A photograph of a woman with her hair in a large, braided bun, holding a young child. The woman is wearing a light purple top and shorts. The child is wearing blue shorts. They are outdoors in a rural setting with trees and buildings in the background. The image has a red border.

LOOKING BACK

AMREF HEALTH AFRICA 2014 ANNUAL REPORT





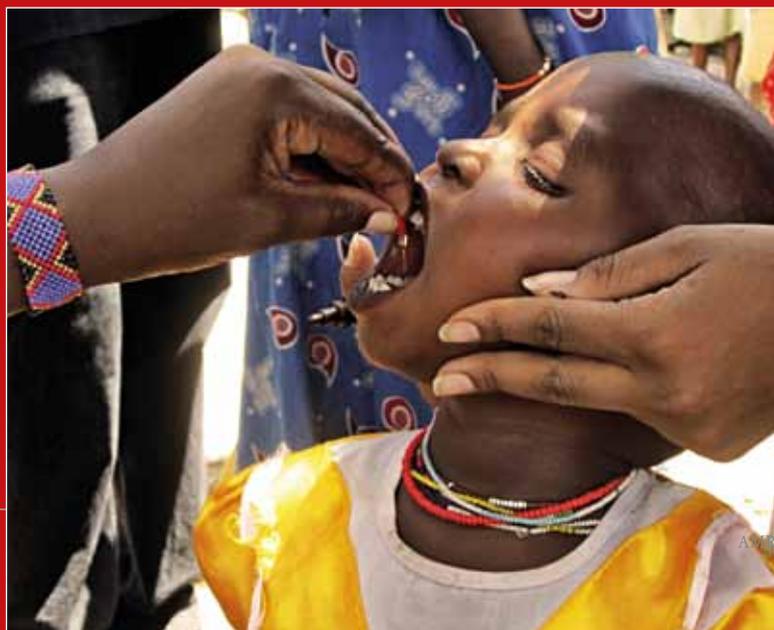
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Message from the Chair





THE YEAR 2014 WAS A PERIOD OF REFINEMENT, ADAPTATION AND GROWTH FOR AMREF HEALTH AFRICA. We continued with the process of streamlining Board and Management functions in an effort to improve the efficiency and effectiveness. We want to ensure that the Board focuses on strategy and policy and on providing oversight.

There were a few changes at the Board. Dr Noerine Kaleeba retired in October 2014; Ms Marry de Gaay Fortman, who retired as a representative of North America and European countries, agreed to continue to serve as an Independent member of the Board; and Mr Tjark de Lange joined the Board during the year. I would like to thank Noerine, Marry and Tjark for their contributions to Amref Health Africa.

We bid farewell to Dr Teguest Guerma, who retired at the end of 2014 after four years as Director General at Amref Health Africa. Her tenure was marked by impressive growth in terms of the organisation's budget, geographical reach

and impact on communities, particularly the health of women and children. The International Board of Directors is grateful for her dedicated service to the organisation and the people of Africa, and wishes her well in her retirement and future undertakings.

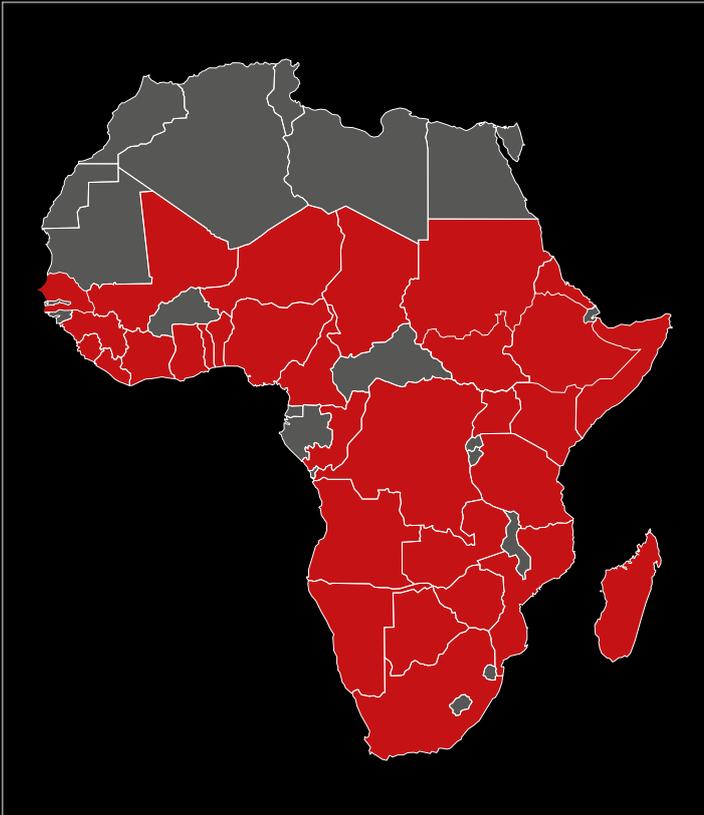
An intensive search for a suitable replacement to solidify the gains made by Teguest and to take this organisation on to the next level is ongoing. In the meantime, the Board appointed Dr Lennie Kyomuhangi-Igbodipe Interim CEO. Lennie has been Country Director at AMREF Kenya for the past three years and brings a wealth of experienced to this role.

Amref Health Africa continues to play a leading role in the continent's health development. Our expertise and experience have enabled us to participate at influential levels of national, regional and global decision-making. As the world's focus shifts from Millennium Development Goals to Sustainable Development Goals, Amref Health Africa is keen to see that the global health agenda takes cognisance of and supports the continent in addressing its unique needs and challenges.

There is a marked decline in funding from traditional donors. Therefore, to ensure sustainability, Amref Health Africa will need to explore innovative options for funding the programmes it supports. A business model similar to that of Amref Flying Doctors is one option. Other options include raising funds in African countries and developing partnerships with public and private stakeholders for improvement of health care services.

Finally, I would like to thank all our partners and donors, the International Board, members of the Advisory Councils and all staff for their commitment and support during the year. I am confident I can count on your support as we work together to make a lasting positive difference in the health of African communities.

Omari Issa



A map showing Amref Health Africa's Programme Reach

Transforming Communities from Within

Amref Health Africa'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 Health Africa's 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 Health Africa 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 Health Africa'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 Health Africa





Message from the Director General

THREE YEARS AGO, AMREF HEALTH AFRICA LAUNCHED ITS FIRST BUSINESS PLAN FOR THE PERIOD FROM 2011 TO 2014. WITH THE OBJECTIVE OF 'TRANSFORMING COMMUNITIES FROM WITHIN BY FOCUSING ON THE HEALTH OF WOMEN AND CHILDREN', THE BUSINESS PLAN SOUGHT TO CONSOLIDATE AND SYNCHRONISE THE ACTIVITIES OF THE ENTIRE ORGANISATION UNDER SEVEN STRATEGIC DIRECTIONS.

This Annual Report highlights the achievements, challenges and impact that the organisation has had in each of the Strategic Directions. Between 2011 and 2014, we served 32 million people across the continent and trained close to 637,000 health workers. The last year of the Business Plan (2013-2014) was marked by continuing successes in addressing community health needs in all countries, with more than 12 million people directly benefiting from our services. This included innovative approaches that are easily scalable and sustainable. One such innovation is our Health Enablement and Learning Platform, a mobile phone-based application for training community health workers.



IN COLLABORATION WITH THE WORLD HEALTH ORGANISATION, WE HOSTED THE FIRST AMREF HEALTH AFRICA INTERNATIONAL CONFERENCE IN NAIROBI IN NOVEMBER 2014. A communiqué from the conference and details of the discussion can be found at www.ahaic.org. We look forward to hosting this conference in the future and making it a permanent and effective feature on the global health calendar.

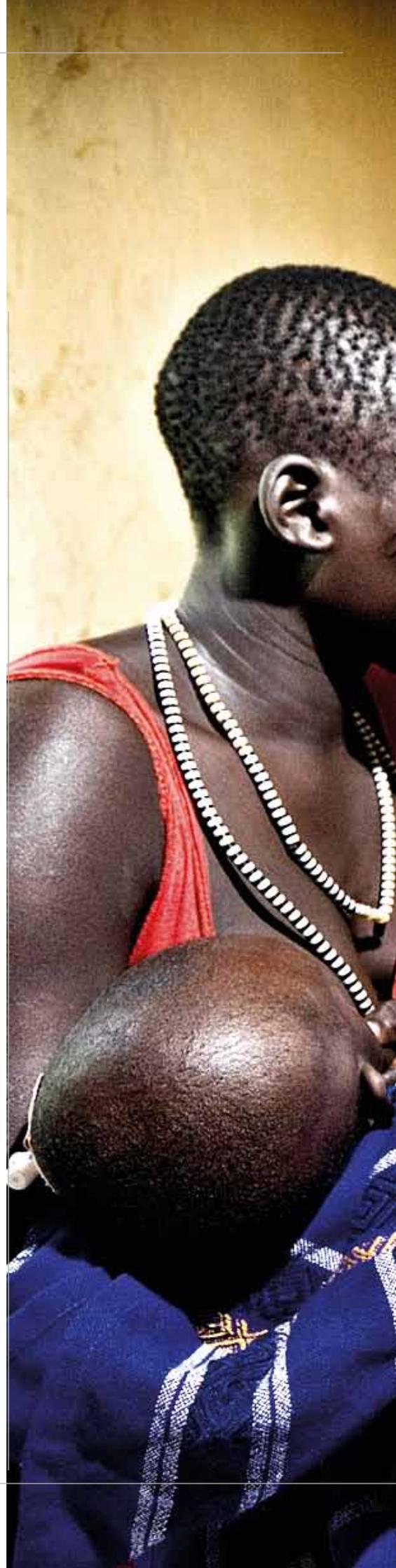
We faced a number of challenges in 2014 that disrupted implementation of planned activities. These included the insecurity in South Sudan, Northern Kenya and parts of Ethiopia. The civil war in South Sudan, for instance, necessitated implementation of emergency operations in Juba to provide surgical and diagnostic support. The effects of the global economic crisis also continued to affect donor financing. Consequently, funding opportunities declined in all Strategic Directions except Maternal and Child Health.

Fundraising is now a priority agenda for Amref Health Africa. We will explore different options to ensure we mobilise funding for the programmes we support. Amref Flying Doctors, which was incorporated into a company in 2012, contributed close to US\$ one million last year to our charity work.

We strengthened our senior management team during the year by appointing Desta Lakew to Head Fundraising and Partnerships in Africa, Dr Joachim Osur to Head Maternal and Child Health and Jonathan Dutton to head the Finance Department. At the same time, we bid farewell to Mette Kjaer Kinoti, who headed our Programme Management Unit for four years.

The time has come for me to retire. I enjoyed the four years as Director General of Amref Health Africa and I am grateful to the International Board for its solid support and guidance. I would like to thank all our donors and partners for their valued support and all staff for their dedication and hard work. Finally, I would like to wish the incoming Chief Executive Officer success in leading Amref Health Africa in the future.

Dr Teguest Guerma







Looking Back
TO Look Forward



THREE YEARS AGO, WE SET OUT TO STRENGTHEN AMREF HEALTH AFRICA'S ROLE AS A LEADING AFRICAN HEALTH DEVELOPMENT ORGANISATION

THROUGH OUR BUSINESS PLAN 2011-2014. WE REFINED OUR STRATEGIC PRIORITIES, TAKING INTO ACCOUNT THE HEALTH NEEDS OF AFRICAN COMMUNITIES

AND THE GLOBAL HEALTH DEVELOPMENT ENVIRONMENT. AS WE GO FORWARD, WE TAKE STOCK OF OUR ACHIEVEMENTS AND CHALLENGES.

THIS IS OUR STORY.

experience



Maternal + Child Health

OUT OF THE 800 WOMEN WHO DIE EACH DAY WORLDWIDE DUE TO PREGNANCY AND CHILDBIRTH COMPLICATIONS, 440 ARE IN AFRICA, SOUTH OF THE SAHARA. THIS PUTS THE RISK OF A WOMAN DYING FROM A PREGNANCY-RELATED CAUSE DURING HER LIFETIME IN SUB-SAHARAN AFRICA AT ABOUT 97 TIMES HIGHER THAN WOULD BE THE CASE IF SHE WERE LIVING IN A DEVELOPED COUNTRY.

Just like maternal mortality, neonatal and child mortality is prevalent in Africa. It is estimated that 6.6 million children under the age of five died in 2012, and that most of these deaths were due to preventable conditions. Moreover, children in sub-Saharan Africa are 16 times more likely to die before the age of five than those in developed regions.

The status of maternal and child health in Africa is well summarised in the recently released Millenium Development Goals countdown report.

According to the report, countries in Africa have made significant steps. Despite this, there are 16 countries that still register a high maternal mortality of 500 or more maternal deaths per 100,000 live births. Moreover, more than 30 per cent of children are malnourished, and they contribute to almost half of all deaths of children under the age of five. Additionally, more than half of mothers and children receive two or less of the eight interventions necessary for preventing or treating common causes of maternal and child death.

In view of this, Strategic Direction 1 (SD1) aims to make pregnancy a safe and fulfilling experience, and ensure that no woman dies while giving life. The SD also attends to gynaecological conditions and harmful cultural practices that increase the risk of complications such as fistula. SD2 aims to promote child survival and development in order to reduce illness and death among children.

Implementation

SD 1 and 2 were particularly implemented in remote areas in Amref Health Africa countries. Populations in such regions tend to be disproportionately affected by maternal and child mortality.

Amref Health Africa partnered with ministries of health to achieve its mandate. For example, we set out to increase supply of health services, improve health infrastructure, enhance the policy environment and mobilise communities to access health care.

In regard to improving infrastructure, the SDs targeted refurbishing of health facilities, building capacity of health workers and also enhancing management processes in the health system.

To achieve its objectives, Amref Health Africa supported ministries of health in the countries of operation. Furthermore, collaboration with stakeholders ensured that there was no duplication of services. Similarly, partnerships with communities helped in sensitisation activities.

Challenges

There were several challenges encountered during implementation of both SD 1 and 2. Insecurity, especially in South Sudan and parts of Kenya, interrupted implementation. Political instability in South Sudan also proved to be a big challenge. Furthermore, the Ebola outbreak shifted attention from maternal and child health. Moreover, religious opposition to some services, such as the tetanus vaccination in Kenya, hampered progress.

Results

These challenges notwithstanding, Amref Health Africa reached 22,584,500 women and children between 2011 and 2014. At the same time, we forged close collaborations with several important partners, including UNFPA.

Amref Health Africa's core focus is on improving the health of women and children and this will be the main focus of the next Business Plan (2015-2018), which is aligned to the international and regional agenda.



**A Safer,
Healthier Route
to Womanhood**



Alternative Rite of Passage, popularly known as ARP, is one of Amref Health Africa's innovative community-driven approaches to eliminating Female Genital Cutting (FGC) in Magadi, Loitokitok, Samburu in Kenya, and Kilindini in Tanzania.

The project has recorded impressive achievements. A major one is the denouncement of FGC and the taking up of ARP by approximately 2,634 girls in Loitokitok and Magadi in 2014. This brings the total number of those who have done so in the same areas since 2009 to 6,645.

That more than 2,000 girls could denounce FGC in one year – a figure that would have taken more than three years to attain during the project's entry years – is proof of the increasing willingness of the communities to adopt ARP.

Additionally, the project, supported by the Dutch foreign ministry, has trained over 100 Traditional Birth Attendants (TBAs) on the possible health consequences of FGC. This has encouraged 85 TBAs to denounce the practice. At the same time approximately 400 cultural elders, 246 religious leaders and seven communities have publicly condemned FGC and supported ARP.

The support of these communities is a huge milestone in the fight against FGC, considering the deeply entrenched cultural and traditional perceptions that often inhibit the elimination of the practice.

FGC involves the removal of parts of the external female genitalia purely out of speculative belief that doing so purifies young girls and prepares them for womanhood and marriage. But the health consequences can be disastrous, sometimes fatal. Common long-term risks include recurrent urinary tract infections, cysts, infertility and increased risk of complications during childbirth.

A Container of Health Care for Nomadic Women

The Ng'adakarini BAMOCHA model is a Community-based initiative to improve maternal and child health among nomadic pastoralist communities in Kenya. The model is designed to empower Adakar Community Health Workers (ACHWs) by establishing container clinics and refurbishing health facilities.

The model was launched in 2007. It has been implemented in seven administrative divisions in the arid and semi-arid lands of Northern Turkana, including Lokichoggio, Kakuma, Kibish, Kaikor, Nanam, Oropoi and Kaaleng.

Through it, more than six container clinics have been established and placed along the migratory routes of the nomadic communities. More than 385 ACHWs have been trained on the

prevention, management and control of malaria, diarrhoea, trachoma, Hydatid and diseases like STIs, HIV/AIDS and TB. Further, 14 Adakar health committees have been formed and trained in health promotion.

These developments have led to improved maternal and child health services. For instance, about 47 per cent of mothers received Tetanus vaccine during pregnancy, compared with the 10 per cent reported at project baseline in 2007, while the number of mothers exclusively breastfeeding their children rose from 17.7 per cent to 46.3 per cent.

Our people owe a lot to Amref. Before this project, many children were dying and many more women were getting serious health

complications. Now people can go to hospital whenever they are sick," says Chalee Lokichar, a member of the community: "Nawuontos container clinic has saved us from trekking all the way to Oropoi dispensary. We used to be attacked on the way to Oropoi and the sick would suffer more. Some would even die. The new clinic has reduced the walking distance. Health services are now within reach."





SD2 | CASE STUDY 2

Getting Children Off the Streets

The 4R (Rescue, Rehabilitation, Reintegration and Re-socialisation) model has registered encouraging results. A rights-based approach to rehabilitation of vulnerable children and youth, it identifies and strengthens community structures to own and promote child protection and adolescents' health.

The model is run under the Dagoretti Child in Need Project (DCINP) – a community-based child rehabilitation initiative that works to improve the health and livelihood of vulnerable children, especially those in the streets.

The project is implemented in Dagoretti sub-county, a peri-urban area in Nairobi County. Dagoretti has a population of approximately 340,000 people, the majority of whom live in low-income informal settlements.

The establishment of the project was triggered by increased numbers of street children, mainly due to poverty and breakdown of family structures. The project aims at ensuring that the Dagoretti community and its constituent structures uphold, protect and promote the rights of children in vulnerable circumstances. The broad objective is to improve their health and living conditions.

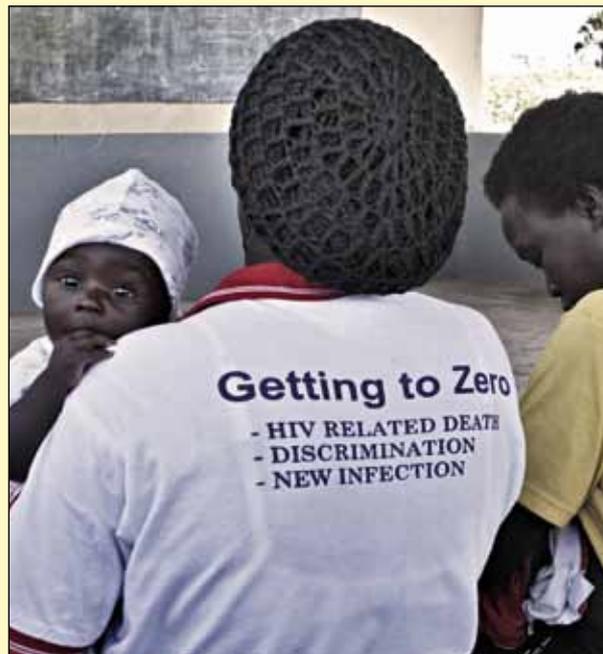
An end-term evaluation conducted in April 2014 revealed that the project facilitated the rehabilitation and reintegration of more than 26,069 children into schools and/or vocational training institutes in the 12 years of its implementation. In addition, over 1,800 children were placed in schools. Also, more than 200 street children were reunited with their families, and over 800 youths equipped with vocational skills.

The project created partnerships with local leaders, such as chiefs, District Officers and District Commissioners, the District Health Management Team, District Education Board and the Ministry of Agriculture. At national level, the DCINP team worked closely with the Department of Children Services, UNICEF Child Protection Unit and Street Families Rehabilitation Trust Fund.

Injecting Energy Into Disease Responses



Malaria, HIV and TB



THE SIXTH MILLENNIUM DEVELOPMENT GOAL TARGETS INCLUDE COMBATING HIV, MALARIA AND OTHER DISEASES. MAJOR ADVANCES HAVE BEEN MADE IN THE LAST DECADE TO CONTROL HIV/AIDS, TUBERCULOSIS AND MALARIA. This has been attributed to the global commitment and efforts to control the diseases.

In turn, malaria control interventions saved an estimated 3.3 million individuals between 2001 and 2012. This reduced the rates of illness and death caused by malaria in Africa by 31 per cent and 49 per cent respectively. Despite the efforts, malaria still kills thousands of children in malaria-endemic countries.

Similarly, many countries in sub-Saharan Africa have recorded notable reductions in HIV prevalence among young people (15–24 years), with a reduction of 42 per cent between 2001 and 2012. However, HIV prevalence among young women remains twice as high as that of young men across the region.

In recent years, impressive gains have been achieved in the reduction of TB cases and deaths. As a matter of fact, the TB mortality rate has decreased by 41 per cent since 1990. An estimated 8.6 million cases of TB infection were recorded in 2012. Nevertheless, three million TB cases are missed by national notification systems every year, maintaining the spread of the disease.

In view of these, greater efforts are needed to reduce the disease burden of HIV/AIDS, malaria and TB among affected communities, and in particular women and children. Thus, Amref Health Africa continues to prioritise HIV, TB and malaria control and prevention.

Based on its 10-year strategy and within the framework of the Business Plan 2012-2014, Amref Health Africa has developed strategies to contribute to the responses against the three diseases, particularly at community level.

HIV.

Amref Health Africa has encouraged circumcision to aid in preventing sexually transmitted diseases. For example, under the SCHAP project in Uganda, 32,408 circumcisions were done against the anticipated 17,770. In addition to this, a wellness centre was established for the peri-urban population of one of the city suburbs to serve as a specialised standard circumcision centre. The centre is also to serve as a mentoring venue for providers from other facilities that offer voluntary medical male circumcision.

Currently, Amref Health Africa in Kenya is in the process of rolling out e-Learning HIV Monitoring and Evaluation training curriculum all over the country.



In Tanzania, the Angaza Zaidi Project offered HIV Testing and Counselling (HTC) services, reaching a total of 218,774 people (115,512 males and 103,262 females) through the 42 HTC outlets created. Also, 1,203 women and 185 children were reached with Prevention of Mother-to-Child Transmission (PMTCT) services in Kilolo, Mufindi, Njombe and Mbalali districts.

The 31 groups for People Living with HIV continue to support referrals of new HIV-positive patients for care and treatment. More than half of the groups have established village community banks and are running income-generating activities that help their members. There was also the establishment of a community-based health information system in 14 wards in the lake zone for effective management of fever and improvement of referrals in children less than five years of age.

Malaria.

In Kenya, with the support of the Global Fund projects, Community Health Workers reached 18,873 people with uncomplicated malaria, diagnosing them using rapid tests and treating them with Artemisinin-based Combination Therapy as per national treatment guidelines at community level.

TB.

CHWs further traced 3,593 TB patients who had interrupted treatment and referred them back for treatment. Still on TB, 10,905 patients received health education and infection control messages through home visits. Some 7,493 severely malnourished TB patients were supported with nutritional supplementation, and an additional 9,515 contacts of new patients were traced and referred for diagnosis.

Policy.

In regard to policy influencing, the Male Circumcision project in Uganda included an integrated model of service delivery. The project has supported 18 government health facilities that offer voluntary medical male circumcision in eight districts. A more comprehensive service is also offered, including HIV counselling and testing, management of sexually transmitted infections and linkage to other services such as anti-retroviral therapy, family planning, infertility disorders.

Still on policy making, Amref Health Africa put in place strong advocacy campaigns that saw a good level of acceptance for community case management of malaria in Kenya. Re-packaging of rapid diagnostic kits in appropriate packages for use at community level was also initiated.

Where 'mentor mothers' offer support and care

In 2014,, Amref Health Africa in Tanzania implemented the Mentor Mother initiative in 37 sites in four districts, namely Kilolo and Mufindi in Iringa Region, and Ludewa and Njombe in Njombe area. The initiative led to great enhancement of prevention of mother-to-child (PMTCT) services in these areas.

Also known as MM, Mentor Mother is a peer education and psychosocial support model that came into existence because of the shortage of trained health professionals in facilities that provided PMTCT services.

A newly diagnosed HIV-positive mother has to be adequately counselled so that she understands what her status means, comes to terms with it, appreciates the benefits of PMTCT and also to stay on the treatment programme. Unfortunately, health professionals in many facilities have little time to offer such services due to heavy workloads.

MM is a response to this shortcoming. The model works with selected HIV-positive women who have been through the process of PMTCT during their last pregnancy and child birth.

The women are taken through three weeks of training and then deployed to health facilities that are implementing PMTCT services. They work as mentor mothers alongside professional health workers, giving talks on various areas of PMTCT. The awareness they create enhances acceptance and adherence, and helps to reduce stigma.

At each health facility, one mentor mother takes a leading role as Site Coordinator. So far, the project has 37 site coordinators and 41 mentor mothers.

In the one year that this model has been implemented, it has led to the reduction of mother-to-child transmission of HIV to less than five per cent in all project sites. Now about 99 per cent of pregnant women test for HIV. Those who test positive begin receiving anti-retroviral therapy.

In addition, the proportion of HIV-exposed babies receiving PCR test by their second month has increased to 93 per cent. Those who test positive are immediately initiated on treatment.



Challenges.

Reduction of funding opportunities for HIV/AIDS, Malaria and TB created a big challenge for Amref Health Africa. Other challenges were shortage of staff, both at Headquarters and country offices; and missed opportunities to use programme implementation to conduct research.

Looking Ahead.

Looking ahead into the next business approach, Amref Health Africa plans an integration of HIV/AIDS, malaria and TB under the umbrella of communicable diseases, including neglected tropical diseases. Similarly, the creation of integration and synergy with other health priorities in design and implementation,

monitoring and evaluation of programmes will be given priority.

Amref Health Africa will focus more on providing solutions according to local issues, while at the same time initiate an innovative funding model that will include partnerships with private sector organisations.



Nets Go Up to Bring Malaria Down

The **Final Report on Malaria Prevention and Treatment among Pastoralist Communities** in Afar showed a **seven per cent increase** in the **proportion of children under five who slept under insecticide-treated bed nets** rose from **68 per cent to 75 per cent**.

The report also showed that the **proportion of pregnant women who slept under insecticide-treated bed nets increased** from **78 per cent to 85 per cent**.

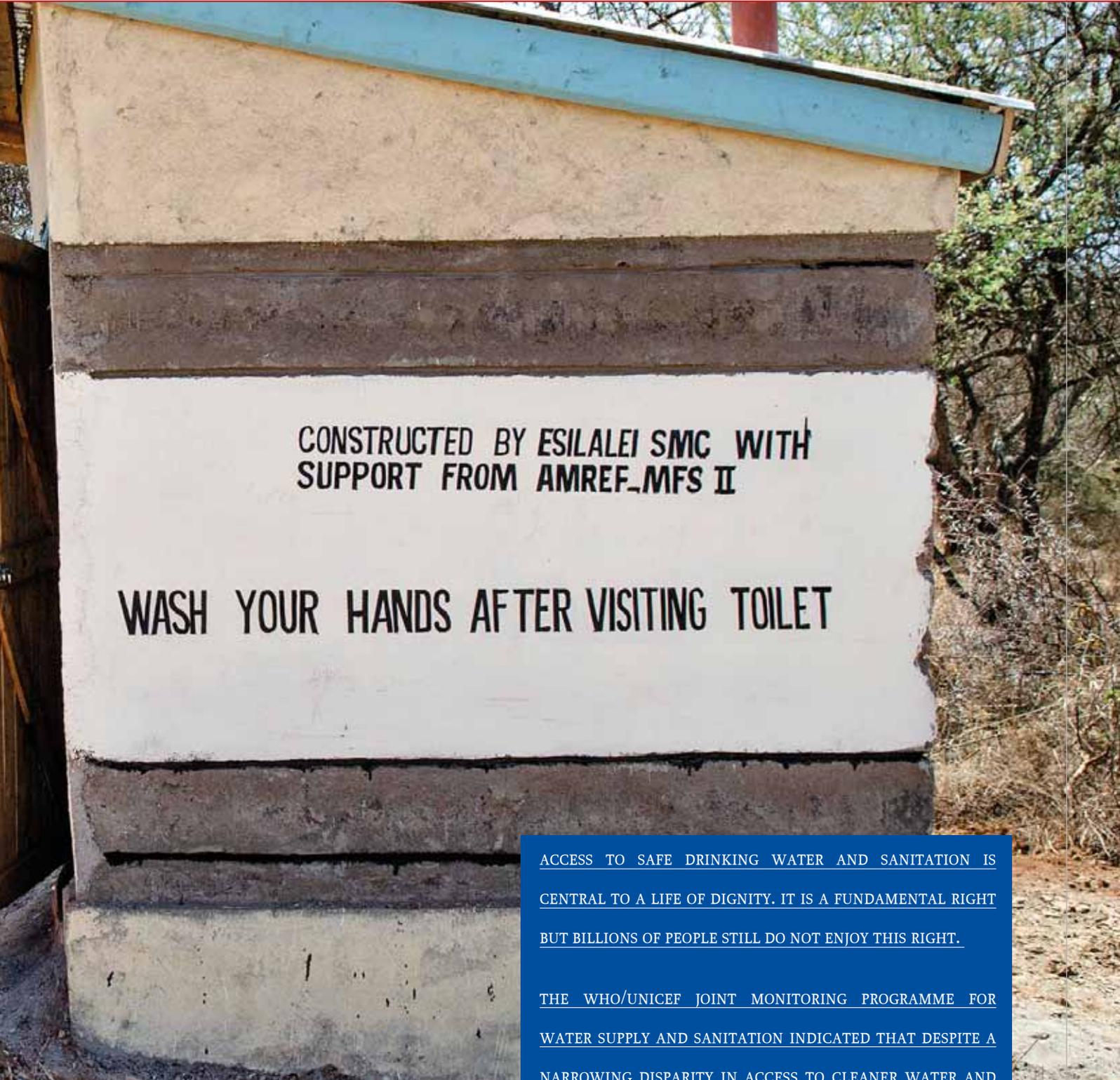
In addition, the proportion of **children under five** with confirmed malaria **receiving treatment within 24 hours** of onset of fever as per the national policy **increased from 68 per cent to 89 per cent**.







Washing Dirt and Disease Away



CONSTRUCTED BY ESILALEI SMC WITH
SUPPORT FROM AMREF_MFS II

WASH YOUR HANDS AFTER VISITING TOILET

ACCESS TO SAFE DRINKING WATER AND SANITATION IS CENTRAL TO A LIFE OF DIGNITY. IT IS A FUNDAMENTAL RIGHT BUT BILLIONS OF PEOPLE STILL DO NOT ENJOY THIS RIGHT.

THE WHO/UNICEF JOINT MONITORING PROGRAMME FOR WATER SUPPLY AND SANITATION INDICATED THAT DESPITE A NARROWING DISPARITY IN ACCESS TO CLEANER WATER AND BETTER SANITATION BETWEEN RURAL AND URBAN AREAS IN 2014, SHARP INEQUALITIES STILL PERSIST AROUND THE WORLD, AND IN PARTICULAR, IN SUB-SAHARAN AFRICA.



According to the 2014 Joint Monitoring Report on global progress against the Millennium Development Goal (MDG) on water and sanitation, more than half of the global population live in cities. It suffices to mention that urban regions are still better supplied with water and sanitation than rural areas. However, the gap is decreasing. There are sharp geographic, socio-cultural, and economic inequalities that determine access to safe drinking water.

The vast majority of those without improved sanitation are poor and living in rural areas. Progress on rural sanitation, where it has occurred, has primarily benefitted richer people, thus increasing inequalities. Too many people still lack basic sanitation and safe drinking water. The challenge now is to take concrete steps to accelerate access to disadvantaged groups. An essential first step is to track better when and how and which people access improved sanitation and drinking water. This will allow us to focus on those who do not yet have access to these basic facilities.

In addition to the disparities between urban and rural areas, there are striking differences in access to water and proper sanitation within the urban centres. People living in low-income, informal or illegal settlements, and on the outskirts of cities or in small towns, are less likely to have access to improved water supply or better sanitation. Failure to provide equal access to improved water sources and sanitation mainly affects the poorest individuals.

Poor sanitation and contaminated water are linked to transmission of disease, such as cholera, diarrhoea, dysentery,

hepatitis A and typhoid. Inadequate or absent water and sanitation services in health care facilities put already vulnerable patients at additional risk of infection and disease. Amref Health Africa hopes to see children healthier and better educated. This means that there must be more equitable and fairer access to improved water and sanitation.

It is for this reason that Amref Health Africa has continued to prioritise WASH. Based on its 10-year strategy, and within the framework of the business Plan 2012-2014, Amref Health Africa has developed the WASH Strategy, 'Washing Water Related Diseases'. The strategy has now been in use for two years, with several achievements.



Projects

The 26 projects that were implemented across the Amref Health Africa countries of operation count as one of the major achievements. They represented 15 per cent of the total number of projects that Amref Health Africa implemented in the 2013 – 2014 financial year. Of

these projects, seven, or 27 per cent, were addressing WASH and Human Resources for Health, while the bulk of projects, 13 of them or 50 per cent, were addressing Community Health Systems Strengthening. Four per cent of the projects were addressing Community Health Information Management.

Individual countries of operation registered successful implementation of several projects. For example in Ethiopia, projects that were implemented included the following:

- i) *Afar Wash and Livelihood Project in Afar Region, Ethiopia;*
- ii) *High – Integrated, WASH, Reproductive Health and Systems Strengthening;*
- iii) *Integrated WASH and Nutrition Project, also in Afar;*
- iv) *Kechene Water and Sanitation Project*
- v) *SAFE/Trachoma: Face Washing and Environmental Improvement;*
- vi) *Sanitation Daily;*
- vii) *Wash Alliance, MFS II Wash;*



viii) *Sustainable Agriculture and Food Security Enhancement through Integrated Recovery Support Mechanism:*

x) *Health Improvement Component to Increase Productivity in Wolayita and South Omo Zone;*

ix) *Strengthening of local capacities for the development of safe and sustainable water supply systems and basic sanitation in Afar Region.*

In Kenya, the Loitokitok WASH, FINISH-INK, and the Integrated Water, Sanitation and Hygiene (I-WASH) Project in Matinyani and Mutito Districts of Kitui County were implemented.

Amref Health Africa in Uganda successfully implemented the Basic Sanitation for Poor Peri-Urban and Urban Communities of Uganda and the Water, Sanitation and Hygiene Alliance projects.

And in West Africa, *Projet d'Amélioration de la Santé Infantile au Sénégal et en Guinée via la Médecine Mobile (Child Health Improvement in Senegal and Guinea Project)* was implemented.



Partnerships.

Amref Health Africa developed a new partnership with the International Coalition for Trachoma Control (ICTC). The Coalition is a non-profit organisation that was established in 2004 for the purpose of contributing to the global effort to eliminate blinding trachoma and to advocate and implement the SAFE strategy, endorsed by the World Health Organisation. When Amref Health Africa joined the network, the ICTC had about 20 members, who were engaged in efforts to eliminate blinding trachoma by 2020.

Through this partnership, Amref Health Africa was co-opted as a member of the Technical Working Group on WASH and Neglected Tropical Diseases (NTDs). The Group actively advocates for the inclusion of WASH for the elimination of trachoma and other NTDs across the world.

Amref Health Africa also signed a Memorandum of Understanding with Sight Savers in order to collaborate on policy issues, advocacy and research, as well as joint implementation of projects that target NTDs in countries of mutual interest. Through this partnership, Amref Health Africa was able to work with Sight Savers for new Trachoma projects in Kenya and Malawi under the Queen Elizabeth Diamond Jubilee Trust. The Trust is a charitable foundation with a mission to leave a lasting legacy, owned by the whole Commonwealth, in honour of Her Majesty the Queen. The Trust decided to fund trachoma elimination

projects in Africa, and Amref Health Africa is participating in two countries - Kenya and Malawi.



Challenges.

Global efforts to provide improved water and sanitation for all are gaining momentum, but serious gaps in funding continue to hamper progress. The benefits of investing in water and sanitation are well known. However, despite these clear benefits for human development, many African countries seem to allocate insufficient resources to meet the MDG target for sanitation and safe drinking water.

While vast majorities of people who lack access to basic sanitation live in rural areas, the bulk of financing continues to benefit urban residents. Expenditure for rural sanitation is less than 10 per cent of total WASH financing.

A weak national capacity to execute WASH plans is also a big challenge. Despite strong political support for universal access to water and sanitation, less than one-third of the countries in which Amref Health Africa has operations have national WASH plans that are fully implemented, funded and regularly reviewed.

In the same breath, gaps in monitoring have made access to reliable data for policy creation difficult. Reliable data is vital to identify gaps in access to WASH

services, and to inform policy decisions. Though many countries in Africa have WASH monitoring frameworks in place, there is still some inconsistency or fragmented gathering of data and weak capacity for analysis.

The neglect for WASH in schools and health facilities has also proven to be



While vast majorities of people who lack access to basic sanitation live in rural areas, the bulk of financing continues to benefit urban residents.

challenging. Water and sanitation services in schools can ensure that children, especially girls, stay in school and learn lifelong hygiene habits. In health clinics, WASH services ensure the privacy and safety of patients, particularly expectant mothers during delivery. WASH services are essential to prevent and respond to disease outbreaks.



SD3 | CASE STUDY

Wash Project Yields Lasting Results



Amref Health Africa in Ethiopia introduced WASH interventions that created business opportunities for women and the youth in Addis Ababa slums and in the Afar Region. These Public Private Partnership WASH models aim to establish leadership in women groups and representation in various kebele (ward) committees.

Additionally, the models aim to increase ownership of WASH business schemes and raise income, improve access to clean and safe water and sanitation facilities, and promote good hygiene practices.

Through an evaluation done in 2013, it was realised that communal latrines, as introduced by the models, increased sanitation coverage in Afar and urban slums in Addis Ababa by 16 per cent and 32 per cent respectively. This meant an increase in sanitation coverage to 30 per cent from 14 per cent in Afar, and 68 per cent from 36 per cent in the urban slums of Addis Ababa.

The WASH project has been run in collaboration with the Addis Ababa Bureau of Finance and Development, Addis Ababa Health Bureau and Addis Ababa Water and Sewerage Authority, since January, 2013.

It is sustainable because it not only promotes deep involvement of community members and local partners, but also incorporates income generating initiatives into WASH facilities.

Following were the challenges encountered and actions taken in response:

Challenges

1. Limited access to urban land for construction of WASH infrastructure
2. Price inflation of construction materials
3. Busy schedule of government partners
4. Poor contract management

Action Taken

1. Continuous refinement of models to make them less land-intensive
2. Mobilisation of in-house expertise and local authorities to reduce costs
3. Discussions with government partners about rescheduling of project activities
4. Strict follow-up and monitoring of the construction



BOOSTING QUALITY SERVI



Clinical and Diagnostics Programme

ACCESS TO QUALITY MEDICAL, SURGICAL AND DIAGNOSTIC SERVICES BY DISADVANTAGED COMMUNITIES IS CRITICAL TO THE REALISATION OF AMREF HEALTH AFRICA'S VISION

OF ACHIEVING LASTING HEALTH CHANGE. In Africa, however, there are only an average of 2.3 physicians per 10,000 people, compared with 33.3 for the same population in Europe. The issue is further exacerbated by the fact that 85 per cent of physicians work in urban localities, whereas 70 per cent of the population live in rural areas.

Results from the East African Regional External Quality Assessment Scheme (EA-REQAS) coordinated by Amref Health Africa on behalf of the health ministries in East Africa highlight the need for capacity building within the laboratory sector. Only eight per cent of laboratories achieve a pass score.

ACES THROUGH OUTREACH AND TRAINING

Amref Health Africa's Clinical and Diagnostics Programme has two focus areas: Medical Services Outreach, and Diagnostics (Laboratory). These are conducted in countries with an Amref Health Africa country office as well as those without.

Medical Services Outreach

In 2014, the Medical Services Outreach programme introduced new data collection and management tools to allow comparative analysis for monitoring, evaluation and research purposes across all countries.

The table below is based on BP1

Strategic Direction	Focus Area	Key Objectives
<p>SD 5: Increasing access by disadvantaged communities to quality medical, surgical and diagnostic services</p>	<p>Strengthening health facility services</p>	<ul style="list-style-type: none"> • Strengthen the capacity of health systems to deliver quality essential clinical and diagnostic services • Strengthen institutional/partner capacity to coordinate and manage facility-based services • Generate evidence of best practices and improve accessibility and utilisation of quality data for planning and managing clinical and diagnostic services



The Uganda and Tanzania country programmes initiated a process of outreach decentralisation to promote country-specific planning and ownership, including integration into community programmes. In Kenya, fistula repair programmes have already been integrated with community maternal and child health projects.

Outreach played a major role in supporting emergency surgical relief in South Sudan. General and orthopaedic surgeons and anaesthetists made visits to Juba, Kajo Keji, Kwajok and Wau in that respect. Similarly, a range of specialists paid medical visits to South Sudanese refugees in Kakuma (Kenya), Adjumani (Uganda) and Gambela (Ethiopia).

In 2014, a total of 25,817 consultations were conducted within the Medical Services Outreach programme area. This was 6,000 more than in 2013. Similarly, outreach surgical volunteers conducted 1,000 more operations in 2014, totalling

5,792. Patients in need of fistula repair, orthopaedic and reconstructive surgery got specialised services.

More than 6,000 health care workers were trained to support these services.

Laboratory Programme

Training

Participants from Kenya, Zanzibar, Tanzania, Ghana, South Sudan, Uganda, Nigeria, Malawi and Ethiopia received laboratory training. This was a vital activity towards building local capacity. The core courses included Essential Laboratory Services and Laboratory Practices and Management. The short courses covered quality improvement in tuberculosis and malaria microscopy.

Amref Health Africa continued to offer the only WHO External Competency Assessment for Malaria Microscopists in Africa, with 48 participants assessed in 2014.

The establishment of the first bacteriology/parasitology laboratory within the National Reference Laboratory in Juba enhanced support for the cholera outbreak in South Sudan. Prior to this, the Central Laboratory in Nairobi provided referential laboratory support.

Increasing recognition of the importance of External Quality Assessment for laboratory accreditation and support from the Centers for Disease Control and Prevention was important in the expansion of the East African Regional Quality Assessment Scheme (EA REQAS). Currently, there are approximately 500 laboratories across East Africa.

Community-based disease surveillance continues to be recognised as a major component of early detection of diseases of outbreak potential.

Accordingly, training of Community Health Volunteers was conducted in Garissa and Wajir Counties, and



integrated into a community project in Samburu County in Kenya.

Advocacy

A significant number of advocacy activities were conducted over the year. In this regard, the advising of Kenya's Ministry of Health on Ebola preparedness, including information for the public and screening of travellers, can be cited. Similarly, Amref Health Africa played a big role in advocating for input into the WHO Africa document, Guidance for Establishing a National Health Laboratory System. Amref Health Africa also actively advocated for the writing of the first national laboratory policy and strategic plan for Eritrea, as a WHO consultancy.

Numerous examples can be cited as successes, including the generation of research papers on Point of Care Testing at community level in Eastern Africa, and The Impact and Cost-Effectiveness

of the Amref Health Africa/Smile Train Cleft Lip and Palate Surgical Outreach Programme in Eastern Africa. The former was presented at the International Society for Laboratory Haematology, while the latter was submitted for publication.

Challenges

One main challenge for SD 5 was lack of adequate funding, which not only made it difficult to maintain outreach activity at prevailing levels, but also inhibited the exploration of new initiatives. Also, the scarcity of resources needed to support case study generation and proposal writing was made worse by a shortage of adequate technical expertise.

Looking ahead, there should be Increased integration of community-based disease surveillance into community projects across the Amref Health Africa country programmes should also take central focus. Continued expansion of EA REQAS through increased partnerships with the Ministries of Health and

creation of distance learning curricula for laboratory training will also be emphasised.

Specialist Outreach Programme Saves Money, Mends Lives

Clinical Specialist Outreach Programme, Ethiopia

In 2006, Amref pioneered a Clinical and Surgical Outreach programme in Ethiopia in partnership with the Ministry of Health, the Gynaecology Society of Ethiopia, the Surgical Society of Ethiopia and Addis Ababa University.

The outreach programme was occasioned by the fact that in Ethiopia, the majority of specialists and surgeons worked in urban centres, leaving the rural majority underserved. The situation was the result of the lack of even the most basic equipment in rural health facilities. This led to overcrowding at the five referral hospitals in the capital city, Addis Ababa, translating into waiting periods of between six and nine months for patients requiring surgery.

It was this gap that the outreach programme sought to close. Each of the partnering institutions provided volunteer specialised services at 10 hospitals and on-the-job training to professionals stationed in these facilities. So successful was the project that after two years it was expanded to cover 14 hospitals.

The outreach missions are held every week, with each hospital in the programme being visited every three or four months according to the needs of the hospitals. Specialists stay in the hospitals for up to a week, doing between 30-60 surgeries per outreach and transferring basic skills to local health workers.

This has greatly reduced the pressure on the referral hospitals. However, the programme has been challenged by a high turnover of medical personnel, shortage of equipment and supplies, and a heavy workload that makes it difficult for surgeons to find time to volunteer.

Key Achievements (2007–2014)

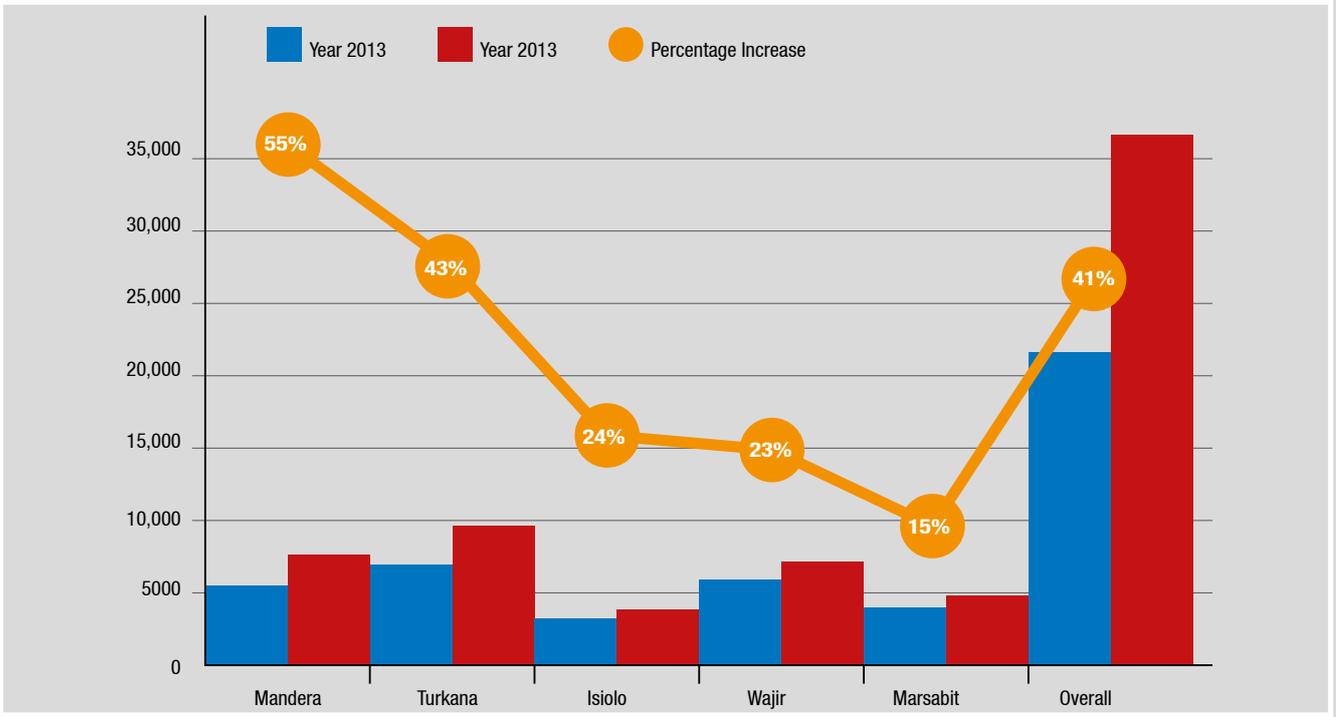
- *Specialist surgery procedures provided for 5904 patients*
- *Specialist consultations offered to 13,961 patients*
- *Around 2,500 medical professionals trained through bedside teaching, seminars, and lectures*
- *Five professionals societies supported financially to conduct their annual scientific conferences and to provide voluntary outreach services*
- *Various non-functional medical instruments installed and maintained*

Partnerships

- *Federal Ministry of Health (FMOH)*
- *Health Professional Societies*
- *Government Hospitals*
- *University Hospitals*

Donors

Initially the project was supported by Generalitat Valencia and Madrid Regional Government through Amref Health Africa offices in Spain, Germany and Italy. Support for the programme is now through Amref Health Africa in Italy and Germany.





Promoting

RESEARCH



Research and Innovation





In 2014, Amref Health Africa's research focused on:

- i) Increasing awareness of research strategies among staff;*
- ii) Improving skills on research processes;*
- iii) Implementing research studies across the organisation;*
- iv) Expanding dissemination of generated research results.*

To improve research skills across the organisation, 21 staff from Kenya, Senegal, Ethiopia, and Headquarters were trained in qualitative research methods.

Additional eight and 18 individuals from Senegal and Tanzania respectively were trained on research processes.

In 2014, implementation of research studies across the organisation was facilitated through new partnerships with universities in East, Central and Southern Africa. Makerere (Uganda), Semera, Debre Berhan, Addis Ababa Science and Technology (Ethiopia) and Monash (South Africa) universities helped to develop 31 research themes.

On dissemination of research results, 11 oral presentations and three abstracts on Amref Health Africa's work were

presented in regional and international conferences. Staff submitted 115 abstracts to the first Amref Health Africa International Conference, jointly organised with WHO.

The following articles on Amref Health Africa's work were published in peer-reviewed journals during the year:

1. Stoltz et al. 'Interaction between climatic, environmental, and demographic factors on cholera outbreaks in Kenya.' International Journal of Professional Practice, vol. 5, Issues 1 & 2 January – June 2014, pp 89-99

Innovations to improve the health of mothers and babies

2. Temu et al. 'Commentary on integration of non-communicable diseases in health care: Tackling the double burden of disease in African settings.' *Pan African Medical Journal*, vol. 18, 5 July 2014, pp 202

3. Ojaka et al. 'Factors affecting motivation and retention of primary health care workers in three disparate regions in Kenya.' *Human Resources for Health* 2014, 6 June 2014

4. Ojaka et al. 'Acceptance of a malaria vaccine by caregivers of sick children in Kenya.' *Malaria Journal*, 2014, vol. 13, pp 172

5. Bolliner et al. 'Leveraging information technology to bridge the health workforce gap.' *Bulletin of the World Health Organisation*, November 2013, vol. 9, pp 890-891

6. Thiam et al. 'Why are coverage targets of intermittent preventive treatment during pregnancy so elusive in sub-Saharan Africa? A systematic review of health system barriers.' *Malaria Journal*, October 2013, vol. 12, pp 353

Amref Health Africa in Kenya, through its Micronutrient Initiative Project implemented in Kakamega – the Linda Afya ya Mama na Mtodo Project – is employing various innovations to improve access to maternal and newborn health services, and also to increase the adoption of lifesaving household practices.

a) From TBAs to Birth Companions

A main contributor to low-skilled deliveries in the project area is the large number of traditional birth attendants (TBAs). To increase demand for use of facility services and to reduce the number of women delivering at home, the project sought to transform TBAs into Birth Companions.

As Birth Companions, the TBAs accompany and offer labour support to pregnant mothers. This is in line with the Kenya Reproductive Health Policy 2007, which stipulates that Traditional Birth Attendants should be given other roles.

The project team first supported the development of birth companion guidelines outlining the new roles and oriented 110 service providers on the new guidelines to gain their support. They then trained a total of 345 TBAs and 26 community midwives.

A majority of TBAs have taken up their new role. Health facilities have recorded an upsurge of facility deliveries accompanied by Birth Companions. Since July 2014, a total of 2,573 pregnant women were accompanied by Birth Companions to deliver in health facilities.

a) Father to Father Support ...

To increase male involvement in reproductive health, the project has mobilised men, the majority of them spouses of pregnant women, to form father-to-father support groups which meet once a month to discuss their role in pregnancy, birth and postnatal care of their wives and newborns.

The health facility staff or community extension workers often join in the discussion to clarify and provide accurate health information to the groups, including explanation of what happens at the health facility.

The discussions are eye-openers to many men and they become increasingly supportive of their wives on reproductive matters. So far, 10 father-to-father support groups have been formed.

b) ...and Mother to mother support

Pregnant women are encouraged to join support groups when they first visit the health facilities for ante-natal care. Each group comprises about 10 to 15 women with similar ANC return dates. This allows them to hold meetings on those days.

The women also attend monthly meetings at the facility to share their experiences with pregnancy and how they can resolve problems encountered. Health facility staff provide guidance to the mothers so that they make informed choices.

By December 2014, a total of 69 mother-to-mother support groups with approximately 828 pregnant women, had been formed.

c) Quality score card to boost community dialogue

Previously, community meetings were dominated by a few speakers – often political, administrative, religious or cultural leaders. The voice of special groups was limited as they had little chance to contribute. To improve the quality of the discussions, AMREF Kenya introduced a community dialogue scorecard aimed at improving representation at the meetings. In 2014, the project supported a total of 84 dialogue meetings in 51 Community Health Units. The meetings became more structured and focused. A total of 7,366 people were reached - 4,023 female and 3,343 male.

THE DIRECTORATE OF CAPACITY BUILDING CONDUCTED A HEALTH WORKFORCE SURVEY...THE MINISTRY OF HEALTH IS USING THE SURVEY RESULTS TO DEVELOP THE NATIONAL HUMAN RESOURCES FOR HEALTH STRATEGIC PLAN.



Directorate of Capacity Building

The Directorate of Capacity Building (DCB) is responsible for enhancing the technical capacity of health systems, communities and civil society organisations in Africa to improve access to and quality of care.

In 2014, the overall students/participants' enrolment increased from 5,777 in 2012/2013 to 6,722 in 2013/2014, an increase of 16 per cent. The trainees were drawn from 31 African countries, Feedback from different countries shows

that the trained health workers are serving as resources persons for health systems capacity building in their institutions. The students were trained through various short and long courses, including Monitoring and Evaluation, Community Health, Comprehensive Midwifery, Advocacy, Health Systems Research, Health Systems Strengthening and Leadership and Management – through the Global Executive MBA (GeMBA) and Management Development Institute (MDI) programmes.

Key Achievements

The Amref Virtual Training School (AVTS), which is registered with the Nursing Council of Kenya, in 2013/2014 presented two groups of diploma candidates for nursing licensure exams. The first group of 42 candidates attained a pass rate of 89 per cent compared with a national pass rate of 68 while the second of 75 candidates and attained a 78 per cent pass rate compared to the national pass rate of 72 per cent.

1. Nurses take the Nightingale Pledge at a candle-lighting ceremony during the 28th Amref Health Africa graduation ceremony in December 2014

1 2

2. A Community Health Volunteer in Samburu County during an mLearning session

CASE STUDY 1

In December 2014, the Annual Amref Health Africa Graduation took place at the Amref International Training Centre, presided over by the Chairperson of the Kenya Public Service Commission, Prof Margaret Kobia. The graduates included 55 students of the AVTS who graduated with diplomas in Comprehensive Nursing and 13 candidates who earned national higher diplomas in comprehensive reproductive health care. Twenty nine candidates graduated with diplomas in Community Health. In addition, 30 students graduated with BSc. in community health which is offered jointly with the Kenya Methodist University 16 graduated with Masters in Public Health accredited by the Moi University.

After piloting mLearning with 318 Community Health Workers in Kenya, the Directorate of Capacity Building, in collaboration with Accenture, Safaricom, Mezzanine and M-Pesa Foundation, are planning to roll out the mhealth training to 3,000 Community Health workers.

In collaboration with the Tropical Health Education Foundation, the Directorate of Capacity Building conducted a health workforce survey for Somaliland. The Ministry of Health in Somaliland is using the survey results to develop the national human resources for health strategic plan.

The GSK 20% Re-investment programme: Since 2011, GlaxoSmithKline (GSK) has been working with Amref Health Africa to increase the numbers of trained healthcare workers in rural and marginalised communities to address the health challenges affecting children

and pregnant mothers in Eastern and Southern Africa. GSK, through Amref Health Africa re-invests 20% of the profits made in the target countries to improve the health of the communities. The initiative is currently being implemented in 13 countries.

Specific Challenges

Maintenance of eLearning infrastructure at county health level in Kenya has been poor. This affects efficient learning of students taking the nurse upgrading programme in the counties. In addition, the revised terms set out by the Government for engagement between Kenyan universities and tertiary institutions limits future collaborations for the Amref International Training Centre.

New Strategic Partners

The Directorate of Capacity Building established a number of new partnership in 2014, including one with Heineken to train their health care personnel (nurses, doctors, clinical officers) in emergency response and care. A partnership was also established with Welwitchia University in Namibia for health worker training. The university will be an exam centre for the Amref Health Africa's e-based Diploma in Community Health course.

HELPIng Health Workers at Community Level



The Directorate of Capacity Building, in collaboration with Ministry of Health – Kenya, Accenture, Safaricom, Mezzanine, and MPesa Foundation, launched the Health Enablement and Learning Platform (HELP) in 2014.

HELP is a learning concept using ordinary mobile phone handsets to build the skills and capabilities of community health volunteers (CHVs). It is a way to boost the health workforce. During Phase I of the project, 318 CHVs were trained in Kenya. Phase II of the project began in October 2014, and will involve training of 3,000 CHVs using m-learning.

IN 2014, AMREF HEALTH AFRICA APPROVED ITS GLOBAL FUNDRAISING STRATEGY TO EXPAND AND STRENGTHEN FUNDRAISING CAPACITY ACROSS THE ORGANIZATION. This significant commitment places resource mobilisation as an integral part of the organizational business strategy, enabling Amref Health Africa to position itself to further develop and support its health programmes agenda for the next several years.

This will also contribute greatly to increased focus on the organisation's ability to raise sustainable revenue within the African continent where Amref Health Africa's programmes and services are being delivered and transforming the lives of more than 11 million people annually.

In Africa, the focus has been on building capacity, visibility and support for resource mobilisation for Africa by Africans. In our African Country offices there have been successes to report including a Stand Up for African Mothers Gala in Tanzania. In Kenya, Ethiopia, South Africa, Senegal and Uganda, progress is being made to raise visibility and funds for the global campaign. These successes are also mirrored in Amref Health Africa's corporate engagement. Partnerships remain central in our efforts to deliver on our core strengths as an organisation and to achieve our goals.

In 2014, Amref Health Africa undertook several activities to create a more strategic, consistent and pro-active approach to working with the corporate sector.

- Chase Bank provided 15 million Kenyan shillings as part of their partnership agreement with Amref Health Africa to support the Stand Up for African Mothers (SU4AM) campaign. Chase contributed an additional 15 million Kenyan shillings they raised from the Save-a-Mum walk event in April 2014. In September 2014 Chase Bank renewed its partnership agreement with Amref Health Africa to support SU4AM campaign for an additional 3 years (2015-2017) where they will continue to contribute 15 million Kenyan shillings towards supporting the objectives of the campaign.

- Amref Health Africa began planning for its 1st Amref Health Africa International Conference earlier in the year, hosting a private public partnership roundtable, which engaged private sector and provided a platform and opportunity for knowledge sharing around public private partnership models that work in Africa. The conference was held in November and brought together more than 400 delegates.

- We have further expanded our strategic and long-term relationships with GlaxoSmithKline to examine and place

focus on training of health providers in non-communicable diseases in Kenya.

- We continue to enjoy a close partnership and, have moved to the second phase the Health Enablement and Learning Platform with our key partners mPesa Foundation, Safaricom and Accenture

- We are working with our long-term partners at Johnson & Johnson to expand the Helping Children Breathe programme within Africa



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1. Hundreds of people walked in support of the Stand Up for African Mothers campaign

2. A plenary panel discussion during the Amref Health Africa International Conference



Our Financial Report

THE FINANCIAL YEAR ENDED ON 30TH SEPTEMBER, 2014. WE MAINTAINED OUR LEVEL OF ACTIVITY, WITH INCOME REMAINING CONSTANT AT US\$102 MILLION COMPARED WITH THE PREVIOUS FINANCIAL YEAR. Some donors have seen their resources cut, which has contributed to a 10 per cent fall in grants received during the year. However, this has been balanced out by the higher level of grants brought forward at the beginning of the year. Grants receivable at the end of the year have seen a healthy increase of 37 per cent.

A detailed review of grants receivable and discussions with donors has led to an increase in the provision for doubtful grants of US\$2.8 million. Consequently, the organisation reported a deficit of US\$2.4 million for the year. Closer links are being maintained with donors to ensure that in future, the need to provide against receivable grants is significantly reduced. Excluding the impact of these provisions, the organisation would have made an operating surplus at much the same level as the last financial year.

The financial performance of Amref Flying Doctors, the organisation's wholly-owned company limited by guarantee, has improved in this financial year. It recorded an increase of US\$90,000 in its net contribution to the organisation's financial performance.

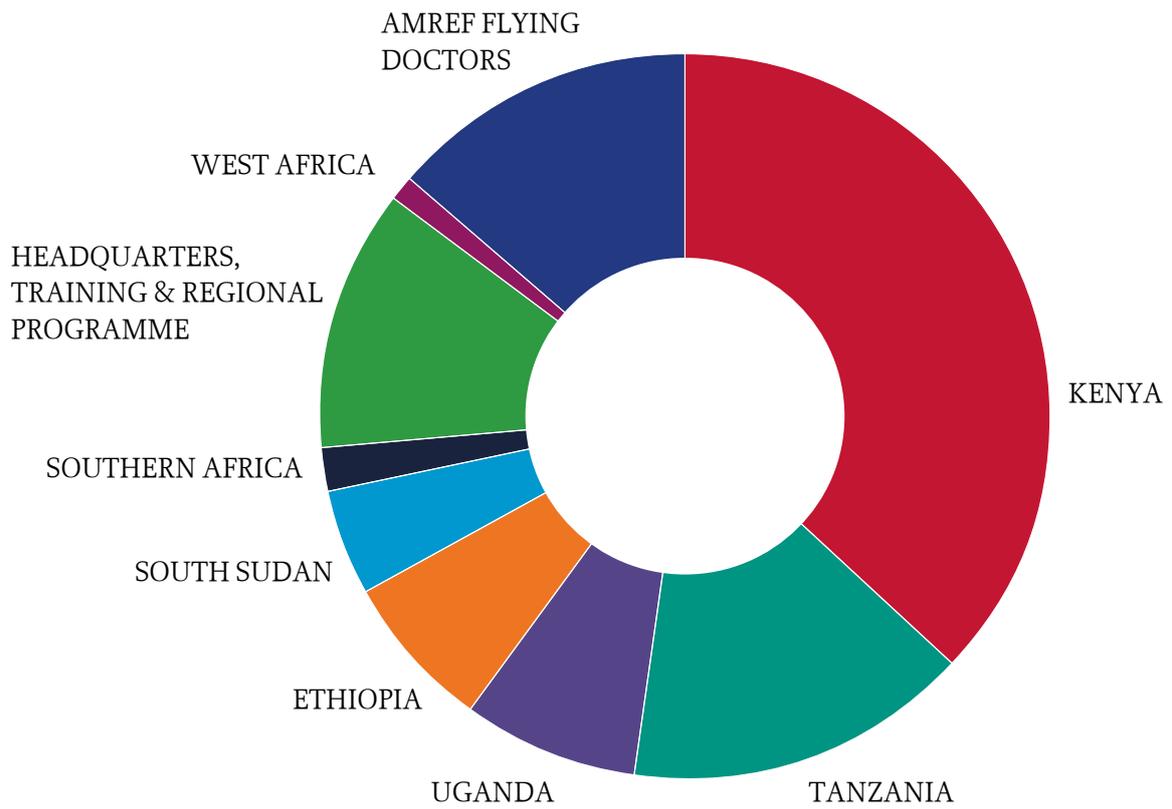
**STATEMENT OF PROFIT OR LOSS
AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 SEPTEMBER 2014**

CONTINUING OPERATIONS	2014	2013
INCOME	US\$\$'000	US\$ '000
Grants - Restricted	83,346	84,058
Grants - Unrestricted	-	1,323
	83,346	85,381
Other income	3,134	1,856
Financial income	259	389
Income from commercial activities	15,036	14,370
Total Income	101,775	101,996
EXPENDITURE		
Direct programme activity	75,651	72,052
Programme monitoring and support	5,291	5,382
Institutional development	2,371	2,098
Administration	6,763	8,295
Expenditures relating to commercial activities	14,106	13,527
Total expenditure	104,182	101,354
(Deficit)/ surplus for the year from continuing operations	(2,407)	642
DISCONTINUED OPERATIONS		
Loss for the year from discontinued operations	-	(202)
(DEFICIT)/ SURPLUS FOR THE YEAR	(2,407)	440

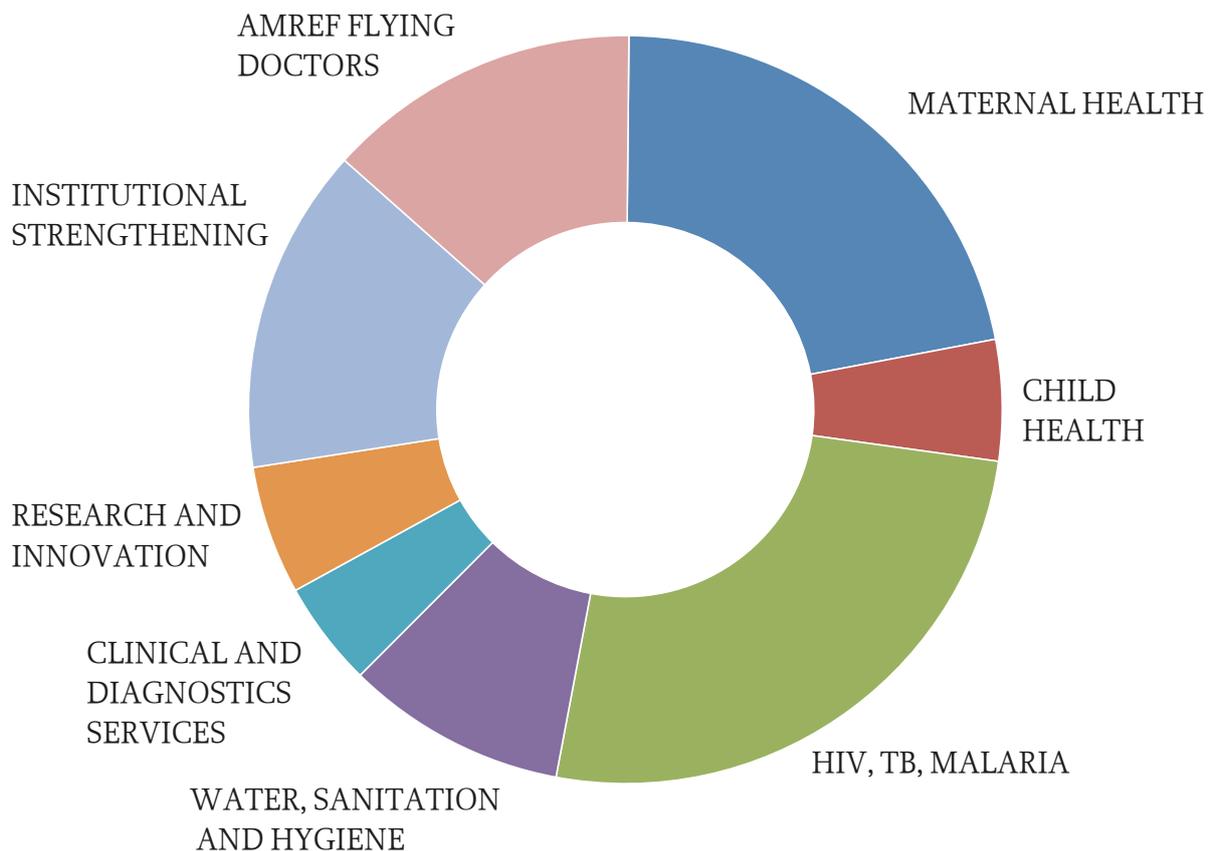
The above statement of profit or loss and other comprehensive income has been extracted from the full financial statements of Amref Health Africa, on which the auditors, Deloitte & Touche, expressed an unqualified opinion. Copies of the full financial statements can be obtained from:

*Director of Finance
Amref Health Africa
P O Box 27691 - 00506,
Nairobi, Kenya*

WHERE WE WORK



FOCUS OF OUR PROGRAMMES







Country Highlights



AUSTRIA

In January, the Austrian local television station, RTS, aired a documentary on the Amref Flying Doctors outreach projects.

Social Impact

In March, a press conference was held at Palfinger AG for Amref Health Africa’s Lomidat Slaughterhouse project in Lokichoggio, Northern Kenya. Mr Hubert Palfinger explained that proceeds from the “Social Impact Investment” would go entirely to Amref’s Hydatid project.

The Slaughterhouse was reopened in July in a celebratory event attended by approximately 1,500 people including members of the community, representatives of Amref Health Africa, local politicians, and the media, which gave good coverage. The official opening remarks were given by Mag

Schneiderbauer on behalf of Mr Palfinger. The former is supervisor of the Lomidat Project and a board member of Amref Health Africa in Austria.

Amref Health Africa’s Dagoretti Child in Need Project film team produced a 15-minute television documentary on the project. We acknowledge Amref Health Africa in Italy for its support in making this event successful.

Charity and Fundraising

In May, “Days of Dialogue”, our traditional annual charity and fundraising events took place in various locations in Salzburg. The events included cinema, exhibition, workshops for children, lectures and dinner. The Black&White charity for SU4AM also took place in May. The highlights were the MoZulu Art concert involving African musicians, classical Mozart music, and a show of Austrian and African fashion. The guests of honour were the ambassador of Kenya in Austria, HE Michael Oyugi,

Catarina Murino, Austrian actors and singers Fritz Egger and Hans Buchrieser. Internationally famed singer Barabara Zanetti presented her “SU4AM” song.

Public Awareness Strategy

For seven days, a major channel of Austrian TV (ORF) broadcast pro bono, a television spot featuring the outreach programme with Dr John Wachira. It was also broadcast through radio. This was a very successful public awareness strategy for Amref Health Africa.

We also created awareness on SU4AM through advertisement in leading Austrian medical journal “ÖAZ”, reaching approximately 40,000 physicians.

Midwives for Midwives

The Austrian Midwives Association supported the training of midwives in Ethiopia and South Sudan. The training is also supported by a grant from the Government of Salzburg.



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1. Women sing to celebrate the reopening of Lomidat Slaughterhouse in Lokichoggio
2. The “Days of Dialog” charity and fundraising event of the year in Salzburg
3. It’s all smiles after a press conference on the Lomidat Slaughterhouse



CANADA

Vaccine Delivery

Amref Health Africa in Canada has teamed up with a leading Canadian pharmacy drugstore, Rexall, to deliver vaccines to children in Northern Uganda. For every Canadian who gets a flu shot at any of Rexall's 450 locations, the company donates towards vaccine delivery in remote and hard-to-reach areas. The aim of Amref Health Africa is to deliver up to 150,000 vaccines to children in Northern Uganda by the time the programme ends in the Spring of 2015.

Training

Amref Health Africa in Canada wrapped up its three-year project to train community health workers in Kenya, Tanzania, Uganda and South Africa.

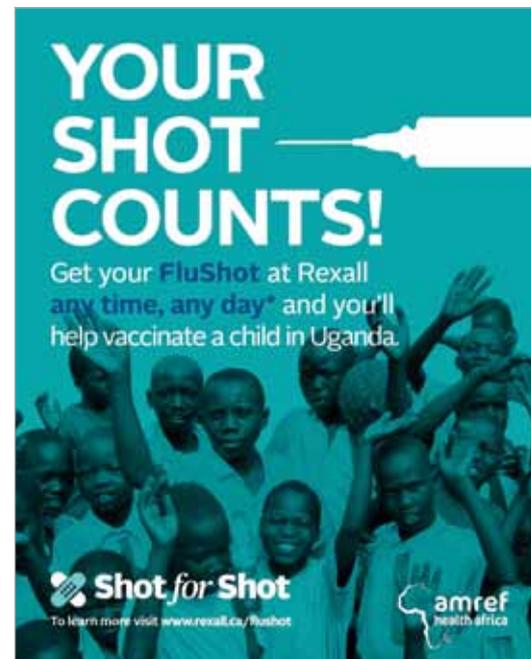
The programme trained more than 1,400 community health workers, who completed over 100,000 household visits in remote communities. It was funded by the Government of Canada through the Department of Foreign Affairs, Trade and Development (DFATD). Other donors included Canadian businesses, foundations and individuals.

Health Promotion

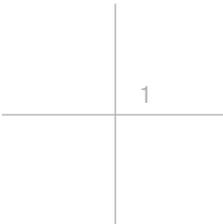
Additional achievements include the special health promotion days attended by 161,296 people; the referral of 26,306 patients to health facilities by community health workers; and the distribution of 12,245 anti-malaria bed nets to help prevent malaria, leading to 86 per cent of children under five and 79 per cent of women sleeping under nets.

Joining with more than 70 Canadian organisations in the Maternal, Newborn and Child Health Network, Amref Health Africa in Canada helped to showcase the important work being done by Canadian non-governmental organisations to improve global mother and child health.

Thanks to the network's efforts, Canadian Prime Minister Stephen Harper announced a renewed commitment of US\$3.5 billion in funding to decrease global maternal, newborn and child mortality at a special global summit to which Amref Health Africa in Canada was invited.



1. Canada's Prime Minister, Stephen Harper welcomes Tanzanian President Jakaya Kikwete to the Global Summit on Maternal Newborn and Child Health in Toronto



ETHIOPIA

Launch of New Brand Identity

In July, Amref Health Africa in Ethiopia held a high-level launch of the organisation's new brand at the residence of the British Ambassador to Ethiopia, Greg Dorey. The event was attended by the Federal Ministry of Health State Minister, Ambassadors, and representatives of the African Union, European Commission the UN, and other high-level partners and friends of Amref.

New Programmes

Amref Health Africa in Ethiopia started a new project in Gambella region, under the banner, "Increasing Access to Medical, Surgical, Clinical and Diagnostic Services with Special Emphasis to Gambella Referral Hospital". The project focuses mainly on health service delivery. More than 4,000 South Sudanese refugees and members of the host community will get medical and nutritional support from the project.

A new project called "Midwifery Service Quality Improvement" was initiated in the Ethiopian Somali Region to train midwives, thus improving the quality of midwifery services.

In Oromia Region a project on "Enhancing Reproductive Health Care Quality to Accelerate Utilisation of Family Planning Services in Jimaa and East Wollega Zones" was launched to increase access to reproductive health services. It is funded by Packard Foundation.

A new project called ASURE-HEALTH (Access, Service and Utilisation of Reproductive Health) was approved,



with a total budget of €3.25 million. The five-year project will be implemented in three zones of the Southern Nations, Nationalities, and Peoples' Region.

Amref Health Africa in Ethiopia entered into a new partnership with ECHO for a Multi-sector and Integrated Community based Resilience Building Project in Afar Region. This is a half-year project with a total budget of €400,000.

Awards

Amref Health Africa received awards from various institutions, health bureaus, professional societies and associations in recognition to our work and contribution to society.

The Addis Ababa WASH project was awarded a trophy and certificate of appreciation from the Addis Ababa City Administration.

Amref Health Africa was ranked as the top NGO by Addis Ketema Sub-City

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1. A visitor at the Amref Health Africa booth during the Humanitarian Bazaar Exhibition in Addis Ababa.

Administration for its contribution to local development and quality performance in Water, Sanitation and Hygiene activities.

We also received awards from seven regional health science colleges for the successful implementation of institutional capacity building in the regional states through the National Health Extension Workers Upgrading project.

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AMREF FLYING DOCTORS

New Ground Ambulance

In 2014, Amref Flying Doctor took delivery of yet another new Advanced Life Support Ground Ambulance, increasing its fleet to four. This addition was made to boost our road ambulance and airport to hospital transfer capacity, and to meet the ever-increasing demand for our services.

The custom built-Mercedes Sprinter 315 CDI is one of the most sophisticated ambulances in the region. The interior, which was designed by the Amref Flying Doctors medical crew in conjunction with the manufacturer, has enough room to accommodate two nurses and a stretcher. There is also sufficient height for standing with well-designed space for drugs and emergency equipment.

Contract with NHIF

Towards the end of the financial year, Amref Flying Doctor secured a contract with the National Hospital Insurance Fund in Kenya to cover over 100,000 members of the disciplined forces for evacuation within the country. This is in support of the government's overall policy to provide benefits to civil servants. The addition of these members represents an increase of 333 per cent in the Maisha Bronze membership from the last financial year, and brings the total annual Bronze membership to over 130,000.

This major achievement was as a result of efforts by Amref Flying Doctor marketing team supported by the senior management staff. The contract not only demonstrates the validity of the Maisha



1/2. The new Advanced Life Support Ground Ambulance joins the fleet

Air Ambulance Scheme that covers Kenya and the rest of Eastern Africa, but also serves to fulfil the objective of helping Amref Health Africa to achieve its fundraising, financial and outreach obligations.

Long Distance Evacuations

As we continue to serve and grow our market in Africa and beyond, we provided, for the first time, long distance evacuations from East Africa to the Far East, specifically to the cities of Beijing, China, Kuching in Malaysia and Hong Kong.

Our Beechcraft B200 King Air that was acquired in the previous financial year has completed its first full year in service. This state-of-the-art medically configured aircraft has lived up to its task of providing the extra speed and range necessary for improving evacuation services. In the 2013/2014 financial year, the aircraft flew an average of 43.5 hours per month against the break-even point of 30 hours per month.

During the 2013-2014 period, Amref Flying Doctors flew a total of 1,030,306 statute miles in 3343.8 flight hours. Of these flying hours, 86.8 per cent were medical evacuations. About 9.8 per cent covered clinical outreach flights. One per cent covered Amref charter flights, and the rest were non-revenue operational flights. This represents a total increase of seven per cent in flying hours since 2012/2013.

Prestigious Award

At the end of the financial year, Amref Flying Doctors learnt that it had once again made it to the final round of nominations for the ITIC Annual Air Ambulance of the Year Award. This is considered one of the most prestigious international industry awards of its kind voted by international insurance and assistance companies, international medical and air ambulance providers, and other global stakeholders within the industry.

FRANCE

Humanitarian Support

In January 2014, Amref Health Africa in France launched an appeal to respond to the humanitarian emergency in South Sudan. This led to €630,000 being raised from three major partners (Cartier Charitable Foundation, Sanofi Espoir Foundation and Total Foundation).

The funds were allocated to two projects: Access to Emergency Medical and Surgical services in affected states of South Sudan, and Maternal and Child Health Services Project in Reggo Payam.

We organised a press field visit with French magazine, Paris Match, which did a comprehensive online documentary about the conflict in South Sudan and on Amref Health Africa's activities to provide medical support to the affected people.

SU4AM Campaign

Throughout 2014, Amref Health Africa in France continued to focus on the Stand Up for African Mothers campaign, with a press trip and sealing of fundraising partnerships with midwifery organisations.

In March 2014, Amref Health Africa in France and Sanofi Espoir Foundation went on a press trip to see Amref Health Africa's e-Learning upgrading programme for midwives and nurses in Senegal. The programme was launched with 200 students enrolling for the courses. This trip resulted in 26 press mentions in France (both print and online media).

Amref Health Africa in France also renewed its fundraising campaign through a partnership with the French National Council of Midwives, the French Association of Midwifery Students and the Sanofi Espoir Foundation.

Fundraising materials (T-shirts, posters, bracelets, leaflets) were sent to all the local midwifery councils in France. Thanks to these materials, midwives and student midwives in 80 sub-regions in France organised dozens of fundraising events, including cake sales, concerts and sport competitions.

A total of €11,000 was raised to support Amref Health Africa's midwife upgrading programmes in West Africa and thousands of people were sensitised on the need to train midwives in Africa.

Amref Health Africa in France also partnered with an MBA class from ESSEC Business School, which organised fundraising for the campaign. The events included a bracelet sale for Mother's Day and a conference with economist Maggie Gorse. A total of €10,000 was raised.

In October 2014, Amref Health Africa in France and the brand Klorane Bébé launched a charity product of: baby soap. For every item sold, €1 was donated to Amref Health Africa in France to support the Stand Up for African Mothers campaign.

As part of this partnership with Klorane Bébé, Franco-Malian singer Inna Modja (one of the ambassadors of the SU4AM campaign in France) also composed

and sang a lullaby for the campaign. The song can be downloaded for free on a dedicated website. Each time the lullaby is downloaded, Klorane Bébé donates €1 to Amref Health Africa.

Annual Charity Gala

In November 2014 Amref Health Africa in France held its annual charity gala dedicated to improving the health of women, mothers, girls and babies in Africa. More than 450 high-profile guests attended the event, including France's Prime Minister Manuel Valls, the president of the International Confederation of Midwives Frances Day-Stirk, and Amref Health Africa's Director General Teguest Guerma.

The gala helped to raise a total of €300,000. Amref Health Africa in France used the occasion to seek support for petition to nominate an African midwife for the 2015 Nobel Peace Prize. A video with all the French ambassadors of the campaign inviting the public to sign the petition was broadcast and high-profile guests went on stage to sign.

Partnerships

In 2014, Amref Health Africa in France teamed up with Amref Health Africa in Monaco to foster a Francophone hub for the organisation. Amref Health Africa also joined the "Generation Nutrition" campaign led by Action Against Hunger, which brings together civil society organisations to end child deaths from acute malnutrition.

GERMANY

Humanitarian Support

In 2014, Amref Health Africa in Germany significantly contributed to Amref Health Africa's response to the humanitarian crisis in South Sudan.

Through five projects financed by the German Federal Ministry for Economic Cooperation and Development (BMZ), Amref Health Africa provides urgently needed assistance in South Sudan and in the refugee camps in Kenya, Uganda and Ethiopia.

The generous financial support of €2.5 million enabled more than 10,000 additional treatments and operations in local hospitals, benefiting both the refugees and the host communities.

New Chairperson of the Supervisory Board
Amref Health Africa in Germany welcomed Mr Amadou Diallo as the new Chairman of the Supervisory Board. Mr Diallo is the CEO of DHL Freight globally, the world's leading Logistics Company. Born in Senegal, Mr Diallo is deeply much committed to the development of Africa.

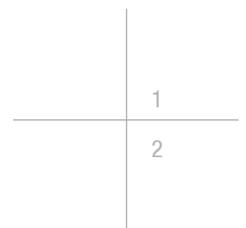
Our former chairman, Dr Goswin von Mallinckrodt, will continue serving on the Board. He will also continue to host the traditional Flying Doctor Golf Cup, which has helped to raise hundreds of thousands of euros for the organisation. The annual event took place in June last year.



Awareness Promotions

Amref Health Africa in Germany participated in events to raise awareness about the work of the organisation. One such event was the open day of the German Federal Government HE Sitona Abdalla Osman, the ambassador of the Republic of South Sudan, visited our stand.

There was also the "Citizens Festival of the German Federal President" in Berlin, and two awareness-raising charity events, including a pop and soul concert by the famous singer Lam Tungwar from South Sudan.



1. South Sudanese artist Lam Tungwar performs at the "Citizens Festival of the German Federal President"

2. Mr Amadou Diallo, new Chairman of the Supervisory Board



HEADQUARTERS

A brand new name and logo

In April, Amref Health Africa (formerly the African Medical and Research Foundation – AMREF) launched its new name and logo at a colourful ceremony in Nairobi presided over by the Cabinet Secretary for Health, Mr James Macharia.

The event was attended by several ambassadors and other members of the diplomatic corps, senior government officials, partners, donors, community members, media and Amref Health Africa board members and staff.

Amref Health Africa Director General Dr Teguest Guerma said that the change in name was necessitated by the fact that the organisation's scope of operation had expanded greatly over the 57 years of its existence.

First Amref Health Africa International Conference

The inaugural Amref Health Africa International Conference was held in Nairobi, with the theme themed From Evidence to Action – Lasting Health Change in Africa. The Conference ran from November 24-26, 2014 at the Safari Park Hotel in Nairobi, with the World Health Organization as a co-convener.

Cabinet Secretary for Health, Mr James Macharia, who was the Guest of Honour at the official opening of the three-day conference, challenged delegates to find “appropriate means to reach every child, woman and man in the communities of



Africa” with health care services. “This access would mean that every African, irrespective of their socioeconomic status, is able to get affordable and high quality health services.”

Mr Macharia acknowledged that progress had been made over the years to improve health care on the continent, but noted that the people of Africa continued to grapple with a high burden of disease, with dire consequences. He commended Amref Health Africa for its work in supporting the Government of Kenya by complementing its work in health care delivery and development.

The conference was attended by 439 delegates. A total of 347 abstracts were received, 108 of which were accepted as oral presentations, and 216 as posters.

A communiqué issued at the close of the conference urged governments to urgently create the policy framework,

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1/2. Scenes from the first Amref Health Africa International Conference held in Nairobi

legislation and investment to rapidly improve health research output in the continent. The conference resolved that implementers, researchers and policy makers must create platforms to ensure research is translated into evidence-based policy making and action to improve health in Africa.

The conference noted that persistent inequalities in health status require greater focus on strengthening health systems that respond to challenges in maternal health, child health, major communicable and infectious diseases, and non-communicable diseases.

ITALY

In September 2014, Amref Health Africa in Italy launched the 'Never Without a Mother' campaign to save the lives of pregnant women in South Sudan and Mozambique. The Italian public was asked to support the campaign by sending text messages or calling the solidarity number 45507.

The campaign sought to drastically reduce mother and child deaths by strengthening the health systems of two African countries facing a deep health, economic and social crises: Mozambique and South Sudan. In Mozambique, which ranks 184th out of the 187 countries in the Human Development Index, skilled health attendants assist only 55 per cent of total deliveries. In South Sudan, which has one of the highest maternal mortality rates in the world, 2054 mothers die for every 100,000 new births and more than 10.5 per cent of children die within their first five years of life.

According to Fiorella Mannoia, Amref Health Africa's spokesperson for the Never without a mother campaign, it was launched "because all children have a right to their mums".

The campaign reached millions of people as a result of featuring prominently

amref
health africa

MAI PIÙ SENZA MAMMA
ogni bambino ha diritto alla sua mamma

**AIUTACI A SALVARE
100MILA MAMME**

**INVIA UN SMS O
CHIAMA DA RETE FISSA
45507**

Reg. Segretariato Sociale

2€ CON UN SMS

TIM Vodafone WIND 3 PosteMobile CoopVoce Noverca

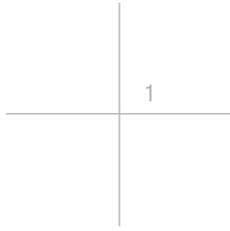
2€ DA RETE FISSA

2€ O 5€ DA RETE FISSA

tel@tu TWT TELECOM FASTWEB

on major television and radio stations, including RAI, MEDIASET and LA7, and of the TLC Companies: TIM, Vodafone, WIND, 3, PosteMobile, CoopVoce, Noverca, TeleTu, TWT, Telecom Italia e Fastweb.

The campaign had the support of key spokespersons of national importance, such as Fiorella Mannoia, Giobbe Covatta, Sveva Sagrāmola, Pif, Salvatore Marino, Dario Vergassole, Eleonora Daniele, Alberto Rossi, Francesca Inaudi, Demetrio Albertini, Luigi Pelazza, Marco Baliani, Saba Anglana, Elasi, Mario Riso, Francesco Gambella and Riccardo Marchesini.



1. First Lady Mrs Kenyatta, 3rd right, at the Alternative Rite of Passage graduation ceremony in Entasopia, Magadi District



KENYA

Through its 47 projects implemented across the country, AMREF Kenya reached a total of 5,510,181 people with various services and interventions in the year 2013/2014. This is a decrease of 23% from those reached in 2012/13 which stood at 6,757,718 people due to several projects ending their funding cycle.

Based on the gender breakdown of people reached 42% were women compared to 32% men; 13% were girls and 13% boys under the age of 18. The number of people trained by AMREF Kenya through the 47 projects in 2013/14 was 65,943.

Financial spending for the year stood at USD\$42m, which is a decrease of 3% from the previous financial year, which stood at US\$ 43.4m.

Challenges within the year included closure of one of the biggest projects - APHIAplus Nuru Ya Bonde.

Memorable Milestones

- Launch of Staying Alive End Fistula project in West Pokot County funded by the Dutch Postcode Lottery. The project has implemented two successful medical camps to repair obstetric fistulas in partnership with the County Government.

- Graduation into womanhood of 400 girls in Entasopia, Magadi, under the Alternative Rite of Passage project funded by the Dutch Postcode Lottery. First Lady Mrs Margaret Kenyatta graced the auspicious event and conferred her blessings on the young women.

- Dutch ambassador to Kenya H E Joost Reinjtes officially launched the Samburu Alternative Rite of Passage (ARP) project in March 2014. This is a scale-up of the ARP module also funded by the Dutch Postcode Lottery. The project is expanded to cover part of northern Tanzania.

- US Ambassador to Kenya H E Robert Godec toured the northern arid lands sites where APHIAplus IMARISHA is implementing fully integrated interventions with the communities. Notable achievements are the income-generating initiatives for HIV-positive widows.

- Lomidat Slaughterhouse, an initiative of Amref Health Africa in Austria and Italy and AMREF Kenya, celebrated its fifth anniversary in July 2014. The project celebrated having implemented a successful and sustainable business model which has increased its revenue in two years. Additional funding of Ksh1 million was provided by Palfinger through the County Government of Turkana.

- Peter Ofware, Programme Manager of Reproductive Maternal, Neonatal and Child Health, was appointed to the advisory board of Comic Relief. The

appointment came shortly after a visit of Comic Relief Founder to Amref Health Africa's project in Makeni.

- In May 2014, AMREF Kenya's Global Fund Malaria project received the highest honour of A1 rating from the Global Fund for HIV, TB & Malaria foundation. The award is based on project implementation performance, project impact, compliance and leadership.

- Through the Research, Advocacy and Business Development department, the Kenya Country Office and WelTel partnered to secure US\$2million to improve patient care and expand mhealth programmes across rural Kenya.

- AMREF Kenya completed and launched the second Kenya AIDS Indicator Survey 2012 in collaboration with the Ministry of Health and the National AIDS Control Council using funding from the University of Washington, San Francisco.

- AMREF Kenya, AstraZeneca and other partners launched Healthy Heart Africa, an innovative programme that aims to improve the lives of hypertensive patients across Africa.

- The Kenya Country Programme won an international US\$7million contract from the Global Sanitation Fund to implement a five-year Kenya Sanitation Health Intervention Project (K-SHIP). Implementation began in November 2014.



NETHERLANDS

Campaign Against Female Circumcision

Amref launched a media campaign against female circumcision in the Netherlands thanks to financial support from the Dutch Postcode Lottery. The awareness campaign targeting the Dutch public led to the collection of thousands of congratulatory cards for uncircumcised girls in Kenya.

Our goodwill ambassador, Giovanna Ostiana, and one of our private donors, delivered the cards to the girls in person, creating widespread publicity in several national media.

Joint Initiatives

With our partner Philips Healthcare, we organised workshops in Nairobi, Eindhoven and Leiden to take the first concrete steps towards developing training products together.

Staff from Heineken, the third largest brewer in the world, were trained on emergency care at Amref Health Africa headquarters in Nairobi and were impressed by the quality of the training.

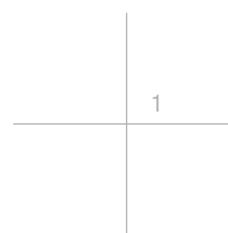
Also Impressed with the quality of Amref Health Africa's work were delegates of the European Union, who sent a letter congratulating Amref Flying Doctors

and Amref Health Africa in Kenya on quality reporting and implementation of activities in hardship areas.

The Dutch Ministry of Foreign Affairs approved a proposal for implementation of the United Against Child Marriage Project, which began in Malawi began in July. The one-year (July 2014 - July 2015) project focuses on educating girls about their rights in order to avoid early marriages.

We organised a successful dinner together with the White Ribbon Alliance in the Netherlands. Our Executive Director, Jacqueline Lampe, gave a presentation about the Stand Up for African Mothers Campaign. This resulted in an invitation for a congress for gynaecologists and midwives in October, where we received a donation.

We also worked with the White Ribbon Alliance during Africa Day in Amsterdam. Africa Day is a large public event that focuses on Africa and development cooperation. We used this opportunity to speak about the health worker crisis on the continent.



1. Executive Director Jacqueline Lampe receives a congratulatory postcard for Kenyan girls who have undergone Alternative Rites of Passage

SOUTH AFRICA

A highlight of year 2014 was the development of the Southern Africa Regional Training strategy, and the implementation of its components.

Another highlight was the launch of the Re-engineering Primary Health Care project funded by the European Union in Vhembe and Sekhukhune districts in Limpopo, South Africa.

During the year, Amref Health Africa was registered in Malawi as an NGO. The year saw growth in the number of projects being implemented in Malawi from one to four.

The organisation was also registered in Mozambique as an international NGO with the Ministry of Foreign Affairs. Pre-service training of midwives continued at Inhambane Health Training Centre and Beira Institute of Health Science in Mozambique.

Visibility of Amref Health Africa in Southern Africa increased through participation in various national events, such as the Nelson Mandela Day in South Africa.



Strategic partnerships were established with University of Pretoria, Monash University and Wits University; Sight Savers Malawi, Sight Savers Zambia, Child Fund Mozambique, Child Fund Zambia and Platinum Group Metals; the French Embassy, DFATD, DfID and the EU delegation in South Africa; and Orbis Africa.

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1. Re-engineering primary healthcare project launch; Dr Connie Osborne handing over equipment to be used by the Department of Health
2. Amref Health Africa South Africa participated in the Kaya FM Nelson Mandela Day 67 km relay
3. Staying Alive Outreach in Malawi

SOUTH SUDAN

South Sudan's first Advisory Council
 Amref Health Africa Director General Dr Teguest Guerma commissioned the first National Advisory Council (NAC) for South Sudan on in September. The council later elected Deputy Mayor for Land and Development in Juba City, Festus Abdelaziz, as Its chairperson.

The Deputy Mayor has more than 25 years of experience in public health leadership and management, including teaching consultancies and research, within and outside Africa.

His deputy, Christine Jaguru, is an organisational development and gender specialist with more than 20 years of experience in the Sudan and now South Sudan, where she has served in various capacities.

Emergency Care

The humanitarian crisis in South Sudan brought to the fore the inadequacies of the country's health system and the need for surgical, medical and nursing specialists and equipment. In July 2014, Amref Health Africa launched an Emergency Programme in South Sudan,



1	2	1. Midwives celebrate at the end of their training
4	3	2. Human Resources for Health working group
		3. Health workers attending to patients in Juba Hospital
		4. Amref Health Africa Director General with South Sudan's new National Advisory Council members

which includes Emergency Surgical Outreach Project, Emergency Maternal Child Health Project, Emergency Primary Health Care and Surgical Outreach Project, and Emergency Cholera Response.

Addressing human resource constraints
 Amref Health Africa held a one-day meeting to support the Ministry of Health in planning and implementing a review process of the commitments made at the Third Global Forum on Human Resources for Health, and strengthen the commitments through

Human Resources for Health working group. A documentary to advocate for more investments in Human Resource for Health in South Sudan has been produced.

Women in School for Health Project, whose main aim is to provide science-based secondary education to bright girls from poor backgrounds in Western Equatorial State and to enhance quality of science education in South Sudan for health careers, enrolled 50 first-year students, bringing enrolment in the school to 100.



The National Health Training Institute changed its name to Maridi Health Sciences Institute and developed a strategic plan for 2014-2019.

Eradicating Polio

With support from the Core Group-funded Polio Eradication Project in South Sudan and the Ministry of Health Central Equatorial State, Amref Health Africa hosted a cross-border collaborative meeting to discuss eradicating polio. The meeting took place in Kaya County and was attended by representatives from neighbouring districts in the Democratic Republic of Congo and Uganda.

SPAIN

Water and Sanitation

In February 2014, we signed an agreement with Ferrovial, the world's leading investor in transportation infrastructures, to improve portable water access to Afar Region in Ethiopia. The total budget was €149.887.

SU4AM Campaign

We continued to support the Stand Up for African Mothers campaign to promote effective training of African midwives in the sub-Saharan region. Accordingly, we maintained contact with different companies and celebrities who could give support to the campaign. Spanish actress Adriana Ugarte, who actively supported activities of Amref Flying Doctor, is one such personality.

In Support of Midwives

We also participated in several midwifery meetings, such as the Canarian Midwives Association annual meeting and the National Spanish Midwives Association meeting held in Bilbao in October.

Boosting Awareness

In May, we released a documentary called "La Serpiente de Hierro" (The Iron Snake), filmed on the Syumille community in Kenya. The documentary premiered at the Segovian Campus of the University of Valladolid, in Castilla y León Region.

In attendance were the Territorial Representative of Segovia, the Dean of the Faculty of Information Sciences, Ayo Cabrera, the documentary director, and the former chief of the "África responde" (Africa Responds to AIDS) programme.



There were other public presentations of this motivating film Including through the Pontifical University of Salamanca.

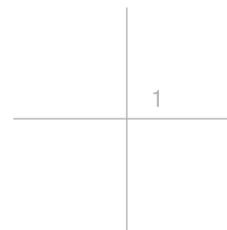
Awards for Volunteer Work

The ASVAI Foundation of Castilla y León awarded Amref volunteers during the 13th edition of its awards in 2014. The award recognises the selfless work of our volunteers, who donate their time to carry out sensitisation and awareness campaigns about the health challenges in Africa, and the solutions that Amref provides. The entire Amref in Spain appreciates the efforts of our volunteers and their willingness to support.



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1. Alfonso Vilalonga, Chair of Amref Health Africa in Spain, with Raphael del Pino, Chairman of Ferrovial (middle) and other dignitaries
2. Amref Health Africa volunteers received recognition for their hard work and dedication
3. Spanish actress Adriana Ugarte is a staunch supporter of the Stand Up for African Mothers campaign



1. Professor Muhammad Yunus and Helena Bonnier

NORDIC

Spreading the Word

Amref Health Africa in the Nordic took its first steps towards a more visible position in Sweden, and initiated contact with potential donors.

Visits were made to the projects supported by one of our long-standing donors, the Swedish Broadcasting Corporation. We were particularly encouraged by the interest shown in our work by Ambassador Jan Sadek, Sweden's Ambassador in Ethiopia, who visited Amref Health Africa projects in Addis Ababa.

Chair of the Board, Helena Bonnier, was honoured with an invitation from the Swedish Postcode Foundation, where she met Prof Muhammad Yunus, who won the Nobel Peace Prize in 2006 for his work to "Create Economic and Social Development from Below".

Helena also participated in a seminar on "Growth Africa", at which former Minister for Finance Mr Anders Borg presented the keynote speech.

Amref Health Africa in the Nordics' cooperation with SWEACC (Swedish East African Chamber of Commerce) provides many valuable contacts with companies that already are, or plan to establish their businesses in East Africa.



TANZANIA

Defeating Female Genital Mutilation

Since Amref Health Africa in Tanzania introduced Alternative Rites of Passage in Kilindi District, more than 300 girls from the Maasai community have transitioned to young women without undergoing the cut.

Similarly, Amref Health Africa supported the finalisation of the Maa Constitution, which strongly condemns female genital mutilation, and covers both Tanzania and Kenya. The constitution is gender sensitive, recognising the rights and contribution of Maasai women.

Launch of eMajibu System

The launch of a mobile phone-based platform named 'Majibu' simplified access to SRHR information and nursing policies. It also channels relevant clinical guidelines to 3,000 nurses and midwives in more than 10 regions of Tanzania and Zanzibar. More than 270 students pursuing Diploma in Nursing through e-Learning and conventional training are using the platform to access learning materials.

Through technical support and evidence-based advocacy, Amref Health Africa in Tanzania has supported the Simiyu Region to address the health worker shortage in the country through re-



deployment of health personnel to frontline facilities across the region. Currently, 75 per cent of all primary level health facilities are manned by at least one skilled attendant, compared to 15 per cent at baseline in 2013.

Quality Health Care in Communities

Amref Health Africa in Tanzania is in the process of establishing a long-term partnership with Songas (Globeleq Gas Company) to improve the quality of health care in communities living along the gas pipeline.

We have also established a partnership with the University of California in Berkeley to implement a research project on Integration of Community Health Workers with the PMTCT Cascade to Improve Uptake of Antiretroviral

Therapy and Enhance Retention in Care in Tanzania.

Amref Health Africa in Tanzania, Barclays Bank and Comprehensive Community Based Rehabilitation in Tanzania organised a walk as part of the 2014 Barclays Step Ahead campaign to raise funds for improving maternal and newborn health. The walk was officiated by the Director of Gender at the Ministry of Community and Development, Gender and Children, Mr Meshack Ndaskoi. The funds raised will support training of nurse midwives in hard-to-reach areas.

New Brand

Amref Health Africa in Tanzania officially launched its new brand identity on July 4, 2014. The logo is refreshed and represents the growth of the organisation's portfolio.

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1. Tanzania Vice President Mohamed Gharib Bilal together with Amref Health Africa International Board Chair Mr Omari Issa, during the annual Stand Up for African Mothers fundraising gala

2. Maasai girls after a training session on Alternative Rites of Passage in Kilindi District

3. Agnes Joseph visited an Angaza Zaidi Centre and received skills and knowledge on how to live with HIV

A press conference announcing this was held at the Serena Hotel in Dar es Salaam with the Minister for Health, Dr Seleman Seif Rashid, as guest of honour.

SU4AM Campaign

Amref Health Africa in Tanzania held a successful fundraising gala dinner in October 2014 for the Stand Up for African Mothers campaign, presided over by the Vice President of The United Republic of Tanzania, Dr Mohamed Gharib Bilal. The event brought together approximately 300 guests, including members of the Amref Health Africa International Board and Corporate Senior Management, senior government officials and representatives of various corporate organisations, development partners, beneficiaries and the media.



UGANDA

Expanding Coverage

Amref Health Africa in Uganda directly served 319,960 people with its health programmes in the year 2014. Those served were 166,481 males and 153,479 females. We reached over 42,463 (16,453 male and 26,010 female) youth below 18 years of age with sexual and reproductive health rights information and services, and provided in-service and capacity building support to over 531 health workers (372 men and 159 women). The Country Programme's funded budget for year 2014 exceeded US\$9 million.

More than 140 community health workers were trained to expand health services to rural communities in remote parts of 34 of the 39 districts we operate in. We also supported 184 health facilities, 79 schools and 156 Community-based Organisations.

The Uganda Country Programme expanded its coverage to several new

districts, including some of the remotest parts of the country. These include Zombo (West Nile region), Amuru and Lamwo, Katakwi and Serere Districts in Eastern and Northern Uganda.

A new partnership was established with Women and Children First, a UK charity organisation working for the health of women and children in Asia and Africa.

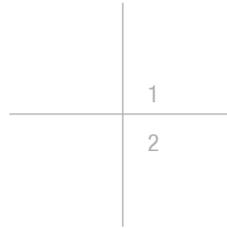
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1. Mothers receive in voluntary HIV counselling and testing services during World AIDS Day in Fort Portal district

2. Auma Cecilia, mother of 5 beams with happiness after receiving free HIV counselling and testing services on World AIDS Day

3. Amref Health Africa in Uganda in partnership with Tororo District Hospital offer HIV, family planning and immunisation services during Safe Motherhood Day activities



1. Pitching for a landmark partnership with the International Legal Practice Allen & Overy
2. Preparation for the UK's first summer Nyama Choma BBQ campaign

UNITED KINGDOM

GSK

The year 2013 saw a landmark in Amref Health Africa's history as we celebrated 25 years of partnership with GlaxoSmithKline (GSK). Two events in Nairobi and London brought together many of the people who had been part of the partnership over the years. In Nairobi, the celebration was hosted by John Musunga, GSK's General Manager for East Africa; he was joined by the British High Commissioner to Kenya, Dr Christian Turner.

In London, Simon Bicknell, Senior Vice President of Governance, Ethics & Assurance, was the keynote speaker, drawing on his own experiences with Amref Health Africa's first GSK project promoting community prevention of malaria in 1993. He took part in the distribution of treated bed nets, a key success in reducing child deaths from malaria by 40 per cent in northern Kenya.

Together, Amref Health Africa and GSK have transformed health for 1.75 million people in Africa and have had a wider global impact on over three million people.

HELP

The initial HELP project pilot was completed in 2014, successfully training 300 Community Health Volunteers (CHVs) through advanced mobile learning methodologies. With this Amref Health Africa will continue this exciting partnership with Accenture, Safaricom, Mezzanine and the M-Pesa Foundation and have secured a further US\$4.2 million of funding to scale up the pilot to 3,000 community health workers and 60 community extension workers across Kenya.

Nyama Choma

Throughout the summer we invited supporters to host Kenyan themed Nyama Choma barbecues, to support our work training midwives. Nyama Chomas were held up and down the country as supporters brought the flavour of Kenya to their summer barbecue, whilst raising money for Amref Health Africa.

Radio 4 Appeal

Amref Health Africa was delighted that British Actress Jenny Agutter, star of BBC show Call the Midwife, voiced our BBC Radio 4 Charity Appeal, which raised over £22,000.

Euromoney

Amref Health Africa and global eye health NGO Orbis have come together to implement a four-year project to contribute to the elimination of trachoma in North and South Aarii districts of South Omo, Ethiopia.

The project, which is receiving the majority of its funding from Euromoney Institutional Investor PLC - the international publishing, events and electronic information group - sees Amref Health Africa and Orbis combine their mutually benefiting expertise to implement the World Health Organisation's 'SAFE' (Surgery, Antibiotics, Facial Cleanliness and Environmental) strategy for eliminating trachoma.

Amref Health Africa is bringing its considerable experience in water, sanitation, and hygiene to implement the Face-Washing and Environmental Change components, whilst Orbis is employing its expertise in eye health to lead on implementation of Surgery and Antibiotic components.



Allen & Overy

Amref Health Africa in the UK was extremely pleased to have been chosen by global law firm Allen & Overy as their new Global Charity Partner for 2014-2016. Following submission of proposals, a shortlist of four charities was presented to A&O staff for their vote. Over 2,500 employees across the world voted with more than half of these going to Amref Health Africa for our sexual and reproductive health rights of young people project in Tanzania.

The partnership launched in the UK in October with an extremely successful Tanzanian lunch – complete with nyama choma and ugali! As this is a global partnership, launches have also been held in several other countries, including the US, Japan, and Australia.

Fundraising is already underway and we are looking forward to working with Allen & Overy, and with the global Amref Health Africa family over the next two years to make this partnership as successful and transformational as possible!

USA

Celebrated Midwife Visits

Award-winning Ugandan midwife and face of Amref Health Africa's Stand Up for African Mothers, Esther Madudu, visited New York, Washington DC, and San Francisco in April. The purpose of the visit was to raise awareness about the unacceptable high maternal mortality rates in sub-Saharan Africa.

Addressing several key stakeholders, including donors, partners, government, foundations, midwifery associations and media, Esther spoke passionately about her role and the challenges she faced as a midwife in a remote, underserved health facility in south-eastern Uganda. She thus highlighted the need to support Amref Health Africa's campaign.

New Executive Director

Robert (Bob) Kelty was appointed Executive Director of Amref Health Africa in the USA in August 2014. Bob has over 20 years' experience in executive leadership, communication and fundraising. Before joining Amref Health Africa, Bob held leadership roles at Action Against Hunger, Coalition



for the Homeless, Gere Foundation and Elizabeth Glaser Paediatric AIDS Foundation.

In his former positions, Bob's in-depth understanding of development, communication and facilitating partnerships enabled him to create winning, strategic campaigns to drive growth.

"I am very excited to be here, and I'm looking forward to help build the momentum of the US office. Amref Health Africa is a leader in health development in Africa, and I'm thrilled to be a part of the team," he declared.



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1. Esther Madudu makes a presentation during her US visit

2. Bob Kelty the new Executive Director of Amref Health Africa in the USA



1. e-Learning in Senegal

WEST AFRICA

Expanded Activity

Amref Health Africa began its activities in Guinea in June 2014 with the recruitment of a national programme coordinator. Baseline studies will be done before the start of the office's activities, starting with child health improvement funded by Cartier Foundation. Guinea is the second country, after Senegal, where Amref Health Africa is working in western Africa.

Training

The e-Learning project was launched in May, at the same time as the Stand Up for African Mothers campaign in Senegal. About 200 nurses and midwives were trained in 2014 using the e-Learning approach under the Capacity Building Programme for Nurses and Midwives project.

The Ministry of Health in Senegal decided that the programme would start with the training of nurses and midwives who received their certificates before 2009. A National Steering Committee and many Regional Committees have been set up to oversee the training.

The aim of this innovative project is to contribute to the reduction of maternal and infant mortality by strengthening the capacity of health personnel.

The programme, whose first phase in Senegal is scheduled to last three years, will be extended to at least three other countries in West Africa in 2015.

Addressing Fistula

An NGO network involving Amref Health Africa in West Africa (as the lead organisation), Tostan, and Handicap International, has been established to address obstetric fistula in Senegal.

With the United Nations Population Fund (UNFPA) as the financial partner of the Zero Fistula project, Amref Health Africa and its partners have agreed to develop and implement a holistic approach, including sensitisation at the community level, medical treatment and training of local health workers, as well as the reintegration and rehabilitation of women living with fistula.

In 2014, the Zero Fistula project targeted treatment of 60 women and training of 100 health workers. The health workers were trained on fistula prevention, diagnosis and referrals in Tambacounda, Kolda and Matam regions.

Amref Health Africa in West Africa has taken a lead in activities related to treating women with fistula in partnership with the Ministry of Health and urology specialists. Amref Health Africa is also in charge of organising psychological support for treated patients, while Tostan is responsible for cases identification and social mobilisation.



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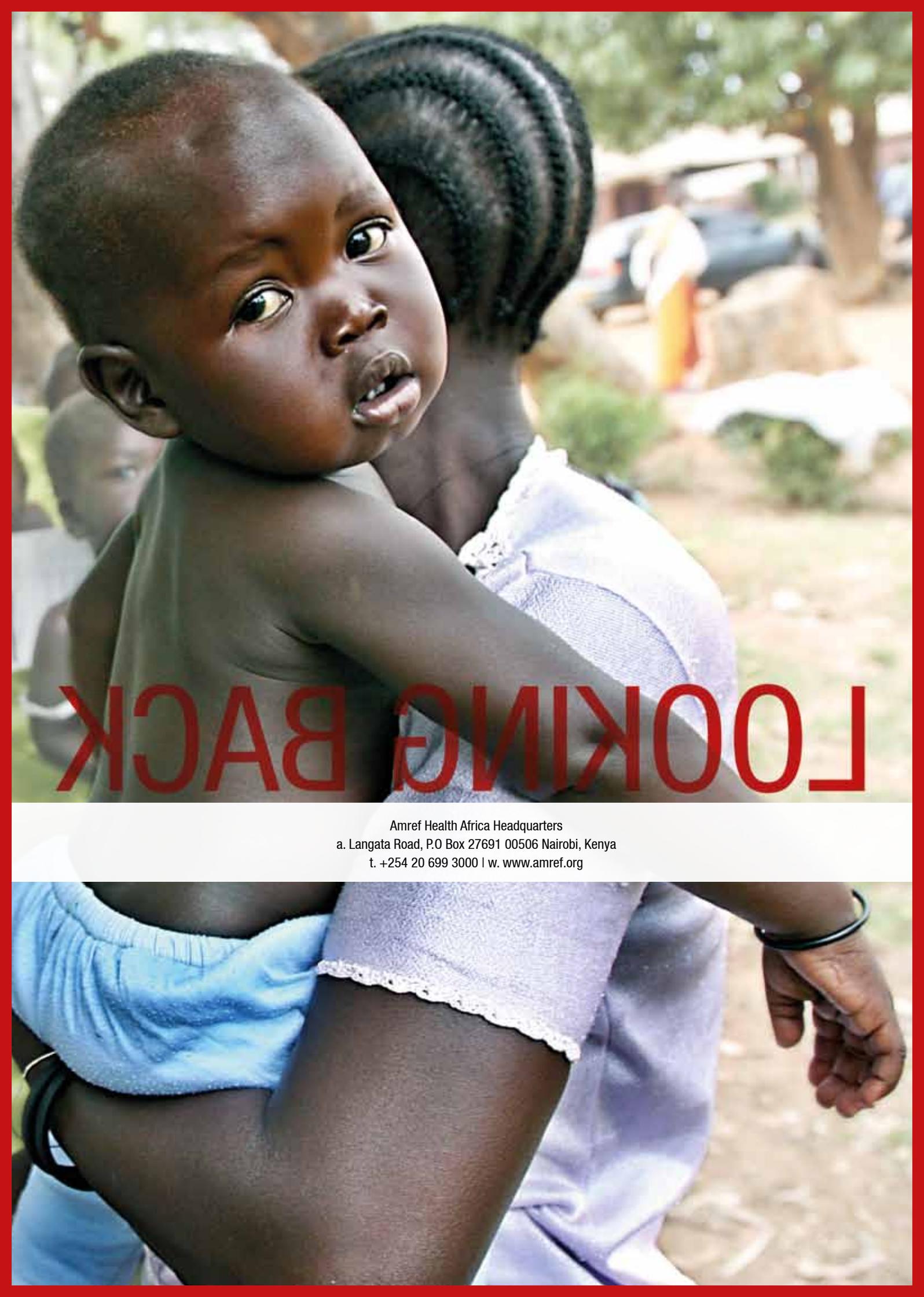
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Editing Betty Muriuki | Elly Wamari | Jennifer Foulds

Art Direction and Design Oscar Abuko

Direction Betty Muriuki



A young child with dark skin and short hair is being held by a woman. The child is looking towards the camera with a curious expression. The woman has her hair styled in a large, dark, braided bun. She is wearing a light purple top. The background is a blurred outdoor setting with trees and a building. The text 'LOOKING BACK' is overlaid in large, red, bold letters across the middle of the image.

LOOKING BACK

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