Sanitation and Hygiene (WASH)



Health Systems Strengthening



Capacity Building for Health Workers



Research and Advocacy

Our Corporate Strategy

Our Corporate strategy has 3 pillars in which we operate. It is built on our purpose, the Amref Health Africa way, and our ambition to be a sustainable Health Change. We aim to strengthen our leadership, program portfolio and business growth with a focus on entrepreneurial and sustainability approaches while taking bold steps to increase efficiency and effectiveness in our core mission work for the communities and providing value for money.

Human Resources for Health

- Develop and sustain human resources for health to catalyse the attainment of universal health cover in Amref Health Africa in Uganda.

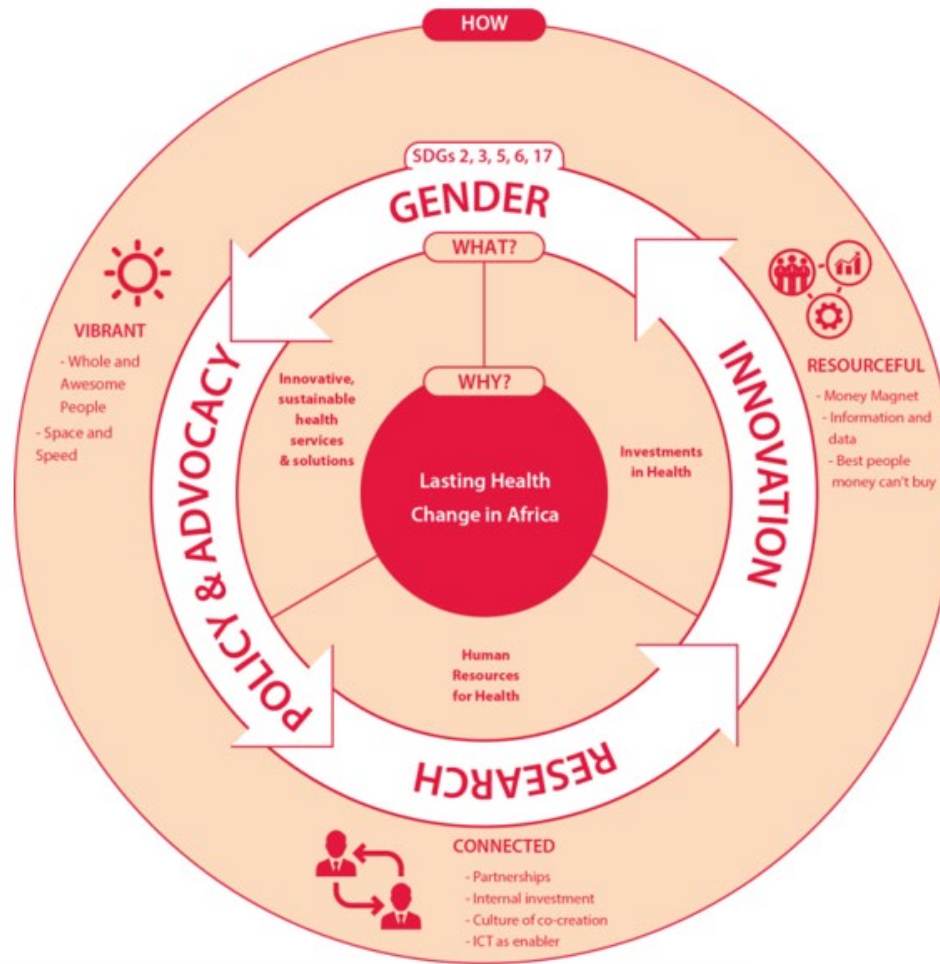
Innovative Health Services and Solutions

- Develop and deliver sustainable health services and solutions for improved access to and utilisation of quality preventive, curative and restorative health services.

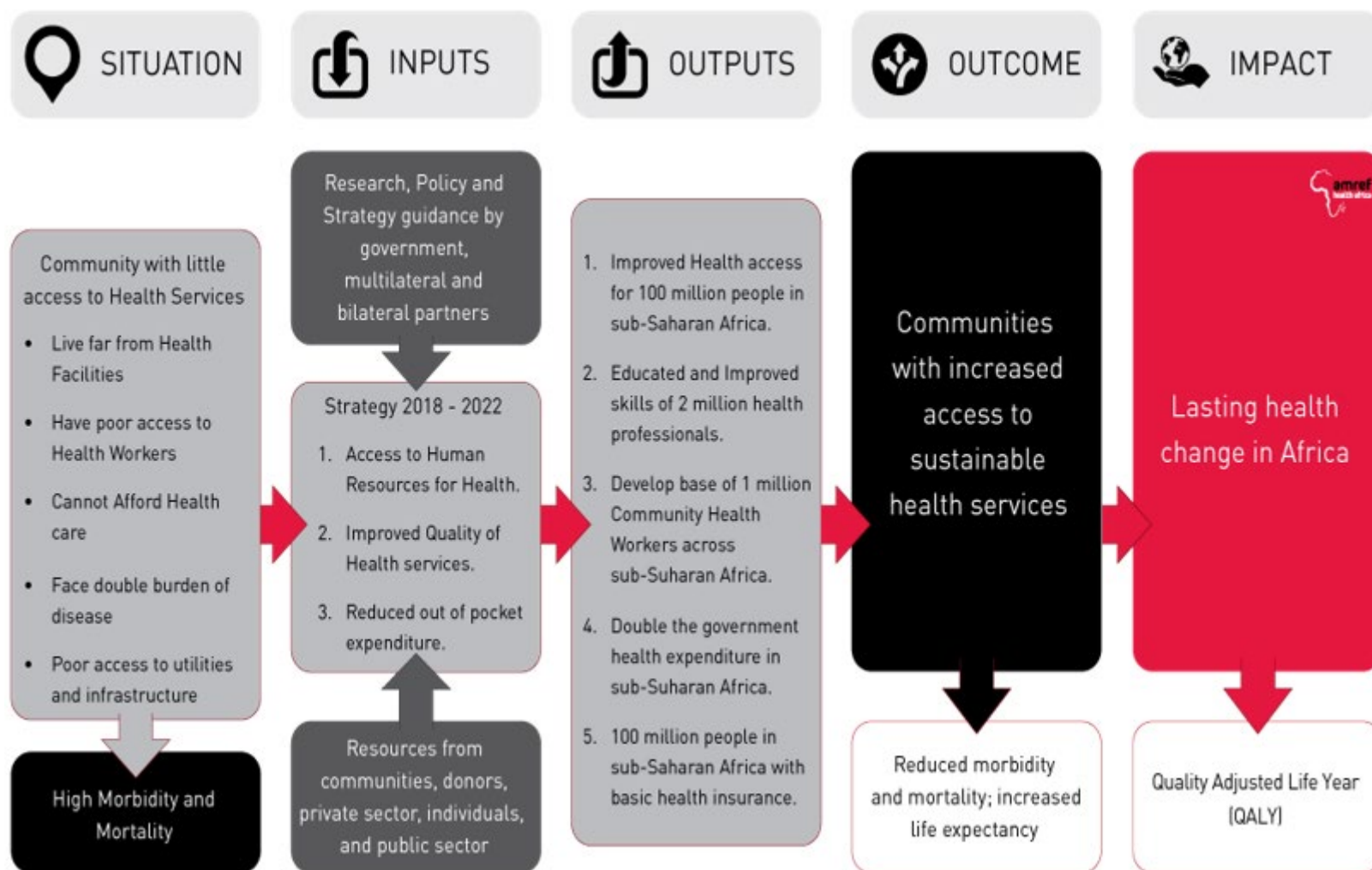
Investments in Health

- Contribute to increased investments in health to achieve Universal Health Coverage (UHC) by 2030.

Amref's Golden Circle



Amref's Conceptual Frame Work



Pillar 1

HUMAN RESOURCES FOR HEALTH

In this Pillar Amref Health Africa seeks to continue adding value to Human Resources for Health by providing Clinical skills and mentorship that drive better health change.

URMCHIP Project:

The project goal was to reduce preventable mortality and morbidity due to Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) conditions in 18 districts of Southwestern Uganda. In this project below are the outstanding achievements:

619

health workers mentored

619 health workers were mentored in RMNCAH well above the annual target of 470. This brought a positive result of 132%.

2,515

nurses & midwives trained

Integration of building the capacity of health workers with COVID-19 management skills was a success with 2514 nurses and midwives benefiting from the training. The annual target was 2500 and we closed the project at 101%.

Leadership, Management, and Governance Skills

- Through conducting routine mentorships and key expert visits to the health facilities we supported the functionalization of two health facilities (1 HC IV and 1 HC III) in the Southwestern region they are now able to carry cesarean sections.
- Contributed to the increase in the proportion of catchment districts with at least **5 competent midwife mentors in both obstetrics and newborn care** from 0% to 50% and **1 competent clinical mentor in Anesthesia** from 0% to 11%.
- We contributed to the increase in the proportion of health facilities conducting weekly major ward rounds with medical officers and/or Mentors – at the maternity ward (labor + postnatal combined) **from 59% in May to 64% in December 2021** and at pediatrics, NICU, Newborn and Child Ward **from 47% in May to 56% by December**
- Due to skills transferred by mentors to midwives, an increase in the proportion of **newborns with birth asphyxia appropriately managed in 2021 from 80% to 89% by project end** has been witnessed
- Through the project, we have been able to contribute to an increase in the **proportion of newborns who receive the complete essential newborn care package from 80% to 95%**, and there has been a notable increase in the proportion of maternal deaths audits made, and recommendations implemented from 95% to 100% in all the 18 benefiting health facilities.

Success Story from the Rwampara district

From 13th to 14th October, we went out to visit health facilities in Rwampara District. On our visit, we went to Mwizi HCIII. Although this is a HC III, we realized that they had a theatre. However, to our shock, the community informed us that the theatre has not been in use since it was constructed over 10 years ago.

During our visit and working with Dr. Ssekimuli, the facility in charge, we managed to set up the theatre. We checked the machines for functionality and noted some gaps. We noted a need for oxygen and the connection of the theatre to the generator.

We gave feedback to the DHO and ADHO on what was missing and the willingness of the doctor to start performing cesarean sections.

We left the facility after agreeing with the doctor that we would join him at his first cesarean section.

We are glad to report that since our visit the facility has been able to do 6 cesarean sections. This is exciting that mothers now have access to operative deliveries.



Mentor holds a meeting with theater staff to streamline theater operations.



Anesthesia mentorship in preparation for operations.

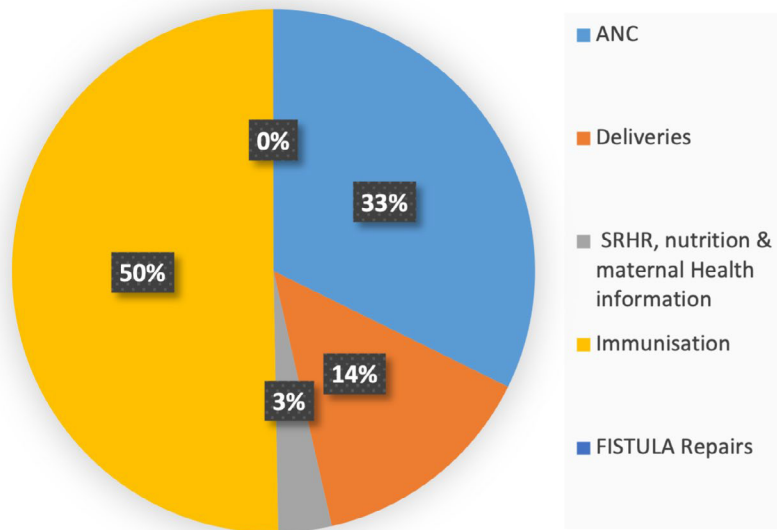


Community Health Workers embrace digitalized data collection tools to relay information in a timely manner and inform decision making at the district level during the height of the pandemic.

Amref Uganda rolled out training and mentorship of health workers and Village Health Teams using LEAP which doesn't require constant use of the internet and smartphones. This has led to the increased coverage of the Human Resources for Health-eLearning program. It has also given access to information to village health teams on the management of COVID-19 at the community level

Amazing facts about our RMNCAH Program

RMNCAH Reach By Service



1,523,730

Amref Uganda's reach by services in RMNCAH

50,000+
beneficiaries

Heroes for Gender Transformative Action Programme interventions reached over 50,000 beneficiaries and has footprints in 54 sub-counties/Health Centers in the 9 implementing districts.



A Health worker who benefited from the Amref training taking care of a pre-mature baby at Kambuga Health Center IV in Kabale district.

USAID Rhites Southwest

The program's main objective was to accelerate the reduction of preventable maternal and perinatal deaths in the 18 supported districts, by scaling up the availability of and access to evidence based, high impact maternal and newborn healthcare (MNH) interventions at the facility and community level. Interventions were data driven and with the help of a CQI approach, the project targeted facilities that had a high burden of poor maternal and newborn outcomes the previous quarter.

Key Achievements

221,568
women reached

1st ANC visit provided by skilled health personnel was undertaken by 211,568 reaching 98% against our target of 215,708 women.

94%
of target met

146,845 women attended at least up to 4 ANC visits, against our annual target of 155,789 bringing our target percentage to 94%.

168,465
babies delivered

Women who delivered at the health facilities under this project were 168,465 against the 2021 target of 169,755 our percentage hit 99%.

806,065
children immunized

Children under five years who received immunization services including Vitamin A in this project were 806,065 against our annual target of 704,884 shifting our percentage to 114%.

1. This project closed before completion of the planned activities due to changes by the donor organisations.

USAID Rhites Lango

The USAID Rhites Lango program targeted to scale-up implementation of the high-impact facility and community-based interventions, aimed at increasing coverage and utilization of quality reproductive maternal and newborn health (RMNH) services, along the maternal and newborn continuum of care. In 2021 the program deliberately focused on; ensuring implementation of the maternal and newborn quality of care standards, addressing missed opportunities through improved service integration, leveraging resources, data use, strengthening partnership coordination, collaboration and synergies, to improve program effectiveness.

Key Achievements

95,433¹
women reached

1st ANC visited provided by skilled health personal was undertaken by 95,433 women making it to 80% against our target of 119,401 women.

72%
of target met

Women who attended at least up to 4 ANC visits were 64,149 against the annual target of 89,551 bringing our % to 72.

57,967
babies delivered

Women who delivered at the health facilities under this project were 57,976 against the 2021 target of 92,655 our percentage hit 63%.



Susan Ayam, 26, carries her baby Faith, three months old. Faith was born prematurely at just seven months gestation with a worrying weight of 1.2kgs

A preterm baby's survival story in Northern Uganda

SAVING NEWBORN LIVES:

Story by Angela Kateemu and Dr. Denis Kintu

Just 28 weeks into her pregnancy, Susan Ayam, a 26-year-old primary school teacher from northern Uganda, started feeling pain in her lower abdomen. Although Susan had been to the health center three times already for her antenatal care visits, each time she was told the baby was well and progressing normally. Since she had not felt any discomfort during the first six months of her pregnancy, she at first didn't get alarmed when the pain started. However, she soon started bleeding, too, and immediately told her husband, who rushed her to the nearest health center. After a 30-minute bumpy ride on a motorcycle, they reached the health center a little after midnight.

"When we got to the health center, the midwife on duty examined me, and informed us that I was in labor and that one of the baby's feet was already coming out and they had to deliver it preterm," said Susan. Susan was no stranger to preterm babies. Her second child, Fortunate, now three years old, had been born two months early. Even with her previous experience, the mother of three said the second encounter was harder. The circumstances surrounding the birth, the baby's weight, and the COVID-19 health restrictions, made it more exhausting physically, emotionally and financially for the family.

"My baby was only 1.2 kgs when she was delivered. I was immediately referred to the neonatal intensive care unit (NICU) at Lira Regional Referral Hospital because the baby wasn't breathing well," Susan explained. Upon admission to the NICU, baby Faith was resuscitated, put in the incubator, and placed on continuous positive airway pressure therapy (CPAP) to help her breathe.

The baby was kept in the intensive care for more than three weeks. During their stay at the hospital, Susan was counselled on how to take care of a preterm baby.

"Faith was in critical condition, was too small, and had difficulty breathing. After five days in the NICU, her weight dropped to 800 grams. I was scared I would lose her, but the doctors trained me on how to feed the baby through a tube, how to express milk, and how to use the kangaroo method of warming the baby," said Susan.

I was scared I would lose her, but the doctors trained me on how to feed the her through a tube, express milk, and use the kangaroo method to warm the baby”

Susan’s story is one of many in the region. Every year, about 2,800 babies in northern Uganda’s Lango sub-region are born before their expected date of birth. Preterm birth is a major cause of NICU admissions and newborn deaths across Uganda. This is due to health system factors including limited number of specialized units such as NICUs, inadequate machines (e.g., monitors, incubators, and CPAPs), and a knowledge gap among health workers about how to handle babies born too soon. Other challenges include long distances between referring facilities and an overwhelming number of preterm babies born each year.

The USAID Regional Health Integration-North, Lango Activity (RHITES-N, Lango), supports facilities such as the Lira Regional Referral hospital to prevent deaths from premature births. At lower-level health centers, RHITES-N, Lango trained health workers to provide essential newborn care and make timely, appropriate referrals using pre-referral guidelines. This ensures that preterm babies don’t die from preventable causes such as infections and hyperthermia while in transit. At higher-level health centers, general hospitals, and the regional referral hospital, RHITES-N, Lango supports kangaroo mother care units, newborn corners, and NICUs. The activity provides newborn resuscitation equipment, trains and mentors health workers to manage the care of preterm babies, and supports initiatives to improve the quality of care for newborns.

This support has helped save many babies like Faith. Three months later, she now weighs three kilos, can breastfeed, and breathe well on her own, and has not had any more complications.

RHITES-N, Lango’s efforts have contributed to a reduction of preterm deaths. Although preterm deliveries average 46 percent of all NICU admissions over the last three years at the Lira Regional Referral hospital, death from prematurity and its complications have reduced from an average of 64 percent in 2019 to 45 percent in 2021.



Calvin, Susan’s husband helps carry baby Faith using the Kangaroo Mother Care method that is recommended to keep preterm babies warm and to nurture the bond between baby and parent



Calvin and Susan with their three children, Fortunate, Abednego, and Faith.

The Total Health Project

The Total Health Project is aimed at increasing skilled birth attendance in order to reduce incidences of neonatal sepsis in Amuru district. The project strengthened the capacity of skilled health workers to deliver clean and safe MNCH services, through medical outreaches ensuring no child falls back on their immunization schedule. Below is a medical outreach support by Amref Health Africa in Amuru District.

Amref helped improve access to sanitation and Hygiene practices in all households in Amuru district, promoted improved governance of WASH, improved access to safe and clean MNCH services and improved MNCH services in Amuru district. During the COVID-19 pandemic, the project brought services closer to communities. This approach enables over 300 children to receive their delayed vaccines and youth received SRHR services.

↓3%
reduction in sepsis

The project contributed to the reduction in the number of mothers reporting neonates with sepsis from 36.4% in 2019 to 33.3% in 2021.

This decline shows that an increase in skilled birth attendance has a positive impact on reduction of the incidence of neonatal sepsis in Amuru District.



Valentine Ojoro the project officer having a discussion with some youth we came to the medical camp to access services



During the lock down period in 2020 mothers were unable to receive their routine vaccinations. Amref supported community vaccination camps in various districts like Amuru to ensure no child misses their routine vaccination

Supporting Mothers with and At Risk of Obstetric Fistula (SMOFI)

Amref Health Africa-Uganda is implementing a two and half year 'Saving Mothers with or at Risk of Obstetric Fistula, SMOFI Fistula' Project in 6 West Nile districts of Moyo, Yumbe, Koboko, Arua, Nebbi and Zombo. The project aims to improve the health and socioeconomic status of women who have suffered from Obstetric Fistula.

The project seeks to treat and repair 500 women with fistula through provision of quality fistula treatment services, increasing community awareness on obstetric fistula and the availability of corrective surgery; improving the capacity of health systems in six districts on fistula care, and facilitating the reintegration of women who have undergone fistula repairs back into the communities.

349
fistula repairs

To date 349 of the 380 survivors targeted in 2021 have been repaired and integrated back to the communities successfully. Our percentage stands at 92%.

238
community reintegrations

100% (238) of fistula survivors were reintegrated into the community through linking to village savings and loans associations and providing them with seed funds.

**Life-
changing
story**



Joyce shares her story as a fistula survivor who was supported by Amref to get care and was fully integrated back in the community.

My name is Joyce, I am a mother of 8 children, and I am 40 years old. I had a little knowledge about family planning but most of what I knew about it was negative. I was told if you take family planning pills, you get a lot of pain and your babies can be born with disabilities. That is why I never took any family planning method.

So when I went to give birth to my 8th child, I went very late and I was tired and weak. After delivering my child, I felt something was not right and my bed was wet all the time. I was discharged from the hospital and for the last 2 years I lived in that situation of urine flowing freely all the time. A village health team member came to our home one day and told us about an upcoming clinic for mothers with reproductive challenges that would be free. I went and that is when the doctors told me I have to undergo surgery to correct the condition.

Today I stand here to celebrate Amref, the ministry of health and my family who supported me to get this surgery. It was all free. Joyce is among the 380 survivors who have received free fistula care in the Zombo district. She is now running a small business in the market where she sells vegetables.

INNOVATIVE HEALTH SERVICES AND SOLUTIONS

Putting Standards of Care at the Forefront in our RMNCAH Program

The program registered an improvement in institutional deliveries in the southwestern region of Uganda from 62% in 2020 to 66% in 2021

- Amref Health Africa in Uganda was recognized by MOH for Maternal, Perinatal, Death, and Surveillance Response (MPDSR) work in Southwestern Uganda.
- The national MPDSR report shows the Kigezi sub-region performing best with notification and review rates of 83.3% and 95.2% respectively. The Ankole region performed well too, notifying 64.7% and reviewing 84.5% of all the maternal and perinatal deaths registered.
- These achievements are attributed to Amref's work in the region under the USAID RHITES SW and MOH/World Bank-funded URMCHIP Clinical skills mentorship programs.

Amref works towards increasing access to quality, promotive, preventive, curative and restorative health services among women, children, adolescents and youth by 2022.

↓48%

reduction in maternal deaths

The program has contributed to the reduction in the number of reported maternal deaths in southwestern Uganda from 131 deaths per 100,000 in June to 68 deaths per 100,000 in November 2021. This is attributed to the improved institutional deliveries in the southwestern region from 62% in 2020 to 66% in 2021.

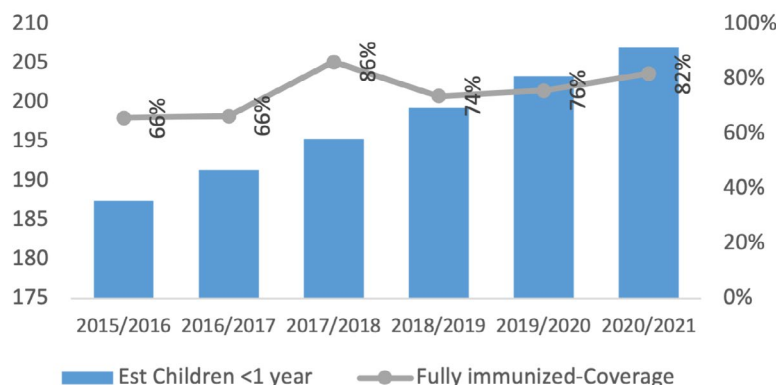
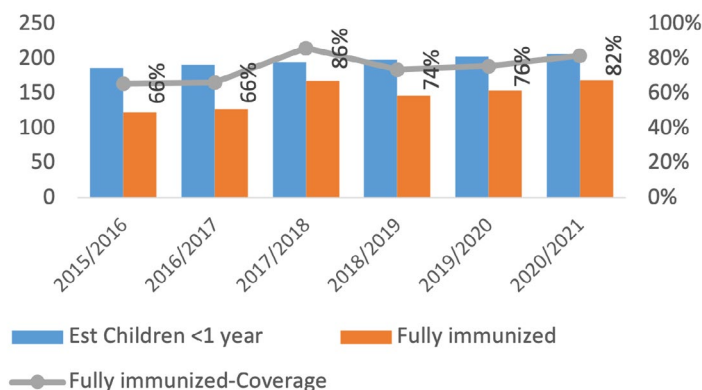
↑7%

increase in PNC attendance

The program contributed to an increase in PNC attendance at 6 weeks from 28% in 2020 to 35% in 2021.

↑6%
increase in child immunizations

The program has improved the proportion of children fully immunized in the southwestern region from 76% in 2020 to 82% in 2021 as indicated in the graph.



USAID Rhites Lango

↑5%

increase in institutional deliveries

The program contributed to an increase in institutional deliveries in the Lango region from 63% in 2020 to 68% in 2021.

↑29%

increase in post-natal attendance

It also contributed to an increase in post-natal attendance at six weeks from 41% to 70%, above the HSDP target of 69%.

↑9%

increase in 4th ANC coverage

The program has contributed to an increase in 4th ANC coverage from 47% in 2020 to 56% in 2021.

↑26%

increase in ANC 1 attendance

The program has improved first trimester ANC 1 attendance/ early ANC1 attendance from 21% in 2020 to 47% in 2021 against the national target of 50%

↑27%

increase in ANC 4 attendance

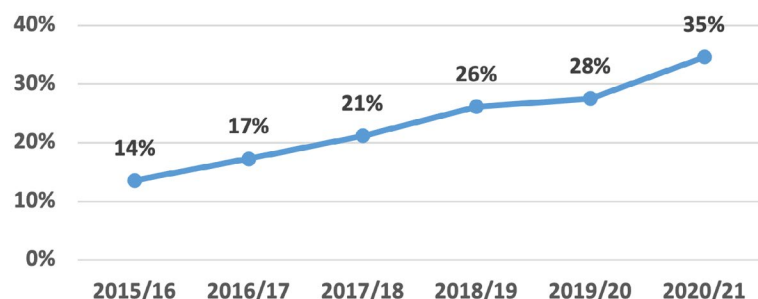
It also increased ANC 4 attendance from 43% in 2020 to 70% in 2021 against the national target: 80%

↑5.6%

increase in health facility deliveries

The project registered a significant increase in deliveries in our supported health facilities from 5.6% in 2019 to 11% in 2021.

PNC attendance at 6 weeks coverage trend

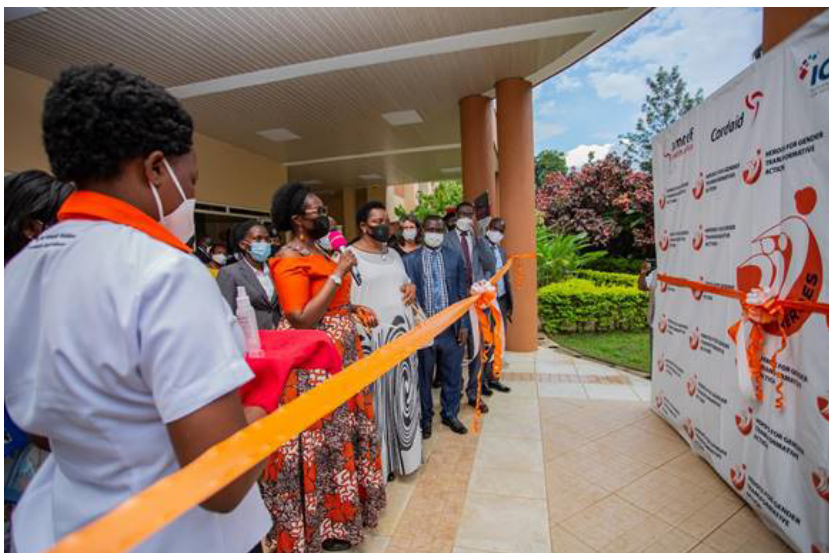


Mentoring session at Kambuga Health center



Midwife at work in Bugamba Health Center III under the watch of an Amref supported Mentor

Launch of the Heroes for Gender Transformative Action Program in Uganda



The program Launch on the 28th of October 2021, was officiated by two State Ministers; Hon Peace Mutuuzo Minister of State for Gender and Cultural affairs, and Hon. Margaret Muhanga Mugisa, Minister of State for Primary Health Care.

Key takeaways from their messages were;

1. Combating gender-based violence promotes equality among citizens.
2. Everyone has a role to play to change the negative cultural norms. Government needs everyone's support if we are to create and sustain the change we want.
3. Transformative Action is a joint venture that requires an Enabling Environment, service delivery, community

Heroes for Gender Transformative Action

The Heroes for Gender Transformative Action Program has contributed to the tremendous improvement in the quality of RMNCAH services. The program is designed to address key sexual reproductive health and rights barriers in 9 highly affected districts in Uganda. It is implemented in a consortium of four organisations namely, Amref Health Africa in Uganda, Cordaid Uganda, Mifumi and the International Research Center for Women. This consortium is formed on the basis of the comparative advantage of each of the partners all working together to promote synergies.

Districts supported by the Program by Region

- Central – Kalangala District Mayuge, Bugiri, Iganga and Namayingo
- East – Mbale, Budaka
- North East – Kween, Bukwo

Key achievements in 2021:

- **270** health workers trained
- **7,185** young people trained using the Journeys Plus curriculum
- **1,080** Community Champions recruited and trained
- **47** beneficiaries received in Cultural Norms training

Sexual Gender Based Services have been rolled out and 3 Advisory centers have been set up in Mbale district, Iganga, and Bukwo respectively these will support the linkage to various sectors in support of people affected by SGBV.

Result Based financing and the e-voucher systems have also been rolled out in 10 health facilities with a plan to roll out 6 more including Kalangala district. **To date over 320 people have accessed the E-voucher system and all program staff were trained on how the RBF approach works.**

Through the Health systems strengthening activities at the district level the program supports and provides quality and rights based SRHR/GBV services and ensures that young people and young women have access to comprehensive, accurate, and gender transformative SRHR information to enable them to improve their decision-making skills.

Meet Sister Oliver

Kalangala Health Center IV who has benefited from skills and capacity-building training by the project.



Meet Sister Oliver Nakajubi, a beneficiary of the Heroes for Gender transformative action training for health workers. The training provided comprehensive Sexual and Reproductive Health Services including sexual gender-based violence response for young people and women of reproductive age. Oliver is a 30-Year-old registered midwife and doubles as a program focal person at Kalangala Health Centre IV.

Kalangala HCIV is one of the health facilities supported by the program. The facility records revealed that an average of 7 females a month experience injuries due to gender-based violence in 2021 alone. However, one month that stood out last year was the month of October 2021 where 57 cases were treated due to GBV.

Health workers like Sister Oliver did not have adequate knowledge and skills to handle such cases reported at the facility. It is through the Heores4GTA that health workers are now receiving training and thus building their capacity to respond to and prevent cases of SGBV in communities. 5 health workers were selected and trained in the provision of comprehensive SRH and SGBV services at the facility level.



Sister Oliver Nakajubi and a trained Youth Hero attend to a teenage mother as Sam Labu the Youth and Community Engagement Officer-Kalangala observes during a mentorship and coaching session at Kalangala HCIV

Sister Oliver Nakajubi, has benefited from the health workers' training that was carried out by Heroes for Gender transformation in addition to systems strengthening. She was trained on how to integrate SGBV services with the routine health care services that women and young people are seen for. She received training on how to provide differentiated care to teenage mothers and victims of gender-based violence. Sister Oliver also benefited from a health workers training conducted by the Heroes for Gender transformative Action where she got skills in interpreting the laws and guidelines relating to SGBV. She was also provided with tools to support her documentation.

Oliver pledges to share the skills will fellow workers to improve service delivery at the facility level. At Kalangala Health Center 4, sister Oliver Nakajubi shares the tools she has put in place to record and track SGBV cases.



Hon. Hanifa Kawooya the State Minister for General duties in Ministry of Health flags off the phase one Covid-19 accelerated vaccination drive supported by Amref Health Africa with funding from CDC Africa and The Packard Foundation.

Disease Control Prevention and Management Amref Health Africa in Uganda's public response to public health emergencies (COVID-19)

The COVID-19 Pandemic in Uganda was in stage IV in 2021. Hospitals were full, a majority of cases were under home-based care, and we had a shortage of supplies like oxygen and PPE. The country faced challenges and financial constraints with testing as each infected person cost the country between 200 -1400 USD per day. With this situation, Amref continued to support critical areas like risk communication and procurement of critically needed PPEs. With funding from WHO, we supported surveillance and case referral, undertook advocacy for COVID-19 vaccination and supported convening and coordinating some of the district taskforces.



Getting them protected is their right! Health workers in Arua District received PPE from Amref Health Africa benefitting over 100 health workers through from Amref Health Africa in Italy.

Six Amazing Facts about our COVID-19 Response support to communities.

1. Through the Hygiene and Behavior Change Coalition (HBCC) for the COVID-19 project we **directly reached 97,416** with messages on the prevention of COVID-19 in the Kampala and Kyotera districts.
2. With support from Trademark East Africa, we implemented a COVID-19 Safe continuity of trade project where we **trained 122 front line workers and 500 informal women traders in the management, control and prevention of COVID-19**. We also developed and launched the safe trade zone protocol for Uganda that provides guidance on the management of a pandemic in a business setting with an emphasis on border trade.
3. Refugees were greatly affected by the pandemic through our implementation of a COVID-19 Response and preparedness project in Rhino camp. Using the door-to-door awareness campaign approach working with Village Health teams, **we reached 260 households with COVID-19 prevention and management** who were then informed on COVID-19.
4. With support from World Health Organisation in Uganda we undertook community-based disease surveillance and Home-Based Care project. In this project, **14,836 VHTs were trained on community surveillance and home-based care**.
5. We undertook research to establish how health workers and village health teams are affected by the pandemic due to exposure to the virus. The research was focused on and called the International Registry of CHWs Exposed to COVID-19. We were able to **enroll 1449 health workers** on the registry research study.
6. Towards the last quarter of the year, we received funding from CDC Africa and The Packard Foundation to support the Acceleration of COVID-19 vaccines administered in the central region in a period of one month. **In December 2021, we mobilized 407,152 people who received COVID-19 vaccines**.

Successes of some of the interventions in averting the rapid spread of COVID-19 in communities

Hygiene and Behavioral Change Coalition for COVID-19 (HBCC)

- Routinized handwashing behavior.
- Increased capacities and mechanism of communities to respond to COVID-19
- A successful door to door/in person engagement and mass media campaign were implemented to curb the spread of COVID-19 and below were the changes created by the project.

↑44%
increase in hand hygiene practices

The project contributed to an improvement in community practices on hand hygiene from 27% to 70.8%. This was mainly attributed to the tremendous increase of 30% in the knowledge of how COVID-19 is transmitted among community members (from 35% at baseline to 64.8%). The majority (80.4%) of the household respondents could mention at least 2 ways COVID-19 is transmitted.

2x
mask usage

The proportion of households that knew that wearing a mask prevents the spread of COVID-19 more than doubled (from 30% to 73.3%); this helped to contribute to the prevention of COVID-19 among the targeted communities.

Other successful Interventions from the other projects were:

407,152
people vaccinated

Amref Uganda supported various initiatives in the Ministry of Health and 8 District Local government leadership teams in central Uganda to conduct COVID 19 mass vaccination. A total of 407,152 people were vaccinated in a period of 3 weeks in the central region of Uganda.

135
CHWs trained

135 Community health workers were trained in e-contact tracing in West Nile, Acholi and Gulu regions under the contact tracing project funded by WHO. These health workers were able to trace 1,290 cases. 2,848 contacts were listed and followed up with. 157 were put on home-based care.

94
VHTs received PPE

The CORI project trained and provided PPEs to 94 VHTs to enable them to conduct COVID-19 prevention awareness campaigns at the household level within communities in the Rhino camp.

622
Received COVID-19 prevention training

Amref health Africa trained 122 front-line health workers and 500 businesswomen on the prevention of COVID-19 at 5 Points of entry. They were charged with ensuring a safe zone at the points of entry to help contribute to business continuity in the different markets.

Scaling up the integration of various programs

- The program focused more on integrating COVID-19 programming into existing projects for example COVID-19 projects were mainly integrated with WASH programs

Life-changing story: Access to COVID-19 Personal Protective Equipment

Hand washing is seen as something everyone can do however proper handwashing was known to very few people before the COVID-19 pandemic. Meet Teddy the first-time participant of any program.

Teddy the fruit vendor: In Her Words

My name is Teddy Okumu, I have worked the in Busia market for 8 years. I had never received any training on health issues relating to my business. When COVID-19 came, we were asked to close our businesses and go back home. It was a very difficult time for me and other women. However, Amref Health reached out to 100 women in my market area and trained us on critical hygiene behavior in a bid to protect us from COVID 19 This is my first ever training.

As a market vendor I am so happy I now have the knowledge on how to prevent, control and manage COVID-19 even in my household. I learnt how to wash my hands properly. I have passed on this knowledge to my household. I also learned how to keep my work surfaces hygienically clean using soap, clean water and disinfectant like jik.

I thank Amref Health Africa and their Donors for this training I am now knowledgeable about how COVID-19 spreads, and I have also been vaccinated against COVID-19 because Amref took time to explain to us in the training why we need to get vaccinated against this disease.



Amref staff training Busia Market Vendors on proper handwashing.



Amref staff training Busia Market Vendors on proper handwashing.

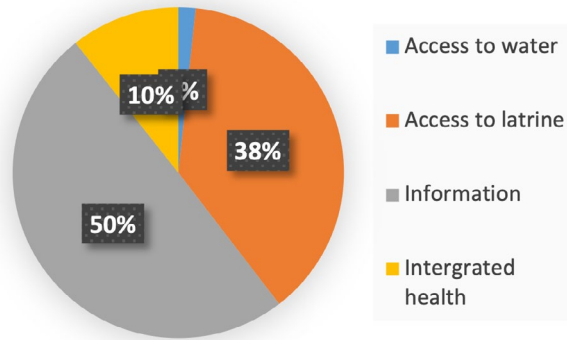
Water, Sanitation, Hygiene, and Neglected Tropical Diseases

Amref Health Africa in Uganda WASH program implemented seven projects in Uganda. The projects are being implemented in the central region, Northern, and Western regions respectively. Below are some of the program highlights.

Piwa Maleng (My Clean Water) project in Amuru District

Implemented in Lamogi sub-county Amuru District in Northern Uganda. Its goal was to improve access to safe and sustainable water sources across Lamogi Sub County.

WASH & NTD Reach By Service



↑66%

increase in clean water access

The project also contributed to an increase in the percentage of people accessing safe and convenient water sources in Lamogi Sub County from 32.2% to 98%. This was achieved through reducing the distance water collectors had to walk from their homes to the boreholes to collect water.

- At baseline more than half of the respondents (60%) used to walk for more than 500 meters to collect water, the project registered a decline in the number of these households to 45%, thus leading to an increase of households that walk less than 500 meters to 55%.
- Piwa Maleng project did not only reduce the distance walked but it also minimized queuing at the boreholes with wait times for water averaging to less than 30 minutes as indicated by 100% of the 367 respondents interviewed at end-line evaluation up from 47% at baseline.

↑5%

increase in latrine coverage

The Project contributed to the increase in latrine coverage in Lamogi Sub-county, Amuru district from 83% in 2019 to 88% in 2021. This change was a result of the project's intensified Community Total led sanitation (CLTS) initiatives and clustering of households aimed at leaving no one behind.

↓3%

reduction in water-borne diseases

The project further contributed to the percentage reduction in the incidence of water-borne diseases – specifically Diarrhea – from 20% in 2019 to 17% in 2021 Lamogi Sub County.

↓30%

reduction in contaminated water

The project trained household members on safe storage of drinking water, maintenance of water points and conducting water quality tests at both the water point and household level. This contributed to the 30.3% reduction of water points and households with contaminated water (from 60.4% to 30.1%).

↑29%

increase in home hand-washing facilities

The project contributed to the increase in knowledge and hygiene coverage in Lamogi Sub County. This was evidenced by the 29% increase in the households with functional hand washing facilities (from 53% to 82%).

Making safe water accessible to all is our goal:

Meet Mr. Walter Okello the sub-country Chief of Lamogi in Amuru district

The drilling of new boreholes has helped us as a sub-county to extend services to the grassroots. If it wasn't for the bad road that is hard to navigate, I strongly believe that the four boreholes would have been fully constructed by today, he added.

He also explained that AMREF Health Africa in Uganda has not only trained communities on sanitation, but also trained 22 Pump Mechanics from the local community with the knowledge on how to repair and maintain boreholes. "In Lamogi Sub County, each borehole serves more than 300 household where each household has 5 to 8 people." Mr. Okello also explained that in the start the Sub County used to rehabilitate those water sources, but the annual budget was too low to facilitate all 32 boreholes in the sub-county. He said they appreciate AMREF for coming on board.

Currently, 92% of households have latrines, but before AMREF started its implementation, only 30% of households had latrines. Through the PIWA MALENG project, communities now have adopted the idea of constructing safe latrines.



A photo of Mr. Walter, the Sub-county Chief of Lamogi in the Amuru District.



Walking very long distances in search of water was affecting the quality of health in rural communities.

Women used to walk long distances looking for clean water and some missed their antenatal care because of this. Young girls used to miss school due to lack of water. GBV cases were on the increase as girls were sexually harassed by men on their way to the wells. Even though we had offered some water sources for the community, they were not enough.

Amref decided to come up with projects specifically focusing on increasing access to safe and clean water so that women are still able to play their role of being the sole providers in their homes and enable them attend their antenatal services. We were on board to kick start the project with the communities.

Our joy as Amref is when we see the joy and smiles clean water is bringing to communities.



Total Health Project

Aimed at increasing skilled birth attendance in order to reduce incidences of neonatal sepsis in the Amuru district.

Achievements recorded in 2021:

- Strengthened the capacity of skilled health workers to deliver clean and safe MNCH services.
- Improved access to safe and clean MNCH services;
- Improved access to sanitation and Hygiene practices in most households in Amuru district
- Promoted improved governance of WASH and MNCH services in Amuru district.

Our Reach through the Total Health Project

22,229
people reached

22,229 People were reached with integrated WASH and MNCH Services contributing to the reduction of neonatal sepsis translating to 101% against our project target.

2,441
health facility births

The number of deliveries in the health facilities totaled 2441, accounting for 33% of the planned target. This was majorly affected due to COVID-19 travel restrictions.



A Health worker, who benefited from the Health Workers Mentoring Program by Amref, taking care of a newborn baby in Muko Health Center III

Water, Sanitation and Hygiene Project (WASH SDG)

The Project was implemented in Northern Uganda with an aim of increasing sanitation facilities.

7,365
people received improved sanitation facilities

Working in partnership with the local government in the Agago district, the project supported 7,365 people to access improved sanitation facilities.

11,000
people changed

Also, 11,000 people changed their behavior of open defecation which led to 6 villages being declared Open Defecation free accounting for 110%. This has led to better health outcomes and environmental hygiene.

17
villages free open defecation

The WASH program was able to declare seventeen (17) villages in Amuru (6) and Agago (11) open defecation free during 2021.

This helped to lower the risk of over 17,000 people living in these villages contracting sanitation and water-related illnesses.



Mrs. Lubega, a team leader of the women's group formed by Amref to support keeping the environment clean through plastic collection, shows off the waste she has collected with her team which is now ready for sale to beverage companies who recycle them.

Kasasiro Zaabu (Waste is Wealth)

The overall objective of the project was to improve the livelihoods of women and youth while tackling poor waste management practices in the Kawempe Division of the Kampala district by improving the business knowledge of business group members, improving the performance of six plastic recycling businesses and improving community knowledge of sanitation practices and participation in recycling.

The project improved business knowledge levels of 175 business group members from 28% to 42% as indicated by the post-training assessment results. The business group members acquired knowledge on business management, financial management and business bookkeeping. This helped them to successfully run and sustain their business activities.

End line evaluation results revealed a reduction in the percentage of households that burn solid waste after sorting from 18.1% at baseline to 8.9% implying that there was a reduction of 9.2%.

Pillar 3

INVESTMENTS IN HEALTH

We seek to develop and implement sustainable and scalable models, to invest in health, and increase financial protection for disadvantaged communities in target countries by 2022, to reduce out-of-pocket payment. The country program is also advocating for increased investments and financial protection for citizens in Uganda.

The FINISH Mondial Program

The FINISH Mondial Program in Western Uganda has demonstrated that it is possible to work with communities to develop and implement sustainable and scalable models to invest in health.

12,692
households reached

The program has mobilized communities to procure and own sanitation facilities in western Uganda. 12,692 households were able to mobilize resources through bank loans, family savings and Village Savings and Loan schemes for constructing sanitation facilities in 2021.

11,381
toilets constructed

To date, 11,381 toilets have been constructed in the district of Buyangabo, Kabarole and Kamwenge.

537
trained²

In 2021, we hit 76.7% of our target. We were able to reach 537 people among those trained included VHTs in sanitation marketing, masons in constructing sanitation technologies and sanitation marketing.

In the program, we mobilized funds to invest in constructing sanitation facilities up to Euros 2,337,421 (41%) from financial institutions to households and Euro 10,434 from financial institutions to entrepreneurs/masons.

We have also trained communities to use their products to generate an income to sustain their needs including the construction of sanitation facilities. The majority of households sell off food products and animals to fund their sanitation needs.



Mama Kwezi standing next to her properly built and clean latrine in Kamwenge.

2. We were unable to meet our planned target of training 700 people with skills to promote investments in sanitation facilities due to the disruptions caused by COVID 19 countrywide.

Amref integrates Policy and Community Advocacy in its programs

- Through Policy Advocacy Action, we contributed to establishing a national health insurance scheme. However, there is a need to advocate for its operationalisation, which will require advocacy for increased investments.
- We are members of and active participants of the Uganda Health Care Federation association, CSO coalition and other private sector players.
- We contributed to advocacy reduction in costs of COVID-19 care package and provide some critical items like medical oxygen. We have also contributed to access of essential services through outreach models and ensuring services like immunizations and COVID-19 vaccinations.



A midwife at Mugamba Health center III in action to resuscitate a newborn after her training with Amref Health Africa.

Amref's approach, learnings, and achievement of milestones against key advocacies

In 2021, we have used the Campaign Advocacy approach with the support of the Ministry of Health. Amref Health Africa in Uganda worked towards creating an enabling environment for successful country-wide COVID-19 prevention to stop the spread. We also designed vaccination campaigns. In the month of December 2021, together with the Ministry of Health and other implementing partners, we rolled out a successful COVID-19 acceleration campaign.

Amref Health Africa's joint global campaign sought to make vaccines available and accessible to all. The program in Uganda made vaccine doses accessible in hard-to-reach areas with an anticipation of having more doses available.

We have used various platforms to influence decision-makers at the national level and community level, which has increased vaccine uptake. Key focus areas in our advocacy were childhood illness and COVID-19 vaccine equity. We witnessed demand increase which has been due to the vaccination outreaches.

Through the Heroes for Gender Transformative Action, we advocated for a shelter and advisory center space for women affected with SGBV in two districts. This was granted in Mable district, Bukiende sub-country, and Kalangala district. The strong advocacy for our vaccination work enabled the government to approve moving the vaccines to the communities where we temporarily set up vaccination centers apart from the static centers at health facilities.

Contributions of research work for advocacy or new programming

Through the Heroes for Gender Transformative program, we have undertaken the result based financing model in hard-to-reach districts in Kween, Bukwo, Budaka and Namayingo. This model has led to increased uptake of health care services in the first year where communities have access to the E-voucher which supports them to access services for free. Through this program, we are advocating for this model to be rolled out in other hard-to-reach districts where we are not currently working.

Advocacy Learnings in 2021

1. Amref worked through already existing and approved government structures like the COVID-19 task forces. This led to a quick turnaround of required support and services, capacity building and ownership.
2. Partnering with emergency-focused organisations like the Uganda Red Cross, especially during the evacuation of the very sick people created a platform for future partnerships, and also it prevented the duplication of services.
3. We built a partnership with the private sector to support the health systems where there were gaps. For example, for gaps in lack of adequate medical oxygen, we raised funds from the private sector to provide medical oxygen to selected national and regional medical facilities.
4. Documentation of community voices to tell their story has opened up some funding channels from the private sector. i.e. Trade Mark East Africa.



A midwife interacting with nurses on how to handle a mother suspected to have COVID 19.

RESEARCH AND INNOVATION

LEAP Learning Management System

LEAP is an Amref Health platform, powered by our healthcare training pedagogy and content. It has been customized to the RMNCAH mentorship's unique needs to contribute to the upgrading of skills and knowledge of health workers – in addition to the onsite mentorships sessions that were being carried out.

Amref reviewed the mentorship curricula with support from the project mentors, tutors of nursing and midwifery schools, and eLearning technical experts. The LEAP champions carried out training and sensitization of the mentees on how the LEAP platform works. The mentees received the mentorship curricula through their mobile phones.

506
mentees

A total of 506 mentees are currently receiving the supplementary mentorship curricula via eLearning.

The SMS messages remain with the mentee and can be used for future reference, seeking clarification and disseminating to other colleagues in the health facilities who may not be in the mentorship programme.



VHTs in Ofua HC 3 Arua District registering for the Leap training

What was done?

Creation and review of mentorship curricula for the 4 main areas of focus listed below:

- I. Obstetrics, Gynecology, and Midwifery
- II. Pediatrics
- III. Anesthesiology
- IV. Continuous Quality Improvement
 - a. Coding of training curricula onto the LEAP eLearning portal
 - b. Amref carried out training and sensitization of the mentees on how the LEAP training methodology works.
 - c. Interaction with mentees using the WhatsApp platform that was set up by the project.



Tools used

- The mentorship curricula is disseminated using the AMREF Connect eLearning platform. This approach facilitates transferring of the lessons learned by the mentees.

Key outputs, or outcomes of the activity

- The key output is the creation of the mentorship curricula and continued SMS messaging of the mentees.
- The key outcome is supplementary training of the mentees, whose effectiveness contributes to the overall increased performance of the mentees.

Coverage of the mentorship

(Geographical, Health Facilities, Health Workers, Packages/Skills)

The LEAP training covered mentees in 15 districts of the Ankole and Kigezi region, namely:

Districts in Ankole

- » Buhweju
- » Mbarara
- » Ibanda
- » Kazo
- » Kiruhura
- » Mitooma
- » Rubirizi
- » Sheema

Districts in Kigezi

- » Kabale
- » Kanungu
- » Kisoro
- » Rubanda
- » Rukungiri
- » Ntungamo
- » Rwampara

INNOVATION

Sanitation Digital Solution (SaniDigs)

The SaniDigs project aimed at developing a one-stop sanitation digital Solution (SaniDigs) platform that is not limited by distance or time to be used for improved multi-sectoral decision-making, planning, and real-time provision of safely managed sanitation services to peri-urban settlements of Kampala city in Uganda. The platform brings together government, sanitation service providers, entrepreneurs, and consumers on a single platform for continuous engagements and timely provision of sanitation services geared towards improving the sanitation conditions within the targeted communities.

SaniDigs Platform is now operational in Kawempe Division with an active Call Centre for sanitation order and delivery coordination, Mobile App for user request order generation, and a Driver App for product/service providers to accept and honour requests from users and clients. Processes include voice interaction via available telecommunications networks, short message service (SMS), and social media messaging toward the Kawempe division community. A number of households have been able to access sanitation services through this application.

Amref Uganda has taken on the documentation of the different innovations to enable scaling them up. Some of the innovations that have been documented include SaniDigs and latrine slabs.



GENDER INCLUSION

Amref Health Africa appointed two youth in Leadership positions.

Gender and Inclusion

- We streamlined gender initiatives in all its WASH projects with the overall aim of leaving no one behind. The Gender initiatives include the promotion of inclusive Sanitation facilities and the promotion of improved menstrual hygiene management.
- Through the FINISH Mondial programs, we worked with the community members to raise resources to support the people at the bottom of the pyramid to access safe sanitation facilities.

Adolescents and Youth

- We established a youth TWG, which consists of youth representatives across the different departments and field offices.
- We have a youth representative on the senior management team who was seconded by the youth TWG.

Meaningful Youth Engagement –

- A Youth Heroes for Gender Transformative Action movements has been created to drive gender-transformative action.



Advisory Council member Ms. Christine Osundwa.



Dolly Ajok – Youth Coordinator – Heroes for Gender Transformative Action Eastern region, Chairperson to the Youth committee – Amref Uganda, and representative of Youth on the Amref Uganda Senior Leadership Team. Age 34



People

- Human Resource and Administration department registered an improvement in the recruitment timelines reducing the lag time from an average of 84 to 56 days from requisition to actual reporting of the staff.
- Successfully implemented staff Fitness Exercises for the Country Office, Gulu, and Arua offices. This is targeted towards reducing burnout among the staff members.
- The country program successfully managed to recruit a Business Development Manager.
- Reviewed and updated the key policies, which included the policy on provident funds, per diem and internal recovery among others



Financial resources

- Budget growth – 45% growth from board approved \$3,773,828 to \$5,461,998 July budget.
- The Finance Department registered improvements in payment processes (Beyonic) that greatly contributed to the reduction in turnaround time of Financial transactions.
- Amref Uganda submitted a total of 29 proposals to various donors worth \$59,736,466 USD, 21% (6 proposals) amounting to \$5,200,820 million USD were funded.



Quality

- Amref Health Africa in Uganda has proactively strengthened its partnerships with MoH and other organisations, evidenced by the appointment of RMNCAH Program Manager (Dr. Tonny Kapsandui) as the National Forum Chair for Safe Motherhood and Newborn Health under the RMNCAH CSO Coalition and the many organisations that are seeking to partner with Amref on the different Calls for Proposals.
- Amref should proactively increase its presence in line ministries TWGs; Amref Health Africa in Uganda mapped all technical working groups within the line ministries and allocated the different staff members to proactively attend and represent the organisation in the different TWGs. These staff members make presentations on behalf of the implementation of Continuous Quality Improvement activities in all the supported health facilities, in Rhites SW, Rhites Lango and Heroes 4GTA programs. This has contributed to the tremendous improvement in the quality of RMNCAH services. The country program further recruited a Senior Quality Improvement Advisor.
- Recruited a Technical Advisor in Rhites Southwest. She will further support the quality improvement initiatives within the country program.



Agility

- Promoted a culture of speed and efficiency, with continuous business process improvement. Demonstrating transparency and accountability of the organisation and the people we serve.
- The country program further recruited a Senior Quality Improvement Technical Advisor to support the quality improvement initiatives within the country program.

Branding & Visibility

The department continues to spotlight Amref's vision to achieve better health change in Africa by elevating discourse and sharing relevant, up-to-date information under the content pillars:

- » Impacting better health change in Uganda
- » Community health systems
- » Women and girls

We have utilized Amref's health initiatives and program milestones to create compelling content and news that have contributed to opportunities for Amref to leverage media and drive the better health change agenda forward while contributing to creating lasting health change.

We have utilized messaging frameworks to create compelling Health content that we have disseminated to various platforms and communities, developed opinion editorials and pitch interviews (print, electronic, and digital media), lending Amref's voice to relevant issues, and positioned program teams to share best practices on learning platforms like conferences/webinars.

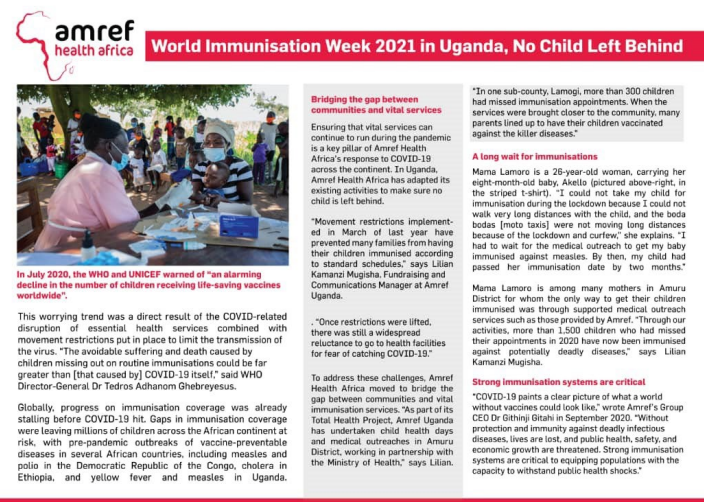
As a department, we have leveraged social media to highlight pivotal moments, shared perspectives, and ignited conversation on key issues.



Communications Manager Lilian meets up with youth in the Amuru district during a community voices collection exercise.



We contributed to health campaigns that created rapid behavioural change.



Sharing our work in the media as we commemorate World Immunisation Week, April 2021



Dr. Patrick Kagurusi
Country Manager



Emily Aneno, SHRP
Human Resources Business Partner



Lilian Kamanzi Mugisha
Communications , Fundraising and Advocacy Manager



Mukasa Hajra
Programme Manager, WASH



Maureen Nankanja
Country Monitoring and Evaluation Manager



Bob Okodi
Finance Manager



Dr. Tonny Kapsandui
Programme Manager, RMNCAH



Michael Muyonga
Programme Manager, Heroes for Gender Transformative Action



Dolly Ajok
Youth & Community Engagement Officer



Engineer Mtwalib Walude
Manager, Urban WASH



Agnes Nakaayi
Business Development Manager

MEET OUR SENIOR LEADERSHIP TEAM



From Left to Right: Eng. Samuel Mutono (outgoing AC member), Ms. Christine Osundwa, **Youth Representative**, Mr. Timothy Tirwomwe Basimampora, Ms. Jane Okot P'Bitek Langoya, Mr. Robby Muhumuza, Dr. Elizabeth Ekirapa Kiracho, **Chairperson**, Prof. Monica B. Chibita, Eng. Aaron Mwidu Kabirizi, Dr. Patrick Kagurusi, **Country Manager Amref Health Africa in Uganda**. Members not in the photo are: Dr. Safinah Kisu Museene and Dr. Daniel Kyabayinze.

THE ADVISORY COUNCIL

On behalf of the Advisory Council Members, I would like to offer my sincere thanks to all Amref Health Africa employees for their dedication and contribution to the operational and strategic processes in 2021. To the Country Manager, Dr. Patrick Kagurusi, and his Leadership team, thank you for the great and focused leadership. To all our partners and Stakeholders, your continued support and trust are forever appreciated.



To all our donors and Stake holders thank you, your support makes it possible for Amref Health Africa to achieve on its mandate!

- Africa CDC
- American Tower Corporation
- Amref Flying Doctors in the Netherlands
- Amref UK
- Danish Government
- The David & Lucile Packard Foundation
- Dutch Ministry of Foreign Affairs
- Embassy of Netherlands in Uganda
- Ministry of Health in Uganda
- The Federal Ministry for Economic Cooperation and Development (BMZ)
- Lavazza Foundation
- Peter Wallenberg Foundation
- Preparedness and Response to COVID-19 In Rhino Camp – Donor, Waldensian Church Foundation
- Response to the COVID-19 Emergency In Rhino Camp – Donor, Lavazza Foundation
- Saving Mothers With or At Risk of Obstetric Fistula – Donor, Amref UK
- Trade Mark East Africa
- UK AID
- Unilever UK
- WASH First – Donor, Amref Netherlands under the WASH SDG
- Water4All
- Wellesian Church Foundation
- World Bank
- World Health Organisation in Uganda



This Annual Report was developed By the Communications and Fundraising Manager, the monitoring and Evaluation department and Design and Lay out by Amref Health Africa in the USA Communications Department.

Contact:

Plot 1, Okurut Road Kololo - Kampala

P. O. Box 10663, Kampala, Uganda

Tel: +256 414 250 310

Fax: +256 414 344 565

info.uganda@amref.org

twitter.com/amref_uganda

facebook.com/amrefhealthafricainuganda

youtube.com/user/AmrefHome

www.amref.org/uganda/