



ANNUAL
REVIEW
1999

Dear friends, **AMREF** is about innovation. It is about research, and it is about communities. But above all, **AMREF** is about health – good health.

AMREF works with East Africa's poorest and most vulnerable people. Our goal is for them to gain the knowledge, means and power to improve their own health.

For 42 years, **AMREF** has pioneered effective health care in East Africa. The innovation continues. This year we appointed a new Director General and a new professional, international Board. Working from our Nairobi headquarters, they will focus on increasing our impact all over Africa.

After successful work in South Africa, **AMREF** has also opened offices in Mozambique, Ethiopia and Southern Sudan. There, we train district health teams to pass on affordable and appropriate schemes to local health workers and villagers.

This year too **AMREF** won the prestigious \$1 million Conrad Hilton Prize, given for the first time to an African organisation. Smithkline Beecham and **AMREF** have also started work on a major \$1 million project to teach basic hygiene and sanitation at primary schools throughout Kenya.

Intercapital, the UK's largest derivatives broker, supported **AMREF** with a share of the £1.3 million raised at their annual charity day. Chairman Michael Spencer summed up the reason why his company chose **AMREF**. "It makes sense to enable local experts, in partnership with communities, to get on with what really works for them, rather than providing what we in Britain imagine they require."

Your support, too, has been invaluable. So many people, governments and companies in the North now recognise that only African solutions will solve African health problems. **AMREF** can now make a bigger impact than ever. Thank you, so very much, for being a part of it.

ANNE ALLPORT, CHAIRMAN ALEXANDER HÉROYS, DIRECTOR

THE AFRICAN WAY TO AFRICAN HEALTH



**1999 WINNER
OF WORLD'S
GREATEST
HUMANITARIAN
AWARD**

THE WORLD'S
SMALLEST
MATERNITY WARD



A sliver of soap, a piece of cotton wool, a razor and some boiled string. These four small items make up the AMREF matchbox birthing kit, an innovation that saves the lives of thousands of babies and their mothers every year.

In rural East Africa, most babies are born in remote homes often have no electricity or running water, much less sterile dressings or drugs. Babies are delivered by traditional birth attendants who have no medical training. Poor women are 200 times more likely to die in childbirth than wealthy women. Up to 10% of their babies will die at or shortly after birth, and one fifth of the others won't survive until their fifth birthdays.

This is why simple ideas and innovations such as the matchbox birthing kit are so important. Using the razor to cut the umbilical cord and tying it with the string help stop neo-natal tetanus, a major killer of new-borns in Africa. By washing her hands and the mother with soap and cotton wool before a birth, the birth attendant helps prevent potentially fatal uterine infections.

The matchbox birthing kit is just one of AMREF's innovative health projects. Like all AMREF projects, it is effective and culturally appropriate. First, AMREF trains village health workers. They then train the birth attendants, who can learn to use the kit in just a few lessons. The birth attendants can easily find kits' contents in village markets, so they will always be ready when a woman goes into labour.

In recognition of AMREF's unique contribution to African health, the charity was honoured with the Conrad Hilton Humanitarian prize this year. For the first time the prize went to an African organisation, in recognition of the hands-on practicality of Africa's largest indigenous health organisation.



Phiri Macuacua is a Mozambican artist living in London. He supports AMREF by donating a percentage of the sale price of his paintings at AMREF's annual "Art for Africa" exhibition. Little Phiri is a Mozambican-British baby who supports AMREF by cheerfully posing for our photographs.

THE **TIN CAN** THAT SAFEGUARDS THE SIGHT OF CHILDREN



AMREF's leaky tin – or tippy tappy tin as children often call it – is an ingeniously simple invention. But why is an empty metal can with a hole and a stick in the bottom, and hung from a tree, so important?

Every year, thousands of African children go tragically, needlessly blind from trachoma, an eye infection. Dirt in the eyes starts the infection. Eyelashes then become ingrown and scar tissue forms. This painfully grates on the eye, and in time children lose part or all of their sight.

The leaky tin hangs on a tree or a wall, filled with water. Water is often still scarce; women and children may have to walk for miles to a well or spring to collect it. Most is used for drinking and cooking, with little left over for washing.

The leaky tin is so useful because it produces a trickle of clean rainwater. These few drops are enough for children to wash their eyes and hands each morning. Remarkably, this stops the trachoma

infection from taking hold and saves the child's sight.

AMREF has been spreading the word about the tippy tappy tin for 20 years. In project villages, communities elect village health development committees to work with AMREF. As friends and neighbours, they can easily pass on what they learn to the rest of the community.

The leaky tin is so successful that it is now part of an innovative new project in partnership with the drug company Smithkline Beecham. With AMREF, they have developed an education programme on good health and hygiene for every primary school in Kenya. Such collaboration is an important new direction for AMREF. Northern donors now both recognise our achievements and help share important innovations with other people in need.

The New AMREF Portable Oxygen Tank

Clean water is the key to preventing many diseases besides trachoma.

That's why AMREF trains teams of young men to dig wells.

There is very little oxygen to breathe while digging over 20 feet down.

Yet amazingly, when a man takes a bunch of banana leaves down with him, they give off enough oxygen for him to breathe for 20 minutes. AMREF has now told hundreds of villages about these free, portable "oxygen tanks"; another example of AMREF's simple solutions helping people improve their own health.



How do you explain HIV and AIDS to people who cannot read, and have no TV or radio? How can you tell these most vulnerable people that their ignorance makes them vulnerable? How about using a doll?

AMREF uses dolls, drama, role playing and peer education to reach young people and those with little formal schooling. AMREF projects confront issues of emerging sexuality and sexual health in general so that AIDS is seen in context. In Kabale, Uganda the AMREF project reduced sexual activity among primary school students from 50% to 21% over two years.

This work is crucial, as the impact of AIDS in Africa is even worse than predicted. Eleven million Africans are infected with HIV and 6.3 million will have died from AIDS by the end of the 1990s. 85% of the world's HIV infected people live in Africa. Life expectancy in Kenya, Mozambique, South Africa and six other African countries is now just 48 years – ten years less than it would be without AIDS.

Up to 1 in 4 adults are infected in some countries. In the worst hit communities, AIDS has wiped out nearly an entire generation, leaving only grandparents and young orphans. AMREF supports AIDS orphans in Uganda by helping their foster parents start small businesses. The extra income helps cover part of the costs of the orphans' housing, food and school fees. Many of the children would not be able to live in a foster family or attend school without AMREF's extra support.

Ground-breaking AMREF research shows that treating other sexually transmitted diseases cuts the transmission of HIV by 42%. This year AMREF is set to expand its research and experience sharing programme. Stopping the spread of AIDS will be a big part of this, as AMREF's distinctive, community-based health care projects continue to yield so much vital information for African health.

The Opposite of Tom and Jerry



How can you stop domestic violence with comic books? In Mwanza in Tanzania, wife beating is a serious problem. AMREF's Jijenge project is often the only place women can go to help stop the abuse. Jijenge not only cares for women and children, it also tries to stop men from being abusive. Education against violence is an important strategy. Comics help with this since many of the men have only basic reading skills. Their clear stories and pictures help men realise that there are other ways to solve domestic problems.



**A FIELD
MARSHALL
IN THE FIGHT AGAINST
AIDS**

AMREF'S
MOST
IMPORTANT
SURGICAL
TOOL



Imagine being ill or injured, but having to travel 700 miles to the doctor you need. Imagine there are no tarmac roads, much less a car. Millions of East Africans face this dilemma when they are ill or wounded, and this is why AMREF's Airborne Services make such a huge impact.



EVERY DAY: EMERGENCY EVACUATIONS

The Flying Doctors' Service is East Africa's only air ambulance service. Medical teams and pilots remain on call 24 hours a day to fly out in response to radio distress signals from an area as big as Western Europe. The service treats tourists and villagers alike. Anyone in need will be picked up, regardless of ability to pay.

EVERY WEEK: SURGICAL OUTREACH

AMREF's three in-house surgeons also provide a unique outreach programme to remote rural hospitals. Each week they fly to different hospitals, treating and operating on hundreds of patients. While there they teach new techniques to local doctors and nurses, who can then treat hundreds more. Forty hospitals in three countries know they can call on AMREF for difficult or specialist cases.

EVERY MONTH: SPECIALIST OUTREACH

Specialist Kenyan and Tanzanian doctors fly to rural hospitals for monthly surgical and medical "circuits". On each circuit, a doctor treats up to 60 people over three days. Patients are drawn to the hospitals from a huge area. The range of conditions is also huge: doctors include gynaecologists, endocrinologists, urologists and paediatricians. Without the AMREF service, patients would not get the specialist help they need.

FOR THE FUTURE: TRAINING AND CAPACITY BUILDING

One of AMREF's important priorities for the new century is supporting African health systems. Training given by the AMREF teams will be a major part of that support. 3,000 local medical staff are already trained each year, and we plan to expand the programme to cover more countries. The goal is not just to treat more patients, but to teach local staff how to treat future cases themselves and share the lessons we learn.

Another AMREF First: Laboratory Support

Effective, life saving treatment of infectious disease often depends on quick and accurate identification through a health laboratory. Yet laboratories remain sadly underfunded and undervalued in East Africa.

AMREF runs East Africa's only laboratory support programme and only laboratory technicians refresher course. Serving remote hospitals, AMREF supplies reagents and equipment. We also train technicians on-site and often help in epidemics and emergencies.

The Laboratory Support programme also produced a manual that has become the standard guide for rural laboratories all over Africa.

Update: Nairobi Bomb Reconstructive Surgery

For Kenyans, the devastating bombing of the American embassy in Nairobi is not old news. Although it happened in August 1998, they still live with the consequences.

In addition to the 224 people killed by the bomb, another 5,000 were wounded. Some serious injuries left hundreds needing reconstructive surgery. A team of local and international AMREF surgeons has now operated on more than 460 people. Repairing shattered faces and rebuilding crushed hands and limbs are two of the main areas of work.

To make the surgeons' visits even more useful, AMREF held a conference for foreign and local medical teams to share skills and information in this specialised field.

Mama Daktari



Anne Spoerry – physician, pilot and adventurer – died in 1999 after nearly 40 years as an AMREF Flying Doctor. Every five weeks for years, Anne flew a regular circuit, treating serious wounds and infectious diseases. She also gave advice on family planning and immunised thousands of children. Over an area covering tens of thousands of square miles, Anne Spoerry became known as "Mama Daktari" – Swahili for "Mother Doctor".

After working with the French Resistance and imprisonment during the war, Anne felt drawn to live in Kenya in 1950. She learned to fly at age 45, and joined the Flying Doctors in 1964. Anne flew for AMREF until 1998, when she was 80. A huge collection of friends and the thousands she cared for will remember Anne for her tremendous service to African health.

In honour of Anne, AMREF UK have established the Anne Spoerry Society which will recognise people who remember AMREF in their wills. Anne contributed her dedication, enthusiasm and support, and they too will help shape AMREF as we grow into the future.

Malaria is one of Africa's biggest killers. Deaths from malaria are rising by 5% a year in children and 10% in adults. Africa already has 150 million cases annually, and 1.5 million people, mainly children, die of the disease. 30% of treatments given at health facilities are for malaria. While drugs can be effective, they are highly toxic and some new strains of malaria are drug resistant.

Prevention is the key to fighting malaria, and AMREF's insecticide treated malaria bed net is one of the most successful innovations. The fine mesh nets are doubly effective: families sleeping under them are safe from mosquitoes, which are also repelled from the room by the insecticide.

As with all AMREF projects, this one works within communities. AMREF first supports local tailors with interest free loans for materials. We then train the tailors in making and selling the nets, and in basic health education. Community health groups, with AMREF's support, teach each other about nets and malaria prevention. Some community groups even create special loan funds so that poorer members may buy the nets on credit and repay the group later.

Remarkably, AMREF research has shown that using the nets reduces childhood deaths from malaria by up to 70%. In addition, childhood illness from malaria decreased by half and all childhood deaths were cut by 33%.

This project is a good example of how AMREF works on many levels – economically, socially and practically - to support good health. AMREF is now a prominent member of the UN's Roll Back Malaria Initiative. With this programme and our new emphasis on experience sharing, AMREF will play a key role in preventing thousands more unnecessary deaths from malaria.



**CUTTING
malaria
DOWN TO SIZE**





ARE YOU A
ZEBRA,
LION OR
TURTLE?

Communities: Past, Present and Future

"Communities are... complex structures consisting of groups and individuals with differing needs, resources and aims. It is therefore necessary... to make careful community assessments before implementing a programme." Here is an old Chinese saying:

GO TO THE PEOPLE
LIVE WITH THE PEOPLE
LEARN FROM THEM, LOVE THEM
START WITH WHAT THEY KNOW
BUILD WITH WHAT THEY HAVE
BUT WITH THE BEST LEADERS
WHEN THEIR WORK IS DONE
THE TASK IS ACCOMPLISHED
THE PEOPLE WILL SAY
'WE HAVE DONE IT OURSELVES':
LAO TSU, CHINA 700 BC"



From Training Guidelines: Primary Health Care and Community-Based Health Care, written and published by AMREF and used on the Diploma course

These days, many companies run staff retreats and team building exercises. Teamwork, it now seems, is the best way to get a job done.

AMREF's community based health care programme has always relied on teamwork by health workers and villagers. But flip charts and overhead projectors won't help build teams for people in remote areas who can barely read or write.

On AMREF's diploma course for middle level African health workers, nature is the textbook for group dynamics. A graduate of the course might motivate other health workers to start a community project by asking, are you an elephant who blocks the way? A monkey who fools around and chatters? Or maybe you are a giraffe – from a great height you look down on others, but also see far ahead.

Learning how to help communities mobilise themselves is the thrust of AMREF's course. The middle level workers who take it, not senior staff, actually deliver health services to over 75% of rural people. AMREF's is the only course in Africa conferring a diploma in community health and, in thirteen years, students from 21 countries have attended. Last year there were 230 applications for 30 places.

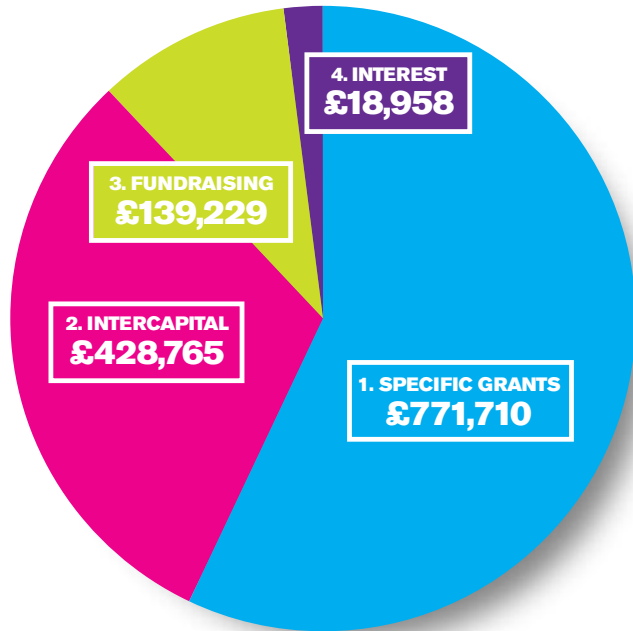
Besides "animal behaviour", the course also covers more "traditional" subjects: communicable diseases, maternal/child health, family planning, computers and others. Training of trainers is

another important focus so that graduates can share their skills with colleagues and local people. AMREF estimates that 30 million people have indirectly benefited from the course over the years.

AMREF's new, fully equipped training centre is under construction and will be ready to serve hundreds of diploma students next year, not just 30. Thousands can also take the many other AMREF short courses. The implications for African health are huge. Besides that, we can guess that somewhere, someone will begin to solve a local problem by saying, "Now I am a stubborn donkey, but I want to become a wise and disciplined owl!"

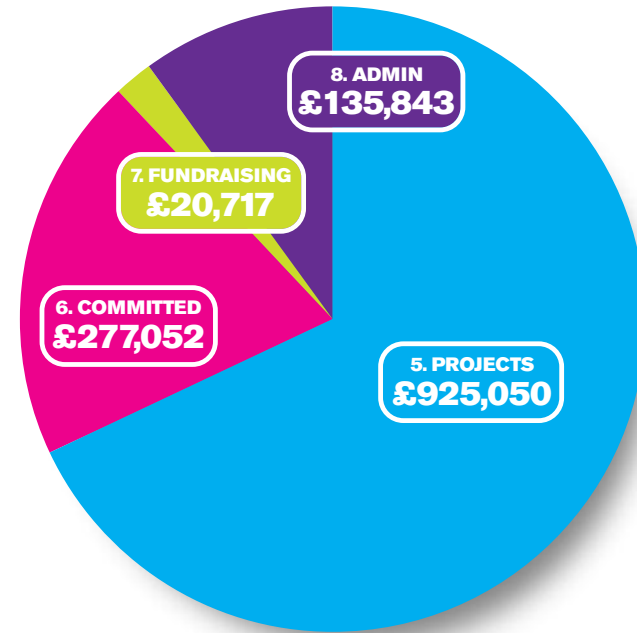
INCOME - £1,358,662

This year, AMREF UK raised money from the following sources:



EXPENDITURE £1,358,662

This is how we used the money:



- 1 Grants for specific purposes** - £ 771,710 (57% of total)
Earmarked grants from the British government, the EU, companies and trusts
- 2 Grant from Intercapital** - £428,765 (31% of total)
Money raised on their charity day
- 3 Fundraising and general donations**
£139,229 (10% of total)
Money raised from appeals, covenants, fundraising events and Christmas cards
- 4 Interest Receivable** - £18,958 (2% of total)
Interest earned in AMREF UK bank accounts

- 5 Funds transferred to projects in Africa**
£925,050 (68% of year's income)
AMREF UK's direct project support
- 6 Committed** - £277,052 (20% of year's income)
Money for ongoing and future projects
- 7 Fundraising Expenditure**
£20,717 (2% of year's income)
The cost of raising funds
- 8 Administrative Expenditure**
£135,843 (10% of year's income)
The cost of running AMREF in the UK

Our Generous Supporters

AMREF would like to thank the many generous people, companies and trusts who supported our work this year. We would also like to express our most sincere thanks to Lonmin plc who have generously donated office space for AMREF UK. The new offices have helped AMREF UK to make our operations both larger and more efficient and thus provide even greater support to our projects in Africa.

Anne Allport
Anglo American plc
Andersen Consulting Foundation
Andrich International
The Arbib Foundation
Ashanti Goldfields
D G Barnes
The Beaverbrook Foundation
Lady Mary Bell's Charitable Trust
E A Bennett
Bles and Lansley
Booker Tate Ltd
David K Brewer
R Bristow
Gordon Brodie
P J Brown
Dennis Buxton Trust
Cable & Wireless plc
William A Cadbury Charitable Trust
Christopher Castleman
Cazenove & Lloyd Safaris Ltd
Charter plc
Eileen Clark
Stephen Clark Charitable Trust
Comic Relief
Commonwealth Press Union
The Cotton Trust
Criffel Charitable Trust
Rt Hon Lord Deedes
KBE MC PC DL
De La Rue plc
Denis Buxton Trust
Department for International
Development, UK Government
Pamela Dixon
Dulverton Trust
Anne W S Dyer
East African Womens League
The John Ellerman Foundation
Elton John AIDS Foundation

The Emerging Markets Charity
Eton Action
European Union – DGVIII
Exco WCLK Ltd
Farrer-Brown Charitable Trust
Ferguson Benevolent Fund
Ewen Fergusson GCMG GCVO
Anna Finlator
C Fitzherbert
Robert Fleming Holdings Ltd
Franchetti Bond Mail Order
The Grant Charitable Trust
WTJ Griffin
Guerba Expeditions Ltd
Graham Harris
Brian Harrison
The Joseph & Mary Hiley Trust
Hoopoe Adventure Tours
Francis Howard
HSBC Equator Bank plc
Mark Human
Intercapital Group Ltd
Jersey Overseas Aid Committee
Kenya Airways
Kenya Society
Kulika Charitable Trust
C Lethbridge
The Lidsey Charitable Trust
Lonmin plc
David Luckham Consultants
The MacDonald Partnership
The Marlborough
Charitable Estate
Vali Marlow
A B Marshall
Marston Charitable Trust
Mr Stephen May
N G McNair Scott
Mercury Phoenix Trust
J H Olobo-Lalobo

The Orr Mackintosh Foundation
UK National Lottery Charities Board
Overseas Aid Committee,
Jersey Government
Paget Charitable Trust
Gerald Palmer Trust
Susan Pretzlik
Shell International
Petroleum Co Ltd
Smithkline Beecham
Standard Chartered plc
Peter Stebbings Memorial Charity
The Ponsonby Charitable Trust
John Arthur Pool
Mr and Mrs VAL Powell
Preston Travel
Raiitt Orr & Associates
Reunion Mining PLC
Rutland Trust
Elizabeth Countess of
Scarborough
Schroder Charity Trust
Southern Africa Business
Association
Southern Air
St Katherines Fund
The Staples Trust
Lucinda Stobbs
Primrose Stobbs
Peter Storrs Trust
Theobald Barber Limited
Travelling Light
Tudely Holdings Ltd
United News & Media plc
Vernon Trust
David M Wells
Westbuild Homes Ltd
Whitbread plc
C Winnington-Ingram
Wolfson College Oxford

ShareGIFT: A New Way to Give

Do you have small numbers of shares of little value? Perhaps they came from corporate restructuring, inheritance or early privatisation issues. Brokers' fees to sell them could cost more than they are worth. Yet they still pay dividends that may have to be declared.

The Orr Mackintosh Foundation has set up ShareGIFT, an innovative new programme to collect unwanted shares. Shares in various companies are re-registered, aggregated, then sold when possible (free of charge by stockbroker Killik & Co). The proceeds are donated to several charities, including AMREF.

To participate, send your share certificates to ShareGIFT at 24 Grosvenor Gardens, London SW1W 0DH and quote AMREF as a reference. They will then send you the appropriate transfer form.

The AMREF UK Board

ANNE ALLPORT, CHAIRMAN

Career in fundraising and public relations. Joined Oxfam 1983. Deputy Secretary General of CARE International before joining AMREF Board in 1996.

PETER THWAITE, TREASURER

Group Secretary of Charter plc. Formerly with Commonwealth Development Corporation.

RENNIE BARNES

Financial Manager in UK, Kenya and Tanzania

JONATHAN P BEACON FRCS

Consultant orthopaedic and trauma surgeon at St Albans and Hemel Hempstead Hospitals. Worked for AMREF in Kenya in the 1970s.

ALISTAIR BOYD CMG

Advisor to Commonwealth Development Corporation on Southern African Affairs, formerly Deputy Chief Executive. Chairman of the South African Business Association

RT HON BARONESS CHALKER OF WALLASEY

Advisor on African Development to the World Bank. Vice President of Water Aid. Former Minister of Overseas Development. Former Minister in the FCO for Africa.

DARYLL COOKE

Businesswoman and member of the Fundraising Committee.

SIR JOHN CRAVEN

Chairman of Lonrho Mining. Director of Reuters and Rothmans International. Former Chairman of Deutsche Morgan Grenfell.

RT HON LORD DEEDES MC PC DL

Journalist and former editor of the Daily Telegraph. Former MP and Cabinet Minister

SIR EWEN FERGUSSON GCMG GCVO

Former Ambassador to South Africa and France, now Chairman of Coutts & Co., Bankers, Chairman of Savoy Hotels Group and director of BT.

JOHN EDWARDS CMG

Diplomat with extensive service in the Overseas Development Administration and as High Commissioner in eastern and southern Africa.

PHILIP HARARI

Engaged in the fine arts business. Former executive with De Beers in London and Johannesburg.

FRANCIS HOWARD

Chairman AMREF UK 1992 to 1998. Member of Fundraising Committee. Trustee of the AMREF Trust Fund. Company Director. Career in finance with Anglo American, De Beers and Charter in South Africa, US and UK.

AB SANDY MARSHALL

Businessman and Company Director. Former Chairman of Commercial Union and Chief Executive of the P&O Group.

ROGER PHILLIMORE

Businessman and Company Director. Former Joint Managing Director of Minorco.

PETER PRATT

Trustee, John Ellerman Foundation.

LINDSAY ROSS

Press Freedom Director with the Commonwealth Press Union. Many years experience in the newspaper industry.

PRIMROSE STOBBS

Executive Director of Abercrombie & Kent in London.

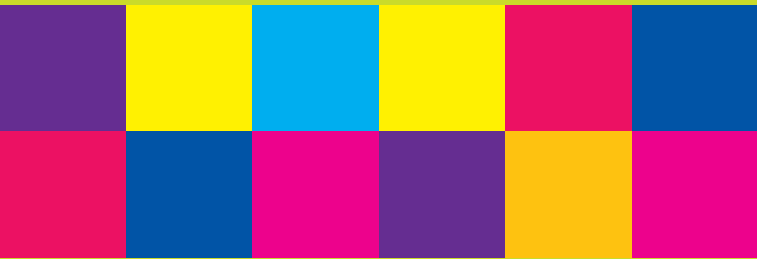
DR PAUL ZUCKERMAN

Former Chairman of SG Warburg Latin America and Vice Chairman SG Warburg International. Chairman Intermediate Technology Development Group UK 1990-1995.

About AMREF

The African Medical and Research Foundation (AMREF) is Africa's largest indigenous health charity. AMREF was founded in 1957 in Kenya, and now has country offices in Kenya, South Africa, Tanzania and Uganda. AMREF also has field offices in Ethiopia, Mozambique, Rwanda, Somalia and Sudan.

AMREF UK is one of 11 international offices in Europe and North America that raise funds to support the charity's work in Africa. AMREF has 500 staff representing 15 nationalities; 97% of them are Africans. Its annual total budget is over £10.5 million, to which AMREF UK contributes over £1 million.



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Patron: HRH The Prince of Wales
President: The Duke of Richmond and Gordon

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