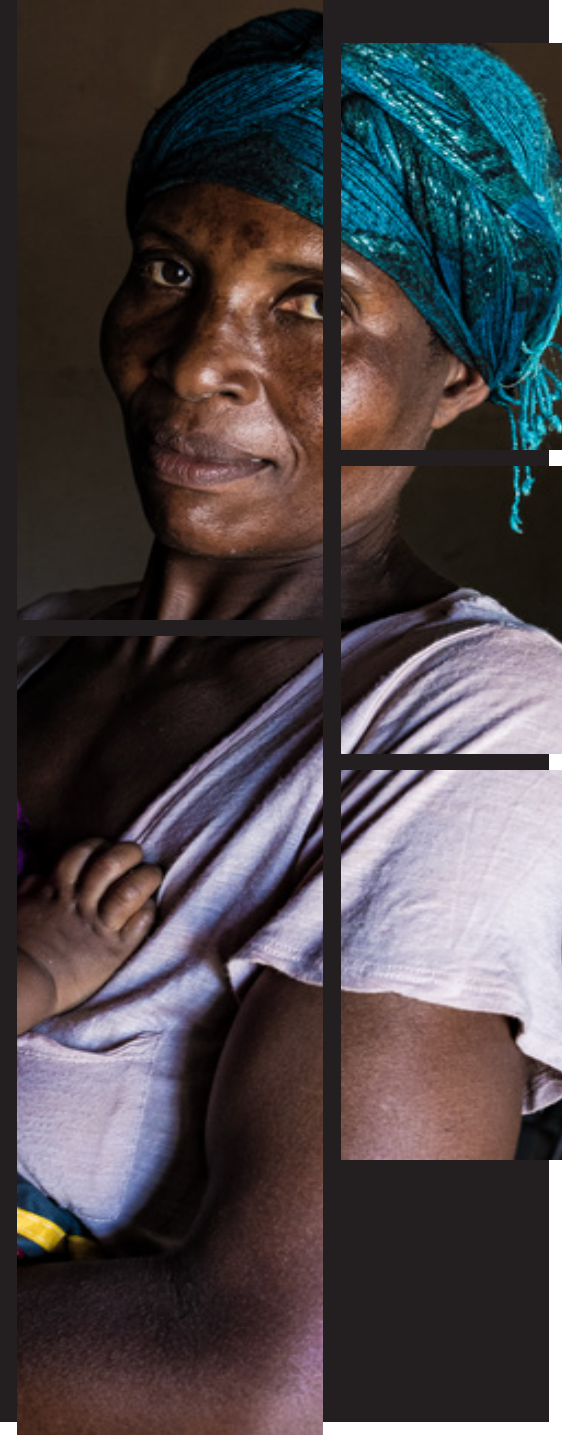




# 2022

YEAR IN REVIEW



# Table of CONTENTS

Executive SUMMARY .....	3
Delivering to Africa in 2022 .....	4
Project PORTFOLIO .....	5
Programme AREAS .....	6
Our SUBSIDIARIES .....	20
Lessons LEARNED .....	23
Our GOVERNANCE .....	26
Our LEADERSHIP .....	27
Our OFFICES .....	29

# Executive SUMMARY

The **Amref Health Africa** Annual Report covers the period from January to December, 2022 - which is the last year of the Corporate Strategy (2018-2022). It presents progress of all country offices and subsidiaries in terms of projects, reach, key corporate performance indicators, and influencer areas.

In 2022, Amref implemented a total of 193 projects reaching 31.5 million beneficiaries directly (54% women and girls) and 30.4 million indirectly; and providing 39.5 million Service Contact Frequencies (SCF)<sup>1</sup>. Direct reach increased by 37% compared to 2021, with significant contributions from 15.9 million people fully vaccinated as facilitated by Amref-supported interventions in all Amref implementation countries; and the continuation of mass drug administration for **Neglected Tropical Diseases** (NTDs) in **Amref Kenya** and **Ethiopia** reaching 9.8 million people.

With the dynamics in the pandemic response shifting to include COVID-19 vaccination programmes, the overall portfolio increased on average by 4% from 2021 - with a mix of increases and reductions in the various entities, including growth under the HQ-hosted **Global Health Security** (GHS) unit. Through partnerships with sub-grantees, the GHS unit expanded programming in non-traditional Amref countries.

The core programmes demonstrated the following significant results: Over 111,000 service contacts were provided to health workers through training and supervision; 1.7 million service contacts in RMNCAH interventions consisting of pre- and post-natal care, skilled deliveries, child immunisations, and family planning services; over 1.3 million people reached through TB services; 21.5 million COVID-19 vaccination doses facilitated; and 1.1 million service contacts provided through

water and sanitation facilities, and hygiene promotions.

Influencers include progress in Diversity, Equity, and Inclusion (DEI) where a new strategy focusing on organisational and programmatic DEI is being developed. Results from our youth and adolescent-programmes remain a key indicator as demonstrated in major projects such as **Youth-in-Action** (Y-ACT), **Kefeta** and **Power to Youth** (PtY). Digital Health Innovations has been successful in strengthening innovations across the organisation.

The Research Community of Practice (COP) has undertaken 20 studies; and 24 advocacy initiatives have heavily focused on resource allocation for various health areas.

<sup>1</sup>Service contact frequencies measure the number of times a service has been provided regardless of the number of people reached.



# Delivering to Africa in 2022

**193**

Projects implemented



**15.9M**

People fully vaccinated against COVID-19



**21.5M**

COVID-19 Doses Delivered

**30.4M**

People Reached Indirectly

**31.5M**

People Reached Directly



**49,521**

GBV Cases Responded to

**318,340**

Women Supported with  
Skilled Birth Deliveries

**707,351**

Reached with FP Services

**114,231**

Service contacts trained in  
various health topics



**1.1M**

Tested for HIV

**177,117**

Received treatment

**1.4M**

Screened for TB

**23,954**

Received treatment

**740,810**

Tested for Malaria

**458,251**

Treated

**1,318**

On treatment for Mental Health

**17,137**

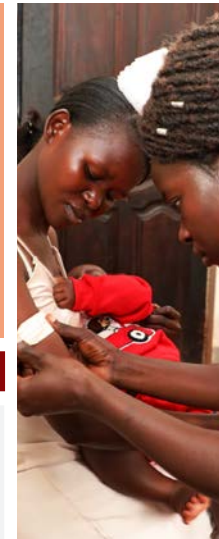
Screened for Malnutrition

**227,573**

Children Immunised

**9.8M**

Reached through Mass Drug Administration



**8,898**

Tested for Diabetes



**8,576**

Treated or under  
Treatment

**214,875**

Supported with Water  
Facilities





# Project PORTFOLIO

**Amref Health Africa** has shown a constant increase in its project portfolio from 145 projects in 2018 to 193 projects in 2022. **Kenya** maintains the lead on the number of projects followed by **Ethiopia** and **Tanzania**.

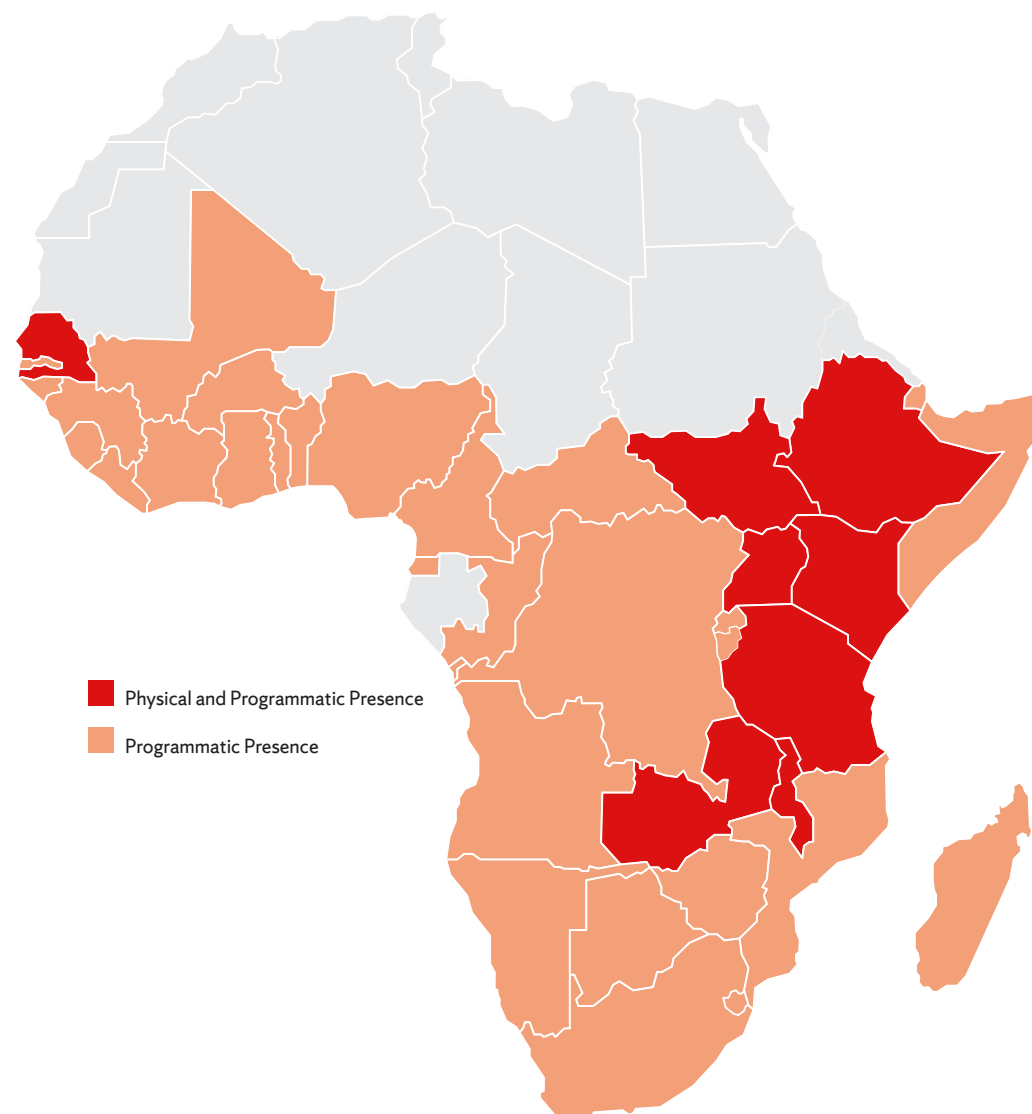
**Reach:** In 2022, Amref reached 31.5 million people directly and 30.4 million others indirectly. Out of those reached directly, 13.4 million were women while 3.6 million were girls.

**Kenya's** reach was boosted by mass drug administration work through the National Programme for Elimination of Lymphatic Filariasis (NPELF) and Soil-Transmitted Hemlinths/ Schistosomiasis Ending Neglected Diseases (STH/SCH END) which reached 8.9 million people (84% of Kenya country office reach).

**Zambia's** reach moved up from 2021 by over 200% due to the high proportion of vaccination programmes in its portfolio.

Table 1: Amref reach by entity

Entity	Service Contact Frequency	Direct Reach	Project Portfolio
Malawi	171,801	163,488	12
Zambia	303,051	328,006	9
South Sudan	257,167	218,547	15
Uganda	1,448,486	1,264,990	19
Tanzania	12,946,547	8,646,590	25
Ethiopia	10,475,978	8,683,968	31
Kenya	13,184,699	11,502,997	44
West Africa	77,073	45,696	13
GHS	616,559	616,267	9





## Programme AREAS

### Human Resources for Health (HRH)

Developing and sustaining human resources for health (HRH) is an important contributor to the attainment of universal health coverage (UHC) in Africa.

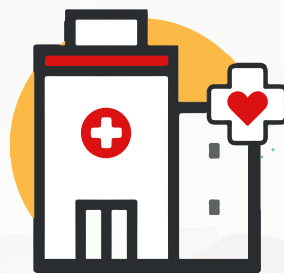
- In **Malawi**, through an e-learning programme aimed at upgrading Nurse Midwife Technicians (NMTs) into Professional Registered Nurses, 62% of the NMTs had completed and graduated as of June 2022.
- From trainings offered by the **Institute of Capacity Development** (ICD) on TB, Malaria and Leadership, Management and Governance (LMG), 97% of frontline health workers were able to effectively diagnose and manage TB and malaria; 77% of health facilities had adequate equipment and commodities for TB management and 65% of health facilities had adequate equipment and commodities for malaria management; 70% of community members with TB or malaria symptoms sought prompt care, and there was 81% uptake of preventative services in the community and 99% data completeness in reports submitted from health facilities.

In an effort to improve the quality of health services in **Zambia**, Amref designed a digital learning solution to help upgrade over 1,200 enrolled nurses to registered nurses. During the reporting period, 35 courses from the Diploma in Nursing Curriculum had been accredited by the Nurses and Midwives Council of Zambia (NMCZ) and 28 institutions had adopted blended learning. Over 300 nurses enrolled, and the project seeks to improve nurses' confidence, knowledge, skills, and motivation in carrying out their duties, thus directly adding to the quantity and quality of trained health care workers in the country.



**2,483**

Trained in LMG



**3,441**

Health facilities supported



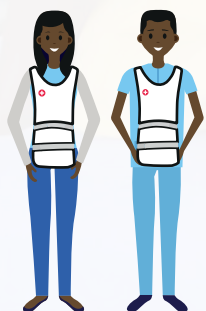
**48,032**

CBHWs trained in  
face-to-face meetings



**1,433**

CBHWs trained through  
mobile/e-platforms



**9,363**

FBHWs trained in  
face-to-face meetings



**1,882**

FBHWs trained through  
mobile/e-platforms

“

*“The initiative from Amref was thoughtful for us students that are doing the abridged programme. We’re able to catch up on our lessons away from school while performing our duties with much less follow-up with lecturers than before”*

**Female Abridging Student, Nchanga School of Nursing and Midwifery**

”

### **Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH)**

Over the reporting period, the following primary services were offered: **family planning, ante-natal and post-natal care services, skilled deliveries, gender-based violence (GBV) and ARP support.**

**Family Planning:** In 2022, we reached over 560,000 adolescent and youth with family planning services. Some of the interventions were integrated with TB services, especially in **Tanzania**. Modest target setting by the donor where demand creation was prioritised to reach more people in **South Sudan**, while huge investments were put in youth programming in **Ethiopia**.

**Fistula Management:** Amref Health Africa has been working towards delivering comprehensive fistula management through a holistic and sustainable approach. A total of 480 women were reached and 132 surgeries performed. Out of these, 55 were for fistula repairs, while 77 were for other gynaecological cases. The project has so far not recorded any failure among the women repaired.

In **Tanzania**, besides repairs, the project supported 64% of the survivors with economic reintegration, while also addressing varied challenges of women living with fistula.





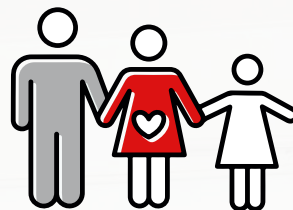
**Success Spotlight:** In **Malawi**, over 1,200 adolescent girls and young women reported accessing family planning methods thereby avoiding teenage and unintended pregnancies; over 200 girls returned back to school with the initiative from the trained mentors (peer educators) by the project; over 1,100 girls sought help after experiencing sexual and gender-based violence (SGBV).

In addition, 853 of these girls and their mentors were supported with US\$26,000 seed funds to start small-scale businesses and over 200 Adolescent Girls and Young Women (AGYW) were elected in leadership positions in various committees in their communities and were able to voice their needs and concerns around sexual and reproductive health and rights (SRHR) issues.



**61%**

of Youth and Adolescents who have correct and comprehensive knowledge



**707,351**

People reached with family planning services



**318,340**

Women supported with skilled birth deliveries



**179,291**

Women received pre-natal services



**22,613**

Women received post-natal services



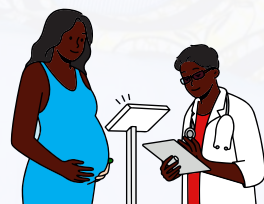
**77%**

Coverage of children immunized



**49,521**

GBV cases were responded to



**78%**

of pregnant women reported to have completed all 4 ANC visits.



## **Disease Control, Prevention and Management (DCPM)**

**Communicable Diseases:** Over the reporting period, interventions in communicable diseases remained consistent in growth (especially in the case of TB and Malaria projects). **Amref Tanzania** registered 1 million HIV tests and over 166,000 HIV treatments; 1.2 million towards TB testing and over 21,000 TB treatments - largely achieved by USAID and the Global Fund supported HIV/AIDs and TB programmes.

There was increased integration of community-based and facility-based testing interventions where HIV/AIDS, TB and FP interventions were boosted. TB community testing was undertaken via mobile vans with better outreaches to “hotspots”.

### **HIV/AIDS Programmes**

- Amref implemented a differentiated HIV testing model where HIV testing services are delivered outside the facility platform, through task sharing to nurses and community-based volunteers during after-hours through convenient and self-testing modalities.
- Through the support to 154 Key and Vulnerable Population (KVP) -friendly facilities and 250 active KVP peers, over 27,000 FSWs 5,000 MSM and 3,000 PWIDs were tested for HIV with yield standing at 8%, 12% and 10% respectively.
- Index testing contributed an average 62% of overall identified HIV positive cases as a result of improved testing fidelity among sexual partners. Overall, positivity yield was more than 91% of the annual targets as a result of focused HTS-facility and community services.
- Through a network of more than 900 mother mentors, over 275,000 pregnant women received HIV testing during their first ANC visit, where among them, over 1,700 tested positive with a positivity rate of 0.65%.

## TB Programming

- The Tanzania national guidelines indicate that 30% of all TB case notification should be referred from the community. **Amref Tanzania** in its implementation areas surpassed that target with over 42% of community notifications referred.
- Index TB contact tracing has been one of the initiatives recommended by WHO and implemented by **Amref Tanzania** through our network of CBHWs. In 2022 a total of over 16,000 index patients were followed up from over 44,000 households. 95% of the contacts were screened of which 10% were diagnosed with TB.

**351,025**  
Screened



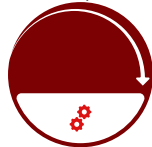
**29,940**  
Samples collected



**1,380**  
Confirmed Positive



**42,675**  
Presumptives



**20,940**  
Investigated



**1,278**  
Started on TX



The sole contributor to Malaria results is the Global Fund project in Amref Kenya implemented in 10 counties which contributing to over 740,000 tests and 7,600 treatments over the reporting period. The project commenced expansion of Community Case Management (CCM) to increase coverage from 32% to 89% by targeting to build the capacity of 10,000 additional Community Health Volunteers (CHVs).



**740,810** People tested for Malaria,  
**458,251** placed on treatment



**1.1M** People tested for HIV/AIDS,  
**177,117** placed on treatment



**1.4M** People screened for TB,  
**23,954** placed on treatment

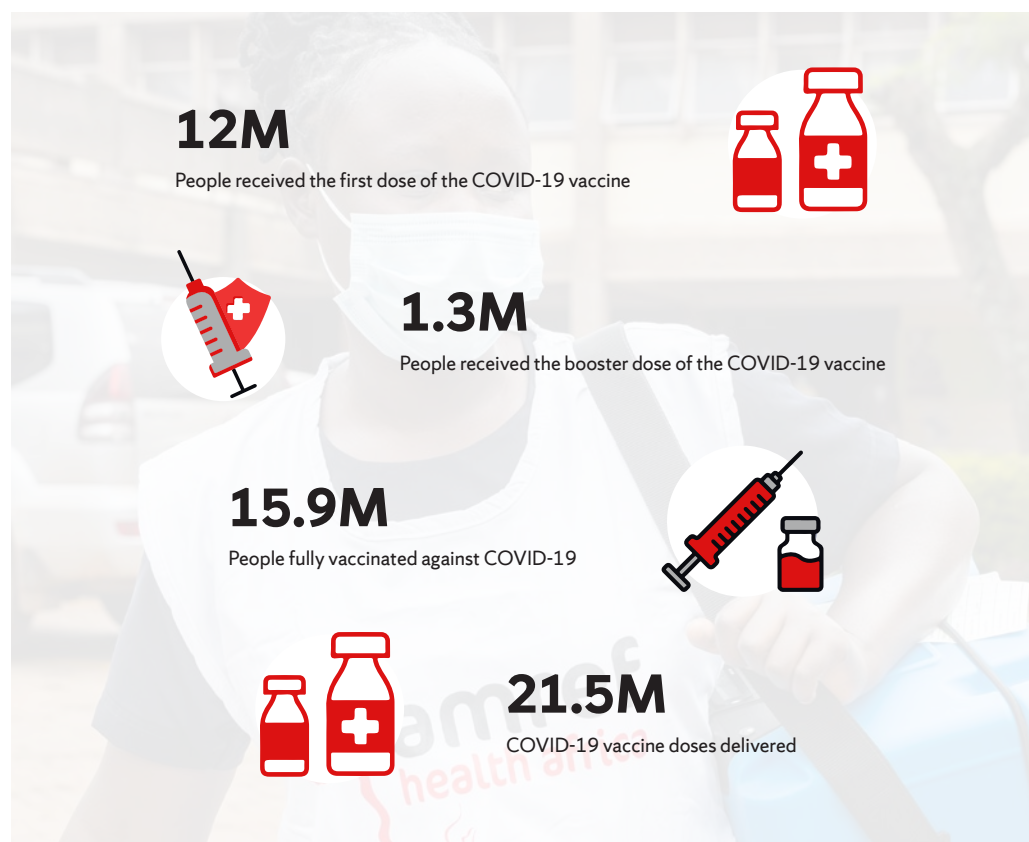


**8,898** People tested for Diabetes,  
**8,576** placed on treatment



Table 2: People fully vaccinated for COVID-19 by Amref

Entity	Totally Vaccinated	Entity	Totally Vaccinated
Malawi	98,147	Rwanda	387,228
Zambia	280,963	Namibia	33,602
South Sudan	7,417	Lesotho	189,728
Uganda	255,739	Djibouti	3,607
Tanzania	7,007,151	Botswana	1,170
Ethiopia	6,924,721	Zimbabwe	213
Kenya	746,159		



**Vaccination Programmes:** Vaccination interventions covered a significant part of Amref's overall programming in 2022, accounting for 51% of total reach.

Out of the 15.9 million people fully vaccinated, **7 million (44%) were from Tanzania. Ethiopia** closely followed at **6.9 million (43.5%)**. The remaining countries in order of contribution are **Kenya (5%)**, non-Amref implementation countries (see figure 4): **4%, Zambia: 2%, Uganda: 2%, Malawi: 0.6%**.

Amongst the strategies used to accelerate vaccine coverage were:

- Pay-for-Performance (P4P) to motivate the health workers,
- Devolved planning with Ministry of Health (MOH) at district levels for ownership, and
- Mass campaigns for efficiencies.

However, due to the decreased risk perception given the low number of COVID-19 cases across the continent, communities were hesitant to continue with the COVID-19 vaccination uptake which affected performance in some of the countries.

**Regional Laboratory Programme:** Amref remains a critical stakeholder in strengthening the laboratory/diagnostic ecosystem in the region. The organisation provided technical assistance through membership to regional and national task forces. Through the Africa Laboratory Technical Working Group (AfLTWG), Amref provided technical assistance to Africa CDC and Member States in establishing and strengthening COVID-19 lab testing capacities and capabilities.

Amref also strengthened diagnostic capacities through the WHO External Competency Assessment of Malaria Microscopists training delivered to 105 malaria microscopists from **Botswana, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Sudan, Uganda, Zambia, and Zimbabwe, Kenya, Senegal, Equatorial Guinea, Mali, Botswana, Nigeria, Sri Lanka, Malaysia, and the Philippines** were trained for recertification. 57 of 82 microscopists from 7 ECAMM courses achieved WHO Certification to Level 1 and Level 2.



### **Water Sanitation Hygiene and Neglected Tropical Diseases (WASH & NTDs)**

Over the reporting period, WASH programmes achieved significant milestones in promoting access to water sources, water-related products, sanitation, handwashing facilities and hygiene products

**Access to Water: Amref Ethiopia** was the highest contributor (60%) with over 133,000 people reached with water facilities. This included 34 large water supply schemes developed or rehabilitated, 20 water facilities constructed in hospitals and health centres and WASH-related capacity building trainings.

**Amref South Sudan** provided access to water facilities for over 14,000 people. Additionally, over 400 Safe Water Champions (SWCs) were trained on safe water handling, hygiene promotion and health monitoring. The SWCs in turn reached over 53,000 people directly with hygiene education messages.

Table 3: Evaluation results of GIZ WASH project in South Sudan, 2022

Indicator (Proportion of households)	2021	2022
Availability, access and use of sanitation and hygiene facilities	66%	74%
Safe water handling and proper hygienic behaviours	47%	58%
Frequencies of fetching water from safe sources	59%	63%
Usage of clean containers for fetching/ carrying water	84%	99%
Access to treated water	39%	79%





**557,183**

People supported accessed sanitation facilities



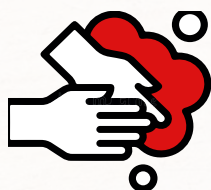
**9.8M**

People reached through Mass Drug Administration (MDA)



**252,713**

People received hygiene products



**85,217**

People received handwashing facilities

**Sanitation:** **Amref Kenya** was the highest contributor with over 246,000 people accessing sanitation facilities, with Financial Inclusion Improves Sanitation and Health (FINISH) Mondial providing the lion's share followed by a new project funded by the Starbucks Foundation; Kenya was followed by **Amref Ethiopia** reaching over 100,000 people.

**Amref Tanzania** and **Uganda** facilitated self-constructed sanitation facilities for over 60,000 people each, 100% of which is from FINISH Mondial in Tanzania and 77% from FINISH Mondial in Uganda. In Uganda, all other sanitation projects also supported self-constructed sanitation facilities.

**Hygiene Practices and Behaviour:** Out of the 2022 reach, Amref Ethiopia provided access to over 52,000 people through handwashing facilities. **Amref Tanzania** and Amref Kenya provided access to over 26,000 and 5,700 people, respectively. **Amref Kenya** and **Tanzania** contributed to major reach in provision of hygiene products with over 90,000 people each.



**214,875**

People accessed water facilities



**WASH Entrepreneurship:** The *Taka Ni Mali na Afya project*, implemented with poor marginalised urban communities, supported a number of sanitation marketing initiatives where five entrepreneurship groups were empowered with waste collection and recycling skills and were organised in groups eligible for loans. A minitruck was procured to support women entrepreneurs to transport waste from households to the recycling centres, plus a proper fecal sludge emptying/trash pump. Entrepreneurs recycled 7.5 tons of domestic waste which produced 5 tons of dry charcoal generating close to Tanzania Shillings 10 million (approx. US\$ 4,200) for the five groups. Similarly, **Amref Ethiopia** through WASH marketing organised over 2,600 youth to engage in WASH businesses to generate income to support themselves.

WASH businesses included solid waste management, public WASH management, installation and maintenance of sanitation facilities, water facilities (plumbers) and recycling and reuse initiatives. For example, a youth association achieved a net profit of Birr 1,200,000 (approx. US\$ 22,000) by taking a loan of Birr 800,000 (approx. \$ 15,000), with Birr 200,000 (approx. \$ 3,700) seed money from Amref for purchasing a vehicle for solid waste management.



**Neglected Tropical Diseases (NTDs):** **Amref Kenya** and **Ethiopia** continued significant undertakings with the distribution of mass drugs for NTDs, reaching 8.9 million and over 886,000, respectively.

**Amref Ethiopia** continues to implement components of the Surgery, Antibiotics, Facial cleanliness and Environment (SAFE)<sup>1</sup> strategy to address existing gaps in the fight against trachoma apart from MDA. To date, over 6,800 people have received eyelid surgery in the target areas.

Over 1,300 people with epilepsy benefitted from anticonvulsive treatment directly offered by **Amref South Sudan** in Maridi. Through other members of this alliance, led by Amref South Sudan, an additional 2,235 patients with epilepsy (29% <18 years) regularly received treatment at three fully operational epilepsy clinics, where the quality of care provided scored 17% higher than the previous year.

<sup>1</sup>Surgery to prevent blindness in those who have trichiasis/entropion. Antibiotics (tetracycline ointment or azithromycin) to combat active chlamydial infection.







## Health Financing

**Strategic Purchasing:** This component of work is largely led by the **Strategic Purchasing Africa Resource Centre (SPARC)**. With a constant focus on Strategic Health Purchasing (SHP) in Africa, SPARC completed and disseminated the Health Systems and Reforms (HSR) journals on “*Making Progress on Strategic Health Purchasing in Africa*” during the HSR 2022 Bogota conference, and 4 country-specific policy briefs<sup>2</sup> (2 from Burkina Faso, 1 from Kenya and 1 co-written by policymakers across Africa).

There has been an increased acceptance, awareness and use of SPARC’s knowledge products over the last years within countries where SPARC works and beyond. For instance, the **SPARC website** and knowledge product repository was used as a model for the Knowledge Management system for USAID PROPEL ADAPT 2.

<sup>2</sup><https://sparc.africa/topic/policy-briefs/>





### Diversity, Equity and Inclusion (DEI)

Amref seeks to continuously strengthen DEI concepts at both institutional and programmatic levels. In 2022, Amref reached 17 million women and girls - comprising of 54% of the total reach of the organisation. programmatic progress. These were realised especially in RMNCAH which focuses primarily on women and girls - meaningful participation, leadership, and transforming community attitudes regarding women and girls, as well as gender-based violence interventions and referrals.

Projects such as the **FINISH Mondial** and **Power to Youth** conducted a **Gender Equality and Social Inclusion (GESI)** barrier analyses and undertook Gender Transformative Programming, respectively. The GESI barrier analysis established that access to safe sanitation remains an issue for women, children and the elderly. Although governments have clear guidelines on DEI (or GESI), there are gaps in adherence. In addition, socially excluded groups face barriers to participation in governance and decision-making for sanitation, participation in sanitation-related businesses and entrepreneurship opportunities, access to financing for sanitation, and participation in sanitation-related activities and meetings at the community level, especially in **Uganda**.

#### Box1: Examples of the DEI efforts, Amref Malawi

**Amref Malawi** undertook a review of various gender-related policies in Malawi done jointly by key government ministries, departments, agencies, and civil society organisations supported through the PTY programme. Several gaps and incoherent language were noted, and a technical taskforce was formed to provide recommendations to address the gaps in the laws and policies. The taskforce developed a Position Paper proposing the desired changes in the Gender Equality Act and Child Care, Protection and Justice Act. With financial support from Amref, the taskforce developed draft amendment bills; namely, The Child Care Protection and Justice (Amendment) Bill, 2022 whose primary objective is to effect consequential amendments to section 23 of the constitution by redefining a child as a person under the age of eighteen years; and enhance penalties against offenders under the Act whenever a child is the victim so as to highlight the severity of the offences against children. For the Gender Equality (Amendment) Bill 2022, the principle proposed an amendment which aimed to extend the application of gender equality quota to the private sector and to insert a list of cultural harmful practices.

## Youth and Adolescents

Youth and Adolescents are embedded into Amref's programming as follows:

**Kefeta: Amref Ethiopia** has built 17 youth hubs and two GBV centres through the Kefeta, PTY and other SGBV projects. Kefeta, an Amref-led consortium funded by USAID at US\$ 60 million established a youth ecosystem that aligns with the [Positive Youth Development \(PYD\)](#) approach.

Its vision of success is Ethiopian youth who are game changers: empowered to advance their own economic, civic, and social development; resilient in the face of shocks; actively promoting development within their communities; and contributing to the country's peace and prosperity.

**Power to Youth (PTY):** Invests in civic spaces for youth-led advocacy, and CSOs demand-driven social accountability. Progress in Amref countries of implementation is summarised as follows:

- **Senegal:** National PTY Symposium was a strong advocacy moment in bringing together young people and decision makers which had a strong impact on the national context with broadcasts on national television, news sites and the written press.
- **PTY Gala** match in June 2022 raised awareness for improved participation of young people in the elections and to promote peaceful coexistence in the country.
- **Kenya:** In Homa Bay County, trained youth formed social accountability units and conducted social audits in health facilities, identifying gaps in youth-friendly services. In one facility, they identified missing resources allocated to the facility and provided key recommendations regarding attaching a service provider within the facility. The findings were submitted to the county and, as a result, the facility was re-opened with a nurse assigned. In Migori county, through a multi-stakeholder whistleblowing mechanism, over 300 adolescent girls and young women were saved from undergoing FGM.
- **Malawi:** PtY and Break Free consortia supported young people from the Dedza and Machinga districts in engaging the Ministry of Gender and Social Welfare to review the standard operating guidelines of the Community Victim Support Unit, to include young people. Following this engagement, the ministry successfully revised the guidelines which are now awaiting approval.







## Digital Health Innovations

The digital health innovation community of practice (DHI COP) champions innovation by identifying and showcasing existing innovations already at work in Amref. It includes nurturing new and innovative ideas that can transform how Amref works across the board.

Through an Amref Innovation Week held in 2022, 44 innovative ideas were submitted.

The top innovation was the Paper2Dashboard solution pitched by **Amref South Sudan** in partnership with **Amref Italy**. Click [Here](#) for more information.

## Driving COMMUNITY-LED INNOVATIONS

- **Amref West Africa:** The Soungku Tol Folo (Girls First) project created an Android-enabled interactive platform for adolescents to access sexual and reproductive health information that cannot be discussed with parents due to cultural taboos. Since the society has not developed mother-daughter or father-son dialogues on issues related to sex, the platform offers this target group answers to their health questions.
- Tracking the Girls (TTG) is a mobile app that monitors girls who have been saved from FGM through Alternative Rights of Passage. Girls are registered into the tool during ARP events and their well-being is monitored through use of trained community health volunteers.





# Our SUBSIDIARIES

## Amref International University (AMIU)

Eight scholarships awarded in partnership with African Population and Health Research Centre (APHRC), Jaramogi Oginga Odinga of Science & Technology and University of Lund. Beneficiaries were drawn from **Malawi, Kenya, Somalia, Zambia, Tanzania and Uganda.**



**54%**

of students are enrolled in degree programmes

**1,553** students enrolled in  
2022 out of which **487** are new students



**221**

students graduated in 2022 (51 Men and 170 women)







### **Amref Flying Doctors (AFD)**

AFD continues to offer aeromedical patient transfers, providing air ambulance services locally and internationally to a clientele that has continued to grow over the decades. The surpluses that AFD generates are crucial in helping the NGO-holding organisation to achieve its funding obligations and support health care in Africa.

Over the years, AFD has continued to expand its aeromedical capacity and has currently invested in a fleet of five aircraft. The mix of aircraft in the fleet enhances its ability to carry out medical evacuations from remote bush locations as well as international inter-continental missions.

Improvement on medical capabilities, continuous improvement and innovation are in significant focus: for instance, when COVID-19 struck in 2020, AFD invested in a patient transport isolation chamber making it one of the few global players with the capacity to transfer COVID-19 patients.

Total patients moved in 2022 were 962; 659 by air, 272 on ground and 31 commercial medical escorts, compared to 1,306 patients moved in 2021. The reduction in number is primarily due to the drop in COVID-19 cases which accounted for 26% of the cases transported in 2021.

To make emergency medical evacuation services available to a larger population, AFD has innovated a subscription-based product called Maisha which allows enrolment for a nominal fee, providing access to emergency medical services, both air and ground ambulance. In 2022, over 170,000 members were covered with more than 200 evacuation missions being undertaken under the scheme. AFD has also spent over US\$ 100,000 in the last three years (2020-2022) on charity missions.

## **Amref Health Innovations (AHI)**

AHI focuses on innovative approaches and technologies in various areas of healthcare delivery - providing health education through digital platforms and improving the management and analysis of health data to identify trends and improve decision-making.

### **Project implementation:**

Blueprint work implemented involved strengthening of knowledge-base of healthcare workers involved in NCD care, from community volunteers through hospital providers.

As a result of the outreaches, a survey with a sample of 384 households established that 94% of community members understood the importance of early NCD screening as a result of CHV outreach and advocacy under Blueprint.

Additionally, 80% of community survey participants reported that they understood the lifestyle modifications needed for NCD prevention, screening, treatment, and after-care.

Amref uses Mobile Clinics to reach last mile communities with COVID-19 vaccination and other services. The clinic is fitted with solar panels that are able to generate power (clean energy) to run a small fridge for cold chain maintenance for vaccines, to charge android devices used for data entry and to provide lighting for moonlight services. The clinic has supported vaccination activities in 6 out of the 8 targeted counties in Kenya with excellent outcomes, where the mobile clinic is able to attract over three times more people than in a normal outreach.

Community Health Volunteer (CHV) supported programmes resulted in continuity of care in target three facilities with remarkable improvement in health-seeking behaviour of community members. There was an overall increase of 31% in ANC visits across the facilities.

AHI facilitated increased Social Health Insurance enrolment through CHV outreach resulting in 554 households enrolled into the National Health Insurance Fund (NHIF).





# Lessons **LEARNED**

The closure of the 2022 marked the end of the implementation of Amref's Strategic Plan (2018-2022), and an exciting start to the 2023-2030 strategy journey. Amref has learnt significant lessons that have been critical in shaping the new Corporate Strategy, and strengthening country/subsidiary-level interventions for the next period.

Some of the lessons include:

- **Youth Programming:** The youth are a vocal group and make up over 65% of Africa's population. They are advocates for their own health care. Despite the existing youth-focused programming (e.g.: *Kefeta*, *Power to Youth*, *Y-ACT* etc.), there is need to scale up models that promote awareness creation, open platforms for youth engagement and adopt technology-based approaches.
- **Advocacy and Policy:** Amref is a member of several advocacy and technical working groups. The organisation now has representation at Africa CDC, Africa Union Task Force for COVID-19, Future of Global Health Initiatives, and the T7 Task Force for Global Health, among many. Through these committees, Amref has influenced policies on financing health, growing and protecting Africa's health workforce, community engagement and pandemic preparedness and response. Amref intends to align its advocacy priorities with its new strategic objectives and grow its technical assistance role in order to increase its influence on Africa's health agenda and strengthen its relationship with governments.



- **Partnerships, Visibility and Thought Leadership:** Building on existing partnerships with the private sector, civil society organisations, foundations/trusts and more importantly, governments—at all levels—is essential to ensure an agile programme portfolio. Increased visibility has contributed to improved programming and expansion across the organisation. Therefore, it is important to ensure relationships built with various stakeholders in the sector are kept alive for mutual benefit over Amref's new strategic period.

## Research

A total of 20 studies were conducted in 2022. Out of these, 12 were completed, eight are still ongoing and four papers published from the studies. Selected research and findings are embedded into the programmes sections of this report, where considered relevant. Twenty-one (21) studies and articles were published over the reporting period.

**Amref Ethics and Scientific Review Committee (ESRC):** A total of 324 protocols were approved by Amref ESRC in the year 2022 from 278 protocols reviewed in 2021, representing a 16.5% increase in number of protocols reviewed. Out of the 324 protocols, 125 were expedited, 88 were under normal review while 111 were renewals and amendments. Furthermore, the ESRC online portal has been launched, thus facilitating quicker and efficient submission, review and management of protocols.



## Advocacy and Policy

Across the organisation, 24 advocacy initiatives are active, contributed to by 17 projects. The breakdown by entity is presented in figure 8. **Kenya** and **South Sudan** contribute the highest at 29% and 25% respectively, followed by **Ethiopia**. The proportion of programme area shares are as follows: 46% RMNCAH, 21% WASH & NTDs, 12.5% DCPM and Health Financing each, and 8% HRH. A significant focus on most advocacies were increasing allocation towards health funding. Notable advocacy projects include:

- The USAID Imarisha Jamii (**Kenya**)
- The Global Fund TB project (**Kenya**)
- The Coalition for Health Research and Development (**CHReaD**) - regional
- Afya Shirikishi (**Amref Tanzania**)







# Our GOVERNANCE

## INTERNATIONAL BOARD

Amref Health Africa is governed by a Board of Directors (the “International Board”) comprising of members from a wide range of backgrounds, bringing a great wealth of wisdom, insight and experience to the organisation. Amref Health Africa has established offices in various countries within and outside of Africa in connection with achieving its objectives (“Country Offices”).

The Amref Health Africa Country Offices in Europe and North America which are established as separate legal entities have separate Boards of Directors (“National Boards”), while Country Offices established within Africa are governed through advisory bodies (“Advisory Councils”).

The Board is at the core of the organisation’s system of corporate governance and is ultimately accountable and responsible for the performance and affairs of the organisation. The primary role of the International Board is to provide policy guidance, financial oversight, strategic orientation and leadership to Amref Health Africa. It is also expected to support the management of Amref Health Africa in fulfilling its vision and implementation of the Strategic Plan.



*International Board from Left:* **Charles Okeahalam** (Chair); **Eunice Mathu**; **Liam Fisher-Jones**; **Chiara Palmieri**; **Frank Ileri**; **Paul Davey**; **Dr Shakira Choonara**; **Dr Elizabeth Ekirapa**; **Anthony Chamungwana**; **Dr Githinji Gitahi** (Ex-Official member)



## Our LEADERSHIP



*Group Leadership Team from Left:* **Dr Githinji Gitahi** - Group CEO; **Jonathan Dutton** - Financial Resources Director; **Angela Muchiru** - Human Capital Director; **Desta Lakew** - Partnership and External Affairs Director; **Samuel Weru** - ICT Director; **Patricia Vermuelen** - Fundraising Markets Development Director; **Lolem B Ngong** - Chief of Staff to the GCEO



*Senior Leadership Team from top Left:* **Steve Gitau** - CEO, AMREF Flying Doctors; **Caroline Mbindyo** - CEO, Amref Health Innovations; **Prof Joachim Osur** - Vice Chancellor, Amref International University; **Dr George Kimathi** - Director, Amref ICD; **Diana Amuhaya** - Company Secretary; **Ramses Man** - Global Fundraising Director; **Joanna Arulraj** - Director, Monitoring, Evaluation & Learning; **Anne-Marie Kamanye** - Director, Business Development; **Dr Mercy Mwangangi** - Director, Health Systems Strengthening; **Sarah Murithi** - Executive Office Manager to the GCEO



*Africa Offices Leadership from top Left:* **Dr Meshack Ndirangu** - Country Director, Kenya; **Dr Florence Temu** - Country Director, Tanzania; **Dr Patrick Kagurusi** - Country Manager, Uganda; **Misrak Makonnen** - Country Director, Ethiopia; **Morrish Ojok** - Country Manager, South Sudan; **Awa Dieye Dieng** - Regional Manager, West Africa Hub; **Hester Mkwinda** - Country Manager, Malawi; **Viviane Sakanga** - Country Manager, Zambia



*ENA Offices Leadership from Left:* **Walter Schmidjell** - Executive Director, Amref Austria; **Josselin Léon** - Director, Amref France; **Guglielmo Micucci** - CEO, Amref Italy; **Danny Dubbeldeman** - CEO, Amref Netherlands; **Louise Frisk** - CEO, Amref Nordic; **Camilla Knox-Peebles** - CEO, Amref UK; **Robert Kelty** - CEO, Amref USA.



# Our OFFICES

## **Amref Health Africa, Headquarters**

P O Box 27691-00506, Nairobi, Kenya

Tel: +254 (0)20 699 3000

Fax: +254 (0)20 609 518

Email: [info@amref.org](mailto:info@amref.org)

Website: [www.amref.org](http://www.amref.org)

## **AMREF Flying Doctors**

P O Box 18617-00500, Nairobi, Kenya

Tel: +254 6000 090 | +254 699 2299

Mobile: +254 733 639 088 | +254 722 314 239

Fax: +254 (0)20 3344 170

Email: [emergency@flydoc.org](mailto:emergency@flydoc.org)

Website: [www.flydoc.org](http://www.flydoc.org)

## **Amref Health Africa, Austria**

Nonntaler Hauptstra e 61 5020 Salzburg

Tel: +43 662 840 101

Mobile: +43 664 914 5204

Fax: +43 662 821 224

Email: [office@amref.at](mailto:office@amref.at)

Website: [www.amref.at](http://www.amref.at)

## **Amref Health Africa, Canada**

489 College Street, Suite 403 Toronto, Ontario

Canada M6G 1A5

Tel: +1 416 961 6981 | +1 888 318 4442

Fax: +1 416 961 6984

Email: [info@amrefcanada.org](mailto:info@amrefcanada.org)

Website: [www.amrefcanada.org](http://www.amrefcanada.org)

## **Amref Health Africa in Ethiopia**

Bole Sub City, Woreda 03, House #2310

P O Box: 20855 Code 1000, Addis Ababa, Ethiopia

Tel: +251 11 662 7851

Fax: +251 11 662 7887

Email: [info.ethiopia@amref.org](mailto:info.ethiopia@amref.org)

Website: [www.amref.org/Ethiopia](http://www.amref.org/Ethiopia)

## **Amref Flying Doctors, France**

23 Quai Alphonse Le Gallo - 92100 Boulogne-

Billancourt France

Tel: + 33 (0)1 41 13 07 41/ (Direct Line) +33 (0)1 41 13 07 45

Email: [info@amref.fr](mailto:info@amref.fr)

Website: [www.amref.fr](http://www.amref.fr)

## **Amref Italy**

Via degli Scialoja n. 3 - 00196, Rome - Italy

Tel: +39 0 699 704 650

Fax +39 0 632 02227

Email: [info@amref.it](mailto:info@amref.it)

Website: [www.amref.it](http://www.amref.it)

## **Amref Health Africa in Kenya**

P O Box 30125-00100, Nairobi, Kenya

Tel: +254 (0)20 699 4000

Fax: +254 (0)20 600 6340

Email: [info.kenya@amref.org](mailto:info.kenya@amref.org)

Website: [www.amref.org/Kenya](http://www.amref.org/Kenya)

## **Amref Health Africa in Malawi**

Linthipe Road, Plot No. 47/2/32

P O Box 30768, Lilongwe, Malawi

Tel: +265 1 762 808/809/810/

Email: [admin.malawi@amref.org](mailto:admin.malawi@amref.org)

Website: [www.amref.org/Malawi](http://www.amref.org/Malawi)

## **Amref Monaco**

Le Saint Andre 20 Boulevard de Suisse

Monaco 98 000 MC

Tel: +377 97 77 08 08

Email: [noll@amrefmonaco.com](mailto:noll@amrefmonaco.com)

Website: [www.amrefmonaco.org](http://www.amrefmonaco.org)

**Amref Flying Doctors Netherlands**

Schuttersveld 9 2316 XG Leiden

Tel: +31 (0)71 576 9476

Email: [info@amref.nl](mailto:info@amref.nl)

Website: [www.amref.nl](http://www.amref.nl)

**Amref Health Africa, Nordic Office**

Luntmakargatan 25, 111 37 Stockholm

Tel: +46 8 410 883 44

Email: [info@amref.se](mailto:info@amref.se)

Website: [www.amref.se](http://www.amref.se)

**Amref Health Africa, Southern Africa**

Hillcrest Forum Building

731 Duncan Street (Corner Lynwood Rd)

Pretoria, South Africa (Post Net Suite 92, Private

Bag X19, Menlo Park, 0102)

Tel: +271 2362 3135/6/3127

Fax: +271 2362 3102

Email: [info.za@amref.org](mailto:info.za@amref.org)

Website: [www.amref.org/South-africa](http://www.amref.org/South-africa)

**Amref Health Africa in South Sudan**

Off Airport Road to the Ministries Opp UN-OCHA Juba

Tel: +249 955 442 486

Email: [info.SouthSudan@amref.org](mailto:info.SouthSudan@amref.org)

Website: [www.amref.org](http://www.amref.org)

**Amref Salud África (Amref Health Africa in Spain)**

Paseo de las Delicias, 20 2 C, 28045 Madrid, Spain

Tel: (+34) 91 310 27 86

Email: [comunicacion@amref.es](mailto:comunicacion@amref.es)

Website: [www.amref.es](http://www.amref.es)

**Amref Health Africa in Tanzania**

Ali Hassan Mwinyi Road, Plot No: 1019,

Box 2773, Dar es Salaam, Tanzania

Tel: +255 (0)22 211 6610/ 213 0860

Fax: +255 (0) 22 211 5823

Email: [info.tanzania@amref.org](mailto:info.tanzania@amref.org)

Website: [www.amref.org/Tanzania](http://www.amref.org/Tanzania)

**Amref Health Africa in Uganda**

Plot 01, Okurut Road Kololo, Kamwokya

Kampala, Uganda

Tel: +256 414 346 822

Email: [info@amrefug.org](mailto:info@amrefug.org)

Website: [www.amref.org/Uganda](http://www.amref.org/Uganda)

**Amref Health Africa, UK**

Lower Ground Floor

15-18 White Lion Street, London N1 9PD, UK

Tel: +44 (0)207 269 5520

Email: [info@amrefuk.org](mailto:info@amrefuk.org)

Web: [www.amrefuk.org](http://www.amrefuk.org)

**Amref Health Africa, USA**

75 Broad Street, Suite 703, New York, NY 10004

United States of America

Tel: +1 212 768 2440

Email: [info@amrefusa.org](mailto:info@amrefusa.org)

Website: [www.amrefusa.org](http://www.amrefusa.org)

**Amref Health Africa, West Africa**

Sacre Couer 3, Extension Villa No 105 en face de l'cole

S dar, Dakar, Senegal

Telephone: +33 860 6008

Fax: +33 860 6003

Website: [www.amref.org/Senegal](http://www.amref.org/Senegal)

**Amref Health Africa in Zambia**

Plot No 10484 Dambo Close

Olympia Extension

P O Box 31678, Lusaka

Website: [www.amref.org/Zambia](http://www.amref.org/Zambia)



