



Amref Health Africa in Kenya

# ANNUAL REPORT 2021







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# ACRONYMS AND ABBREVIATIONS

<b>ACF</b>	Active Case Finding	<b>DOTt</b>	Directed Observed Therapy
<b>ANC</b>	Antenatal Care	<b>ESRC</b>	Ethics and Scientific Review Committee
<b>A&amp;Y</b>	Adolescents and Youths	<b>FAH</b>	Financing Alliance for Health
<b>ASRH</b>	Adolescent Sexual and Reproductive Health	<b>FGM</b>	Female Genital Mutilation
<b>AYSRHR</b>	Adolescent and Youth Sexual and Reproductive Health Rights	<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>BAF</b>	Binti Africa Foundation	<b>FIC</b>	Fully Immunised Children
<b>CCMM</b>	Community Case Management of Malaria	<b>FINISH</b>	Financial Inclusion for Improved Sanitation and Health
<b>CDoH</b>	County Department of Health	<b>FP</b>	Family Planning
<b>CEFM</b>	Child, Early and Forced Marriages	<b>FP/</b>	Family Planning & Reproductive, Maternal,
<b>CHC</b>	Community Health Committees	<b>RMNCAH</b>	New-born, Child and Adolescents Health
<b>CHEWs</b>	Community Health Extension Workers	<b>GF TB</b>	Global Fund TB
<b>CHMTs</b>	Community Health Management Teams	<b>GSK</b>	GlaxoSmithKline
<b>CHS</b>	Community Health Strategy	<b>HBCC</b>	Hygiene and Behavior Change Coalition
<b>CHU</b>	Community Health Unit	<b>HCWs</b>	Health Care Workers
<b>CHV'S</b>	Community Health Volunteers	<b>IPC</b>	Infection Prevention and Control
<b>CHW</b>	Community Health Workers	<b>MDA</b>	Mass Drug Administration
<b>CQI</b>	Continuous Quality Improvement	<b>NTD</b>	Neglected Tropical diseases
<b>CSE</b>	Comprehensive Sexuality Education	<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>CSO</b>	Civil Society Organisation	<b>SGBV</b>	Sexual and gender-based violence
<b>DECIP</b>	Delivering Sustainable and Equitable Increases in Family Planning	<b>YANK</b>	Youth Anti-FGM Network Kenya



# WHO WE ARE

## Our Vision

Amref Health Africa in Kenya's vision is for lasting health change in Kenya.



## Our Mission

Amref Health Africa in Kenya is committed to increase sustainable health access to communities in Kenya through solutions in human resources for health, innovative health service delivery, and investments in health.





# BOARD OF DIRECTORS



**Eunice Mathu**  
*Board Chair*



**Paul Kasimu**  
*Board Vice Chair*



**CPA Jones Kimeu**  
*Board Treasurer*



**Prof. Peter Kiama**  
*Board Secretary*



**Maureen Kuyoh**  
*Board Vice-Secretary*



**Prof. Zahida Qureshi**  
*Board Member*



**Dr. David Soti**  
*Board Member*



**Prof. Joseph Wangombe**  
*Board Member*



## Board Of Directors. (Continued)



**Dr. Githinji Gitahi**  
Board Member



**Mary Githinji**  
Board Member



**Evelyne Munyoki**  
Board Member



**Gerald Macharia**  
Board Member

# BOARD COMMITTEES



## Human Resources, Finance and Administration Committee

Name	Profile
Prof Peter Kiama	Chairperson
Mrs Eunice Mathu	Member
Mr Jones Kimeu	Member
Dr Githinji Gitahi	Member
Evelyne Munyoki	Member
Gerald Macharia	Member



## Programmes Committee

Name	Profile
Mrs Maureen Kuyoh	Chairperson
Dr David Soti	Member
Prof Zahida Qureshi	Member
Prof Joseph Wang'ombe	Member
Prof Peter Kiama	Member
Dr James Mwanzia	Resource Person
Alvin Mwangi	Resource Person



## Business Development, Communication and Resource Mobilisation Committee

Name	Profile
Prof Paul Kasimu	Chairperson
Mrs Eunice Mathu	Member
Prof Peter Kiama	Member
Prof Joseph Wang'ombe	Member
Mary Githinji	Member
Ms Nemaisa Kiereni	Resource Person
Esther Mutuma	Resource Person
Alvin Mwangi	Resource Person



## Audit and Risk Committee

Name	Profile
CPA Jones Kimeu	Chairperson
Mr Paul Kasimu	Member
Mrs Maureen Kuyoh	Member
Dr David Soti	Member
Dr Gerald Macharia	Member





## WORD FROM THE **BOARD CHAIR**

**Mrs Eunice Mathu,**  
*Board Chair*

**I am filled with gratitude to our donors, partners, staff and volunteers for courageously bringing help and hope to millions of Kenyans with sustainable health solutions.**

As we report on our work in 2021, I am filled with gratitude to our donors, partners, staff and volunteers for courageously bringing help and hope to millions of Kenyans with sustainable health solutions. The COVID-19 pandemic posed many challenges to our plans and operations, but also presented an opportunity for innovation and progress. We renewed our deep commitment to supporting women, children, adolescents and other youth have access to equitable and affordable health services.

I would like to thank our partners, who in a spirit of solidarity and support, gave their time, skills and resources as we faced this unprecedented challenge. Thanks to you, we continued to support all our beneficiaries in all 47 counties in Kenya and adapt to the context of a constantly evolving situation and changing needs.

We did this by supporting the Ministry of Health and local civil society organisations to strengthen their capacity, while continuing to highlight our added value as an organisation on key priority areas such as health systems strengthening, empowering communities through social behaviour change, climate action, pandemic preparedness and response, and COVID-19 vaccination, among others.

It gives me great pride that amidst the fear of Covid-19, Amref's agility enabled the organization to adopt to the crisis. Our programme teams adapted and enhanced existing programmes and launched new Covid-specific initiatives. They also adapted to the challenges of remote working. Our systems of operation have largely prevailed to ensure fundamental continuity our mission – to reach the most vulnerable with improved health services.

Overall, as the report reveals, we were able to make remarkable progress as an organisation. The year also reaffirmed our commitment to partnerships with both national and international actors and donors. Their support has been paramount to the successes outlined in this report. We are deeply grateful for this continued support.

Indeed, with the expertise and credibility we have built over the past six decades - combined with the amazing commitment of our board of directors, the passion of our employees, the support of our partners and the trust that communities have in our brand - mean that despite the challenges, our best days lie ahead.

**Our programme teams adapted and enhanced existing programmes and launched new Covid-specific initiatives.**





## WORD FROM THE **COUNTRY DIRECTOR**

**Dr. Meshack Ndirangu,**  
*Country Director*

**It gives me much pride to reveal that 2021 saw Amref Health Africa in Kenya reach a total of 9,808,308 people reached with primary health care services and information across all our 47 counties of operation.**

For Amref Health Africa in Kenya, 2021 was a year of simultaneously aligning our actions to our aspirations, as well as growing into our values amidst the challenges presented by the pandemic. It gives me much pride to reveal that 2021 saw Amref Health Africa in Kenya reach a total of 9,808,308 people reached with primary health care services and information across all our 47 counties of operation.

The significant increase in numbers was a result of our dedicated emergency response to COVID-19 including Water, Sanitation and Hygiene (WASH) services. We supported communities with hygiene items, increased access to reproductive, maternal, child health and nutrition. We increased our reach in other programme areas, including HIV, tuberculosis and malaria.

We also leveraged technology to improve systems and processes to help us reach more beneficiaries across the country, including training health workers, empowering youth on adolescent and youth sexual reproductive health as well providing them with safe spaces through digital platforms.

As a key partner to the Ministry of Health, we focused much of our expertise and invested in the incredible power of collaboration and cross-sector partnership to identify solutions that address public health problems and emerging challenges heightened by the climate crisis to strengthen health systems and achieve Universal Health Coverage in the long term.

We also diversified our programme portfolio and financing through models such as social entrepreneurship, as well as enhancing our internal capacity to respond to the dynamic space in which we operate.

These results are evidence of the calibre of our partners, donors and the Amref family, their agility and resilience in creating a lasting health change in Africa. In addition, we are truly indebted to the adaptability and generosity shown by our donors and conscientious corporate partners.

Lastly, no words can truly convey the sense of pride, gratitude and unity that the Amref Family holds deeply connected with the communities we serve. We are because you are!

**“We focused much of our expertise and invested in the incredible power of collaboration and cross-sector partnership to identify solutions that address public health problems and emerging challenges heightened by the climate change crisis.”**

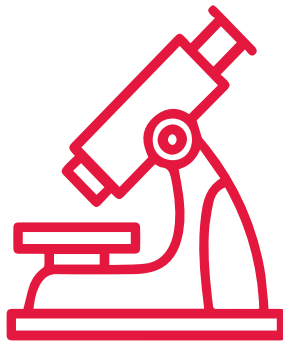


# OUR WORK



## Human Resources for Health

- Leadership and Governance.
- Promoting Harmonious Industrial Relations.
- CHW Agenda



## Innovative Health Services and Solutions

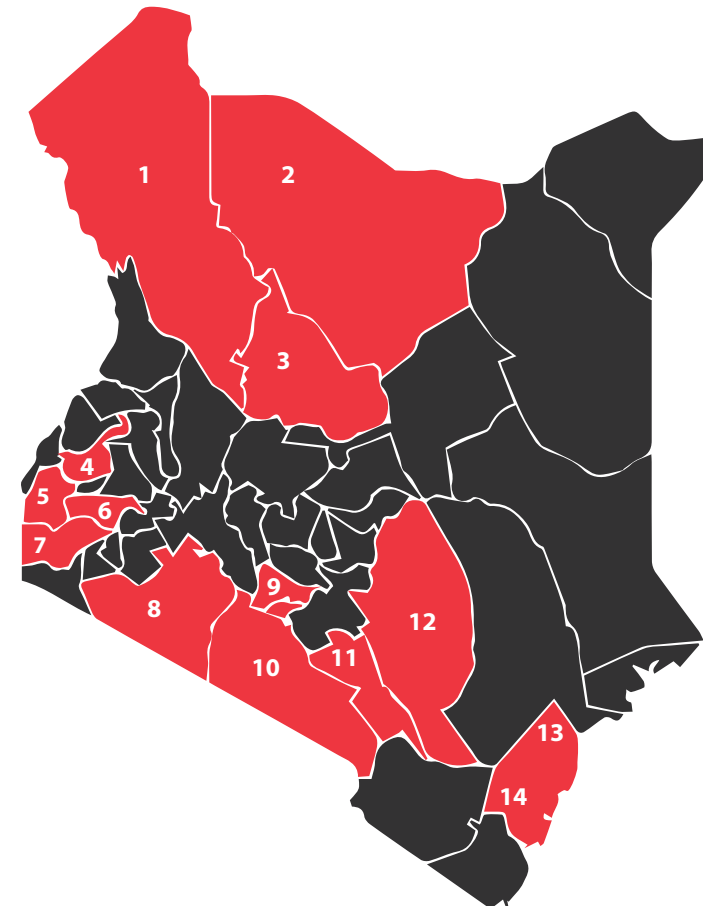
- Quality Improvement
- Innovative Approaches to Access and Demand creation.



## Investments in Health

- Financial Protection
- Budget Advocacy
- Social Accountability
- Public-Private Partnership
- Social Entrepreneurship

# WHERE WE WORK



Programmatic presence/reach  
 Field Office and programmatic reach

- |            |           |            |            |
|------------|-----------|------------|------------|
| 1 Turkana  | 5 Siaya   | 9 Nairobi  | 13 Kilifi  |
| 2 Marsabit | 6 Kisumu  | 10 Kajiado | 14 Malindi |
| 3 Samburu  | 7 Homabay | 11 Makueni |            |
| 4 Kakamega | 8 Narok   | 12 Kitui   |            |

*\*Amref Health Africa in Kenya has operations in 44 counties across the country*



# 2021 REACH HIGHLIGHTS



**22,986**

Number of health workers capacity built on various modules including LMG

**8,795,138**

WASH and NTDs

**541,535**

RMNCAH and Nutrition

**471,635**

Disease Control and Prevention (HIV, TB, Malaria and NTDs)



**9,808,308**

People reached with primary health care services and information



**9**

Publications in peer reviewed journals



**275**

Protocols reviewed by Ethics and Scientific Review Committee (ESRC)



**3,831,809**

Children



**2,736,808**

Men

**3,239,691**

Women





# 2021 PICTURE HIGHLIGHTS



*Pic:(1,2,3,4)*

The Deworming Innovation Fund Program in Western Kenya, during a high level meeting with the County First Ladies of Bungoma, Kakamega, Vihiga and Trans Nzoia Counties to chart a way forward on the acceleration of program activities. This engagement is part of program plan to amplify reach by tapping into the voices of first ladies as champions for the elimination of schistosomiasis (bilharzia) and soil transmitted helminthiasis (intestinal worms) in the target counties of implementation.

*Pic: (5,6,7)*

Amref Health Africa in partnership with ABSA undertook a project to provide COVID 19 interventions to three schools in Kilifi County. The three schools, Mkaomoto, Marereni and Mjana Heri Primary Schools benefitted from the installation of handwashing facilities, and water storage tanks which are expected to benefit 5,532 pupils and 90 teachers from the schools. The installation of the facilities will ensure that the schools and surrounding communities have a reliable water supply to promote handwashing as the first line of defense in preventing the spread of Coronavirus and other infectious diseases.

*Pic: (8,9,10)*

The Deworming Innovation Fund Program in partnership with the Ministry of Health, Division of Vector Borne and Neglected Tropical Diseases with support from The END Fund during the first ever Mass Drug Administration of schistosomiasis (bilharzia) and soil transmitted helminthiasis (intestinal worms) in Western Kenya. The exercise targeted 4 counties: Kakamega, Trans Nzoia, Bungoma and Vihiga with a targeted reach of over 5 million people.



*Pic: (11,12,13)*

Amref Health Africa in Kenya and Kenya Climate Innovation Centre (KCIC) came together during the 7th devolution conference in Kenya to advance the Climate Change and health agenda nexus to ensure that health becomes a key opportunity to amplify the need to develop climate change action that aligns to the strengthening health systems to respond to the emerging health outcomes exacerbated by impacts of Climate change. The conference dubbed, "Multi – level governance for climate action" sought to analyse and assess key governance pillars to accelerate climate action and resilience at the county levels. The conference took place in Makeni County, from 23rd to 26th August 2021.

*Pic: (14,15)*

On 10th June, 2021 BOC Kenya Limited partnered with Amref Health Africa in Kenya to donate funds in support of the upcoming International Edition of The Africa Classic Challenge. The donation will go towards supporting child health - saving lives of children under the age of 5 years from preventable causes in hard to reach communities. This will involve building capacity of health care providers on emergency care for under-5s through mentorship and on-job training as well as equipping selected health facilities with oxygen delivering and monitoring equipment.



PILLAR 01

# HUMAN RESOURCES FOR HEALTH

*Amref Health Africa recognises that the delivery of public health interventions requires skilled and adequately supported personnel. We have been training mid-level and community health workers through in-service, pre-service and continuing professional development since 1957.*



Integration of traditional and technology-based training methods



Delivered management training for teams in nine counties



Improving human health remains a key pillar in our work. Our approaches have evolved over the years to respond to the changing needs of Kenya's health system. This has enabled us to seize emerging opportunities and leverage on technology and partnerships to deliver top-notch training for a wide range of health sector professionals. We integrate traditional and technology-based training methods that draw on the evidence and lessons learnt over the years, as well as from global and regional human resources for health initiatives.

We work with the Ministry of Health to formulate policies and guidelines to improve the quality and number of healthcare personnel. Since the advent of devolution under the 2010 Constitution, we have re-engineered our programmes to increasingly focus on building the capacity local governments to take on their expanded mandate in health service delivery.

We have helped the counties to assess their needs, identify gaps and design and implement effective solutions to build health worker capacity to support the plan to achieve universal healthcare (UHC).

## Building health workers' capacity

Our approach aims to translate policies into action by providing training and technical assistance to increase the capacity of health workers at all levels, starting from the national level down to the counties, sub-counties, health facilities and communities.

To improve the management and coordination of health services, we offer training in leadership, management and governance to build the capacity of the County and Sub-County Health Management Teams (CHMTs). In 2021, through one of our projects, we delivered management training for teams in nine counties to enable them to determine the sexual and reproductive health and rights (SRHR) priorities of adolescents and to design responsive interventions to deliver the services they need.

To help the country position itself for the achievement of the UHC, we supported the pre-service training of community health assistants from Kwale, Nyeri and Kajiado counties in partnership with the Kenya Medical Training College (KMTC). These workers, in turn, transferred the knowledge and skills to community health volunteers in their areas.



## Partnership to improve care for cancer patients.

In response to the increasing burden of cancer in Kenya, Amref pioneered training of oncology nurses through a one-year Higher Diploma in Oncology Nursing Programme. The training builds the capacity of nurses to offer quality care to cancer patients and to mitigate the adverse health outcomes associated with the disease. The training is delivered in collaboration with our partner institutions: Moi Teaching and Referral Hospital (MTRH) College of Health Sciences, Kenyatta National Hospital (KNH) School of Nursing and Nairobi Hospital's Cicely McDonnell College of Health Science.



## Building health workers' capacity (continued)

For health workers already in service, we continued to offer on-the-job training, coaching and mentorship remotely through technology and at health facilities to minimise disruption of services. This approach ensures the coaching is contextualised and applies best practice to find home-grown solutions to local problems. In 2021, we successfully deployed this approach to improve the skills of health workers in Kwale, Nyeri, Kajiado, Turkana and Samburu counties to provide quality HIV, maternal and child health services.

Across other counties, we coordinated multidisciplinary teams to provide mentorship and technical assistance to health facilities to deliver quality family planning services. The teams helped service providers to develop action plans to address the gaps identified in the quality counselling, management of commodities, community-facility linkages and documentation and use of service delivery data to improve services.

In the coastal counties of Kilifi and Mombasa as well as Siaya and Homa Bay in western Kenya, we trained volunteer educators to effectively deliver comprehensive sexuality education (CSE) to adolescents.

Community leaders and volunteers play a critical role in health promotion at the grassroots, educating people to adopt healthy behaviour and link them to services. To create an enabling environment for CHVs to work, we train local administrators, elders and other gatekeepers to mobilise communities to protect their own health.

Besides increasing demand for health services, these frontline champions address the social determinants of health. In 2021, we empowered grassroots leaders and volunteers to act against sexual and gender-based violence (SGBV), female genital mutilation (FGM) and other harmful practices that affect the health of women and girls. The support of these local leaders opened the way for interventions engaging parents and youth to catalyse action to end FGM.

In Samburu County, the paralegal volunteers we trained on SGBV prevention and response formed the Wamba Paralegals Network (WaRN) that will provide a platform for community engagement to find and sustain solutions to SGBV and FGM. It includes ways to prevent incidents and support survivors to access health services and justice.

Training is most effective if it is coupled with opportunities for continuous learning and adaptation. Amref prioritises knowledge management and sharing to enhance health worker competence. A good example is the AfRika



## Addressing health worker shortage

Many counties face a severe shortage of trained health workers. To address the personnel shortfalls in Turkana County, for instance, we provided technical assistance to improve the effectiveness of the current staff. We also gave financial support to enable the hiring of the county health care workers on short-term contracts to supplement the teams in both the public and faith-based health facilities.

In collaboration with County Government of Turkana, we facilitated the recruitment of peer educators who support health facilities to retain HIV clients on care and treatment by following them up in the community and helping them to access services.

To improve access to family planning and reproductive health services, we provided mentorship and technical assistance to targeted facilities.



## DATA POINTS

**17,741**

Trained healthcare workers and community volunteers to improve services

**1,671**

Trained in leadership, management and governances

**41,191**

Trained healthcare workers and community volunteers on COVID-19



## ABOUT AMREF INTERNATIONAL UNIVERSITY

Amref International University (AMIU) was established in 2017 as a Premier Pan African University of health sciences fully owned by Amref Health Africa. AMIU is founded on the experience and intellect of Amref Health Africa, which is reputed with over 60 years of quality and innovative public and community health interventions in over 30 countries in Africa.

With this work, the need to train health workers in communities was evident and the response was short tenure training courses by the Amref Training Centre (AIRC) and later the Directorate of Capacity Building (DCB), the predecessor of AMIU. These Amref training programmes run for over 40 years, have produced alumni spread throughout the world who have created the name recognition, reputation and brand that Amref is today. It was then evident that there was a need to train people at higher levels who would influence health policy, regulation and legislation. The University was thus established.

AMIU's focus is on training, research and extension in health sciences with emphasis on promotive, preventive, rehabilitative and palliative health. Its commitment is to progressively develop innovative programmes catering to the present as well as future Africa and global health needs. The University offers postgraduate, undergraduate, higher diploma, diploma, certificate programmes as well as Continuing Professional Development (CPD) courses that prepare human resource for health to serve throughout the health system.

AMIU seeks to train transformational leaders who will inspire Lasting Change.



## WHY AMIU?

- A world class pan African Health Sciences University.
- Part of the Amref Health Africa family.
- Develops fit-for-purpose leaders for Africa's primary health care.
- Local and international faculty.
- International student exchange programmes.
- Student led and competency-based learning.

- Hands on experience gained through Amref Health Africa programmes and projects.
- Affirmative action in student admission for girls, people from communities in need and fragile countries.
- Integration of research training in all AMIU programs according to the level of training.
- Strong virtual offering - distance training.

## PROGRAMMES OFFERED

### Masters and Postgraduate Programmes

- Masters in Bioethics
- Master of Science in Health Professions Education
- Master of Public Health
- Postgraduate Diploma in Bioethics

### Bachelor's Programmes

- Bachelor of Science in Community Health Practice
- Bachelor of Science in Health Systems Management & Development
- Bachelor of Science in Midwifery and Reproductive Health
- Bachelor of Science in Nursing
- Bachelor of Science in Physiotherapy

### Advanced & Higher Diploma Programmes

- Advanced Diploma in Applied Mental Health Practice
- Higher Diploma in Community Health Practice
- Higher Diploma in Comprehensive Reproductive Health
- Higher Diploma in Critical Care Nursing

### Diploma Programmes

- Diploma in Community Health Practice
- Diploma in Community Health Nursing (Direct entry, Upgrading ECHN/ENM)

### TVET Programmes

- Certificate in Community Health
- Certificate in Counselling
- Diploma in Community Health Practice
- Diploma in Community Work and Social Development
- Diploma in Counselling
- Diploma in Marriage and Family Counselling
- Diploma in Project Management

### Short Courses

- Child Health
- Communicable Diseases
- Community Health
- Customer Service Management
- Drug & Substance Abuse
- Health Journalism and Communication Course
- Human Resources for Health Preparation for global opportunities
- Integrated HIV/AIDS Prevention, Care & Management
- Leadership & Management in Community Development
- Leadership, Management and Governance
- Logistics, Commodity & Supply Chain Management
- Malaria Management Prevention & Control
- Maternal & Neonatal Health
- Medicine Management
- Monitoring and Evaluation
- Non Communicable Diseases
- Obstetrics & Gynaecology
- Practical Project Management and Sustainability
- School Leaver's Career & Campus Life Training
- Statistical Data Analysis

## INTAKES IN APRIL AND AUGUST - APPLY NOW FOR OUR NEXT INTAKE

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- Download application forms from [www.amref.ac.ke](http://www.amref.ac.ke) OR
- Collect forms from the Admissions Office, at AMIU along Lang'ata Road, Nairobi
- Send applications to: [enquiry@amref.ac.ke](mailto:enquiry@amref.ac.ke)



amrefuniversity



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## Influencing policy and budgets

Amref Health Africa conducts advocacy at the national and county levels to influence policy, strengthen health systems, reduce inequity, mobilise domestic resources and ensure equitable access to quality healthcare.

Amref also played a key role in the drafting of the community health service Bill, which seeks to provide a framework for the delivery of community health services and promote access to primary healthcare services at the community level, address inequities and catalyse capacity building of the community health structures. Kajiado County has enacted the law, while Migori, Kwale and Nyeri are expected to pass the Bills.

In the counties, we influenced the enactment of laws to increase and ring-fence resource allocation for health including developing costed implementation

plans for family planning and reproductive health. This support was provided through the Delivering Equitable and Sustainable Increases in Family Planning (DESIP) project.

In Turkana, we worked with the County Assembly Committee for Health to create a roadmap to implement the County Health Services Administration Act, 2020. The Act will enhance ring-fencing health funds and strengthen the capacity of health facilities to generate, retain and spend revenue in line with the provisions of the Public Finance Management Act.

Nationally, we supported the development and launch of the Kenyan FP2030 commitments to promote access to sexual and reproductive health commodities and services, including family planning. We also influenced the development, review and implementation of policies in Siaya, Migori, Homa Bay, Kajiado, Nyeri, and Kwale counties.

### Amref supported the Ministry of Health to development the following guidelines to improve primary healthcare:



## Key Projects in Pillar1

- FAYA project.
- BE proactive actors for Women Empowerment (BE4WE) Project.
- Delivering Equitable and Sustainable Increases in Family Planning (DESIP).
- USAid Stawisha Pwani Project.
- USAID Imarisha Jamii.
- USAID Afya Timiza.
- Rabelais Trust Project.
- Koota Injena Project.
- Power to Youth Project.
- Community Health Units for Universal Health Coverage (CHU4UHC) Project.



PILLAR 02

# PROMOTING INNOVATIVE HEALTH SERVICES & SOLUTIONS

*Amref Health Africa in Kenya is committed to developing and delivering sustainable health services and solutions for improved access to and utilisation of quality preventive, curative and restorative health services. We do this through testing and providing innovative approaches to health systems improvement, demand creation and continuous quality improvement.*

## HIV PATIENTS



**1,500,000**

People living with HIV

**239,000**

HIV Patients received treatment

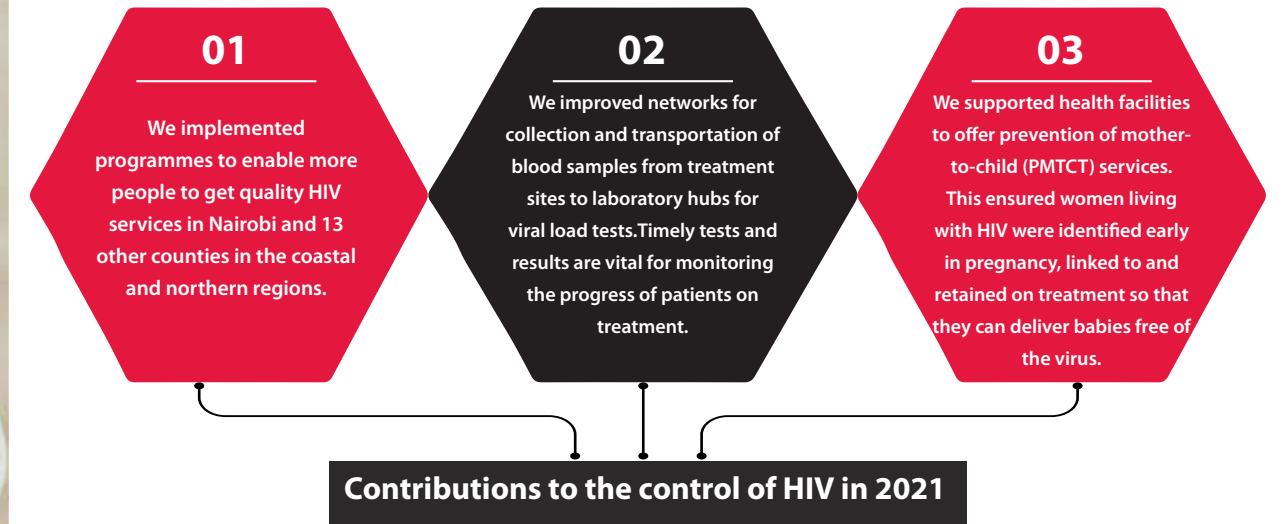


## Contributing to HIV and TB epidemic control.

About 1.5 million people in Kenya are living with HIV. Over the past decade, the country has made commendable progress in controlling the spread of HIV.

New infections dropped from a high of 10 per cent in the 1990s to 4.1 per cent in 2020. This is largely attributed an 83 per cent increase in the number of people living with HIV accessing antiretroviral treatment (ARVs).

Amref Health Africa works with county governments and local partners to improve access to comprehensive and quality HIV prevention, care and treatment. We help to strengthen health systems and enhance coordination among different stakeholders in the provision of services.



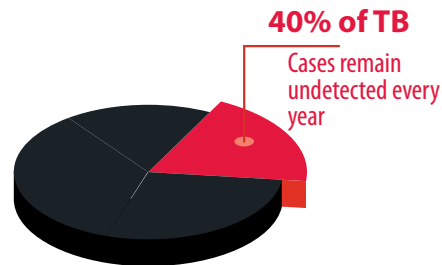


“Through Amref projects we reached **91,493** people with HIV testing and counseling services, enrolled **53,551** children and adults who are currently on ART and helped **29,239** of those on treatment to achieve viral load suppression.”

The year 2021 marked the end of the Reach Kibera 90 project, through which more than **239,000** people living with HIV received treatment over five years. The project demonstrated effective ways to deliver services cost-effectively in an informal settlement.

### TB interventions: Finding and treating missing cases

The Kenya TB Prevalence Survey done in 2016 found 558 tuberculosis cases per 100,000 population, confirming TB as the fourth biggest killer after HIV/Aids, maternal deaths and lower respiratory infections. According to the survey, about 40 per cent of TB cases remain undetected every year. This means that many people were continuing to spread the disease in the community.



Amref Health Africa has been working with the Ministry of Health to improve TB services and treatment at the national, county and community levels. We do this by influencing national strategies and implementing innovative interventions that can be expanded to find missing TB cases and refer them to

treatment, working in partnership with the private sector, civil society and other partners.

At the community level, we have integrated TB within routine health services by improving the quality of care in facilities while empowering frontline health volunteers to find and refer cases for treatment. A major success was a pilot project in three counties, which proved that with the right training and support, community health volunteers can play a critical role in helping households to prevent and seek care for the three diseases. This is a cost-effective approach compared to traditional outreach where different CHVs dedicated their time to just one disease.

Amref Health Africa contracted 33 community-based organisations and built their capacity to support key community activities across all 47 counties to address TB. Working with these local partners, we enabled community health workers to conduct outreach to create awareness about the disease, find new cases, screen households for suspected cases and trace the contacts of patients with TB so that they can get treatment.

The volunteers we trained also helped in the home care of patients with multi-drug resistant TB (MDR). They ensured the patients adhered to treatment and encouraged them to properly use a monthly stipend they receive while on treatment to meet food and other basic needs.

Our strategies to address TB range from the use of creative ways to increase awareness and demand among priority populations in situations of high-risk TB transmission such as prisoners, public transport workers and school communities. Other innovations leverage on mobile phone short text message (SMS) platforms to enable people self-screen for TB and to refer patients for treatment.



**Amref Health Africa supported counties to scale up tested strategies to find people living with HIV and link them to care and treatment.**



**Through the Kenya Innovation Challenge TB Fund, we catalysed new approaches by civil society and private service providers to find missing TB cases.**

### **TB interventions: Finding and treating missing cases (continued)**

Another key achievement is getting the private sector to play a greater role in TB case finding, given that 42 per cent of all patients who seek healthcare first visit private providers. In what is known as the public-private mix approach, we trained private health service providers, including pharmacists in eight counties, to enable them to diagnose and treat TB cases. We linked them to the public health system for sample collection and diagnostic tests as well as drugs.

Amref Health Africa's support to the national TB programme focused on building resilient and sustainable systems for health. We provided all-round technical support to improve the quality of services offered by the national health laboratory and 24 other laboratories. This support included training health providers to enforce standards, providing GeneXpert technology for accurate TB tests, and commodities for diagnosis, and supporting logistics for sample transportation to ensure timely results for the management of patients.

Given the important role of data in decision making to improve health services, we helped to improve collection, analysis and use. At the national level, we worked with the Ministry of Health to revise tools used for reporting to capture TB cases identified in the communities which we often missed out in national data.



### **TB CASES**

**116,354**

People screened for TB

**18,791**

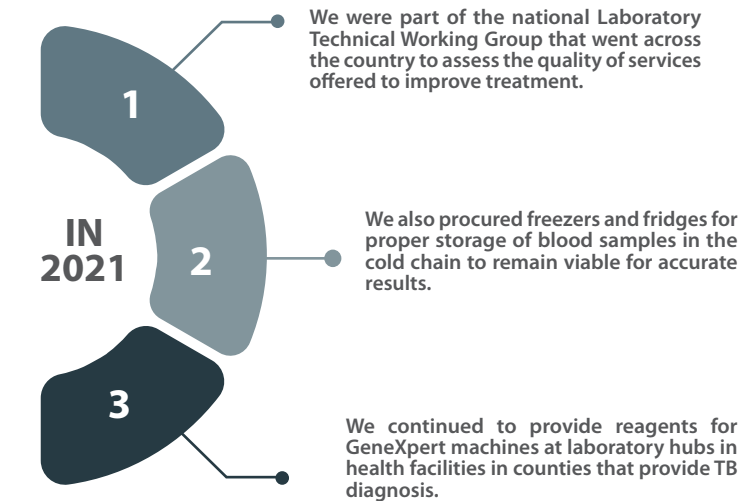
People reached with TB testing services.



## Strengthening laboratory systems

Laboratories are critical for diagnosis of diseases and monitoring treatment of HIV and TB patients. Through the Sustainable Laboratory Quality Systems (SLQS) project, Amref Health Africa supported the Department of Laboratory Services by providing continuous quality services towards HIV and TB epidemic control. This support helped to improve the quality of services such as viral load testing, early infant HIV diagnosis and TB detection.

Key activities included the development of documents such as the strategic plan for the department, viral load strategic plan and waste management guidelines, as well as provision of personnel for laboratories.



**Amref joined the Ministry of Health in celebrating the National Public Health Laboratories in achieving ISO accreditation for demonstrating efficiency of its functions in disease surveillance, control, and management of disease outbreaks in the region.**



## Increasing access to maternal and child health

Despite the gains made over the years to improve lives of mothers and children in Kenya, maternal and infant deaths remain unacceptably high, at 362 maternal deaths per 100,000 live births and 23 infant deaths per 1,000 live births. This is far below the Sustainable Development Goals (SDG) target of 70 maternal deaths per 100,000 live births.

Many of the deaths are due to causes that can be prevented if mothers receive quality family planning services and timely care in pregnancy, during and after childbirth.

We enabled thousands of women to access voluntary family planning services, visit health facilities early for antenatal care and complete all the four recommended visits, deliver in the hospital under a skilled birth attendant and seek post-natal services for themselves and their newborns.

We achieved this through a blend of approaches including empowering community health volunteers through learning and mentorship to promote healthy maternal and child health practices

In hard to reach areas like Samburu, Turkana and Kwale counties, we reached underserved populations through integrated outreaches offeringservices including; health education, growth monitoring, immunisation, family planning, antenatal care, HIV testing, screening for malaria and COVID-19 vaccination.

To ensure quality services, we provided technical assistance and mentorship to health care workers at over 100 health facilities across nine counties. Teams of mentors assessed family services in terms of quality counselling, commodity

stocks, community-facility linkages as well as documentation of service delivery data. Action plans were developed to address the gaps identified.

To simultaneously address HIV, TB and malaria, we implemented a pilot project in three counties that proved that with the right training and support, community health volunteers can play a critical role in helping households to prevent and seek care for the three diseases. This is a more cost-effective approach than traditional outreach where different CHVs dedicated their time to just one disease.

During the COVID-19 pandemic, we stepped in to train health workers and provide them with personal protective equipment (PPEs) to ensure they continued to safely provide health services to mothers and children.

**“Amref Health in Africa deploys innovative approaches to strengthen the capacity of both the public and private sectors to deliver high-impact health interventions to reduce maternal, newborn, and child illnesses and death.”**

## Access to maternal and child health



**176,350**

Accessed maternal and child health service.



**37,221**

Family Planning.



**29,122**

Immunization.



**22,347**

Delivered under skilled birth attendants.



**38,330**

Prenatal care.



**11,572**

Postnatal care(women)



**1,054**

Gender Based Violence services





*We've made a strategic shift away from traditional approaches to more sustainable market-based, sustainable models that can rapidly increase access to reliable water supply as well as sanitation goods and services.*

## Tackling malaria

Malaria is a major health problem in Kenya. Three-quarters of the population is at risk of infection, and children aged 10 to 14 have the highest prevalence, at 11 per cent. Those living in western Kenya where the disease is endemic face a higher risk.

In 2021, Amref Health Africa spearheaded the development and dissemination of the Community Case Management of Malaria (CCMn) policy to guide interventions in 10 of the most affected counties. This also marked the start of a three-year project to enable community health workers to diagnose and manage over 1.4 million uncomplicated malaria cases at the household level.



## MALARIA DATA

**264945**

People were reached with malaria testing services.

## Improving access to water, sanitation and hygiene

Progress towards improved sanitation in Kenya has been slow. Access to improved sanitation increased by only five per cent between 1990 and 2015. Only one in every 10 Kenyans has access to safe and clean sanitation facilities, while four in every 10 cannot get safe drinking water.

It is estimated that with the current approaches to improving sanitation, it could take up to 150 years to achieve universal coverage. Yet due to COVID-19, the need for equitable water, sanitation and hygiene (WASH) solutions is even more urgent.

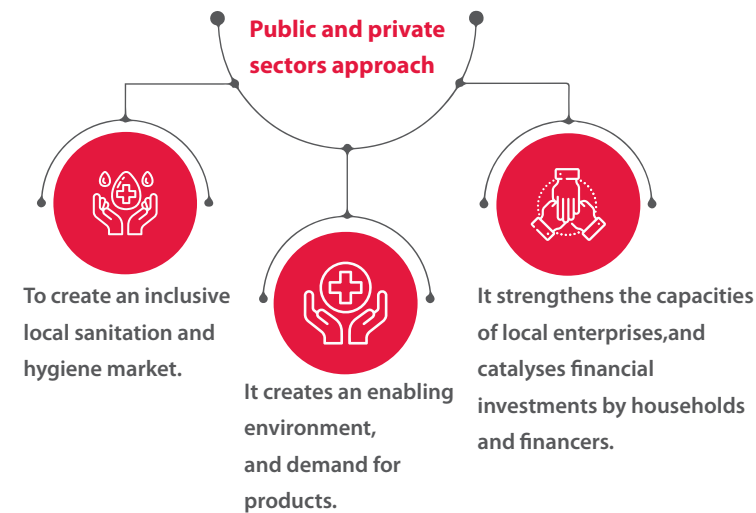
Amref Health Africa is working with the government and other partners to change this situation. We are helping to accelerate progress by creating and boosting innovative WASH programmes that catalyse social enterprises and unlock private sector resources to expand local sanitation markets for affordable solutions.



## Public private partnerships

In 2021, we implemented the Financial Inclusion for Improved Sanitation and Health (FINISH) project through which we mobilised investments to build the capacity of local sanitation and hygiene businesses to thrive.

This transformative approach brings together the public and private sectors



The programme implemented between WASTE and Amref registered remarkable success during the period, creating local sanitation markets in six counties. The programme also rolled out a sanitation impact bond investment with ACTIAM, a Dutch impact investment company, to increase liquidity for partner banks, micro-finance institutions, and savings and credit cooperatives.

The public-private partnerships that we help to develop reflects our strategic shift away from traditional approaches to more sustainable market-based models that can rapidly increase access to reliable water supply as well as sanitation goods and services.

However, a community focus remains central to our work. We have helped to construct dams, rehabilitated shallow wells and created social enterprises that have brought portable water closer to homes and schools in Kenya's arid and semi-arid areas that are home to some of the poorest populations.

Following the COVID-19 outbreak, Amref was at the forefront of Kenya's response at the national level and in the communities. Through the Hygiene and Behaviour Change Coalition, we moved rapidly to engage communities to reduce their exposure to the disease by promoting WASH products, services and practices such as handwashing.

Amref Health Africa continued to play a thought-leadership role at the national level, bringing evidence from the science of implementation to inform policy, and providing a platform to build the capacity of actors in the WASH sector. We lead two inter-agency technical working groups through which we helped to shape programmes and contributed to the first national strategy on urban sanitation that is expected to increase financial flows to the sector.

We also strengthened coordination between the water and health sectors to ensure synergised approaches to improving hygiene for the prevention of diseases as follows:



**25M**

People reached with WASH message for COVID-19 prevention



**32,873**

People reached with water facilities



**143,309**

Reached with sanitation facilities



**110,178**

Got access to hand washing facilities



**350,992**

Supported with hygiene related products



## Contributing to the end-game for neglected tropical diseases

Elephantiasis is a debilitating neglected tropical disease (NTD) that can make those infected unable to lead normal lives. It causes parts of the body to abnormally enlarge, resulting in severe disability, pain and social stigma.

Spread by mosquitoes, the disease infects people in childhood but the disabling symptoms only show later in life. The only way to eliminate the disease is by stopping the transmission of infection through annual large-scale treatment, also known as mass drug administration (MDA). This is done progressively to reach entire populations in the areas the disease is endemic.

Today, Kenya is on the verge of eliminating the disease, well ahead of the global target of 2030. After the final drug administration in 2022, the country is expected to notify the World Health Organisation of this significant achievement.

Amref Health in Africa has been part of this success story. Since Kenya started aggressive mass treatment campaigns 15 years ago, we have helped to shape the response to NTDs at the national level, refined implementation of community interventions and generated evidence to inform their expansion.

We helped to formulate a national policy and strategies to enhance innovative approaches to elephantiasis and four other NTDs of public health concern, including trachoma, the leading cause of preventable blindness, bilharzia (also known as schistosomiasis) and intestinal worm infections (soil-transmitted helminths).

We helped to design the national framework that integrates NTDs with WASH interventions and a complementary deworming strategy to promote disease

prevention. Strengthening coordination of such interventions across different sectors, including education, is a key plank of the efforts to eliminate NTDs.

For over 15 years, Amref has been drawing on expertise and extensive community structures to implement innovative approaches to end NTDs. We have leveraged appropriate technologies adapted to local contexts to increase mass drug administration efficiency, effectiveness, and coverage.

We, for instance, introduced digital maps and satellite imagery to precisely locate communities at-risk and guide drug distributors to reach them. Our teams designed tools for electronic drug inventory management to increase efficiency in the supply chain and used data visualisation for real-time analysis to aid decision-making.

Through tailored behaviour change and social mobilisation interventions, we have helped to increase treatment acceptance among some of the hardest-to-reach groups.

We are implementing Kenya's Breaking Transmission Strategy to control and eliminate schistosomiasis and soil-transmitted helminths in four western Kenya counties: Bungoma, Kakamega, Vihiga and Trans-Nzoia. Our work in this region has demonstrated how to effectively implement the complementary approaches in the national strategy that focus on improving surveillance, expanding treatment, strengthening leadership and coordination, integrating WASH and NTDs interventions and driving behaviour change through school and community initiatives.

We have partnered with stakeholders to build strong support for action to end NTDs by influencing policy, advocating increased resource allocation and championing interventions that work. These include a mass drug administration campaign in which we worked with local health facilities and a grassroots network of over 10,500 volunteers to benefit over five million people, including children from over 770 schools.



**1,363,500**

Pupils in 2,727 primary schools reached with behaviour-change messages through health clubs



**6.5 M**

Received drugs for treatment and prevention common NTDs.



## Meeting the health needs of adolescents

Adolescents, who make up over 12.7 million of Kenya's population, face numerous challenges, including early pregnancies and a high rate of new HIV infections. Almost one out of every five girls between the ages of 15 and 19 is reported to be pregnant or has had a child. The problem intensified during COVID-19 pandemic. During the lockdowns in the first year of the pandemic, the Ministry of Health reported that over 320,000 girls got pregnant.



**1 in 5**

Girls between the ages of 15 and 19 is reported pregnant or has a child



**320,000**

Girls got pregnant during Covid pandemic lockdown

Providing age-appropriate information, life skills and services is key to empowering adolescents to prevent teenage pregnancies and protect their health. However, despite the existence of a national policy on adolescent sexual and reproductive health, the implementation of comprehensive sexuality education has lagged behind.

Amref Health Africa has played a lead role in advocating efforts to address the health problems facing adolescents and young people. Working with the Ministry of Health and other stakeholders, Amref Health is supporting the revision of the national policy to ensure it is informed by evidence and creates opportunities for scaling up widely acceptable approaches in the post-COVID-19 pandemic period.

In 2021, there were major gains in adolescent sexual and reproductive health (ASRH). We mapped and mobilised stakeholders to build a strong constituency of advocates to ensure the use of evidence in the ongoing revision of the national ASRH policy. As a result, the Ministry of Health approved the formation of a national ASHR Technical Working Group.

We also advocated for the implementation of a comprehensive sexual education (CSE) programme in the counties. Our innovative, cost-effective model of CSE has gained widespread approval from stakeholders who had previously opposed such interventions.

Since 2020, we have been testing this approach to increase access to quality adolescent sexual reproductive health education to grow demand for health choices and services for those aged 15-19. The integrated approach combines youth-approved sex education through different channels and strategic stakeholder engagement to determine the most effective models.

In 2021, we developed the Together in the Future toolkit, the centerpiece of our evidence-based intervention. We trained a network of educators, giving them the knowledge and tools to negotiate behaviour change and create demand for services.

The approach involves reaching young people with tailored content through multiple channels. This content is delivered through digital platforms that include a learning web portal, sports events, co-created edutainment using comics, and outreach through faith communities.

In northern Kenya, where female genital mutilation (FGM) is prevalent, we have empowered youth-led networks of volunteers and paralegals to

drive a partnership with the local champions and communities to end the harmful practice and other forms of gender-based violence. We deployed an innovative digital tool to follow up girls who have gone through alternative rites of passage to ensure they remain protected from FGM and early marriage.

To increase these and other interventions, we have helped to train county government officials and community leaders to adapt to local conditions for increased impact.



**8.9 Million**  
Adolescents reached with health interventions.



**77**  
Girls underwent an alternative rite of passage.

***We are testing models to deliver innovative and cost-effective comprehensive sex education for adolescents in and out-of-school.***







## Key Projects in Pillar 2

- END Fund.
- FAYA project.
- Delivering Equitable and Sustainable Increases in Family Planning, DESIP .
- USAID Stawisha Pwani Project.
- USAID Imarisha Jamii Project.
- Community Health Units for Universal Health Coverage (CHU4UHC) Project.
- Global Fund for HIV, TB and Malaria.
- The Canada Africa Initiative.
- Sustainable Laboratory Quality Systems (SLQS).



# DAGORETTI FILM CENTRE



## CAPABILITY STATEMENT

Dagoretti Film Centre is a social enterprise that adopts Participatory Approach in Film & Photography training and produces high quality, relevant, professional audio visual content that informs, educates and entertains while transforming the lives of young people.

DAGORETTI FILM CENTRE 1

## DIFFERENTIATORS



- Over 15 years of experience in training and production film for social change in collaboration with film producers from Italy, Netherlands, Canada and Kenya production
- Talent development through Different Perspective approach in achieving social process and high quality artistic productions
- Professional team, trained and nurtured by the DFC with diverse backgrounds including; award winning, director, producer, makers, documentarians, editors, graphic designers, photographers, script and music writers
- UHD and 4K camera equipment, lighting, audio recording, tripods, sliders and stabilizers to handle in studio and on-location production
- A film agency to facilitate both international and local film makers and producers to acquire documentation and permits
- A post production suite

DAGORETTI FILM CENTRE 13

## CORE COMPETENCES

DFC is a full fledged video, audio and image production centre operating from Nairobi Kenya. We are equipped to serve in an increasingly complex communication environment.

The film Centre offers comprehensive services that comprise:



- Consultancy, Audio visual production
- Events coverage
- Live streaming services
- Educational and advocacy film
- Location scouting and hire
- Promotion
- Marketing and advertising
- Documentary production
- Production of Narrative Films and TV shows
- Crew Hire

DAGORETTI FILM CENTRE 12

## PAST EXPERIENCES

- Produced award winning feature film that has received over 15 official selections in different film festival around the globe
- Produced a TV series and a short film
- Trained and Produced numerous documentaries on different themes in collaboration with filmmakers from Italy, Netherlands, Canada and Kenya.
- Produced informational video promoting different activities and projects
- Development of IEC materials

### VIDEO LINKS: FESTIVALS.

Zanzibar International Film Festival: 2018 (ZIFF)  
Lake city Film Festival : 2017  
Cape Town International Film Market & Festival: 2017  
Silicon Valley African Film Festival: 2017  
African Diaspora Cinema Festival: 2018  
27th European Film Festival Nairobi: 2018  
Toronto Black Film Festival: 2018

### VIDEO LINKS: PRODUCTIONS.

THE CUT - <https://youtu.be/Bcc-9wCJ5mQ>  
CHILD FOR HIRE - <https://youtu.be/1WYIG0sLp>  
DFC - <https://www.youtube.com/channel/UCeH2oMq4wxnATua0Ehiaw>

In Collaboration with:



## CONTACT

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# Amref Institute of Capacity Development (ICD)



In 2021, ICD formalized the onboarding of SPARC and Y-ACT, thus strengthening its capacity building resources expanding its reach beyond Human resources for Health and Advocacy to include Youth and Health financing.

## Overall Program highlights

92%	8
Overall 2021 performance	Research conducted in 2021: 2 completed and 6 continuing in 2022
35,688	45
Total Direct reach	Publications done in 2021 including both scientific and non- scientific

HRH Database: To be rolled out from March 2022.

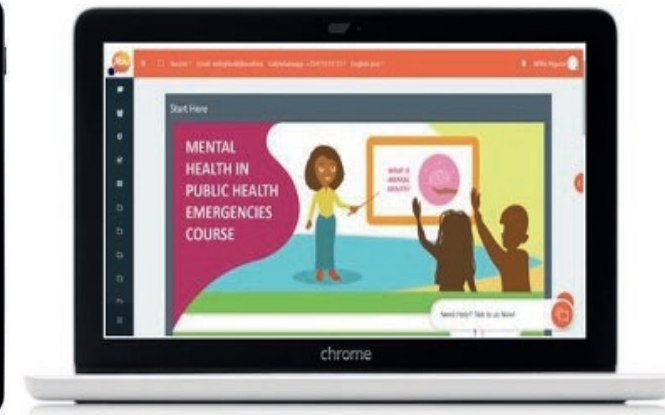
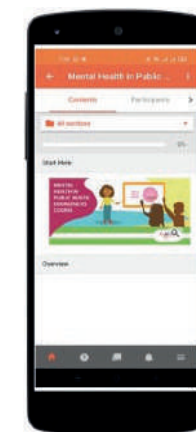
## Youth in Action (Y-Act)

- Regional level:** is currently informing the East Africa community Sexual Reproductive Health (SRH) bill (through partnership with UNFPA)
- National level:** Implementation of postnatal return-to-school guidelines for teen mothers; adoption of the Y-ACT Meaningful Youth Engagement Framework by Kenyan Parliament
- Sub-national level:**
  - Kilifi County (coastal):** developed Menstrual Hygiene Management policy with an implementation guide.
  - Nairobi County (urban):** developed first Adolescent and Youth Sexual and Reproductive Health (SRH) policy. Influenced the training of health care providers on adolescent and youth friendly services.
  - Kakamega County (rural):** inclusion of a teen pregnancy reduction framework in the draft County Sexual and Gender Based Violence (SGBV) Protection Policy.
  - Kisumu County (urban):** development of draft Youth & Adolescent Health Policy.
  - Samburu County (pastoral):** development of county's first guidelines on provision of youth friendly services; development of anti-beading policy to reduce child, early and forced marriage and female genital mutilation.



## Power to youth

- Spearheaded Technical Working Groups (TWGs):** Global Coordinators, Communications, Planning Monitoring Evaluation Research and Learning (PMERL) & Finance
- Global Event:** Storytelling event to challenge the notion of GBV being reduced to "just another story". Recording here, password: #eR#9.k7
- Regional and Global Coordination:** Coordinated the consolidation of the annual workplan for the entire partnership and submitted to MOFA.





## Amref Institute of Capacity Development (continued)

### Power to youth (continued)

#### e-Campus

Jibu platform grew to a reach of over 55,000 users from 87 countries.

The number of courses hosted on the Jibu platform grew by 5% in 2021 to 120 courses.

The COVID-Vaccine course reached over 30,000+ users from across 10 countries, a 25% increase compared to 2020.

<https://icd.amref.org/author/amreficd>

#### Strategic Purchasing Africa Resource Centre (SPARC)

Developing a holistic vision of strategic purchasing support in Burkina Faso.

Supporting mapping of purchasing functions to support the soon-to-be established Health Insurance Scheme in Niger State, Nigeria.

Facilitation of the implementation plan for the NHI in South Africa.

Ensuring the sustainability of CBHI and aligning stakeholders around a common vision of strategic health purchasing in Rwanda.

Repositioning the National Hospital Insurance Fund (NHIF) in Kenya.

Improving provider –purchaser engagement (partnership with KHF, Thinkwell, WHO).

<https://sparc.africa/>





## PILLAR 03

# PROMOTING STRATEGIC INVESTMENTS IN HEALTH

*Amref contributes to increased investments in health to achieve Universal Health Coverage (UHC) in Kenya by 2030 by increasing financial protection for disadvantaged communities to reduce out-of-pocket expenditure and conduct community advocacy for increased investments in health and availability of quality health services.*



5

AFYA TIMIZA handed over the social accountability framework and tools to 5 Civil Society Organizations (CSOs) for continued implementation.



**350,000 USD**

Turkana County committed for the County-led RBF programme.



A key strategic goal of Amref Health Africa is to advocate an enabling environment to encourage private sector investment to cover the shortfall in financing. Our approach involves co-creating solutions with the private sector to invest in social enterprises, particularly for community health. Through the Financial Inclusion for Improved Sanitation and Health (FINISH) project, we build thriving small enterprises and link them to lenders to increase affordable sanitation facilities to thousands of households.

To protect disadvantaged households from huge health costs, Amref Health Africa has been at the forefront in advocating reforms to the National Hospital Insurance Scheme (NHIF) to improve the minimum package of care and test options for community insurance. We also leverage the wide network of community health volunteers to register with the national scheme.

As part of efforts to enhance efficiencies in payment for health services, Amref Health Africa promotes strategic purchasing to ensure equity, quality and value for money for health goods and services procured with public funds. Since 2019, we have hosted the Africa Strategic Planning Resource Centre (Spark), a critical pillar in health financing designed to accelerate progress towards UHC.

**To ensure sustained social accountability** activities in Turkana and Samburu counties after project close out, AFYA TIMIZA handed over the social accountability framework and tools to 5 Civil Society Organizations (CSOs) for continued implementation.

The Community Health Units for Universal Health Coverage (CHU4UHC) project team participated in the **development of the Community Health Scorecard guideline**. This will strengthen investments in community engagement in running of community health in the country while the CHCs will enable

social accountability in their units.

USAID Imarisha Jamii project as the CSO representative in the Health Sector Working Group, participated in the **Citizen Accountability Audit (CAA)** meeting convened by the Office of the Auditor-General (OAG). The CAA initiative is an opportunity for the OAG and citizens to partner and collaborate in the audit process through partnership for participatory audits, awareness and capacity building on fiduciary and social accountability measures.

To ensure sustained funding for quality FP/RMNCAH and Nutrition services in Turkana and Samburu after project close out, AFYA TIMIZA handed over the co-created County Results Based Financing (RBF) manual to the County Department of Health. The manual will continue being used by the County governments to determine funding to health facilities based on selected RMNCAH and Nutrition Indicators. Turkana County has already committed **350,000 USD** for the County-led RBF programme.

The CHU4UHC project supported the costing of the **Community Health strategy** to help as part of the **community health financing strategy**. Through the Financing Alliance for Health, the project is putting up an investment case for community health in 4 Counties in the country.

To improve health system resilience, the USAID Imarisha Jamii Program developed plans to strengthen capacity of the CDOH and County Assembly Committee for Health in Turkana to **create a roadmap to operationalize the County Health Services Administration Act, 2020**. Once operationalized, the Act will enhance ring-fencing health funds and strengthen the capacity of health facilities to generate, retain and spend revenue in line with the provisions of the Public Finance Management Act.





# A TRUSTED BRAND

*Maisha*

## AIR AND GROUND AMBULANCE PLAN

### BENEFITS INCLUDE:

- Access to our 24hr Medical Helpline anytime from anywhere for medical advice.
- Unlimited evacuation flights per year for medical emergencies.
- Unlimited ground ambulance transfers within Kenya.
- Direct contact with AMREF Flying Doctors and the medical professionals - no third party.

### Maisha Diamond\*

Maisha Diamond is an enhanced cover providing the following additional benefits: (US\$200,000 (KES 20,000,000.00) of post-evacuation cover including)

- Hospitalization in Nairobi.
- Transfer to South Africa and hospitalization (if the required specialised treatment is not available in Nairobi).
- Return on commercial flight.
- Repatriation of mortal remains back to home country or country of residence in the unfortunate event of death.

LEVEL	REGION(S) COVERED	RATES IN KES (Per person Per year)
Maisha Bronze	Kenya (Air and Ground Evacuation)	2,500
Maisha Silver	Kenya, Tanzania, Zanzibar	4,900
Maisha Gold	Kenya, Tanzania, Zanzibar, Uganda, Rwanda, Burundi	5,500
Maisha Platinum	Kenya, Tanzania, Zanzibar, Uganda, Rwanda, Burundi, South Sudan & Ethiopia	11,000
Maisha Diamond	Kenya, Tanzania, Zanzibar, Uganda, Rwanda, Burundi, South Sudan & Ethiopia	24,000

### WHO WE ARE

AMREF Flying Doctors is the only provider of Air and Ground ambulance services in Eastern Africa:

- with over 60 years of experience
- that is internationally accredited and has twice won the prestigious ITIJ Air Ambulance Provider of the Year Award
- operates a fleet of fully owned and dedicated aircraft with a 24/7 Operations & Emergency Control Centre.
- evacuating close to 1000 patients every year

### OUR SERVICES

- **AIR AMBULANCE SERVICES** - We provide air ambulance services from Africa to the rest of the world using our fleet of short and long range turbo prop and jet aircraft.
- **MEDICAL ASSISTANCE SERVICES** - We offer medical, technical and logistical solutions predominantly for the International Insurance and Assistance companies, as well as travel markets.
- **GROUND TRANSPORT** - using Advanced Life Support ground ambulances to transport patients between hospitals or from the hospital to the airport.
- **EMERGENCY LIFE SUPPORT SKILLS TRAINING COURSES** - We offer a wide set of skills and knowledge that covers pre-hospital response provided by EMTs (Emergency Medical Technicians) and other first responders.
- **MEDICAL ESCORT** - We offer medical escort services on commercial flights that are more appropriate for non-critical patients. We make all the necessary arrangements to ensure the client's transportation is worry free.
- **MEDICAL STANDBY** - We provide medical standby services for special events using our ground or air ambulances. Such events include: Horse shows, Polo sport, Rallies, Marathons, Biking events among others.

A company owned by Amref Health Africa



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# RESPONDING TO PUBLIC HEALTH EMERGENCIES

***Public health emergencies erase hard-won development gains, disrupt health systems and hinder progress, significantly reducing the resilience of both health systems and communities. Our work in public health emergencies aims at improving prevention, preparedness, detection, mitigation and recovery. Our approach focuses on combination prevention approaches centred on innovative public health surveillance, community engagement, laboratory systems strengthening, and building the capacity of human resources for health systems recovery and resilience.***



The COVID-19 pandemic caught many African countries unprepared with the disruptive impact on health services, economic growth prospects and general livelihoods. Right from the onset, Amref Health Africa has been working closely with the Ministry of Health to support the national COVID-19 response.

Amref's response focused on preventing transmission, death, and social harm. Under these pillars, Amref's approach has been rooted firmly with community engagement and awareness-raising, delivered through an extensive network of Community Health Workers (CHWs).

Our long-established relationships have enabled us to advise on policy and strategic directions at the global, regional and national levels. Amref has addressed the immediate and longer-term impacts of COVID-19, considering the effects on the health system, as well as the wider social and psychological impacts.

The application of digital technology has enabled Amref to reach beneficiaries on a significant scale across multiple locations. Through multi-media and behaviour change and communication (BCC) campaigns, Amref has reached more than 15 million people, including youth.

At the same time, critical interventions such as the development of communications in sign language and

braille, and good mental health, ensured that no one is left behind.

Amref has also contributed to strengthening the overall resilience of health systems through laboratory testing and diagnostic systems and has continued to deliver essential health services to women and children.

Our involvement in the response included medical evacuations during emergencies, with the Amref Flying Doctor Service providing critical medical transfers for more than 400 patients to Nairobi.

We have conducted extensive research and analysis on the changing dynamics of the virus in communities, including recent developments such as vaccine hesitancy in Kenya. Building on this experience and knowledge, Amref has contributed to thought leadership and added its voice to advocacy – on global media outlets such as CNN and advocating vaccine equity and increased supplies.

At the county level, we support the task forces in planning and coordination for the response and vaccination effort, and training health workers.

We have leveraged our community health structure by equipping frontline volunteers with knowledge and skills to educate communities and refer people to vaccination sites.



## Ramping up COVID-19 vaccination

Early efforts focused on strengthening health systems to build capacity to respond to increasing cases and risk communication and community engagement. Following the introduction of vaccines, our strategy shifted to combine disease prevention and increasing access to care with efforts to encourage people to get the jab. We contributed to the national vaccine deployment plan, trained health workers in all the 47 counties on vaccination and to address hesitancy.

At the county level, Amref Health Africa supported planning and coordination, demand creation, capacity strengthening and vaccine delivery. We ensured static vaccine and outreach sites were ready to offer services by training healthcare workers, providing personal protection equipment and logistics support, including using the Flying Doctor Service to dispatch vaccines to remote areas.

We have leveraged our existing projects, partnerships and laboratory infrastructure to increase access to COVID-19 testing and vaccination uptake.

To accelerate vaccination among young people, we have co-created a campaign with 62 colleges and universities to create awareness and demand.

Across all our projects, we disseminated COVID-19 messages and implemented measures to ensure continuity of health services and mitigate some of the effects of the pandemic such as the increasing cases of gender-based violence.

To sustain the COVID-19 response, Amref Health Africa ensures equitable access to information and services for all populations. We have also converted the national COVID-19 curriculum into an e-learning course integrated into the training packages offered at Amref International University to ensure more health workers benefit from skills development.

**Amref Health received urgent support to help Kenya rapidly train vaccinators across the country on new vaccine candidates and rollout a vaccine campaign to increase coverage and avert vaccine expiry. Amref contributed to 47 per cent of all the individuals vaccinated.**

# Amref Medical Centre

Open: Monday - Friday | 7.30AM - 5.00PM

## OUR SERVICES

- > General Consultation
- > Laboratory Services
- > Routine Vaccination
- > Well Baby Clinic
- > Pharmacy Services
- > Medical Examinations
- > Travel Vaccination
- > Corporate Wellness Programme
- > Chronic Disease Management Programme

## COVERS ACCEPTED







## Highlights from our COVID-19 response in Kenya.



### **Behaviour Change Campaigns:**

In Kenya, the Hygiene and Behaviour Change Coalition project has been implemented at scale with impact on knowledge and behaviour among young people. Amref and its partners in the National Business Compact on COVID-19 also contributed to the development of the #handsfacespace global multi-generational campaign to effectively reach different population segments, including people with disabilities, youth, children, older persons and health care workers. Our behaviour change communication (BCC) campaigns on COVID-19, reached more than 25 million people through the mass media and over 10 million through social media platforms.



### **Information for the Prevention and Control of COVID-19:**

Early in the pandemic, the Amref COVID-19 Africa Information Centre was created in March 2020. The hub provides real-time information on the spread and case counts, frequently asked questions, emergency hotlines, interventions, related webinars and conferences, as well as vaccine updates and other resources.



### **Risk Communication and Community Engagement (RCCE):**

All Amref programmes included RCCE interventions to increase awareness on COVID-19 prevention and control measures and to dispel rumours, myths and misconceptions. Multiple RCCE strategies were used across Amref's programmes. We mobilised our extensive network of CHWs, youth networks and opinion leaders for the response and reached millions of people with messages via multiple communication channels such as radio, TV and social media.



### **Reaching and empowering youth:**

Amref partnered with networks such as the Youth Empowerment and Development Network in Kenya to sensitise young people and other community members on comprehensive Infection Prevention and Control (IPC) measures to check the spread of COVID-19.



### **Testing and Diagnostics:**

Amref built on existing laboratory strengthening initiatives to train technicians on COVID-19 testing, support the national and county governments to conduct tests following increased demand for testing and improve information systems and data management. The Amref Central Laboratory in Nairobi was certified as a COVID-19 testing centre and provides free testing services to six county governments. In addition, the laboratory provided access to on-the-job training for technicians from various sites in biomolecular techniques.



### **Surveillance:**

Amref Kenya worked closely with the National Disease Surveillance Unit to roll out the Events- Based Surveillance (EBS) system in Nakuru County. The system helps in early detection of social gatherings such as funerals that presented a high risk of transmission. Over 3,000 CHVs were enlisted to report any gatherings that present a risk of COVID-19 for action by the local Rapid Response Teams.



### **Protection of health workers:**

To protect health workers from infection so that they could safely continue providing essential services, Amref supported the large-scale provision of personal protective Equipment (PPE) to health workers.



### **Keeping borders safe:**

Amref supported the formulation of policy guidelines such as the Safe Trade Protocol, helped to develop training curricula, provided PPE and enhanced infection, prevention and control (IPC) measures through the establishment of handwashing stations at key border points. Border officials were trained to screen populations and handle suspected COVID-19 cases.



## Highlights from our COVID-19 response in Kenya.(Continued)



### **Health worker training and support:**

Amref's capacity building efforts included the development of training curricula and content aligned to regional and national policies to address the immediate needs in the response as well as many spillover effects such as psychosocial support and mental health.



### **Oxygen supply:**

Amref has supported almost 350 health facilities, regional and national hospitals across all the 47 counties with the supply of oxygen, hardware and equipment. The installation of the medical oxygen infrastructure will provide life-saving support to communities across the country.



### **Continuity of essential services:**

Amref worked with governments to advocate the continuity of essential health services alongside implementation of COVID-19 preventive measures. Through the Wheels for Life Initiative, we provided ambulance services during the pandemic to ferry expectant mothers to hospitals for emergency care.



### **Mental health:**

Amref has placed mental health upfront in its response. In collaboration with the global Partnership for Maternal, Newborn and Child Health, we conducted a study on the experiences of women, children and adolescents, which advocated increased attention to the mental health needs of women and adolescents who have been severely affected by the COVID-19 pandemic.



### **Research and Advocacy:**

Through the National COVID-19 Task Force, Amref has influenced policies on risk communication and community engagement, including the need to recognise the crucial role of the CHWs and civil society organisations. To encourage meaningful youth participation in the COVID-19 response efforts, Amref provided opportunities for young people to contribute to health policy decisions.



We helped to deliver the first dose of the COVID-19 vaccine to 592,401 people and the second dose to 373,065 people in Kajiado, Machakos and Nyeri counties, contributing to 81% of the people who were fully vaccinated by December 2021. At the same time, we reached about 1.8 million people, 477 opinion leaders and almost 4,000 health workers and volunteers with messages to increase demand for vaccination.



In Nairobi, we used an innovative "moonlight strategy" to provide vaccination after the traditional working hours. Opening vaccination centres up to 9.30pm gave more people a chance to get the jab at their convenience.



During the early days of the COVID-19 pandemic, many mothers could not access the health services they needed such as antenatal care due to fear. In Bomet, Migori, Homa Bay, Siaya, Kakamega, Busia, and Bungoma counties, we created awareness on COVID-19 prevention among health workers and communities. We supported healthcare workers to safely offer services and reached over 88,000 people with messages on how to address social and economic arising from the pandemic such as school absenteeism and the increase in gender-based violence.





### Key COVID-19 pandemic efforts Donors:

- Africa CDC.
- Center for Disaster Philanthropy.
- Chicago Community Trust.
- Project Last Mile (PLM).
- Canada Africa Initiative to Address Maternal, Newborn and Child Mortality Project.



## CROSS-CUTTING AREAS

*Kenya's President Uhuru Kenyatta (in Khaki at the center) receives blessings from Samburu elders who vowed to use their influence to end FGM in their communities. The president urged the community to embrace educating the girl child and do away with harmful cultural practices such as FGM and early marriage which impede their wellbeing and drag prevent Kenya from achieving sustainable development goals.*



### Tackling harmful cultural practices.

Harmful traditional practices such as FGM are prevalent in most of the arid and semi-arid counties. In Marsabit and Samburu, culture, which looked like the barrier to ending this practice, formed the bridge to communities committing themselves to ending the harmful practice.

We worked with the Anti-FGM Board to encourage community leaders in Samburu and West Pokot to make public declarations against FGM. This has set the stage for accelerated efforts to drive sustainable social and behaviour change. As a result, local actors established the Youth Anti-FGM Network Kenya (YANK) in Marsabit County.

### Gender mainstreaming.

We continue to urge counties to allocate funding for gender mainstreaming in the health sector. We developed and handed over County Gender Transformative Toolkit and Gender Policy to Turkana and Samburu counties. The documents provide the two counties with a basis for continued implementation of the gender programmes.

We also supported the government's creation of Gender Equality Forum Secretariat. It was involved in the post-Paris dissemination meeting with the National Steering Committee and preparation of a roadmap in consultation with UN Women Development. It also reviewed the Regional and County Activation plan.







Generation Equality Forum: Kenya's Roadmap for advancing Gender Equality and ending all forms of Gender Based Violence and Female Genital Mutilation by 2026.



## Generation Equality Forum

We also supported the government's creation of Gender Equality Forum Secretariat in collaboration with the State Department of Gender establishing the Kenyan chapter of the Generation Equality Forum (GEF). Launched in 2021, GEF kickstarted a 5-year journey to accelerate ambitious action to achieve irreversible progress towards gender equality. The Forum, convened by UN Women and co-chaired by the governments of France and Mexico in partnership with civil society and youth, took place in Mexico City from 29 - 31 March 2021 and in Paris from 30 June - 2 July 2021. The Forum generated \$40 billion in financial commitments, as well as multiple policy and program commitments.

Additionally, Kenya is co-leading the Action Coalition on Gender-based Violence alongside the U.K., Uruguay, and Iceland as member states; the European Union; Ford Foundation; and civil society as well as private sector partners. The Action Coalition on Gender-based Violence aims to ensure that in 5-years' time, 550 million more women and girls live in countries with laws and policies prohibiting all forms of gender-based violence, 100 countries have built law enforcement capacity to address gender-based violence, and 55 more countries have outlawed child marriage.

### Research.

We made tremendous progress in research. This includes ;



**DATA POINTS**



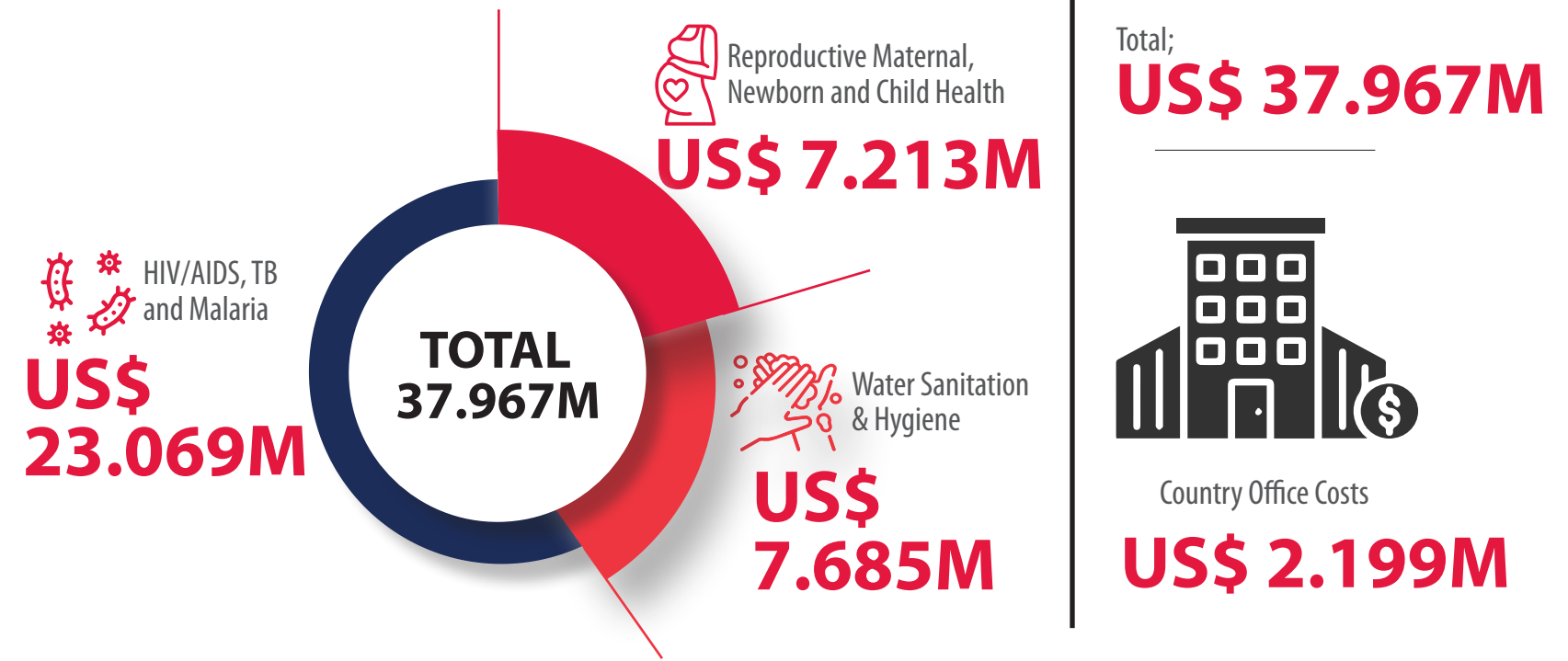
**23**

Publications published in peer-reviewed journals

**34**

Research protocols approved

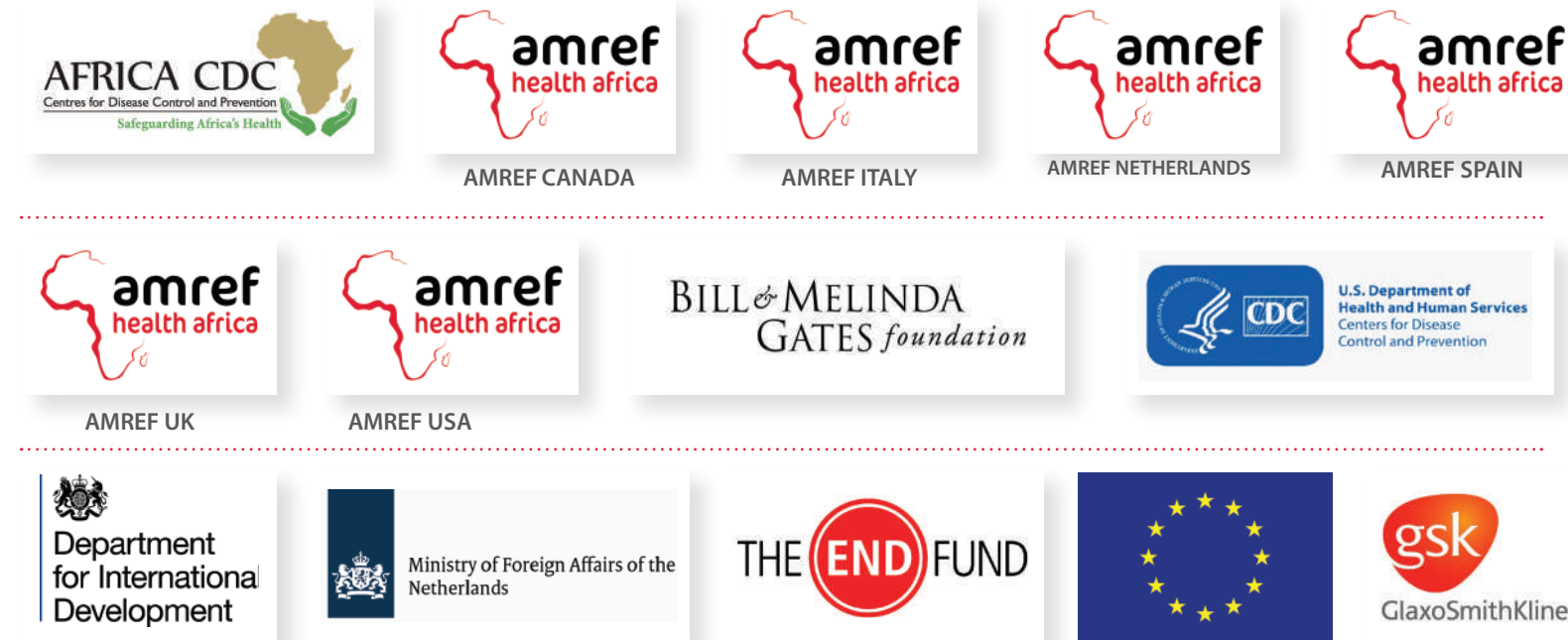
# OUR FINANCIALS





# OUR DONORS

We would like to appreciate the immense financial support we received from various donors in 2021 without which we would not have delivered on our success with diverse health services and solutions.



## Our Donors. (Continued)





# SENIOR MANAGEMENT TEAM



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## Senior Management Team. (Continued)



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