The AMREF 2013 Annual Report

Letters from the Field

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THE 2013 AMREF ANNUAL REPORT - INSIDE

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MESSAGES FROM AMREF

01.

Message from the Chair

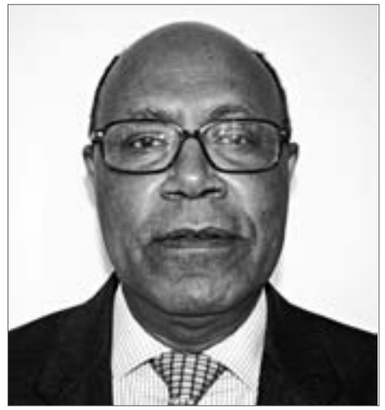
Clear direction in health development is critical at this point, with Africa having become the new destination for international investment. Better health care, reduced poverty and improved standards of living of communities must accompany any national economic progress.

Strategic partnerships must therefore be established with organisations like AMREF that have roots in Africa and the trust of governments and communities built over years of working together. It is also crucial to have the financial commitment and involvement of governments to ensure lasting health change.

Omari Issa

01.

Message from the Chair



I begin my tenure as the Chair of AMREF's International Board at a time when the organisation's governing body has undergone a transformation to give it a more proficient and internationally representative structure. The new Board – with representatives from national boards of five AMREF offices in the North, five in the South and five independent members – has been in place for just over one year now. Within that time, this capable team has made great progress in harmonising AMREF's governance structure. Moving forward, we will need to embrace new ways of operation. This will include adopting a private sector approach and broadening our sources of funding beyond the traditional donors.

I am a pleased to be at the helm of an organisation as professional and reputable as AMREF which makes a difference in the life of African communities. The organisation's priorities and activities truly reflect and respond to the health needs of African communities and health systems. In the past two years, AMREF has focussed on reducing maternal and child deaths, addressing a critical issue that not only touches the very core of families and communities, but which has also been on the global health agenda. By building the capacity of health systems to provide care for women before, during and after birth, AMREF is helping to raise standards of health for women and their children and improving the indicators that have for so long placed the continent at the bottom of the international maternal health matrix.

With the 2015 deadline for the Millennium Development Goals just round the corner, Africa has yet to meet many of the health-related targets. The post-2015 global health agenda must purposefully build on the gains made in the last 15 years. It is also important that all those working in health in Africa pull together for greater impact and more effective use of resources. As the African Union marks its 50th anniversary this year, it needs to take a lead in ensuring that all players and partners in health development are pulling in the same direction. The African Union is also best placed to ensure that African governments place health high on the list of their national priorities and meet financial commitments to improve health care. Equally important, we will need to work closely with the private sector, which is expected to play a significant role in the delivery of health services in Africa.

Clear direction in health development is critical at this point, with Africa having become the new destination for international investment. Better health care, reduced poverty and improved standards of living of communities must accompany any national economic progress. Strategic partnerships must therefore be established with organisations like AMREF that have roots in Africa and the trust of governments and communities built over years of working together. It is also crucial to have the financial commitment and involvement of governments to ensure lasting health change. Clear policies and supportive structures must be put in place to ensure that the gains of investment actually benefit the people of the continent. AMREF will play its role in this process, using its vast experience and reach to support the development, adoption and implementation of relevant policies.

On a similar note, AMREF is increasing its focus on Africa as a source of fundraising. We are also casting our net in new territory such as the Middle East. Additional funding is needed to support expansion and improvement of our programmes and impact. The regional hubs in Southern and West Africa have taken root and begun to expand. In Southern Africa, 2013 saw the launch of implementation of AMREF projects in Malawi and Mozambique, while the West African Health Organisation has given AMREF the go-ahead to implement the regional programme and expand activities beyond Senegal. In the north, AMREF has expanded its operations in the Scandinavian region to include Sweden, Denmark, Norway and Finland by creating AMREF Nordic, with headquarters in Stockholm.

I wish to appreciate all of AMREF's partners and supporters who helped us to make a real difference in the lives of millions of people across Africa in 2013. I acknowledge that our achievements were largely made possible by your support. As the AMREF Board moves this organisation forward, we welcome you to continue taking this journey with us, and look forward to making new partnerships that will help us achieve our vision of lasting health change in Africa.

Omari Issa

02.

Message from the Director General

I wish to sincerely thank every member of AMREF's staff and management for their dedication and enthusiasm throughout 2013 which enabled us to touch the lives of so many people on the continent.

I value and appreciate, too, the support of all our partners and friends. I am proud to lead such a dynamic organisation that makes a real difference in the lives of the poorest of the poor every single day.

Dr Tegueste Guerma

Message from the Director General

AMREF expanded its reach and influence in 2013, solidifying its status as Africa's leading health development non-governmental organisation. Indeed, our work across the continent continued to confirm AMREF's position as a leader in community health, backed by sound technical expertise and over 55 years of experience. It is noteworthy that in 2012-2013, 11 million people were reached and 160, 871 trained through AMREF programmes and projects.

You will find examples of the difference that our work has made in the lives of men, women and children in Africa within the pages of this Annual Report. From mothers in the isolated district of Tali in South Sudan, to school children in Senegal's rural Matam District, you will hear the voices of people whose lives have been touched and changed by our work in communities.

The impact of AMREF's work on the health of communities and on development of health systems has brought national and global recognition. In September, for instance, the African Development Bank awarded AMREF for its work in 'Émpowering the Health Workforce', specifically through its eLearning upgrading course for nurses in Kenya. AMREF also won the prestigious Global Health Workforce Alliance Partner Award in November at the 3rd Global Forum on Human Resources for Health held in Brazil.

AMREF continues to focus on improving the health of women and children as we head towards the 2015 deadline of the Millennium Development Goals. That is why I am delighted that we have made good progress with our international Stand Up for African Mothers campaign, whose main goal is to train 15,000 midwives by December 2015. Midwives are critical because they save lives. By December 2013, AMREF had 5,313 midwives in training or who had completed training in 13 target countries, a third of the campaign target. With increased support from our partners and supporters, we hope to meet the target by the end of next year.

The scale of AMREFs work requires a steady supply of core funding to ensure optimal implementation of our programmes and management of the organisation. AMREF is still struggling to establish sustainable sources of funding. The incorporation of the AMREF Flying Doctors into a commercial enterprise to raise money for AMREF's work has shown us that businesses related to our core functions are an important avenue for sustainable funding. We are therefore planning to go into more business ventures in the future. At the same time, we are increasing our focus on raising funds in Africa by strengthening our fundraising and networks on the continent. I encourage corporates, individuals, governments and institutions on our continent to join us in this important task of transforming the lives of communities through better health. When we work together, everybody wins because healthy people are more productive; they make better customers, better workers and better citizens.

Research in AMREF doubled in the past year compared with 2012, as more operational research was done at community level across the continent. We hope that the results of the research will help AMREF to advocate for policy change in many areas of health. Strengthening of research was one of the key areas of AMREF'S Business Plan 2011-2014. We are now in the last year of implementing that plan and we have begun developing a new one for the period 2015-18.

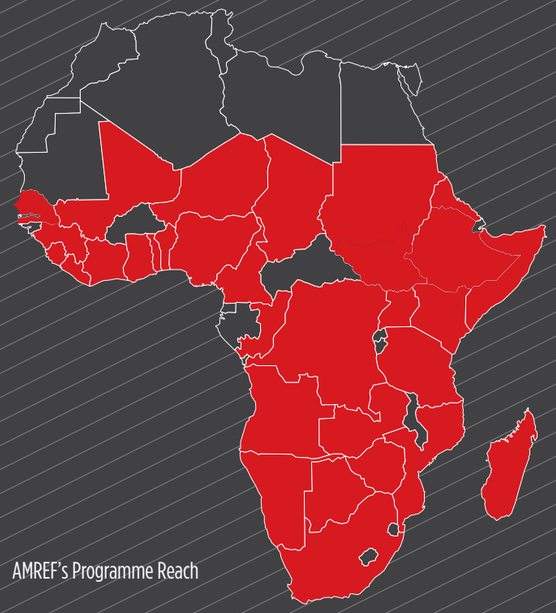
The new plan will reflect the post-MDG vision of the global health community. Importantly, it will include new areas such as non-communicable diseases and nutrition, while continuing to address the unfinished agenda of women's health and communicable diseases.

In September 2013, AMREF was honoured to welcome Mr Omari Issa as the new Chair of our International Board. Mr Issa is a distinguished Tanzanian national who has served on the boards of numerous national and international institutions. He has an extensive pan-African network in both the public and private sector and is currently the Chief Executive and Advisor of the Tanzanian President's Delivery Unit. He joins AMREF at a time when the organisation has made great progress in functioning as a unified global entity and I am confident that he will build on these successes as he moves this organisation forward.

I wish to sincerely thank every member of AMREF's staff and management for their dedication and enthusiasm throughout 2013 which enabled us to touch the lives of so many people on the continent. I value and appreciate, too, the support of all our partners and friends. I am proud to lead such a dynamic organisation that makes a real difference in the lives of the poorest of the poor every single day.

Teguest Guerma

AMREF



AMREF's Programme Reach

Africa is the world's second largest and second most populous continent.

Population: 1.1 billion
it accounts for about 15% of the world's human population.

Africa's population is the youngest among all the continents; 50% of Africans are 19 years old or younger.

Despite many fast-growing economies, Africa continues to have social issues plaguing their nations.

Source CIA World Fact Book

AMREF | Transforming Communities from Within

AMREF's vision is for lasting health change in Africa. We believe that the power for lasting transformation of Africa's health lies within its communities, and so we work side by side with them to build the knowledge, skills and means to transform their own health and break the cycle of poor health and poverty.

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

AMREF has programmes in five countries (Ethiopia, Kenya, South Sudan, Tanzania and Uganda, and regional hubs in Southern Africa (based in South Africa) and West Africa (based in Senegal). However, we reach people in over 35 countries through our training, consultancy and clinical outreach programmes. In 2012/2013, 11 million people were reached and 160, 871 trained through AMREF programmes and projects.

AMREF's Strategic Directions

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

C

STRATEGIC DIRECTIONS IN ACTION

01. UGANDA

Where Volunteers are Revitalising Health Care

We used to give birth in the gardens

I live in Nakaseeta and I have eight children and 10 grandchildren. I am a farmer. The community health workers who were trained by AMREF have been like a light to our village. They have taught women how to take care of themselves and their families, how they should eat and behave when they are pregnant, and the importance of immunisation.

Before, we used to stay at home without receiving antenatal care until we gave birth. Women used to give birth in the gardens – we did not bother going to hospital. Many children died from measles and miscarriages, and people used to die for reasons we did not understand. But now that we have been given information by the community health workers, cases of illness and death are not as high as before.

Our people now know the importance of getting medical attention. We were taught how to keep our children and families healthy by having pit latrines and rubbish pits. The community health workers visit our homes often to ensure that all children have been immunised and to see if there are any health issues. If someone is sick, they give them a card to show the nurses at the hospital so that they are attended to quickly.

Jane Nagawa

01. UGANDA

MAKING PREGNANCY SAFE AND EXPANDING REPRODUCTIVE HEALTH

Where Volunteers are Revitalising Health Care

'The remote district of Nakasongola in central Uganda is inhabited mainly by pastoral and subsistence farming communities. Despite past maternal and child health interventions by the government of Uganda and implementing partners like AMREF, use of these services is still low. As a result, maternal and child health indicators in Nakasongola District indicate poor performance compared with national indicators. For instance, maternal mortality rate stands at 505/100,000 in Nakasongola compared with the national average of 438/1000, 000 live births, while infant mortality is 78 /1000 live births against the national average of 54/1000.

AMREF's three-year project (March 2011 to February 2014) was designed to create a robust health system that would effectively reach underserved communities in Nakitooma and Kagooge sub-counties. It would do this by empowering community health workers in the villages – known as Village Health Teams – with knowledge and skills to respond to health challenges faced by the people, and by increasing the use of health facilities for antenatal care, treatment of malaria, delivery and immunisation. In this way, the project sought to reduce preventable and treatable diseases, and specifically to improve the health of women and children.

A total of 395 community health workers were trained on how to address malaria and other infectious diseases in children and women, strengthening the capacity of health facilities to provide outreach services in the communities. They advised women on proper nutrition and prevention of malaria during pregnancy, the importance of antenatal care and delivering in hospital, HIV tests and family planning. Over the course of the project, the community health workers distributed 10,329 long-lasting insecticide-treated nets to pregnant women and children under five years of age, and over 14,500 children were immunised. A referral and feedback system was established using health workers to link clients to eight safe motherhood service clinics. As a result, deliveries at health facilities increased from 38 per cent in 2011 to 69 per cent in 2013. Immunisation coverage also rose from 85 per cent to 95 per cent in the same period.

Despite the successes, a major challenge remains the fact that community health workers are unpaid volunteers who cannot give full-time service since they also need to make a living. This also results in a high attrition rate once they get paid work.'

Patrick Kagurusi
Programme Manager
Maternal, Child, Sexual and Reproductive Health Projects

Midwives now take good care of mothers

My husband and I live in Nakaseeta village. We have nine children.

I gave birth to three of my children at home and six at the hospital. Before AMREF's project for mothers and children, midwives at the Government hospital were very rude to patients. They harassed pregnant women and as a result, mothers did not want to have their babies at the hospital. They preferred to give birth at home. However, from the health education sessions organised by community health workers in the village, I learnt that it is very dangerous for a mother to give birth at home because in case of a complication, she would need the help of a midwife. She may also need blood or an operation.

I know that AMREF has trained health workers at the hospital because I have seen the AMREF office at the hospital. The midwives now take very good care of patients in the maternity ward. If it were not for AMREF, most women would still be avoiding delivery in the hospital because of the harsh treatment. I am grateful for the difference that they have made in our lives.

Jesicca Nambusi, 39

Voice of the Government

'Although Uganda has made marked improvement in addressing maternal and child health issues, mortality rates are still high at 438 and 54 per 100,000 live births respectively. Despite the fact that the Government offers numerous maternal and child health services in all its health facilities, the high mortality rates persist. These services are greatly hampered by several factors, mainly inadequate manpower in the health facilities as well as poor quality of care, lack of effective referral services, and inadequate drugs and essential equipment.

AMREF's project in Nakasongola District has greatly boosted the Government's efforts to improve the health of women and children by strengthening Village Health Teams and linkages with the health facilities. Following AMREF's training of community health workers and education activities in the villages, people are better able to take care of their own health. The use of health services has greatly increased too. As a result, there are fewer deaths of mothers and children while child health has improved. The Government now plans to raise resources from partners to scale up the activities to the rest of the district using lessons and good practices learnt from this project.

AMREF has worked closely with the Ministry of Health in this project. However, sustainability of the Village Health Teams is a major challenge. I am pleased that AMREF is also spearheading efforts to support the Government of Uganda in strengthening the National Village Health Team Strategy.'

Lilian Luwaga
Senior Health Educationist, Reproductive Health
Ministry of Health

Donors

Canadian International Development Agency

Partners

Malaria and Childhood Illnesses Secretariat

Ministry of Health

Nakasongola District Health Team and Community-Based Organisations

World Vision

Programme for Accessible Health Communication

Facts & Figures

East-Central Africa, west of Kenya, east of the Democratic Republic of the Congo

Population: 34,758,809
country comparison to the world: 37

Population growth rate: 3.32%
country comparison to the world: 5

Birth rate: 44.5 births/1,000 population
country comparison to the world: 3

Death rate: 11.26 deaths/1,000 population
country comparison to the world: 35

Source CIA World Fact Book

Deliveries at health facilities increased from 38% to 69% between 2011 and 2013 (UDHS 2011, HMIS Report 2013)

Immunisation coverage increased from 85% to 95% between 2011 and 2013 (UDHS 2011, HMIS Report 2013)

There was increased recognition and integration of Community Health Workers by the Ministry of Health and other stakeholders

ITN use is 95%, up from 87% (Operational research preliminary findings 2012)

02. SOUTH SUDAN

Saving Children in the Remotest Areas

Same attendant, different service

My home is in Tindilo payam, an hour's walk from the health centre. My first baby died at birth. I had the baby at home but there was a problem and the traditional birth attendant didn't know what to do. When I got pregnant the second time, things were very different. The same traditional birth attendant took care of me, but this time she had been trained by AMREF.

She visited me at home often, and she even brought me some tablets which she told me would increase my blood. She advised me on how to keep myself and my home clean. The delivery went on fine and the traditional birth attendant advised me to come to the health facility so that the baby could be vaccinated. That is why I am here now. AMREF has really helped us by training the traditional birth attendants: I was able to see a big difference in the service I received from the same traditional birth attendant.

Regina Konga, 25

Saving Children in the Remotest Areas

'AMREF's Maternal, Newborn and Child Health Project in South Sudan is part of a regional programme that also covers Kenya and Tanzania. The aim of the four-year programme, which ran from 2010 to 2013, was to reduce the deaths of mothers and children and accelerate East Africa's progress towards meeting the Millennium Development Goals.

In South Sudan, the programme was implemented in the remote and isolated payams of Tali and Tindilo in Terekeka County. The two payams are difficult to access: it takes a full day to drive here from Juba city, and during the rainy season, the region is cut off from the rest of the country by flooding, which makes it difficult to work. Literacy levels are low here and health-seeking behaviour poor, particularly for women and children. Lack of qualified staff makes it very difficult to provide health services. As a result, maternal and child mortality levels are high; during the last rainy season, seven mothers in Tindilo payam alone lost their lives during childbirth.

Working with the Government, AMREF's strategy included empowering women with knowledge of theirs and their children's health in order to increase use of relevant health services. The programme also sought to improve and strengthen the fragile health system so that it could deliver comprehensive services for mothers and children.

To achieve this, a total of 59 health workers, 650 community health workers, 210 traditional birth attendants (TBAs), as well as community health promoters and peer educators were trained. There was great emphasis on promotion of family planning, identification of complications during pregnancy and childbirth, management of common diseases and child health services.

There has been a change in the attitude and behaviour of the community towards seeking health care, leading to better health and survival of children. Before the training, TBAs did not know how to identify complications, so they tried to deliver all mothers. Many women died. The TBAs now refer the women to the health centre. They even collect data on births and deaths in their villages using stones and tins: different coloured stones are used to represent male and female, and these are put into one of two tins depending on whether it is a birth or death.

This has helped greatly with information flow from the village. Hygiene has improved, the community has begun to embrace family planning, and there are very few malnourished children. The proportion of births attended to by skilled birth attendants increased from 4.9 per cent in 2010 to 8 per cent in 2013; attendance of antenatal clinics rose from 29.9 per cent to 50 per cent; while the proportion of children under one who were immunised for measles rose from 4.9 per cent to 31.6 per cent.

These are significant results, considering that the use of health services was very poor before the start of the project. To ensure sustainability of the programme, AMREF worked with the Government, local authorities and community-based organisations so that they can continue improving the health of mothers and children when the programme ends.'

Emmanual Kenyi
Project Manager
Maternal, Newborn and Child Health Project

I am happy that my children are healthy

I live in Tali payam in Terekeka County. I have three children – two boys and one girl. I had my first child at home but the other two were born at the health facility. I decided to go to the health facility because the traditional birth attendant encouraged me to go there – it is not very far from my home.

I went to the clinic four times before I had my two last children. All my children were immunised there. I am very happy that the traditional birth attendants were trained by AMREF. They now work very closely with us in the village and they give us useful advice on how to take care of our children.

For example today, I am here at the health facility because the traditional birth attendant told me that it was important to bring my babies for treatment if they got sick. I have learnt a lot about how to take care of my children to prevent them from getting sick. I am happy that my children are healthy. Truly, our lives have been changed here in Tali.

Clementine Siko, 26.

Voice of the Government

'The major concern that we have in Tali is the poor roads which make it difficult to establish an effective referral system. During the rainy season, which is close to seven months every year, it is not possible to make any referrals to the Lui Hospital, a five-hour drive from Tali. Public transport is scarce because cars break down too often. The remoteness of the area and poor infrastructure are a deterrent for professional health workers; they do not want to come and work here. Those who do come stay only for a few months then leave because they feel cut off from the rest of the world.

The major diseases that affect children in Tali are malaria, respiratory infections and diarrhoea. The level of skilled assistance at delivery has always been low, affecting the survival of both the mothers and children. AMREF has helped us a great deal by training at least four traditional birth attendants (TBAs) in each *boma* (village). Unlike the professional health workers, the traditional birth attendants stay with the community. Training them has been very effective because now the maternal mortality rate has reduced greatly in Tali and Tindilo payams. Health facility records show that child mortality rate fell by 3%. When they detect a complication, the TBAs advise the mothers to begin the journey to the health facilities early, either to Lui or Juba. Sometimes the mothers stay near the health facilities for weeks before their due dates.

So why train TBAs and not midwives? Education of girls in South Sudan is still not well developed, making it difficult to find eligible candidates for professional health training. The widespread practice of early marriage also limits chances of girls staying in school. AMREF's option here was therefore to work with TBAs and community health workers by building their skills and knowledge. Four years since the start of the programme, we can see the results of that effort in the improvement of the health of our people. For this I commend AMREF.'

James Deng
Medical Director
Tali Payam

Facts & Figures

East-Central Africa; south of Sudan, north of Uganda and Kenya, west of Ethiopia

Population: 11,090,104
country comparison to the world: 77

Population growth rate: 4.23%
country comparison to the world: 3

Birth rate: 38.5 births/1,000 population
country comparison to the world: 14

Death rate: 8.7 deaths/1,000 population
country comparison to the world: 75

Source CIA World Fact Book

Maternal mortality in South Sudan is very high at **2,054** per 100,000 live births, while infant mortality is **135/1000** live births. (SSHHS 2010)

There was a **3%** reduction of child mortality in Tali and Tindilo payams.

Maternal mortality in Tali and Tindilo payams fell by **2.5**

There was a **21.6%** increase in fourth antenatal care visits, from **4.6%** in 2010 to **26%** in 2013.

Deliveries conducted with skilled attendance increased from **4%** recorded in 2010 to **11%** in 2013.

Coverage of DPT3 /measles vaccine increased to **36.7%** within the two payams from **4%** recorded in 2010.

03. ETHIOPIA

Protecting Babies on all Fronts

I give Mothers the gift of Hope

I found out that I had HIV when I came for antenatal services in 2007. I felt confused and I cried so much. I was almost hit by a car. For one month I stayed in bed. I did not want to talk to anyone. My husband had known he was positive but had not told me. Eventually we went to the hospital together and began taking treatment. The counsellor advised me to join a Mother Support Group. The women I met encouraged me very much. They told me that I could have a baby without HIV and live a long time to take care of my child. Now I have two children, both free from HIV.

I have become a mother mentor. We meet every week for coffee and discussions. The training I received from AMREF and the manual are very useful for the discussions. I am happy when I tell my story to other mothers. When they come for the first time, they are confused and worried, just like I was. We tell them that we are positive and our children are negative, so they realise that it is possible for them too. When I tell them my story, they get courage and eventually begin to hope. When I see their hope, I feel happy that I can give them that.

Tirago Getachew, 28

03. ETHIOPIA

Protecting Babies on all Fronts

'Although the Ethiopian population has been hit hard by HIV, use of health services to prevent mother-to-child transmission (PMTCT) of the virus has been low despite provision of the services by the Government. HIV is particularly prevalent in the crowded informal settlement of Addis Ketema in the capital city, (5.2 per cent in 2011/12) compared with the national average of 1.5 per cent.

Since February 2012, AMREF has been working with the Addis Ababa Regional Bureau of Health and the Addis Ketema sub-city administration to prevent new HIV infections in babies by increasing use of PMTCT services. The multi-pronged strategy includes training health extension workers based in the communities on how to approach and encourage pregnant women to go to health facilities for antenatal care, which includes testing for HIV.

At health facility level, nurses, counsellors and laboratory technicians have been trained on counselling and testing of mothers and their partners, as well as treatment and sustained care for those who are positive.

Another aspect of the strategy is to ensure that women who test positive receive support before and after they have their babies. AMREF has built the capacity of Mother Support Groups for those women who test positive through training of leaders and provision of training materials. The groups meet at the health facilities and have proved very effective in motivating the women to take care of themselves and their babies while giving them a safe forum where they can share experiences and concerns.

Equally effective has been the involvement of men in the PMTCT programme. Lack of male involvement was discovered to be one of the reasons for low use of PMTCT services since men make the decisions in the home, including use of contraception, thus any advice given to women without the support of their husbands was bound to be ignored. So when they go for antenatal check-ups, women are given special invitation cards requesting their husbands to visit to the hospital, where they are encouraged to test for HIV and given information on how to take care of their wives and children.

Provision of PMTCT services has also been extended to weekends to make them more accessible to men, who often are not able to visit the hospitals during the week when they are at work. The result is that within three months, there was a 97 per cent increase in male participation, adherence to antiretroviral therapy increased from 37 per cent to 47 per cent, and PMTCT coverage increased from 57 per cent to 79 per cent within the sub-city.'

Tsehay Birhanu
Project Manager
Addis Ketema PMTCT Project

I don't own much, but I have knowledge

This is my first baby. He was born at Paolos hospital. I discovered that I had HIV when I went for antenatal care. I was so terrified! I closed my house and stayed alone, I didn't want to talk to anyone.

Afterwards, I went back to the hospital and I was counselled and advised on how to live positively. I was told that if I took my medication and followed the advice I was given, I could get a healthy baby. I was very happy when my baby was born and he tested negative.

He is now three months old. I only give him breast milk but this is hard because I do not have any work, so I have to beg for food.

The father of the baby left me. Still, I am happy that I joined the Mother Support Group because the knowledge I have gained is very useful in helping me to care for the baby and myself. I will do my best and leave the future to God.

Haimanut Chalacho, 21

Voice of the Government

'AMREF has been supporting the Government for many years to increase quality of health services and use of those services by the community. We are happy that there have been positive changes. Prevention at community level has increased through the training of health development armies. People are aware of the issues surrounding HIV and voluntarily seek testing. More mothers are using antenatal and PMTCT services. The health workers use a directory of institutions offering various services to refer community members for relevant services, an innovation that has proved so useful that it is now being replicated in other sub-cities.

AMREF has given us equipment, including CD4 count machines, for our health centre, which allows quick diagnosis and early treatment, instead of sending samples to the main hospital. They have also been paying the health professionals who work weekends, and this has greatly increased use of services by men. The Government is considering taking up this cost and scaling the practice up to other sub-cities.

The Government is building many health centres but we cannot provide all services on our own. That is why we value AMREF's partnership in providing complementary services to the communities. AMREF's programme fits right into the national plan to create demand for PMTCT services, increase access and strengthen the referral system. In fact, its success has inspired private hospitals to copy what the government is doing with AMREF.'

Sister Birzaf Gebru
Head of Addis Ketema sub-city Health Office

Donors

Positive Action

ViiV-Healthcare Positive Action for Children Fund (PACF) through AMREF UK

Partners

Addis Ababa City Government Bureau of Finance and Economic Development

Addis Ababa City Government Health Bureau

Addis Ababa City Government HIV/AIDS Prevention and Control Office

Addis Ketema Sub-city Health Office

Facts & Figures

Eastern Africa, west of Somalia

Population: 93,877,025
country comparison to the world: 14

Population growth rate: 2.9%
country comparison to the world: 12

Birth rate: 38.07 births/1,000 population
country comparison to the world: 15

Death rate: 8.87 deaths/1,000 population
country comparison to the world: 71

Source CIA World Fact Book

PMTCT coverage increased from 57% to 79%

The percentage of HIV-infected pregnant mothers who completed the course of ARV prophylaxis for PMTCT increased from 53% to 85%

There was a 97% increase in male participation.

Uptake of couple counselling and testing in Ketema sub-city increased from 57% to 93%

04. TANZANIA

Spreading the Benefits of an Effective Model

I know what malaria looks like

This is my first child. His name is Amit Said, and he is two years and nine months old. I delivered him at the Tandahimba hospital. The community health worker, Zaituni Nyalate, visited me when I was pregnant and insisted that I go for check-ups before the baby was born. At the hospital they gave me treatment to prevent malaria, and a mosquito net. When I went into labour, Zaituni accompanied me to the hospital. She has taught me about malaria, how to recognise the symptoms and the importance of going for treatment as soon as possible.

Recently my baby fell ill. He had a fever that would not go away, diarrhoea and vomiting, and he had no appetite. I knew that these were symptoms of malaria. I gave him some Panadol then took him to the hospital, where they tested him and confirmed that he had malaria. They gave me six tablets for him, and now he is fine.

Zaituni visits me often. The information she has given me has been very useful in keeping me and my baby healthy, and for that I am very grateful.

Fatuma Salum, 21

04. TANZANIA

Spreading the Benefits of an Effective Model

'Malaria is a serious health concern in Tanzania. It causes about 33.4 per cent of deaths in children under the age of five years. The effect of malaria is felt hardest in poor and marginalised communities because they have inadequate access to quick and effective means of preventing and controlling malaria, or of getting treatment. Tandahimba is one of the poorest rural districts in Tanzania. It had 87,000 malaria cases in 2010, half of which were in Litehu division.

In May 2010, AMREF started a community-based project to complement the Government's efforts to reduce deaths of women and children in Litehu division. If successful, the Government would scale up this model to other parts of the district and beyond. Activities were at three levels – strengthening management of health at district administration level; training health workers at facility level on rapid testing and effective treatment of malaria, especially for pregnant women and children under five years; and at community level, educating the community on how to protect themselves from malaria and the importance of seeking treatment early.

Although the project ended in May 2013, the structures that AMREF helped set up and activities continue. Community health workers play a key role in teaching their fellow villagers the symptoms of malaria and ensuring that those who are ill go for treatment early. They organise village health days, give health education, and also make door-to-door visits. They do not only focus on malaria; during home visits, they also look out for common childhood illnesses and ensure pregnant women visit health centres for antenatal care and delivery. People living with HIV are also encouraged to seek early treatment for malaria. To be able to play their role effectively, the community health workers were trained by AMREF and provided with bicycles to help them move around. Traditional healers were included in the training because people used to take convulsing children to them, believing it to be the work of evil spirits. Many times the patients died, but because they now know that the convulsions are caused by malaria, the healers now send such patients to hospital.

The project has been very successful. For children under five, for instance, the number of deaths as a result of malaria fell from 16 in 2010 to three in 2012. Inpatient admissions as a result of malaria for children under five also fell dramatically, from 4114 to 191 within the same period. The number of women receiving Intermittent Preventive Treatment for malaria (IPT 2) also increased from 40 to 63 per cent. Use of malaria rapid testing kits has improved diagnosis and treatment. These positive results have encouraged the District Health Management to take up the project activities and scale them up to other divisions.'

Denis Swai
Project Manager
Tandahimba Community-Based Malaria Control Project

Mosquito nets do not cause infertility!

I lost my son to malaria in 2009. He was 18 years old. If I knew then what I know now about malaria, my son would not have died. In those days, people used to get malaria often, especially children. But since AMREF came to our village, we have learnt a lot about malaria and children do not die any more. We know what malaria is and how to prevent it. So now I use my experience to teach others.

I have two grandchildren, and I always make sure that they sleep under nets. When their mother got pregnant, I also made sure that she went to the hospital for check-ups and for treatment to avoid malaria. Everybody in the family uses a mosquito net, and when they get sick, I insist that they must get treated as soon as possible. I also encourage other family members and neighbours to do the same. Some men say that using mosquito nets reduces fertility, but I tell them that that is just a myth. I explain to them that when the mosquitoes used to bite them at night, they would wake up and disturb their wives; but now that they have nets, they sleep throughout the night and do not disturb their wives, but that does not mean that they are infertile!

The problem we have is that of transportation to the hospital. We have many bicycles in our village, but it is torture for a pregnant woman or a sick child to be carried on a bicycle, or even a motorbike. Still, the situation has improved a lot: there are fewer emergencies because most people do not wait until the last minute to go to hospital.

Abdulla Athumani, 73.

Voice of the Government

'AMREF's project in Tandahimba fits well into the Government's health strategy at district and national levels. Even though the project has ended, the structures that were established at community level and the interventions have been effective. The number of people falling ill with malaria used to be very high, but now it has gone down. In 2010, 28,000 people were treated for malaria in Litehu division, while in 2012, the number had decreased to 15,800, with six malaria-related deaths compared with 21 in 2010. In particular, the number of pregnant women and children under five years infected with malaria has decreased significantly. For instance, the number of outpatient malaria cases for children under five in the division fell from 14,373 in 2010 to 7113 in 2012.

The Government has therefore decided to take up the activities started by AMREF and to include them in our planning and budgeting for all divisions in the district. This includes buying microscopes and rapid diagnostic test kits for malaria to ensure quick diagnosis and treatment. The community health workers now have phones that they can use to call for an ambulance, while several Village Health Teams have set up communal funds to facilitate transport for women in labour and sick children. AMREF has helped the Government to meet our challenges and is truly a valued partner.'

Mr Idd Adam Msonde
District Medical Officer
Tandahimba

Donors

GlaxoSmithKline

Jerseys Oversees Aid

Partners

Tandahimba District Council

Ministry of Health and Social Welfare

Facts & Figures

Eastern Africa, bordering the Indian Ocean, between Kenya and Mozambique

Population: 48,261,942
country comparison to the world: 28

Population growth rate: 2.82%
country comparison to the world: 18

Birth rate: 37.25 births/1,000 population
country comparison to the world: 18

Death rate: 8.41 deaths/1,000 population
country comparison to the world: 87

Source CIA World Fact Book

The number of outpatient malaria cases for children under five in Litehu division fell from **14,373** in 2010 to **7,113** in 2012. The total of children under five outpatient cases in the whole district was **59,676** in 2010, compared with 25,676 in 2012.

3 children under five years old died from malaria in Litehu division in 2012, compared with **16** in 2010. In 2010, malaria accounted for **89%** of all deaths of children under five; in 2012, malaria accounted for **50%** of all deaths of children under five.

The percentage of household members in Litehu division sleeping under insecticide-treated nets increased from **93%** to **99%**, including children under five and pregnant women.

05. SENEGAL

Where Cleanliness is on the Curriculum

Our school is a nice place to be

I am in Class 6 at Sinthou Garba 1 Elementary School. My favourite subject is maths. I like school; it is so much more nicer to be in school now because when I need to go to the toilet, I do not worry about where to go, we have good toilets that were made by AMREF. There are enough toilets, some for boys and some for girls. Then there is a place for us to wash our hands, and soap. We also keep our classrooms and the school compound clean. I am proud of my school.

Before these toilets were built, I would go to the houses near the school and ask if I could use theirs. Many children would just go into the bushes to relieve themselves. Some of my friends would miss school because their stomachs were paining and they had headaches, but nowadays they do not get sick.

I am also happy because all the children in the school were given mosquito nets. I share the net I was given with my little sister.

Aissata Ndong, 12

Where Cleanliness is on the Curriculum

'AMREF West Africa started its programme for Water, Sanitation and Hygiene (WASH) in June 2012 by targetting schools in remote parts of Senegal. This innovative initiative integrates hygiene and sanitation with health and nutrition to holistically improve the wellbeing of school-going children. A survey done in Senegal in 2011 revealed a general laxity in seeking medical care for children under five years suffering from fever, acute respiratory infection or diarrhoea, resulting in disability, malnutrition and anaemia. This ultimately affects the performance of the children in school.

AMREF's programme sought to improve the health and nutritional status of school children and their communities by improving access to safe drinking water and sanitation, reducing the incidence of water-related diseases, and encouraging behaviour related to disease prevention among pupils, teachers and the community. The initiative was launched as a pilot programme starting with two schools but targetting 32 schools in Matam and Tambacounda regions, later to be expanded to other schools and regions. So far, 13 schools have been reached by the programme; activities are complete in nine schools and are ongoing in four.

A participatory approach was used, ensuring that school management teams, the community and relevant government offices were involved right from the design stage. In particular, AMREF established a close relationship with the Ministry of Education so that it could take the lead to ensure sustainability of the programme. Educational toolkits were produced and 24 teachers trained on how to use them to teach pupils the fundamentals of health and hygiene.

A major component of the programme is the construction of sanitation infrastructures, including gender-segregated toilets, water tanks and sinks with running water for washing hands. Many schools had no toilets or running water. By December 2013, 18 sanitary blocks (nine for boys and male teachers and another nine for girls and female teachers) had been completely built in nine schools and connected to running water, either from the municipality or boreholes. Over 1,791 mosquito nets were distributed to pupils and their teachers while thousands of pupils and community members were reached through health clubs, sports and other sensitisation activities.

Involvement of traditional and administrative authorities, beneficiaries and other community-based organisations is fundamental to the quality and the sustainability of AMREF's WASH programme. For instance, based on recommendations of the National Water and Hygiene Services, AMREF has installed water tanks in schools and works closely with the public hygiene office to improve the quality of water distributed to schools.

We are pleased with the achievements of the programme so far. There used to be very many cases of water-related illness among the pupils such as skin diseases, diarrhoea and other stomach ailments, leading to absenteeism. Now, standards of hygiene and health have greatly improved and so, as a result, has the performance of the pupils and their participation in school activities. In one school, Doumga Rindiao Elementary School in Matam, there used to be about 10 cases of diarrhoea every week among school children, but there have been none reported since October 2012. Through the health clubs, pupils have learnt good hygiene practices and are passing this information on to their families. The programme is truly transforming the health of the school communities.'

Koulibaly Aboubakiry
West Africa M&E and WASH Programme Manager

I am healthy so I no longer miss school

I go to the toilet during the break so that I do not miss anything that the teacher is saying in class. Before the toilets were built, I used to go to my uncle's house, or to my grandfather's because they live near here, but there was no water to wash my hands with after I used the toilet.

I like the toilets in school because we have plenty of water and soap to wash our hands and to keep the toilets clean. I used to get diarrhoea often, and sometimes malaria. When I got sick, I would stay at home for a day or two. I did not like it because I do not like to miss classes.

Through the health clubs we have been taught how to keep ourselves and our surroundings clean. I no longer get sick like I used to so I do not miss school.

I am in Class 6 and I enjoy reading, science and technology. I also like to play football - my favourite team is Real Madrid. When I grow up I want to be a doctor.

Mohamed Lamassa Diallo, 12

Voice of the Government

‘Poverty levels in Matam Region are high. As a minimum, a school should have a perimeter wall for security, running water, toilets and clean, nutritious food in order to provide a good learning environment. But many schools do not have these facilities. For instance, of the 189 schools in the region, 70 per cent have functional toilets; the rest have none.

AMREF’s WASH and School Health programme is therefore very welcome as it provides schools with proper, well-built facilities that have made a big difference in the lives of the pupils. The programme’s strength is in the fact that it uses a community-based approach, so everyone is involved. AMREF does not impose anything on the community; instead, they discuss all the steps with us to find out what our needs are, what we want and how we want it done. We solve all problems together, and so there is a sense of responsibility and ownership within the community. I am impressed with the progress that has been made within just one year to construct facilities and change the health behaviour of pupils and those around them.’

Mamadou Lamine Ly
Chief Inspector of National Education and Training
Matam Region

Donors

Club Santé Afrique (Bouygues, Sanofi Espoir and CFAO) through AMREF France

Antena 3 Foundation through AMREF Spain

Partners

Ministry of Education

Ministry of Health

Local authorities and NGOs

Facts & Figures

Western Africa, bordering the North Atlantic Ocean, between Guinea-Bissau and Mauritania

Population: 13,300,410
country comparison to the world: 72

Population growth rate: 2.51%
country comparison to the world: 30

Birth rate: 35.64 births/1,000 population
country comparison to the world: 25

Death rate: 8.85 deaths/1,000 population
country comparison to the world: 72

Source CIA World Fact Book

The programme had reached **2,296** school girls, **1,654** school boys, **44** female teachers and **44** male teachers.

By October 2013, toilets had been built in nine schools, each with separate blocks for boys and men, and for girls and women.

24 teachers had been trained in the Matam Region on use of communication tools such as posters to improve teaching of hygiene in class.

9 schools had been provided with cleaning material and products such as buckets, dustbins, brooms, soap and disinfectant.

8 schools in Matam had been provided with medical kits

11 School health clubs had been formed in Matam and Bakel regions.

1,791 insecticide-treated mosquito nets had been distributed to pupils and their teachers in Matam.

06. SOUTH AFRICA

Taking Health Care to the Classroom

I have big ears, but I couldn't hear

When the nurses came to my school, they told me that I had a problem with my ears and sent me to Bungeni Health Centre. At the health centre, they used a machine to clean my ears. There is a very big difference! I used to have small pimples in my left ear and it was always itchy, but no more. And I can hear so well! Before my ears were cleaned, my parents would call me but I wouldn't hear. Sometimes they thought I was ignoring them. They used to tease me that I had big ears but couldn't hear. When I listened to music, I couldn't hear it properly, even with my headphones. In class, my teacher would sometimes ask me a question and when I didn't respond, she thought that I was going the wrong way, that I was becoming a bad boy. But it wasn't me, it was my ears. Now I am very happy because I hear everything.

I lead a Health Concern Group in my school. We talk openly about the issues affecting us, like obesity, drug abuse, bullying and teenage pregnancy. We encourage and advise each other. School has become a nice place to be and learning is much easier.

Providence Mfaneno, 15, Grade 9

06. SOUTH AFRICA

INCREASING ACCESS BY DISADVANTAGED COMMUNITIES TO QUALITY MEDICAL, SURGICAL AND DIAGNOSTIC SERVICES

Taking Health Care to the Classroom

'The goal of the Limpopo Integrated School Health Programme is to give children access to comprehensive health care by bringing health services to schools, and in this way helping the Government to put into operation its Integrated School Health Policy, which was launched in 2012 but has yet to be implemented nation wide. The policy aims to create a safe learning environment that encourages regular school attendance and effective learning. AMREF's programme is also responding to concerns about the rising cases of teenage pregnancy, HIV infection, alcohol and substance abuse and gender-based violence among school children, due partly to poor coordination of school health service delivery, and partly to lack of knowledge and skills among health providers and educators to discuss sexuality and essential life skills with the learners.

With the financial support of Standard Bank, AMREF launched the Integrated School Health Programme in 2012, working in 11 *'Dinaledi'* schools. *Dinaledi* is Sesotho for 'Shining Star', and is the name given to public schools that perform well in mathematics and sciences. Limpopo has the highest number of *Dinaledi* schools despite the fact that most have less than adequate learning facilities and pupils are from poor backgrounds.

Working with the Department of Health and the Department of Education, AMREF trained 22 nurses who make regular visits to schools, where they screen the children for any physical ailments, as well as social and emotional issues. Treatment for simple ailments is given immediately, while those in need of specialised treatment are referred to relevant doctors in public hospitals. In addition, the nurses discuss teenage pregnancy and drug abuse with pupils in the higher grades. They inspect the school compound for cleanliness and security, and ensure that food sold to the children is nutritious. Activities of the programme include training of teachers in charge of life skills and student leaders of Health Concern Clubs. The clubs give learners a platform to discuss problems that they encounter in school and in their personal lives, plus strategies to address them.

The effectiveness of the programme in improving the behaviour and academic performance of the children has caused the schools to be actively involved in seeking help for learners. Incidents of truancy, bullying and drug abuse have reduced, and the number of teenage pregnancies has fallen. Children with poor eyesight, hearing or other physical impairments that interfere with learning have been helped.

This is a pilot project – we would like to expand it to more schools. From this small sample, the departments of Education and Health have identified many issues that need to be addressed to improve the Government's Integrated School Health Programme so that children are healthy and happy, and are able to learn effectively.'

Kennedy Sivhaga
Programme Manager
Limpopo School Health Programme

I used to eat a lot of junk, not real food

The nurses screened me in October and told me that I was underweight. I went to Bungeni Health Centre and was given multivitamins. They advised me to exercise and eat nutritious food like fruit, vegetables, carbohydrates and proteins. I used to eat a lot of junk food. You see, we young people like oily snacks, not real food. I also took a lot of sugary drinks and rarely drank water. Now I have changed. For example, today I ate samp (maize kernels, broken and boiled) and beans for lunch, and I drank water. I have already gained a little weight and I am very happy about that. My concentration in class has improved. I used to feel sleepy when I studied, but now I'm able to stay awake and my mind is very alert. My mother was surprised when I changed my diet, but she is also changing and eating well to keep her body healthy. She cooks a lot of fresh vegetables now.

I am a peer educator and I lead a group of 48 learners from different grades. We meet at break time and after school and talk about life, our bodies and how to keep our school in good condition. Those who used to bully others have stopped. There are only five learners who are pregnant now; last year there were 35. For those who were pregnant, we advise them not to lose hope and to do things that will benefit their lives. We are seeing many positive changes in our school.

Ethel Nkatheko Maakimbye, 17, Grade 10

Voice of the Government

'AMREF's School Health Programme in Limpopo Province fits into the Integrated School Health Programme introduced by the ministries of Basic Education and Health in 2012. The programme is also well aligned with the South African Government's current reengineering of Public Health Care, which seeks to close the gap between health facilities and communities.

The nurses who have been trained by AMREF are making a big difference in the schools. For example, Ebowakgomo Hospital used to receive many cases of children with epileptic fits from the neighbouring Mahlasedi Special School for special children. Nurses visiting the school discovered that the children were skipping their medication, or not taking it at all, hence the frequent fits. Working together with the teachers, they were able to bring the incidents under control. Unfortunately, the nurses have to divide their time between their duties at the health facilities and the schools. Ideally we should have a team of nurses dedicated to the School Health Programme, but we do not have enough health workers. We also have a challenge with getting means to transport them to the schools.

AMREF has helped strengthen working relations between the Ministry of Education and the Ministry of Health. Before, we were working in silos, yet our objective was similar. Now that we are working closely together, we are better able to coordinate activities and to understand each others' priorities. The pupils are the beneficiaries because we are now able to address their needs holistically. We would like this programme expanded so that we can spread those benefits to many more schools.'

Mmahlona Phosa
Manager of Maternal
Children's and Women's Health
Capricorn District, Limpopo

Donors

Standard Bank, South Africa

Partners

Department of Health, Education and Social Development

South African Police Services

Love Life Youth

CBOs

Traditional Leaders

Facts & Figures

Southern Africa, at the southern tip of the continent of Africa

Population: 48,601,098
country comparison to the world: 27

Population growth rate: -0.45%
country comparison to the world: 222

19.14 births/1,000 population
country comparison to the world: 94

Death rate: 17.36 deaths/1,000 population
country comparison to the world: 1

Source CIA World Fact Book

By October 2013:

a total of **3,205** pupils had been screened in 11 schools **(1,579 boys** and **1,626 girls)**

22 nurses had been trained on screening and referral of pupils.

60 Life Orientation teachers had been trained.

the target beneficiaries are **10,699** learners in Dinaledi schools.

07. KENYA

Evolving to Meet Growing Needs

Who said women can't dig wells?

I belong to a group of 10 artisans, all women. AMREF taught us how to dig wells in the year 2000. Yes, it was strange at first. We were mocked and insulted for doing men's work. But now they admire us because they see the benefits of what we are doing.

We build latrines and wells for individuals and communities. So far, I have dug almost 100 wells and 10 latrines. Most people in our area now have latrines. I have also been trained to teach people how to plant vegetables, to keep their children healthy and to ensure that they use clean water.

I am happy because life has improved greatly for me and my neighbours. Our children no longer have diseases like diarrhoea or ringworms. They are able to go to school every day because they do not have to help their mothers look for water.

I am healthy and I look young because I eat well and exercise from the physical activity of building wells. I have money in my pocket so I do not have to keep asking my husband for money to buy lotion or sugar. There is therefore more peace in the house. Even when there is no peace at home, when we meet together as women we are able to laugh our troubles away. Life is good!

Phyllis Kamene Kyallo, artisan.

Evolving to meet growing needs

'Water is a scarce commodity in Kitui County. This semi-arid part of the country receives minimal and sporadic rainfall, and seasonal rivers disappear as soon as the brief rainy season ends. Drought is a common phenomenon here, and often people do not have enough to eat, leading to widespread hunger and malnutrition. The worst affected are women and children.

AMREF has been working with communities in Kitui since 1998. The initial focus was to help the communities develop water sources like wells and boreholes, improve sanitation by building latrines, and encourage hygienic practices such as handwashing and use of clean water. We have been successful because access to safe water increased from 28 per cent in 2006 to 82 per cent in 2011, while the average distance to main water sources reduced from 10km to 2km in the project areas. There has been a dramatic decrease in diseases related to water, and women no longer have to spend long hours looking for the precious commodity.

Despite improved access to water, Kitui continued to experience high levels of maternal and child deaths. Levels of malnutrition and poverty also remained high; failed rains resulted in poor harvests, yet families could not afford to buy sufficient food supplies. In 2011, using the community structures that had been established for the water, sanitation and hygiene programme, AMREF set out to help improve Maternal and Child Health services by training Water Management Committees members as Community Health Volunteers to identify malnourished children and refer them to health facilities for treatment. The volunteers would also educate women on family planning and encourage them to get professional health care before, during and after delivery.

To tackle chronic malnutrition and poverty, AMREF partnered with Farm Africa to create a project modelled on the established water sources. Women groups, water artisan groups and farmers groups have been taught simple irrigation methods, how to use greenhouses, and cultivation of nutrient-rich, drought-tolerant crops. Furthermore, the groups have received marketing and entrepreneurial training.

There is such a big difference in the community. Cases of malnutrition are now rare, families have enough to eat and surplus for sale, while the health of women and children has noticeably improved. For example, severe acute malnutrition dropped from 5% in 2010 to 1% in 2013.

Integrating water, sanitation and hygiene with maternal and child health, nutrition and income-generating activities has resulted in wholesome and sustainable change for the target communities in Kitui. This model can be scaled up and replicated to improve the health and lives of rural communities in other parts of the country and continent.'

Denge Lugayo,
Project Manager
Kitui Water, Sanitation and Hygiene Project

Look at us – we are healthy and happy!

Just look at these women – do you see how healthy they are, how their faces shine? These are members of Kanini Kaseo (Small and good) group. We meet here regularly to work on our vegetable garden.

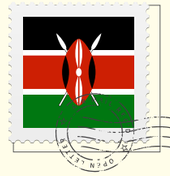
Ever since I can remember, there has been a lot of hunger in our region. The maize and beans we planted did not give us much harvest. Some years, the crops failed completely. Now that we have learnt this little rainfall is enough for us to grow all the food we need for our families, plus extra to sell: our lives have changed! The children used to have distended stomachs because they only ate maize, but look at how healthy they are now! We plant nutritious traditional foods like cowpeas and millet, which we ignored as we struggled to plant maize. I feed my family on fermented porridge made from millet, and I even bake millet cake. My children love it!

We teach pregnant women how to eat healthy for themselves and to give them enough milk for their babies. We encourage them to visit the health centre and to get their children immunised. Even the old women have a lot of strength; they work in their farms and in our garden without getting tired. And you should see them dancing!

We have just put up a greenhouse for vegetables. With the income we make from our greenhouse, the wells we dig and the extra produce from our farms, we are able to pay school fees for our children and develop our families.

I am grateful to AMREF for opening our eyes and walking with us on this journey.

Agnes Daniel, Chairlady, Kanini Kaseo Women's Group



Voice of the Government

'The Government's mandate is to protect and serve its people including improving public health to prevent disease and promote health. Matinyani is a young district with meagre resources, so we need all the help we can get to fulfil our mandate. That is why we deeply appreciate AMREF'S role as a partner in strengthening the health system.

AMREF's work in Kitui County has resulted in improved health, especially for women and children. Immunisation coverage has increased and childhood illnesses like diarrhoea have reduced. The community is very engaged in seeking solutions to water and health issues, particularly women. Women bear the burden of disease at household level. AMREF has empowered them with knowledge of how to keep themselves and their families healthy.

Through the nutrition project, we are now able to tackle malnutrition at household and community levels and to alleviate the perennial problem of hunger. The innovative integration of the various components – water, sanitation, hygiene, nutrition, women's and children's health and livelihoods – has proved to be very effective. It has had a bigger impact than single programmes would have had because we are able to reach more people and meet more needs.'

Martin Njiru
District Public Health Officer
Matinyani

Donors

Knorr-Bremse Global Care

Funding through AMREF Italy

EU

Partners

FARM Africa

Ministries of Health, Water, Education, Agriculture

Provincial Administration

Facts & Figures

Eastern Africa, bordering the Indian Ocean, between Somalia and Tanzania

Population: 44,037,656
country comparison to the world: 32

Population growth rate: 2.57%
country comparison to the world: 40

Birth rate: 30.08 births/1,000 population
country comparison to the world: 44

Death rate: 7.12 deaths/1,000 population
country comparison to the world: 128

Source CIA World Fact Book

Access to safe water increased from **28%** in 2006 to **82%** in 2011.

Latrine coverage increased from **37%** in 2006 to **61%** in 2011.

Reduced incidence of water and sanitation related diseases.

Distance to primary water source reduced from **10km** to **2km**

89.7% of expectant women are now sleeping under insecticide-treated nets (ITNs) in 2013 compared with 72.5% in 2010, a **17.2%** increase.

Shiny new name, same old commitment.

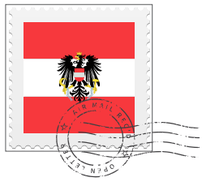
From March 2014, the African Medical and Research Foundation (AMREF) will be now be known as *Amref Health Africa.*
And with our new name comes a brand new logo. Our commitment to lasting health change in Africa will, however, remain unchanged.

www.amref.org

amref
health africa

D

COUNTRY HIGHLIGHTS



Austria

Charity and fundraising events in 2013 included the traditional 'Days of Dialogue', which took place in various locations. A special highlight was 'Monu&Monu', a fashion show combining traditional Austrian and African designs.

In January, a TV documentary about the AMREF Flying Doctors filmed at the Kakuma Hospital and Lomidat slaughterhouse in Turkana District, Kenya, was aired on Austrian television. The documentary was filmed pro bono.

AMREF received a donation of an ultrasound machine for the Surgical Outreach Project from Palfinger General Electric. The machine was blessed by an African priest, Mr Karabne, in Austria before being flown to Nairobi.

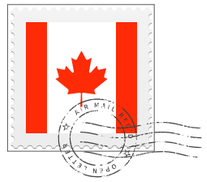
In June, the 2nd 'Run for a Smile' AMREF Kids Race was held in the Gwandhaus, a prominent event location in Salzburg. VIP guests included Austrian strongman Franz Müllner, who was the guest of honour.

Stand Up for African Mothers Campaign
Singer and TV star Klaus Eberhartinger supported the Stand Up for African Mothers campaign in various media events, press conferences and documentaries.

A 30 second TV spot on the campaign featuring international model Iris Strubegger, was broadcast pro bono at prime time for seven days on the main Austrian TV channel, *ORF*, creating a lot of awareness for the campaign and AMREF.

Another highlight was the performance of the international singer Barbara Zanetti at a TV shooting in Vienna for the campaign.

The Austrian Midwives Association and private donors raised funds for training of midwives in Ethiopia and South Sudan.



Canada

AMREF Canada's partnership with the Department of Foreign Affairs, Trade and Development (DFATD, formerly CIDA), a three-year project to improve the health of mothers and children in South Omo, Ethiopia, continues to make great progress. By December 2013, more than 6,000 children were immunised and over 1,000 pregnant women received prenatal care. This project is undertaken with CDN$2.25 million of financial support from the Government of Canada provided through the Department of Foreign Affairs, Trade and Development.

The Canadian Coalition on Global Health Research (CCGHR) partnered with AMREF to create a global research strategy for AMREF. The partnership also connects AMREF Canada to leading experts in the field of global health across the country, and enables AMREF to help shape African and global health policies.

AMREF Canada teamed up with the Global Child Health programme run by Canada's leading children's hospital –The Hospital for Sick Children (SickKids) – to give newborns in rural Tanzania access to life-saving health care. Experts from SickKids trained 19 Tanzanian health professionals in emergency and specialised care for newborns to help reduce the number of babies dying at birth.

AMREF Canada staff and volunteers raise awareness and funds for the Stand Up for African Mothers campaign

Stand Up for African Mothers Campaign
The Stand Up for African Mothers campaign featured prominently in AMREF Canada's annual African Marketplace Gala – MAMATOTO ('MotherBaby' in Swahili) – held in May 2013. Guests enjoyed African-inspired cuisine from top caterers, bid on one-of-a-kind silent and live-auction items, and heard first-hand accounts of maternal health in Africa from Canadian doctor and author Gretchen Roedde. The successful evening raised more than $100,000.

Wearing Stand Up for African Mothers t-shirts and brightly colour kanga cloths, AMREF Canada staff and volunteers took to Toronto's underground subway stations to raise awareness and funding for the campaign. They also set up shop in the food court of a busy downtown office tower, talking to people as they streamed down to get their morning coffee and later, their lunch. To top it off, AMREF Canada received free media space in 100 office buildings in Toronto, Canada's largest city.

Ethiopia

AMREF Ethiopia began 2013 on a high note in January, winning a Federal Award and cup for its contribution to health development during the 14th National Pastoralist Day celebrations at Yabelo town in the Oromia Regional State. The award was handed over to AMREF by Prime Minister Hailemariam Desalegn, who was accompanied by the Minister for Federal Affairs, Dr Shiferaw Teklemariam. The event was also attended by several ministers, federal and regional officials. This award recognised AMREF's leadership and commitment as well as the dedication of staff and continued support of donors. The event was covered in the national media, boosting AMREF's visibility across the country.

AMREF Ethiopia also received a cup from the South Omo Zonal Administration and Pastoralist Department for being an exemplary and model developmental partner. The cup was handed over to AMREF's Dawit Kusia by the head of SNNPR Pastoralist Bureau, Mr Dawit Abebe, at Mizan-Teferi town on the Regional Pastoralist Day.

AMREF Ethiopia hosted the 158th AMREF International Board Meeting in September at Addis Ababa Hilton Hotel. Some board delegates had the opportunity to visit AMREF projects in Afar and Addis Ababa.

During the board week AMREF and the African Union hosted a joint reception to celebrate health achievement in Africa as part of AU/OAU's 50th anniversary activities. The main guest at the event was the First Lady of Ethiopia, Madam Roman Tesfaye, who agreed to be an ambassador for AMREF's Stand Up for African Mothers campaign. The State Minister for Health, Dr Kebede Worku, and acting commissioner for Social Affairs of the AU, Ambassador Dr Elham Ibrahim also attended the event.

In August, AMREF Ethiopia held a high-level dissemination workshop for its research project on Sexual and Gender Based Violence.

New Programmes

AMREF began implementing new Sexual Reproductive Health as well as Water, Sanitation and Hygiene (WASH) projects in the Amhara Region and Zones 1 and 5 of Afar Region, which had not been covered by AMREF programmes before.

AMREF Ethiopia expanded its donor base, targeting big and long-term funding. Financial support was received from the business community for addressing gaps in WASH interventions in Kechene slums of Addis Ababa. A European Union grant was received for addressing sanitation gaps in Gulele sub city.

Stand Up for African Mothers Campaign

AMREF set up an exhibition booth at the AU Headquarters during the 21st AU summit in May 2013 to promote the Stand Up for African Mothers campaign.

The booth was visited by several African first ladies, including HE Madam Roman Tesfaye, who signed AMREF's petition for nomination of an African midwife for the Nobel Peace Prize 2015.

A total of 1,321 students completed the one-year upgrading training programme for Health Extension Workers supported by AMREF. Graduation ceremonies took place at the Health Science College in Amhara Region (486 students), Oromia Region (795), and Tigray (40).

AMREF Ethiopia staff and the Senior Management Team contributed a total of US$1,988.40 towards the campaign. More over a total of $4098 has been raised from various individual contributions. The advisory council has also pledged US$600.

A total of US$1,161 was collected during the AMREF and AU reception in October 2013, with additional pledges of US$2,000 and 500 SAR.

France

Programmes in West Africa supported by AMREF France received a huge boost following the announcement of a €5 million grant from the French Government, which facilitated the start of activities for the Stand Up for African Mothers campaign in the region.

The Health Africa Club, created by AMREF with its main partners, launched its first annual report highlighting the concept and results of this most innovative Corporate Social Responsibity initiative. The club expanded in 2013 with the entry of the Attijariwafa Bank Group, joining original members AMREF, Bouygues, CFAO and Sanofi Espoir. The Club's contributions enabled development and extension of AMREF's work beyond Senegal to other West African countries. Each member of the Club gives €300,000 over a period of three years (€100,000 a year).

Stand Up for African Mothers Campaign

AMREF France organised several activities for the Stand Up for African Mothers Campaign (SU4AM) including an advertising campaign, a field trip with French SU4AM ambassadresses to Uganda and events in collaboration with French midwives in support of their colleagues in Africa.

Thousands of leaflets, T-shirts, posters and bracelets were distributed by French midwives, thanks to a partnership with the French National Council of Midwives and the French Association of Midwifery Students, and the support of the Sanofi Espoir Foundation.

In over 60 departments (sub-regions) in France, midwives organised various fundraising events, including trolley races, cake sales and raffles, attracting a lot of public and media attention. Over 50 articles were written about the events in the local press, most of which took place between the International Day of the Midwife (May 5) and Mother's Day in France (May 26). In those few weeks, the midwives managed to raise €25,000 and sensitised thousands of mothers, families and children on the SU4AM campaign.

AMREF France programme manager Silvia Tolve with School Health Club members

Muriel Gavila, Esther Madudu, Valérie Trierweiler and Nicolas Merindol, AMREF France Chair

Esther Madudu with the French Minister in charge of Development, Pascal Canfin after receiving the French National Order of Merit on behalf of African midwives

Following a media trip to Uganda with Marie-Claire in February 2013, the SU4AM campaign and eLearning programme for health workers was featured across eight pages of the magazine's May edition. In April, five ambassadresses of the campaign – singer Zazie, actress Aïssa Maïga and international fencing champion Laura Flessel, former midwife Mathilde de Calan who now works at the French Ministry of Foreign Affairs and Haweya Mohamed, who is also on AMREF France's board – also visited Uganda, where they met Esther Madudu, at the Katine Health Centre. They also took part in an outreach mission and visited the Masaka e-learning centre, located south of the capital city, Kampala.

The Government of France announced its official support for the SU4AM campaign at AMREF France's annual charity gala in November. Esther Madudu attended the gala, and was awarded the prestigious National Order of Merit by the French Government on behalf of African midwives. Esther also met with French First Lady Mrs Valérie Trierweiler, who has pledged her support for the campaign.

AMREF France supported AMREF West Africa in the establishment of a partnership with UNFPA and Global Health Workforce Alliance for midwifery training in Francophone Africa and helped to move forward the framework for the regional midwives training programme with WAHO.

Germany

In 2013 AMREF Germany celebrated its 50th anniversary. The office was founded in 1963 by Honorary President Leonore Semler and has grown steadily over the years, raising over US$20 million for AMREF's work in Africa.

AMREF presented its work at the first German Development Day initiated by the Federal Ministry for Economic Cooperation and Development, and participated in a panel discussion titled *"Does development aid still need experts from Europe?"*

In June, Dr Goswin von Mallinckrodt, Chairman of AMREF Germany, hosted the traditional AMREF Flying Doctors Golf Cup Tournament.

In July, AMREF Germany spoke about AMREF´s water projects to 400 young Germans at the World Swimming Championships in Barcelona. AMREF was invited to the event by Arena Swimwear, a global brand that sponsors AMREF's water projects.

AMREF participated in the open day of the German Federal Government in August. Close to 100 visitors participated in AMREF's 'Africa Quiz'.

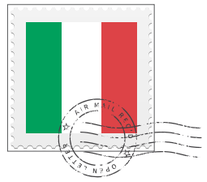
AMREF Germany entered into a new partnership with the Siemens Foundation. The first joint project between AMREF, Siemens Foundation and the SkyJuice Foundation is Mutito Safe Water Enterprise Kiosk in Kenya. AMREF's Director of Capacity Building, Dr Peter Ngatia, was selected to a high-level panel of judges for the Siemens Empowering People Award. A new two-year Integrated WASH and Nutrition Project, founded by Sternstunden e.V., was launched in Afar, Ethiopia.

AMREF Germany appointed three goodwill ambassadresses – TV actresses Jessica Ginkel and Muriel Baumeister, and dancer and TV moderator Motsi Mabuse.

Stand Up for African Mothers Campaign
AMREF Germany received funding for the training of 24 enrolled midwives in Maridi, South Sudan, from Sternstunden e.V., the charity of the Bavarian Broadcasting Corporation, support already received for training of 14 midwives in Maridi and another 40 in Afar, Ethiopia. In October 2013, a TV crew from the *BR (Bavarian Broadcasting)* visited Afar to document the training of midwives there. The film was broadcast in December 2013.

A new 20-bed maternity ward at Maridi Hospital, South Sudan, was officially been handed over to the community and the local authorities in October. The new ward and equipment were funded by Ein Herz für Kinder e.V. (Heart for Children).

AMREF Germany promoted the Stand Up for African Mothers campaign at public events such as the Kenako Africa Festival. More than 200 signatures were collected throughout the year for AMREF's Nobel Peace Prize petition.



Italy

The year 2013 saw significant strengthening of institutional donor funding from the Italian Ministry of Foreign Affairs, the European Union, the Italian Bishops' Conference and the Union of the Methodist and Waldensian Churches. A new project for maternal and child health in Kenya, a water and sanitation project in Ethiopia and a renewed support for interventions in South Sudan aiming at strengthening human resources for health have all been launched.

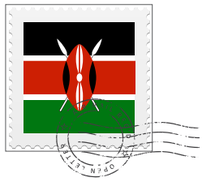
AMREF Italy has been very active with projects in development education, aimed at sensitising Italian school-going children on Africa's health and development challenges. These very participatory initiatives have seen the strengthening of partnerships and exchanges between schools in Italy and Africa.

With European Commission funding, AMREF Italy has also continued to work on the 'Health workers for all, all for health workers' advocacy campaign to support training of health workers and find policies and strategies for regulating migration of trained health staff.

Our capacity to support-long term programmes has further been strengthened through the growing support of major individual gifts and corporate partnerships, along with new funding for AMREF's objectives and vision from a growing database of new regular private donors.

Stand Up for African Mothers Campaign
In a sequel to *Voices for Africa*, three Italian male writers visited AMREF projects in Senegal, Mozambique and Kenya and wrote short stories on maternity, families, health and development. The writers read out the novels on a national radio programme. The first set of stories was distributed nationwide as an insert to a leading daily newspaper.

Within the framework of SU4AM, AMREF Italy is committed to a six-year training programme for midwives in Mozambique. Training began in July 2013 at the Health Training Centre in Inhambane Province (pre-service) and in Gaza and Maputo provinces (in-service).



Kenya

First Lady Margaret Kenyatta greets Kenya Country Director Dr Lennie Kyomuhangi Bazira and Director General Dr Teguest Guerma

Aden Duale, Majority Leader in the Kenya National Assembly donates blood during a blood drive in support of the survivors of the Westgate attack.

The Launch of the Sexual and Reproductive Health and Rights in Hard to Reach Areas of Kenya presided over by H E Muhamed Guleid, the Deputy Governor of Isiolo County, and Mr Lars Bredal, the Deputy Head of Mission - DANIDA

Programmes Reach
During the financial year 2012-2013, AMREF Kenya programmes reached a total of 6,076,499 direct beneficiaries (1,442,862 girls; 1,236,832 boys; 2,207,938 women; and 1,188,867 men)

MDG Award for Maternal Health
In April, AMREF Kenya received an award for its contribution to improving maternal health in Kenya. The award was given by the Millennium Development Goal Trust Fund, which recognises the contributions of organisations, institutions and individuals in Kenya that have demonstrated outstanding efforts in driving the achievement of the MDGs through their core programmes.

Monitoring and Evaluation Conference
AMREF and the Kenya National AIDS and STI Control Programme convened the 1st Annual Monitoring & Evaluation Best Practice Conference in Kenya under the theme 'Towards quality health services through sustainable best practices in M&E'.

Blood Donation Initiative
AMREF sent a team of lab technologists, nurses and clinical officers to support the blood donation initiative set up by the Ministry of Health following the terrorist attack at the Westgate Mall in September.

Unite For Body Rights
Anti-Female Genital Mutilation ambassador Nice Nailantei presented her story and AMREF's work at the Beyond 2014 International Conference on Human Rights in the Netherlands and at the Clinton's Global Initiative meeting in New York.

First Lady Graces VVF Medical Camp
First Lady Her Excellency Margaret Kenyatta launched the 8th Annual Vaginal Vesico Fistula medical camp organised by the Kenyatta National Hospital in collaboration with AMREF and the Freedom from Fistula Foundation. The First Lady stressed the need to enhance the capacities of health systems to prevent, repair and support women with obstetric fistula. Over 620 women were screened and 106 operated on during the two-week camp.

Advocacy
• Peter Nguura, Manager for the Unite for Body Rights and Alternative Rites of Passage project, made a presentation at Tedex Amsterdam 2013 titled 'Africa Means Business'

• AMREF is an active member of the Community Systems ICC and participated in the development of revised Community Health Strategy tools.

• As a member of the taskforce developing the second HRH Strategic Plan, AMREF shared findings of its Human Resources for Health operations research study to guide development of the plan.

• AMREF facilitated establishment of the National School Health Inter-Agency Coordination Committee and the National School Health Technical Committee.

• AMREF Kenya is a member of the Civil Society Organisation Reference Group that spearheaded the development of the Public Benefit Organisations Act 2013 and is currently involved in planning its implementation.

• AMREF Kenya has recently joined the Non-State Actors' Forum on devolution spearheaded by CLARION. The forum will provide a platform for AMREF to effectively champion health issues in respective counties.

Quality improvement
AMREF Kenya rolled out a Quality of Service improvement initiative. By the end of the financial year, 65% of projects were reporting on quality of services. Of those reporting, 62% had a quality index of at least 80%.

New Projects
Child and Reproductive Health
- Mwingi Maternal, Newborn and Child Health Project (MNCH) funded by the EU (€1,500,073);

- Ng'adakarin Bamocha Project in Turkana North and West counties funded by BIG (US$328, 443)

- Phase II TAARIFA Community-Based Health Information Management System funded by AMREF Netherlands (€761,141);

- Turkana West MNCH project funded by the EU (€1,298,814)

- Tullow Turkana funded by Tullow Oil under the WASH programme (US$108,796)

- Staying Alive in Siaya (€ 283,565); and Staying Alive in West Pokot (€1,546,000), both funded by the Dutch Ministry of Foreign Affairs

Water, Sanitation and Hygiene
Kenya Agriculture Value Chain Enterprises (US$337,034) and Kenya Horticulture Competitiveness Project (US$620,955) both funded by USAID

FINISH INK funded through AMREF Netherlands (€1,850,000).

HIV/AIDS, TB and Malaria
Kenya AIDS Indicator Survey (KAIS) II funded by CDC (US$2,789,777) and KAIS II Dissemination funded by UCSF ($500,000).

Research, Advocacy and Business Development
- TOMS Shoes project (US$59,985)

- Case study of the AMREF BOMA model financed by TRAction/URC

- Assessment of 11 facilities in Turkana County funded by Tullow Oil

Research Papers Published
• Mia Liisa van der Kop; David I Ojakaa; Anik Patel; LehanaThabane; Koki Kinagwi. ***The effect of weekly short message service communication on patient retention in care in the first year after HIV diagnosis: study protocol for a randomised controlled trial*** (WelTel Retain). BMJ Open Access.May 2013.

• Wahlers K, Menezes CN, Wong ML, Zeyhle E, Ahmed ME, Ocaido M, Stijnis C, Romig T, Kern P, Grobusch MP. ***Cystic echinococcosis in sub-Saharan Africa: Lancet.*** Infectious Diseases. 2012 Nov;2012 (11):871-80. doi: 10.1016/S1473-3099(12)

• Gilbert Wangalwa, Bennett Cudjoe, David Wamalwa, Yvonne Machira, Peter Ofware, Meshack Ndirangu and Festus Ilako. ***Effectiveness of Kenya's Community Health Strategy in delivering community-based maternal and newborn health care in Busia County, Kenya: non-randomised pre-test post-test study.*** Pan African Medical Journal 2012;13 (Supp 1):12

• Caroline Kingori, Michael Reece, Samuel Obeng, Maresa Murray, Enbal Shacham, Brian Dodge, Emannuel Akach, Peter Ngatia, and David Ojakaa. ***AIDS Patient Care and STDs*** December 2012, 26(12): 761-768. doi:10.1089/apc.2012.0258.

Stand Up for African Mothers Campaign
AMREF Kenya raisied a total of US$1,252 towards the campaign in the 2012-2013 financial year.

Netherlands

AMREF received €2.6 million from the Dutch Postcode Lottery for work to eliminate female genital mutilation in Africa. At the Postcode Lottery Gala in Amsterdam, AMREF Netherlands CEO Jacqueline Lampe received another cheque of €900,000 from the Lottery as its annual contribution. Part of the funding will be used for a communications campaign in the Netherlands on FGM and 'alternative rites of passage'. The campaign begins in 2014 and includes an online campaign, advertorials in magazines and focus in three TV programmes.

During a visit to Ethiopia, Dutch Minister for Foreign Trade and Development Cooperation Lilianne Ploumen was invited by AMREF to speak with a group of youth on development issues. s

AMREF signed a partnership agreement with Philips Healthcare Africa, an important player in health systems strengthening in Africa, for joint development of large-scale health projects and proposals, development of business cases for clinical education curricula, and joint engagement with various other stakeholders and donors.

VvAA extended its cooperation with AMREF for another three years. Amsterdam RAI also has extended its agreement with AMREF for three years.

In 2013, the Financial Inclusion Improves Sanitation and Health in Kenya (FINISH INK) project was launched. This is a public private partnership of nine organisations, including the Ministry of Health, micro-finance institutions, impact investors, a knowledge institution and NGOs. Building on AMREF's strengths in creating awareness and demand for sanitation at community level, communities will be facilitated to develop appropriate sanitation facilities with increased financial inclusion and livelihood development.

Stand Up for African Mothers Campaign
AMREF Netherlands officially launched the Stand Up for African Mothers campaign on International Women's Day 2013. CEO Jacqueline Lampe was invited to speak about the campaign at a luncheon attended by 50 businesswomen. A press release and accompanying bracelet was sent out and picked up by the Dutch Marie Claire, which distributes 50,000 copies every month.

A 'dinner for friends' held for stakeholders in June created a lot of awareness about the campaign and maternal health issues in Africa.

A major highlight was the visit of midwife Esther Madudu to the Netherlands in October. She made presentations at a series of meetings, including the International Confederation of Midwives, corporate partners, the Ministry of Foreign Affairs and major donors. Other activities included a speech for the Dutch Medical Women International Association, and a day accompanying a Dutch midwife as she worked.

Southern Africa

A major accomplishment in 2013 was the launch of implementation of AMREF projects in Malawi and Mozambique.

In Malawi, the Staying Alive Project aims to strengthen 42 health facilities in Mangochi and surrounding areas to improve maternal health outcomes through training health workers in family planning, post-abortion care and treatment of obstetric fistula.

In Mozambique, training has begun of 60 pre-service midwives in Beira and Inhambane, while 66 midwives in Gaza and Maputo Provinces received in-service training.

Another milestone was the successful completion of the pilot Personal Hygiene and Sanitation Education Project in Rustenburg, marked by a school festival in August. AMREF is hopeful that the project will be rolled out to more schools in the region with the support of Lanxess.

The innovative Traditional Health Practitioners (THPs) Project also came to a close in 2013. A hugely successful symposium was held in Hluhluwe, KwaZulu Natal, to ensure ongoing collaboration between TPHs, regional departments of Health, Education, Environmental Affairs and Forestry, and other stakeholders. AMREF's work with the THPs has been recognised by the National Department of Health, which is planning to scale it up to the rest of the country.

Stand Up for African Mothers Campaign
The Southern Africa Hub used several activities to create awareness about the Stand Up for African Mothers campaign. During the Public Health Association of South Africa Conference in September, students and other delegates signed the petition in support of midwife Esther Madudu's nomination for the Nobel Peace Prize.

AMREF Regional Director Dr Connie Osborne spoke about the campaign and maternal health during an interview on *Good Morning Africa*, which has a viewership of more than 15 million people across Africa. She was also a guest speaker at a number of conferences and workshops during the year, including the African Health Facilities Conference in Durban and the Eli Lily Workshop on Non-Communicable Diseases in Johannesburg.

South Sudan

South Sudan marked two years of independence on July 9, 2013. Supported by partners, AMREF has been working closely with the Government of South Sudan to rebuild the country's health system, which was destroyed by 21 years of conflict.

The following were AMREF South Sudan's key achievements in 2013:

A total of 123 health workers (97 Clinical Officers and 26 Community Midwives) graduated from the National Health Training Institute, run by AMREF, in November. The school registered 51 students for Enrolled Midwifery course, and 58 for Registered Midwifery training.

The maternity ward at Maridi Hospital was jointly inaugurated by AMREF Germany CEO Marcus Leonhardt and the Maridi County Commissioner, Hon Wilson Thomas Yanga on October 24. The number of mothers using the maternity services has doubled from a monthly average of 15 in 2011 to 35 in 2013.

In February, the first class of 50 girls was enrolled at the Maridi Girls Secondary School for Science in Western Equatoria State. The school falls under AMREF's Women in School for Health Project, whose objective is to encourage the education of girls so that they can realise their potential in the economic, political and social arenas and fight ignorance, diseases and poverty.

The Maternal Newborn and Child Health Project in Terekeka County ended in October 2013. End project results indicated a three per cent reduction in child mortality and two per cent reduction in maternal mortality; attendance of four antenatal care visits increased by 26 per cent, and deliveries by skilled birth attendants increased by 11.5 per cent.

AMREF South Sudan ran five days of Basic Package for Health and Nutrition training in Juba, Wau and Malakal for 93 health workers from Equatoria, Bhar-el-ghazal and Upper Nile states respectively. County Health Management Teams from the three states were also trained.

Stand Up for African Mothers Campaign
AMREF South Sudan marked the launch of the Stand up for African Mothers campaign in May 2013 with a march in the capital city, Juba, by nurses, midwives, student nurses and student midwives. Led by a police band, the colourful procession drew a lot of attention as the health workers, wearing Stand Up for African Mothers T-shirts, made their way from the Juba Teaching Hospital to Nyakuron Cultural Centre. The launch was attended by the Director of Nursing and Midwifery, Janet Michael, the Director General of Gender and Child Welfare, Regina Ossa, and the Director of Reproductive Health, Dr Alex Dimit.

Spain

In 2013 AMREF Spain renewed its cooperation agreements with the ACS Foundation and with the company Binter Technic.

An SMS campaign, 'One Drop, One Life', run together with *Fundación Antena 3 TV*, raised funds for AMREF's School Health Programme in Senegal.

Ás part of 'The 300 Club' initiative, Bodegas Muga and Dreamtellers Foundation presented donations to AMREF Spain Board member Goyo Panadero for Water and Sanitation Projects in Addis Ababa, Ethiopia.

In June, the AMREF Spain Board approved a new Strategic Plan 2013-2015 which focuses on, among other things, new social activities in Spain (such as support for vulnerable groups, training and advice to immigrants), enhancing AMREF's social and volunteer base, and increasing engagement of corporates in AMREF's activities in Spain and Africa.

Stand Up for African Mothers Campaign
In May, AMREF participated in the Annual Convention of the Canary Islands' Midwives Association, which provided a great opportunity for building partnerships for Stand Up for African Mothers (SU4AM), creating awareness of the campaign and encouraging individual donor support.

AMREF Spain marked Africa Day (May 25) with a photo exhibition in the main hall of the Communications Faculty, Universidad Complutense de Madrid. A volunteer team of advertising students helped to spread the message of the campaign to the university community. In July, the exhibition moved to the main hall of the Maternidad del Hospital General Gregorio Marañón and in November it was at the Immigrants Culture and Integration Centre (CEPI) in San Sebastián de los Reyes (Madrid), drawing the interest of the public and media.

In July, the African Midwives Blog was launched with the pro-bono support of Patricia Matey, a health journalist (https://www.facebook.com/pages/El-Club-de-las-Matronas/218274178334596).

November saw the launch of the Supporting Midwives Club, dedicated to creating awareness of the SU4AM campaign to colleagues and clients, and soliciting donations. With the support of Spain Board Member Irene Tato, AMREF received commitment from Mrs María Ángeles Rodríguez Rozalén, Chairwoman of the Spanish Midwives Association, to continue supporting the campaign.

Sweden

The year 2013 saw significant changes in AMREF's work in the Nordic countries. AMREF's International Board decided to expand AMREF Sweden's operations to include Denmark, Norway and Finland, thus creating AMREF Nordic with headquarters in Stockholm. Strategies and activities for the few coming years will primarily be focused on establishing new contacts and cooperation with the former AMREF offices and contact network in Denmark.

A Board of Directors was selected to guide the operations of AMREF Nordic, and an Executive Director recruited.

During the past year AMREF Sweden strengthened its collaboration with the Swedish East African Chamber of Commerce, a platform for stimulating business investments and trade with the East African Community.

In February 2013, AMREF Sweden Board Chair Helena Bonnier and Board Member Kersti Adams-Ray visited projects in Gullele Sub City in Addis Ababa, Ethiopia financed by the *Swedish Broadcasting Corporation*, which has supported AMREF projects in Ethiopia and Uganda since 2005.

Tanzania

In 2013 AMREF supported the Ministry of Health and Social Welfare both technically and financially to review the National Policy Guideline on Reproductive and Child Health.

AMREF Tanzania, Barclays Bank and Comprehensive Community-Based Rehabilitation in Tanzania (CCBRT) joined hands in the 2013 Barclays Step Ahead campaign to raise funds for training of nurse midwives in hard-to-reach areas. The walk was presided over by former UN Deputy Secretary General Dr Asha Rose Migiro.

AMREF made two oral presentations at the inaugural National Family Planning Conference in Dar es Salaam in October and received an award for the best presentation in the Community Service Delivery track. The title of the winning presentation was 'Meeting the reproductive health needs of young people through outreach and edutainment'.

AMREF Tanzania Country Director Dr Festus Ilako officially handed over a newly constructed health centre in Gombero Village to the Kilindi District Authority at a function presided over by Deputy Minister Aggrey Mwanri from the Prime Minister's Office, Regional Administration and Local Governments. The new health centre will replace a run-down structure constructed in 1954 and will continue serving about 6,000 people.

As interim Chair of the newly formed National CSO Coordinating Body, AMREF has been actively engaged in the establishment of the Civil Society Organisation (CSO) ENGAGE-TB network in Tanzania, spearheaded by the National TB and Leprosy Programme. The Network successfully developed National Operational Guidelines for engaging CSOs in TB control activities, which were launched by Deputy Minister for Health and Social Welfare on World TB Day in March.

Stand Up for African Mothers Campaign
AMREF Tanzania held a fundraising gala in October 2013 for the Stand Up for African Mothers campaign. Over 450 guests, including government officials, heads of corporates, donors and partners attended the event.

A total of US$369,150.51 was raised, including in-kind contributions to support AMREF's goal of training 3,800 midwives in Tanzania by 2015. The main sponsor of the event, Bank M, gave Tsh100m (US$62,610.74) towards training and Tsh25m (US$15,652.69) in kind for media activities.

Several items were auctioned, including a painting of an African mother and child by renowned Tanzanian photographer and artist Muzu; a Tanzanite pendant and chain from Tanzanite One Company and a DSTV digital decoder. Vice-President Hon Mohammed Gharib Bilal, who was the guest of honour, made a surprise donation of his cufflinks for auction.

Several media activities, including press conferences and radio interviews, were held before the event, which was covered live by *Independent Television*. Tigo mobile company lent its support by sending a message to its subscribers encouraging them to contribute towards the campaign.

Elia Msegu, who manages AMREF's Unite for Body Rights Project and Alternatives Rites of Passage Project performed his original composition dedicated to the campaign. The song can be found at *http://www.youtube.com/watch?v=0amAgxznClc*

Uganda

Programme Reach
AMREF Uganda's funded budget for the year 2012/2013 was US$9.3 million. In the year 2012-2013, the Country Programme directly reached 2,117,184 people (785,942 male and 1,331,242 female). A total of 696,000 youth received sexual and reproductive health rights information and services, and 57,653 people (30,774 female, 26,879 male) received water, hygiene and sanitation facilities and services. AMREF Uganda gave training to 2,432 health workers and over 7,600 community health workers. Through use of trained health workers at both facility and community level, AMREF contributed to increased access to basic health services by underserved urban and rural communities in 34 districts of Uganda. The Country Programme supported 237 health facilities, 77 schools and 14 Community-based Organisations.

New Projects
In 2013, AMREF Uganda launched four new projects worth a total of US$9.6 million.

- The regional Staying Alive project covering Uganda, Kenya and Malawi is funded by the Dutch Ministry of Foreign Affairs to help improve maternal health. In Uganda it is being implemented in Soroti, Katakwi and Serere districts.

- The three-year Access, Knowledge and Services youth empowerment project, another regional project funded by the Dutch Ministry of Foreign Affairs, aims to increase access to and use of sexual reproductive health information and services. The project is being implemented in Gulu, Kitgum and Pader districts in Northern Uganda.

- The innovative Saving Lives at Birth Project, funded by Grand Challenges Canada, is a research project that integrates solar technology with a package of maternal and newborn health care services and is being implemented in Kabale, Rukungiri, Kisoro and Kanungu districts in South-western Uganda.

- The five-year Basic Sanitation for the Peri-urban and Urban Poor Communities project is funded by the European Commision to contribute to the achievement of MDGs 4, 5 and 7. It is being implemented in Kawempe Division of Kampala City and in Gulu, Kitgum and Pader districts in Northern Uganda.

• AMREF Uganda expanded its health programme to several new districts. The Kabale office was reopened with an extended programme for South-western Uganda, while the Soroti office expanded to cover Serere and Katakwi districts in North-eastern Uganda; AMREF is now working with underserved communities in 34 Districts in Uganda compared with 29 in 2011/2012.

• AMREF Uganda increased its visibility throughout 2013 in print and broadcast media. Midwife Esther Madudu, who is the face of AMREF's Stand Up for African Mothers campaign, participated in local and international interviews on *BBC, CNN, UN Radio, The Huffington Post, The Guardian* newspaper and *Nation Television.*

Advocacy
• AMREF Uganda was re-elected to represent international NGOs on the Uganda Global Fund country coordinating mechanism

• AMREF Uganda was re-elected as the secretariat for the International NGOs Self-Coordinating Entities Constituency under the Uganda AIDS Commission

• AMREF Uganda's membership on the Health Policy Advisory Committee was reaffirmed

• AMREF was recognised by the new leadership of the Ministry of Health as a one of the key players in the health sector in 2013

• AMREF Uganda is a pivotal member of the Maternal and Child Health (MNCH) Civil Society Organisation coalition that lobbied for increased government funding of MNCH services for the Financial Year 2013/14, including greater focus on Basic Emergency Obstetric Care, Comprehensive Obstetric Care and recruitment of 10,000 more health workers nationally.

• AMREF Uganda supported the Ministry of Health to draft the Country Commitments on Human Resources for Health for the next three years that were presented at the Global Health Workforce Alliance (GHWA) meeting in Brazil in November 2013, where AMREF won the GHWA Partner Award on Human Resources for Health.

United Kingdom

AMREF UK worked with advertising agency Bartle Bogle Hegarty (BBH) on a social media campaign, 'Children with Children', to raise awareness of AMREF's DfID-sponsored project, *Sauti ya Vijana* (Voice of the Youth) in Mtwara, Tanzania. The unique campaign used a Pinterest page populated by and owned by Sihiba, a young mother who has been supported by the project, attracting attention from peer organisations and key individuals within the field of development, as well as Pinterest users who shared and commented on her posts.

A new partnership was launched by AMREF UK and AMREF Headquarters with Accenture, leading Kenyan mobile company Safaricom, Vodafone, Mezzanine and the M-Pesa Foundation to explore the provision of continuing professional education to Community Health Workers via mobile phone. The overall objective is to create a product that can be scaled up to support health workers across the continent.

AMREF UK launched two innovative projects funded by Big Lottery Fund and the European Commission in Turkana, Kenya, to improve maternal and newborn health services for remote pastoralist communities in the district. The projects aim to reach 72,470 women of reproductive age.

For the first time, a team of 10 from AMREF UK, led by CEO Samara Hammond, took part in the annual Nightrider event, a 100km bike ride through the streets of London at night.

Stand Up for African Mothers Campaign
AMREF UK hosted Esther Madudu to London in December 2012 for a week of high level events and media engagements to promote the Stand Up for African Mothers campaign. Esther spent a day at one of London's busiest hospitals, The Royal London, where she got to see what it is like to be a midwife in London and exchanged experiences with other midwives. Later Esther hosted a reception attended by guests from the hospital, AMREF supporters and stakeholders in the maternal health sector. Esther was also guest of honour at AMREF UK's annual Christmas Carol Concert where she enthralled guests with her candid portrayal of life as a Ugandan midwife.

USA

The visit by Nice Nailantei Leng'ete, a 22-year-old Maasai woman from Loitokitok, Kenya, was the highlight of the year for AMREF USA. As an AMREF-trained advocate for replacing the harmful practice of female genital cutting with alternative rites of passage for young girls and women, Nice's compelling stories and her personal account touched AMREF USA donors, friends, media and stakeholders at various events during her week-long visit to New York and Washington DC. Her ability to tell powerful stories was instrumental in engaging supporters and bringing AMREF's work to life.

AMREF received good media coverage throughout the year with an *Al Jazeera* interview with AMREF USA Executive Director Lisa Meadowcroft, coverage of Nice Nailantei by *ABC Television* and *National Public Radio*, an interview with Esther Madudu along with numerous blogs in *The Huffington Post* and a profile of AMREF Director General Teguest Guerma in *Applause Africa*.

Advocacy activities included coordinating a meeting in New York of high-level stakeholders to develop an advocacy strategy for the 3rd Global Forum on Human Resources for Health, ongoing advocacy on Capitol Hill for greater US Government support of frontline health workers in developing countries, and helping coordinate the presentation of a REAL Award to AMREF-trained midwife Esther Madudu in Uganda.

As part of AMREF USA's corporate visibility strategy, Lisa Meadowcroft was a panelist at InterAction's CEO Forum 2013 entitled: 'Solving the Health Workforce Crisis: A Global Advocacy Strategy'. Lisa also participated in a panel discussion at the 10th Annual African Economic Forum at Columbia University in New York, entitled 'Healthcare Delivery – New Formats, New Infrastructure, New Results'.

Stand Up for African Mothers Campaign
The Stand Up for African Mothers campaign poster, graciously distributed by JCDecaux at no cost on the New York City/New Jersey PATH commuter trains in October 2012, was on display throughout the fiscal year of 2013. *The New York Observer* also ran the quarter-page SU4AM advertisement pro-bono. *Applause Africa*, a publication targeting the African Diaspora and select African countries, ran the advertisement as the entire back cover in their summer issue at half the usual rate.

In 2013 AMREF USA held a 'corporate Diaspora breakfast' to explore opportunities to collaborate with the private sector in raising awareness and funds for the global Stand Up for African Mothers campaign. Participants included leaders from New York media and marketing agencies.

AMREF was thrilled to benefit from a stunning performance of the one-man show, *Sacred Elephant*, at La MaMa Theatre in New York in September, dedicated to AMREF by former Canadian board member Caro Macdonald, who produced the play. Approximately $5,000 was raised to help fund the SU4AM campaign. After the performance, AMREF held a reception at which internationally renowned photographer and artist, Peter Beard, joined actor Jeremy Crutchley on stage for lively conversation about the play, the plight of the elephant in Africa and overall development of the continent.

West Africa

AMREF West Africa began operations in July 2011 through a regional hub office located in Dakar.

In July 2013, the Senegalese Ministry of Health sent AMREF a letter of approbation for implementation of the eLearning programme for training health workers in order to contribute to the reduction of maternal and child mortality in the country.

AMREF was also mandated by the West African Health Organisation to implement the regional programme. An initial meeting was held in Cotonou, Benin, with the participation of relevant stakeholders including UN agencies and representatives from various countries (Senegal, Benin, Mali, Cote d'Ivoire, Guinea and Togo).

The Access Services and Knowledge Programme, funded by the Dutch Ministry of Foreign Affairs, was launched in Dakar with the aim of empowering youth with health knowledge and increasing access to youth-friendly services. AMREF signed an agreement with local partners for the implementation of the programme including schools, civil society organisations and district health offices. Training was held for 25 student leaders and 20 teachers on Leadership and Rights in Sexual Reproductive Health.

Other programmes being implemented in Senegal include:

Outreach Programme – this is being implemented in seven regions of the country to improve access to quality surgical care for communities in hard-to-reach areas. By December 2013, the programme had organised four fistula, one cleft lip and five cataract surgical camps, during which a total of 1,072 consultations were held and 637 operations performed. In addition 258 health practitioners and 156 community health workers were trained.

Integrated Telemedicine Programme – This programme covers Ziguinchor, Kolda, Matam and Louga regions and seeks to improve the diagnostic and disease management capacities of health facilities, as well as building the skills of health professionals through technology-based consultations. Services provided through the telemedicine platform included:
- 53 sessions of tele-radiology between Kolda and Ziguinchor, and between Kolda and Ourossogui regional hospitals
- 39 sessions of tele-intervention between HOGGY Hospital in Dakar and regional hospitals managing surgical cases
- 115 emails exchanged between professionals

Schools Health Programme – Targeting primary schools located in Matam and Tambacounda regions, this programme aims to improve pupils' access to safe drinking water, and to reduce the incidence of water-related diseases through better hygiene. The programme has so far benefited 13 schools.

Stand Up for African Mothers Campaign
AMREF West Africa is in the process of establishing a regional eLearning programme funded by the Health Africa Club (through AMREF France) and the Stavros Niarchos Foundation, to train nurses and midwives in West Africa. The programme will be run in collaboration with the West African Health Organisation.

E

PROGRAMME HIGHLIGHTS

AMREF Flying Doctors

AMREF Flying Doctors (AFD) is the leading air ambulance service provider in Eastern Africa. To bolster the growing demand for its air evacuation services, AMREF Flying Doctors took delivery of a new aircraft in July 2013. The acquisition of the new Beechcraft King Air B200 at a cost of Ksh250 million (US$2.8 million) is part of a series of investments that AMREF Flying Doctors is making following its incorporation in August 2011 as a not-for-profit company wholly owned by AMREF.

The new air ambulance was unveiled at a ceremony held at AMREF Flying Doctors' hangar at Wilson Airport in Nairobi, presided over by the Governor of Nairobi County, Dr Evans Kidero.

AMREF Flying Doctors CEO and Medical Director Dr Bettina Vadera said that the delivery of the aircraft opens a new chapter in the firm's history. "We are pleased to welcome this new fully equipped, dedicated air ambulance to our existing fleet. For our growing list of Maisha evacuation scheme subscribers this is certainly good news, as the aircraft will provide extra speed and range to improve AMREF Flying Doctors' response capacity."

The aircraft, registration 5Y-FDE, is fitted with two Spectrum Aeromed 2200-016 medical stretchers, medical equipment walls and manual patient loaders, the first of its kind in the region. It performed its maiden evacuation flight in July 2013 and has since been flying an average of 48 hours per month.

Maisha, the annual evacuation scheme that is also available on a short-term basis for tourists continued to grow. An impressive 52,626 tourists enrolled in the scheme in 2013, along with an annual membership of over 30,000.

AMREF Flying Doctors participated in a number of conferences during the year. Its elevation within the International Assistance Group (IAG) to that of Assistance Partner enabled AMREF Flying Doctors to attend and make a presentation at the IAG Conference in Morocco and the IAG International Forum in Vienna.

In addition, continued support from the Voyageur Group gave AMREF Flying Doctors access to the International Travel Insurance Conferences in the United Kingdom, Malaysia and Vienna.

AMREF Flying Doctors was represented at the Air Med South Africa Conference by Dr Matt Edwards, a visiting volunteer physician who made an oral and a poster presentation on AFD's activities.

Directorate of Capacity Building

Through its Directorate of Capacity Building, AMREF has been instrumental in the production of a highly qualified health workforce in Africa in order to improve service delivery at community level. In 2012-2013 AMREF registered an increased enrolment of 66.97 per cent in its training programmes, which include Distance Education, short courses for Continuous Professional Education, Diploma in Community Health, Bachelor of Science in Community Health, Masters in Public Health and the AMREF Virtual Training School (AVTS). The health workers trained at AMREF have consistently exhibited high proficiency. In 2012/2013 for instance, AVTS students scored an 81.25 per cent pass rate in the national nursing licensure exams, which was much higher than the national pass rate of 73.94 per cent.

Nurses and midwives are key to improving the health status of women and children, and specifically to reducing maternal and child deaths. The integration of eLearning into AMREF's capacity building activities has increased the cost-effectiveness of training health workers in maternal and child health. Innovative eLearning and mobile learning (mLearning) methodologies for training health workers have become AMREF's key drivers for programme expansion and strengthening of health systems in Africa. eLearning and mLearning have provided increased capacity to scale up training of nurses and midwives and ultimately improve the health of African people, including mothers and children.

Several technology-based programmes were developed in 2013, including an eBSc. Nursing course, Jibu mLearning for nurses and midwives, mCHW (Community Health Worker) research project and Zambia eLearning course for nurses. The AMREF Health Learning Enablement Platform (HELP) was also conceptualised and developed during the year. This project is a Public Private Partnership between AMREF, Safaricom, Accenture, and Mezzanine. It aims at testing the feasibility of using mobile phone technology to train community health workers in Kenya.

Improved accountability and better service delivery systems are dependent on the leadership and management of the health sector, and AMREF continues to produce skilled leaders and managers for Africa's health systems. In 2013, DCB was for the first time able to deliver Health System Strengthening (HSS) programmes in Portuguese. A total of 14 trainers from the Lusophone region were trained. This allowed the Directorate to expand its training in health leadership, management and governance to reach new frontiers such as Cape Verde, Guinea Bissau, Saó Tome and Principe, which are Portuguese speaking.

AMREF entered into partnership with USAID's Leadership, Management and Governance project, International Planned Parenthood Federation, Johns Hopkins Bloomberg School of Public Health, Meide Mobile, Yale University, and Management Sciences for Health to implement a virtual leadership development programme for pre-service institutions.

In November, AMREF won the prestigious Global Health Workforce Alliance Partner Award at the 3rd Global Forum on Human Resources for Health held in Brazil. The award was received by the Director for Capacity Building, Dr Peter Ngatia. Earlier in September, AMREF had received an award in Tunisia from the African Development Bank for its work in 'Émpowering the Health Workforce', specifically through its eLearning upgrading course for nurses in Kenya. Capacity Building remains a highly visible and flagship programme for AMREF.

Fundraising and Partnerships

The programmatic success of AMREF positions it as the lead NGO in health development in Africa. Institutional, corporate and foundation partners recognise this and have maintained their support of AMREF. However, as institutional funding priorities shift, there is an increasing imperative to diversify income sources and expand the role of individual and public philanthropy to catalyse support for AMREF. It is through vertical as well as horizontal investment that AMREF can build infrastructure and capacity to deliver its programmes to improve the health of Africans.

AMREF DG Dr Teguest Guerma, midwife Esther Madudu and Chase Bank CEO flag off the Chase Bank Stand Up for African Mothers walk

This thinking was echoed in 2013, when the International Board of AMREF launched the development of a Global Fundraising Strategy. In addition, the Board approved expansion of the Fundraising Programme in Africa based at its Headquarters in Kenya, expansion of its AMREF France Office to include Monaco, and exploration of new fundraising markets in the Middle East.

AMREF has focused on strengthening its partnerships with the private sector. It designed and piloted its Health Learning Enablement Platform (HELP) through a strategic partnership with Safaricom, the mPesa Foundation, Accenture and Mezzanine. Corporate partners such as Chase Bank Kenya have maintained their generous support of AMREF's global campaign, Stand Up for African Mothers, through a multi-year pledge.

A major objective for AMREF's long-term fundraising success is harnessing sustainable revenue-generating activities for unrestricted funding to build capacity. As such, AMREF Flying Doctors, the organisation's commercial arm, brought in approximately US$1 million in unrestricted revenue for AMREF in 2013. The success of this arrangement has further encouraged AMREF to convert its existing laboratory located at the Headquarters in Nairobi into a commercial enterprise to support institutional core fundraising. This venture promises to be profitable, sustainable and scalable.

Health Programme Development

01. ADVOCACY

AMREF supported the development of country commitments on development of Human Resources for Health in South Sudan and Uganda by taking a leadership role within country -inter-agency working committees. AMREF convened meetings, facilitated and conceptualised the process of development of the commitment documents. This has secured AMREF's role in the countries' accountability mechanisms on development of health workers, providing further opportunities to influence national Human Resources for Health strategies.

In Uganda AMREF used its membership of the Maternal and Child Health cluster to move forward the agenda on Uganda's investment in Village Health Teams (VHT), made up of community health workers to improve the health of women and children. AMREF worked with the Ministry of Health to help define a VHT motivation and incentives programme. AMREF was also engaged in the budgeting process by advocating for funding for basic and comprehensive emergency obstetric care, resulting in increased allocation in the national health budget 2013/2014.

AMREF successfully brought the voice of the South to debates in development partner countries. Through proactive networking in global advocacy for human resources for health, AMREF engaged with the British Parliament in a panel session chaired by MP Meg Hillier. The focus of discussions was 'The Role of Health Workers in Improving the Health of Women and Girls in Low- and Middle-Income Countries'. AMREF provided an overview based on a case description of the organisation's work in fistula repair and health systems failures.

Eye health is a neglected area in Kenya in terms of resource allocation and capacity of health workers to diagnose and treat eye conditions. AMREF was selected by the Fred Hollows Foundation as a partner in engaging Kenya county health managers, hospital superintendents and country health committees on eye health matters.

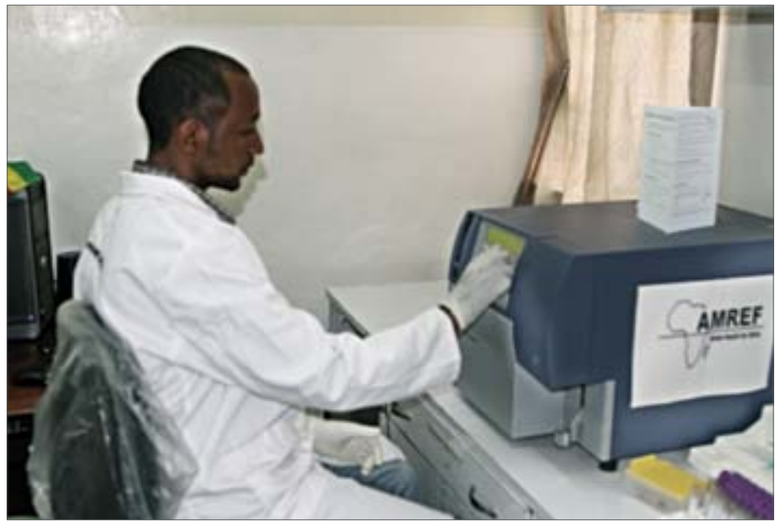
02. CLINICAL AND DIAGNOSTICS

The 2013–2017 Clinical and Diagnostics Programme Strategy was approved by the AMREF International Board in October 2013. The Strategy was developed using a ground-up consultative process involving country programmes which developed country-specific five-year Clinical and Diagnostics Programme Strategic Plans. The Strategy emphasises stronger involvement in focus areas such as Neglected Tropical Diseases and Non-Communicable Diseases, and will work through an integrated approach with other AMREF health programmes, with decentralisation to country level in programme implementation.

The Medical Services Outreach Programme has continued to support more than 160 primary level partner hospitals in rural areas in nine countries (Kenya, Tanzania, Uganda, South Sudan, Ethiopia, Rwanda, DRC, Senegal and Liberia) through specialist outreach visits, which provided more than 15,000 medical consultations and 5,000 operations in 2013, with hands-on training of nearly 9,000 doctors, nurses, paramedical and technical staff.

Revised Medical Services Outreach data collection and management tools are being rolled out across all participating country programmes. The tools will provide a comprehensive and standardised system for medical records and data management to allow comparative analysis for monitoring, evaluation and research purposes. As part of the process of strengthening health systems at local level and measuring AMREF's contribution to their improvement, a comprehensive assessment of each outreach hospital will be conducted to obtain baseline information and ensure outreach services are integrated with local health administration plans.

AMREF has been requested by the World Health Organisation (WHO) and Ministry of Health in South Sudan to roll out the pilot phase of a new Community-Based Disease Surveillance (CBDS) programme in South Sudan in 2014, following a baseline assessment conducted in April 2013. This follows successful implementation of pilot CBDS programmes in Kenya, Tanzania and Uganda, in which Community Health Workers (CHWs) successfully detected and referred sick patients for diagnosis and treatment, and reported suspected cases of measles and polio. CBDS is being recognised as a vital component of the work of CHWs and has already been incorporated into the Kenya Ministry of Health CHW Strategy.



The East African Regional External Quality Assessment Scheme, coordinated by AMREF, gained momentum in 2013 with implementation of the Strengthening Laboratory Improvement Process towards Accreditation, an initiative of the WHO and the Centres for Disease Control. The initiative requires mandatory enrolment of laboratories in relevant external quality assessment programmes. Currently 434 health facilities, mainly at peripheral level, are enrolled in the scheme from four countries (Kenya, Uganda, Tanzania and Burundi). Data has shown that laboratories assessed regularly improve the quality of laboratory services for better health care to communities and prevention and control of diseases. The scheme is moving towards self-sustainability through contributions from enrolled laboratories.

A paper on 'Incidence of Cleft Deformities among Neonates in Mulago National Referral Hospital, Uganda' was published in the East and Central African Journal of Surgery in April 2013 co-authored by Asrat Mengiste, Regional Manager of the Medical Services Clinical Outreach Programme. The Technical Director of AMREF's Clinical and Diagnostics Programme, Dr Jane Carter, finalised the WHO AFRO draft document 'Guidance for Establishing a National Health Laboratory System', following consultative meetings in Ouagadougou, Burkina Faso, in October 2010, and Brazzaville, Congo, in May 2013. The document will form the official guide for countries in the African region on national laboratory policy and strategic plan development for overall strengthening of health laboratory systems across the continent.

03. MALARIA, HIV AND TB PROGRAMME

Programme Development

In 2013, AMREF developed an HIV/AIDS and TB Strategy (2013-2017) through an extensive consultative process involving partners and stakeholders like National AIDS Councils, UN bodies and civil society organisations. It covers the period 2013-2017 and clearly reflects both global and individual national priorities. The strategy was approved by AMREF's International Board in February 2013 and is now being rolled out across country programmes.

Tuberculosis (TB) is one of the leading causes of death among women worldwide, made worse by missed opportunities for early diagnosis due to vertical management of the disease instead of an integrated approach to service delivery. In order to increase case detection and reduce deaths and illness of women and children caused by TB, AMREF and the World Health Organisation have developed a community-centred model integrating TB, HIV, and maternal and child health services. The model will be tested and is expected to reduce the burden of TB through increased community engagement in health service delivery.

Programme Implementation

In 2013 in Kenya, through Global Fund projects for TB and Malaria:

• 2,739 community health workers and community health extension workers were trained and 78 community units established in Western and Nyanza provinces for community case management of malaria. As a result 11,451 patients with uncomplicated malaria were treated at community level.

• Nutrition support was provided for 4,716 severely malnourished TB patients to help improve treatment adherence and speed up their recovery.

In Tanzania, AMREF reached 538,584 individuals with HIV counselling and testing services. AMREF gave high quality HIV counselling and testing services to 459,554 people in 18 partner sites and mobile services; 4.3 per cent tested positive. Broader testing and counselling services contributed to improving the health of all the 19,894 individuals who tested positive for HIV by linking them to care, treatment and community support groups.

Research, Advocacy and Policy Change
Two papers were published in peer-review journals:

Sylla Thiam, Victoria Kimotho and Patrick Gatonga. ***Why are IPTp coverage targets so elusive in sub-Saharan Africa? A systematic review of health system barriers.*** Malaria Journal 2013, 12:353

Sylla Thiam, Victoria Kimotho, Teguest Guerma, Jane Carter. ***Ball back in Africa's court; funding malaria control and elimination.*** Pan African Medical Journal 14, 78, 26/02/2013

AMREF continued shared its work through various international conferences and meetings:

• Oral presentation on AMREF's experience in integrated community TB/MNCH programme during the Third Women Deliver Conference in April in Malaysia

• Presentation of four posters during the Multilateral Initiative for Malaria Conference in October in South Africa

• Four posters and one oral presentation accepted for the International Conference on AIDS and STIs in Africa in December in South Africa

• The malaria unit undertook documentation of the history of AMREF's experience in malaria programming in order to store and share knowledge acquired by the organisation in malaria control.

Partnerships
AMREF worked with the WHO Malaria Programme and WHO/AFRO as a facilitator in

training on malaria diagnostics management in Western, Eastern, Central and Southern Africa.

At the request of the WHO, AMREF helped to facilitate at a workshop for National HIV/AIDS Programme Managers in the Africa region held in Pretoria, South Africa, in October.

Research
AMREF's Research Strategy was approved by the International Board in 2013 and rolled out in two country programmes – Tanzania and Uganda. Research is now included in staff work plans and forms part of the annual appraisal process. There was an increase in submission of research proposals by staff and partners to the Ethics and Scientific Review Committees of the Kenya Country Office (17 papers submitted) and Tanzania Country Office (3 papers submitted) for approval.

04. REPRODUCTIVE AND CHILD HEALTH

Programme Development
AMREF increased its strong focus on reproductive and child health (RCH) in the second year of implementation of the Business Plan 2011-2014, reflecting the organisation's commitment to hasten Africa's definite though inadequate progress towards achieving the Millennium Development Goals by 2015. This commitment is evident in efforts to increase the volume and quality of AMREF's work in addressing the health needs of women and children, and our contribution to local and global level advocacy for the health of women and children.

The mid-term review of the Business Plan showed that the RCH programme portfolio had increased to about 55 per cent of all projects, a trend that is likely to continue as a result of funding of new RCH programmes in 2013. South Africa, for example, received its first major funding in reproductive, maternal, neonatal and child health (RMNCH) from the EU, and a Malawi office was established during the year through the Staying Alive project grant funded by the government of the Netherlands and targeting maternal health. New projects funded in 2013 amounted to approximately $13 million. This will increase the number of children and women reached by AMREF's RMNCH programmes by about 30 per cent in the next three years.

The major gap in programme development in the RCH programme remains nutrition. The AMREF Board approved the AMREF Nutrition Framework in October 2013, and it is expected that this will give new impetus to this major area of need where the programme portfolio remains quite small though of high quality, including research, essentially in Kenya, Uganda and Tanzania.

Programme Implementation and Key Results
At the Africa and global levels, AMREF continued its engagement with the UN Commission for Life-saving Commodities and the RMNCH fund through its work on job aids and guidelines to increase correct use of 13 life-saving commodities. The eventual target of this work, led by UNICEF and UNFPA, is its rolling out in 46 Every Woman Every Child countries.

AMREF's Stand up for African Mothers campaign and programme increased the probability of an African woman accessing skilled care in pregnancy and childbirth by training over 5,000 midwives in 13 countries of sub-Saharan Africa.

Our field programmes in Eastern Africa, West Africa and Southern Africa have ensured that over half a million children below five years have attained immunisation coverage of over 80 per cent, and benefited from nutrition advice given to their mothers. Their mothers have also gained increased access to prenatal care coverage, as high 84 per cent in Southern Ethiopia.

There is a sharp increase in all programme areas in awareness about sexual reproductive health rights, and uptake of modern contraception among young women, as there is increased access to integrated management of childhood illnesses. This increased, for example, from just 15.8 per cent to 70 per cent in northern Uganda. These are major outcomes of the health systems strengthening approach adopted by AMREF teams in all countries, but especially in the southern and lake zones of Tanzania, Northern and South-eastern Uganda, Northern and Eastern Kenya, North-eastern (Afar) and Southern Ethiopia (South Omo), and the Mangochi region of Malawi. Outreach teams supported by AMREF still encounter children who have never been immunised at over three years of age, and women who have never had access to modern contraception, showing how vital this aspect of reaching underserved communities is to health improvement in the continent.

Research, Advocacy and Policy Change
The year saw a sustained effort to increase the research output in the RCH programme area. Eight studies have been completed in the last year, mainly in the regional programmes in Kenya, Uganda, Ethiopia, and Tanzania, but also at country level. Two main research projects were also initiated in this programme area during the year, one studying alternative mechanisms of delivering ORS and Zinc co-packs at community level in a hard-to-reach nomadic community in Narok, Kenya, and the second on barriers to effective collaboration between skilled birth attendants and traditional birth attendants in their new referral role in efforts to improve maternal health in Laikipia and Samburu districts, also in Kenya.

Advocacy work yielded key results as the following examples show:

- In southern Tanzania, districts increased their allocation to the MNCH budget as a result of collaboration with AMREF in an MNCH project. By-laws were passed for strengthening referral of pregnant women

- AMREF Tanzania was recognised with an award for its work in improving the health of women and children in the country

- AMREF Tanzania played a key role in reviewing the national reproductive and child health guidelines to strengthen service delivery

- In Kenya, the consideration of the Boma model scorecard for presentation at a national level community strategy conference as a possible step in its adoption at national level is a shining step in taking lessons from the ground to scale through advocacy.

- In Uganda, AMREF has led in the national dialogue on the role of Village Health Teams as a key strategy in improving maternal and child health.

- At international level, AMREF made important contributions at the Women Deliver Conference in Kuala Lumpur in various sessions, most prominently the sessions on training of midwives and results-based financing.

- AMREF was also involved in high-level meetings of the UN Commission for Life-saving Commodities in New York and Dakar, Senegal, where advocacy on the continued role of NGOs in this work was done.

New Partnerships
New research partnerships were formed in 2013 with the Micronutrient Initiative and the University of Melbourne in Australia. Other strategic partnerships were entered into with the Johns Hopkins School of Public Health, PATH and WHO in the work on life-saving commodities.

05. RESEARCH

Partnerships for research increased in 2013 with Memoranda of Understanding being signed between AMREF and three universities in Ethiopia and the University of Alberta.

There was increased dissemination of research products generated by AMREF staff including oral and poster presentations at various conferences, including the International Conference on AIDS and STIs in Africa (ICASA), the Pan-African Malaria Conference and the 7th Best Practices Forum. Published peer-reviewed articles doubled from 16 the previous year to 32 publications in 2012/2013. On the other hand, the oral conference presentations increased more than three folds from 7 to 23 while the poster presentations reduced from 16 to 9.

The following articles were published in peer-reviewed journals and a book during the year:

1. Martine Alles; Simone Eussen; Odile Ake-Tano; Saliou Diouf; Agatha Tanya; Alice Lakati; Abiola Oduwole; Celine Mauras ***Situational analysis and expert evaluation of the nutrition and health status of infants and young children in five countries in sub-Saharan Africa*** Food & Nutrition Bulletin, Volume 34, Number 3, September 2013, pp. 287-298(12)

2. Francis S Namisi, Leif E Aarø, Sylvia Kaaya, Hans E Onya, Annegreet Wubs and Catherine Mathews ***Condom use and sexuality communication with adults: a study among high school students in South Africa and Tanzania*** BMC Public Health, September 23, 2013 13:874

3. Caroline Kingori, Michael Reece, Samuel Obeng, Maresa Murray, Enbal Shacham, Brian Dodge, Emmanuel Akach, Peter Ngatia, David Ojakaa ***Psychometric Evaluation of a Cross-Culturally Adapted Felt Stigma Questionnaire Among People Living with HIV in Kenya.*** AIDS patient care and STDs (impact factor: 2.68). August 2013 27(8):481-8.

4. Matiang'i Micah, Mojola Alfred, and Githae Margaret. ***Male involvement in antenatal care redefined: A cross-sectional survey of married men in Lang'ata district, Kenya.*** African Journal of Midwifery and Women's Health; July 2013 7(3):117-122

5. Sylla Thiam, Victoria Kimotho, Teguest Guerma, Jane Carter ***Ball back in Africa's court: funding malaria control and elimination*** Letter to the editors Pan African Medical Journal February 26, 2013 14, 78.

6. Kalanzi E, Mengiste Asrat, and Katamba Achilles. ***Incidence of cleft deformities among neonates in Mulago national referral hospital, Uganda.*** East and Central African Journal of Surgery. 2013; 18(1):78-83

7. Alice S Lakati, Collins W Binns, Aselimo O Makokha, Yeri Kombe ***Breastfeeding and Employment in Kenya*** Articles from the 13th World Congress on Public Health (April 23-27, 2012, Addis Ababa, Ethiopia) Medimond April 2013, pg 265-270,

8. Sylla Thiam, Jean-Louis Ndiaye, Ibrahima Diallo, Patrick Gatonga, Fatou Ba Fall, Ndella E Diallo, Babacar Faye, Mamadou L Diouf, Medoune Ndiop, Mame B Diouf, Oumar Gaye, Moussa Thior. ***Safety monitoring of artemisinin combination therapy through a national pharmacovigilance system in an endemic malaria setting.*** Malaria Journal, February 2013 12:54

9. Torence Epule, Mirielle Moto, Peng Changhui, Nguh Balgah, Josephat Nyagero, Alice Lakati, Mafany Ndiva ***Utilization Rates and Perceptions of (VCT) Services in Kisii Central District, Kenya.*** Global Journal of Health Science January 2013; 5(1):35-43

10. Kerstin Wahlers; Colin N. Menezes; Michelle Wong, Eberhard Zeyhle; Mohammed E. Ahmed; Michael Ocaido, Cornelis Stijnis; Thomas Romig; Peter Kernr; Martin P. Grobusch C***ystic echinococcosis in sub-Saharan Africa.*** The Lancet Infectious Diseases vol. 12 issue 11 November, 2012 p. 871-880.

11. Francis Addy; Amos Alakonya; Njeri Wamae; Japhet Magambo; Cecilia Mbae; Erastus Mulinge; Eberhard Zeyhle; Wassermann, Marion; Kern, Peter; Romig, Thomas. ***Prevalence and diversity of cystic echinococcosis in livestock in Maasailand, Kenya.*** Parasitology Research

December 2012 vol. 111 issue 6. p. 2289 – 2294

12. Caroline Kingori, Michael Reece, Samuel Obeng, Maresa Murray, Enbal Shacham, Brian Dodge, Emannuel Akach, Peter Ngatia, and David Ojakaa. ***Impact of Internalized Stigma on HIV Prevention Behaviour Among HIV-Infected Individuals Seeking HIV Care in Kenya*** AIDS Patient Care and STDs. December 2012 26(12): 761-768.

13. Judy Mwangi, Stephen Mutiso and Ruchi Puri, Jennifer Gatebi ***Quality of life in pre- and post treatment among obstetric fistula patients at Kisii Hospital, Kenya*** Clinical and Health Promotion Journal; October 2012 2:59-63

14. Teguest Guerma ***AMREF´s evidence in advancing the health of women and children*** Pan African Medical Journal. 25 December 2012; 13 (Suppl 1): 1

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06. WATER, SANITATION AND HYGIENE (WASH)

Programme Development
AMREF's WASH Strategy 2012-2016 was developed in 2013 through a consultative process that included AMREF staff and a cross-section of stakeholders such as ministries of health and donors. The strategy seeks to address three key areas: access to sustainable WASH services; health promotion with emphasis on hygiene; and sustainability of WASH services.

Based on the global strategy, country-specific priorities were developed to achieve health-related WASH outcomes, including integration of neglected tropical diseases like trachoma and lymphatic fariaisis, which causes elephantiasis.

Programme Implementation
Several new integrated WASH projects were developed and funded in 2013. Trachoma projects increased from only two countries (Kenya and Ethiopia) by 2012 to five in 2013 to include Malawi, Tanzania and Uganda. During 2012-2013 period, the number of people reached with basic access to water was 16,858 while the number of people who gained access to an improved sanitation facility was 107,637. More women (48,122) and girls (14,423) were reached with improved sanitation services in line with AMREF's targeted focus on women and children.

High-level research, innovation, advocacy and policy change involvement
AMREF has been actively involved in the Beyond 2015 civil society campaign advocating for a strong and legitimate successor framework to the Millennium Development Goals. This brings together actors in WASH, ranging from grassroots to global organisations.

Challenges for the WASH Sector
Since the 2012 disclosure by the UN that the MDG for water had been achieved, there has been a major shift by donors from funding water infrastructure to funding sanitation and WASH software. This situation has raised concern because most African countries are not yet able to provide adequate quality water to their populations.

Besides, providing facilities for sanitary disposal of faecal waste and promoting hygiene are crucial to reduction of the burden of disease. However, funding to the sector is diminishing.

It is therefore important that WASH receives the attention it deserves in the post-2015 agenda.

Partnerships
In 2013, AMREF joined the International Coalition for Trachoma Control which advocates for the implementation of the WHO-endorsed SAFE strategy to eliminate blinding trachoma.

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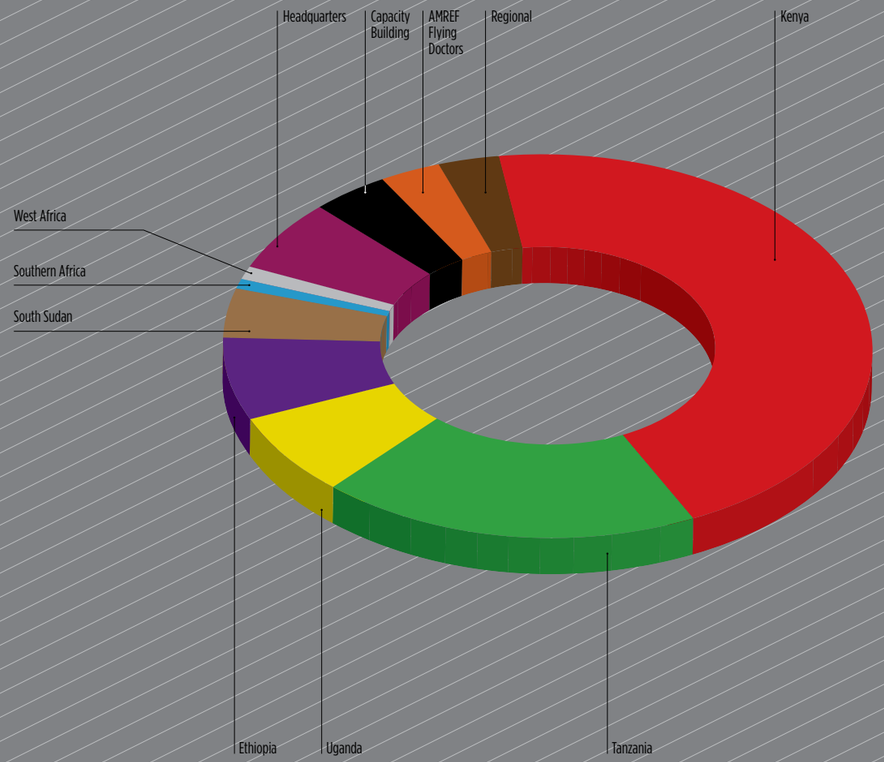
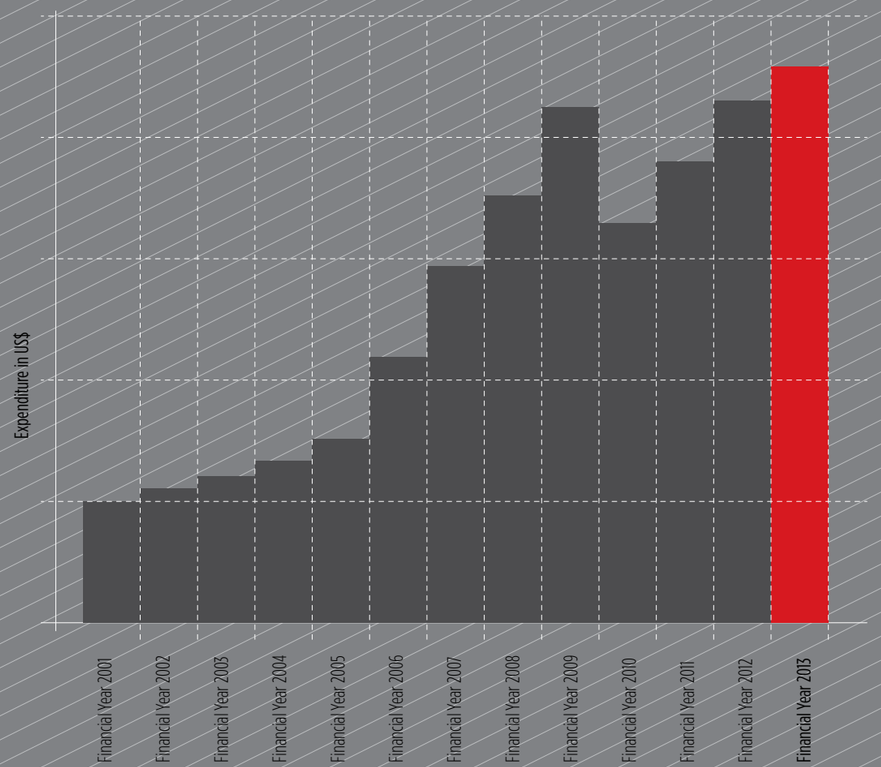
FINANCIALS

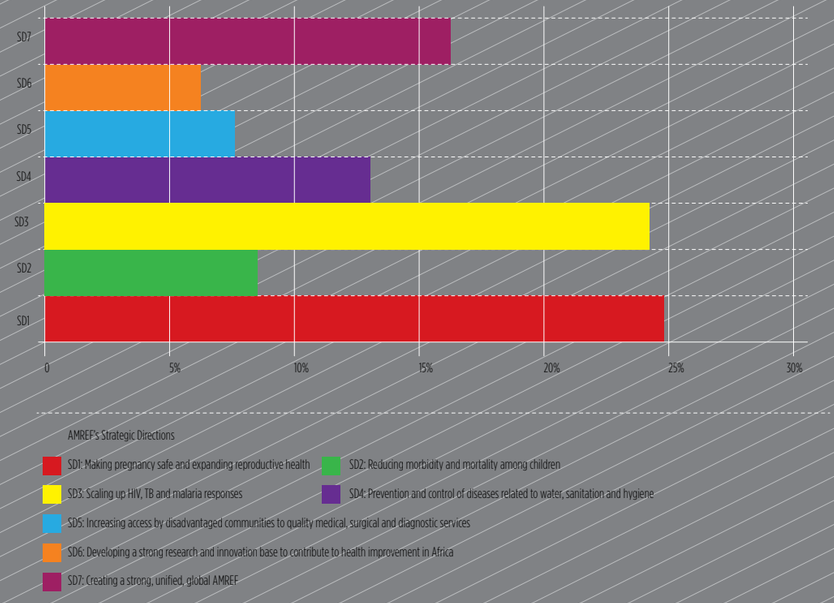
Annual Expenditure by Programme 2012 -2013



Annual Expenditure 2001 – 2013



Distribution of Expenditure 2001 – 2013



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AMREF would like to thank and credit the following for their conttibution to the 2013 Annual Report **Photography** Boniface Mwangi • Bruce Kynes • Peter Cacah **Writing** Betty Muriuki • Denis Kayiwa • Tabitha Muthui **Editing** Betty Muriuki **Contributions** AMREF Communications Team • AMREF Programme Teams **Art Direction and Design** Oscar Abuko • Bruce Kynes **Director of Communications** Wanjiru Mwangi Ruhanga

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