

Transforming  
communities from  
within by improving  
the health of women  
and children



# BUSINESS PLAN

October 2011 September 2014

# TABLE OF CONTENTS

*We celebrate  
and respect the  
communities that  
we work with.  
They rule.*

<b>1. Executive Summary</b>	<b>3</b>
<b>2. Introduction</b>	<b>7</b>
2.1 Rationale for the AMREF Business Plan	10
2.2 Critical success factors	11
2.3 Possible risks	13
<b>3. Position, Vision, Values and Approach</b>	<b>19</b>
3.1 AMREF's position, vision and values	21
3.2 AMREF's global targets	21
3.3. Our approach	22
<b>4. Partnerships</b>	<b>23</b>
<b>5. Strategic Fundraising</b>	<b>27</b>
<b>6. Strategic Directions</b>	<b>31</b>
<b>7. Management of the Business Planning Process</b>	<b>55</b>
<b>8. Monitoring and Evaluation</b>	<b>59</b>
<b>9. Costings</b>	<b>63</b>
Appendix A: AMREF's health model	67
Appendix B: Guiding principles	68
Appendix C: Annual strategic planning cycle	69
Appendix D: Draft indicators for the AMREF Business Plan	70

# ABBREVIATIONS



<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMREF</b>	African Medical and Research Foundation
<b>ART</b>	Anti-Retroviral Therapy
<b>ARV</b>	Anti-Retroviral
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>CBHMIS</b>	Community-Based Health Management Information System
<b>CCM</b>	Community Case Management
<b>CHWs</b>	Community Health Workers
<b>cIMCI</b>	Community Integrated Management of Childhood Illnesses
<b>CO</b>	Country Office
<b>CP</b>	Country Programme
<b>CSO</b>	Civil Society Organisation
<b>CSS</b>	Community Systems Strengthening
<b>DOTS</b>	Directly Observed Treatment Short Course
<b>EU</b>	European Union

<b>FA</b>	Focus Areas
<b>FGC</b>	Female Genital Cutting
<b>HIV</b>	Human Immuno-deficiency Virus
<b>HMIS</b>	Health Management Information System
<b>HQ</b>	Headquarters
<b>HRH</b>	Human Resources for Health
<b>IB</b>	International Board
<b>IMCI</b>	Community Integrated Management of Childhood Illnesses
<b>ICT</b>	Information, Communication, Technology
<b>IPT</b>	Intermittent Preventive Treatment
<b>ITN</b>	Insecticide-Treated Bed Net
<b>KPIs</b>	Key Performance Indicators
<b>LLI</b>	Long-Lasting Insecticide Treated Bed Net
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MNCH</b>	Maternal, Neonatal and Child Health
<b>MoU</b>	Memorandum of Understanding
<b>NO</b>	National Offices

<b>PJMS</b>	Project Management Systems
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PMU</b>	Programme Management Unit
<b>RBM</b>	Results-Based Management
<b>SD</b>	Strategic Direction
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>SMT</b>	Senior Management Team
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counseling and Testing
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organisation



# **1.** ***EXECUTIVE SUMMARY***





# 1. EXECUTIVE SUMMARY

Based on health priorities approved by the International Board of the African Medical and Research Foundation (AMREF) in October 2010, AMREF's Business Plan has been developed for the period 2011- 2014. It has been created within the framework of AMREF's Strategy 2007-2017.

AMREF's vision is of lasting health change in Africa: communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty. We focus on long-term change as opposed to short-term, emergency solutions. We believe in the inherent power that lies within African communities, and in particular the power for lasting transformation of the continent's health. We celebrate and respect the communities that we work with. They rule. Our role is to catalyse the hidden but real energies within those communities, to help them find innovative solutions to their challenges, and to share their stories with others.

Within this Business Plan, AMREF focuses on transforming communities by improving the health of women and children based on three health systems building blocks: Human Resources for Health, Community Systems Strengthening and Health Management Information Systems, with a strong focus on evidence-based advocacy, operational research and policy change.

The Business Plan seeks to strengthen AMREF's role as a leading African health development organisation by further defining our health priorities and recognising the anticipated global donor scenario and ever-increasing competitive environment. This highlights the need to increase fundraising efforts at all levels of the organisation to address the vital issue of long-term financial stability. Additionally, the Plan places increased emphasis on strong monitoring and evaluation, and communication, to increase our visibility. For the first time ever, the Plan addresses the need to align AMREF's activities globally in order to tackle agreed priorities.

The Plan is structured around seven Strategic Directions, five of which are related to health priorities. The sixth addresses research and innovation, while the seventh focuses on the institutional strengthening necessary for AMREF to achieve its mission and deliver the results of Strategic Directions 1-6. The seven Strategic Directions are as follows:

- Making pregnancy safer and expanding reproductive health
- Reducing morbidity and mortality among children
- Scaling up responses to HIV, TB and malaria
- Preventing and controlling diseases related to water, sanitation and hygiene (WASH)
- Increasing access by disadvantaged communities to quality medical, surgical and diagnostic services
- Developing a strong research and innovation base to contribute to health improvement in Africa

# 1. EXECUTIVE SUMMARY



- Developing a stronger and unified AMREF that will enable the delivery of our health priorities

Each Strategic Direction has a set of focus areas that are critical for achieving AMREF's health priorities and enabling the organisation to become stronger and more effective. The focus areas are made up of health and institutional objectives and activities that are the most critical to achieving AMREF's vision and mission. Health as a human right, women's empowerment, gender mainstreaming and male involvement are integrated throughout the Business Plan.

AMREF will use Results-Based Management (RBM) to implement its health programmes and for institutional strengthening. The Business Plan will have a detailed monitoring and evaluation (M&E) plan with Key Performance Indicators (KPI) derived from globally accepted standards as well as any other indicators specific to AMREF's approach. The Plan will be reviewed annually and forms the basis for developing annual workplans

and budgets across AMREF. This annual process will ensure that we are consistent with the Business Plan and focused in the way activities are identified, designed and resourced.

Successful implementation of this Plan is dependent on the support of our partners. Strategic partnerships are a key element of AMREF's approach. We learn from, influence and partner with governments and ministries of health, civil society organisations, research and academic institutions, bilateral and multilateral donors and United Nations (UN) organisations.

The total estimated cost of the Business Plan for the three-year period is US\$ 301million. The source of funding for the plan will be based on a coherent and well-informed fundraising strategy, including both traditional project funding through bilateral and multilateral donors as well as public and private fundraising. The strategy will be developed with the objective of diversifying funding sources as well as targeting

growth and realignment of programmes to match donor and global health trends.

*Successful implementation of this Plan is dependent on the support of our partners.*



# 2. ***INTRODUCTION***





## 2. INTRODUCTION

Following AMREF International Board's approval in October 2010 of the organisation's health priorities for the period 2011-2014, a participatory institutional business planning process was initiated. The Business Plan is a crucial component of the 'Global AMREF' process to establish a united and integrated organisation, a process initiated by the International Board in 2009. It seeks to further define the selected health priorities, embrace new and innovative approaches to sustainable fundraising, and address organisational issues in need of re-alignment.

Unlike in the past, when AMREF Headquarters, Country Offices and National Offices had separate planning and budgeting procedures, all AMREF offices participated in developing the Business Plan, which details actions needed to achieve our common objectives and to deliver desired health outcomes. The Plan will be used as the basis for developing workplans in all offices and at all levels of the organisation. It will

*The Plan is  
to guide AMREF  
to be more effective  
and have a greater  
impact on the lives  
of women and  
children in Africa.*

influence and guide operational planning across AMREF, beginning in financial year 2011-2012 (FY12) and enable the organisation to operate

with greater strategic clarity in the diverse contexts in which it works.

The Strategic Directions and objectives outlined in the Plan represent a significant change from the way AMREF currently operates. Ultimately, the Plan is designed to guide AMREF in its quest to be more effective and have a greater impact on the lives of women and children in Africa.

## 2.1 RATIONALE FOR THE AMREF BUSINESS PLAN



The global donor environment is changing. There are more global initiatives, priorities are changing, and there is an increased focus on African organisations as the key drivers of the African health agenda – not least in relation to improved health at community level. The competition for scarce resources is ever increasing and there is a strong call for delivering and documenting results, for which a strong M&E system and sufficient capacity to implement are a precondition. In order for AMREF to further strengthen its position as the leading African health development organisation, it is crucial to deliver on our health priorities in a focused and coordinated manner as we continue to strengthen our systems across the organisation. Our management globally must be aligned to shared priorities and collective plans and procedures.

Based on this rationale, the purpose of the AMREF Business Plan is to:

1. Promote a consistent approach to activities across all countries where AMREF works
2. Scale up AMREF's impact on African and global health by emphasising evidence-based advocacy and policy change
3. Harmonise the annual planning process across the organisation
4. Transform AMREF's health priorities into tangible objectives, activities and outcomes
5. Track the delivery of outputs and outcomes in a continuous and systemic manner
6. Use limited resources in the most effective and efficient way to address AMREF's health priorities and achieve desired outcomes
7. Enable all entities of AMREF to engage donors, beneficiaries and partners with greater clarity and focus
8. Learn from the past and be prepared for and manage the future

*Competition for scarce resources is ever increasing and there is a strong call for delivering and documenting results.*

## 2.2 CRITICAL SUCCESS FACTORS

Table 1 below outlines the conditions necessary for the AMREF Business Plan to be effective in enabling us to realise our health objectives over the next three years.

#	Must-Have Conditions	Critical Success Factors	What it Means for AMREF
1	A United Organisation	Implementation of One AMREF (one strategy, one Business Plan and budget, one Monitoring and Evaluation framework, one brand and one governance and management structure)	<ul style="list-style-type: none"> <li>• Working together more effectively</li> <li>• Better communication: quality, timely, proactive</li> <li>• Behaviour and communication consistent with AMREF's identity and positioning, to help support fundraising and awareness-building</li> <li>• More efficient and effective resource mobilisation</li> </ul>
2	Technical Excellence	Ability to attract and retain high-performing staff	<ul style="list-style-type: none"> <li>• New and innovative approaches and quality programmes continuously developed, implemented, researched and documented</li> </ul>
3	Financial Stability	Secure and diverse funding sources to enable growth of quality programmes while addressing efficiency of all operations  A global AMREF financial framework	<ul style="list-style-type: none"> <li>• More efficient and effective centralised resource mobilisation and allocation policies and procedures</li> <li>• Ability to adequately and consistently meet funding requirements</li> </ul>
4	Capacity of all Parts of AMREF to Implement the Business Plan	Necessary capacity to implement the Business Plan at HQ (Headquarters) Directorates, National Offices (NO) and Country Offices (CO)	<ul style="list-style-type: none"> <li>• Capacity at HQ to support all offices in all areas including technical guidance, M&amp;E, quality assurance, proposal development, communications, research and advocacy</li> <li>• Capacity available in COs to develop and implement the Country Programmes</li> <li>• Capacity available in NOs to fundraise and advocate</li> </ul>

## 2.2 CRITICAL SUCCESS FACTORS



5	Effective Management Structures and M&E Mechanism	Robust management of the AMREF Business Plan to monitor and track progress of strategic objectives	<ul style="list-style-type: none"> <li>• A common Results-Based Management framework across the organisation</li> <li>• Assigned accountabilities for delivery of strategic objectives</li> <li>• Evidence of effective health programming models and health changes</li> <li>• Documented health outcomes and impacts from AMREF programmes</li> <li>• Dissemination and use of quality evidence from field implementation</li> </ul>
6	Learning and Improvement	Creation of a culture that thrives on knowledge generation and sharing, lessons learned and demonstration of best practices to drive continuous improvement in programming, advocating change, support and management	<ul style="list-style-type: none"> <li>• Internal capacity building of staff</li> <li>• Focus on creativity and innovation</li> <li>• Cross-sharing of information and learning</li> <li>• Focus on continuous improvement as an inherent part of AMREF's behaviour and culture</li> </ul>
7	Conducive External Environment	Support from governments to AMREF operations	<ul style="list-style-type: none"> <li>• Ability to continuously develop, expand and implement our programmes</li> </ul>

Table 1: Critical success factors for the AMREF Business Plan

## 2.3 POSSIBLE RISKS

The AMREF Business Plan is designed to address the major challenges and opportunities that we face today, build on our strengths and reduce the potential impact of risks.

### Major risks this Plan aims to address are:

#### THE RISK OF HAVING INSUFFICIENT HUMAN CAPITAL AND TECHNICAL EXPERTISE

**Mitigation strategy:** Consider the requirements and impact that activities will have on staff; ensure that recruitment of technical staff of adequate ability and numbers is provided for in budgets, including health professionals at both HQ and Country Programme levels; invest in key technical positions; and make use of partners, affiliated universities and other institutions.

#### THE RISK OF OVER-RELIANCE ON A FEW STREAMS OF INCOME (I.E. FUNDED PROJECTS / SPECIFIC COUNTRIES) AND NOT RAISING SUFFICIENT FUNDS

**Mitigation strategy:** Develop a more diversified product mix; plan for growth and diversification of funding sources and markets; and coordinate fundraising across AMREF.

#### THE RISK OF NOT MANAGING THE CHANGE PROCESS EFFECTIVELY

**Mitigation strategy:** Developing plans for the various change processes with identified responsible leads and integrating the change processes into the annual workplans.

#### THE RISK OF AMREF NOT SCANNING THE EXTERNAL ENVIRONMENT

The external environment means external factors that are difficult for AMREF to control or which AMREF has no control over, and which may affect implementation of the Business Plan or impede the meeting of its objectives. These include government action (political or legal), economic, socio-cultural, technological and security factors, and competition (see competitor analysis below).

**Mitigation strategy:** Regular environmental scanning and gathering of information to assess risks and inform continuous decision-making.

#### THE RISK OF OUR WORK NOT BEING RECOGNISED

**Mitigation strategy:** Strengthen AMREF's niche; measure the impact of AMREF's work through an excellent M&E framework; reinforce a focus on results-based management; conduct research, document and publish findings, and present them at international meetings; increase advocacy based on evidence from AMREF's work.

#### THE RISK OF TAKING ON TOO MANY THINGS AT A TIME

**Mitigation strategy:** Establish annual work planning to prioritise activities that most strongly deliver on the AMREF Business Plan; strengthen the capacity of Country Programmes and National Offices to meet the rate of growth; and manage expectations arising from the Business Plan.

#### Competitor Analysis

Part of AMREF's risk analysis includes a competitor analysis conducted in our programmes in Africa and offices in Europe and North America, the approach and initial findings of which are highlighted here.

## 2.3 POSSIBLE RISKS



AMREF is working in a highly competitive field that has many organisations with similar health priorities, although few have the same health systems strengthening approach as AMREF's. The majority of these are international/multilateral organisations with a much wider geographical scope than AMREF's, even within Africa. In order to assess its competitive position vis-a-vis other international health institutions in Africa, AMREF has conducted two simultaneous assessments:

1. An in-house survey in all AMREF offices to gauge which other organisations are recognised as successful in implementing health programmes in Africa (completed May 2011);
2. An analysis of AMREF's past and current bids for competitive grants from institutional donors to determine factors that lead to successful or unsuccessful awards (planned completion late 2011).

This first survey will provide qualitative, on-the-ground information about current and potential competitors as perceived by AMREF staff, while the second will provide solid metrics regarding the types of bids and competition in which AMREF has been successful or not. Both assessments will be used to develop a complete competitor analysis.

Table 2 shows the current top ten competitors based on responses from six Country Offices and six National Offices in the in-house survey. The top five competitors within each health Strategic Direction were identified, with reference to scope of programme, technical competence, reputation, visibility, donor access, recognised influence/advocacy, documentation and research. The majority of competitors were identified based on visibility, reputation and donor access.

Save the Children, a child sponsorship NGO, is mentioned by almost all offices. They have

invested heavily in visibility over the last few years. MSF is recognised for its technical competence and advocacy, and all National Offices list it as a competitor. UNICEF, too, is identified as having technical competence. MSF appears as a competitor in four out of five Strategic Directions (not in WASH), UNICEF is dominant in maternal and reproductive health, child health and WASH, while Save the Children is involved in maternal and reproductive health and child health. CARE International is a competitor in four Strategic Directions, and World Vision in two.

## 2.3 POSSIBLE RISKS

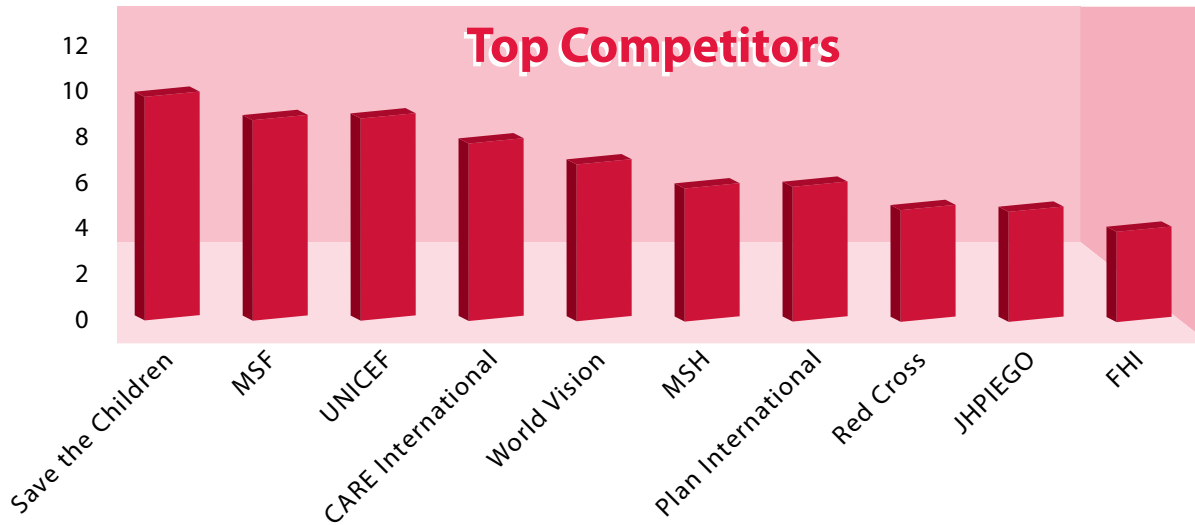


Table 2: AMREF's top 10 competitors

In Table 3, the competitors are indicated according to the five health-related Strategic Directions. The numbers in the columns indicate number of offices rating the particular organisation(s). Not

surprisingly, UNICEF and Save the Children stand out as key competitors in child health, and were identified by both National and Country offices. MSF is a clear competitor in clinical, medical and

*The majority of competitors were identified based on visibility, reputation and donor access.*

diagnostic services, as perceived by National Offices. The major American international NGOs such as JHPIEGO and MSH are mentioned by several Country Programmes.

## 2.3 POSSIBLE RISKS



Maternal and Reproductive Health		Child Health		HIV/AIDS, TB, Malaria		WASH		Clinical, Medical, Diagnostic Service	
Competitor	#	Competitor	#	Competitor	#	Competitor	#	Competitor	#
CARE International	6	UNICEF, Save the Children	8	Red Cross, FHI	4	UNICEF, Plan International	4	MSF	8
MSF, Save the Children	4	CARE International, MSF, World Vision	3	MSF, Malaria Consortium, MSH, CARE International	3	Red Cross, CARE International, Water Aid	3	Red Cross	2
World Vision, MSH	3								

Table 3: Top competitors according to health Strategic Directions

It is important to note that many of our competitors are also our partners. There is an increased focus on creating consortia and AMREF is increasingly requested by major international organisations to join such consortia. Regarding the UN family, it is important to note that AMREF has a Memorandum of Understanding (MoU) with the World Health Organisation (WHO). Another MOU has recently been signed with UNICEF, laying the foundation for AMREF to be one of its key implementing partners. A similar arrangement is in progress with UNFPA.

Two key challenges have a bearing on AMREF's competitiveness. One is our limited visibility and insufficient communication and fundraising. The other is our deliberate focus on long-term development and lasting change as opposed to emergency and short-term responses, which are more attractive to a segment of the donor community.

Additionally, AMREF faces stiff competition for large international Requests for Proposals (RFPs) and Requests for Application (RFAs) e.g.

from USAID and the EU. AMREF will address this through strengthened proposal writing competence in all offices, a capacity that is currently limited. Besides strengthening this capacity, it is important that we continuously improve donor relations in all offices in Africa, Europe and North America, meet our commitments and obligations to donors, and improve our visibility in the donor and public markets.

## 2.3 POSSIBLE RISKS

Competition from international organisations is not only for financing, but also for human resources. Our inability to retain staff due to uncompetitive salary levels is a factor that must adequately be addressed.

Finally, we need to ensure that we deliver high quality work with visible and documented results. Financial growth must be accompanied by sufficient M&E and other technical capacity at Country Programme level to deliver and document results, and at HQ level to ensure sound technical leadership and support to Country Programmes and National Offices.

AMREF's competitiveness and comparative advantage derive from its credibility. That credibility in turn derives from its history and heritage – over 50 years of working with the most vulnerable communities in Africa. It derives from the fact that AMREF is based in Africa, it understands African communities and they trust it. It derives from the fact that we have

been able to continuously adapt to changing environments and priorities, successfully expanding our operations through the AMREF network in Africa, Europe and North America in order to address the increasing health challenges of African communities. We have become global players, and this has opened doors for us in the countries where we work, giving us access to large donors. Our credibility is also drawn from our unique model – unlike other organisations that only work at one level, AMREF not only works with communities and grassroots organisations at local level, but we also have partnerships all the way up to national and global levels, where we advocate to influence policy and practice. That advocacy is not based on abstract assumptions, but on credible evidence gathered from the work that we do in communities.

*We have become  
global players,  
and this has  
opened doors for  
us in the countries  
where we work,  
giving us access to  
large donors.*

*AMREF's credibility derives from its history and heritage – over 50 years of working with the most vulnerable communities in Africa.*



**3.**

***POSITION, VISION, VALUES  
AND APPROACH***





## 3.1 AMREF POSITION, VISION AND VALUES

AMREF considers health a basic human right. AMREF's vision is for lasting health change in Africa: communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty.

We believe in the inherent power within African communities – that the power for lasting transformation of Africa's health lies within its communities.

The organisational values, beliefs and principles we operate on are:

- The spirit and inherent power of communities
- The power of partnership
- Health as a human right
- Gender equity
- Non-discrimination
- A pro-poor disposition

- Trust and transparency
- The realisation of potential
- Professional standards
- Sustainable change

Within our community approach, AMREF will in the next three years focus on the health of women and children, because it is within these two groups that the worst health statistics in communities are to be found. (See Appendix A).

## 3.2 AMREF'S GLOBAL TARGETS

AMREF will improve the health of women and children in communities where it works, and will benchmark its success based on a 30% improvement between 2011 and 2014 in the following six key indicators:

- % of deliveries assisted by a skilled birth attendant

- % of children receiving ORS and zinc within 12 hours of start of a diarrhoea episode and continued feeding, by sex
- % of children (aged 0-59 months) sleeping under insecticide-treated mosquito nets
- % of women, men and youth who have been tested for HIV in the preceding 12 months and who know their HIV status

- % of households with access to safe water and sanitation
- Availability of specialised surgical care and treatment (at district level)

Additional detailed indicators for the Strategic Directions outlined in the business plan are contained in Annex D.

## 3.3. OUR APPROACH



AMREF has successfully developed community-based health care models and programmes with communities. The programmes focus on seeking solutions to priority public health challenges, such as maternal and reproductive health and rights, child health, HIV and AIDS, TB, sexually transmitted infections, malaria, safe water, basic sanitation and personal hygiene, and clinical and laboratory services.

Communities are at the heart of AMREF's approach. We reach, respect and become part of them, supporting them to create change from within by building on their own resources and strengths. Our role is to catalyse the hidden but real energies within communities, to help them find innovative solutions and to share their stories with others.

We champion women, who are at the heart of their families' and communities' health. However, women in Africa have relatively fewer resources or negotiation power with which to address their needs. Taking cognisance of these

defined gender roles, we will engage men while continuing to empower women, and while also ensuring that gender is mainstreamed in all of AMREF's health programmes.

AMREF acknowledges that men have got to be a major entry point and point of contact if programmes targeting women and children are to be successful. Men are partners in reproductive health, and should be informed and engaged in reproductive health programmes for women to ensure their success. As authority figures in African households, they have the ultimate say in matters that affect the welfare of their children, and are therefore a critical factor in determining the outcome of child health initiatives.

This Plan focuses on Human Resources for Health (HRH), Health Management Information Systems (HMIS) and Community Systems Strengthening (CSS) to address the priority health issues. AMREF has extensive experience and expertise in these areas. Our strong emphasis on community partnering in health is complemented by

AMREF's rich experience in strengthening formal health systems. Indeed, the foundation for improving women's and children's health is a strong health system.

We will continue to influence policies and practice at national and international levels through strengthened and co-ordinated advocacy work, with a focus on the health of women and children. In order to do so, we must ensure strong monitoring and evaluation systems in all of AMREF's work in order to generate the necessary evidence through operations research and documentation. We will continue to build capacity within this area, and to strengthen and expand our partnership with research and academic institutions.

AMREF strives to close the gap between the communities and formal health systems. It does so by partnering with the very poor, the most vulnerable and the most remote communities; and by helping to strengthen the formal health system through building its capacity.



# 4. ***PARTNERSHIPS***





## 4. PARTNERSHIPS

Partnerships are a key element of our approach, in order to achieve lasting change. We learn from, influence and partner with:

- Communities and community organisations, ensuring that health interventions and outcomes are truly owned by them.
- Local and national governments and ministries of health. Initiatives must be aligned with, shaped by and be embedded into local health policies if they are to survive long term.
- National and international Civil Society Organisations (CSOs) to ensure that solutions are holistic and address the breadth of communities' needs, to facilitate scale-up of successful approaches and to join efforts with others in advocating policy and practice change.
- Research and academic institutions to increase our research capacity and volume.
- The African Union (AU) and Regional Economic Communities (RECs) as a platform for sharing and learning and to support regional policy development based on evidence gathered in countries.
- Bilateral and multilateral donors and UN organisations, to build long-term relationships.
- The corporate sector, learning from their expertise while providing a platform for the business sector to engage in and support meaningful health development work.

*AMREF not only works with communities and grassroots organisations at local level, but we also have partnerships all the way up to national and global levels, where we advocate to influence policy and practice.*

*We will continue to influence policies and practice at national and international levels through strengthened and co-ordinated advocacy work, with a focus on the health of women and children.*



# **5.** ***STRATEGIC FUNDRAISING***





## 5. STRATEGIC FUNDRAISING

In order to raise the required funds to implement the Business Plan, AMREF will give priority to diversification of funding sources and better coordination of fundraising across AMREF. Scaling up and expanding activities and programmes calls for multi-million and longer-term funding and for continuous engagement with strategic partners, including positioning the organisation as a technical agency with national governments.

The current limited revenue generation through the Flying Doctors Emergency Service (FDES), consultancies and publications will significantly be scaled up in the coming three-year period through the transformation of the FDES to a non-profit business arm of AMREF and through

offering technical assistance across the continent. AMREF's successful engagement with the corporate sector will continue and expand as we explore new and innovative ways of fundraising as well as new markets for fundraising at global and local level. More focus on fundraising in the African continent, including engagement of the African Diaspora, will be explored.

Finally, AMREF's success in grant-making, supporting close to 1,000 CSOs, will be further developed and expanded across borders. AMREF will also explore ways to leverage donor pooling mechanisms to gain access to consolidated funding streams and centralised funding mechanisms.

## 5. STRATEGIC FUNDRAISING



*AMREF will give priority to diversification of funding sources and better coordination of fundraising across AMREF.*



# **6.** ***STRATEGIC DIRECTIONS***



## 6. STRATEGIC DIRECTIONS

AMREF's Strategic Directions have been identified based on the AMREF strategy 2007-2017, as well as the agreed health priorities and business needs for the next three years. Strategic Directions 1 to 5 outline the health priorities, Strategic Direction 6 outlines research and innovation, and Strategic Direction 7 outlines the institutional strengthening that will enable AMREF to implement the health priorities.

- SD 1. Making pregnancy safe and expanding reproductive health
- SD 2. Reducing morbidity and mortality among children
- SD 3. Scaling up HIV, TB and malaria responses
- SD 4. Preventing and controlling diseases related to water, sanitation and hygiene (WASH)
- SD 5. Increasing access by disadvantaged communities to quality medical, surgical and diagnostic services
- SD 6. Developing a strong research and innovation base to contribute to health improvement in Africa
- SD 7. Developing a stronger and unified AMREF

NOTE: Capacity Building is overarching and cross-cutting in the 7 SDs.

For each of the health Strategic Directions (1-5) the specific activities are identified based on the three health system strengthening building blocks (HRH, HMIS, CSS) and the need for research and policy and practice change. (see Annex A)

Where relevant we engage in service delivery as a means for building capacity of health professionals, testing innovative approaches and undertaking operations research. As Country Programmes are of different sizes and work in different contexts, not all health Strategic Directions will necessarily be addressed in all Country Programmes.

The activities within SD 7 are identified based on an organisational assessment of what is needed in terms of systems, structures and capacities in order to implement Strategic Directions 1-6.

Table 4 below contains a consolidated version of the Strategic Directions (SD), a breakdown of focus areas (FA) and key objectives as developed by senior AMREF staff in a series of workshops.

*Where relevant we engage in service delivery to build capacity of health professionals and test innovative approaches.*

## 6. STRATEGIC DIRECTIONS



	AMREF Strategic Direction	Focus Area	Key Objectives	Start Year	SD Leader
SD1	Making pregnancy safe and expanding reproductive health	Making pregnancy safe	<ul style="list-style-type: none"> <li>Increase the number of health centers providing basic emergency obstetric and newborn care</li> <li>Increase women's access to skilled care</li> <li>Treat women with obstetric fistulae and reduce incidence of fistula</li> </ul>	2012	Technical Lead, Reproductive and Child Health
		Supporting reproductive health and rights of women	<ul style="list-style-type: none"> <li>Increase coverage of modern contraception among youth, women, men and couples</li> <li>Increase the number of health centers providing post-abortion care</li> <li>Increase the proportion of adolescents with access to reproductive health information and services</li> </ul>	2012	
		Cervical cancer prevention for disadvantaged women	<ul style="list-style-type: none"> <li>Increase the number of women and couples seeking cervical cancer prevention and screening services</li> <li>Increase the number of health facilities that provide cervical cancer prevention and screening services</li> </ul>	2013	
SD2	Reducing morbidity and mortality among children	Supporting implementation of Integrated Management of Childhood Illnesses	<ul style="list-style-type: none"> <li>Strengthen linkages between household child care, community IMCI and health facility child health care</li> <li>Support the introduction of new childhood disease prevention and management strategies</li> </ul>	2012	Technical Lead, Reproductive and Child Health
		Developing initiatives for improved childhood nutrition	<ul style="list-style-type: none"> <li>Ensure that nutrition interventions are integrated in AMREF's child health initiatives</li> <li>Explore innovative models for improving childhood nutrition</li> </ul>	2013	

## 6. STRATEGIC DIRECTIONS

SD3	Scaling up HIV, TB and malaria responses	PMTCT and HIV/AIDS prevention, care, treatment and support	<ul style="list-style-type: none"> <li>• Reduce transmission from mother to child</li> <li>• Support women and men in behavioural change</li> <li>• Increase number of people and pregnant women who know their HIV status</li> <li>• Improve ART adherence among PLHIV</li> <li>• Build capacity of CSOs, community, informal and formal health systems to provide quality HIV prevention, care, treatment and support services</li> </ul>	2012	Technical Lead, HIV/AIDS
		TB diagnosis, care and treatment	<ul style="list-style-type: none"> <li>• Increase TB case detection and treatment completion</li> <li>• Increase access to, and use of TB diagnostics, care and treatment services among the most-at-risk and hard-to-reach populations</li> </ul>	2012	
		TB/HIV integration and collaboration	<ul style="list-style-type: none"> <li>• Increase HIV testing and ARV treatment among TB patients</li> <li>• Increase TB screening of HIV positive patients</li> <li>• Promote and advocate for the implementation of the 3Is (INH prophylaxis, Intensified case detection and Infection control) among TB/HIV patients</li> <li>• Advocate for integrated/collaborative management of TB/HIV co-infection</li> </ul>	2012	
		Malaria prevention and case management	<ul style="list-style-type: none"> <li>• Increase coverage of LLINs/IPT among pregnant women and children under five</li> <li>• Improve diagnosis and malaria case management among women and children</li> <li>• Develop and test models for malaria community case management (CCM)</li> </ul>	2012	Technical Lead, Malaria

## 6. STRATEGIC DIRECTIONS



SD4	Prevention and control of diseases related to water and sanitation and/or hygiene (WASH)	Prevention of WASH-related diseases	<ul style="list-style-type: none"> <li>• Increase access to safe and adequate water</li> <li>• Increase access to and use of appropriate sanitation facilities</li> <li>• Promote safe hygiene practices at household level and in schools</li> <li>• Ensure that appropriate policies are in place to support WASH programming</li> </ul>	2012	Technical Lead, WASH
		Response to selected WASH-related disease outbreaks, epidemic and emergency contexts	<ul style="list-style-type: none"> <li>• Contribute to control and prevention of endemic WASH-related diseases</li> <li>• Respond to selected WASH-related disease outbreaks in AMREF areas of operation</li> </ul>	2012	
SD5	Increasing access by disadvantage communities to quality medical, surgical and diagnostic services	Strengthening health facility services	<ul style="list-style-type: none"> <li>• Strengthen the capacity of health systems to deliver quality essential clinical and diagnostic services</li> <li>• Strengthen institutional/partner capacity to coordinate and manage facility-based services</li> <li>• Generate evidence of best practices and improve accessibility and utilisation of quality data for planning and managing clinical and diagnostic services</li> </ul>	2012	Technical Lead, Clinical and Diagnostic Services
SD6	Developing a strong research and innovation base to contribute to health improvement in Africa	Strengthening research agenda and capacity	<ul style="list-style-type: none"> <li>• Develop and implement a three-year research plan</li> <li>• Develop capacity of AMREF staff in operations research</li> <li>• Develop systems for honouring innovation among AMREF staff</li> <li>• Publish research outcomes in peer-reviewed journals</li> </ul>	2012	HPD Director
		Strengthening AMREF's advocacy agenda	<ul style="list-style-type: none"> <li>• Develop a global advocacy agenda for AMREF</li> <li>• Develop and disseminate policy and position papers on AMREF's priority areas</li> <li>• Advocate for policy change with key stakeholders</li> </ul>	2012	

## 6. STRATEGIC DIRECTIONS

SD7	Developing a stronger and unified AMREF	Performance management	<ul style="list-style-type: none"> <li>• Ensure all AMREF resources and staff contribute to achievement of health priorities</li> <li>• Generate, manage and disseminate quality evidence about impact and outcomes of the health of women and children</li> <li>• Develop a system that gathers, manages and shares AMREF’s programming data</li> <li>• Develop a universal planning cycle that will capture the various elements of AMREF’s annual planning cycle</li> </ul>	2012	HR Director, M&E Head
		Learning and continuous improvement	<ul style="list-style-type: none"> <li>• Strengthen AMREF’s capacity to contribute to women’s and children’s health</li> <li>• Generate, document and share knowledge, enhance best practices and increase visibility</li> <li>• Advocate for policy change based on AMREF’s knowledge and successes with key stakeholders and relevant public bodies</li> <li>• Demonstrate accountability to key stakeholders, including communities, government and donors</li> <li>• Create and implement management information systems (both formal and informal) to improve and encourage communication and collaboration</li> <li>• Develop a collaborative system for the cross-sharing of information between AMREF’s national offices, country offices and HQ</li> <li>• Develop strategic partnerships at global and national level for scaled up implementation, operations research and advocacy</li> </ul>	2012	Capacity Building Director

## 6. STRATEGIC DIRECTIONS



	Secure global financial position	<ul style="list-style-type: none"> <li>Identify and develop new high potential markets</li> <li>Diversify and expand unrestricted funding sources</li> <li>Ensure the provision of an expanded pool of funding more aligned to AMREF's health priorities</li> <li>Develop an integrated strategic approach to donor relationship management</li> </ul>	2012	Fundraising Director
	Strengthened external communication	<ul style="list-style-type: none"> <li>Increase AMREF's visibility at country and global level</li> <li>Position AMREF as the to-go-to organisation for media and others seeking information on women's and children's health in Africa</li> <li>Embed AMREF's positioning internally and communicate it consistently externally</li> </ul>	2012	Communications Director
	Support services for health programmes	<ul style="list-style-type: none"> <li>Ensure AMREF's support functions globally work together to add value to health programming</li> <li>Provide timely, effective and efficient financial management globally</li> <li>Develop and monitor annual and long-term plans and budgets</li> <li>Implement a common resource allocation framework for management and use of AMREF's resources globally</li> <li>Align financial processes more closely with health programming needs</li> <li>Improve capacity of all staff (financial and non-financial) with respect to financial management and internal controls</li> <li>Improve compliance with financial, HR, procurement, administration and IT policies</li> <li>Provide timely, effective and efficient HR and administration management and support</li> <li>Develop efficient procurement systems</li> </ul>	2012	Chief Operations Officer, HR Director
	Unified global governance structure	<ul style="list-style-type: none"> <li>Provide strategic direction to a unified AMREF and its health priorities</li> <li>Implement shared governance across AMREF</li> </ul>	2013	Director General

## 6. STRATEGIC DIRECTIONS

Outlined below are the focus areas of AMREF's Business Plan. Most of the focus areas are already ongoing; those that are not will be instituted in 2012 and many of the activities will continue in 2013 and beyond. However, the emphasis will be to further develop and scale up programmes; continue to test new models and approaches; and increase operations research, documentation and publishing of results.

Focus areas and objectives have a set of individual activities that outline how each Strategic Direction will be achieved in the Business Plan. Each objective is mapped to a key outcome to be achieved.

### **FOCUS AREAS FOR HEALTH STRATEGIC DIRECTIONS (SDs1-5):**

- 1.1 Making pregnancy safer
- 1.2 Supporting reproductive health and rights of women
- 1.3 Cervical cancer prevention for disadvantaged women

- 2.1 Supporting implementation of Integrated Management of Childhood Illnesses
- 2.2 Developing initiatives for improved childhood nutrition
- 3.1 PMTCT and HIV/AIDS prevention, care, treatment and support
- 3.2 TB diagnosis, care and treatment
- 3.3 TB/HIV integration and collaboration
- 3.4 Malaria prevention and case management
- 4.1 Prevention of WASH-related diseases
- 4.2 Response to WASH-related diseases in endemic, epidemic and emergency contexts
- 5.1 Strengthening health facility services

### **FOCUS AREAS FOR RESEARCH AND INNOVATION (SD 6)**

- 6.1 Strengthened research agenda and capacity
- 6.2 Strengthening of AMREF's advocacy agenda

### **FOCUS AREAS FOR ENABLING INSTITUTIONAL STRENGTHENING (SD 7)**

- 7.1 Performance management
- 7.2 Learning and continuous improvement
- 7.3 Securing financial positioning globally
- 7.4 Strengthening external communication
- 7.5 Supporting services for health programming
- 7.6 Unified global governance structure

The activities below are not exhaustive; more information can be found in the detailed plan.

### **SD 1: MAKING PREGNANCY SAFE AND EXPANDING REPRODUCTIVE HEALTH**

#### **1.1 MAKING PREGNANCY SAFE**

AMREF will work to ensure that women have access to focused antenatal care services, skilled obstetric services and care at delivery, and post-natal care services, including care of newborns.

## 6. STRATEGIC DIRECTIONS



### Key Outcomes:

- Increased coverage with focused antenatal care
- Reduced antenatal illness due to anaemia and malaria
- Increased coverage with skilled birth attendance
- Improved care for women affected by birth injuries
- Increased inclusion of maternal and child health in AMREF programmes

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase women's access to skilled care</li> </ul>	<ul style="list-style-type: none"> <li>• Train professional and community midwives</li> </ul>
<ul style="list-style-type: none"> <li>• Increase the number of health centers providing basic emergency obstetric and newborn care</li> </ul>	<ul style="list-style-type: none"> <li>• Support community structures for involvement as partners in health service governance and audit of maternal outcomes</li> </ul>
<ul style="list-style-type: none"> <li>• Increase access to fistula prevention and treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Train health workers in Focused Antenatal Care (FANC), emergency obstetric care and managing post-natal complications</li> </ul>
<ul style="list-style-type: none"> <li>• Develop operating guidelines and support for programme development to enable all AMREF programmes to contribute to maternal and child health</li> </ul>	<ul style="list-style-type: none"> <li>• Support community-based and formal HMIS to provide accurate information on maternal health for decision-making</li> <li>• Formal and on-the-job training of fistula surgeons</li> <li>• Develop and document models that integrate male involvement in all aspects of maternal and reproductive health</li> <li>• Sensitise leaders in formal and informal health systems on issues of maternal health for policy change and rollout</li> </ul>
	<ul style="list-style-type: none"> <li>• Improve laboratory screening at health centre level</li> <li>• Assist districts to increase support and supervision activities for clinics and health centers</li> <li>• MNCH planning and training sessions for staff to support programme development</li> </ul>

## 6. STRATEGIC DIRECTIONS

### 1.2 SUPPORTING REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN

#### Key Outcomes:

- Reduced unwanted pregnancies and strengthened control of women's own fertility
- Reduced unsafe abortion and improved post-abortion care
- Increased acceptance of women's right to control their own fertility
- Reduced Sexual and Gender-Based Violence (SGBV) and Female Genital Cutting (FGC) among girls and adolescents

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase coverage of modern contraception among youth, women, men and couples.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop effective referral models between communities and health facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Increase number of health facilities providing post-abortion care.</li> </ul>	<ul style="list-style-type: none"> <li>• Train CHWs on family planning</li> <li>• Train health workers on post-abortion care</li> </ul>
<ul style="list-style-type: none"> <li>• Increase the proportion of adolescents with access to reproductive health information and services</li> </ul>	<ul style="list-style-type: none"> <li>• Empower women and men to protect girls against FGC</li> <li>• Facilitate life skills education in schools and communities</li> <li>• Sensitise communities and capacitate community structures to prevent and manage SGBV</li> <li>• Undertake research and publish findings on specific Adolescent Sexual and Reproductive Health issues</li> <li>• Engage in advocacy for women's rights to fertility control</li> </ul>

### 1.3 CERVICAL CANCER PREVENTION FOR DISADVANTAGED WOMEN

#### Key Outcomes:

- Increased access to cervical cancer screening services
- Improved access to basic treatment services
- Improved linkages with referral centers for advanced cervical cancer lesions

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase the number of women and couples seeking cervical cancer prevention and screening services</li> </ul>	<ul style="list-style-type: none"> <li>• Train health workers on screening for cervical cancer and treatment of early lesions</li> </ul>
<ul style="list-style-type: none"> <li>• Increase availability of cervical cancer prevention and screening services</li> </ul>	<ul style="list-style-type: none"> <li>• Build capacity at facility and community level to develop initiatives for prevention and early detection of cancer</li> <li>• Plan and implement advocacy events to raise awareness on cervical cancer among communities where AMREF operates</li> </ul>

# 6. STRATEGIC DIRECTIONS



## SD 2: REDUCING MORBIDITY AND MORTALITY AMONG CHILDREN

### 2.1 SUPPORTING IMPLEMENTATION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

#### Key Outcomes:

- Increased use of the IMCI approach for management of ill children at first level health services
- Improved early referral of sick children through community IMCI

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Strengthen linkages between household child care, community IMCI and health facility child health care.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop, test and document IMCI linkage models (community-health facility)</li> </ul>
<ul style="list-style-type: none"> <li>• Support the introduction of new childhood disease prevention and management strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Train community health workers and facility-based health workers in IMCI, including community IMCI (cIMCI)</li> <li>• Integrate child health information in CBHMIS</li> <li>• Develop diagnostic kits for community and facility level</li> <li>• Advocate for community case management</li> </ul>

### 2.2 DEVELOPING INITIATIVES FOR IMPROVED CHILDHOOD NUTRITION

#### Key Outcomes:

- Improved infant feeding and weaning practices in all AMREF programme areas
- Reduced incidence of micronutrient deficiencies and protein calorie malnutrition

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Promote appropriate infant feeding throughout AMREF programme areas</li> </ul>	<ul style="list-style-type: none"> <li>• Promote exclusive breastfeeding</li> <li>• Deworming programmes for young children</li> </ul>
<ul style="list-style-type: none"> <li>• Integrate nutrition into IMCI programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting local health services to increase distribution of micronutrient supplements including zinc, iron, iodine and vitamin A</li> </ul>
<ul style="list-style-type: none"> <li>• Explore innovative models for reducing malnutrition in communities</li> </ul>	<ul style="list-style-type: none"> <li>• Develop, test and document models for improving childhood nutrition, including delivery models for vitamin A, oral rehydration salts, zinc and other nutritional supplements</li> <li>• Develop and implement guidelines for integration of nutrition in child health programmes based on government guidelines</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce micronutrient deficiencies among children</li> </ul>	<ul style="list-style-type: none"> <li>• Build capacity of health workers to mainstream weaning and nutrition education in all child care services and community programmes</li> <li>• Develop and test appropriate systems and training packages to integrate screening for anaemia into child welfare clinics</li> <li>• Support integration of nutrition relevant data in HMIS/CBHMIS</li> </ul>

## 6. STRATEGIC DIRECTIONS

### SD 3: SCALING UP HIV, TB, AND MALARIA RESPONSES

#### 3.1 PMTCT AND HIV/AIDS PREVENTION, CARE, TREATMENT AND SUPPORT

##### Key Outcomes:

- Increased coverage of PMTCT services
- Increased behaviour change among women of reproductive age and men to prevent HIV transmission to children
- Increased knowledge of HIV status and adoption of preventive practices
- Improved ART adherence
- Provision of quality prevention, treatment, care and support by community systems (CSOs, CHWs, etc.) and formal health systems

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Reduce HIV transmission from mother to child</li> </ul>	<ul style="list-style-type: none"> <li>• Update the AMREF HIV and AIDS strategy</li> </ul>
<ul style="list-style-type: none"> <li>• Support women and men in behavioural change</li> </ul>	<ul style="list-style-type: none"> <li>• Train community- and facility-based health workers on tested models for prevention of mother-to-child (PMTCT) services, testing and counselling, and anti-retroviral treatment (ART) treatment and support</li> </ul>
<ul style="list-style-type: none"> <li>• Increase of the number of people who know their HIV status</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and document models for pro-active involvement of men in PMTCT at facility and community level</li> </ul>
<ul style="list-style-type: none"> <li>• Improve ART adherence among People Living with HIV (PLHIV)</li> </ul>	<ul style="list-style-type: none"> <li>• Scale up AMREF models on HIV testing and counselling, including both VCT and provider-initiated counselling and testing (PICT)</li> </ul>
<ul style="list-style-type: none"> <li>• Build capacity of CSOs, community, informal and formal health systems to provide quality HIV prevention, care, treatment and support services</li> </ul>	<ul style="list-style-type: none"> <li>• Promote systems to ensure that pregnant women have access to ART</li> <li>• Develop and test models for ART defaulter reduction on ART</li> <li>• Strengthen capacity of community structures to provide integrated HIV and AIDS services, including approaches to reduce stigma and discrimination associated with HIV and AIDS</li> <li>• Strengthen and expand the ART Knowledge Hub</li> </ul>

## 6. STRATEGIC DIRECTIONS



### 3.2. TB DIAGNOSIS, CARE AND TREATMENT

#### Key Outcomes:

- Increased TB case detection rates and treatment completion
- Increased TB case detection in most-at-risk and hard-to-reach populations (e.g. PLHIV, nomads, slum communities, prisoners, migrants and their partners).

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase TB case detection and treatment completion</li> </ul>	<ul style="list-style-type: none"> <li>• Train health professionals on integrated TB detection and management including standardised laboratory and clinical diagnosis, care and treatment, and community DOTS (Directly Observed Treatment Short course)</li> </ul>
<ul style="list-style-type: none"> <li>• Increase access to and use of TB diagnostic, care and treatment services among the most risk and hard to reach populations</li> </ul>	<ul style="list-style-type: none"> <li>• Support community structures in effective response to TB, including defaulter tracing, psychosocial support and contact tracing</li> <li>• Test approaches to improve access to new TB diagnostics for communities where AMREF works</li> <li>• Support national laboratories to develop capacity for testing for MDR (multi-drug resistant TB) and XDR (extremely drug-resistant TB) and document incidence</li> </ul>

### 3.3. TB/HIV INTEGRATION AND COLLABORATION

#### Key Outcomes:

- Increased number of TB patients tested for HIV
- Increased number of HIV positive patients screened for TB
- Increased number of HIV positive patients getting INH prophylaxis
- Increased TB and HIV integration and collaboration

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase HIV testing among TB patients</li> </ul>	<ul style="list-style-type: none"> <li>• Scaling up HIV testing among TB patients</li> </ul>
<ul style="list-style-type: none"> <li>• Promote and advocate for the implementation of the 3Is in TB control interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Train community and health professionals on 3Is</li> </ul>
<ul style="list-style-type: none"> <li>• Advocate for integrated and collaborative management of TB and HIV</li> </ul>	<ul style="list-style-type: none"> <li>• Support ART provision among TB patients</li> <li>• Advocate for integrated management of TB and HIV</li> </ul>

## 6. STRATEGIC DIRECTIONS

### 3.4. MALARIA PREVENTION AND CASE MANAGEMENT

#### Key Outcomes:

- Increased coverage of LLINs/IPT among pregnant women and children under five years
- Improved diagnosis and case management of malaria at community and facility level
- Documentation of innovative models of community malaria case management

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase coverage of LLINs/ IPT among pregnant women and children under 5.</li> </ul>	<ul style="list-style-type: none"> <li>• Update AMREF’s malaria strategy</li> </ul>
<ul style="list-style-type: none"> <li>• Improve diagnosis and malaria management among women and children.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen advocacy communication and social mobilisation capacities for malaria control</li> </ul>
<ul style="list-style-type: none"> <li>• Develop and test models for community case management</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and test appropriate community case management models</li> <li>• Build capacity of community- and facility-based health workers in improved approaches and methods for malaria prevention, diagnosis and management, including distribution of LLINs and promotion of IPT</li> </ul>
	<ul style="list-style-type: none"> <li>• Strengthen capacity for malaria surveillance</li> <li>• Integrate key malaria data into CBHMIS</li> <li>• Review country strategies and support regional economic communities in harmonisation of malaria strategies</li> </ul>

### SD 4: PREVENTING AND CONTROLLING DISEASES RELATED TO WATER, SANITATION AND HYGIENE (WASH)

#### 4.1. PREVENTING WASH-RELATED DISEASES

AMREF’s goal is to increase access to sustainable, safe and adequate water, appropriate sanitation and hygiene practices.

#### Key Outcomes:

- Increased number of people with access to safe and adequate water
- Increased number of people with access to and use of appropriate sanitation facilities
- Increased usage of safe hygiene practices, including hand washing

## 6. STRATEGIC DIRECTIONS



Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase access to safe and adequate water</li> <li>• Increase access and use of appropriate sanitation facilities</li> <li>• Promote safe hygiene practices at household level and in schools</li> </ul>	<ul style="list-style-type: none"> <li>• Update AMREF's WASH strategy</li> <li>• Build capacity of communities to construct, operate, manage, conserve and protect water sources and catchment areas and to monitor quality</li> <li>• Develop, test and disseminate appropriate models for improving sanitation in rural and urban communities</li> <li>• Refine and publish the AMREF WASH toolkit</li> <li>• Support communities to achieve total and gender-considered sanitation coverage through appropriate and safe waste disposal, and prevention and control of WASH-related disease vectors</li> <li>• Integrate WASH information into HMIS/CBHMIS</li> </ul>

### 4.2. RESPONSE TO SELECTED WASH-RELATED DISEASES IN ENDEMIC, EPIDEMIC AND EMERGENCY CONTEXTS

AMREF's goal is to reduce prevalence of WASH-related diseases and to protect women and children from WASH-related epidemics in AMREF's areas of operation.

#### Key Outcomes:

- Increased adoption of safe hygiene and sanitation practices
- Control of selected WASH-related outbreaks in AMREF programme areas

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Contribute to control and prevention of endemic WASH-related diseases</li> <li>• Respond to selected WASH-related disease outbreaks in AMREF areas of operation</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate hygiene, including hand washing, into AMREF water and sanitation projects</li> <li>• Train communities and health workers to prevent, control and treat endemic WASH-related diseases such as malaria, schistosomiasis, diarrhoeal diseases and trachoma</li> <li>• Develop a response model for selected WASH-related disease outbreaks</li> </ul>



## 6. STRATEGIC DIRECTIONS

### SD 5. INCREASING ACCESS BY DISADVANTAGED COMMUNITIES TO QUALITY MEDICAL, SURGICAL AND DIAGNOSTIC SERVICES

#### 5.1. STRENGTHEN HEALTH FACILITY SERVICES

AMREF will work to ensure that disadvantaged communities in Africa have access to quality medical, surgical and diagnostic services through outreach programmes using the Flying Doctor Service and other means.

#### Key Outcomes:

- Increased access to quality clinical and diagnostic services by disadvantaged communities
- Enhanced institutional /partner capacity to coordinate and manage quality clinical and laboratory services
- Use by health workers and communities of evidence from health facility and community data to adopt best practices in planning and managing health services

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Strengthen the capacity of health systems to deliver quality essential clinical and diagnostic services.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate provision of specialist care to rural and disadvantage communities</li> </ul>
<ul style="list-style-type: none"> <li>• Strengthen institutional/ partner capacity to coordinate and manage facility-based services.</li> </ul>	<ul style="list-style-type: none"> <li>• Train health professionals to deliver essential and specialist health services</li> <li>• Train health facility managers and administrators in leadership, governance and management, including HMIS</li> </ul>
<ul style="list-style-type: none"> <li>• Generate evidence of best practices and improve accessibility and use of quality data for planning and managing clinical and diagnostic services.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish external quality assessment schemes for essential components of health care delivery</li> <li>• Explore efficient, low-cost referral and advisory systems for patients and specimens, using new appropriate technology</li> <li>• Build capacity of health workers for response to selected emergencies such as disease outbreaks and medical emergencies</li> <li>• Continuously develop, test and document improved service delivery models</li> </ul>

## 6. STRATEGIC DIRECTIONS



### SD 6. DEVELOPING A STRONG RESEARCH AND INNOVATION BASE TO CONTRIBUTE TO HEALTH IMPROVEMENTS IN AFRICA

#### 6.1. STRENGTHENING AMREF'S RESEARCH AGENDA AND CAPACITY

AMREF will test new interventions, approaches and tools around its priorities to gather evidence on their usability and effectiveness for wide replication and scale-up.

##### Key Outcomes:

Increased number of operations research related to SDs 1-5 undertaken, documented and disseminated  
Increased AMREF visibility through publications, conference presentations, position papers

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>Develop and implement a three-year research plan</li> </ul>	<ul style="list-style-type: none"> <li>Develop the research agenda for the next three years based on health priorities and Health Systems Strengthening (HSS) building blocks</li> </ul>
<ul style="list-style-type: none"> <li>Develop capacity of AMREF staff to conduct operations research</li> </ul>	<ul style="list-style-type: none"> <li>Develop training modules for various aspects of operations research</li> </ul>
<ul style="list-style-type: none"> <li>Publish in peer-reviewed journals</li> </ul>	<ul style="list-style-type: none"> <li>Train AMREF staff in conducting and documenting operations research</li> </ul>
<ul style="list-style-type: none"> <li>Develop systems for honouring innovation among AMREF staff</li> </ul>	<ul style="list-style-type: none"> <li>Conduct operations research according to plans</li> <li>Document and publish research outcomes</li> <li>Develop mechanisms for recognising innovation among staff</li> </ul>

#### 6.2. STRENGTHENING AMREF'S ADVOCACY AGENDA

AMREF will endeavor to effectively influence policy and practice at national, regional and international levels through strengthened and coordinated evidence-based advocacy work.

##### Key Outcomes:

Increased AMREF representation and visibility on the global arena  
Increased influence of the global health policy agenda

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>Develop AMREF's global advocacy agenda</li> </ul>	<ul style="list-style-type: none"> <li>Develop three-year advocacy plans that are revised on an annual basis</li> </ul>
<ul style="list-style-type: none"> <li>Develop and disseminate AMREF</li> </ul>	<ul style="list-style-type: none"> <li>Enhance AMREF's and partners' advocacy capacities</li> </ul>
<ul style="list-style-type: none"> <li>policy and position papers on priority areas</li> </ul>	<ul style="list-style-type: none"> <li>Formulate and disseminate AMREF position papers on issues that pertain to AMREF priorities</li> </ul>
<ul style="list-style-type: none"> <li>Advocate for policy change with key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Integrate policy and practice influencing into programme design</li> </ul>



## 6. STRATEGIC DIRECTIONS

### SD 7. DEVELOPING A STRONG UNIFIED GLOBAL AMREF

The activities listed under the following six focus areas are based on an organisational assessment of what is needed in terms of strengthened systems, structures, mechanisms and capacities to implement and expand AMREF's health programmes, visibility and influence on African health.

#### 7.1. PERFORMANCE MANAGEMENT

AMREF will establish clear roles, responsibilities, accountabilities and objectives aligned with its identity and strategy, including targets linked to health priorities, so that programmatic progress and impact on women's and children's health can objectively be measured and reported.

#### Key Outcomes:

- All AMREF staff and resources are explicitly and measurably linked to health programming (including field implementation, research and advocacy)
- Performance and appraisal of all AMREF staff and offices is assessed and rewarded based on changes in health-related outputs and outcomes
- AMREF's annual workplan adopts an integrated set of results frameworks, incorporates evidence from health programming and uses standardised tools throughout the organisation.

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Ensure all AMREF staff contribute to achieving the identified health priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Define, prioritise and roll out annual organisational objectives and expected results</li> </ul>
<ul style="list-style-type: none"> <li>• Generate, manage and disseminate evidence on impact and outcomes of projects on the health of women and children.</li> </ul>	<ul style="list-style-type: none"> <li>• Document skill sets and gaps and align them with identity, values and health programming priorities</li> </ul>
<ul style="list-style-type: none"> <li>• Develop a system that gathers, manages and shares AMREF's programming data</li> </ul>	<ul style="list-style-type: none"> <li>• Build capacity to implement health programmes and support services at all levels of AMREF</li> </ul>
<ul style="list-style-type: none"> <li>• Develop a universal planning cycle that will capture the various elements of AMREF's annual planning cycle globally</li> </ul>	<ul style="list-style-type: none"> <li>• Build internal leadership capacity in order to increase AMREF's leadership standing on the global health arena</li> </ul>
	<ul style="list-style-type: none"> <li>• Develop and implement a single Performance Management Framework that aligns with and reinforces the organisational identity, behaviour and values. This includes rollout of project management systems (PJMS)</li> </ul>
	<ul style="list-style-type: none"> <li>• Develop and implement a single and integrated AMREF M&amp;E framework for health programmes and institutional development that aligns with and reinforces the organisational identity, behaviour and values</li> </ul>
	<ul style="list-style-type: none"> <li>• Implement a universal planning cycle</li> </ul>

# 6. STRATEGIC DIRECTIONS



## 7.2. LEARNING AND CONTINUOUS IMPROVEMENT

A focus on leveraging AMREF's best practices will support the organisation to achieve its objectives. As a learning institution, the way AMREF conducts its operations will continue to improve, making it an increasingly high performance organisation over time.

Key Outcomes:

- A functional and dynamic knowledge management platform
- Increased AMREF publications
- Increased number of strategic partnerships

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Generate and share knowledge, enhance best practices, and increase visibility</li> </ul>	<ul style="list-style-type: none"> <li>• Document and share best practices across AMREF, partners and stakeholders</li> </ul>
<ul style="list-style-type: none"> <li>• Strengthen AMREF's capacity to contribute to children's and women's health</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate annual review meetings across the organisation</li> <li>• Increase branding and visibility to enhance AMREF's leadership position</li> </ul>
<ul style="list-style-type: none"> <li>• Create and implement management information systems (both formal and informal) to improve and encourage communication and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Develop appropriate databases for knowledge sharing</li> <li>• Continuously develop the intranet to share information and learnings effectively and efficiently</li> </ul>
<ul style="list-style-type: none"> <li>• Develop a collaborative system for cross-sharing of information between AMREF's National Offices, Country Offices and HQ</li> </ul>	<ul style="list-style-type: none"> <li>• Scan the environment to map out partners who are most strategic for AMREF to work with</li> </ul>
<ul style="list-style-type: none"> <li>• Develop strategic partnerships at local and global levels</li> </ul>	<ul style="list-style-type: none"> <li>• Develop new strategic partnerships, including MoUs for scaled-up implementation, operations research and advocacy at global and national levels</li> </ul>



## 6. STRATEGIC DIRECTIONS

### 7.3. FINANCIAL STABILITY FOR AMREF GLOBALLY

AMREF relies on funding to operate its business and drive its health impact. In the current global financial crisis, and given the scale of AMREFs work and mission, careful financial and resource planning is essential to ensure the implementation of key priority areas, and the overall financial stability and health of the organisation. AMREF must invest in qualified staff and in new markets for fundraising as we continue to build our revenue streams such as the Flying Doctor Emergency Services (FDES) and consultancy. In this way,

AMREF can continue to ensure its existence and important contribution to health in Africa.

#### Key Outcomes:

- Increased proportion of unrestricted income sources, leading to more discretionary spending
- Increased number of donors giving multi-million grants

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Identify new high potential markets and their development</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit an International Fundraising Director</li> </ul>
<ul style="list-style-type: none"> <li>• Diversify and expand unrestricted funding sources</li> </ul>	<ul style="list-style-type: none"> <li>• Determine investment on current and proposed key fundraising activities</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure provision of an expanded pool of funding aligned to AMREF's health priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and implement plans for diversification of funding sources and markets</li> </ul>
<ul style="list-style-type: none"> <li>• Achieve target overheads (OH) rate</li> </ul>	<ul style="list-style-type: none"> <li>• Establish quality proposal writing for institutional and corporate purposes with defined OH generation</li> </ul>
<ul style="list-style-type: none"> <li>• Develop an integrated strategic approach to donor relationship management</li> </ul>	<ul style="list-style-type: none"> <li>• Further develop and maintain strong relationships with donors at all levels of the organisation</li> </ul>
<ul style="list-style-type: none"> <li>• Continuously develop present and new revenue streams</li> </ul>	<ul style="list-style-type: none"> <li>• Expand FDES and other revenue streams</li> <li>• Develop clear criteria for expansion</li> <li>• Deliver a plan for growth</li> </ul>

## 6. STRATEGIC DIRECTIONS



### 7.4. STRENGTHENING EXTERNAL AND INTERNAL COMMUNICATIONS

AMREF's Communications Directorate will enhance the organisation's visibility at country and global levels, build internal communications capacity, and position AMREF as an authority on achieving lasting health change in Africa via transformation from within her communities, with a specific focus on addressing women's and children's health issues. Enhanced visibility will boost AMREF's advocacy and fundraising activities.

#### Key Outcomes:

- Increased visibility of AMREF activities, projects, products and viewpoint, locally and internationally
- Improved internal sharing of information on AMREF programming and positioning
- Increased requests for information on women's and children's health in Africa
- Strong brand recognition externally and internally

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"> <li>• Increase AMREF's visibility at country and global level.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a set of key messages that support the global identity, positioning and health programming strategy. These will form the foundation for communications across the organisation.</li> </ul>
<ul style="list-style-type: none"> <li>• Position AMREF as the to-go-to organisation for media and others seeking information on health development in Africa, particularly women's and children's health</li> </ul>	<ul style="list-style-type: none"> <li>• Create materials relevant for public fundraising</li> <li>• Build contacts with local and international media</li> <li>• Regularly supply information, data and news on women's and children's health in Africa based on AMREF's health priorities</li> </ul>
<ul style="list-style-type: none"> <li>• Build AMREF's positioning internally and externally</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the use of social media to bring attention to AMREF's work for lasting health change from within Africa's communities</li> <li>• Build internal awareness and assimilation of AMREF's identity, positioning and values</li> <li>• Support advocacy at national and global levels, e.g. through opinion editorials</li> <li>• Ensure correct and visible branding for all AMREF offices, projects sites and vehicles</li> </ul>



## 6. STRATEGIC DIRECTIONS

### 7.5 SUPPORT SERVICES FOR HEALTH PROGRAMMING

The main objective is for AMREF to ensure that its various support functions, including finance, human resources, information technology, administration and procurement, operate in an integrated, efficient and effective manner globally in supporting the implementation of the health programme and ensuring compliance to policy and procedures across the organisation.

#### Key Outcomes:

- More efficient and effective harmonised financial operations and management across AMREF
- More efficient and effective harmonised ICT operations and management across AMREF
- More efficient and effective harmonised HR and administration management across AMREF

#### Objectives

- Ensure AMREF's support functions work together globally to add value to health programming
- Provide timely, effective and efficient financial management globally
- Develop and monitor annual and long-term plans and budgets
- Implement a common resource allocation framework for management and use of AMREF's global resources
- Improve capacity of all staff (financial and non-financial) with respect to financial management and internal controls
- Improve compliance with financial, HR, procurement, administrative and ICT policies
- Provide timely, effective and efficient HR and administration
- Develop efficient procurement systems management globally

#### Examples of activities to achieve goals

- Integrate and roll out common systems for finance, HR, IT, administration and procurement across all AMREF offices
- Develop timely global reporting systems
- Develop and implement a global financial management framework
- Train project and finance staff on AMREF financial systems
- Develop and implement monitoring systems for compliance of AMREF policies and procedures
- Continuously improve AMREF's HRIS (Human Resources Information Systems)
- Continuously improve systems for recruitment, retention and motivation of staff
- Introduce e-procurement in Country Offices and at HQ

## 6. STRATEGIC DIRECTIONS



### 7.6. UNIFIED GLOBAL GOVERNANCE STRUCTURE

AMREF will implement its new global governance structure with new composition of Board and Board committees and develop mechanism to ensure a well functioning Board.

#### Key outcome:

- Well functioning International Board and Board committees
- Effective implementation of the AMREF Business Plan

Objectives	Examples of activities to achieve goals
<ul style="list-style-type: none"><li>• Provide strategic direction to AMREF based on the Business Plan</li><li>• Implement shared governance across AMREF</li></ul>	<ul style="list-style-type: none"><li>• Monitor implementation of the Business Plan by all AMREF offices</li><li>• Restructuring of the International Board to reflect representation from all parts of AMREF</li><li>• Provide policy orientation and strategic direction for the organisation</li><li>• Review and approve the global annual budget and monitor implementation</li></ul>



**7.**

# ***MANAGEMENT OF THE BUSINESS PLANNING PROCESS***



# 7. MANAGEMENT OF THE BUSINESS PLANNING PROCESS

The management structure for the Business Plan will link National, Country and Headquarters offices. The key management roles are detailed below and apply to both the prioritisation process and to managing the delivery of the

Strategic Direction focus areas and objectives. The annual AMREF business planning process will be facilitated by a small strategic planning team and will be initiated in May 2011 as part of the annual planning and budgeting process.

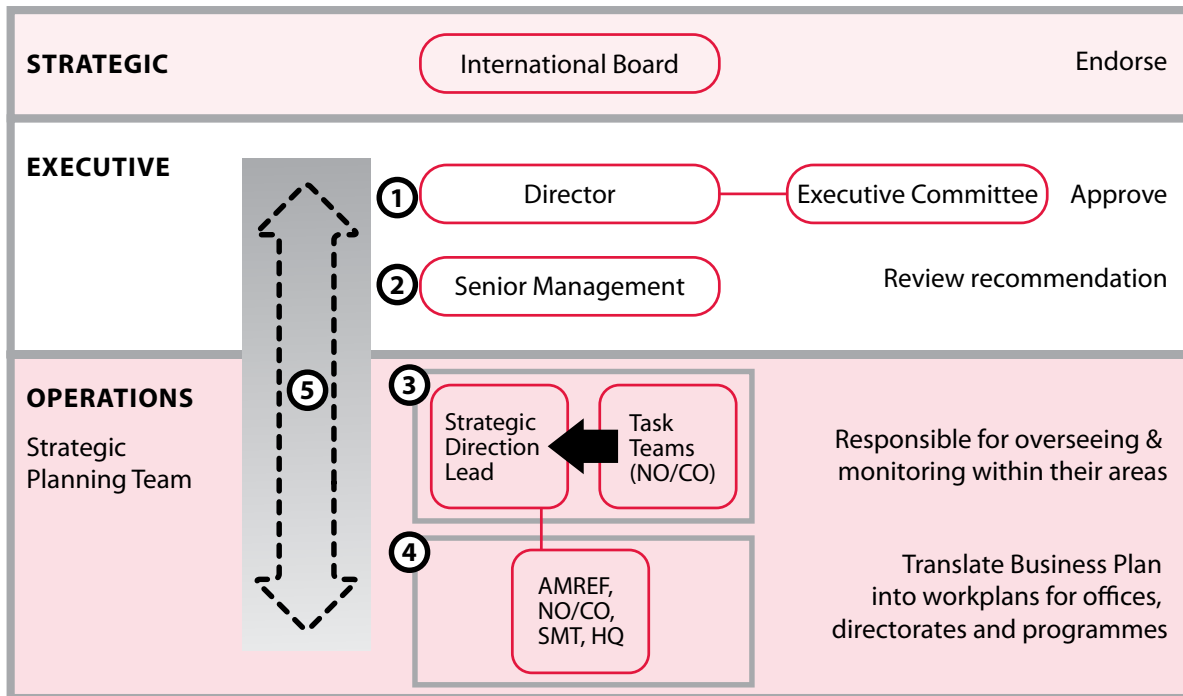
## 1. Director General Approves

Supported by the Executive Committee, the DG:

- Is responsible for endorsing the AMREF Business Plan on the basis of guidance from the SMT
- Resolves issues that cannot be resolved by other groups; acts as the highest level of issue resolution
- Reviews progress in delivering the health and institutional priorities and required adjustments
- Reviews project risks

## 2. Senior Management Team (SMT) Reviews and Recommends

- Accountable to the DG for delivering the strategic priorities
- Provides the DG with recommendations on the Annual Strategic Business Plan



# 7. MANAGEMENT OF THE BUSINESS PLANNING PROCESS



- Resolves issues that cannot be resolved by other groups
- Monitors the delivery of the strategic priorities and makes adjustments as needed
- Reviews and decides on any out-of-cycle/ad hoc prioritisation requests

### 3. **Strategic Direction (SD) Leads Review and Implement**

The SD leads are responsible for overseeing all global health and institutional objectives associated with the delivery of agreed health and institutional priorities. They:

- Review recommendations from Country and National Offices and HQ directorates
- Are collectively and individually responsible for implementing annual strategic business plans in their areas
- Initiate project and programme business proposals within their functional areas and ensure communication to all offices

- Review progress within their area on a quarterly basis

Institutional and health Strategic Direction leads have been proposed (see page 12-16)

Small Task Teams will be established for each SD with representatives from NOs and Cos. The role of the task team is to act as a sounding board and to support the SD lead in developing and monitoring the implementation of the SD and raise concerns and ideas.

### 4. **AMREF Country (NO, CO) SMTs and HQ Directorates Implement and Deliver**

Responsible for setting up, planning and delivering specific plans for their offices and directorates, based on the AMREF Business Plan. They will:

- Select focus persons or ambassadors who will lead the various focus areas and ensure communication about progress and challenges

- Be responsible for regularly reporting status to strategic leads and AMREF senior management

### 5. **Strategic Planning Team**

- Responsible for facilitating the strategic business planning process, including data capture, developing inputs for key prioritisation and status meetings.
- Responsible for setting up, planning, producing and delivering status reports for SMT and the International Board
- Responsible for developing tools and templates.



**8.**

# ***MONITORING AND EVALUATION***



## 8. MONITORING AND EVALUATION

Monitoring and Evaluation (M&E) for the Business Plan will provide the information necessary for AMREF leadership to assess progress as a global organisation, and will encompass the following:

- Evidence of AMREF’s achievements in the health priorities (SD 1-5) and operations research and innovation (SD 6), employing current state of knowledge in international health
- Business-related data on a stronger, unified AMREF (SD 7) through tailored, specific Key Performance Indicators (KPIs) adapted from best practices in the private sector
- Execution of the Business Plan and achievement of key milestones by all AMREF constituents, in a timely manner

AMREF has growing experience in monitoring and evaluating its health projects, and applying these skills and techniques to its own institutional growth under this Business Plan will be a new, yet necessary, direction for the organisation. M&E is often called a ‘cross-cutting’ discipline,

and accordingly, all of AMREF’s constituent offices and staff will be called on to engage in documenting, reporting and using the metrics that will guide the success or failure of AMREF’s performance under the Business Plan priorities.

### 8.1 PRINCIPLES FOR M&E OF THE AMREF BUSINESS PLAN

Key M&E principles that will guide AMREF to measure its progress under this Business Plan include:

- **Simplicity** – AMREF will avoid duplication and complexity in gathering data and reporting information, so as to provide clear interpretations of results and reduce the reporting burden on AMREF staff while maximising the quality of information that is collected
- **Utility** – AMREF will collect only information that is relevant to the Business Plan and that will actually be used, rather than diverting attention towards data that serves no purpose

- **Transparency and integrity** – AMREF will be rigorous about the objectivity of its data (in collection, management and use) and will openly share information on its institutional performance, both internally and with external stakeholders, to support AMREF as a learning organisation
- **Results focus** – AMREF will employ results-based M&E to link outputs from its health programming, advocacy and fund-raising to the outcomes and impacts defined in this Business Plan, and will extend its results-based management (RBM) approach across the organisation
- **Strategic perspective** – M&E for the Business Plan will support institutional strengthening and AMREF’s strategy toward achieving AMREF’s health priorities, consistent with its global identity and vision, and will link AMREF’s work with African communities, health systems and the global north.

# 8. MONITORING AND EVALUATION



## 8.2 COMMON INTERNATIONAL STANDARDS FOR BUSINESS PLAN METRICS

M&E for the Business Plan will incorporate international standards for performance assessment. Specifically, these international standards will be applied to the health Strategic Directions and global AMREF institutional strengthening in the following ways:

### Strategic Directions for health priorities

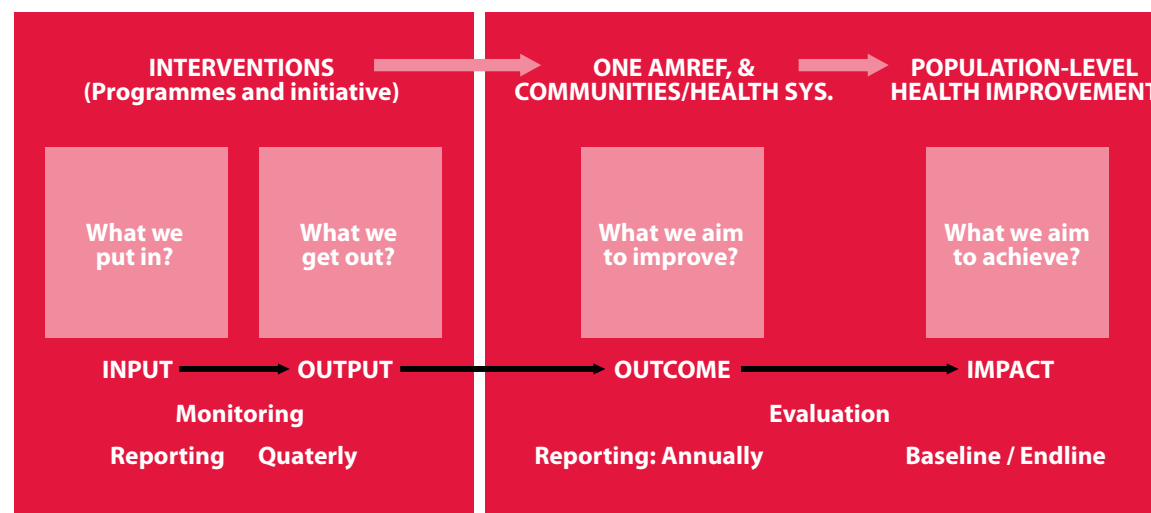
AMREF will adopt and add to globally accepted indicators for health development. By drawing on M&E references developed by international organisations, adding relevant indicators from its own experience and deploying those indicators across AMREF's new and existing programmes, AMREF will position itself not only to measure its own performance but also to bring evidence from its field programming to the international health community.

A set of such health indicators is provided in Annex D. Together with the AMREF health priorities model.

## 8.3 M&E FRAMEWORK FOR THE BUSINESS PLAN

The figure below provides a summary of the results-based M&E approach:

### MONITORING AND EVALUATION - FRAMEWORK



A detailed M&E plan will operationalise the above principles and approaches, and will include frameworks, indicators and tools for use across AMREF. The M&E plan will be developed in a participatory process and rolled out in advance of the implementation of the Business Plan (October 2011). This M&E

plan will be a living document, updated to reflect both changes within AMREF and new challenges in AMREF's health programming.

A sample of the current draft (April 2011) of indicators for health priorities, related to SD 1-5, as well as for research and institutional strengthening (SD 6-7) is provided in Annex D.



# 9. ***COSTINGS***





## 9. COSTINGS

As can be seen from **Table 5** below, the total cost of implementing the three-year Business Plan is US\$ 301 million. The estimated cost for Year One is US\$91 million. The expenditure is broken down by the five major health Strategic Directions, followed by SD 6 (Research and Innovation) and SD 7 (Institutional Strengthening). The budget figures for the 2011 financial year is included for comparison as a total for SD1-6 as we do not have the detailed figures according to strategic directions 1-6 in the 2011 budget. We have also included the total figure for strategic direction 7 as we do not have the detailed figures from all offices across the organization.

*All figures in the tables are in US\$ '000.*

	AMREF Strategic Directions	2011	2012	2013	2014	2012-14
SD1	Maternal & reproductive health		14,000	20,400	20,400	
SD2	Child health		3,500	5,300	6,800	
SD3	HIV/AIDS/TB/malaria		27,400	21,900	20,400	
SD4	Water, sanitation, hygiene		8,300	9,400	13,400	
SD5	Clinical and diagnostics		5,600	6,500	6,800	
SD6	Research and innovation		3,000	4,400	6,800	
	Total for SD 1-6	56,100	61,800	67,900	74,600	204,300
SD7	Programme monitoring and support		7,800	8,100	8,500	
SD7	Communications and fundraising		11,900	13,700	15,500	
SD7	Administration		8,000	8,500	8,800	
SD7	Institutional strengthening		1,900	1,700	2,500	
	TOTAL for SD 7	23,900	29,600	32,000	35,300	96,900
	Total for Business Plan	80,000	91,400	99,900	109,900	301,200

## 9. COSTINGS



**TABLE 5: ESTIMATED COST OF THE BUSINESS PLAN FOR THE THREE-YEAR PERIOD 2012-2014**

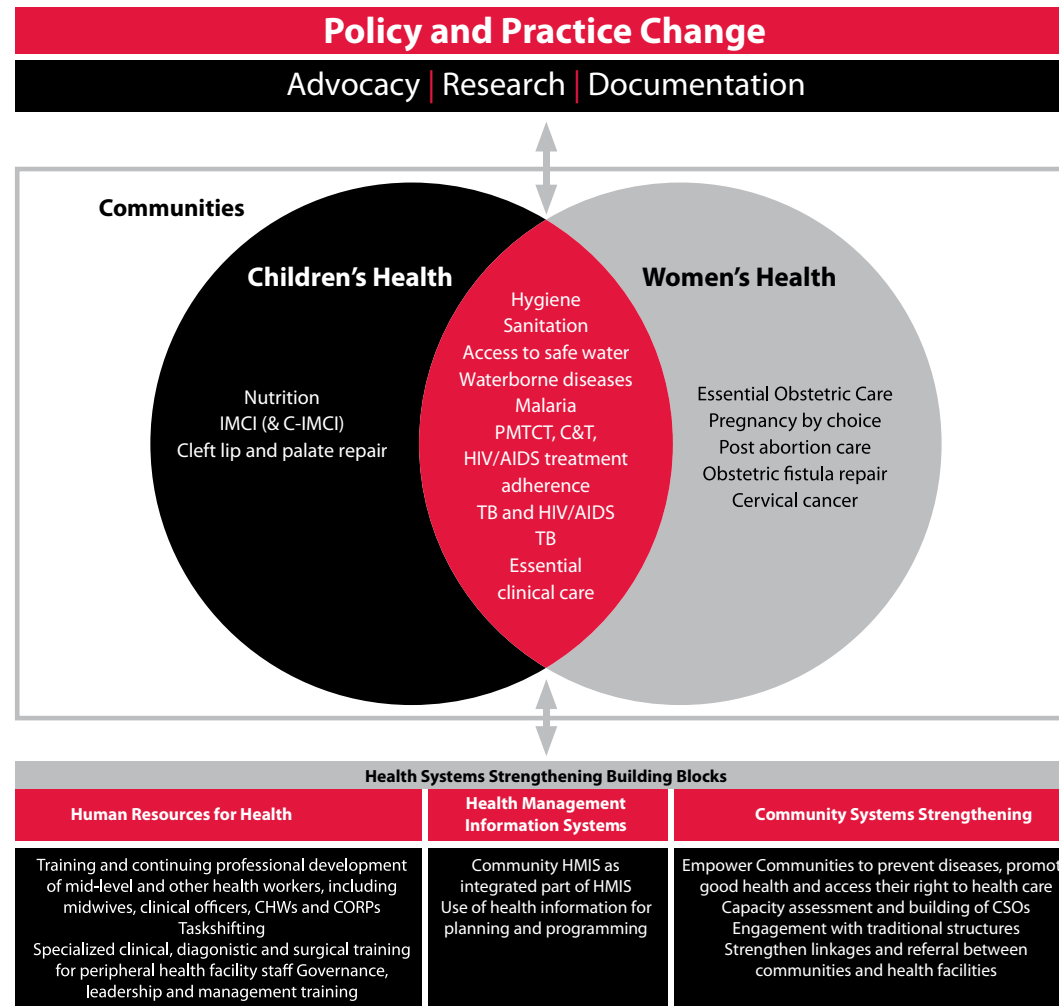
An assumption of a total 10% growth rate per annum for the health priorities has been used. This is based on the fact that AMREF's portfolio has grown by 150% since 2005, and while we experienced a decline of 9% for 2010, we have seen a recovery of 24% for the 2011 fiscal year. In addition our portfolio mix has changed to longer term multi-million dollar grants which provide for more stability. The reversal of the negative trend and current negotiations with many donors and international partners regarding multi-million grants provides the basis for our growth scenario. We have been conservative in our growth assumption in order to reduce the risk of overestimation for the future.

The expenses for SD 7 represent the estimated cost of the internal institutional Business Plan segment. It includes four major categories of expenses, namely: programme monitoring and

support, communications and fundraising, administration and institutional strengthening. Recognising the essential need to diversify our funding resources we have added USD 6 million over the business plan period to the Communication and Fundraising category. This additional funding represents an investment in fundraising for unrestricted money as well as increased visibility. The significant increase from 2011 to 2012 is due to this deliberate investment as well as investment in specific systems and capacity strengthening initiatives (institutional strengthening) that will need to be undertaken to ensure successful implementation of the plan.

## APPENDIX A: AMREF HEALTH MODEL

In the coming three years, AMREF will focus on the health of women and children. In order to respond to the health needs of women and children, the weaknesses of the health systems must be addressed. Strengthening of three key elements of Africa’s health systems – Human Resources for Health (HRH); Health Management Information Systems (HMIS); and Community Systems Strengthening (CSS) – will serve as the foundation of AMREF’s approach for sustained improvement in women’s and children’s health. Generating evidence through operations research to support advocacy for influencing policy and practice completes the health priority model.



# APPENDIX



## APPENDIX B: GUIDING PRINCIPLES

In line with AMREF's Strategy, these are the guiding principles that will drive the development of the harmonised institutional Business Plan.

### SMART OBJECTIVES

- ▶ Definition of SMART objectives: specific, measurable, achievable, realistic and timed
- ▶ Clear roles and responsibilities assigned to strategic objectives

### MONITORING & EVALUATION

- ▶ Key principles of M&E requirements are simple, useable and complete clear link to performance management process

### STAFF CAPACITIES

- ▶ Move towards a single view for recruitment of staff
- ▶ Focus on more virtual roles to allow working closer to where programmes and donors are

### FINANCE & OPERATIONS SUSTAINABILITY

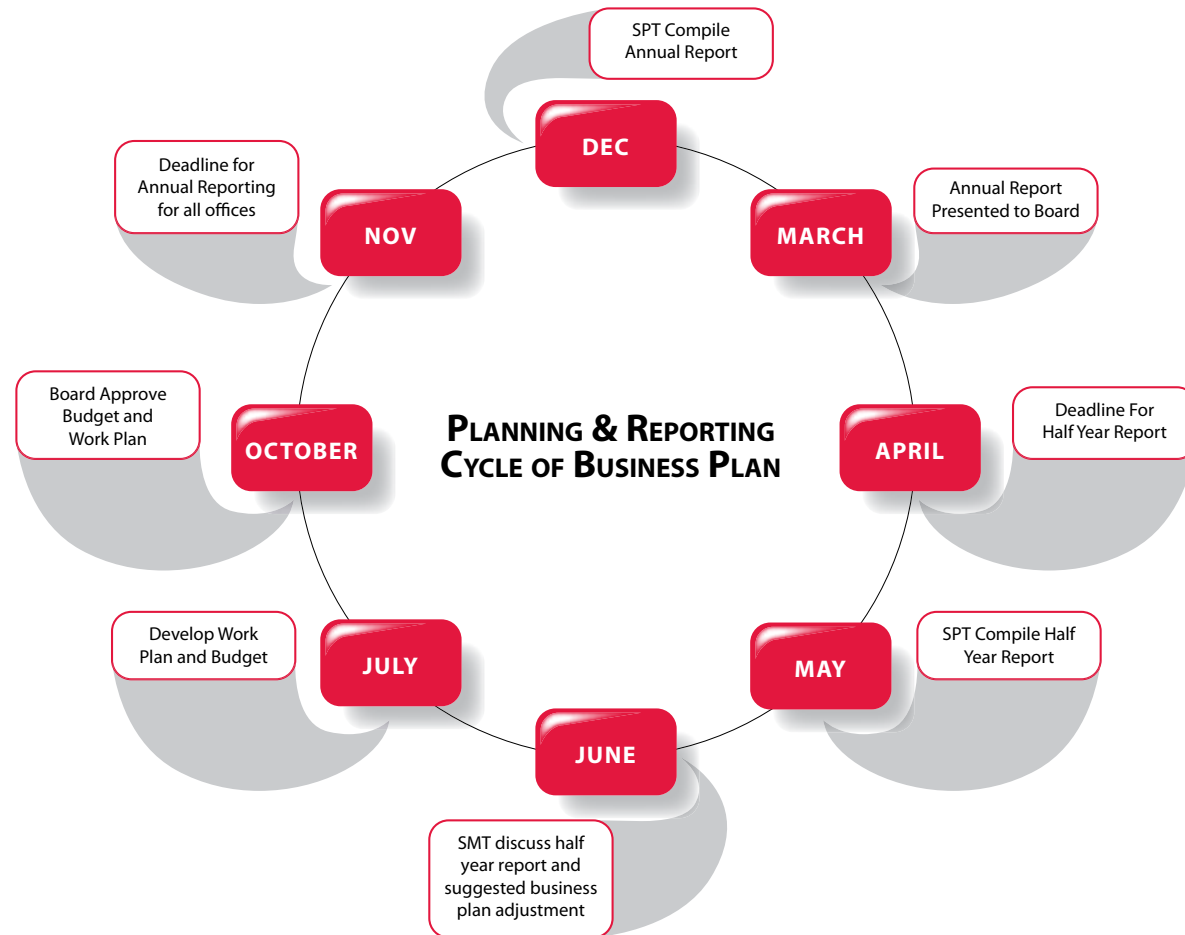
- ▶ Move towards a sustainable financial model with a view to return on investment for AMREF.
- ▶ Focus on ongoing evaluation and continuous improvement of programs aiming to build sustainable operations

### HARMONISATION

- ▶ Standardisation of processes across National Offices and Country Programmes. Elimination of any potential duplication of efforts.
- ▶ Establishing clear and fluent communications.

## APPENDIX C: ANNUAL STRATEGIC PLANNING CYCLE

The annual planning process will be facilitated by the Strategic Planning Team between now and 2014. The process is aligned to AMREF's planning cycle, and the team reports to the Board.



# APPENDIX



## APPENDIX D: DRAFT INDICATORS FOR THE AMREF BUSINESS PLAN: AMREF HEALTH PRIORITIES AND STRATEGIC DIRECTIONS (SD 1 – 7)

The indicators for AMREF's health priorities are recognised at global level and were drawn from publications from international agencies and NGOs such as UNAIDS, UNFPA, UNICEF or Macro/DHS. Where no global indicators

exist, specific AMREF indicators have been developed. The indicators are organised according to the relevant Strategic Direction and focal area.

For Strategic Directions 6 and 7 (Research and Innovation, and Institutional Strengthening), indicators are drawn from key performance indicators (KPIs) used in private sector environments.

<b>1.1</b>	<b>Making pregnancy safe for women in Africa</b>
	% of mothers delivering in health facilities in programme areas
	# and % of births conducted by a skilled birth attendant
	% of prenatal women receiving the basic antenatal laboratory screening
	% of women achieving four visits of focused antenatal care
	% of pregnant women with gestational anaemia
	Neonatal Mortality Rate (% of newborn deaths occurring within 0-28 days of birth/ per 1000 live births) in programme areas
	% of health facilities with a community-supported referral mechanism
	% of health centers with a trained midwife able to treat common complications of childbirth
	# and % of women with major birth or other pregnancy-related residual complications who are appropriately managed
	# of women treated annually for fistula against estimated prevalence
<b>1.2</b>	<b>Supporting reproductive health and rights of women</b>
	Contraceptive prevalence rate in programme areas

	# of women treated for incomplete abortion in health centers
	% of girls experiencing FGC
	% of young women reporting unwanted pregnancy
	% of girls reporting non-consensual sex
<b>1.3</b>	<b>Cervical cancer prevention for disadvantaged women</b>
	% of women (aged 20-69) reporting to have undergone a cervical cancer screening test within the past two years
	% of women (aged 20-69 years) with adequate knowledge and awareness of the preventable nature of cervical cancer
	% of health centers and hospitals with capacity to provide cervical cancer screening and treatment of early lesions
	#, % of women aged 20-69y who were identified with early lesions out of total diagnosed with cervical cancer
<b>2.1</b>	<b>Supporting implementation of IMCI</b>
	% of children referred to health facilities within 24 hours of onset of illness, by sex
	% of children with fever receiving an antimalarial drug within 12 hours of onset, by sex
	% of children receiving ORS and zinc within 12 hours of start of a diarrhoea episode and continued feeding, by sex
	% of children 0 - 59 months sleeping under insecticide-treated mosquito nets, by sex
	% of children aged 12-59 months fully immunised (OPV0-4, DPT0-4, MMR1), by sex
	# and % of sick children managed using the Community Integrated Management of Childhood Illnesses (cIMCI) approach, by sex

# APPENDIX



<b>2.2</b>	<b>Developing initiatives for improved childhood nutrition</b>
	Prevalence of underweight (WAZ<2.0) among children aged 0-59 months, by sex
	% of infants exclusively breastfed to six months, by sex
	% coverage with two doses of vitamin A per year of children 0-59 months in programme areas, by sex
	% of children 12-59 months with anaemia, by sex
	% of children 6-9 months on breastfeeding and appropriate complementary food, by sex
<b>3.1</b>	<b>PMTCT and HIV/AIDS prevention, care, treatment and support</b>
	% of children aged 18-24 months born to HIV-positive mothers who are HIV-positive, by sex (PMTCT success rate)
	# and % of PLHIV (adults and children) who are enrolled in ART as per national guidelines, by sex
	# and % of PLHIV (adults and children) who are adherent to ART as per national guidelines, by sex
	# of CSOs that provide HIV and AIDS services (prevention, care and/or support) according to national guidelines
	% of community members expressing accepting attitudes towards people with HIV (anti-stigma), by sex
<b>3.2</b>	<b>TB Diagnosis, care and treatment and TB/HIV integration and collaboration</b>
	# and % of tuberculosis cases detected and completed treatment/cured using Directly Observed Treatment Short course (DOTS), by sex
	# and % of TB patients defaulting on treatment, by sex

	# and % of HIV/TB co-infected that received treatment for TB and HIV, by sex
	% of HIV positive people screened for TB
	% of TB patients tested for HIV and know their status
<b>3.4</b>	<b>Reducing the burden of malaria in Africa</b>
	# and % of children aged 0-59 months who slept under an insecticide-treated bed net (ITN) (in malaria risk areas, where bed net use is effective) the previous night, by sex
	# and % of pregnant women who slept under ITN the previous night (in malaria risk areas, where bed net use is effective)
	# and % of women who received at least two doses of SP (IPT) during their last pregnancy
	# and % of malaria cases among children aged 0-59 months correctly diagnosed and appropriately managed, by sex
<b>4.1</b>	<b>Water, sanitation &amp; hygiene (WASH)</b>
	% of households with basic access to safe water sources
	% of households treating drinking water using internationally accepted methods
	% of household members using improved sanitation facilities
	% of schools equipped with improved sanitation facilities
	% of households appropriately disposing of solid waste
	# and % of target population practicing appropriate hand-washing behaviour, by sex and age

# APPENDIX



	# and % of children appropriately washing their faces, including use of soap and clean water, by sex
	Prevalence of TF and/or TT (Trachomatous follicular/triachiasis) cases, by sex
<b>5.1</b>	<b>Increasing access by disadvantaged communities to quality medical, surgical and diagnostic services</b>
	Ratio of facilities providing essential clinical and diagnostic services
	% of surgical procedures performed by AMREF-trained specialist
	% of disadvantaged people receiving specialised services by type, age and gender
	% of Health Management Teams integrating clinical and diagnostic programmes in their annual plans
	# and types of External Quality Assurance (EQA) programmes established
	% of laboratories participating in EQA schemes with a satisfactory score
<b>6.1</b>	<b>Research, innovation, documentation and advocacy</b>
	# and type of knowledge products produced and disseminated, annually

7

## Institutional strengthening

- % change in total revenue, year-to-year (Finance)
- % unrestricted revenue annually (Finance)
- % of expenditure for health programming (Finance)
- Ratio of salaries to activities (Finance)
- Average # days for position vacancies (HR)
- Ratio of male:female staff (HR)
- Staff turn-over rate (HR)
- % of staff annual results fulfilled, pending, not done (HR)
- Business processes developed by ICT streamlined and productivity improvements achieved as per individual project (ICT)
- Increase positive evaluations of ICT delivery of technology/ICT services (ICT)
- Average # of days for capital procurement (Administration)
- % project reports submitted to donor by deadline (PM)
- % internal result reports submitted on time, via intranet (PM)
- % submitted proposals that are funded (PM)
- # new publications from AMREF, annually (LCI)
- % staff contributing to KM processes, quarterly (LCI)
- # AMREF citations in media and/or scientific literature (LCI)

# APPENDIX



Based on the indicators for SDs 1-5, AMREF will also monitor and report on selected, consolidated indicators that describe the numbers of people reached by AMREF's work, either directly through health programmes

(coverage), or indirectly through estimates of beneficiaries from influence on health policy or practice (reach). Coverage and reach will also be assessed in relation to AMREF's capacity building and training, as that area is central to AMREF's

health systems strengthening approach. These indicators will be assessed annually and may be disaggregated further by gender, SD, geographic location or other criteria, as necessary and appropriate.

## Consolidated indicators for AMREF's coverage and reach

Coverage of AMREF programmes

# of adults and children directly served by AMREF-supported programmes in the past 12 months, by sex

Reach of AMREF influence on health policy and practice

# of adults and children indirectly benefitting from AMREF-influenced policies and practices in the preceding 12 months (estimated), by sex

Coverage and reach of AMREF capacity building

# of health workers trained by AMREF-supported programmes in the past 12 months, by sex (disaggregated by role/cadre and including community-level participants)

# of adults and children served by AMREF-trained health workers in the preceding 12 months (estimated), by sex

**AMREF Headquarters:**

P0 Box 27691-00506 Nairobi, Kenya | Tel: + 254 20 6993000 | Fax: + 254 20 6009518 | Email: [info@amref.org](mailto:info@amref.org) | Website: [www.amref.org](http://www.amref.org)

© **September 2011**