NEWSLETTER



HOW WE'RE STOPPING COVID-19 IN AFRICA





We trained these health workers in Arua, Uganda to manage COVID-19 cases and provided them with personal protective gear.

As of April 17, 2020, the African continent has at least 51 countries with nearly 13,000 confirmed cases of COVID-19. Considering Africa's 1.2 billion people, and weak health systems that are already overburdened, the overall threat is significant.

To combat COVID-19, we are already:

- Supporting national governments and institutes to organize preventive measures and mount responses as needed.
- Providing training on infection, prevention and control measures to health workers.
- Distributing educational materials to keep communities informed.
- Advising and aiding the transport of specimens to national testing laboratories.
- Providing hand sanitizer, soap, and Personal Protective Equipment (PPE) to communities, clinics, and health workers.
- Partnering with businesses and healthcare centers to provide training on workplace preparedness.

Specifically, in Kenya, the national government has appointed us to spearhead the community-level response, with our Global CEO Dr. Githinji Gitahi selected as President Kenyatta's personal advisor on the outbreak. To make the biggest impact, we are utilizing LEAP, our innovative training platform that can run on basic mobiles phones, to train Community Health Workers across sub-Saharan Africa on COVID-19. LEAP trains health workers faster and more efficiently. To date, we have trained over 50,000 community health workers through LEAP on COVID-19. Additionally, the Amref Health Africa Central Laboratory in Nairobi will offer supplemental training to healthcare workers on appropriate collection and handling and/or processing of specimens.

We are also part of the respective national taskforces in Uganda, Tanzania, South Sudan, Malawi, Zambia, Ethiopia, and Senegal, and are assisting the Ministries of Health to prepare emergency responses. As in Kenya, we are training health workers, providing PPE, educating communities, and more.

The response to this virus across the African continent will set the tone for all our futures, and your donation will make the difference. Currently, we are looking to expand into COVID-19 antibody testing, providing psychosocial support for frontline health workers, and get PPE to every healthcare worker via government distribution.

GOING THE DISTANCE: CAMEL MOBILE CLINICS

Samburu County in Kenya is home to nomadic communities such as the Maasai and Turkana. These populations, both because of their nomadic nature and because they live in hard-to-reach areas, are far removed from the closest available health facilities and services. To combat this, we created the Camel Mobile Clinic to address the need for health education and interventions in the most remote areas of the County.

These clinics consist of groups of camels carrying a tent and medical supplies deployed every 24 to 30 days with teams of nurses, doctors, and Community Health Volunteers. Once the envoys reach the communities, they set up a temporary clinic and spend up to three days treating elders, women and children during the day, and young male warriors at night.

Before the clinics began, most children in the area grew up without necessary immunizations that put them at risk of contracting preventable diseases. Using the Camel Mobile Clinics, Amref had been able to reach 1,942 children under five, 3,204 women of reproductive age and 1,719 adolescents aged 10-19 years, and health education has been spread through communities across the district. With your continued support, our mobile clinics also provide family planning consultations, antenatal and postnatal care, and other key medical services.



MEET SCHOLASTICA



We provide women in underserved areas with cervical cancer screenings that are otherwise not available to them.

Scholastica is a resident of Kibera, the largest urban slum in Africa located right outside of Nairobi, Kenya. She is also a cancer survivor: "I remember hearing about cancer screenings from Amref and Community Health Workers (CHWs) but at first, I just ignored them," Scholastica recalls.

"The CHWs were very persistent and came checking up on me all the time," Scholastica says, "It was their deep concern that eventually won me over and I went and got tested." Scholastica was diagnosed with Stage 3 Cervical Cancer: "I never thought that I could get cancer, so it was life-changing. I was sad and depressed for a long time after the diagnosis."

The CHWs inspired her to use her own story to create awareness about cancer:

"I asked these wonderful people about their work and I became very interested as I felt it was my duty to help other people just as I had been assisted." That's when Scholastica decided to become a CHW herself and received training from Amref Health Africa. Now Scholastica visits churches, mosques, and her neighbors' homes to create awareness about cancer as well as other critical health issues.

"I really must thank Amref Health Africa who have equipped me with these skills. I am confident that wherever I go, I will have a positive impact."

TACKLING NODDING SYNDROME IN SOUTH SUDAN



Nodding syndrome, a progressive seizure and epilepsy disorder exclusive to Africa, can be identified in its early stages by repetitive dropping of the head, stunted growth, and cognitive defects. It is especially common in children. Amref's own Dr. Jane Carter discovered the prevalence of the disease in Maridi County, South Sudan when conducting door-to-door research around onchocerciasis (river blindness) in the area. Many symptomatic of onchocerciasis also exhibited symptoms associated with nodding syndrome, which Dr. Carter was able to trace to parasites from black fly bites that nest and reproduce in the foliage of a dam located in the County. To mitigate the effects of these diseases on the people of South Sudan, Amref is currently undertaking the following activities:

- Ivermectin Treatment: administrating an anti-parasite drug bi-annually that has shown high efficacy in reducing onchocerciasis.
- Epilepsy Surveillance: training Community Health Volunteers to identify, monitor and refer people with epilepsy.
- Reduction of black fly breeding grounds: organizing community members to remove the flora on the dam wall on a monthly-to-bimonthly basis.
- Nodding Syndrome management: training local health workers to diagnose and treat patients with the goal to reach 900 children.
- De-stigmatization: raising awareness around epilepsy and nodding syndrome through health education and home visits, among other methods.

Because we are so ingrained in the communities we work with, it is rare that we are only tackling one issue at a time. This project is a perfect example of that. Nodding syndrome is a life-altering disease that would not have been mitigated if Amref Health Africa had not been there.

HOW CAN I MAKE THE BIGGEST IMPACT?

BECOME A MONTHLY DONOR!

Monthly gifts help us plan for the future and ensure our programs throughout sub-Saharan Africa are effective. They also reduce the cost of fundraising, which means more money goes directly to supporting our programs. Monthly giving is also better for you. It's more conventient and worry-free and is a way to go paperless for the environment.

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We're proud of the way we manage our funds.

WE ARE AN AFRICAN-LED ORGANIZATION TRANSFORMING AFRICAN HEALTH FROM WITHIN AFRICA

Amref Health Africa strengthens health systems and trains African health workers to respond to the continent's most critical health challenges: maternal and child health, noncommunicable and infectious disease (Cancer, Diabetes, HIV/AIDS, TB, malaria, etc), access to clean water and sanitation, and surgical and clinical outreach. Our approach is community-based and makes the people we reach partners, rather than just beneficiaries. We are the largest Africa-based NGO.

97% of our staff come from the communities where we work.

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