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AMREF AFRICAN MEDICAL AND RESEARCH FOUNDATION



**AMREF's Five-year Programme Plan
and Proposed Budget**

1996-2000

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African Medical and Research Foundation



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Towards the 21st Century:
Meeting Africa's Health Challenges

NAIROBI: AFRICAN MEDICAL AND RESEARCH FOUNDATION

MEMBERSHIP RATES

All annual and corporate members living in either Tanzania, Uganda or Kenya have the option to pay in the equivalent of any convertible currency.

MEMBERSHIP WITHIN 500 KM RADIUS FROM WILSON AIRPORT, NAIROBI

Adults (over 18 years)
Junior (under 18 years)
Tourist (for 2 months)
Corporate 'A'

per person KShs 1,500
Per junior KShs 1,000
per person US\$ 25
up to 20 people KShs 30,000
and for each additional
person KShs 500

MEMBERSHIP OUTSIDE 500KM RADIUS FROM WILSON AIRPORT, NAIROBI

ANNUAL AND TOURIST:

Adult (over 18 years)
Junior (under 18 years)
Corporate 'B'

per person US\$ 50
per junior US\$ 30
up to 20 people US\$1,500
and for each additional
person US\$ 10
per person US\$50

Overseas

LIFE MEMBERSHIP:

Per person

US\$ 1,000

In case of a medical emergency which would necessitate the use of the Flying Doctors' air ambulance service, all members are guaranteed of evacuation under the terms of their category of membership, weather and political conditions permitting and in the absence of any contraindications, the patient's safety being the outstanding consideration.

ENROLLMENT

ONE FORM PER APPLICANT

Cheques should be crossed and payable to
The Flying Doctors' Society of Africa
P. O. Box 30125, Nairobi, Kenya
Tel: 501300/112/3/500508
Telefax: 502699

or brought personally to the office at
AMREF House, Wilson Airport.

Please enroll me as a Corporate A ☐ B Member ☐
☐ Tourist Member
☐ Individual Member
☐ Junior Member

* as necessary

Date of birth of
Junior Member

Day	Month	Year

Name (in capitals): Dr/Mr/Mrs/Miss/Ms*

SURNAME: _____

Other names: _____

Address: _____

Telephone number: _____

I enclose my cheque/cash for: _____

Date: _____

Signature: _____

* Delete as necessary

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MEMBERSHIP ARE NOT TRANSFERABLE**

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P. O. Box 30125 Nairobi, Kenya

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Ali Hassan Mwinyi Road

P. O. Box 2773 Tel: 116610 or 36731

Fax: 115823 Dar-es-salaam &

P. O. Box 944 Tel: 3830 Arusha

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FLYING DOCTORS SERVICE

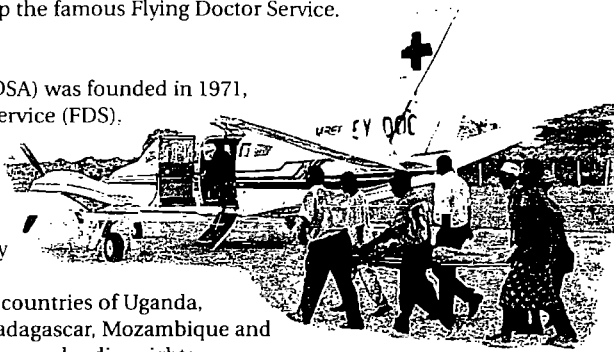


The Flying Doctors

ons, physicians, flight nurses, pilots, a fleet of aircraft and a 24 hour
Emergency Control Centre make up the famous Flying Doctor Service.

g Doctors' Society of Africa (FDSA) was founded in 1971,
to finance the Flying Doctor Service (FDS).
ref's oldest programmes
vacuation services to
ill patients in remote areas.

ce provides medical emergency
ns, not only from Kenya and
but also from the neighboring countries of Uganda,
Somalia, Rwanda, Burundi, Madagascar, Mozambique and
ic Republic of Congo, depending on landing rights.
n, some patients are repatriated to Europe and North America, and medical escort can be
on commercial airlines.



Evacuation may be due to injuries and
illness ranging from road traffic accidents, war or
violence inflicted injuries such as gunshot wounds
or landmine explosion injuries, cardiac or
gastrointestinal problems, infectious
diseases, malaria, animal attacks...
the list goes on.

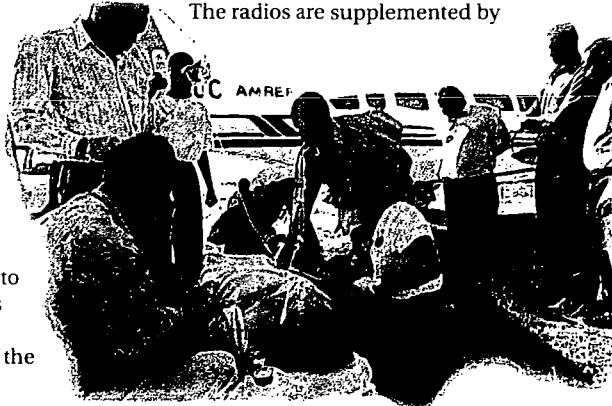
With over four decades of
experience, the Flying Doctors carry
out up to 600 evacuations each year,
some dramatic, others critical.

The medical radio network links over
100 stations in East Africa with AMREF's
Radio Room ("Foundation Control").

The radios are supplemented by

ct emergency telephone and
manned 24 hours.

e lodges, mission hospitals
e posts have constant access
ergency frequencies. During
ation flight, the Flying Doctor's
and ambulances will be on
o transfer the patients
ely on arrival at Wilson Airport, to
in Nairobi where arrangements
een made by the Radio Room
for a bed and doctor to receive the



In diversification of services, the
Society funds other projects
including free medical evacuations
for the poor, surgical safaris and
specialist outreach programmes in
East Africa. To perform this, teams of
surgeons and other specialists are
flown to remote hospitals to perform
curative services and training. FDSA
also funds the radio communication
network and 24-hour standby
emergency personnel.

Apart from donations, the Flying
Doctor Service is supported by
subscriptions to the Flying Doctors'
Society. Membership details are included in the application form.



In case of serious illness or injury, weather and political conditions permitting, the Flying Doctors
provide their members with air transport to the nearest suitable medical centre, usually in Nairobi.
Individual members of the Society are offered one free evacuation flight per year. When this is not used,
the funds contribute towards
helping those who cannot afford
the service and funding of other
projects for the needy.

The Flying Doctors have lived up
to their commitment, "It's
people that matter!" About 10
percent of the total evacuations
per year are non-paying but
deserving cases. It might be a
pregnant Samburu woman
requiring urgent specialist
obstetrician's attention, a Maasai "
Moran" mauled by a lion, or a
traffic accident victim.



The Flying Doctors provide specialised
reconstructive surgery to patients
disfigured through burns,
accidents, mauling, leprosy etc.
There are a lot of people out
there who owe their lives and
their restored looks to the Flying
Doctors' surgeons..

*Join the Flying Doctors and
help them continue their life
saving missions !*





Sexual and Reproductive Health Project

AMREF has been working with Kenyan truck companies on the prevention and control of HIV/AIDS since 1991. The campaign incorporated health education, promotion of condom use, condom distribution, as well as video shows and talks at company depots in Mombasa Island and Changamwe. Follow up activities are undertaken in Machinery and Simba truck stops on the Mombasa-Nairobi highway.

In collaboration with Tototo Home Industries, a non-governmental organisation working with women in income generating activities, AMREF is currently involved in the process of establishing community-based health care in Likoni, Majengo, Changamwe (Chaani) and Kongowea. The project is primarily aimed at putting in place STD/HIV/AIDS interventions. These initiatives are being developed in a participatory manner incorporating community health professionals in Mombasa Municipality, the MOH district AIDS co-ordinator's office and the provincial administration. To date, training has been conducted in Kongowea, Changamwe and Majengo. A total of 90 leaders and 45 peer educators have been trained.

Manuals and Other Learning Materials

AMREF publishes and distributes low-cost health materials—manuals, a medical journal and several newsletters. The AMREF library has a sizeable collection of books and receives about 90 periodicals, most covering health, general and tropical health and medical care. The library also has a few bibliographies on CD-ROM, among them AIDSLINE, and is linked to HealthNet on-line with databases overseas. The aim of the library is to support health services provision, project development/implementation, research and training activities.

What is AMREF?

The African Medical and Research Foundation (AMREF) is an independent non-profit, non-governmental organisation (NGO) whose goal is sustainable and equitable improvement of the health and well-being of the most disadvantaged populations of Africa.

AMREF, with its headquarters in Nairobi, Kenya, was founded in 1957. The Foundation has country offices in Kenya, Uganda, Tanzania and South Africa. AMREF's approach places emphasis on developing, testing and evaluating methodologies and systems that are appropriate, relevant, affordable and effective. AMREF's major targets are vulnerable groups - women, children, the poor in rural and urban under-served areas. In all its endeavours, AMREF works closely with ministries of health, UN agencies and other NGOs.

Programmes

AMREF activities are structured into five programme areas: *Sexual and Reproductive Health; Child and Adolescent Health and Development; Environmental Health; Health Policy and Systems Reform; and Clinical Services and Emergency Response*. Primary health care is the basis for most of these activities, with special emphasis given to community participation and gender equity.



Background

AIDS continues to cause unprecedented suffering and death in Africa. In the past decade more than 11 million adults and one million children have been infected with the HIV virus in sub-Saharan Africa. An estimated 2 million have died of AIDS, and it is predicted that there will be 15 million infections and 6.3 million AIDS deaths by the end of the decade. HIV seropositivity rates measured through ante-natal clinics in urban areas range from 8 to 38 per cent.

The Government of Kenya estimates that 111 Kenyans are infected every day while the Government of South Africa estimates that more than 500 South Africans are infected daily. AIDS is now believed to be the leading cause of death of people between the ages of 15 and 39 years in Malawi, Tanzania, Uganda, Zambia and Zimbabwe.

AMREF's AIDS programme covers a wide range of activities. These include networking, training, home-based care, STD management, laboratory support, school AIDS education; AIDS education for truck drivers, miners, sailors and other mobile workers, and production of communication support materials.

AMREF's AIDS Programme in eastern and southern Africa focuses on service delivery, training, capacity building, technical assistance, advisory services, operations research and health learning materials development. The HIV/AIDS activities encompass networking, training, home-based care, STD management, laboratory support, school AIDS education; AIDS education for truck drivers, miners, sailors and other mobile workers; and production of communication support materials. AMREF has been involved in HIV/AIDS policy formulation and coordination through its active participation at national, regional and local levels. Below is a summary of some of these activities.

Adolescent Sexual Reproductive Health Projects in Tanzania (Mwanza and Dar es Salaam)

The aim of these projects is to improve and sustain the welfare of adolescents by addressing their critical health and socio-economic needs. Improved and healthier sex-related behaviour among adolescents, delayed onset of sex, reduced number of sexual partners, safer sex and use of appropriate family planning methods is expected to be attained through improved access to information and services in prevention of STDs/HIV/AIDS and unwanted pregnancies. Adolescents both in and out of school will be trained in life skills, project design and management, in addition to receiving reproductive health services, health education and counselling.

A new collaborative research project has been launched in rural Mwanza aimed at implementing and evaluating new strategies for the prevention of HIV infection and enhancement of reproductive health among adolescents in rural Tanzania. The aim is to reduce sexual risk behaviours and incidence of HIV and other STDs in young people and to increase their use of effective contraceptive methods.

STD/HIV/AIDS Intervention Projects

AMREF, in close collaboration with the Tanzania National AIDS Control Programme (NACP), has implemented innovative AIDS intervention and research projects in different parts of Tanzania since 1988. These include the Truck Drivers AIDS Education project, the forerunner of the High Transmission Areas (HTA) STD/HIV projects; the AIDS Health Services Support project and the STD/HIV Intervention and Research project in Mwanza Region, on which the current National STD intervention and control programme is based.

There are currently nine different intervention and research projects under implementation by AMREF-Tanzania in the area of STD/HIV/AIDS. These include the High Transmission Areas (HTA)-Kibiti-Dar-Songea STD/HIV Community Intervention project, Lake Zone and Kigoma HTA Intervention project, HTA Umbrella Co-ordinating Function, STD Services for Commercial Sex Workers, National STD Control-Mwanza Region and Shinyanga Region, Work Place STD/HIV Intervention project, Piot's Model Research Study and STD/HIV Laboratory Support project.



Encouraging research findings on STD/HIV/AIDS in Mwanza have influenced national control strategies. The use of peer educators in the prevention of STD/HIV transmission, which started with the AMREF Truck Drivers AIDS Education project, has now been adopted by many other projects.

The National STD/HIV High Transmission Areas project is being implemented by four other NGOs with AMREF playing the co-ordination role (umbrella function) in addition to implementing the interventions in two HTA areas: Kibiti-Dar-Songea route and Lake Zone/Kigoma regions.

“Jijenge!” Women’s Centre for Sexual Health–Mwanza, Tanzania

This is an integrated health project for women. The project is trying an innovative approach of promoting women’s sexual health and well-being within a human rights framework. In collaboration with the Mwanza community, other NGOs and the government, AMREF and “Kuleana”, a local NGO, are addressing the medical and social aspects of women’s reproductive and sexual health. The centre offers basic women-centred services for Mwanza women and their partners—counselling, STD treatment, HIV testing and family planning.

Using community awareness and advocacy, based on the experiences and concerns of women accessing health services, the project is striving to create a climate which is supportive of women’s rights and needs.

STD Control Project, Mwanza Region, Tanzania

The project is based on the AMREF/London School of Hygiene and Tropical Medicine research project in the area which showed significantly reduced HIV transmission resulting from effective STD control. The project has established district-based STD services in all seven districts in the region. Staff were trained in case management, syphilis screening and ophthalmia neonatal prevention, and supportive supervision was conducted.

Piot’s Model for STD Control

This project is exploring the effectiveness of different strategies of case detection and management of STDs. This EU-funded project is implemented in collaboration with Antwerp Institute of Tropical Medicine. The project comprises three studies: a study of patients presenting at the outpatients of Sumve Hospital, assessing the ability of the hospital OPD to detect STD patients among all attendants, and observed quality of STD patient care at health centres including the appropriateness of the treatment given. Data analysis is in progress. Staff are trained in case management and supportive supervision is conducted.

Sexual and Reproductive Health in Refugee Impacted Districts

This is a special project implemented since 1996 in West and North West Tanzania targeting Rwanda, Burundi and Congolese refugees in Ngara District of Kagera and three districts of Kigoma Region. Besides addressing the common needs of the refugees, the project also tackles gender-related violence among refugee populations, STD case management skills and various needs of local communities surrounding refugee camps.

François-Xavier Bagnoud Programme for AIDS Orphans, Uganda

This project is developing community-based approaches to the problems of orphans and other vulnerable children. Strategies include assistance to schools in exchange for remitting school fees for orphans which has allowed about 1,500 children to attend school, assistance to guardians and guardian groups for income-generating projects and arranging apprenticeships for older orphans. An evaluation was completed this year. The project will continue with its assistance for the education of orphans and for individual guardians, rather than group projects. The project works in Semuto, Butuntumula and Makulubita sub-counties of Luwero District and will be matched to the Child Survival project and possibly expand to Kakooze sub-county if funding is secured.

Delivery of Improved Services of Health (DISH), Uganda

This project began in September 1994 and will last four and a half years. It is involved with training for reproductive health in ten districts. The AMREF component includes training 360 doctors and medical assistants in syndromic diagnosis of STDs, the training of 150 laboratory workers in tasks relating to reproductive health and the facilitation of the training of at least 500 TBAs. Emphasis has been on developing training and supervision techniques as



a holistic concept so that there is a more sustainable influence on the behaviour of health workers in an ongoing fashion. To that end, there is less emphasis on workshops as a training tool. The districts include Kasese, Ntungamo, Mbarara, Rakai, Masaka, Kampala, Masindi, Luwero, Jinja and Kamuli. In addition, AMREF has assisted in establishing an STD reference laboratory on the Old Mulago Hill in conjunction with the STD Division of the MOH.

Sexual and Reproductive Health/Primary School AIDS Prevention

This primary school health education project in Kabale District, Uganda, focuses on AIDS prevention. The project works closely with the District Education Office and the local teacher training of senior women tutors, science teachers, child-to-child initiatives, zonal health education committees and competitions in drama and art.

A baseline survey of 400 primary seven students done in 1992 showed that 200 (50%) have been sexually active. The survey, repeated in 1994, revealed that 83 of 401 (21%) were sexually active—a major change.

The original funding has come to an end, and the project’s activities have been taken over by a new regional Sexual and Reproductive Health Project funded by Sida, and this involves expansion of activities to secondary schools.

School Health and AIDS Prevention, Soroti, Uganda

This health education programme in primary schools aims at AIDS prevention through improved access to information, improved peer interaction and improved quality of performance of the existing school health education system.

In conjunction with the Soroti District Administration, AMREF has been implementing an intensified school health education programme in Kalaki and Serere counties and in the municipality of Soroti. The project provided an opportunity to detect whether behavioural change occurred due to the interventions. Repeat baseline survey shows self-reported sexual activity falling from 42% to 11% among 14-year-olds, with no comparable change in the control area. Activities have been extended to three other counties, covering 213 schools.

Adolescent Sexual and Reproductive Health, Luwero, Uganda

This project covers Semuto, Butuntumula, Makulubita and Kakooze, targeting youths aged 10 to 24 years with an aim of improving the reproductive health status of adolescents. All activities are geared towards increasing knowledge about reproductive health issues, adoption of safer sex methods, reduced number of school dropouts due to pregnancy, increased knowledge about STD/HIV/AIDS risks, better utilisation of STD diagnosis and treatment, family planning services. The project also aims to provide a better understanding of factors leading to risky sexual and health related behaviour of adolescents in the local culture.

STD/HIV/AIDS Prevention, Natal Midlands, South Africa

This project, commonly called the Zamani Club, aims at reducing STD/HIV/AIDS infection among truck drivers and commercial sex workers in South Africa. Funded by Pfizer International and Pfizer South Africa, the project is implemented by the AIDS Training and Counselling Centre based in Pietermaritzburg, with AMREF providing financial and technical support. Other key collaborators in this project are the University of Natal, Society for Family Health, Fleetwatch, Lawyers for Human Rights, Dunblane Enterprises and the National Department of Health.

Adolescent Health Promotion, Cala, South Africa

The adolescent health project is in Cala, Elliot District, Eastern Cape Province. It aims at improving the health status of adolescents and building capacity of the staff of the Health Care Trust, Ministry of Health, Ministry of Education and the community in order to provide services and support to enhance adolescent health. The project components include a baseline survey, curriculum development information, education and communications, training in life planning skills, peer education and development of health promotion materials.

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AMREF's major targets are vulnerable groups - women, children, the poor in rural and urban under-served areas. AMREF works closely with ministries of health, UN agencies and other NGOs.

Programmes

AMREF activities are structured into five programme areas: *Sexual and Reproductive Health; Child and Adolescent Health and Development; Environmental Health; Health Policy and Systems Reform; and Clinical Services and Emergency Response*. Primary health care is the basis for most of these activities, with special emphasis given to community participation and gender equity.

African Medical and Research Foundation (AMREF)
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Maputo, Mozambique
Telephone: 0258 (1) 310836; Fax: 0258 (1) 424913
E-mail: AMREFMOZ@Tropical.co.MZ

Background

The AMREF goal in Mozambique is to strengthen the capacities of the Ministry of Health, the Ministry of Local Government, NGOs and community-based organisations to be able to plan, implement, monitor and evaluate, effectively coordinate and support primary and community-based health care initiatives. Strategies include capacity building, partnership and networking, modelling best practices, technical assistance and advocacy.

The government sees AMREF's strength mainly in the area of competency-based training, Health Learning Materials (HLM) development, and in the development of district health systems, more particularly using participatory and community-based health care approaches.

In 1999 AMREF was registered as an NGO in Mozambique, setting the ground for increased interventions and for more aggressive and focused local and international fundraising. AMREF Mozambique's mission is to contribute effectively to the goal of attaining better health for a majority of Mozambicans. While acknowledging the central role of Government and the role of other key players, AMREF will focus on the following identified priorities:

- Support for appropriate, acceptable and participatory approaches to addressing the common problems — malaria, STD/HIV/AIDS, malnutrition, cholera, upper respiratory tract diseases, the cold chain, food security, poverty — and their related causes
- Maternal and child health
- Sexual and reproductive health
- Health policy and health systems reform
- Health Management Information Systems
- Human resource development
- Capacity development at all levels
- Systematic testing, documentation and dissemination of alternative approaches to implementing PHC/CBHC interventions and District Health Systems Management
- Rehabilitation of post-war health infrastructure
- Water and sanitation
- Training and production of HLM

The Mozambique Health Sector

The Mozambique health system is composed of three main sectors: The public sector, the private sector (lucrative and non-lucrative) and traditional medicine. The public health sector is the principal care provider but with a coverage rate of 40 per cent. Nearly the whole of the profit-based private sector operates in Maputo, where a significant number of private clinics and consultants are found. This sector's growth has been slow.

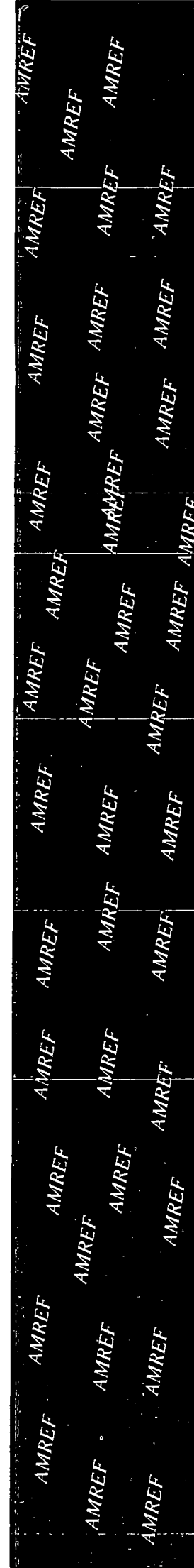
Traditional medicine is undoubtedly the oldest of all and covers the remaining 60 per cent of the population. The Ministry of Health is seeking ways and means for collaboration and encouragement for this sector.

The non-profit based private sector is certainly the major funding body and health care provider in Mozambique.

The National Health System (NHS) consists of four levels. The primary level consists of health posts and centres. The secondary level is made up of rural and general hospitals while provincial, central and specialized hospitals form the third and fourth levels respectively. Due to poor communication and bad roads, referral from one level to the next is in most cases not feasible.

In 1997 there were 734 health posts and 277 health centres; 26 rural hospitals and four general hospitals; seven provincial hospitals; three central hospitals and one specialized hospital. The national average number of people per primary health care unit is 15,569. The National Health System has a bias towards cities with a higher concentration of specialized staff being around Maputo city followed by Sofala and Manica Provinces.

All in all Mozambique experiences gross shortage of health manpower. In 1990 only half of the rural hospitals had a medical doctor. Although the medical school produces doctors and other



related health staff, it will only be 2002 when this will begin making a difference. At the moment there is an over reliance on foreign doctors.

The NHS is financed by public and external funds. The total expenditure on health rose from MT(B) 35.9 in 1991 to MT (B) 275.2 in 1996. This represented 14 per cent GDT, a three per cent rise from 1.7 per cent in 1991. In 1998 the health budget amounted to 13.7 per cent of the state total budget, with an increase of 9.3 per cent over the previous year.

Inharrime community-based primary health care

This district is one of the most underserved areas, with no medical doctor, and only a handful of middle level health workers. With funding from AMREF Spain, CBHC has been strengthened in the district through capacity development of health service providers, communities, CBO, NGO and district health systems.

Mozambican Council of Churches primary health care project:

AMREF Spain has funded the capacity building of the 22 church member organisations of Mozambican Christian Council (CCM) to improve primary health care service delivery. This has involved training of health personnel in management and other technical areas.

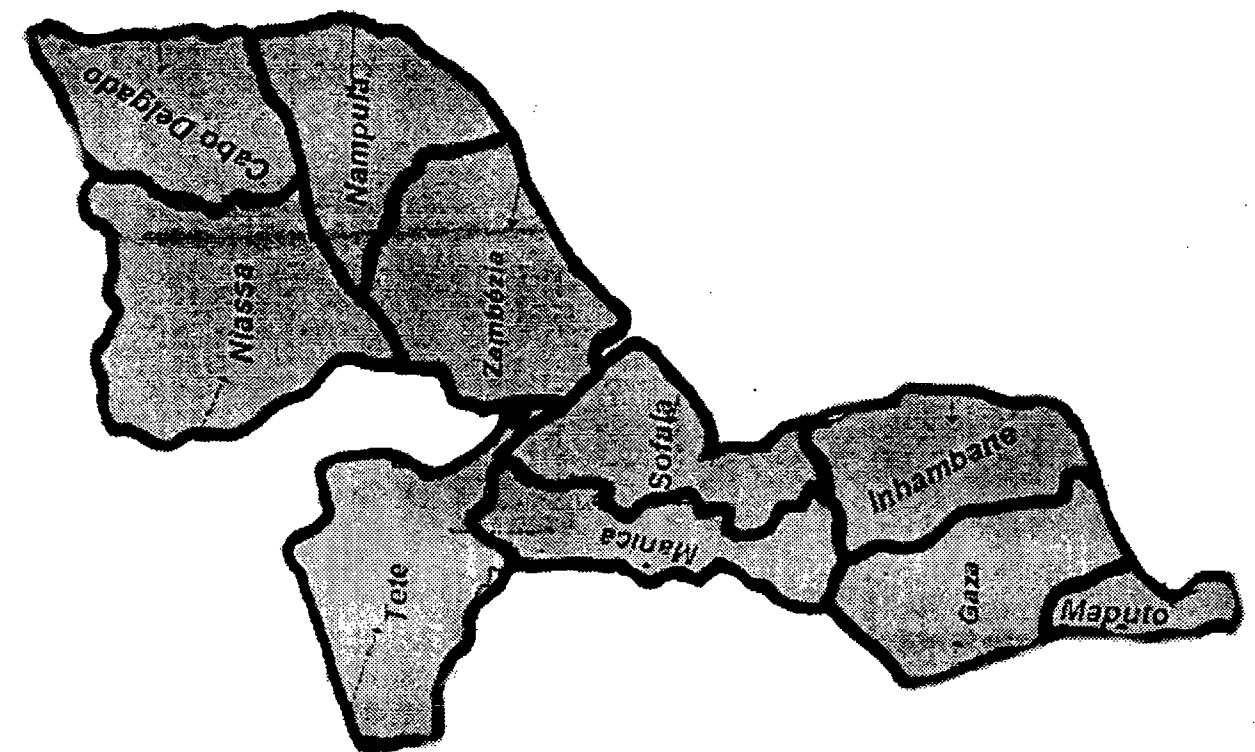
Maxixe sexual and reproductive health

AMREF Overhead Development Fund has supported the capacity building of youth and church organizations, schools and district health systems to improve SRH service delivery through training, support, community structures, networking, advocacy and technical assistance.

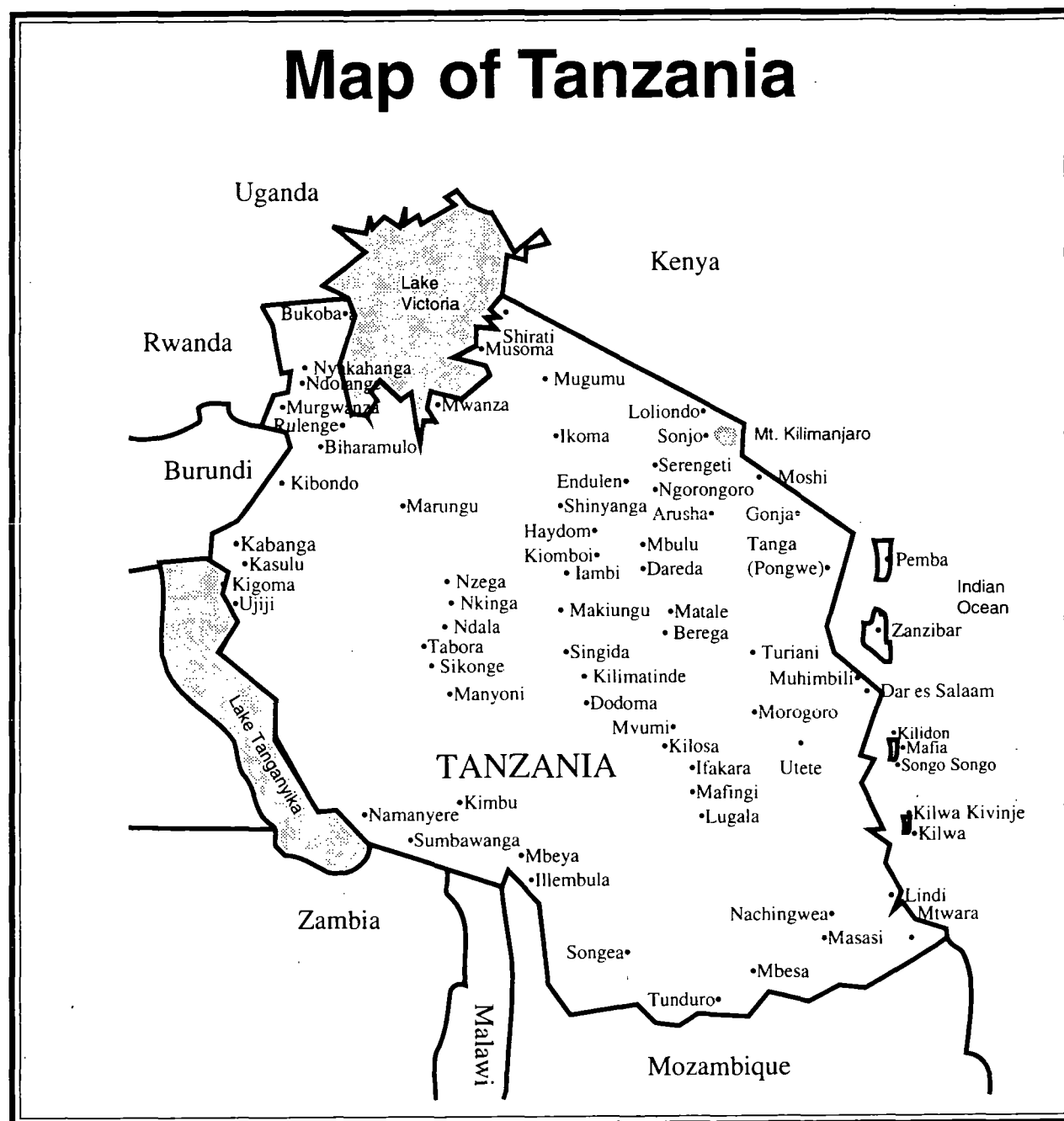
Statistics

Population	16,543 (1997)
Life expectancy	45.5 (1998)
Infant mortality rate	114 per 1000 (1998)
Maternal mortality	1,500 per 100,000 (1995)
Under five mortality	183 per 1000 (1998)

AMREF in Mozambique



→ AMREF working areas



Map of Tanzania showing the AMREF medical radio communications network. Each ● represents an installed radio transceiver.

Facts About Tanzania

Area:	973,000 sq. km	Language:	Swahili and English
Capital:	Administrative—Dodoma Commercial—Dar es Salaam	Health:	
Regions:	25 (20 mainland & 5 Zanzibar and Pemba)	Infant mortality rate:	98 per 1000 live births
Population:	29.7 million (1995 estimate)	Under five mortality rate:	160/1000
Urban population	24%	Maternal Mortality rate:	342/100,000 live births
Rural population	76%	Life expectancy at birth:	52 years
Annual growth rate	2.8%	Primary school enrollment:	70%
Population with access to safe water:	38% (1990-1996)	Adult literacy:	68%
Population access to health services:	42% (1990-1996)	GNP per capita:	US\$140



Background

AMREF's involvement in Tanzania's health sector began with specialist support to mission hospitals in the late 1950s. Its participation in 1961 in the preparation of a government report "The Health Services of Tanganyika", gave AMREF a prominent role in the formulation of Tanzania's post-independence health plans. This relationship continued to develop and today AMREF is one of the main non-governmental health development partners of the Government of Tanzania.

AMREF in Tanzania

Early AMREF operations in Tanzania focused on reaching remote populations who had limited or no access to health care. This led to the rapid growth of the Flying Doctors Service and the establishment of an extensive radio communication network in the East African region. While this has remained an important component of AMREF's activities in Tanzania, the overall composition of our programme has changed with time. The current programme reflects both the changing priorities of the health sector in Tanzania and AMREF's areas of strength.

AMREF's current health development activities in the region focus on five priority programme areas: Sexual and Reproductive Health; Child/Adolescent Health and Development; Environmental Health; Health Policy and Systems Reform; and Clinical Services and Emergency Response. The current activities in Tanzania are dominated by sexual and reproductive health projects and are summarised below:-

Emergency Assistance to Rwanda/Burundi Refugees

This project started as a response to the Rwandese refugee influx into north western Tanzania in 1994, when AMREF joined other local and international NGOs and agencies to provide emergency medical care to over 600,000 refugees. Although about 500,000 Rwandese refugees were repatriated to Rwanda in 1996, they have since been replaced by over 300,000 former Zairean and Burundi refugees.

AMREF is developing the capacity of other NGOs and refugee workers to provide effective Sexual and Reproductive Health (SRH) programmes including HIV/AIDS, STDs prevention of sexual and gender violence to which refugee women and girls are particularly vulnerable. AMREF also facilitates communities to develop their own skills to counsel and support victims of violence. Specifically, the project has provided sexual and reproductive health services among the refugees and the refugee impacted communities in Kagera and Kigoma regions of Tanzania. Activities include training of health workers on diagnosis and management of STDs, including AIDS, training of peer educators on STD/HIV/AIDS prevention, provision of STD drugs and supplies, training in family planning, counselling and service provision, epidemiological surveillance of STD/HIV/AIDS and the strengthening of general management of health services.

Kilombero District Community-Based Health Care Project

As a component of its overall rehabilitation and reform, the Kilombero District Health Services has contracted AMREF since 1996 to initiate community-based health care (CBHC) as the primary approach in health development.

Adolescent Sexual Reproductive Health Projects (Mwanza and Dar es Salaam)

The aim of these projects is to improve and sustain cost effective approaches to the critical health and socio-economic needs of adolescents. Improved and healthier sex-related behaviour among adolescents, delayed onset of sexual intercourse, reduced number of sexual partners, safer sex and use of appropriate family planning methods is expected to be attained through improved access to information and services in prevention of STDs/HIV/AIDS and unwanted pregnancies. Adolescents both in and out of school are trained in life skills, project design and management, in addition to receiving reproductive health services, health educa-

tion and counselling. Most important is the provision of a friendly environment for adolescents to access information and services.

New AMREF research in rural Mwanza is testing the impact of intensive reproductive health education to the 9-15 year old adolescents on the incidence of early pregnancy, STD and HIV infections. The research results are expected to influence the way service providers design and implement SRH interventions for AIDS.

STD/HIV/AIDS Intervention Projects

AMREF, in close collaboration with the Tanzania National AIDS Control Programme (NACP), has implemented innovative AIDS intervention and research projects in different parts of Tanzania since 1988. These include the Truck Drivers AIDS Education project, the forerunner of the High Transmission Areas (HTA) STD/HIV projects; the AIDS Health Services Support project and the STD/HIV Intervention and Research project in Mwanza Region, on which the current National STD intervention and control programme is based.

There are currently nine different intervention and research projects under implementation by AMREF-Tanzania in the area of STD/HIV/AIDS. These include the High Transmission Areas (HTA) – Kibiti-Dar-Songea STD/HIV Community Intervention Project, Lake Zone and Kigoma HTA Intervention Project, HTA Umbrella Coordinating Function, STD Services for Commercial Sex Workers, National STD Control - Mwanza and Shinyanga Regions, Mara, Kigoma, Morogoro, Work place STD/HIV Intervention Project, and STD/HIV Laboratory Support Project.

Encouraging research findings on STD/HIV/AIDS in Mwanza have influenced national and global control strategies. The use of peer educators in the prevention of STD/HIV transmission which started with the AMREF Truck Drivers AIDS Education project, has now been adopted by many other projects, and as far as South Africa.

The National STD/HIV High Transmission Areas project is being implemented by four other NGOs with AMREF playing the coordination role (umbrella function) in addition to implementing the interventions in two HTA areas, Kibiti-Dar-Songea route and Lake Zone/Kigoma regions.

“Jijenge!” Women’s centre for Sexual Health—Mwanza

This is an integrated health project for women. The project has developed an innovative approach of promoting women’s sexual health and well-being within a human rights framework. In collaboration with the Mwanza community, other NGOs and the government, AMREF and “Kuleana”, a local NGO, are addressing the medical and social aspects of women’s reproductive and sexual health. The project offers basic women-centred services for Mwanza women and their partners. The innovative approach is being replicated in several public health care facilities in Mwanza region.

Using community awareness and advocacy, based on the experiences and concerns of women accessing health services, the project is striving to create a climate which is supportive of women’s rights and needs.

Child survival project in Temeke

A new child survival and development project is to be implemented in 20 villages of Temeke district, Dar es Salaam Region. The three-year project will apply the integrated management of childhood illness strategy (IMCI). This strategy has been introduced in Tanzania by the government with the support of WHO and UNICEF as an important step in reducing deaths and illness in children below five years, often caused by malaria, pneumonia, diarrhoea, measles and malnutrition. In Tanzania, malaria, diarrhoea and pneumonia are still the main cause of illness and death in young children, accounting for over 50 per cent of childhood mortality. Measles is the number one killer among the vaccine-preventable diseases in children.

The IMCI strategy has three components: case management skills of health workers; improving the health delivery system and improving household, family and community practices towards child health promotive prevention and curative elements.

Specialist Outreach Services

This is the oldest Flying Doctors Service activity, initiated by AMREF in the late 1950s. Now involving

staff from the Kilimanjaro Christian Medical Centre (KCMC) in Moshi and the Muhimbili Medical Centre (MMC) in Dar es Salaam, the project takes teams of specialists by air to distant rural hospitals on a predetermined schedule. They spend two to four days at each hospital, where they provide specialist services, train local health workers and sometimes supplement medical supplies and equipment.

Specialist outreach flights coordinated from KCMC cover the northern, central and north western parts of Tanzania, while MMC-coordinated outreach flights cover the coastal, southern and south western parts of the country. Most of the specialists come from KCMC and MMC, but also some from Bugando Medical Centre in Mwanza, hospitals in Nairobi and other medical centres in Tanzania and Kenya. The specialities covered include general and reconstructive surgery, paediatrics, medicine, anaesthesia, psychiatry, ophthalmology, laboratory services and counselling.

The specialist outreach programme provides a vital link between isolated hospitals and other health centres and the main national referral centres. For many health workers in these isolated institutions, the specialist outreach programme provides the only opportunity for refresher training and experience sharing with colleagues.

Other Activities

Printing and Book Distribution Units

AMREF develops and produces health learning materials ranging from posters to training modules and text books. Project reports are also produced. In-house production capacity allows promptness and quality control. Through the Book Distribution Unit, AMREF publications and others are made available to training schools and health institutions, as well as to individuals.

What is AMREF?

The African Medical and Research Foundation (AMREF) is an independent non-profit, non-governmental organisation (NGO) whose goal is sustainable and equitable improvement of the health and well-being of the most disadvantaged populations of Africa through service provision, training and research.

AMREF, with its headquarters in Nairobi, Kenya, was founded in 1957. The Foundation has country offices in Kenya, Uganda, Tanzania and South Africa. AMREF’s approach places emphasis on developing, testing and evaluating health-related methodologies and systems that are appropriate, relevant, affordable and effective. AMREF has around 550 employees and implements more than 100 projects in the region.

AMREF’s major targets are vulnerable groups - women, children, the poor in rural and urban underserved areas. AMREF works closely with ministries of health, UN agencies and other NGOs.

Programmes

AMREF activities are structured into five programme areas: *Sexual and Reproductive Health; Child and Adolescent Health and Development; Environmental Health; Health Policy and Systems Reform; and Clinical Services and Emergency Response*. Primary health care is the basis for most of these activities, with special emphasis given to community participation and gender equity.

African Medical and Research Foundation (AMREF)
Tanzania Office: Ali Hassan Mwinyi Road, P.O Box 2773, Dar es Salaam
Telephone: (+255 51) 116610; 27187; 36371
Fax: (+255 51) 115823 E-Mail: amref@amref.org
Internet Homepage: www.amref.org

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AMREF Training Centre

Newsletter

Vol. 5 No. 1
June 1998

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ATTENTION!

The Diploma in Community Health Course is being evaluated this year. You might be selected to participate. Please write by 31 July 1998 to inform us of your willingness to participate.

Editorial

In this issue of the "AMREF Training Centre Newsletter", you will read a lot about personal experiences of current and former diploma students. All of them profess major changes in their attitudes, skills and careers, thanks to the Diploma in Community Health Course. These testimonies support what AMREF has believed in all these years: that a good grounding in community health for middle-level health workers was a major gap for a long time. That gap is being filled by the course.

With this in the background, readers will be encouraged to know that the construction of the AMREF Training Centre is now well under way. In the near future, the hope is that the diploma classes will be bigger than in the past. There will be even more former students from all corners of Africa working towards improved community health.

The initiation of the Diploma Course would not have been possible without immense support from the Canadian International Development Agency (CIDA) and McMaster University. CIDA funding came to an end in 1997, but the course is now self-financing through sponsorship. Supporters and sponsors will be encouraged by reading the newsletter and knowing that their support has made a difference.

Diploma in Community Health Course, Class of 1998



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FLYING DOCTORS' SOCIETY OF AFRICA

Wilson Airport, Langata Road

P.O. Box 30125, Nairobi, Kenya. Telephone: 501301/500508

Telefax 502699 E-mail: flyingdocs@Net2000ke.com

UPDATE

SEPTEMBER 1998

AGM and Open Day

We did not produce an up-date in May but had the Open Day and the Annual General meeting in July. We hope those who attended the events learnt more on the Society and the Flying Doctors. We thank all those who attended either of the functions. The Open Day which was on Monday, July 20th 1998 was a hit with over 200 people in attendance. The chief guest was Kenya's Minister for Health Hon. Jackson Kalweo. Other dignitaries included the Director of Medical Services, Professor Julius Meme, the World Health Organization (WHO) representative, Prof. Paul Chuke, the Chief Nursing Officer, ambassadors, representatives from various high commissions

and consulates, and members of the Kenyan parliament. Mrs. Maddie De Mott, founder and the first chairman of the Flying Doctors' Society of Africa flew over from Santa Barbara, California, to witness the occasion and attend the 27th Annual General Meeting which took place on Wednesday, July 22nd 1998 at the Panafric Hotel here in Nairobi.

The Open Day coincided with the opening of the new AMREF Flying Doctor's Emergency Response centre. The new premises are located at the Flying Doctor's hangar at Wilson Airport. The official opening of the premises was presided over by the Minister for Health.

ENCLOSURES

- ☐ Minutes of the AGM
- ☐ Chairman's report 1996 - 97
- ☐ Christmas cards order blank
- ☐ Shop items order blank





THE FLYING DOCTORS' SOCIETY OF AFRICA

AMREF House, Wilson Airport, Langata Road

P.O. Box 30125, Nairobi, Kenya. Telephone: 501301/500508

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MINUTES OF THE 27TH ANNUAL GENERAL MEETING OF THE FLYING DOCTORS' SOCIETY OF AFRICA HELD ON WEDNESDAY 22ND JULY 1998 12.30 P.M., IN THE SIMBA GRILL HALL, PANAFRIC HOTEL, NAIROBI.

PRESENT: (See enclosed appendix A)

APOLOGIES: (See enclosed appendix B)

Mrs E M Kiereini, the Chairman welcomed those present and thanked them for attending the Annual General Meeting. She announced the meeting was properly constituted. A notice was sent to members in June 1998 together with the agenda and the accounts for the year ended 30th September 1997. A notice for the same was published in the local media.

1 APPROVAL OF THE MINUTES OF THE 26TH ANNUAL GENERAL MEETING

Minutes of the 26th Annual General Meeting held on 9th May 1997 were mailed to members with the August 1997 Update. The Chairman welcomed questions and comments on the same. There being none, the minutes were taken as read, approved and signed by the Chairman as a correct record of the proceedings.

Proposed: Mrs Rachel Wood

Seconded: Mrs D H Shaw

2 CONSIDERATION OF THE ACCOUNTS AND THE AUDITORS' REPORT FOR THE YEAR 1ST OCTOBER 1996 - 30TH SEPTEMBER 1997

Financial accounts for the year ended 30th September 1997 were mailed to members in June 1998 for their perusal. The Chairman asked the members to note the following corrections on the accounts, which were printing errors made by the printers and not the Auditors:

1. On page 3 – under the notes column, note numbers should read 5, 6, 7 and 8 **not** 4, 5, 6 and 7.
2. On page 6 – item number 7 under the 1996 column, figures should read as follows:
 - i. "Printing and Stationery" should read Kshs.1,133,024 and not Kshs.3,854,349.
 - ii. "Salaries, wages and staff costs" should read Kshs.3,854,349 and not KShs.1,133,024.

The Chairman welcomed questions and comments on the financial statement from the floor.

There being no queries, comments or suggestions the accounts were adopted.

Proposed: Sarah Noad
Seconded: Rachel Wood

3. ADOPTION OF THE COUNCIL REPORT

The Chairman welcomed Mrs Maddie De Mott and introduced her to the Society members. She said that everyone was delighted to have Mrs De Mott present. The Chairman then read out the 1996/97 report of the Council, a full text of which is enclosed. The report was adopted.

4. ELECTION OF OFFICE BEARERS AND COUNCIL MEMBERS

The Chairman reported that under the provision of the Society's constitution the Council should elect the Chairman, Vice-Chairman and Treasurer, and not less than five or more than twelve council members.

The following office bearers were re-elected:

Chairman	-	Mrs E M Kiereini
Vice-Chairman	-	Mr Ashwin Patel
Treasurer	-	Mr Peter Huth

The following members were nominated by the Council and re-elected.

Mrs Suzanne Aronson	Mrs D H Shaw	Mr Jimmy Kavilu
Dr Anne Spoerry	Mr John Mramba	Mrs Grace Syamba
Mrs Sarah Noad	Mrs Rachel Wood	Dr John Batten

Proposed: Dr Michael Gerber
Seconded: Mr Jon Bundy

Mrs Maddie De Mott will continue as ex-officio

The Chairman informed the meeting that Dr John Batten, the new AMREF Director General would replace Dr Michael Gerber. Dr Gerber shall serve on the Council as an ex-officio. He leaves on 11th September 1998.

The Chairman reported that she had received three names of members willing to serve on the Council. The following three members were nominated and elected:

Mrs Priscilla White -	Proposed: Lady Susan Wood
	Seconded: Captain Jim Heather-Hayes

Mr George Kariuki - Proposed: Mrs Maddie De Mott
Seconded: Mr Jared Oriare

Mr Monty Ruben - Proposed: Mrs D H Shaw
Seconded: Mrs Sarah Noad

5. APPOINTMENT OF AUDITORS

Khalid and Company are willing to audit the 1997/98 accounts and the Council recommended that they be re-appointed. The Chairman thanked the Auditors for the excellent work, and Mr Ahluwalia for attending.

Proposed: Mr Monty Ruben
Seconded: Captain Jim Heather-Hayes

6. ANY OTHER BUSINESS

Lady Susan Wood requested on the following:

- Society does not have a sufficient circulation of new members, new ideas and needed new vitality.
- FDSA Council should examine the present method of nominating and electing council members.

Lady Wood informed the meeting that she had made a resolution, which she hopes the Council will encompass. Her resolution was that "this Annual General Meeting of members of Flying Doctors' Society of Africa charges the incoming Council to address the Constitution and amend it to allow for regular changes in the membership of Council".

Members present supported the recommendation, and it was resolved that the issue of nominating and electing new council members should be addressed before the next Annual General Meeting.

The Chairman informed the meeting that FDSA Council would address the following issues:

- Lady Wood's recommendation.
- Methods of voting/elections.
- Council members terms of office.

FDSA Council will then present two or three options on the above recommendations to Society members at an Extra-Ordinary General meeting in January/February 1999. Once the recommendations have been approved at the Extra-Ordinary General meeting, the new rules will be put in place for the next Annual General Meeting.

The Chairman asked Dr Michael Gerber to say a few words. Dr Gerber emphasised that AMREF was grateful for the work the Society has done for 27 years to support the various activities of AMREF's Flying Doctor

Services. He said that AMREF could not have done without FDSA's support.

Dr Gerber added that during his tenure at AMREF, both FDSA and AMREF have had a number of interesting discussions and differences of opinions on some issues. Regardless of the differences of opinion both organisations have had a very strong commitment to the Flying Doctor Service. He hoped that as long as the services are in existence the commitments will remain and that both AMREF and FDSA should be proud of the level the service has reached today.

Dr Gerber informed the meeting that he would be leaving in September 1998 and will be replaced by a very able successor Dr John Batten. He reported that Dr Batten had worked for Action Aid as an executive director and will be very helpful and beneficial to the Society. Dr Gerber thanked the Society members and council members for their support during his term of office as AMREF's Director General.

The Chairman thanked members for attending the Annual General Meeting

There being no other business the meeting adjourned at 1 p.m.

.....
Chairman

.....
Date

APPENDIX A

<u>Present:</u>	Mrs E M Kiereini	}	Chairman - FDSA
	Dr Michael Gerber	}	
	Mrs Sarah Noad	}	FDSA Council members
	Mrs D H Shaw	}	
	Mrs Grace Syamba	}	
	Mrs Rachel Wood	}	
	Mrs Maddie De Mott	}	Ex-Officio
	Mr Jagit S Ahluwalia	}	The Auditor
	Lady Susan Wood	}	
	Mr Monty Ruben	}	
	Ms Mary Russell	}	
	Ms Edith Harvey	}	
	Mr Ian Marshall	}	
	Mrs Hazel Marshall	}	
	Miss Betty Chappell	}	
	Mr A F T Monck-Mason	}	Society Members
	Mr Jon Bundy	}	
	Mr Stephen Ndegwa	}	
	Ms Nicky Blundell-Brown	}	
	Capt. Jim Heather-Hayes	}	
	Mr George Kariuki	}	
	Mr Jared Oriare	}	
	Mr Jared Onyanch	}	
	Mr Charles Matheri	}	Press
	Catherine Munyua	}	'The People'
	Mr Tim Gitau	}	'Nation'
	Mr Justin Konchora	}	'Nation'

APPENDIX B

APOLOGIES :- Apologies were received from:

Mrs Suzanne Aronson	}	FDSA Council Members
Mr Peter Huth	}	
Mr Jimmy Kavilu	}	
Mr John Mramba	}	
Mr Ashwin Patel	}	
Dr Anne Spoerry	}	
Mr J F H Hamilton	}	Society Members
Mr Robin Hurt	}	
Ms Pauline Mousley	}	
Jane Tame	}	
Mr Averalı M A Somji	}	
Mr M H L Fernandes	}	
Mr J H Jivanjee	}	
Jane G Barnley	}	
Mr J A Dawson	}	
Mr Yusuf Kodwawala	}	
Ms J Leakey	}	
Mr Derrick North Lewis	}	
Mrs Marguerita North Lewis	}	
Mr J Adolphe & Family	}	
Dr & Mrs G C Irvine	}	
Mr & Mrs R P Ashworth	}	
Prof. Julian Bauer	}	
Z Boskovic	}	

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THE FLYING DOCTORS' SOCIETY OF AFRICA

30 SEPTEMBER 1997

REPORT AND ACCOUNTS

FOR THE YEAR ENDED

30 SEPTEMBER, 1997

Khalid & Company
Certified Public Accountants
Nairobi



THE FLYING DOCTORS' SOCIETY OF AFRICA

AMREF House, Wilson Airport, Langata Road
P.O. Box 30125, Nairobi, Kenya. Telephone: 501301/500508
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CHAIRMAN'S REPORT FOR THE YEAR ENDED 30TH SEPTEMBER 1997

Since the inception of the Flying Doctors' Society of Africa (FDSA), we have always strived to raise more funds each year. However, by late 1996 and early 1997, there were indications that FDSA was to expect a decreased income over the previous year. This view was due to the political and economic trends at the time. Our financial accounts for the year therefore gave us a pleasant surprise, as they indicate that we actually did better than the previous year – by Kshs 10 million. The increase in revenue was attributed to our membership awareness drives, which saw a rise in our membership base in Kenya and Tanzania. Mrs. Gulshan Dharmasi our representative in Arusha deserves special mention. She worked hard throughout the year and ensured a steady flow of memberships from her region and the neighbouring Moshi area. Out of a total income of Kshs 60,708,749 collected during the year, FDSA was able to pay Kshs 55,331,846 to AMREF. This was broken down to:-

- Aviation department. Over Kshs 35 million for evacuation flights. During the year, the Flying Doctors evacuated and transported close to 600 patients. Out of these 230 were East Africans and the rest from other continents. Sixty patients were evacuated and others treated at the Society's sponsorship.
- A grant of Kshs 20 million went to AMREF's Clinical Department. The grant was distributed to the following programs:-
 - Surgical Outreach
 - Emergency Services
 - Kenya Clinics
 - Kenya Outreach
 - Muhimbili Outreach in Southern Tanzania
 - Radio Communication Services

FDSA also contributed Kshs 100,000 towards AMREF's Training Centre "Buy a Brick" campaign. A number of our members contributed directly to the project after appeals for funding were sent out in our updates.

The entire Council takes this opportunity to thank all those who made 1996/97 successful for us. Our staff, the Council, Christmas card sketch donors, individuals and corporate members who assisted us in one way or the other. To you all we say, THANK YOU VERY MUCH INDEED. You saw us through yet another difficult year and helped us live up to our motto, "It's people that matter".

To improve our revenue collection and therefore be able to help more needy people, the Flying Doctors' Society plans to undertake the following measures, some of which have already been implemented.

1. With the help of the professionals in the advertising world, we intend to work on a "new FDSA image" or "repackage FDSA" to make membership offers more attractive and a more appealing product.
2. We are now offering commissions to individuals/agents as an incentive to sell more memberships.
3. Improve the appearance and display of the shop, and the quality of merchandise sold. Advertise the shop.
4. Establish joint effort programmes with AMREF's Flying Doctor Service to approach suppliers of goods like jet fuel and medical equipment, while FDSA could approach supporters e.g. corporate members for sponsorship of electronic and print media adverts.
5. Promotional activities like golf tournaments, gala dinners, musical performances and pictorial exhibition on the work of the Flying Doctor Service, e.g. reconstruction surgery depicting "before and after" operation cases.
6. Seeking professional help from PR advertising agencies and if possible request them to barter the fee with free memberships, either corporate or individual in FDSA.
7. Use Open Days as media/fora to inform the general public on other humanitarian services provided by the Flying Doctors in addition to air ambulance evacuations, e.g. the Outreach Programmes etc. This is an area we strongly feel should be exposed to the general public.

8. A good number of individuals and corporations would be moved to contribute towards the wonderful work carried out by AMREF's brilliant surgeons in their reconstruction operations if they had an opportunity to view some of their work. Though some of the pictures are quite disturbing to the viewers, they however portray the expertise of the Flying Doctors surgeons.

Apart from evacuating critically ill or injured patients, the Flying Doctors provide specialised reconstruction surgery to patients disfigured through burns, accidents, mauling, leprosy etc. The operations are carried out in remote hospitals spread throughout East Africa most of which are run by the missionaries. There are a lot of people who owe their lives and restored looks to the brilliant and surgically gifted Flying Doctor surgeons. These specialised services are threatened with curtailment due to lack of funding.

We would like to appeal to our supporters and well wishers, corporate and individuals, to financially assist the continuation of the surgical outreach projects. The majority of people in our region live below poverty lines. They can not therefore afford basic necessities, including health care. Your annual subscriptions are always very much appreciated and have helped hundreds of less fortunate people in East Africa, in alleviating their suffering. Additional contributions would go a long way and of course increase the number of those who can receive and benefit from the medical services provided by the Flying Doctors. Your donation will certainly change the life of someone out there and we very much count on you to help us achieve our goal:- **to do better this year and thus make the lives of the less priviledged a little bearable.**



Mrs. E.M Kiereini
Chairman - FDSA

July 22, 1998



THE FLYING DOCTORS' SOCIETY OF AFRICA CHRISTMAS CARDS 1998

These cards are available at shops in Nairobi, Nakuru, Mombasa, and at the Society's shop at Wilson Airport. Tanzania orders are available from Mrs. Gulshan Dharamsi of P.O. Box 944 Arusha Tanzania Telefax: 3830 AMREF Dar-es-Salaam, Ali Hassan Mwinyi Road, P.O. Box 2773, Tel: 116610, 153103/4, Dar-es-Salaam



① Sue Dumbelton
6'' x 4''



② Rob O'Meara
6'' x 4''



③ B. Miller
4'' x 6''



④ Dr. D. McKeever
4'' x 8.5''

Standard message inside all folded cards is "Season's Greetings"

PRICE OF CARDS (including envelope)

Local

KShs 30 each (or equivalent
in Tanzania currency)

Overseas

US\$ 0.75¢;

UK £0.60p each

For overseas orders, do not send payments for cards.

You will be invoiced later for total costs
of cards and postage.

MAILORDERS

Local

Postage and packing for 10 cards is KShs 20.00 and
KShs. 25.00 for every additional 10 cards

COST OF OVERPRINTING

Name, addresses, greetings and logos in black only:

KShs 800.00 for every 200 cards of one type.

For additional colours: KShs. 800.00 for each additional
colour, for every 200 cards of one type.

ORDER BLANK

To: The Flying Doctors' Society of Africa, P.O. Box 30125, Tel. 501301, 500508, Telefax 502699, Nairobi, Kenya

Name _____

Card No.

Quantity Required

Address _____

1.

2.

3.

4.

Tel. _____

If within Nairobi, please indicate where the cards can be delivered in the city centre

Amount enclosed _____ Cheque/Postal Order

Cheque/Postal Orders payable to flying Doctors' Society of Africa. We accept foreign cheques



THE FLYING DOCTORS' SOCIETY OF AFRICA

AMREF House, Wilson Airport, Langata Road
P.O. Box 30125, Nairobi, Kenya. Telephone: 501301/500508
Telefax 502699 E-mail: flyingdocs@Net2000ke.com

Order Blank - Shop Items

1. **Sleeveless Pullovers:**
 - (i) 100% Polyester with FDSA logo sizes L.
Colours: Grey and Maroon. Price Kshs. 800 each.
 - (ii) 100% Acrylic with FDSA logo sizes M, L and XL. Colours: White, Black & Navy blue.
Price Kshs. 900 each.
2. **Pilots shirts:** Adult sizes S, M, L, XL, XXL – with logo cotton/poly short sleeve, epaulets.
Colours: Light blue, white & khaki. Price Kshs. 750 each.
3. **T/Shirts:** Adult free size 100% cotton. Flying Doctor's aircraft flying across Africa.
Colours: grey, navy blue, red, sky blue and black. Price Kshs. 480 each.
4. **T/shirts:** Adult free size 100% cotton. "I support the Flying Doctors" printed at the back.
Colours: Grey only. Price Kshs 500 each.
5. **T/Shirts:** Exciting, Unique childrens designs – 4 - 6 years small youth; 8 - 15 years large youth.
100% cotton. Colours: White, Black, Mustard, Navy blue and Sea green. Price Kshs. 350
6. **Polo shirts:** Adult free size, Flying Doctors' logo printed. Colours: white, black & navy blue.
Price Kshs. 700 each.
7. **Pullovers:** Long sleeves 100% polyester with FDSA logo sizes S,
Colours: navy blue. Price Kshs. 1100 each.
8. **Neckties:** Navy blue with gold stripe and logo price Kshs. 300 each.
9. **Peek caps:** Flying Doctors Logo printed. Colours: White, black and navy blue.
Price Kshs. 400.
10. **Safari hats:** Khaki: Flying Doctors' Logo printed, sizes 7, 7½, 8 & 8½. Price Kshs. 410.
11. **BOOKS**
 - * *Go an Extra Mile* by Sir Michael Wood. Price Kshs. 350 each.
 - * *Poisonous Snakes of Eastern Africa* by A. and J. MacKay. Handy guide with information on treatment of bites. Price Kshs. 450 each.
 - * *Mama Daktari* – French edition by Dr. Anne Spoerry. Price Kshs. 1300 each.
 - * *Mama Daktari* – English edition by Dr. Anne Spoerry. Price Kshs. 1100 each.
12. **Car badges:** Price Kshs. 350 each.
13. **Key Rings** with Flying Doctors' Logo. Price Kshs. 120 each.
14. **Writing Notelets:** Coloured designs: Cheetah, Bird and Zebra print.
Price Kshs. 75 for 10 notelets with envelopes.
15. **Sew-on-badge:** with FDSA logo embroidered for jackets, sweaters or bags.
Price Kshs. 120 each.
16. **Hand Luggage/safari bags:** Colours: Black & Khaki. Price Kshs. 550 each.
17. **School bags:** Colour: Khaki. Price Kshs. 450 each.

All prices include costs of packing and postage within Kenya and local orders should be accompanied by payment. For overseas despatch, DO NOT send money with your order. Indicate clearly whether AIR or SEA mail is required and you will be invoiced at the time of mailing. **Please put a circle round the size, design or colour you require.**

Please complete in CAPITAL letters

Indicate how you would like your order delivered i.e. by Post, Coach, Dropping zone or give a physical address within Nairobi city centre.

Name: _____

Address: _____

Telephone No: _____ Membership No. _____

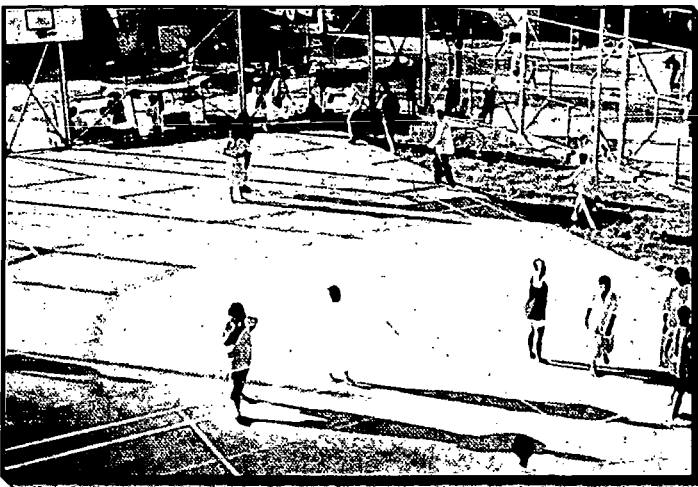
I enclose my cheque for Kshs: _____

- Waelimishaji hutoa elimu kwa njia mbali mbali kama vile

i) Picha za video ii) Mijadala

iii) Miziki ya Rap iv) Ngoma na maigizo.

- Mada mbali mbali hujadiliwa na vijana hasa juu ya Afya zao kwa ujumla.



Michezo na Burudani

Michezo na burudani hufanyika hapa kituoni.

Kwa muda na ratiba maalum siku zote.

Michezo ambayo ipo hapa kituoni ni kama vile:

- Volley ball • Basket ball • Net ball • Keram
- Draft • Muziki/Dansi • Sanaa za maigizo
- na ngoma • Table-Tennis • Mazoezi ya Karate.

Kituo Cha Vijana

walio mashuleni na nje ya ashule.



Karibu i pat afu zo ya na na
 y kupa ba a na aisha ya uja a.

Huduma zitolewazo ni:-

- Tiba ya magonjwa ya zinaa
- Elimu ya Afya ya Uzazi
- Ushauri Nasaha
- Michezo na Burudani

Huduma za Afya

Huduma hizi ni pamoja na zile za tiba ya magonjwa ya zinaa, ushauri wa afya na huduma za uzazi wa mpango.

Huduma hizi hutolewa hapa kituoni Jumatatu hadi Ijumaa muda wa saa nne (4.00) asubuhi hadi saa kumi (10.00) jioni.

- Huduma hizi zina walenga Vijana tu wenye umri kati ya miaka 12 hadi 25 wanachama na wale wasio wanachama.



- Hakuna malipo yanayotozwa kwa kupata huduma hizi.

Elimu ya Ujana

Elimu hii hutolewa hapa kituoni mara mbili kwa wiki kwa vijana kuanzia umri wa miaka 12 na kuendelea, Elimu hii inaandaa vijana kujielewa vizuri zaidi juu ya mabadiliko yao, kama vile; kifikra, kihisia na kimwili. Na namna ya kukabiliana na mabadiliko hayo.



Ushauri Nasaha

- Huduma ya ushauri nasaha huwepo kila siku ya Jumatatu hadi Ijumaa kuanzia saa 4.00 asubuhi hadi saa 10.00 jioni.



- Kwa kawaida ushauri nasaha hapa kituoni hufanywa kwa njia mbili;
i) Ushauri nasaha wa ana kwa ana na
ii) Ushauri nasaha wa vikundi.

Elimu ya Afya ya Uzazi

- Elimu hii pia hutolewa kwa wiki mara mbili yaani kila Ijumaa saa 10.00 hadi saa 12.00 jioni.
i) Kwa kutumia kikundi cha sanaa na ngoma pamoja na waelimishaji ambao hutoa elimu kwa jamii mitaani kwa kuwakusanya watu sehemu yoyote yenye uwazi kwa kutumia ngoma na kisha kuwaelimisha juuya magonjwa ya zinaa na UKIMWI.
ii) Kila Ijumaa kunakuwa na kipindi cha Elimu ya Afya kwa vijana na watu mbali mbali ndani ya ukumbi wa Umoja Klabu.

Resources at the Training Centre

The Training Centre has a comprehensive range of audiovisual equipment. A well-equipped laboratory is available for teaching. An excellent library houses a comprehensive range of books and periodicals in the broad field of health.

Location

The course is held at the AMREF Training Centre, Wilson Airport, Nairobi. Students spend half of the course time on practical work and experiences in the field.

Nairobi lies at an altitude of 1,700m. Since the nights and the cold season between June and August can be very chilly, students are urged to bring suitable clothing. AMREF is next to Wilson Airport. The following public transport is available:

- Taxis from Jomo Kenyatta International Airport (JKIA) and certain points in the city.
- KBS Bus No. 34 from JKIA.
- Buses 14, 15, 31, 34 and 126 from the city centre bus station.

Application

■ Fill in the enclosed application form.

■ Include the following documents:

- Certified copies of your certificates of qualification with certified translation if the original is not in English.
- Two recent references from appropriately qualified persons familiar with you and your professional work or names and addresses of two such persons from whom AMREF can request references.
- Documentary proof of adequate financial support for the entire course.
- A recent medical fitness certificate

Costs

Tuition Fees and Accommodation (non-refundable)

The total tuition costs, accommodation at YMCA and relevant immigration permits are US\$ _____. However, fees are subject to change without notice.

This figure includes:

- Tuition fees, cost of course books, course materials, field trips, field per diem, stationery, photocopies, electives and pupil's pass.
- Accommodation. AMREF has acquired discounted rates for long-term students at the YMCA located at Nairobi South C, which is a 20-minute walking distance from the AMREF Training Centre. Tuition fee, therefore, includes cost of a shared self-contained room with bed-and-breakfast at the YMCA. Single accommodation is available and can be negotiated through AMREF at extra cost.
- Outpatient medical cover at AMREF.
- Air evacuation cover with AMREF's Flying Doctors Service.

Other Costs

All other costs, e.g., initial settling in allowance, monthly stipend, fares, airport tax, local travel, clothing, inpatient medical insurance, lunches and dinners, transportation from the YMCA to the Centre etc. are the responsibility of the course participant/donor.

Elizabeth Young Memorial Scholarship

One scholarship will be awarded every year to a suitable female candidate. This scholarship is named in honour of the former Executive Director of AMREF-UK

For more information, please contact the Principal.

Send the application form and correspondence to:

The Principal
AMREF Training Centre
African Medical and Research Foundation
P. O. Box 30125, Nairobi, Kenya
Telephone: 02-501301/2/3, Telex: 23254
Fax: 02-609518
e-mail: amrefcn@users.africaonline.co.ke
Cables: AFRIFOUND NAIROBI



AFRICAN MEDICAL AND RESEARCH FOUNDATION

DIPLOMA IN COMMUNITY HEALTH

A one-year course for mid-level health workers

*(Supported by the governments of eastern,
central and southern Africa)*

The African Medical and Research Foundation is an independent non-profit, non-governmental organization whose goal is sustainable and equitable improvement of the health and wellbeing of the most disadvantaged populations of Africa.

Course Content

- Introduction to Community Health
- Computer Course
- Community Based Health Care
- Applied Epidemiology
- Communicable Diseases
- Behavioural Sciences and Health
- Family Health
- Environmental Health
- Disaster Management
- Health Service Management
- Teaching Methodology
- Journal Club
- Elective Study

Diploma in Community Health

AMREF has developed this one-year Diploma in Community Health Course after many years of training rural health workers in eastern, central and southern Africa.

The need for training in community health for all cadres of health workers has always existed but has seldom been met adequately. The worldwide shift in emphasis from curative medicine to community-based Primary Health Care has highlighted the shortcomings of staff performance and emphasized the need for better training. This course is intended to meet that need.

The course was initially started with funds from ODA, UNICEF (Kenya), UNICEF (Tanzania), CIDA, GTZ and the Canadian High Commission (Kenya). CIDA later provided funds for further course development. Currently, the course is financed by AMREF.

Course participants are sponsored by governments, international and bilateral development agencies and non-governmental organizations.

Duration of the Course

This one-year course runs from the third week of January to the second week of December. Apart from Kenyan public holidays, no other holidays are observed during the course. Participants are therefore advised to take their holidays before joining. The course is open to both women and men. There are also opportunities for **part-time students** to take one course unit at a time. In such cases, a certificate of attendance is awarded for every unit completed.

Objectives

The main objectives of the course are to enable students to become agents of change and to develop leadership skills which they will use as health team members in their respective duty stations; and to be able to plan, implement, manage and evaluate community-based PHC programmes in their areas of work.

Eligibility

The participants should have the following qualifications:

- A minimum of full secondary education together with 3 years of basic health-related training at diploma level (e.g., Registered Nurse, Assistant Medical Officer, Registered Clinical Officer/Medical Assistant, Registered Public Health Officer and Registered Public Health Nurse).
- At least 3 years of field experience as part of a health management team responsible for a population of 50,000–150,000.

- Suitability for assuming a leadership position in the implementation of PHC and community-based health care.
- Competence in reading, writing and speaking English.
- Good health.

Course Content

The course is designed on a unit-credit system. Methods of instruction are problem-based and participatory learning, discussion and sharing of experiences and observation, with emphasis on individual, self-centred learning. About 40% of the course work is done through attachment to AMREF field projects.

For the award of Diploma, participants must pass each unit; pass the final exam; and research, prepare, submit and defend a written dissertation on a relevant topic, with the guidance of a tutor. Course units are described below.

Introduction to Community Health

The unit provides an understanding of community needs (including health needs) as well as assessment of the local health system. Students are also exposed to rural development issues.

Computer Course

Computer training is conducted throughout the year. Students learn computer technology and software packages in word processing (Word Perfect), spreadsheet management (Lotus 1-2-3) and data management (DBase). The knowledge and skills gained in this unit help students to analyse their own data and type their own assignments, reports and dissertations.

Community-Based Health Care

The students learn effective communications and adult learning skills. The unit is aimed at assisting learners to be able to:

- Sensitize and motivate communities for health development;
- Assist communities to assess their needs and resources,
- Assist communities to initiate and support community-based health care and development activities,
- Enable communities to monitor and evaluate their own programmes.

Students learn how to guide adult group discussions aimed at discovering problems, analysing causes, working out solutions and formulating work plans. The methodology used has come to be known as LePSA (Learner-Centred, Problem-posing, Self-discovery and Action-oriented).

Applied Epidemiology

The learner develops skills in measuring the health and population characteristics of a community and uses such skills to make appropriate decisions in planning, implementing and evaluating health care interventions. The learner is introduced to the principles and tools of epidemiology, including demography and biostatistics. At the end of the

unit, the learner should be knowledgeable about the epidemiology of common diseases in Africa and should have acquired skills to design and conduct various types of epidemiological studies.

Communicable Diseases

This is a practical unit in the diagnosis, management, surveillance and control of prevalent communicable diseases. Emphasis is on new approaches to applied immunology, drug-resistant malaria and polyvalent drug therapy for leprosy. The unit concentrates on a few relevant "model" diseases.

Behavioural Sciences and Health

This unit provides insight into the application of concepts and methods derived from the behavioural sciences of sociology, socio-psychology and education that are useful in community health. It provides an understanding of health problems as experienced by individuals and communities, and it explores ways of increasing the mobilization of resources within communities for health development.

Family Health

The general aim of this unit is for participants to understand health issues which affect individuals, families, groups and communities. There is updated information on child development, early detection and management of childhood diseases, family planning, immunization, oral rehydration, breastfeeding and strategies for prenatal care, delivery and postnatal care. Special emphasis is placed on integrated family health services at community level.

Environmental Health

The aim of this unit is to enable the learner to carry out an environmental health survey and, based on this, to design, implement and supervise an intervention in a community-managed environmental health programme.

Disaster Management

This unit addresses the increasing frequency of human-made and natural disasters in Africa. It covers types and causes of disasters, health problems in a disaster area, preparedness, creation of a disaster management plan, communications, transport and prevention.

Health Service Management

This unit emphasizes planning, implementation and evaluation of health services at district level. The management of resources—human, financial and material—and the development and use of human information are covered. Facility-level financial management and appropriate economic issues at introductory level are also covered.

Teaching Methodology

Students carry out training needs assessment, design a curriculum based on the findings and plan and implement the curriculum in a workshop.

Journal Club

The learners develop skills in critical analysis of scientific articles. They use this knowledge to write up their Elective Study. The themes discussed in the Journal Club strengthen linkages with the other units taught in the course.

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Malaria: Conference discusses insecticide-treated materials

By Isabel Mbugua

AMREF, in collaboration with the Ministry of Health, through the Bungoma District Malaria Initiative, organised the first regional conference on insecticide treated materials for East Africa.

The conference brought together policy makers, representatives of UN agencies, programme managers, trainers, from local institutions, scientists from the public sector and research institutes and local universities to share their experiences and results of studies on insecticide treated materials (ITMs). It provided a forum for people from East Africa, who are involved in either experimentation or implementation of ITMs as a strategy for malaria control. Sponsored by USAID, the conference noted affordability, sustainability as well as supply and distribution systems to be major areas

of concern. Proceedings of this conference will form a basis for the development of district-level ITMs implementation plans.

In his keynote address, USAID Mission Director in Kenya, Jonathan Conley, told participants that the USAID malaria strategy in Africa aims to demonstrate the effectiveness of integrated malaria control in reducing mortality and morbidity among children under the age of five years and among pregnant women. It also aims at strengthening the local capacity to deliver effective and sustainable integrated malaria control at the health facility level. The participants heard that 550 million people are at risk of contracting malaria worldwide; there is an estimated 270 to 480 million clinical cases of malaria annually; deaths due to malaria are estimated to be between 1.5 and 2.7 million cases;



Dr Augustine Muniiri of UNICEF talks to Dr John Nduba, acting AMREF Kenya Country Director during the conference

the direct and indirect costs of malaria in 1997 alone are estimated to be two billion dollars.

Dr. Vinand Nantulya of AMREF made an appeal to governments for duty exemption on netting

material and insecticides. He said that AMREF was committed to increased malaria prevention and

control activities as its contribution to the Global Roll Back Malaria Initiative.

USAID funds reproductive health project in Tanzania

By Isabel Mbugua

USAID is to fund a five-year reproductive health project aimed at increasing demand for and access to quality reproductive health services through a strengthened voluntary sector with links to the public sector. The result-oriented services aim at improved reproductive and child health.

Reproductive and child health is one of the USAID

strategic objectives in Tanzania and the agency is to invest 21 million dollars in that country over the next five years. The funding will be managed by Datex, an American grant management organisation, that has experience in developing the capacity of voluntary and private sectors. AMREF will provide technical support to the project, through the

AMREF Tanzania country office and AMREF Headquarters in Nairobi.

Although the Tanzania infant mortality rate is now estimated at 93 per 1000, it actually reaches 200 in some communities. The under five mortality rate is 144 per 1000 but is higher in some areas. Maternal mortality rate is at 529 per 100,000 but is as high as 1000 in some regions.

AMREF to lead National Early Childhood Development programme in Uganda

AMREF has been contracted by the Ministry of Health and the World Bank to implement a National Early Childhood Development project in four areas. In eastern region, AMREF will provide technical assistance while in Kotido, Ruukun girl, Bundibugyo and Kiboga districts,

AMREF will be the lead NGO. Specific objectives during the five-year US\$ 1.2 million project will focus on the improvement of the quality of life of children under five years of age and improved capacity of families and communities to care for children. Achievement indicators include reduced prevalence of underweight pre-school

children, reduced prevalence of stunting, improved psycho-social and cognitive development, reduced class repetition and drop out, development of entrepreneurial skills and economic empowerment of mothers and care givers. Participatory planning will be used to ensure ownership

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Bomb



Special





African Medical and Research Foundation

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AMREF's Mission:

"In partnership with communities, governments and donors, AMREF aims to improve health among the underserved in Africa through service delivery, training and research"

CAPABILITY STATEMENT

AMREF is an independent non-profit making non-governmental organization founded in 1957 to improve the health of vulnerable people in Africa. With its headquarters in Nairobi, it is one of a few international non-governmental organizations based in Africa. AMREF presently has programs in Kenya, Uganda, Tanzania, South Africa, Rwanda, Ethiopia, Somalia, Sudan and Mozambique. Through capacity building and technical assistance, it also supports institutions in several other countries in sub Saharan Africa. Thirteen national AMREF offices in Europe and North America are mostly for liaison and fund raising.

In Tanzania, projects that involve AMREF revolve around poverty alleviation and emphasize community involvement, sustainability, gender sensitivity and environmental protection. Priority targets among the vulnerable groups are the rural and urban poor, women, children and adolescents. Also included are people in remote, under-served areas with a heavy burden of disease and poor access to quality health care. The AMREF Flying Doctor Service (FDS) was a pioneer in extending medical services to rural, difficult to reach communities in East Africa. This service continues to-date.

From its base in Nairobi, AMREF was initially active in Tanzania through its Flying Doctor Service providing health care to rural and difficult to reach populations. With a fully fledged headquarters for Tanzania established in Dar es Salaam in 1987, it became one of a few NGOs in the country at the time and indeed the first to respond to the HIV/AIDS pandemic. A field office was also established in Mwanza town for the Laze zone operations. Presently, AMREF supports projects in ten of the 25 regions of Tanzania with an estimated annual budget of US\$ 2.8 million.

METHOD OF WORK:

AMREF's role is essentially supportive although it also jointly implements innovative projects for lessons learning and influencing policy and other actors particularly in the health sector. Consequently, AMREF has adopted several effective approaches:

1. Partnerships with:

a) The government: AMREF works in partnership with government departments throughout the development, implementation and monitoring of interventions. This has given AMREF a special place in several line ministries including health, education, community development, women and children affairs, agriculture and local government. Hence, AMREF has often been assigned roles such as implementing training programs and developing and distributing health learning materials. Besides government, AMREF has official relations with the World Health Organization (WHO), UNICEF and UNDP at a regional and global level.

b) The NGO sector: AMREF has established strong partnerships with other non government organizations through training and capacity building. Presently, three programs are implemented by other NGOs under AMREF's own supervision and technical assistance. One of the programs is a nationwide donor funded project on HIV/AIDS implemented by five international NGOs with AMREF providing the coordination, training and technical support. Partnerships with government, other services providers and NGOs have been established in order to increase coverage, sustain activities and increase ownership at the local level. Along the same lines, AMREF is coordinating and providing technical support to at least ten implementing NGOs in the refugee impacted regions of Kagera and Kigoma.

c) The private sector: AMREF is one of just a few NGOs that have developed partnerships with the private sector to finance and improve health services. Because of the success so far registered, the organization has been requested by a consortium of UN agencies in the country to further promote private sector involvement in the control of HIV/AIDS. Presently, twenty companies in five regions are collaborating with AMREF to finance and implement HIV/AIDS interventions in their own companies and surrounding communities. The partnership is soon to be extended to other diseases especially malaria.

d) The Community: Community partnerships have been established through the Community Based Health Care (CBHC) approach and through creation of community structures. AMREF was among the pioneers in the sub Saharan Africa region to implement CBHC bringing about total development in health sustained by the community itself. Presently, most community-based interventions follow this approach. In CBHC, communities are empowered to identify their needs and community own resources to address those needs. They therefore become partners in interventions. The process involves sensitizing and mobilizing communities, using participatory approaches for community self assessments, identification of needs and resources and planning and implementing interventions. The approach has led to sustainable development in several communities in Tanzania. It has also increased demand for essential services to communities. More recently, AMREF is supporting initiatives to link community approaches to district health service systems. For example, in Kilombero district, AMREF also a co-opted member of the DHMT, is training counterparts within the DHMT in CBHC methods and facilitating the linkage between community and district aspirations and plans.

2. Capacity Building

a) Coordination and technical support to other NGOs/Capacity building: AMREF coordinates and supervises five other international non-government organizations to implement a nationwide HIV/AIDS community intervention project in HIV/AIDS high transmission areas (HTA). The organizations involved in this project are German Development Services (GDS), the Good Samaritan Foundation (GSF), the World Vision International (WVI), GTZ and the implementing arm of AMREF itself. Community based organizations are also supported in this project. The role of AMREF here besides coordination is capacity building through training, technical support, development of protocols, training materials and monitoring tools. In two other regions, AMREF trains and ensures the quality of sexual and reproductive health services among ten NGOs working in refugee camps and surrounding Tanzanian communities.

b) Laboratory Support: The evolving nature of the HIV epidemic and the need for laboratory services prompted AMREF to establish a laboratory in Dar es Salaam. Since 1988, the well equipped laboratory has continued to expand to become a major reference laboratory particularly for HIV/AIDS related investigations. The laboratory has expanded into other areas in medico-biological investigations including Malaria studies. The AMREF lab is utilized by high institutions of learning including the Muhimbili national referral hospital, rural hospitals, private hospitals, research institutions, the NGO sector as well as individuals who use it mostly for voluntary HIV counseling and testing and malaria checks. Senior laboratory technologists also provide training to other laboratories in the country. The laboratory also undertakes evaluation of HIV test kits on behalf of the government's National AIDS Control Program (NACP) for purpose of quality assurance.

c) Technical assistance: AMREF Tanzania provides consultancies to government, non government and private institutions in the East African region.

d) Health worker training: AMREF develops the capacity of existing structures to enable them respond to the health needs. Since the mid 80s, AMREF has been involved in training health workers in child and reproductive health including HIV/AIDS/STDs, Safe motherhood, child health and community development.

e) Health Learning Materials (HLMs) developments, production and distribution: AMREF supports the Ministry of Health and other institutions in the development, production and distribution of health materials including booklets, posters, leaflets, lorry stickers, T-shirts, caps, video. Translation services are also provided. Some of the materials produced are directed to the individual for example, a guide titled "Life First! A Practical guide for people with HIV/AIDS and their families (AMREF 1993)" has been developed for individual/family use. It is on WHO circulation list and is used worldwide. Distance education modules for health unit based training have also been developed in collaboration with the World Health Organization (WHO) to rapidly increase the health knowledge and skill among health workers in the country. STD Trainer's Guide and a User's Manual (AMREF 1996) are two important training guides that have been developed and used nationwide for STD training.

3. Research and Innovations:

AMREF runs a variety of innovative projects with emphasis on low-cost health care for people in rural and urban Africa.

a) Evidence based influence on decision makers and advocacy: AMREF puts emphasis on the “field laboratory” concept whereby new approaches and hypotheses are tested to generate results that may be adopted by others to effectively implement health interventions. Some of the research includes the renown STD trial in Mwanza region which proved a 42% increased risk to HIV infection in the presence of a sexually transmitted diseases. STD treatment has since then become a national and indeed a global policy in the control of HIV transmission. Presently, AMREF in collaboration with the London School of Hygiene and Tropical Medicine, the Ministries of Health and Education and the National Institute of Medical Research (NIMR), is testing the impact of an intensive sexual and reproductive health educational intervention among adolescents on the HIV transmission.

b) Innovations: AMREF has employed innovative approaches, which include peer education, social marketing and empowerment of women and communities for sustainable preventive interventions at community level. Several of these have now been adopted nationally by government and other implementing agencies. Innovative approaches including Community Theater and the use of the media where the youth themselves and their parents are involved have been successfully used to reach adolescents and to influence their behavior.

c) Publishing: Over the past decade, AMREF has published locally and internationally hundreds of scientific documents and learning materials targeting a wide range of audience. Scientific papers from AMREF have appeared in prestigious international publications. It is not possible to mention all of them here but a catalogue of recently published materials exists. Publishing has been made possible by the presence in-house of highly experienced and skilled expertise, the strong field research focus of AMREF projects and the availability in-house of modern facilities including a printing unit. Published materials are distributed and utilized in the region and worldwide.

d) International representation: AMREF is a key participant in international fora and a representative on several global initiatives including the recently launched Roll Back Malaria. It is not possible to list all the important international conferences that AMREF/Tanzania has actively participated in and shared its own experience.

PROJECTS AND PROGRAMS:

In its current strategic framework, AMREF is involved in the following five program areas:

1. Health Systems Support
2. Child and Adolescent Health
3. Sexual and Reproductive Health
4. Environmental Health (including malaria, TB and hydatid disease prevention)
5. Emergency Preparedness and Response including the clinical outreach services

Among the 23 projects currently supported by AMREF in 10 of the 25 regions of Tanzania, there is at least one in each of the five program areas. The key project interventions over the past twelve years are:

Health systems support and linkage to community based health care:

AMREF believes that health systems must be designed and implemented to reach and benefit the community and indeed the household. Involvement of AMREF in supporting districts and communities to plan and implement health interventions is long standing. A region wide project in Rukwa covering nearly 400 villages was able to link community planning to district and to a lesser extend regional planning.

The Kilombero CBHC project has succeeded in linking the district health systems to the community. Full time technical expertise from AMREF is based within the DHMT to influence district planning biasing it towards participatory approaches to support community based initiatives.

HIV/AIDS/STD:

Nearly one half of the current AMREF projects are in the area of STD/HIV/AIDS. Through the Health Sector Support (HSS) project (1988-1995), AMREF was among the very first NGOs in Tanzania to establish HIV/AIDS interventions on a large scale. HSS led to new and innovative interventions many of which are still ongoing. Most remarkable are interventions targeting mobile populations especially the truck drivers, commercial sex workers, refugees, mining communities and business travelers. In 1992, the WHO identified the AMREF Tanzania Truck Drivers project among the ten most successful HIV interventions worldwide. The Tanzanian National AIDS Control Program (NACP) later requested that the truckers project be extended to cover all the major highways in Tanzania. New projects have since been developed including targeted interventions for special population groups such as commercial sex workers, voluntary counseling and testing and many others.

Safe Motherhood

AMREF has implemented successful projects in safe motherhood through empowerment for decision making and building community structures to support the reproductive health needs of women. The projects have been so successful that women groups supporting the health of women have arisen at the community level to sustain interventions. In the past three years, an innovative approach to the sexual and reproductive rights of women has been tested in the Lake zone with positive results. Currently, this approach to women's sexual and reproductive health in the context of their rights is being replicated with the technical assistance of AMREF in the government and private health delivery systems.

Adolescent Health

Recognizing that the youth and particularly the adolescent youths are among the most vulnerable and most under served populations, AMREF initiated youth projects providing counseling, education and support services targeting the youths. AMREF is one of several NGOs active in this field. Youths have been organized country wide to form groups for peer support. Youth centers have also been established in rural and urban slum settings and youths trained to manage them.

Child Health

Child health projects have been implemented at community level in three regions with remarkable results. In collaboration with UNICEF and the Ministry of Health, AMREF is at the forefront of implementing a package of child health interventions (Integrated Management of Childhood Illnesses – IMCI). The packaged approach aims at facilitating the health-seeking

behavior of communities while improving the efficient delivery of health service for childhood related illnesses. The IMCI has also provided an entry point into supporting malaria control initiatives at the community and service provider levels.

Environmental Health

AMREF provides technical support to the community education component of the HESAWA project, one of the largest water and environmental sanitation projects in the country. AMREF is also developing plans with UNICEF to promote hygienic sanitation in at least 14 districts through the Personal Hygiene and Sanitation Transformation (PHAST) approach. AMREF and the Coast region water department are also proposing a water and environmental sanitation project for the recently created Mkuranga and perhaps Rufiji districts.

Emergency Response and Refugee Health Care

AMREF was one of the first NGOs to respond to the refugee emergency in Kagera following the Rwandan crisis of 1994 and later in Kigoma for the Burundian and Congolese refugees. AMREF continues to support other NGOs in Kagera and Kigoma to implement quality refugee sexual and reproductive health services. AMREF's support comes through training, technical assistance and developing monitoring systems.

The AMREF Flying Doctor Service is most renowned especially among visitors to East Africa who are often evacuated from situations of distress. The funds collected are used by the clinical outreach program to reach out and extend health care to remote underserved populations throughout Tanzania. The AMREF clinical outreach services are provided in conjunction with medical, surgical and other specialists from Muhimbili, Bugando and KCMC medical centers.

Through the emergency response program, AMREF has promptly responded to emergencies such as the recent bombing of the American Embassies in Dar es Salaam and Nairobi. As a follow up, AMREF continues to assist bomb victims through reconstructive surgery to eliminate not only the physical scars but also the psychological suffering. Children of victims who died in Dar es Salaam are receiving assisted to continue with their schooling.

THE INFRASTRUCTURE

AMREF is conveniently located in its own premises close to the city center along Ali Hassan Mwinyi Road. It also has a field office in Mwanza town for coordinating projects in the Lake zone covering Mara, Shinyanga, Mwanza, Kagera and Kigoma regions. Small field offices are also located in Ngara, Kibondo and Moshi. However, AMREF shares offices with the district health offices or NGOs in most locations where it works.

The AMREF printing unit was established to facilitate printing of health learning materials at a time when printing business was very undeveloped in Tanzania. Government ministries and departments and others in the NGO and non-profit private sector also use the unit.

A book distribution unit with a wide range of volumes on various health topics aims at increasing access to reading and reference materials by health workers in government, training institutions and the non profit private sector. The unit is attached to a medical library with selected volumes for reference and borrowing.

IN-HOUSE EXPERTISE:

AMREF Tanzania has a staff of around 90. Thirty of staff members are highly qualified and experienced professionals most of whom with first degrees and several with Masters degrees. On average, the current AMREF Tanzania professional staff have been with the organization for a minimum of four years.

The regional nature of AMREF facilitates the sharing of expertise in the eastern and southern Africa region. Therefore AMREF Tanzania draws on the expertise of an international caliber within the corporate AMREF in the region including Kenya, Uganda, South Africa, Rwanda and the AMREF Headquarters itself. AMREF is organized in such a way to allow the sharing of expertise between country programs. From time to time, AMREF Tanzania also draws expertise from its international collaborating institutions in Africa, Europe and North America.

AMREF Tanzania has a core team of experienced professionals. The following is a profile of only several of them:

Dr. Daraus Bukenya:

Dr. Daraus Bukenya is the Country Director of AMREF Tanzania. He is a medical doctor from within the East African region (Uganda). He has trained internationally and has a Masters Degree in Public Health from Harvard University in Boston. He has eleven years of international health experience especially on the African continent where he has managed health programs in Sudan, Malawi, Mozambique, Uganda, Kenya, Congo, the Ivory Coast and now Tanzania. He has also practiced medicine in some of these countries including Uganda and Kenya. He has also worked at senior levels with donor institutions including DANIDA and has provided consultancy services to projects including World Bank funded government projects. Dr. Bukenya is internationally experienced and has participated in conferences and workshops in Africa, Asia and North America. Presently, he oversees all program activities within AMREF Tanzania.

Dr. Vera Pieroth.

Vera is a senior Program Officer in AMREF. She is also the coordinator for the AMREF Tanzania sexual and reproductive health programs. She is a medical doctor trained in Germany, a specialist in general surgery and a Masters degree in Reproductive Health from the London School of Hygiene and Tropical Medicine. Although German, she has spent the past eight years in Tanzania working in several districts often as a surgeon in district hospitals. She also has extensive experience and interest in community health. As a senior program officer, Vera has expanded the scope of AMREF projects especially in the areas of adolescent sexual and reproductive health. She is behind the voluntary HIV counseling and testing project development as well as some of the innovative approaches to HIV prevention including the participatory community theater approach. She also has remarkable experience in liaison and networking with non government organization, government departments and donors.

Mr. Martin Mkuye:

He is a Tanzanian national with a Masters Degree and professional experience in training and capacity building. He joined AMREF in 1988 as a project officer for a component within the HSS project where he developed plenty of distance learning and other training materials. He has over the years been involved in building the capacity of health workers in government and other organizations.

Dr. Awene Gavyole:

An internationally trained Tanzanian medical doctor with a Masters Degree in Primary Health Care Management. He has twenty years of medical practice and joined AMREF after four years as a regional medical officer. He coordinates AMREF interventions in the five regions of the Lake zone. He is presently involved in capacity building of government and private institutions particularly in skills development of health providers to supervise health services. Dr. Gavyole is also at the forefront of the AMREF collaboration with the NGOs and the public and private sectors in the five regions of the Lake zone.

Mr. Blastus Mwizarubi:

He is a Tanzanian national with a Masters Degree and professional experience in training and management capacity building. He has been with AMREF since 1989. Besides training health service providers in the districts, he oversees the nationwide HIV/STD/AIDS program implemented by a consortium of five NGOs under the leadership of AMREF.

Dr. Anne Frida Kisesa:

A Tanzanian medical doctor specialized in psychiatry Dr. Kisesa recently joined AMREF from the University of Dar es Salaam as coordinator for the child health/malaria program areas. Although Dr. Kisesa received all her medical training internationally in the United Kingdom, Ireland and Germany, she has remarkable skills and experience in community work in Tanzania. Besides her strong research background, she is a skilled trainer as well. She has also written many internationally renowned scientific papers on socio-medical subjects.

Dr. Gina ka Gina:

A Tanzanian medical doctor with previous experience in the national health care service, Dr. Gina is heavily involved in training regional and district health management teams and service providers in health service delivery with a major focus on HIV/AIDS/STD. He joined AMREF in 1993 and was a key researcher in the famous STD study in Mwanza region that established a strong relationship between HIV infection and sexually transmitted diseases.

In addition to the above expertise, the London School of Hygiene and Tropical Medicine has affiliated several internationally accredited medical researchers with AMREF to work on several of the collaborative research projects in Tanzania. Four researchers are currently based within AMREF in the Lake zone for the next at least three years.

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Registration Number:

Country Director: Dr. Daraus Bukenya

Mission Statement:

Current status of health program

**Current Projects
Summary by Category**

Project	Donor	Primary Target	Main Activity
<u>Child and Adolescent Health</u>			
1. Adolescent SRH; Mwanza region	Norad	In school and out of school youths in four districts of Mwanza region	SRH services, Awareness, youth center
2. Youth SRH; Bunda District	Population Concern , UK	Out of school youths in three of the four divisions in Bunda district of Mara region	Awareness and SRH services
3. Adolescent SRH Trial; Mwanza region	EU through London School of Hygiene and Tropical medicine (LSHTM)	In school youths	A Research project testing the hypothesis that intensive reproductive health services among adolescents can lead to a reduction in HIV prevalence in the same population
4. Adolescent SRH - Kinondoni - Dar es Salaam	Germany Foundation for World Population (DSW) with EU funding. The DSW funds end in may and there will not renew.	In and out of school adolescents	SRH services, STD treatment, Counseling, youth center where several recreation activities take place for the youths. Patrons, matrons and head teachers as well as peer educators have been trained in 44 participating primary schools
4.1. Helpline - Kinondoni Dar es Salaam	UNFPA, AMREF (ODF)	In and out of school adolescents	A telephone hotline for youth counseling. Is now funded with ODF funds following completion of UNFPA funds
4.2. Girls Activities and Community Development - Kinondoni, Dar es Salaam	ICCO (Dutch NGO)	Out of school youths	Skills development to supplement youth activities at the Kinondioni youth center. It mostly targets girls who are taught vocational skills including sewing, batik making etc
5. Child Survival project - Tembeke District of Dar es Salaam	EU , Government of Austria, AMREF (Austria, Germany, Holland)	Households, Health workers	Three years IMCI interventions

<u>Sexual and Reproductive Health</u>			
1. HIV/AIDS Community Interventions in High Transmission Areas (HTA)	AMREF (ODF), DFID, Ford Foundation A new proposal for three more years to consolidate activities is still with DFID	Mobile populations in high HIV/AIDS transmission areas. Has a country wide coverage.	Is part of the national HTA program for awareness creation for behavioral change, building community structures to support HIV/AIDS activities, condom social marketing. Assisting youth and women groups to fight HIV/AIDS in their areas. AMREF is coordinating five other NGOs country wide to implement the intervention.
2. HIV/AIDS Interventions at the Workplace	Family Health International (USAID), UNAIDS	Private Sector enterprises and their workers	Awareness for behavioral change at the workplace in which 20 companies are participating. HIV/AIDS intervention financing by the private sector as a new innovation in involving the private sector. Tanzania through AMREF is one of a few countries trying out this approach
3. National STD Control Programs in six regions	EU through NACP to AMREF	Health delivery system at district and regional levels and Health workers in health facilities	Health Worker training/capacity building in syndromic treatment of STDs as one way of preventing HIV/AIDS. The EU might end funding the health sector later this year. So far, 11 of the 25 regions have been covered.
4. STD Control for Commercial Sex Workers (CSW) along the HTAs	EU through NACP to AMREF	Commercial sex workers (CSW)	Is part of the HTA project strengthening STD treatment at health facilities within the HTAs mostly to assist the Commercial Sex Workers to access services
5. The Jijenge Women's Centre for Sexual Health	DFID, HIVOS, AMREF	Women	Is a sexual and reproductive health project putting emphasis on the women's rights in Mwanza region. Women and often their partners receive STD services, counseling on varied aspects of their sexual life. Domestic violence is a common issues for counseling. Women come from all over Mwanza and neighboring regions. Community focus is on Igogo community where community based counsellors and rights activists have been established.
6. SRH Project for Refugees in Kigoma region and Ngara district	UNFPA	Refugees and surrounding Tanzanian communities	Is a sexual and reproductive health project for the nearly 320,000 refugees in western Tanzania. It builds the capacity of other NGOs through training in sexual health counseling and STD care, supplies contraceptives and STD drugs. Has build community structures to increase awareness in refugee communities. The project ends in December 1998 and UNFPA is reviewing the new proposal to continue funding. Refugees continue to enter Tanzania mostly from DRC and Burundi
<u>Health Policy and Systems Reforms</u>			
1. Kilombero Health Support Project	Swiss Development Corporation (SDC)	DHMT, communities	AMREF is supporting the community based health care (CBHC) component as part of the health sector reform process in Kilombero district. So far, CBHC has involved 15 communities resulting in the construction/rehabilitation of dispensaries and other health infrastructures by the communities themselves. AMREF is now training a district counterpart to take over in the next two years. It is anticipated that capacity building in Health service delivery will have been achieved by then

<u>Clinical Services/Emergency response</u>			
1. Rombo Mobile Health Program	AMREF Germany	Sick nomads	Mobile clinical services in a nomadic population
2. Specialist Outreach : Kilimanjaro Christian Medical Council health services (KCMC)		Remote hospitals in Northern Tanzania	Clinical (medical and surgical) care in remote health facilities. Specialties vary from place to place.
3. SIDA Support to Lab. Services	AMREF/SIDA, AMREF Germany	Is a support service to other SRH Projects.	HIV testing, research, quality control. In Dar es Salaam, the AMREF laboratory is a reference lab for many institutions around the country as well as several projects implemented by others. It also provides a walk in HIV counseling/Testing service to individuals.
4. Northern Tanzania Laboratory Development		Lutheran Health facilities	Capacity building for Laboratory services. AMREF is also supporting the laboratory services of the Lutheran Medical services in Northern Tanzania through training, and supply of equipment. Training has also been extended to some of the clinicians to improve their diagnostic skill.
<u>Other Support Projects/Services</u>			
1. Printing Unit - DAR	Self Financing	Tax exempt bodies	Providing any printing service to tax exempt organizations and government departments
2. Books Distribution Unit and Library- Dar es Salaam	Self financing	Health workers and institutions	Reference library, book selling and distribution

**Proposed Projects by Category
(Wish list)**

Proposed Project	Proposed Donor	Primary Target	Main Activity
<u>Child and Adolescent Health</u>			
2. Nutrition and Food security in Iramba district of Singida region	Spanish government	Households and women groups	Two years Food production, nutrition awareness and growth monitoring, revolving loans
3. Community Participatory Theatre for adolescent SRH in Temeke district		In school youths	Three years Awareness and mobilization for behavioral change. A strong Operations research component
4. Adolescent SRH - Kinondoni - Dar es Salaam	Germany Development Cooperation	In and out of school adolescents	Two years Consolidation of current interventions including SRH services, Counselling, youth center
5. Community based Youth SRH counseling in Kinondoni district- Dar es Salaam	(UNFPA)	In and out of school adolescents	Two years Counselling
6. Integrated Management of Childhood Illnesses (IMCI) in Kibaha district of Coast region	Spanish donor in partnership with UNICEF Tanzania	Underfive children, Households	Three years CBHC, awareness, mobilization, health worker training incorporating IMCI interventions for child survival

<u>Environmental Health</u>			
1. Malaria intervention in Mara region (Musoma)		Underfive children, families, health workers	Two year Awareness, ITN distribution, environmental control, health worker training for case management
2. Malaria intervention in Ukerewe district of Mwanza region		Underfive children, families, health workers	Two year Awareness, ITN distribution, environmental control, health worker training for case management
3. Sanitation in public places – Kinondoni district Dar es Salaam	(Spain), (SNV), Dar municipality as partner,	Markets	Two years constructions of sanitation facilities, health education
4. Rain water harvesting project in Coast region and Zanzibar	In partnership with UNICEF Tanzania	Primary schools, Households, health facilities	Construction of water systems at health facilities, primary schools and households. Has a strong community capacity building component and also a coordination role form AMREF at national level for health learning materials development, distribution and training
5. Rainwater harvesting in Kinondoni primary schools	Unicef Tanzania	Primary schools in Kinondoni where AMREF is already implementing a SRH project	
<u>Sexual and Reproductive Health</u>			
1. HIV/AIDS Interventions in High Transmission Areas (HTA)	DFID, UNDP	Mobile populations	Three year consolidation phase of current activities country wide. To be implemented in collaboration with other NGOs under the AMREF umbrella
3. National STD Control Programs in Coast region	EU through NACP to AMREF	Health workers	One year Health Worker training/capacity building
5. The Jijenge Women's Centre for Sexual Health	Comic relief, DFID	Women in Mwanza region	Three year consolidation and replication phase into community, government and private structures
6. SRH Project for Refugees in Kigoma region and Ngara district	UNFPA	Refugees and surrounding Tanzanian communities	Two years consolidation of capacity among other NGOs and Tanzanian structures
<u>Health Policy and Systems Reforms</u>			
1. Kilombero Health Support Project	Swiss Development Corporation	DHMT, communities	Two years Expansion of current activities to entire district. Training of DHMT to introduce CBHC approaches in their interventions
2. Drug management support to health facilities in Northern Tanzania			To support the indent systems about to be introduced in the country as part of the health systems reform policy
<u>Clinical Services/Emergency response</u>			
1. HIV testing and counseling service in Dar es Salaam city			

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