



Africa's health in African hands

AMREF UK Annual Review 2010



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Right: Sue Hollick, Grace Mukasa and new AMREF Director General, Dr Teguest Guerma at our Business Breakfast Briefing

Report from our CEO and Chair

Achieving long-term health change in Africa can only happen from within and AMREF's approach to this is gaining more traction as concerns about the health crisis in Africa intensify. African countries make up the vast majority of the 49 countries prioritised by the UN Global Strategy for Women's and Children's Health and the importance of the health care workforce for achieving the UN's health-related Millennium Development Goals (MDGs) is now recognised as critical.

If governments, international agencies and charities such as AMREF do not act now, the cost will be paid in lives lost. And this puts the spotlight on AMREF's work, both on training health workers in the communities that need them most and on advocating for governments and other institutions to act.

AMREF believes that communities with the knowledge, skills and means to maintain good health will be able to break the cycle of poor health and poverty. As this Annual Review outlines, our activities this year have all been working towards this. In particular, our focus on mothers and children has seen us training health workers and educating women on the importance of good hygiene, basic sanitation, and nutrition for themselves and their children. But our work doesn't stop in Africa.

AMREF UK has a range of partnerships with influential corporate supporters that provide substantial, long-term financial support for our programmes. We continue our successful collaborations with our institutional donors – a particular achievement this year includes launching our first regional project to improve maternal, newborn and child health.

We are also developing strong, strategic partnerships with a wide range of partners. This includes our recent BBC Radio 4 maternal health appeal, which raised over £19,000, highlighting the importance of training midwives and improving maternal health in Africa.

AMREF UK is also key to the development of AMREF globally, working with our AMREF partners across the world to develop a more cohesive, united AMREF. This year saw the appointment of a new Director General – the first African woman to lead AMREF. Dr Teguest Guerma, a leading specialist in HIV/AIDS from the World Health Organisation (WHO), has set the organisation's priorities to ensure a consistent approach to AMREF's activities across all countries we work in. We are excited to be a part of this transformation, which will improve our outreach and support for people across Africa.

You'll find the full weight of our achievements highlighted in the following pages and it's thanks to you – our donors and supporters – that we are able to keep up our life saving work in a way that ensures the skills and resources we provide stay where they are most needed.



© AMREF

Lady Sue Hollick, Chair

Grace Mukasa, CEO

Karibu ('welcome' in Swahili)



AMREF's vision is lasting health change in Africa. We believe that the power for this change lies within Africa's communities.

We're proud to be African based, which means that we are uniquely equipped to address the challenges of health development in Africa.

On average, across Africa, access to good health care, clean water, sanitation and education is limited. Many people have no option but to walk for hours to access even the most basic health care. When they arrive, the health workers may not have the skills needed to treat the patient, facilities may be out-dated or inadequate and medical supplies may have run out.

AMREF has spent more than 50 years working with African communities to create sustainable projects to tackle this health

care crisis. And because we understand the challenges, we can make sure our help reaches the people who need it the most.

Our strategy from 2007 to 2010 focused on three themes:

- Partnerships with communities for better health
- Building health skills and resources within communities
- Developing stronger health systems and research to improve policy and practice

We believe health is a human right. Every year, we train thousands of health workers from around Africa to provide health care and teach their communities about better health – even in the most remote areas. Whether we're working with a doctor in a city hospital, or a village midwife, we make sure that they have the skills and the tools to save lives.

Our big achievements

- Establishing our first regional programme funded by the European Commission, to improve maternal, newborn and child health (MNCH) and reduce deaths in Kenya, South Sudan and Tanzania. The project will receive more than £4.2m in funding over four years
- Winning the prestigious Coffey International Award for our Katine project partnership with *The Guardian* and Barclays
- Improving the lives of more than 14,000 people living with HIV/AIDS through support groups in Kenya
- Reaching 1.9 million listeners through our BBC Radio 4 maternal health appeal
- Strengthening community-based health care in one of the most difficult-to-reach communities in Tanzania through training 1,298 community health workers
- Bringing the lives of ordinary Africans to the attention of more than 290,000 people worldwide through our innovative social media campaign, *The Status of Africa*
- Securing a partnership with Euromoney Institutional Investor that will generate £200,000 for water and sanitation activities in Kechene, Ethiopia up to 2012
- Developing the health system in Uganda through supporting laboratory assistants and health workers to improve data collection and drug management
- Inspiring more than 200 guests at our Vibrant Africa gala in London in May to raise more than £140,000 towards AMREF's work
- Raising £50,000 through the inaugural Run for Africa event for GSK employees

Better health for mothers and babies

An African woman is 600 times more likely to die from pregnancy-related complications than a British woman. It's the single biggest health inequality in the world today and a major focus for AMREF's efforts across Africa. AMREF ensures pregnant women, new mothers, and young children have the health care and information they need to survive and thrive.

Getting to the heart of women's health

Women's low status and heavy physical workloads, lack of power, poor access to information and care, restricted mobility, early age of marriage and the low political priority and resources given to their health all contribute to high mortality rates during pregnancy and child birth.

We believe that the underlying causes of poor sexual and reproductive health must be addressed if maternal health is to improve in Africa. That's why many of AMREF's projects tackle

social and cultural issues – including women's reproductive rights and gender-based violence. For example, in South Africa we are working with communities to reduce gender-based violence against women and prevent HIV transmission.

Train a local midwife – teach a whole community

Midwives are the key to good maternal health in Africa. They are the frontline care givers for pregnant women and newborn babies. Trusted by their communities, they act as a crucial link between pregnant women and health centres. But, especially in Africa, midwives are in shockingly short supply.

In South Sudan, after decades of civil war, there are just 20 trained midwives for over 10 million mothers. AMREF is training midwives in the three districts of Yei, Lui and Maridi, giving priority to candidates from remote rural areas where no midwives are currently working.

The 18-month training course, run in each district, is both practical and classroom-based. The trainees learn to manage common complications during delivery (such as high blood pressure, excessive bleeding or retained placenta) and to provide mothers with antenatal and postnatal advice.

Standing up for African mothers

Training a midwife costs as little as £250. In 2010, we made maternal health a focus for our work, raising awareness of the importance of mothers to the health of African communities.

Our 'Vibrant Africa' Gala, held at the Natural History Museum in May, was a celebration of African culture and a chance to highlight the value of our midwife training projects. Celebrities Jon Snow, Garth Crooks, Michelle Ryan, Jon Culshaw and Kim Medcalf were among our 200 guests on the night, helping to raise £140,000. Our corporate partner GSK generously provided the venue.

Our appeal on BBC Radio 4, highlighting the issues affecting mothers in marginalised communities in Africa, reached 1.9 million listeners and raised more than £19,000, expanding our UK base of donors and supporters.

At Christmas, our traditional carol service (left) was infused with African songs and readings. AMREF UK CEO Grace Mukasa brought the lives of African mothers vividly to life as she launched the AMREF Christmas appeal with her message: giving birth in Africa is the most dangerous thing a woman can do.



© AMREF



They are trained to recognise signs of more severe complications and are able to refer women on to better-equipped facilities.

Under close supervision, trainees are also taught to deliver babies, preparing them for work back in their communities.

Training midwives is a simple, cost-effective way of drastically reducing maternal deaths in Africa. An AMREF-trained midwife increases the chance of a mother surviving birth by six times – that’s why we are supporting AMREF in Africa to train an extra 3,000 midwives by 2015, saving the lives of 70,000 mothers and reducing maternal deaths in Africa by 25 per cent.

Prior to AMREF’s training, most midwives didn’t have any formal education. Now, with our support, they understand how to manage complications, and how to deliver babies safely. In the course of her career, an AMREF-trained midwife will save a thousand lives.

“I was afraid I was going to die. Or that my baby would die. But we are fine and I am so grateful to AMREF.”

Maria Gasingo, mother, South Sudan

**An AMREF-trained
midwife will save
a thousand lives
in the course of
her career.**



'AMREF is like our family'

In Magdalene Torogi's village of Magadi in Kenya, most women gave birth without a midwife. From the time that AMREF mobile clinics began coming to the village, things began to change.

After three traumatic pregnancies without the support of a midwife, Magdalene gave birth to her fourth child at the AMREF-built health centre in Olkiramatian. She had no complications and learnt how to keep herself and her baby healthy.

Magdalene trained to be on a Community Health Committee so that she could pass on what she had learnt to the people in her village. She says, "AMREF has done so much for our community. Even the government has never been able to reach the places where AMREF comes."



'It can be challenging'

As one of only two qualified midwives at the 75-bed Lui Referral Hospital in South Sudan, Alice Tabu attends up to 40 patients each day. She takes her patients' histories, provides advice, and performs physical examinations. At intervals she checks on the progress of patients in labour.

A few years ago, Alice could not have imagined she would be shouldering such responsibilities. But with support and encouragement from her family, she entered the AMREF-run Lui National Health Training Institute where she trained as a community midwife. Through midwives like Alice, AMREF is helping to rebuild the health system from the ground up.



South Sudan: Africa's newest country

South Sudan is set to become its own country, officially gaining independence from the north of Sudan in July 2011. It is an independence that has been hard won.

After 21 years of civil war South Sudan's infrastructure is in tatters. Most health care facilities were destroyed during the war and there are few qualified health workers, leaving 11 million people with little or no medical care. It has the highest maternal mortality rate in the world and preventable diseases are claiming many lives.

- There is only one doctor per 100,000 people
- There are only 4,600 trained health workers; more than 17,000 are needed
- Preventable diseases such as tuberculosis and diarrhoea cause most deaths and illness
- Almost half of children under five suffer chronic diarrhoea – one of their biggest killers
- One in four children dies before the age of five

AMREF has a long history of helping the people of South Sudan access health services, clean water and sanitation. We work with South Sudan's Ministry of Health, producing a national health care plan, training health workers, and providing a primary health care project serving 150,000 people. Rebuilding the health system in Africa's newest country will be a big focus for our work in 2011.



Improving Africa's health

Training health workers

AMREF trains thousands of health workers every year to tackle the critical shortage of health workers across Africa.

Last year in Tanzania we trained 1,298 volunteer community health workers to promote healthy behaviours such as personal hygiene and use of mosquito nets within their communities. We also trained 20 doctors, nurses and clinical officers in emergency obstetric care to prevent complications in childbirth that result in conditions such as fistula.

In Kenya we trained 350 community health workers and are also working with the Nursing Council of Kenya to upgrade nurses from enrolled to registered level through e-learning, with 960 nurses graduating from the programme in 2010. Due to the success of this programme, AMREF is rolling it out across Tanzania and Uganda. We are also piloting the use of mobile phone technology to improve health.

Through our MAT (Malaria, HIV/AIDS and TB testing) project in Uganda we are training and supporting 108 health workers, including laboratory assistants and village health teams, to improve health data collection and drug management.

Fighting disease

AMREF tackles diseases such as malaria, TB, and HIV/AIDS, working together with local communities to make sure our programmes are relevant and sustainable.

In Uganda, for example, we are supporting laboratory assistants to diagnose, prescribe, treat and counsel more patients with HIV, TB and malaria. In the past year we helped to increase the capacity of Village Health Teams to capture health information and use it to improve health in their communities. The project has improved drug management, providing training and support to health workers and ensuring they put their learning into practice.

'There is a real eagerness to learn'

Saloum heard about AMREF when his son, who was ill with malaria, needed treatment. A father of two, he was worried about the large number of families affected by deaths from malaria in his village in Tanzania and frustrated by the lack of help and medical advice.

AMREF trained Saloum as a community health worker, teaching him about malaria prevention and how to improve health seeking behaviour. Through traditional teaching methods of drama, song and dance, Saloum is able to reach more people in his community.

The number of people losing their lives to malaria in Saloum's village is now decreasing and he feels positive about the future. He says, "People now seek me out and come to ask questions at my home about malaria if I don't manage to see them in the day. There is a real eagerness to learn."



We are also working across Africa to address the denial of the right to care, treatment and support services for people living with HIV/AIDS. Our programme in Tanzania has seen improvements in the number of people receiving counselling and testing and a growing confidence among people living with HIV/AIDS to speak out about their experiences.

We also work on the ground fighting disease and providing vital care in some of Africa's most remote communities. In places like South Omo, Ethiopia and Turkana, Kenya AMREF provides mobile health centres that bring health care to nomadic communities along their migratory routes and train health workers to prevent infectious diseases.

Continues on page 12



Village Health Teams

Village Health Teams (VHTs) are a Ugandan government initiative to improve the health of needy communities such as Katine.

They inform families about how to stay well, spot and treat diseases early and advise on family planning and HIV testing. They monitor births and deaths and progress on health prevention.

AMREF sees VHTs as central to sustainable health for their communities and provides bicycles and training to help them do their work.



“Training and empowering people to help themselves - I have seen for myself in Ethiopia how AMREF is making a huge difference to people’s lives.”

Rageh Omaar, Somali-born TV journalist



Africa's health in African hands — a snapshot

AMREF works across Africa to get health workers, information and infrastructure to where they're needed most. This map highlights how the money raised in the UK changed lives in 2010.

South Africa

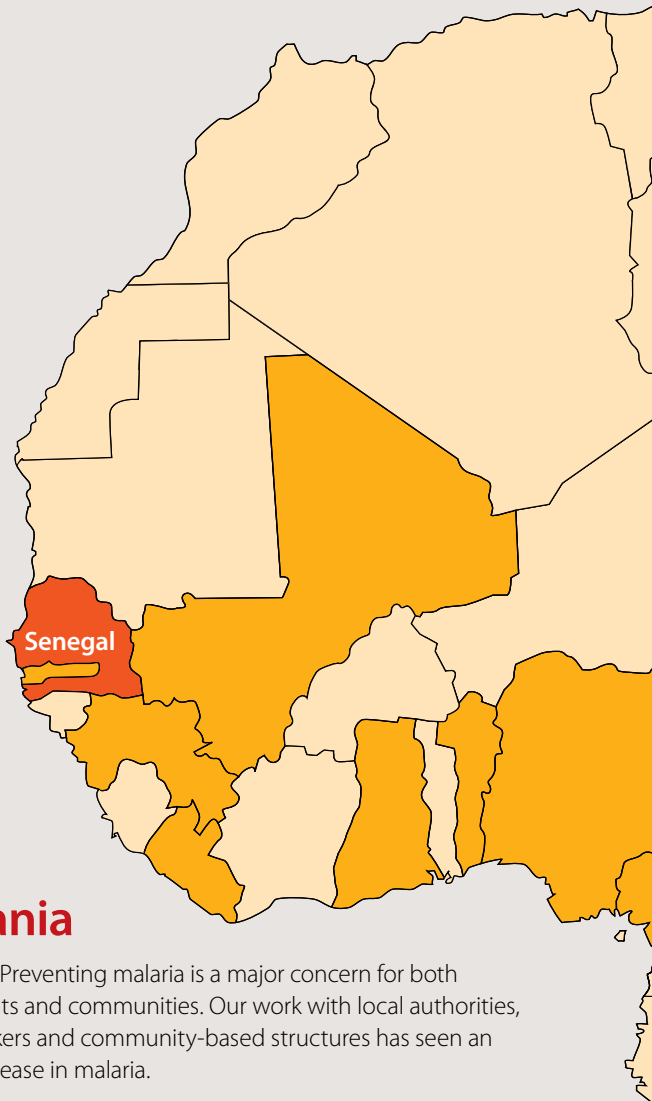
Key issue: Gender-based violence is both a human rights violation and a health concern. Women and girls are often vulnerable, lack knowledge of their rights, and can be poorly served by health and social services. Because of this, they face sexual coercion, discrimination and violence. We are empowering women and girls in rural communities to demand and protect their rights.

Achievements:

- **1,028** people trained since the project began in 2007
- **260** Community Policing Forums trained to identify and refer gender-based violence victims
- **26** youth advocates trained in life skills, gender awareness and peer training
- **600** parents, pupils and teachers trained in gender issues

Help at hand: the flying doctor service

AMREF's Flying Doctor Emergency Service provides medical outreach and air rescue services to Africa's most remote communities. Operating 24 hours a day and 365 days a year, our pilots and doctors deliver emergency care and specialist surgical services.



Tanzania

Key issue: Preventing malaria is a major concern for both governments and communities. Our work with local authorities, health workers and community-based structures has seen an overall decrease in malaria.

Achievements:

- **1,298** volunteer community health workers trained
- Malaria diagnostic equipment provided in Mtwara health facilities and bed nets distributed to community members
- **2,500** people received HIV information, personal testimonials and encouragement to undergo HIV testing from empowered people living with HIV/AIDS
- **45** doctors were trained and **514** women with fistula had repair operations to improve their quality of life

Kenya, South Sudan, Tanzania

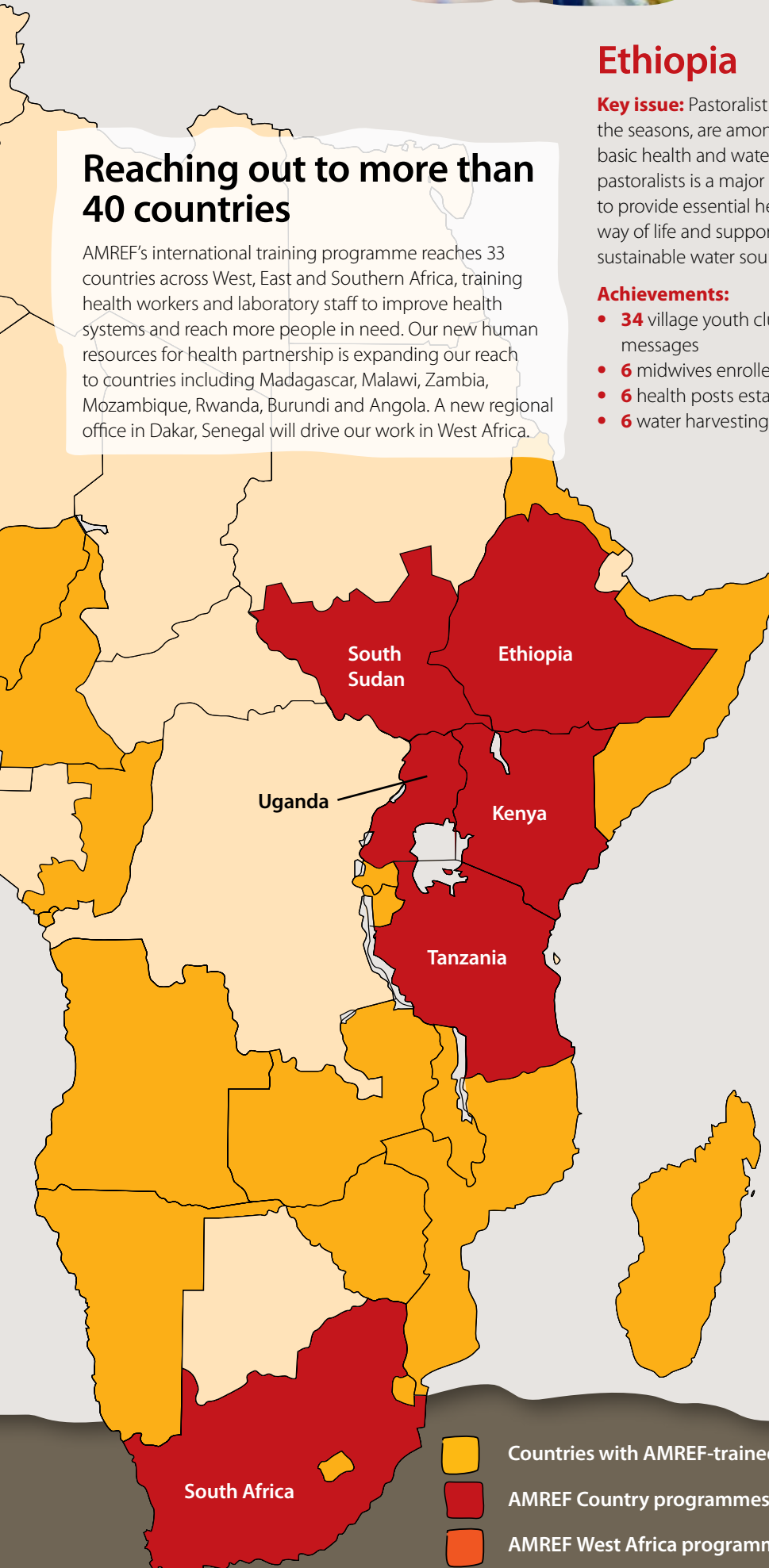
Key issue: Pregnancy and childbirth are the leading cause of death and disability for women in sub-Saharan Africa. In 2010 we successfully started a four-year regional project to reduce maternal, newborn and child mortality by strengthening the capacity of communities, civil society organisations and local authorities.





Reaching out to more than 40 countries

AMREF's international training programme reaches 33 countries across West, East and Southern Africa, training health workers and laboratory staff to improve health systems and reach more people in need. Our new human resources for health partnership is expanding our reach to countries including Madagascar, Malawi, Zambia, Mozambique, Rwanda, Burundi and Angola. A new regional office in Dakar, Senegal will drive our work in West Africa.



Ethiopia

Key issue: Pastoralist communities, farming people who move with the seasons, are among the poorest people in Ethiopia. Getting basic health and water services to the country's 12-15 million pastoralists is a major challenge. We work with local health systems to provide essential health care that is appropriate to the pastoralist way of life and support these remote communities to develop sustainable water sources.

Achievements:

- 34 village youth clubs formed and supported to provide HIV messages
- 6 midwives enrolled in a two-year training scheme
- 6 health posts established
- 6 water harvesting systems constructed in health posts

Uganda

Key issue: Handwashing and sanitation play a huge part in fighting the spread of disease. Projects such as PHASE (Personal Hygiene and Sanitation Education) are gaining support from the Government in Uganda and we're working to have them adopted as national policy.

Achievements:

- 15 community vaccinators trained in Katine
- 829 Village Health Team members trained in Luwero and Kiboga to enhance health promotion in communities to tackle malaria, tuberculosis and HIV/AIDS
- 4 new districts in remote areas joined hygiene and sanitation programmes

Kenya

Key issue: People living with HIV can often face stigma and fail to access the care they need. We help health workers manage their care and treatment more effectively, reduce stigma and ensure there is health support in communities.

Achievements:

- 14,000 people with HIV/AIDS now accessing support
- 350 community health workers trained as part of our maternity projects
- 40 health workers trained in child and reproductive health
- 960 enrolled nurses graduated as registered nurses, many through e-learning programmes

- Countries with AMREF-trained health workers
- AMREF Country programmes
- AMREF West Africa programme hub

Improving Africa's health

Strengthening health systems

AMREF works to bring vulnerable communities and the formal health care system closer together.

Our community-based work to improve the health and well-being of mothers has already earned a widespread reputation for collaboration, flexibility and integrity. The Kenyan Ministry of Public Health and Sanitation and the Division of Reproductive Health see AMREF as a key partner. Our work educating, supervising and monitoring services at the health facility level has helped to change attitudes to patients and improve the quality of services.

We're improving health and preventing the spread of disease through our highly successful Personal Hygiene and Sanitation Education (PHASE) programme. It works through teaching primary school children, who are quick to adopt new hygiene practices and communicate them to their families and peers.

The programme has increased the number of households with latrines and schools using safe water sources. This has reduced disease and student absences and improved academic performance. Using a model developed in rural Kenya, the programme has expanded to the urban slum settlement of Kibera in Nairobi and Katine in Uganda.

Changing health policy

AMREF sets out to influence those in power so that health policy and practice better serves the needs of Africa's most vulnerable people.

Africa is home to 36 of the 57 countries in the world currently experiencing a critical shortage of health workers.

This health worker crisis is particularly acute in rural and hard-to-reach areas, where 80 per cent of Africa's population live. Here, health workers often feel extremely isolated and are working in incredibly difficult conditions. To highlight the health worker crisis to a UK audience, AMREF held an event in partnership with VSO at the Royal College of Nursing in April 2010. The event attracted a diverse audience of more than 100, with speakers from AMREF, the Royal College of Nursing and the Royal College of Midwives.

For the next three years we will be particularly focusing on mid-level and community health workers, using evidence from our research and programmes to push for more resources in East and Southern Africa.



Achieving through partnerships

GlaxoSmithKline (GSK) has invited AMREF, Save the Children and CARE International to create global Healthcare Infrastructure Partnerships to train health workers and strengthen health systems in developing countries.

AMREF will lead the Healthcare Infrastructure Partnership in East and Southern Africa, focusing on strengthening the frontline health workforce in the most rural and marginalised communities.



“AMREF has been saving lives for decades, and should give us all hope that even the most complex health challenges can be overcome.”

Bill Gates, Chairman of Microsoft and founder of the Gates Foundation

Building the global health workforce

One billion people will never see a health worker in their lifetime. AMREF strongly believes that investment in human resources for health (HRH) development is critical if this unacceptable situation is to be resolved.

In 2010, AMREF UK established a UK Working Group on Human Resources for Health with international charities Merlin and VSO. The group was set up to make the most of our combined resources and influence to increase political and financial commitment from the UK to human resources for health in developing countries. The group now comprises 18 UK non-government organisations and professional associations.

The UK Government has committed to achieving a range of development targets including Millennium Development Goals (MDGs) 4 and 5, focusing on reproductive, maternal and newborn health.

The working group believes that without a considerable increase in UK and global political and financial commitment to the health workforce, we will fall short of international health targets. Health workers should be placed at the forefront of UK efforts to meet the MDGs. Failure to do so will be counted in lives.

Since its formation in April, the group has written an 'HRH call to action' and tabled almost 10 questions in Parliament on HRH.

Community health workers

Community health workers (CHWs) provide basic health care and education in rural and remote areas that are home to 80 per cent of Africa's population. There is often no access to formal health care and health workers are in short supply.

AMREF trains volunteer CHWs, who are selected by their own communities. They receive basic medical training to treat mothers and babies with malaria, help tuberculosis (TB) patients to take their treatment correctly and educate communities about HIV prevention. With this life-saving knowledge, and basic equipment and medicine, they are able to diagnose and treat people within minutes of their home. They are also trained to recognise and refer more complicated cases to professional health teams. AMREF ensures CHWs are linked to formal health centres and hospitals.

Community health workers mean that patients no longer lose vital time travelling long distances to the nearest health clinic and understaffed health clinics are less congested with patients who can be safely treated in their homes. Each year, AMREF trains more than 10,000 CHWs.

“Health care workers are the glue that binds the health system together. Without them, the system fails”

Dr Peter Ngatia, AMREF's Director of Capacity Building



Influencing through evidence

AMREF makes sure there is a research component in all of our projects. This ensures that we can constantly improve our understanding of Africa's health challenges and develop appropriate and sustainable solutions.

We use our research to influence policies and practice in Africa, and internationally, combining evidence with strong and coordinated advocacy work.

In 2010, AMREF was invited to join a new six-year DFID-funded research programme led by the London School of Hygiene and Tropical Medicine, focused on strengthening health systems in developing countries..

In the past year our research has included home-based management of malaria in Tanzania, drug supply chain issues in Uganda and disease in nomadic communities in Kenya.

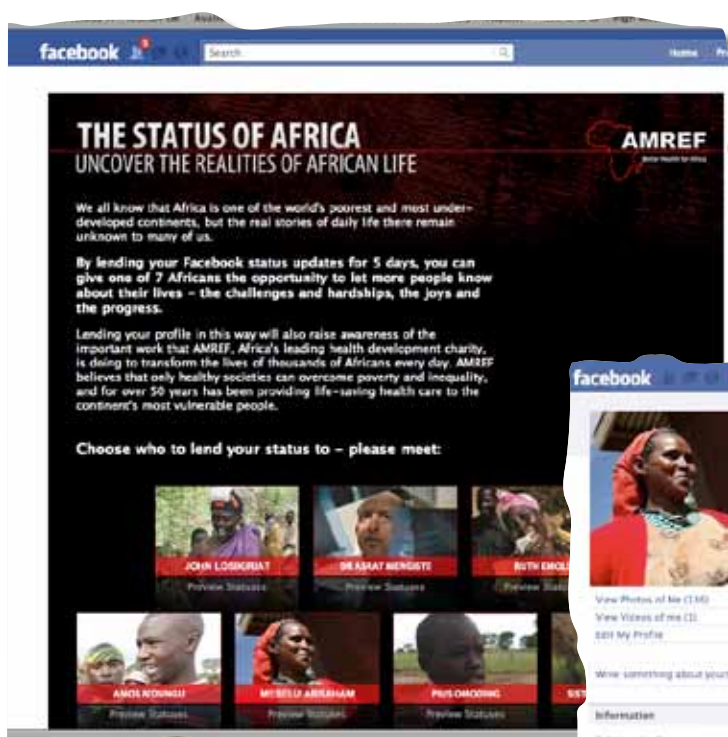
AMREF UK has established a new internship scheme with Liverpool School of Tropical Medicine, which will involve Masters students from Liverpool working alongside AMREF's teams in Africa on a number of different studies from 2011. Three Masters students will work with AMREF staff in Tanzania, Kenya and Ethiopia on research studies on topics including water and sanitation, HIV/AIDS and malaria.

Increasing visibility

Our Status of Africa social media campaign has helped to bring the everyday lives of Africans closer to people in developed countries, highlighting the health issues they face and building public support for change.

This innovative Facebook application, developed with the creative agency BBH, provided an insight into the daily lives of vulnerable communities in Africa. Users could choose one of seven African people AMREF works with to share their Facebook status for five days. The application would automatically update their status with their chosen African person's status twice a day.

Over 1,600 people used the application, which attracted a substantial number of new audiences to AMREF. We received high levels of coverage in numerous UK media outlets.



Katine – a winning partnership



In Katine in north east Uganda, more than three-quarters of the 30,000 population survive on less than \$1 a day. In 2007, the region was suffering from the after-effects of conflict. Local services such as schools and hospitals were poorly staffed and in dire need of structural repair. Poor sanitation gave rise to potentially fatal illnesses, particularly among children.

By the end of 2010, AMREF had been working in Katine for three years, with some remarkable results.

How the project started

The Katine community partnerships project (KCPP) was conceived in 2007 as a ground-breaking partnership between AMREF, the *Guardian* and Barclays.

Chosen in consultation with the local community, the aims of the project were to:

- Reduce poverty
- Improve health and education
- Increase income
- Improve community involvement in decision-making

The intention was to work with the community at all stages of the project, ensuring the project was responsive to community needs, was owned and maintained by the community, and ultimately sustained by the community once the project finished.



Katine in numbers

The last three years have seen some tremendous improvements for the residents of Katine.

Health care

- **15** community health volunteers trained
- **15,500** babies immunised against childhood diseases

Microfinance

- **150** village savings and loans associations established

Water and hygiene

- Around **22,000** people now have access to clean drinking water
- **89 per cent** reduction in the number of children under five contracting diarrhoea

Schools

- **15** primary schools provided with **1,100** desks and **5,147** textbooks
- **16** new classrooms built and **22** repaired

Our work in 2010: involving communities, enhancing lives

Our focus for Katine this year was ensuring that our work over the last three years would be sustainable. We provided training and support to various community-based organisations so that they could continue to push for improvements.

Health

A key factor in the improvement of health in the region is down to the new sanitation systems. Four years ago, less than half of the population of Katine had access to clean water. At the end of 2010, following extensive work by AMREF, it is estimated that over 73 per cent are benefiting from safer drinking water.

We trained 15 community vaccinators and saw rates of immunisation against childhood diseases rise from 89 per cent in 2008/09 to almost 96 per cent. We also provided a fridge to store vaccines and distributed insecticide-treated nets to protect against malaria, one of the region's most prevalent diseases.

Building community resources

We worked with committees such as Village Health Teams (VHTs) to give them the necessary skills to lobby government to ensure the needs of the community are met. We also established and developed 48 more farmer groups and connected them with Village Savings and Loans Associations so together they could buy livestock and save for medicines and hospital fees.

“There are 100 homes in my village. People are clean and healthy and our children are going to school. I have seen great changes since AMREF came to work with us.”

Ruth Emolu, an AMREF-trained community health worker from Katine, Uganda

The work goes on...

After three years, the partners in this groundbreaking project believe it has come a long way.

The Ojom health centre – once no more than two rooms and a couple of nursing staff – now has a lab and full-time lab assistant, meaning patients can be tested for malaria, HIV and other diseases without having to travel to the main health centre 15km away. The Ogwolo primary school has new classrooms, desks and textbooks and children and teachers understand the importance of hygiene and sanitation. Clean, safe water is now available at 11 new boreholes and 11 schools now have 10,000 litre water tanks to collect rainwater for handwashing. Women are taking the lead in community groups and on committees and farmers now have new bargaining power and dry storage for excess produce.

Yet there is still more to be done to ensure the improvements in

Role of women

Our work to ensure that the women play a key role in the governance of their communities is also paying off. Currently, women make up half of the water source committee and a third of parish council representatives. AMREF has been on hand to advise women on their rights, helping them to find their voice and become pillars of their communities.

These once fragmented communities, with little knowledge of what was happening 10 miles away, are now making their voices heard about the changes in the region and suggesting what could be done to build on their successes.

Award-winning recognition

Last year, AMREF and our project partners were recognised for our work in Katine with a Business in the Community Coffey International Example of Excellence award. The award is given to organisations that show innovation, creativity and a sustained commitment to the UN Millennium Development Goals and was presented to us by our patron, HRH The Prince of Wales. Charles Duff, chairman of the judging panel, said: “It is easy to see that the work through this partnership has great potential for being scaled up, and is replicable in other communities in Africa and beyond.”



Katine can be sustained in the long term. AMREF is ensuring the community is able to continue the work.

The Guardian's media coverage finished with a Saturday supplement that reaffirmed the relevance of AMREF's approach to working with communities and showed the challenge of reporting honestly on development and of achieving sustainability.

AMREF believes the result was greater transparency between us, the media and our donors and will stay in Katine for one more year to strengthen community structures. We are helping people to help themselves and the future sustainability of the project will depend on the people of Katine.

For more information visit
www.guardian.co.uk/katine

Treasurer's report

AMREF UK continued to maintain its income at the same level as 2009, a real achievement in the current economic climate.

Our aim was to diversify our income and we are extremely grateful to all our donors: individuals, institutions, corporates, and trusts and foundations for their generous support.

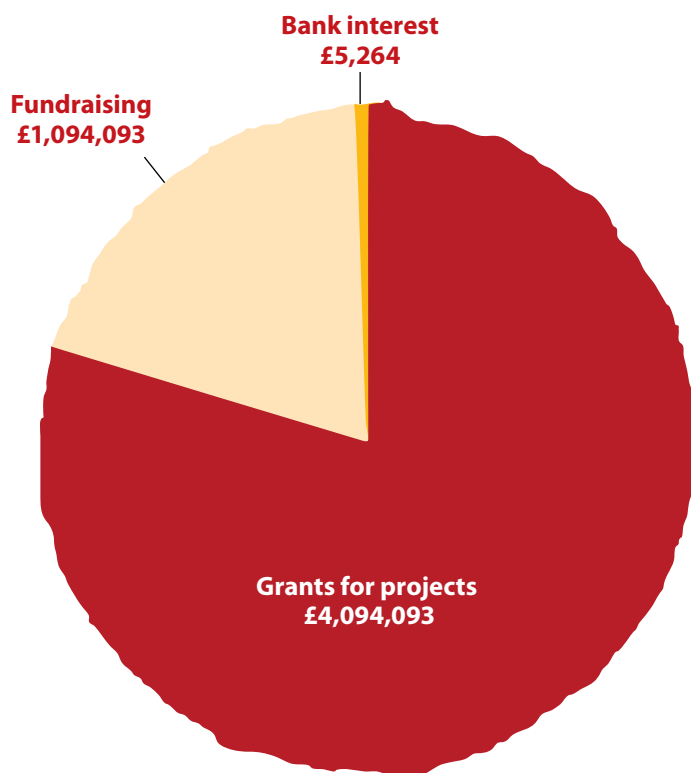
Voluntary income increased by 5 per cent to £973,488 and income from charitable activities experienced a 2 per cent increase thanks to the continued rise in grant funding for projects in Africa from institutional and corporate donors.

Gross income for the year was £5,134,078; a small increase on

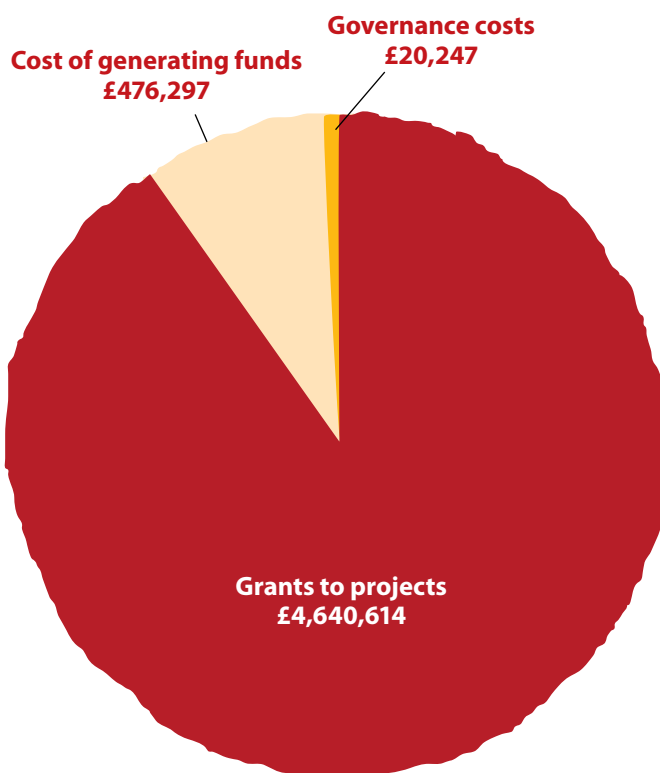
2009's £5,109,111. In line with income, we continued to spend more on charitable activities in Africa. During the year we spent a total of £4,640,614 and the cost of generating these funds was £476,297. We continued to invest in our fundraising activities and to strengthen our fundraising team.

We're proud of the fact that in 2010, for every £1 of gross income, 90p went directly to fund projects in Africa – an indication of AMREF UK's commitment to be as cost-effective as possible across all its activities.

Looking ahead, we will continue to focus on diversifying our income, keeping our administrative costs down and investing in our fundraising capacity.



Income £5,134,078



Expenditure £5,137,158

AMREF UK

In the UK, our purpose is to increase the impact of AMREF in Africa – raising funds and targeting resources towards programmes that strengthen health systems for the long term. Through strong partnerships with our network of supporters and donors, we are able to provide much-needed funding and technical support to projects in Africa.

Patron

HRH The Prince of Wales

President

The Duke of Richmond and Gordon

Senior Management Team

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And a big hand to all our supporters



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AMREF's vision is lasting health change in Africa.

We believe that the power for this change lies within Africa's communities.

We ensure that communities have the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty.

We reach, respect and become part of communities and help them make change from within. We do this by:

- Supporting communities others cannot or do not reach
- Creating conditions for health, catalysing the hidden but real energies within communities
- Championing women who are at the heart of their family's and community's health

AMREF is Africa's leading health development organisation. Based in Africa, we are African, operating from within to tell the truth about Africa and its health realities.

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*Poached Creative is a writing and design company for charities and the social sector. Unemployed people form part of the creative team, gaining skills, experience and confidence. www.poachedcreative.org.uk

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